Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00002322930	STRATTERA 40 MG CAPSULE	11	30.00	72.70	13.72093	76%-100% Below	No	No
00003089511	SOTYKTU TAB 6MG	11	30.00	6155.26	.		No	No
00003089511	SOTYKTU TAB 6MG	12	30.00	6155.26	.		No	No
00005200010	PREVNAR 20 INJ	9	0.50	251.02	.		No	No
00005200010	PREVNAR 20 INJ	10	0.50	247.09	.		Yes	No
00005200010	PREVNAR 20 INJ	10	0.50	248.98	.		No	No
00005200010	PREVNAR 20 INJ	11	0.50	247.09	.		Yes	No
00005200010	PREVNAR 20 INJ	11	0.50	248.98	.		No	No
00005200010	PREVNAR 20 INJ	11	0.50	250.07	.		No	No
00006434702	CAPVAXIVE INJ 0.5ML	12	0.50	276.12	.		No	No
00054001825	PREDNISONE 20 MG TABLET	10	10.00	1.18	0.08070	26%-50% Above	No	No
00054001829	PREDNISONE 20 MG TABLET	9	13.00	1.54	0.08552	26%-50% Above	No	No
00054016625	MYCOPHENOLATE 500 MG TABLET	10	360.00	64.87	0.29051	26%-50% Below	No	No
00054018913	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	8	45.00	27.30	0.94003	26%-50% Below	No	No
00054018913	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	9	45.00	27.30	0.92797	26%-50% Below	No	No
00054023525	MORPHINE SULFATE IR 15 MG TAB	10	12.00	1.56	0.26735	51%-75% Below	Yes	No
00054032656	FLUTICASONE-SALMETEROL 100-50	9	60.00	50.43	1.22747	26%-50% Below	No	No
00054032656	FLUTICASONE-SALMETEROL 100-50	10	60.00	50.43	1.21035	26%-50% Below	No	No
00054032756	FLUTICASONE-SALMETEROL 250-50	8	60.00	61.47	1.51377	26%-50% Below	No	No
00054032756	FLUTICASONE-SALMETEROL 250-50	8	60.00	62.65	1.51377	26%-50% Below	No	No
00054032756	FLUTICASONE-SALMETEROL 250-50	9	60.00	62.65	1.43829	26%-50% Below	No	No
00054032756	FLUTICASONE-SALMETEROL 250-50	10	60.00	62.65	1.48965	26%-50% Below	No	No
00054032756	FLUTICASONE-SALMETEROL 250-50	10	180.00	187.96	1.48965	26%-50% Below	No	No
00054040013	DESVENLAFAXINE SUCCNT ER 50 MG	8	30.00	51.62	0.45375	200% Above	No	No
00054040022	DESVENLAFAXINE SUCCNT ER 50 MG	8	30.00	51.62	0.45375	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00054040022	DESVENLAFAXINE SUCCNT ER 50 MG	9	30.00	3.95	0.48618	51%-75% Below	No	No
00054040022	DESVENLAFAXINE SUCCNT ER 50 MG	9	30.00	51.62	0.48618	200% Above	No	No
00054040022	DESVENLAFAXINE SUCCNT ER 50 MG	10	30.00	51.62	0.45729	200% Above	No	No
00054040022	DESVENLAFAXINE SUCCNT ER 50 MG	11	30.00	51.62	0.34459	200% Above	No	No
00054040122	DESVENLAFAXINE SUCCNT ER 100 MG	11	30.00	3.95	0.35582	51%-75% Below	No	No
00054060313	DESVENLAFAXINE SUCCNT ER 25 MG	11	30.00	3.95	0.35651	51%-75% Below	No	No
00054060313	DESVENLAFAXINE SUCCNT ER 25 MG	12	7.00	0.99	0.41440	51%-75% Below	No	No
00054062127	ICOSAPENT ETHYL 0.5 GM CAPSULE	11	720.00	263.45	0.63175	26%-50% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	8	6.70	7.66	2.81588	51%-75% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	8	6.70	11.85	2.81588	26%-50% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	9	6.70	7.66	2.78457	51%-75% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	10	6.70	7.66	2.61978	51%-75% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	11	6.70	7.66	2.04805	26%-50% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	11	13.40	15.33	2.04805	26%-50% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	11	20.10	22.99	2.04805	26%-50% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	12	6.70	7.66	2.36448	51%-75% Below	No	No
00054074825	DICYCLOMINE 10 MG CAPSULE	10	16.00	1.16	0.09122	10%-25% Below	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	8	16.00	3.49	0.43027	26%-50% Below	No	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	8	16.00	3.49	0.43027	26%-50% Below	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	8	16.00	9.93	0.43027	26%-50% Above	No	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	9	16.00	3.49	0.41661	26%-50% Below	No	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	9	16.00	3.49	0.41661	26%-50% Below	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	9	16.00	9.93	0.41661	26%-50% Above	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	9	48.00	6.03	0.41661	51%-75% Below	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	10	16.00	3.49	0.42809	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00054327099	FLUTICASONE PROP 50 MCG SPRAY	10	16.00	3.49	0.42809	26%-50% Below	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	11	16.00	3.49	0.40191	26%-50% Below	No	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	11	16.00	3.49	0.40191	26%-50% Below	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	12	16.00	3.49	0.42692	26%-50% Below	No	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	12	16.00	3.49	0.42692	26%-50% Below	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	12	32.00	4.02	0.42692	51%-75% Below	Yes	No
00054350049	LIDOCAINE 2% VISCOUS SOLN	9	60.00	2.65	0.08710	26%-50% Below	No	No
00054350049	LIDOCAINE 2% VISCOUS SOLN	11	100.00	4.41	0.08480	26%-50% Below	No	No
00054350049	LIDOCAINE 2% VISCOUS SOLN	11	300.00	13.23	0.08480	26%-50% Below	Yes	No
00054372250	PREDNISONE 5 MG/5 ML SOLUTION	10	25.00	11.40	0.35587	26%-50% Above	No	No
00054418125	DEXAMETHASONE 1 MG TABLET	10	1.00	0.12	0.22963	26%-50% Below	No	No
00054418125	DEXAMETHASONE 1 MG TABLET	12	32.00	3.69	0.21516	26%-50% Below	No	No
00054418125	DEXAMETHASONE 1 MG TABLET	12	42.00	4.85	0.21516	26%-50% Below	No	No
00054418425	DEXAMETHASONE 4 MG TABLET	9	8.00	1.53	0.32850	26%-50% Below	No	No
00054418425	DEXAMETHASONE 4 MG TABLET	10	5.00	0.95	0.36137	26%-50% Below	No	No
00054418425	DEXAMETHASONE 4 MG TABLET	11	5.00	0.95	0.24359	10%-25% Below	No	No
00054418625	DEXAMETHASONE 6 MG TABLET	9	5.00	1.42	0.71543	51%-75% Below	No	No
00054418625	DEXAMETHASONE 6 MG TABLET	10	5.00	1.42	0.60494	51%-75% Below	No	No
00054418625	DEXAMETHASONE 6 MG TABLET	11	5.00	1.42	0.57422	26%-50% Below	No	No
00054429731	FUROSEMIDE 20 MG TABLET	9	30.00	0.56	0.02725	26%-50% Below	No	No
00054429731	FUROSEMIDE 20 MG TABLET	10	180.00	3.35	0.02766	26%-50% Below	No	No
00054429931	FUROSEMIDE 40 MG TABLET	9	90.00	2.21	0.03330	26%-50% Below	No	No
00054429931	FUROSEMIDE 40 MG TABLET	10	10.00	0.25	0.03311	10%-25% Below	No	No
00054429931	FUROSEMIDE 40 MG TABLET	12	7.00	0.17	0.02872	10%-25% Below	No	No
00054429931	FUROSEMIDE 40 MG TABLET	12	90.00	2.21	0.02872	10%-25% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00054452725	LITHIUM CARBONATE 300 MG TAB	10	180.00	15.66	0.19195	51%-75% Below	No	No
00054981725	PREDNISONE 10 MG TABLET	10	8.00	0.89	0.05667	76%-100% Above	No	No
00054981725	PREDNISONE 10 MG TABLET	12	8.00	0.89	0.04665	101%-200% Above	No	No
00054981729	PREDNISONE 10 MG TABLET	10	21.00	2.33	0.05667	76%-100% Above	No	No
00054981729	PREDNISONE 10 MG TABLET	11	6.00	0.66	0.04042	101%-200% Above	No	No
00054981729	PREDNISONE 10 MG TABLET	11	21.00	2.33	0.04042	101%-200% Above	No	No
00054982831	PREDNISONE 5 MG TABLET	10	10.00	1.03	0.05070	101%-200% Above	No	No
00054982831	PREDNISONE 5 MG TABLET	11	42.00	4.34	0.03916	101%-200% Above	No	No
00069032401	NYVEPRIA INJ 6/0.6ML	8	0.60	3723.26	.		No	No
00069032401	NYVEPRIA INJ 6/0.6ML	9	0.60	3723.26	.		No	No
00069032401	NYVEPRIA INJ 6/0.6ML	10	0.60	3723.26	.		No	No
00069032401	NYVEPRIA INJ 6/0.6ML	11	0.60	3723.26	.		No	No
00069034405	ABRYSVO INJ	12	1.00	282.14	.		No	No
00069243210	COMIRNATY INJ 2024-25	9	0.30	129.23	.		Yes	No
00069243210	COMIRNATY INJ 2024-25	9	0.30	129.72	.		No	No
00069243210	COMIRNATY INJ 2024-25	9	0.30	129.93	.		No	No
00069243210	COMIRNATY INJ 2024-25	9	0.30	130.21	.		No	No
00069243210	COMIRNATY INJ 2024-25	9	0.30	131.28	.		No	No
00069243210	COMIRNATY INJ 2024-25	10	0.30	129.23	.		Yes	No
00069243210	COMIRNATY INJ 2024-25	10	0.30	130.79	.		No	No
00069243210	COMIRNATY INJ 2024-25	10	0.30	131.28	.		No	No
00069243210	COMIRNATY INJ 2024-25	11	0.30	129.23	.		No	No
00069243210	COMIRNATY INJ 2024-25	11	0.30	129.23	.		Yes	No
00069243210	COMIRNATY INJ 2024-25	11	0.30	130.79	.		No	No
00069243210	COMIRNATY INJ 2024-25	12	0.30	130.21	.		No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00074372790	SYNTHROID 137 MCG TABLET	10	90.00	3.49	1.51290	76%-100% Below	Yes	No
00074372790	SYNTHROID 137 MCG TABLET	10	90.00	3.63	1.51290	76%-100% Below	No	No
00074372790	SYNTHROID 137 MCG TABLET	12	90.00	3.49	1.51232	76%-100% Below	Yes	No
00074434190	SYNTHROID 25 MCG TABLET	8	30.00	0.77	1.51321	76%-100% Below	No	No
00074434190	SYNTHROID 25 MCG TABLET	9	30.00	0.77	1.51258	76%-100% Below	No	No
00074434190	SYNTHROID 25 MCG TABLET	10	30.00	0.77	1.51280	76%-100% Below	No	No
00074434190	SYNTHROID 25 MCG TABLET	11	30.00	0.77	1.51235	76%-100% Below	No	No
00074455219	SYNTHROID 50 MCG TABLET	8	30.00	19.29	1.51260	51%-75% Below	No	No
00074455219	SYNTHROID 50 MCG TABLET	9	30.00	19.29	1.51230	51%-75% Below	No	No
00074455219	SYNTHROID 50 MCG TABLET	10	30.00	19.25	1.51226	51%-75% Below	No	No
00074455219	SYNTHROID 50 MCG TABLET	11	30.00	19.25	1.51212	51%-75% Below	No	No
00074455219	SYNTHROID 50 MCG TABLET	12	30.00	19.25	1.51206	51%-75% Below	No	No
00074518290	SYNTHROID 75 MCG TABLET	9	90.00	2.02	1.51374	76%-100% Below	Yes	No
00074518290	SYNTHROID 75 MCG TABLET	10	90.00	2.02	1.51328	76%-100% Below	Yes	No
00074662490	SYNTHROID 100 MCG TABLET	11	90.00	2.24	1.51241	76%-100% Below	Yes	No
00074706890	SYNTHROID 125 MCG TABLET	9	90.00	4.37	1.51379	76%-100% Below	No	No
00074706890	SYNTHROID 125 MCG TABLET	11	90.00	3.02	1.51302	76%-100% Below	Yes	No
00074707090	SYNTHROID 175 MCG TABLET	9	90.00	3.83	1.51038	76%-100% Below	Yes	No
00074707090	SYNTHROID 175 MCG TABLET	12	90.00	3.83	1.50958	76%-100% Below	Yes	No
00074714890	SYNTHROID 200 MCG TABLET	12	90.00	3.63	1.51134	76%-100% Below	Yes	No
00093005301	BUSPIRONE HCL 5 MG TABLET	10	60.00	3.82	0.02320	101%-200% Above	Yes	No
00093005301	BUSPIRONE HCL 5 MG TABLET	11	60.00	3.82	0.01735	200% Above	Yes	No
00093005301	BUSPIRONE HCL 5 MG TABLET	11	90.00	5.73	0.01735	200% Above	No	No
00093005305	BUSPIRONE HCL 5 MG TABLET	9	90.00	5.73	0.02423	101%-200% Above	No	No
00093005305	BUSPIRONE HCL 5 MG TABLET	10	90.00	5.73	0.02320	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093005305	BUSPIRONE HCL 5 MG TABLET	12	90.00	5.73	0.01976	200% Above	No	No
00093005401	BUSPIRONE HCL 10 MG TABLET	10	90.00	7.25	0.03294	101%-200% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	9	60.00	4.00	0.03491	76%-100% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	10	60.00	4.00	0.03294	101%-200% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	10	60.00	4.83	0.03294	101%-200% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	11	60.00	4.00	0.02582	101%-200% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	11	60.00	4.83	0.02582	200% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	11	90.00	7.25	0.02582	200% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	12	60.00	4.83	0.02862	101%-200% Above	No	No
00093005805	TRAMADOL HCL 50 MG TABLET	8	21.00	0.67	0.02799	10%-25% Above	No	No
00093026292	FLUOCINONIDE 0.05% CREAM	10	60.00	9.73	0.30049	26%-50% Below	No	No
00093057610	LOVASTATIN 20 MG TABLET	10	90.00	8.92	0.04372	101%-200% Above	No	No
00093075210	ATENOLOL 50 MG TABLET	10	90.00	2.76	0.02580	10%-25% Above	No	No
00093077198	PRAVASTATIN SODIUM 10 MG TAB	8	30.00	2.99	0.06847	26%-50% Above	Yes	No
00093077198	PRAVASTATIN SODIUM 10 MG TAB	11	90.00	8.97	0.04614	101%-200% Above	No	No
00093078701	ATENOLOL 25 MG TABLET	11	180.00	5.56	0.01865	51%-75% Above	No	No
00093078710	ATENOLOL 25 MG TABLET	11	90.00	2.78	0.01865	51%-75% Above	No	No
00093078710	ATENOLOL 25 MG TABLET	12	30.00	0.93	0.02053	26%-50% Above	No	No
00093081001	NORTRIPTYLINE HCL 10 MG CAP	9	60.00	4.10	0.09822	26%-50% Below	No	No
00093081001	NORTRIPTYLINE HCL 10 MG CAP	10	60.00	4.10	0.12401	26%-50% Below	No	No
00093081201	NORTRIPTYLINE HCL 50 MG CAP	11	180.00	15.80	0.14528	26%-50% Below	Yes	No
00093083205	CLONAZEPAM 0.5 MG TABLET	8	30.00	0.42	0.02634	26%-50% Below	Yes	No
00093083205	CLONAZEPAM 0.5 MG TABLET	9	10.00	0.13	0.02836	51%-75% Below	Yes	No
00093083205	CLONAZEPAM 0.5 MG TABLET	9	30.00	0.39	0.02836	51%-75% Below	Yes	No
00093100301	BUSPIRONE HCL 15 MG TABLET	8	60.00	3.54	0.05006	10%-25% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093100301	BUSPIRONE HCL 15 MG TABLET	8	60.00	3.61	0.05006	10%-25% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	9	60.00	3.61	0.05068	10%-25% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	9	180.00	10.84	0.05068	10%-25% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	10	60.00	3.61	0.05092	10%-25% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	10	90.00	5.42	0.05092	10%-25% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	10	270.00	16.25	0.05092	10%-25% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	11	60.00	3.61	0.03594	51%-75% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	11	90.00	5.42	0.03594	51%-75% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	11	180.00	10.84	0.03594	51%-75% Above	No	No
00093100305	BUSPIRONE HCL 15 MG TABLET	12	60.00	3.61	0.04321	26%-50% Above	No	No
00093101042	MUPIROCIN 2% OINTMENT	8	22.00	2.90	0.17871	26%-50% Below	Yes	No
00093101042	MUPIROCIN 2% OINTMENT	9	22.00	2.90	0.16996	10%-25% Below	No	No
00093101042	MUPIROCIN 2% OINTMENT	9	22.00	2.90	0.16996	10%-25% Below	Yes	No
00093101042	MUPIROCIN 2% OINTMENT	10	22.00	2.90	0.16065	10%-25% Below	No	No
00093101042	MUPIROCIN 2% OINTMENT	10	22.00	2.90	0.16065	10%-25% Below	Yes	No
00093101042	MUPIROCIN 2% OINTMENT	10	44.00	5.80	0.16065	10%-25% Below	No	No
00093101042	MUPIROCIN 2% OINTMENT	10	44.00	5.80	0.16065	10%-25% Below	Yes	No
00093101042	MUPIROCIN 2% OINTMENT	12	22.00	2.90	0.15681	10%-25% Below	No	No
00093117410	PENICILLIN VK 500 MG TABLET	11	28.00	2.53	0.06968	26%-50% Above	Yes	No
00093171301	WARFARIN SODIUM 2 MG TABLET	9	30.00	5.27	0.09366	76%-100% Above	No	No
00093171301	WARFARIN SODIUM 2 MG TABLET	10	30.00	5.27	0.08997	76%-100% Above	No	No
00093171401	WARFARIN SODIUM 2.5 MG TABLET	8	50.00	8.81	0.08704	101%-200% Above	Yes	No
00093171401	WARFARIN SODIUM 2.5 MG TABLET	11	90.00	15.86	0.08794	76%-100% Above	Yes	No
00093202623	AZITHROMYCIN 200 MG/5 ML SUSP	10	15.00	8.15	0.32754	51%-75% Above	No	No
00093202623	AZITHROMYCIN 200 MG/5 ML SUSP	11	15.00	8.15	0.27215	76%-100% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093202631	AZITHROMYCIN 200 MG/5 ML SUSP	11	30.00	16.29	0.18019	200% Above	No	No
00093202694	AZITHROMYCIN 200 MG/5 ML SUSP	9	22.50	12.22	0.27715	76%-100% Above	No	No
00093202694	AZITHROMYCIN 200 MG/5 ML SUSP	11	22.50	12.22	0.19878	101%-200% Above	No	No
00093202694	AZITHROMYCIN 200 MG/5 ML SUSP	12	22.50	12.22	0.22049	101%-200% Above	Yes	No
00093202723	AZITHROMYCIN 100 MG/5 ML SUSP	12	45.00	36.11	0.35458	101%-200% Above	No	No
00093206901	DOXAZOSIN MESYLATE 2 MG TAB	12	90.00	36.77	0.06212	200% Above	Yes	No
00093214062	TRI-LO-SPRINTEC TABLET	9	28.00	15.41	0.12834	200% Above	No	No
00093214062	TRI-LO-SPRINTEC TABLET	10	28.00	15.41	0.11947	200% Above	No	No
00093220301	METOCLOPRAMIDE 10 MG TABLET	10	60.00	1.46	0.05023	51%-75% Below	No	No
00093220301	METOCLOPRAMIDE 10 MG TABLET	10	90.00	2.20	0.05023	51%-75% Below	No	No
00093220305	METOCLOPRAMIDE 10 MG TABLET	8	20.00	0.49	0.05169	51%-75% Below	No	No
00093220305	METOCLOPRAMIDE 10 MG TABLET	8	120.00	2.93	0.05169	51%-75% Below	Yes	No
00093220305	METOCLOPRAMIDE 10 MG TABLET	9	30.00	0.73	0.04889	26%-50% Below	Yes	No
00093220305	METOCLOPRAMIDE 10 MG TABLET	10	120.00	2.93	0.05023	51%-75% Below	Yes	No
00093220305	METOCLOPRAMIDE 10 MG TABLET	11	10.00	0.24	0.04130	26%-50% Below	Yes	No
00093220305	METOCLOPRAMIDE 10 MG TABLET	11	120.00	2.93	0.04130	26%-50% Below	Yes	No
00093220401	METOCLOPRAMIDE 5 MG TABLET	8	90.00	1.91	0.04476	51%-75% Below	No	No
00093220401	METOCLOPRAMIDE 5 MG TABLET	10	90.00	1.91	0.04293	26%-50% Below	No	No
00093220405	METOCLOPRAMIDE 5 MG TABLET	11	60.00	1.27	0.03570	26%-50% Below	No	No
00093221001	SUCRALFATE 1 GM TABLET	10	120.00	10.02	0.17687	51%-75% Below	Yes	No
00093221001	SUCRALFATE 1 GM TABLET	10	180.00	13.14	0.17687	51%-75% Below	Yes	No
00093221001	SUCRALFATE 1 GM TABLET	11	56.00	4.68	0.15629	26%-50% Below	Yes	No
00093221001	SUCRALFATE 1 GM TABLET	11	60.00	5.01	0.15629	26%-50% Below	No	No
00093221001	SUCRALFATE 1 GM TABLET	11	120.00	10.02	0.15629	26%-50% Below	Yes	No
00093221001	SUCRALFATE 1 GM TABLET	12	60.00	5.01	0.16521	26%-50% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093224001	CEPHALEXIN 500 MG TABLET	11	14.00	71.51	2.08561	101%-200% Above	Yes	No
00093224001	CEPHALEXIN 500 MG TABLET	12	14.00	42.79	2.04508	26%-50% Above	No	No
00093226301	AMOXICILLIN 500 MG TABLET	10	30.00	4.99	0.12865	26%-50% Above	Yes	No
00093226301	AMOXICILLIN 500 MG TABLET	12	30.00	4.99	0.11807	26%-50% Above	Yes	No
00093227534	AMOX-CLAV 875-125 MG TABLET	8	20.00	4.63	0.28836	10%-25% Below	No	No
00093227534	AMOX-CLAV 875-125 MG TABLET	9	20.00	4.63	0.28945	10%-25% Below	No	No
00093227534	AMOX-CLAV 875-125 MG TABLET	10	20.00	4.63	0.27807	10%-25% Below	No	No
00093227534	AMOX-CLAV 875-125 MG TABLET	11	20.00	4.63	0.26312	10%-25% Below	No	No
00093227534	AMOX-CLAV 875-125 MG TABLET	12	20.00	4.63	0.27322	10%-25% Below	No	No
00093310705	AMOXICILLIN 250 MG CAPSULE	8	60.00	2.60	0.06675	26%-50% Below	Yes	No
00093310705	AMOXICILLIN 250 MG CAPSULE	9	30.00	1.30	0.08690	26%-50% Below	Yes	No
00093310705	AMOXICILLIN 250 MG CAPSULE	9	60.00	2.60	0.08690	26%-50% Below	Yes	No
00093310705	AMOXICILLIN 250 MG CAPSULE	10	60.00	2.60	0.07218	26%-50% Below	Yes	No
00093310705	AMOXICILLIN 250 MG CAPSULE	11	60.00	2.60	0.06473	26%-50% Below	Yes	No
00093310705	AMOXICILLIN 250 MG CAPSULE	12	60.00	2.60	0.07176	26%-50% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	8	4.00	0.19	0.09837	51%-75% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	8	8.00	0.37	0.09837	51%-75% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	8	20.00	0.92	0.09837	51%-75% Below	No	No
00093310905	AMOXICILLIN 500 MG CAPSULE	8	20.00	0.92	0.09837	51%-75% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	8	21.00	0.96	0.09837	51%-75% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	8	24.00	1.10	0.09837	51%-75% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	8	30.00	1.37	0.09837	51%-75% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	9	10.00	0.46	0.09954	51%-75% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	9	14.00	0.64	0.09954	51%-75% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	9	15.00	0.69	0.09954	51%-75% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093310905	AMOXICILLIN 500 MG CAPSULE	9	20.00	0.92	0.09954	51%-75% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	9	30.00	1.37	0.09954	51%-75% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	9	40.00	1.83	0.09954	51%-75% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	10	15.00	0.69	0.09989	51%-75% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	10	20.00	0.92	0.09989	51%-75% Below	No	No
00093310905	AMOXICILLIN 500 MG CAPSULE	10	20.00	0.92	0.09989	51%-75% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	10	21.00	0.96	0.09989	51%-75% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	10	40.00	1.83	0.09989	51%-75% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	11	20.00	0.92	0.07085	26%-50% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	11	21.00	0.96	0.07085	26%-50% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	11	40.00	1.83	0.07085	26%-50% Below	No	No
00093310905	AMOXICILLIN 500 MG CAPSULE	12	30.00	1.37	0.08279	26%-50% Below	No	No
00093310905	AMOXICILLIN 500 MG CAPSULE	12	30.00	1.37	0.08279	26%-50% Below	Yes	No
00093314501	CEPHALEXIN 250 MG CAPSULE	10	30.00	1.82	0.08636	26%-50% Below	No	No
00093314701	CEPHALEXIN 500 MG CAPSULE	10	14.00	0.90	0.12863	26%-50% Below	No	No
00093314701	CEPHALEXIN 500 MG CAPSULE	11	14.00	0.90	0.08973	26%-50% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	8	14.00	0.97	0.13335	26%-50% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	8	20.00	1.28	0.13335	51%-75% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	8	28.00	1.79	0.13335	51%-75% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	8	30.00	1.92	0.13335	51%-75% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	8	30.00	2.09	0.13335	26%-50% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	9	14.00	0.90	0.13137	51%-75% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	9	28.00	1.79	0.13137	51%-75% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	9	30.00	1.92	0.13137	51%-75% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	10	14.00	0.90	0.12863	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093314705	CEPHALEXIN 500 MG CAPSULE	10	20.00	1.28	0.12863	26%-50% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	10	21.00	1.35	0.12863	26%-50% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	10	30.00	1.92	0.12863	26%-50% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	11	14.00	0.90	0.08973	26%-50% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	11	21.00	1.35	0.08973	26%-50% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	11	28.00	1.79	0.08973	26%-50% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	12	20.00	1.28	0.10778	26%-50% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	12	21.00	1.35	0.10778	26%-50% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	12	30.00	2.12	0.15756	51%-75% Below	No	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	1	8.50	15.90	2.76488	26%-50% Below	No	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	3	8.50	15.90	2.61593	26%-50% Below	No	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	8	8.50	9.72	2.70117	51%-75% Below	Yes	No
00093321201	CLONAZEPAM 1 MG TABLET	10	60.00	0.88	0.02939	26%-50% Below	No	No
00093321205	CLONAZEPAM 1 MG TABLET	9	30.00	0.44	0.03246	51%-75% Below	Yes	No
00093321205	CLONAZEPAM 1 MG TABLET	10	30.00	0.44	0.02939	26%-50% Below	Yes	No
00093321205	CLONAZEPAM 1 MG TABLET	11	60.00	0.88	0.02556	26%-50% Below	Yes	No
00093321305	CLONAZEPAM 2 MG TABLET	8	60.00	1.09	0.04220	51%-75% Below	No	No
00093321992	KETOCONAZOLE 2% CREAM	8	60.00	32.07	0.19351	101%-200% Above	Yes	No
00093323401	SULFASALAZINE 500 MG TABLET	12	120.00	13.06	0.17856	26%-50% Below	Yes	No
00093323405	SULFASALAZINE 500 MG TABLET	10	120.00	13.06	0.18634	26%-50% Below	No	No
00093330105	TRAMADOL HCL 50 MG TABLET	10	20.00	0.30	0.03195	51%-75% Below	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	10	30.00	0.46	0.03195	51%-75% Below	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	10	42.00	0.64	0.03195	51%-75% Below	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	10	60.00	0.91	0.03195	51%-75% Below	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	11	60.00	0.91	0.02194	26%-50% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093330105	TRAMADOL HCL 50 MG TABLET	12	14.00	0.21	0.02546	26%-50% Below	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	12	42.00	0.64	0.02546	26%-50% Below	Yes	No
00093342001	CYCLOBENZAPRINE 5 MG TABLET	11	60.00	0.72	0.01572	10%-25% Below	No	No
00093342201	CYCLOBENZAPRINE 10 MG TABLET	10	28.00	0.27	0.01924	26%-50% Below	No	No
00093342201	CYCLOBENZAPRINE 10 MG TABLET	10	30.00	0.29	0.01924	26%-50% Below	No	No
00093342201	CYCLOBENZAPRINE 10 MG TABLET	10	90.00	0.88	0.01924	26%-50% Below	No	No
00093342201	CYCLOBENZAPRINE 10 MG TABLET	11	90.00	0.88	0.01441	26%-50% Below	No	No
00093342205	CYCLOBENZAPRINE 10 MG TABLET	10	30.00	0.29	0.01924	26%-50% Below	No	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	9	10.00	0.10	0.01984	26%-50% Below	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	9	15.00	0.15	0.01984	26%-50% Below	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	9	30.00	0.29	0.01984	51%-75% Below	No	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	9	30.00	0.29	0.01984	51%-75% Below	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	10	30.00	0.29	0.01924	26%-50% Below	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	11	30.00	0.29	0.01441	26%-50% Below	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	11	90.00	0.88	0.01441	26%-50% Below	No	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	12	30.00	0.29	0.01633	26%-50% Below	Yes	No
00093342501	LORAZEPAM 0.5 MG TABLET	10	75.00	1.97	0.04305	26%-50% Below	No	No
00093342501	LORAZEPAM 0.5 MG TABLET	11	75.00	1.97	0.03148	10%-25% Below	No	No
00093342501	LORAZEPAM 0.5 MG TABLET	12	30.00	0.79	0.03769	26%-50% Below	No	No
00093342501	LORAZEPAM 0.5 MG TABLET	12	75.00	1.97	0.03769	26%-50% Below	No	No
00093342601	LORAZEPAM 1 MG TABLET	8	60.00	1.43	0.05326	51%-75% Below	No	No
00093342601	LORAZEPAM 1 MG TABLET	10	60.00	1.43	0.05036	51%-75% Below	No	No
00093342601	LORAZEPAM 1 MG TABLET	11	60.00	1.43	0.03406	26%-50% Below	No	No
00093342701	LORAZEPAM 2 MG TABLET	11	2.00	0.07	0.05231	26%-50% Below	No	No
00093354143	ESTRADIOL 0.01% CREAM	9	42.50	67.79	0.49266	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093354143	ESTRADIOL 0.01% CREAM	9	42.50	115.59	0.49266	200% Above	No	No
00093354143	ESTRADIOL 0.01% CREAM	10	42.50	67.79	0.48729	200% Above	No	No
00093354143	ESTRADIOL 0.01% CREAM	11	42.50	115.59	0.36924	200% Above	No	No
00093354143	ESTRADIOL 0.01% CREAM	12	42.50	115.59	0.42505	200% Above	No	No
00093354256	ATOMOXETINE HCL 10 MG CAPSULE	8	60.00	133.83	0.62178	200% Above	No	No
00093354256	ATOMOXETINE HCL 10 MG CAPSULE	9	60.00	133.83	0.37444	200% Above	No	No
00093372755	DICLOFENAC EPOLAMINE 1.3% PTCH	9	30.00	82.55	5.62849	51%-75% Below	Yes	No
00093372755	DICLOFENAC EPOLAMINE 1.3% PTCH	10	30.00	82.55	5.45176	26%-50% Below	Yes	No
00093413673	CEFDINIR 125 MG/5 ML SUSP	8	100.00	32.13	0.11758	101%-200% Above	No	No
00093413764	CEFDINIR 250 MG/5 ML SUSP	9	60.00	40.34	0.16754	200% Above	No	No
00093413764	CEFDINIR 250 MG/5 ML SUSP	10	60.00	40.34	0.15123	200% Above	No	No
00093413773	CEFDINIR 250 MG/5 ML SUSP	8	100.00	63.88	0.16099	200% Above	No	No
00093413773	CEFDINIR 250 MG/5 ML SUSP	9	100.00	63.88	0.15649	200% Above	No	No
00093415573	AMOXICILLIN 250 MG/5 ML SUSP	9	200.00	6.99	0.02737	26%-50% Above	Yes	No
00093415573	AMOXICILLIN 250 MG/5 ML SUSP	10	200.00	6.99	0.02597	26%-50% Above	Yes	No
00093415573	AMOXICILLIN 250 MG/5 ML SUSP	12	200.00	6.99	0.02393	26%-50% Above	Yes	No
00093415580	AMOXICILLIN 250 MG/5 ML SUSP	11	300.00	8.11	0.01892	26%-50% Above	No	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	8	100.00	5.59	0.03105	76%-100% Above	No	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	8	200.00	11.18	0.03105	76%-100% Above	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	8	300.00	16.78	0.03105	76%-100% Above	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	9	100.00	5.59	0.03164	76%-100% Above	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	9	200.00	11.18	0.03164	76%-100% Above	No	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	9	200.00	11.18	0.03164	76%-100% Above	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	10	100.00	5.59	0.03215	51%-75% Above	No	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	10	100.00	5.59	0.03215	51%-75% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	10	150.00	8.39	0.03215	51%-75% Above	No	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	10	200.00	11.18	0.03215	51%-75% Above	No	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	10	200.00	11.18	0.03215	51%-75% Above	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	10	300.00	16.78	0.03215	51%-75% Above	No	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	10	400.00	22.37	0.03215	51%-75% Above	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	11	100.00	5.59	0.02801	76%-100% Above	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	11	200.00	11.18	0.02801	76%-100% Above	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	11	300.00	16.78	0.02801	76%-100% Above	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	12	200.00	11.18	0.03139	76%-100% Above	Yes	No
00093416178	AMOXICILLIN 400 MG/5 ML SUSP	8	225.00	12.53	0.03380	51%-75% Above	Yes	No
00093416178	AMOXICILLIN 400 MG/5 ML SUSP	9	150.00	8.36	0.03552	51%-75% Above	Yes	No
00093416178	AMOXICILLIN 400 MG/5 ML SUSP	10	150.00	8.36	0.03941	26%-50% Above	Yes	No
00093416178	AMOXICILLIN 400 MG/5 ML SUSP	11	150.00	8.36	0.03455	51%-75% Above	Yes	No
00093416178	AMOXICILLIN 400 MG/5 ML SUSP	12	75.00	4.18	0.03779	26%-50% Above	Yes	No
00093417773	CEPHALEXIN 250 MG/5 ML SUSP	10	100.00	11.41	0.08870	26%-50% Above	No	No
00093417773	CEPHALEXIN 250 MG/5 ML SUSP	12	200.00	22.82	0.07236	51%-75% Above	No	No
00093417774	CEPHALEXIN 250 MG/5 ML SUSP	11	200.00	20.36	0.04229	101%-200% Above	Yes	No
00093417774	CEPHALEXIN 250 MG/5 ML SUSP	11	400.00	40.72	0.04229	101%-200% Above	No	No
00093505698	ATORVASTATIN 10 MG TABLET	9	90.00	7.20	0.03016	101%-200% Above	No	No
00093505698	ATORVASTATIN 10 MG TABLET	10	30.00	2.40	0.02960	101%-200% Above	No	No
00093505698	ATORVASTATIN 10 MG TABLET	11	90.00	7.20	0.02244	200% Above	No	No
00093505798	ATORVASTATIN 80 MG TABLET	8	30.00	3.43	0.07930	26%-50% Above	No	No
00093505798	ATORVASTATIN 80 MG TABLET	8	90.00	10.29	0.07930	26%-50% Above	No	No
00093505798	ATORVASTATIN 80 MG TABLET	9	30.00	3.43	0.08427	26%-50% Above	No	No
00093505798	ATORVASTATIN 80 MG TABLET	10	30.00	3.43	0.08395	26%-50% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093505798	ATORVASTATIN 80 MG TABLET	10	90.00	10.29	0.08395	26%-50% Above	No	No
00093505798	ATORVASTATIN 80 MG TABLET	11	90.00	10.29	0.06626	51%-75% Above	No	No
00093505798	ATORVASTATIN 80 MG TABLET	12	90.00	10.29	0.07506	51%-75% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	8	90.00	8.92	0.05515	76%-100% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	8	90.00	12.80	0.05515	101%-200% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	9	90.00	8.92	0.05122	76%-100% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	10	90.00	8.92	0.05228	76%-100% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	11	90.00	8.92	0.04382	101%-200% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	12	90.00	8.92	0.04678	101%-200% Above	No	No
00093505998	ATORVASTATIN 20 MG TABLET	8	90.00	8.88	0.03985	101%-200% Above	No	No
00093505998	ATORVASTATIN 20 MG TABLET	9	90.00	8.88	0.03661	101%-200% Above	No	No
00093505998	ATORVASTATIN 20 MG TABLET	10	90.00	8.88	0.03564	101%-200% Above	No	No
00093505998	ATORVASTATIN 20 MG TABLET	11	90.00	8.88	0.02772	200% Above	No	No
00093506105	HYDROXYZINE HCL 25 MG TABLET	10	60.00	3.14	0.04691	10%-25% Above	No	No
00093506105	HYDROXYZINE HCL 25 MG TABLET	11	60.00	3.14	0.03406	51%-75% Above	No	No
00093506110	HYDROXYZINE HCL 25 MG TABLET	8	180.00	9.43	0.04351	10%-25% Above	No	No
00093506110	HYDROXYZINE HCL 25 MG TABLET	9	30.00	1.57	0.04472	10%-25% Above	No	No
00093506110	HYDROXYZINE HCL 25 MG TABLET	11	180.00	9.43	0.03406	51%-75% Above	No	No
00093555301	DEXMETHYLPHENIDATE ER 20 MG CP	9	30.00	78.54	1.41488	76%-100% Above	No	No
00093555401	DEXMETHYLPHENIDATE ER 30 MG CP	8	30.00	86.22	1.74080	51%-75% Above	No	No
00093555401	DEXMETHYLPHENIDATE ER 30 MG CP	9	30.00	86.22	2.08681	26%-50% Above	No	No
00093681573	BUDESONIDE 0.25 MG/2 ML SUSP	10	60.00	29.17	0.83762	26%-50% Below	No	No
00093681573	BUDESONIDE 0.25 MG/2 ML SUSP	11	60.00	29.17	0.85765	26%-50% Below	Yes	No
00093681655	BUDESONIDE 0.5 MG/2 ML SUSP	8	360.00	55.08	0.70291	76%-100% Below	Yes	No
00093681673	BUDESONIDE 0.5 MG/2 ML SUSP	10	60.00	22.37	0.74164	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093681673	BUDESONIDE 0.5 MG/2 ML SUSP	11	60.00	22.37	0.72209	26%-50% Below	Yes	No
00093681673	BUDESONIDE 0.5 MG/2 ML SUSP	12	60.00	22.37	0.73176	26%-50% Below	No	No
00093719801	FLUOXETINE HCL 40 MG CAPSULE	9	30.00	2.72	0.06911	26%-50% Above	No	No
00093719801	FLUOXETINE HCL 40 MG CAPSULE	10	30.00	2.72	0.07068	26%-50% Above	No	No
00093719801	FLUOXETINE HCL 40 MG CAPSULE	11	90.00	8.15	0.04534	76%-100% Above	No	No
00093719801	FLUOXETINE HCL 40 MG CAPSULE	12	30.00	2.72	0.05938	51%-75% Above	No	No
00093720110	PRAVASTATIN SODIUM 20 MG TAB	8	30.00	3.25	0.06047	76%-100% Above	No	No
00093720110	PRAVASTATIN SODIUM 20 MG TAB	9	30.00	3.25	0.06090	76%-100% Above	No	No
00093720110	PRAVASTATIN SODIUM 20 MG TAB	9	90.00	9.76	0.06090	76%-100% Above	No	No
00093720110	PRAVASTATIN SODIUM 20 MG TAB	11	30.00	3.25	0.05049	101%-200% Above	No	No
00093720110	PRAVASTATIN SODIUM 20 MG TAB	11	90.00	9.76	0.05049	101%-200% Above	No	No
00093720110	PRAVASTATIN SODIUM 20 MG TAB	12	30.00	3.25	0.05565	76%-100% Above	No	No
00093720198	PRAVASTATIN SODIUM 20 MG TAB	8	90.00	9.40	0.06047	51%-75% Above	Yes	No
00093720198	PRAVASTATIN SODIUM 20 MG TAB	8	90.00	9.76	0.06047	76%-100% Above	Yes	No
00093720198	PRAVASTATIN SODIUM 20 MG TAB	10	90.00	9.76	0.06240	51%-75% Above	No	No
00093720198	PRAVASTATIN SODIUM 20 MG TAB	12	90.00	9.40	0.05565	76%-100% Above	Yes	No
00093720210	PRAVASTATIN SODIUM 40 MG TAB	8	30.00	4.62	0.08310	76%-100% Above	No	No
00093720210	PRAVASTATIN SODIUM 40 MG TAB	9	30.00	4.62	0.08703	76%-100% Above	No	No
00093720210	PRAVASTATIN SODIUM 40 MG TAB	9	90.00	13.86	0.08703	76%-100% Above	No	No
00093720210	PRAVASTATIN SODIUM 40 MG TAB	11	30.00	4.62	0.06843	101%-200% Above	No	No
00093720210	PRAVASTATIN SODIUM 40 MG TAB	12	90.00	13.86	0.07609	101%-200% Above	No	No
00093720298	PRAVASTATIN SODIUM 40 MG TAB	9	90.00	13.86	0.08703	76%-100% Above	No	No
00093720298	PRAVASTATIN SODIUM 40 MG TAB	9	90.00	13.86	0.08703	76%-100% Above	Yes	No
00093720298	PRAVASTATIN SODIUM 40 MG TAB	10	13.00	2.00	0.08697	76%-100% Above	Yes	No
00093720298	PRAVASTATIN SODIUM 40 MG TAB	10	90.00	13.86	0.08697	76%-100% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093720298	PRAVASTATIN SODIUM 40 MG TAB	10	90.00	13.86	0.08697	76%-100% Above	Yes	No
00093720298	PRAVASTATIN SODIUM 40 MG TAB	11	90.00	13.86	0.06843	101%-200% Above	Yes	No
00093727156	PIOGLITAZONE HCL 15 MG TABLET	11	90.00	8.33	0.05870	51%-75% Above	No	No
00093727198	PIOGLITAZONE HCL 15 MG TABLET	10	90.00	8.33	0.07909	10%-25% Above	Yes	No
00093727298	PIOGLITAZONE HCL 30 MG TABLET	9	30.00	3.99	0.10703	10%-25% Above	Yes	No
00093727298	PIOGLITAZONE HCL 30 MG TABLET	9	90.00	11.96	0.10703	10%-25% Above	Yes	No
00093727298	PIOGLITAZONE HCL 30 MG TABLET	10	30.00	3.99	0.10988	10%-25% Above	Yes	No
00093735156	LANSOPRAZOLE DR 30 MG CAPSULE	8	30.00	4.22	0.10927	26%-50% Above	No	No
00093735156	LANSOPRAZOLE DR 30 MG CAPSULE	9	30.00	4.22	0.10807	26%-50% Above	No	No
00093735156	LANSOPRAZOLE DR 30 MG CAPSULE	10	30.00	4.22	0.10563	26%-50% Above	No	No
00093735156	LANSOPRAZOLE DR 30 MG CAPSULE	11	30.00	4.22	0.07539	76%-100% Above	No	No
00093735156	LANSOPRAZOLE DR 30 MG CAPSULE	12	30.00	4.22	0.08882	51%-75% Above	No	No
00093762056	LETROZOLE 2.5 MG TABLET	11	30.00	2.75	0.12776	26%-50% Below	No	No
00093767902	ETONOGESTREL-EE VAGINAL RING	11	1.00	63.65	42.53705	26%-50% Above	Yes	No
00093767902	ETONOGESTREL-EE VAGINAL RING	11	3.00	190.94	42.53705	26%-50% Above	No	No
00093767902	ETONOGESTREL-EE VAGINAL RING	12	3.00	190.94	49.58895	26%-50% Above	Yes	No
00093770198	LEVOCETIRIZINE 5 MG TABLET	9	30.00	3.74	0.06780	76%-100% Above	No	No
00093770198	LEVOCETIRIZINE 5 MG TABLET	10	30.00	3.74	0.06457	76%-100% Above	No	No
00093770198	LEVOCETIRIZINE 5 MG TABLET	11	30.00	3.74	0.05856	101%-200% Above	No	No
00093807316	KELNOR 1-50 TABLET	10	84.00	33.97	0.58274	26%-50% Below	No	No
00093834301	GLYBURIDE 2.5 MG TABLET	10	90.00	9.27	0.07933	26%-50% Above	No	No
00093834410	GLYBURIDE 5 MG TABLET	8	30.00	3.83	0.05878	101%-200% Above	No	No
00093834410	GLYBURIDE 5 MG TABLET	9	30.00	3.83	0.06058	101%-200% Above	No	No
00093834410	GLYBURIDE 5 MG TABLET	9	90.00	11.48	0.06058	101%-200% Above	No	No
00093834410	GLYBURIDE 5 MG TABLET	10	30.00	3.83	0.05198	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093834410	GLYBURIDE 5 MG TABLET	10	90.00	11.48	0.05198	101%-200% Above	No	No
00093834410	GLYBURIDE 5 MG TABLET	12	90.00	11.48	0.05319	101%-200% Above	No	No
00115148701	DEXTROAMP-AMPHET ER 10 MG CAP	12	30.00	120.55	0.60837	200% Above	Yes	No
00115148801	DEXTROAMP-AMPHET ER 15 MG CAP	11	30.00	120.55	0.63267	200% Above	Yes	No
00115148901	DEXTROAMP-AMPHET ER 20 MG CAP	9	30.00	120.55	0.53420	200% Above	No	No
00115148901	DEXTROAMP-AMPHET ER 20 MG CAP	10	30.00	120.55	0.55555	200% Above	No	No
00115148901	DEXTROAMP-AMPHET ER 20 MG CAP	10	30.00	120.55	0.55555	200% Above	Yes	No
00115148901	DEXTROAMP-AMPHET ER 20 MG CAP	11	30.00	120.55	0.57443	200% Above	No	No
00115148901	DEXTROAMP-AMPHET ER 20 MG CAP	12	30.00	120.55	0.61752	200% Above	Yes	No
00115149001	DEXTROAMP-AMPHET ER 25 MG CAP	12	30.00	120.55	0.69015	200% Above	Yes	No
00115149101	DEXTROAMP-AMPHET ER 30 MG CAP	11	30.00	120.55	0.56014	200% Above	No	No
00115149101	DEXTROAMP-AMPHET ER 30 MG CAP	11	30.00	120.55	0.56014	200% Above	Yes	No
00115164501	NITROFURANTOIN MCR 100 MG CAP	9	10.00	9.26	0.46429	76%-100% Above	No	No
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	8	2.00	109.99	113.28551	51%-75% Below	Yes	No
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	9	2.00	281.59	109.83746	26%-50% Above	No	No
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	10	2.00	109.99	108.22443	26%-50% Below	Yes	No
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	10	2.00	281.59	108.22443	26%-50% Above	No	No
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	11	2.00	109.99	87.70104	26%-50% Below	Yes	No
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	11	2.00	281.59	87.70104	51%-75% Above	No	No
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	12	2.00	109.99	98.09752	26%-50% Below	Yes	No
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	12	2.00	281.59	98.09752	26%-50% Above	No	No
00115169549	EPINEPHRINE 0.15 MG AUTO-INJCT	8	2.00	109.99	110.43620	26%-50% Below	Yes	No
00115170901	DEXMETHYLPHENIDATE ER 25 MG CP	10	30.00	94.13	1.69537	76%-100% Above	No	No
00115170901	DEXMETHYLPHENIDATE ER 25 MG CP	11	30.00	94.13	1.40165	101%-200% Above	No	No
00115170901	DEXMETHYLPHENIDATE ER 25 MG CP	12	30.00	94.13	1.58960	76%-100% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00115173601	METHYLPHENIDATE ER(CD) 10 MG CP	9	30.00	12.83	1.37115	51%-75% Below	Yes	No
00115173601	METHYLPHENIDATE ER(CD) 10 MG CP	10	30.00	12.83	1.34028	51%-75% Below	Yes	No
00115173601	METHYLPHENIDATE ER(CD) 10 MG CP	11	30.00	12.83	0.87151	26%-50% Below	Yes	No
00115180301	HYDROXYZINE PAM 25 MG CAP	9	60.00	1.99	0.06306	26%-50% Below	Yes	No
00115180302	HYDROXYZINE PAM 25 MG CAP	8	90.00	2.99	0.06333	26%-50% Below	No	No
00115180302	HYDROXYZINE PAM 25 MG CAP	9	90.00	2.99	0.06306	26%-50% Below	No	No
00115180302	HYDROXYZINE PAM 25 MG CAP	10	90.00	2.99	0.06437	26%-50% Below	No	No
00115180302	HYDROXYZINE PAM 25 MG CAP	11	90.00	2.99	0.05412	26%-50% Below	No	No
00115180401	HYDROXYZINE PAM 50 MG CAP	10	30.00	1.22	0.08169	26%-50% Below	No	No
00115180401	HYDROXYZINE PAM 50 MG CAP	12	60.00	2.44	0.07548	26%-50% Below	No	No
00115351101	PYRIDOSTIGMINE BR 60 MG TABLET	10	360.00	166.68	0.26318	51%-75% Above	No	No
00115521116	COLESTIPOL HCL 1 GM TABLET	8	60.00	23.56	0.75953	26%-50% Below	No	No
00115521116	COLESTIPOL HCL 1 GM TABLET	9	60.00	23.56	0.74946	26%-50% Below	No	No
00115521116	COLESTIPOL HCL 1 GM TABLET	9	180.00	70.69	0.74946	26%-50% Below	No	No
00115521116	COLESTIPOL HCL 1 GM TABLET	12	180.00	70.69	0.64507	26%-50% Below	No	No
00115703301	FLUDROCORTISONE 0.1 MG TABLET	9	90.00	22.12	0.42273	26%-50% Below	Yes	No
00115703301	FLUDROCORTISONE 0.1 MG TABLET	10	90.00	22.12	0.40466	26%-50% Below	No	No
00115703301	FLUDROCORTISONE 0.1 MG TABLET	11	180.00	44.24	0.33226	26%-50% Below	Yes	No
00115991901	DEXMETHYLPHENIDATE ER 10 MG CP	9	30.00	99.08	1.31162	101%-200% Above	No	No
00115992101	DEXMETHYLPHENIDATE ER 20 MG CP	8	30.00	77.06	1.42877	76%-100% Above	No	No
00115992101	DEXMETHYLPHENIDATE ER 20 MG CP	8	30.00	78.54	1.42877	76%-100% Above	Yes	No
00115992101	DEXMETHYLPHENIDATE ER 20 MG CP	9	30.00	78.54	1.41488	76%-100% Above	No	No
00115992101	DEXMETHYLPHENIDATE ER 20 MG CP	10	30.00	78.54	1.35075	76%-100% Above	No	No
00115992101	DEXMETHYLPHENIDATE ER 20 MG CP	12	30.00	78.54	1.32412	76%-100% Above	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	8	473.00	2.03	0.00747	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00116200116	CHLORHEXIDINE 0.12% RINSE	9	473.00	2.08	0.00742	26%-50% Below	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	10	473.00	2.08	0.00767	26%-50% Below	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	11	473.00	2.08	0.00626	26%-50% Below	No	No
00121067585	VALPROIC ACID 250 MG/5 ML SOLN	10	640.00	10.94	0.03634	51%-75% Below	No	No
00121067585	VALPROIC ACID 250 MG/5 ML SOLN	11	640.00	10.94	0.03444	26%-50% Below	No	No
00121067616	POTASSIUM CIT-CITRIC ACID SOLN	9	600.00	24.54	0.05813	26%-50% Below	Yes	No
00121067616	POTASSIUM CIT-CITRIC ACID SOLN	10	600.00	24.54	0.06721	26%-50% Below	Yes	No
00121067616	POTASSIUM CIT-CITRIC ACID SOLN	11	600.00	24.54	0.05222	10%-25% Below	Yes	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	8	20.00	1.81	0.12661	26%-50% Below	Yes	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	8	25.00	2.26	0.12661	26%-50% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	8	35.00	3.16	0.12661	26%-50% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	8	40.00	3.55	0.12661	26%-50% Below	Yes	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	9	15.00	1.36	0.12174	10%-25% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	9	24.00	2.17	0.12174	10%-25% Below	Yes	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	9	25.00	2.26	0.12174	10%-25% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	9	25.00	2.26	0.12174	10%-25% Below	Yes	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	9	30.00	2.71	0.12174	10%-25% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	9	40.00	3.62	0.12174	10%-25% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	9	50.00	4.52	0.12174	10%-25% Below	Yes	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	9	60.00	5.42	0.12174	10%-25% Below	Yes	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	9	75.00	6.78	0.12174	10%-25% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	10	15.00	1.36	0.12637	26%-50% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	10	24.00	2.17	0.12637	26%-50% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	10	25.00	2.26	0.12637	26%-50% Below	Yes	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	10	30.00	2.71	0.12637	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	10	35.00	3.16	0.12637	26%-50% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	10	50.00	4.52	0.12637	26%-50% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	10	100.00	9.04	0.12637	26%-50% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	12	13.00	1.18	0.10868	10%-25% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	12	18.00	1.63	0.10868	10%-25% Below	Yes	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	12	20.00	1.81	0.10868	10%-25% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	12	20.00	1.81	0.10868	10%-25% Below	Yes	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	12	40.00	3.62	0.10868	10%-25% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	12	50.00	4.52	0.10868	10%-25% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	12	100.00	9.04	0.10868	10%-25% Below	No	No
00121077516	GUAIFEN-CODEINE 100-10 MG/5 ML	11	150.00	5.27	0.03128	10%-25% Above	No	No
00121077516	GUAIFEN-CODEINE 100-10 MG/5 ML	11	200.00	7.02	0.03128	10%-25% Above	Yes	No
00121077516	GUAIFEN-CODEINE 100-10 MG/5 ML	11	240.00	8.42	0.03128	10%-25% Above	No	No
00121077516	GUAIFEN-CODEINE 100-10 MG/5 ML	11	300.00	10.53	0.03128	10%-25% Above	Yes	No
00121086816	NYSTATIN 100,000 UNIT/ML SUSP	9	280.00	8.82	0.07388	51%-75% Below	No	No
00121086816	NYSTATIN 100,000 UNIT/ML SUSP	11	280.00	8.82	0.05126	26%-50% Below	No	No
00121087332	LACTULOSE 10 GM/15 ML SOLUTION	8	270.00	1.24	0.01274	51%-75% Below	No	No
00121087332	LACTULOSE 10 GM/15 ML SOLUTION	10	300.00	1.38	0.01306	51%-75% Below	No	No
00121087416	CETIRIZINE HCL 1 MG/ML SOLN	9	25.00	0.94	0.11421	51%-75% Below	Yes	No
00121087416	CETIRIZINE HCL 1 MG/ML SOLN	9	150.00	5.64	0.11421	51%-75% Below	Yes	No
00121087416	CETIRIZINE HCL 1 MG/ML SOLN	10	150.00	5.64	0.11679	51%-75% Below	Yes	No
00121087416	CETIRIZINE HCL 1 MG/ML SOLN	11	118.00	4.44	0.13172	51%-75% Below	Yes	No
00121087416	CETIRIZINE HCL 1 MG/ML SOLN	11	150.00	5.64	0.13172	51%-75% Below	Yes	No
00121087416	CETIRIZINE HCL 1 MG/ML SOLN	12	300.00	11.28	0.13146	51%-75% Below	Yes	No
00121088508	PREDNISOLONE 15 MG/5 ML SOLN	9	10.00	2.10	0.55628	51%-75% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00121088508	PREDNISOLONE 15 MG/5 ML SOLN	9	40.00	8.38	0.55628	51%-75% Below	No	No
00121088508	PREDNISOLONE 15 MG/5 ML SOLN	10	10.00	2.10	0.59605	51%-75% Below	No	No
00121088508	PREDNISOLONE 15 MG/5 ML SOLN	10	21.00	4.40	0.59605	51%-75% Below	No	No
00121088508	PREDNISOLONE 15 MG/5 ML SOLN	11	8.00	1.68	0.57276	51%-75% Below	No	No
00121088508	PREDNISOLONE 15 MG/5 ML SOLN	11	48.00	10.06	0.57276	51%-75% Below	No	No
00121088516	PREDNISOLONE 15 MG/5 ML SOLN	9	23.00	4.82	0.66252	51%-75% Below	No	No
00121088516	PREDNISOLONE 15 MG/5 ML SOLN	9	30.00	6.29	0.66252	51%-75% Below	No	No
00121088516	PREDNISOLONE 15 MG/5 ML SOLN	10	15.00	3.14	0.70592	51%-75% Below	No	No
00121088516	PREDNISOLONE 15 MG/5 ML SOLN	12	15.00	3.14	0.62670	51%-75% Below	No	No
00121104516	NYSTATIN 100,000 UNIT/ML SUSP	10	150.00	4.73	0.07471	51%-75% Below	No	No
00121104516	NYSTATIN 100,000 UNIT/ML SUSP	10	240.00	7.56	0.07471	51%-75% Below	No	No
00121104516	NYSTATIN 100,000 UNIT/ML SUSP	10	300.00	9.45	0.07471	51%-75% Below	No	No
00121104516	NYSTATIN 100,000 UNIT/ML SUSP	11	150.00	4.73	0.05126	26%-50% Below	No	No
00143122701	DICYCLOMINE 20 MG TABLET	9	60.00	7.04	0.10186	10%-25% Above	Yes	No
00143122701	DICYCLOMINE 20 MG TABLET	11	45.00	5.28	0.08225	26%-50% Above	Yes	No
00143122701	DICYCLOMINE 20 MG TABLET	12	90.00	10.56	0.09153	26%-50% Above	Yes	No
00143122710	DICYCLOMINE 20 MG TABLET	9	20.00	2.35	0.10186	10%-25% Above	No	No
00143122710	DICYCLOMINE 20 MG TABLET	9	90.00	10.56	0.10186	10%-25% Above	No	No
00143122710	DICYCLOMINE 20 MG TABLET	10	20.00	2.35	0.10405	10%-25% Above	No	No
00143122710	DICYCLOMINE 20 MG TABLET	10	60.00	7.04	0.10405	10%-25% Above	No	No
00143122710	DICYCLOMINE 20 MG TABLET	11	56.00	6.57	0.08225	26%-50% Above	No	No
00143122710	DICYCLOMINE 20 MG TABLET	11	60.00	7.04	0.08225	26%-50% Above	No	No
00143124101	DIGOXIN 250 MCG TABLET	11	30.00	20.51	0.12341	200% Above	No	No
00143211205	DOXYCYCLINE HYCLATE 100 MG TAB	10	20.00	22.48	0.12156	200% Above	No	No
00143211205	DOXYCYCLINE HYCLATE 100 MG TAB	10	60.00	67.43	0.12156	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00143211205	DOXYCYCLINE HYCLATE 100 MG TAB	11	60.00	67.43	0.09502	200% Above	No	No
00143211250	DOXYCYCLINE HYCLATE 100 MG TAB	11	14.00	15.73	0.09502	200% Above	No	No
00143211250	DOXYCYCLINE HYCLATE 100 MG TAB	12	14.00	15.73	0.10670	200% Above	No	No
00143924920	AMOX-CLAV 875-125 MG TABLET	9	20.00	4.63	0.28945	10%-25% Below	No	No
00143924920	AMOX-CLAV 875-125 MG TABLET	10	14.00	3.24	0.27807	10%-25% Below	No	No
00143924920	AMOX-CLAV 875-125 MG TABLET	10	20.00	4.63	0.27807	10%-25% Below	No	No
00143924920	AMOX-CLAV 875-125 MG TABLET	11	20.00	4.63	0.26312	10%-25% Below	No	No
00143928501	AMOXICILLIN 875 MG TABLET	9	20.00	2.03	0.18595	26%-50% Below	No	No
00143928501	AMOXICILLIN 875 MG TABLET	10	10.00	1.02	0.17578	26%-50% Below	No	No
00143928501	AMOXICILLIN 875 MG TABLET	10	14.00	1.42	0.17578	26%-50% Below	No	No
00143928501	AMOXICILLIN 875 MG TABLET	10	20.00	2.03	0.17578	26%-50% Below	No	No
00143928501	AMOXICILLIN 875 MG TABLET	11	14.00	1.42	0.12982	10%-25% Below	No	No
00143928501	AMOXICILLIN 875 MG TABLET	11	20.00	2.03	0.12982	10%-25% Below	No	No
00143928501	AMOXICILLIN 875 MG TABLET	12	14.00	1.42	0.15465	26%-50% Below	No	No
00143928501	AMOXICILLIN 875 MG TABLET	12	20.00	2.03	0.15465	26%-50% Below	No	No
00143928520	AMOXICILLIN 875 MG TABLET	9	14.00	1.42	0.18595	26%-50% Below	No	No
00143928520	AMOXICILLIN 875 MG TABLET	11	20.00	2.03	0.12982	10%-25% Below	No	No
00143928520	AMOXICILLIN 875 MG TABLET	12	20.00	2.03	0.15465	26%-50% Below	No	No
00143962101	CYANOCOBALAM INJ 1000MCG	8	2.00	2.30	.		No	No
00143962101	CYANOCOBALAM INJ 1000MCG	9	2.00	2.30	.		No	No
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	9	1.00	1.15	1.84176	26%-50% Below	No	No
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	9	4.00	4.59	1.84176	26%-50% Below	No	No
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	10	4.00	4.59	1.92672	26%-50% Below	No	No
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	10	6.00	6.89	1.92672	26%-50% Below	No	No
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	11	6.00	6.89	1.54621	10%-25% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	12	4.00	4.59	1.65534	26%-50% Below	No	No
00143965901	TESTOSTERONE CYP 200 MG/ML	8	2.00	15.70	14.12238	26%-50% Below	No	No
00143965901	TESTOSTERONE CYP 200 MG/ML	9	2.00	15.70	13.49281	26%-50% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	9	3.00	23.55	13.49281	26%-50% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	9	4.00	31.40	13.49281	26%-50% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	9	5.00	39.25	13.49281	26%-50% Below	No	No
00143965901	TESTOSTERONE CYP 200 MG/ML	9	10.00	78.50	13.49281	26%-50% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	10	1.00	7.85	13.41177	26%-50% Below	No	No
00143965901	TESTOSTERONE CYP 200 MG/ML	10	2.00	15.70	13.41177	26%-50% Below	No	No
00143965901	TESTOSTERONE CYP 200 MG/ML	10	2.00	15.70	13.41177	26%-50% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	10	3.00	23.55	13.41177	26%-50% Below	No	No
00143965901	TESTOSTERONE CYP 200 MG/ML	10	3.00	23.55	13.41177	26%-50% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	10	4.00	31.40	13.41177	26%-50% Below	No	No
00143965901	TESTOSTERONE CYP 200 MG/ML	10	4.00	31.40	13.41177	26%-50% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	10	6.00	47.10	13.41177	26%-50% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	10	12.00	90.65	13.41177	26%-50% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	10	12.00	94.20	13.41177	26%-50% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	11	1.00	7.85	10.77328	26%-50% Below	No	No
00143965901	TESTOSTERONE CYP 200 MG/ML	11	1.00	7.85	10.77328	26%-50% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	11	2.00	15.70	10.77328	26%-50% Below	No	No
00143965901	TESTOSTERONE CYP 200 MG/ML	11	2.00	15.70	10.77328	26%-50% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	11	4.00	31.40	10.77328	26%-50% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	11	12.00	90.65	10.77328	26%-50% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	11	12.00	94.20	10.77328	26%-50% Below	No	No
00143965901	TESTOSTERONE CYP 200 MG/ML	11	12.00	94.20	10.77328	26%-50% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00143965901	TESTOSTERONE CYP 200 MG/ML	12	2.00	15.70	12.37528	26%-50% Below	No	No
00143965901	TESTOSTERONE CYP 200 MG/ML	12	2.00	15.70	12.37528	26%-50% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	12	10.00	59.25	12.37528	51%-75% Below	Yes	No
00143972601	TESTOSTERONE CYP 2,000 MG/10 ML	11	10.00	83.90	3.40055	101%-200% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	8	20.00	25.18	0.13184	200% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	8	30.00	37.78	0.13184	200% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	9	20.00	25.18	0.13173	200% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	9	30.00	37.78	0.13173	200% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	10	14.00	17.63	0.12791	200% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	10	20.00	25.18	0.12791	200% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	10	30.00	37.78	0.12791	200% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	10	60.00	75.55	0.12791	200% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	11	30.00	37.78	0.08932	200% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	11	60.00	75.55	0.08932	200% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	12	20.00	25.18	0.10669	200% Above	No	No
00143985316	AMOX-CLAV 600-42.9 MG/5 ML SUS	8	125.00	6.55	0.07482	26%-50% Below	Yes	No
00143985324	AMOX-CLAV 600-42.9 MG/5 ML SUS	11	200.00	10.68	0.04711	10%-25% Above	Yes	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	8	100.00	5.59	0.03105	76%-100% Above	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	9	100.00	5.59	0.03164	76%-100% Above	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	9	200.00	11.18	0.03164	76%-100% Above	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	10	100.00	5.59	0.03215	51%-75% Above	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	10	200.00	11.18	0.03215	51%-75% Above	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	11	200.00	11.18	0.02801	76%-100% Above	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	12	200.00	11.18	0.03139	76%-100% Above	No	No
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	3	150.00	7.50	0.02913	51%-75% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	6	225.00	11.70	0.03559	26%-50% Above	No	No
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	8	150.00	8.36	0.03380	51%-75% Above	Yes	No
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	9	150.00	8.36	0.03552	51%-75% Above	No	No
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	10	150.00	8.36	0.03941	26%-50% Above	No	No
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	11	150.00	8.36	0.03455	51%-75% Above	No	No
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	11	225.00	12.53	0.03455	51%-75% Above	No	No
00143988901	AMOXICILLIN 250 MG/5 ML SUSP	8	300.00	10.41	0.02678	26%-50% Above	No	No
00143998201	AMOX-CLAV 400-57 MG/5 ML SUSP	8	100.00	19.09	0.06869	101%-200% Above	Yes	No
00143998201	AMOX-CLAV 400-57 MG/5 ML SUSP	11	100.00	19.09	0.05459	200% Above	Yes	No
00168000215	TRIAMCINOLONE 0.5% CREAM	8	30.00	8.78	0.23134	26%-50% Above	No	No
00168000615	TRIAMCINOLONE 0.1% OINTMENT	8	15.00	0.68	0.13285	51%-75% Below	Yes	No
00168000680	TRIAMCINOLONE 0.1% OINTMENT	9	80.00	1.84	0.07130	51%-75% Below	Yes	No
00168000680	TRIAMCINOLONE 0.1% OINTMENT	11	80.00	3.21	0.05112	10%-25% Below	Yes	No
00168000680	TRIAMCINOLONE 0.1% OINTMENT	12	80.00	1.84	0.05903	51%-75% Below	Yes	No
00168000715	NYSTATIN OIN 100000U	10	30.00	15.14	.		No	No
00168009915	KETOCONAZOLE 2% CREAM	11	15.00	12.52	0.24108	200% Above	No	No
00168009930	KETOCONAZOLE 2% CREAM	9	30.00	21.12	0.24405	101%-200% Above	Yes	No
00168009960	KETOCONAZOLE 2% CREAM	8	60.00	32.07	0.19351	101%-200% Above	No	No
00168009960	KETOCONAZOLE 2% CREAM	10	60.00	32.07	0.18021	101%-200% Above	No	No
00168025815	CLOTRIMAZOLE-BETAMETHASONE CRM	8	15.00	11.34	0.22131	200% Above	No	No
00168025815	CLOTRIMAZOLE-BETAMETHASONE CRM	10	60.00	45.34	0.23886	200% Above	No	No
00168025846	CLOTRIMAZOLE-BETAMETHASONE CRM	8	45.00	24.83	0.16510	200% Above	No	No
00168025846	CLOTRIMAZOLE-BETAMETHASONE CRM	9	45.00	24.83	0.18189	200% Above	No	No
00168025846	CLOTRIMAZOLE-BETAMETHASONE CRM	10	45.00	24.83	0.19159	101%-200% Above	No	No
00168025846	CLOTRIMAZOLE-BETAMETHASONE CRM	11	45.00	24.83	0.23715	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00168027740	CLINDAMYCIN 2% VAGINAL CREAM	9	40.00	39.65	1.59593	26%-50% Below	No	No
00168034646	TERCONAZOLE 0.4% CREAM	11	45.00	13.79	0.47864	26%-50% Below	No	No
00168034646	TERCONAZOLE 0.4% CREAM	12	45.00	13.79	0.53196	26%-50% Below	No	No
00168034720	TERCONAZOLE 0.8% CREAM	11	20.00	27.95	0.98499	26%-50% Above	Yes	No
00168035730	LIDOCAINE-PRILOCAINE 2.5%-2.5% CREAM	8	30.00	4.24	0.29080	51%-75% Below	Yes	No
00169255013	TRESIBA FLEXTOUCH 200 UNIT/ML	12	9.00	412.38	65.09108	26%-50% Below	No	No
00169320615	FIASP PMPCRT INJ U-100	8	32.00	1091.79	.		No	No
00169418113	OZEMPIC 0.25-0.5 MG/DOSE (2 MG/3 ML) PEN	9	3.00	124.91	311.80659	76%-100% Below	No	No
00169418113	OZEMPIC 0.25-0.5 MG/DOSE (2 MG/3 ML) PEN	11	3.00	124.91	311.81111	76%-100% Below	No	No
00169633910	NOVOLOG 100 UNIT/ML FLEXPEN	9	15.00	45.95	8.94772	51%-75% Below	No	No
00169633910	NOVOLOG 100 UNIT/ML FLEXPEN	10	15.00	45.95	8.94669	51%-75% Below	No	No
00169633910	NOVOLOG 100 UNIT/ML FLEXPEN	12	15.00	45.95	8.94519	51%-75% Below	No	No
00172208360	HYDROCHLOROTHIAZIDE 25 MG TAB	8	90.00	2.39	0.01339	76%-100% Above	No	No
00172208360	HYDROCHLOROTHIAZIDE 25 MG TAB	11	90.00	2.39	0.00955	101%-200% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	8	90.00	2.35	0.01339	76%-100% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	9	30.00	0.80	0.01297	101%-200% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	9	30.00	0.99	0.01297	101%-200% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	9	45.00	1.20	0.01297	101%-200% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	10	30.00	0.80	0.01232	101%-200% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	10	30.00	0.99	0.01232	101%-200% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	10	60.00	1.60	0.01232	101%-200% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	10	90.00	2.39	0.01232	101%-200% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	11	30.00	0.80	0.00955	101%-200% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	11	90.00	2.39	0.00955	101%-200% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	12	90.00	2.39	0.01079	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00172392660	DIAZEPAM 5 MG TABLET	9	10.00	0.13	0.02811	51%-75% Below	No	No
00172392660	DIAZEPAM 5 MG TABLET	9	30.00	0.38	0.02811	51%-75% Below	No	No
00172392660	DIAZEPAM 5 MG TABLET	10	10.00	0.13	0.02790	51%-75% Below	No	No
00172392660	DIAZEPAM 5 MG TABLET	10	30.00	0.38	0.02790	51%-75% Below	No	No
00172392660	DIAZEPAM 5 MG TABLET	11	30.00	0.38	0.02160	26%-50% Below	No	No
00172392670	DIAZEPAM 5 MG TABLET	9	2.00	0.03	0.02811	26%-50% Below	No	No
00172392670	DIAZEPAM 5 MG TABLET	10	2.00	0.03	0.02790	26%-50% Below	Yes	No
00172392670	DIAZEPAM 5 MG TABLET	10	10.00	0.13	0.02790	51%-75% Below	No	No
00172392670	DIAZEPAM 5 MG TABLET	10	30.00	0.38	0.02790	51%-75% Below	Yes	No
00172392670	DIAZEPAM 5 MG TABLET	10	90.00	1.13	0.02790	51%-75% Below	No	No
00172392670	DIAZEPAM 5 MG TABLET	11	90.00	1.13	0.02160	26%-50% Below	No	No
00172392760	DIAZEPAM 10 MG TABLET	10	1.00	0.01	0.03008	51%-75% Below	No	No
00172392760	DIAZEPAM 10 MG TABLET	10	60.00	0.79	0.03008	51%-75% Below	No	No
00172392770	DIAZEPAM 10 MG TABLET	11	1.00	0.01	0.02583	51%-75% Below	Yes	No
00172392770	DIAZEPAM 10 MG TABLET	11	10.00	0.13	0.02583	26%-50% Below	No	No
00172392780	DIAZEPAM 10 MG TABLET	8	40.00	0.52	0.03036	51%-75% Below	No	No
00172409680	BACLOFEN 10 MG TABLET	10	45.00	0.77	0.04039	51%-75% Below	No	No
00172572860	FAMOTIDINE 20 MG TABLET	8	180.00	4.16	0.03445	26%-50% Below	Yes	No
00172572860	FAMOTIDINE 20 MG TABLET	9	180.00	4.23	0.03493	26%-50% Below	No	No
00172572860	FAMOTIDINE 20 MG TABLET	10	30.00	0.71	0.03333	26%-50% Below	No	No
00172572860	FAMOTIDINE 20 MG TABLET	10	180.00	4.23	0.03333	26%-50% Below	No	No
00172572860	FAMOTIDINE 20 MG TABLET	12	10.00	0.24	0.02888	10%-25% Below	No	No
00172572880	FAMOTIDINE 20 MG TABLET	9	180.00	4.23	0.03493	26%-50% Below	No	No
00172572880	FAMOTIDINE 20 MG TABLET	10	30.00	0.71	0.03333	26%-50% Below	No	No
00172572960	FAMOTIDINE 40 MG TABLET	8	90.00	8.24	0.05569	51%-75% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00172572960	FAMOTIDINE 40 MG TABLET	11	180.00	16.47	0.04746	76%-100% Above	No	No
00172572970	FAMOTIDINE 40 MG TABLET	8	60.00	5.49	0.05569	51%-75% Above	No	No
00172572970	FAMOTIDINE 40 MG TABLET	10	60.00	5.49	0.05934	51%-75% Above	No	No
00172572970	FAMOTIDINE 40 MG TABLET	11	60.00	5.49	0.04746	76%-100% Above	No	No
00172572970	FAMOTIDINE 40 MG TABLET	12	60.00	5.49	0.05230	51%-75% Above	No	No
00185012901	BUMETANIDE 1 MG TABLET	9	90.00	39.88	0.19817	101%-200% Above	No	No
00185012901	BUMETANIDE 1 MG TABLET	10	30.00	13.29	0.17164	101%-200% Above	No	No
00185012901	BUMETANIDE 1 MG TABLET	11	90.00	39.88	0.12470	200% Above	No	No
00185012901	BUMETANIDE 1 MG TABLET	11	180.00	79.76	0.12470	200% Above	No	No
00185012905	BUMETANIDE 1 MG TABLET	8	210.00	93.05	0.25015	76%-100% Above	No	No
00185067401	HYDROXYZINE PAM 25 MG CAP	10	60.00	1.99	0.06437	26%-50% Below	No	No
00185067401	HYDROXYZINE PAM 25 MG CAP	11	30.00	1.00	0.05412	26%-50% Below	No	No
00185067401	HYDROXYZINE PAM 25 MG CAP	11	60.00	1.99	0.05412	26%-50% Below	No	No
00185067401	HYDROXYZINE PAM 25 MG CAP	12	30.00	1.00	0.05983	26%-50% Below	No	No
00185067405	HYDROXYZINE PAM 25 MG CAP	9	30.00	1.00	0.06306	26%-50% Below	No	No
00185067405	HYDROXYZINE PAM 25 MG CAP	9	90.00	2.99	0.06306	26%-50% Below	No	No
00185067405	HYDROXYZINE PAM 25 MG CAP	10	28.00	0.93	0.06437	26%-50% Below	No	No
00185067405	HYDROXYZINE PAM 25 MG CAP	10	30.00	1.00	0.06437	26%-50% Below	No	No
00185067405	HYDROXYZINE PAM 25 MG CAP	10	90.00	2.99	0.06437	26%-50% Below	No	No
00185067405	HYDROXYZINE PAM 25 MG CAP	11	30.00	1.00	0.05412	26%-50% Below	No	No
00185067405	HYDROXYZINE PAM 25 MG CAP	11	90.00	2.99	0.05412	26%-50% Below	No	No
00185084201	DEXTROAMP-AMPHETAMIN 10 MG TAB	11	60.00	13.39	0.19746	10%-25% Above	No	No
00185085301	DEXTROAMP-AMPHETAMIN 20 MG TAB	9	30.00	6.68	0.32728	26%-50% Below	No	No
00185085301	DEXTROAMP-AMPHETAMIN 20 MG TAB	11	30.00	6.68	0.34197	26%-50% Below	No	No
00185085301	DEXTROAMP-AMPHETAMIN 20 MG TAB	11	60.00	13.36	0.34197	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00185209901	DEXTROAMP-AMPHETAMIN 30 MG TAB	11	60.00	13.06	0.25597	10%-25% Below	No	No
00228202710	ALPRAZOLAM 0.25 MG TABLET	9	45.00	0.56	0.02342	26%-50% Below	No	No
00228202710	ALPRAZOLAM 0.25 MG TABLET	9	60.00	0.75	0.02342	26%-50% Below	No	No
00228202710	ALPRAZOLAM 0.25 MG TABLET	10	60.00	0.75	0.02328	26%-50% Below	No	No
00228202710	ALPRAZOLAM 0.25 MG TABLET	11	45.00	0.56	0.01801	26%-50% Below	No	No
00228202710	ALPRAZOLAM 0.25 MG TABLET	11	60.00	0.75	0.01801	26%-50% Below	No	No
00228202750	ALPRAZOLAM 0.25 MG TABLET	9	12.00	0.15	0.02342	26%-50% Below	Yes	No
00228202750	ALPRAZOLAM 0.25 MG TABLET	10	28.00	0.35	0.02328	26%-50% Below	Yes	No
00228202910	ALPRAZOLAM 0.5 MG TABLET	8	30.00	0.32	0.02338	51%-75% Below	No	No
00228202910	ALPRAZOLAM 0.5 MG TABLET	8	60.00	0.64	0.02338	51%-75% Below	No	No
00228202910	ALPRAZOLAM 0.5 MG TABLET	9	90.00	0.95	0.02477	51%-75% Below	No	No
00228202910	ALPRAZOLAM 0.5 MG TABLET	10	30.00	0.32	0.02342	51%-75% Below	No	No
00228202910	ALPRAZOLAM 0.5 MG TABLET	10	60.00	0.64	0.02342	51%-75% Below	No	No
00228202910	ALPRAZOLAM 0.5 MG TABLET	10	90.00	0.95	0.02342	51%-75% Below	No	No
00228202910	ALPRAZOLAM 0.5 MG TABLET	11	60.00	0.64	0.01867	26%-50% Below	No	No
00228202910	ALPRAZOLAM 0.5 MG TABLET	11	90.00	0.95	0.01867	26%-50% Below	No	No
00228202910	ALPRAZOLAM 0.5 MG TABLET	12	60.00	0.64	0.02038	26%-50% Below	No	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	8	6.00	0.09	0.02338	26%-50% Below	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	8	30.00	0.32	0.02338	51%-75% Below	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	9	6.00	0.06	0.02477	51%-75% Below	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	9	30.00	0.32	0.02477	51%-75% Below	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	9	60.00	0.64	0.02477	51%-75% Below	No	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	9	60.00	0.64	0.02477	51%-75% Below	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	10	30.00	0.32	0.02342	51%-75% Below	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	10	60.00	0.64	0.02342	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00228202950	ALPRAZOLAM 0.5 MG TABLET	10	60.00	0.64	0.02342	51%-75% Below	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	10	90.00	0.95	0.02342	51%-75% Below	No	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	11	30.00	0.32	0.01867	26%-50% Below	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	11	60.00	0.64	0.01867	26%-50% Below	No	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	11	60.00	0.64	0.01867	26%-50% Below	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	12	60.00	0.64	0.02038	26%-50% Below	No	No
00228202996	ALPRAZOLAM 0.5 MG TABLET	8	15.00	0.16	0.02338	51%-75% Below	No	No
00228202996	ALPRAZOLAM 0.5 MG TABLET	9	90.00	0.95	0.02477	51%-75% Below	No	No
00228202996	ALPRAZOLAM 0.5 MG TABLET	10	45.00	0.48	0.02342	51%-75% Below	No	No
00228202996	ALPRAZOLAM 0.5 MG TABLET	11	6.00	0.06	0.01867	26%-50% Below	No	No
00228202996	ALPRAZOLAM 0.5 MG TABLET	11	15.00	0.16	0.01867	26%-50% Below	No	No
00228202996	ALPRAZOLAM 0.5 MG TABLET	11	30.00	0.32	0.01867	26%-50% Below	No	No
00228203150	ALPRAZOLAM 1 MG TABLET	9	60.00	0.70	0.02913	51%-75% Below	No	No
00228203150	ALPRAZOLAM 1 MG TABLET	10	60.00	0.70	0.02762	51%-75% Below	No	No
00228203150	ALPRAZOLAM 1 MG TABLET	11	60.00	0.70	0.02224	26%-50% Below	No	No
00228203150	ALPRAZOLAM 1 MG TABLET	12	60.00	0.70	0.02389	51%-75% Below	No	No
00228203150	ALPRAZOLAM 1 MG TABLET	12	60.00	0.70	0.02389	51%-75% Below	Yes	No
00228203196	ALPRAZOLAM 1 MG TABLET	8	60.00	0.91	0.02722	26%-50% Below	No	No
00228203196	ALPRAZOLAM 1 MG TABLET	9	60.00	0.70	0.02913	51%-75% Below	No	No
00228203196	ALPRAZOLAM 1 MG TABLET	10	60.00	0.70	0.02762	51%-75% Below	No	No
00228203196	ALPRAZOLAM 1 MG TABLET	11	60.00	0.70	0.02224	26%-50% Below	No	No
00228207650	TEMAZEPAM 15 MG CAPSULE	11	30.00	1.17	0.05478	26%-50% Below	No	No
00228207710	TEMAZEPAM 30 MG CAPSULE	8	30.00	1.24	0.08991	51%-75% Below	No	No
00228207710	TEMAZEPAM 30 MG CAPSULE	9	30.00	1.24	0.09652	51%-75% Below	No	No
00228207710	TEMAZEPAM 30 MG CAPSULE	10	30.00	1.24	0.09113	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00228207710	TEMAZEPAM 30 MG CAPSULE	11	30.00	1.24	0.07255	26%-50% Below	No	No
00228207710	TEMAZEPAM 30 MG CAPSULE	12	30.00	1.24	0.07933	26%-50% Below	No	No
00228212750	CLONIDINE HCL 0.1 MG TABLET	9	16.00	0.19	0.02647	51%-75% Below	No	No
00228212750	CLONIDINE HCL 0.1 MG TABLET	10	30.00	0.36	0.02587	51%-75% Below	No	No
00228212750	CLONIDINE HCL 0.1 MG TABLET	10	90.00	1.07	0.02587	51%-75% Below	No	No
00228212750	CLONIDINE HCL 0.1 MG TABLET	10	180.00	2.14	0.02587	51%-75% Below	No	No
00228212750	CLONIDINE HCL 0.1 MG TABLET	11	30.00	0.36	0.02022	26%-50% Below	No	No
00228212750	CLONIDINE HCL 0.1 MG TABLET	11	180.00	2.14	0.02022	26%-50% Below	No	No
00228212750	CLONIDINE HCL 0.1 MG TABLET	12	30.00	0.36	0.02290	26%-50% Below	No	No
00228212850	CLONIDINE HCL 0.2 MG TABLET	9	90.00	1.47	0.03613	51%-75% Below	No	No
00228212850	CLONIDINE HCL 0.2 MG TABLET	10	90.00	1.47	0.03525	51%-75% Below	No	No
00228212850	CLONIDINE HCL 0.2 MG TABLET	11	30.00	0.49	0.02870	26%-50% Below	No	No
00228212850	CLONIDINE HCL 0.2 MG TABLET	11	90.00	1.47	0.02870	26%-50% Below	No	No
00228212850	CLONIDINE HCL 0.2 MG TABLET	12	30.00	0.49	0.03191	26%-50% Below	No	No
00228212910	CLONIDINE HCL 0.3 MG TABLET	10	90.00	1.96	0.04053	26%-50% Below	No	No
00228212910	CLONIDINE HCL 0.3 MG TABLET	12	90.00	1.96	0.03613	26%-50% Below	No	No
00228259711	INDAPAMIDE 1.25 MG TABLET	10	90.00	16.64	0.11933	51%-75% Above	No	No
00228277911	PROPRANOLOL ER 80 MG CAPSULE	8	90.00	83.33	0.20427	200% Above	No	No
00228277911	PROPRANOLOL ER 80 MG CAPSULE	11	90.00	83.33	0.15892	200% Above	No	No
00228282011	HYDROCHLOROTHIAZIDE 12.5 MG TB	8	30.00	8.31	0.04898	200% Above	No	No
00228282011	HYDROCHLOROTHIAZIDE 12.5 MG TB	8	90.00	24.94	0.04898	200% Above	No	No
00228282011	HYDROCHLOROTHIAZIDE 12.5 MG TB	10	90.00	24.94	0.04815	200% Above	No	No
00228282011	HYDROCHLOROTHIAZIDE 12.5 MG TB	11	90.00	24.94	0.03452	200% Above	No	No
00228285011	GUANFACINE HCL ER 1 MG TABLET	8	30.00	10.89	0.19678	76%-100% Above	No	No
00228285011	GUANFACINE HCL ER 1 MG TABLET	9	30.00	10.89	0.19405	76%-100% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00228285011	GUANFACINE HCL ER 1 MG TABLET	10	30.00	10.89	0.17650	101%-200% Above	No	No
00228285011	GUANFACINE HCL ER 1 MG TABLET	11	30.00	10.89	0.15264	101%-200% Above	No	No
00228285011	GUANFACINE HCL ER 1 MG TABLET	12	30.00	10.89	0.15640	101%-200% Above	No	No
00228305911	DEXTROAMP-AMPHET ER 10 MG CAP	8	30.00	158.62	0.60618	200% Above	No	No
00228305911	DEXTROAMP-AMPHET ER 10 MG CAP	10	30.00	158.62	0.64369	200% Above	No	No
00228305911	DEXTROAMP-AMPHET ER 10 MG CAP	11	30.00	120.55	0.70399	200% Above	No	No
00228306011	DEXTROAMP-AMPHET ER 20 MG CAP	8	30.00	120.55	0.66138	200% Above	Yes	No
00228306011	DEXTROAMP-AMPHET ER 20 MG CAP	9	30.00	120.55	0.53420	200% Above	Yes	No
00228306011	DEXTROAMP-AMPHET ER 20 MG CAP	10	30.00	120.55	0.55555	200% Above	No	No
00228306011	DEXTROAMP-AMPHET ER 20 MG CAP	11	30.00	120.55	0.57443	200% Above	Yes	No
00228306311	DEXTROAMP-AMPHET ER 15 MG CAP	12	30.00	120.55	0.65046	200% Above	Yes	No
00228315603	BUPRENORPHINE 2 MG TABLET SL	8	14.00	4.24	0.62894	51%-75% Below	Yes	No
00228331503	DOXEPIN HCL 3 MG TABLET	11	30.00	174.08	2.80460	101%-200% Above	Yes	No
00228331503	DOXEPIN HCL 3 MG TABLET	12	30.00	174.08	2.72401	101%-200% Above	Yes	No
00245007111	POTASSIUM CITRATE ER 10 MEQ TB	9	270.00	233.01	0.24474	200% Above	Yes	No
00245021111	MIDODRINE HCL 2.5 MG TABLET	8	90.00	21.40	0.09788	101%-200% Above	Yes	No
00245021111	MIDODRINE HCL 2.5 MG TABLET	9	270.00	61.78	0.11046	101%-200% Above	Yes	No
00245021111	MIDODRINE HCL 2.5 MG TABLET	9	270.00	64.21	0.11046	101%-200% Above	Yes	No
00245531711	KLOR-CON M10 TABLET	9	90.00	13.02	0.17900	10%-25% Below	Yes	No
00245531911	KLOR-CON M20 TABLET	8	90.00	9.90	0.13107	10%-25% Below	Yes	No
00245531911	KLOR-CON M20 TABLET	9	90.00	9.90	0.13389	10%-25% Below	Yes	No
00245531911	KLOR-CON M20 TABLET	9	90.00	10.29	0.13389	10%-25% Below	Yes	No
00245531911	KLOR-CON M20 TABLET	11	90.00	9.90	0.06694	51%-75% Above	Yes	No
00245531911	KLOR-CON M20 TABLET	11	90.00	10.29	0.06694	51%-75% Above	Yes	No
00316022360	NYSTAT/TRIAM CRE	8	60.00	100.93	.		No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00363056317	ASPIRIN LOW TAB 81MG EC	11	90.00	2.15	.		No	No
00378001401	METHOTREXATE 2.5 MG TABLET	8	24.00	17.59	0.17286	200% Above	Yes	No
00378001401	METHOTREXATE 2.5 MG TABLET	8	78.00	57.17	0.17286	200% Above	Yes	No
00378001401	METHOTREXATE 2.5 MG TABLET	9	24.00	17.59	0.17536	200% Above	Yes	No
00378001401	METHOTREXATE 2.5 MG TABLET	9	38.00	27.85	0.17536	200% Above	Yes	No
00378001401	METHOTREXATE 2.5 MG TABLET	10	24.00	17.59	0.17412	200% Above	Yes	No
00378001401	METHOTREXATE 2.5 MG TABLET	10	96.00	70.37	0.17412	200% Above	Yes	No
00378001401	METHOTREXATE 2.5 MG TABLET	11	24.00	17.59	0.16189	200% Above	Yes	No
00378001401	METHOTREXATE 2.5 MG TABLET	11	52.00	38.12	0.16189	200% Above	Yes	No
00378001805	METOPROLOL TARTRATE 25 MG TAB	9	60.00	2.11	0.01808	76%-100% Above	No	No
00378001805	METOPROLOL TARTRATE 25 MG TAB	10	180.00	6.32	0.01760	76%-100% Above	No	No
00378001805	METOPROLOL TARTRATE 25 MG TAB	11	180.00	6.32	0.01421	101%-200% Above	No	No
00378005301	CIMETIDINE 200 MG TABLET	8	60.00	30.80	0.30302	51%-75% Above	No	No
00378013710	ALLOPURINOL 100 MG TABLET	8	30.00	2.66	0.04541	76%-100% Above	No	No
00378013710	ALLOPURINOL 100 MG TABLET	9	30.00	2.66	0.04624	76%-100% Above	No	No
00378013710	ALLOPURINOL 100 MG TABLET	10	30.00	2.66	0.04769	76%-100% Above	No	No
00378013710	ALLOPURINOL 100 MG TABLET	10	90.00	7.98	0.04769	76%-100% Above	No	No
00378013710	ALLOPURINOL 100 MG TABLET	11	30.00	2.66	0.03406	101%-200% Above	No	No
00378018105	ALLOPURINOL 300 MG TABLET	10	30.00	5.23	0.06845	101%-200% Above	No	No
00378022201	CHLORTHALIDONE 25 MG TABLET	9	90.00	37.40	0.09323	200% Above	No	No
00378027101	DIAZEPAM 2 MG TABLET	8	30.00	0.29	0.02328	51%-75% Below	No	No
00378027101	DIAZEPAM 2 MG TABLET	9	30.00	0.29	0.02209	51%-75% Below	No	No
00378027101	DIAZEPAM 2 MG TABLET	9	120.00	1.18	0.02209	51%-75% Below	No	No
00378027101	DIAZEPAM 2 MG TABLET	10	9.00	0.09	0.02239	51%-75% Below	No	No
00378027101	DIAZEPAM 2 MG TABLET	10	30.00	0.29	0.02239	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00378027101	DIAZEPAM 2 MG TABLET	11	30.00	0.29	0.02079	51%-75% Below	No	No
00378027101	DIAZEPAM 2 MG TABLET	12	120.00	1.18	0.02086	51%-75% Below	No	No
00378034505	DIAZEPAM 5 MG TABLET	9	30.00	0.38	0.02811	51%-75% Below	No	No
00378034505	DIAZEPAM 5 MG TABLET	9	90.00	1.13	0.02811	51%-75% Below	No	No
00378034505	DIAZEPAM 5 MG TABLET	10	90.00	1.13	0.02790	51%-75% Below	No	No
00378034505	DIAZEPAM 5 MG TABLET	11	90.00	1.13	0.02160	26%-50% Below	No	No
00378047705	DIAZEPAM 10 MG TABLET	10	60.00	0.79	0.03008	51%-75% Below	No	No
00378064205	PREDNISONE 20 MG TABLET	10	6.00	0.71	0.08070	26%-50% Above	Yes	No
00378087299	CLONIDINE 0.2 MG/DAY PATCH	10	12.00	238.74	10.91212	76%-100% Above	No	No
00378113401	KETOROLAC 10 MG TABLET	9	20.00	5.93	0.40372	26%-50% Below	No	No
00378113401	KETOROLAC 10 MG TABLET	10	20.00	5.93	0.40997	26%-50% Below	No	No
00378137578	MESALAMINE ER 0.375 GRAM CAP	10	180.00	285.62	0.50205	200% Above	No	No
00378140396	RIZATRIPTAN 5 MG TABLET	10	9.00	16.28	0.52492	200% Above	No	No
00378172493	AMLODIPINE-VALSARTAN 10-320 MG	8	30.00	11.76	0.62760	26%-50% Below	No	No
00378172493	AMLODIPINE-VALSARTAN 10-320 MG	9	30.00	11.76	0.63330	26%-50% Below	No	No
00378172493	AMLODIPINE-VALSARTAN 10-320 MG	9	90.00	35.27	0.63330	26%-50% Below	Yes	No
00378172493	AMLODIPINE-VALSARTAN 10-320 MG	10	30.00	11.76	0.63470	26%-50% Below	No	No
00378172493	AMLODIPINE-VALSARTAN 10-320 MG	10	90.00	35.27	0.63470	26%-50% Below	Yes	No
00378172493	AMLODIPINE-VALSARTAN 10-320 MG	11	30.00	11.76	0.52831	10%-25% Below	No	No
00378172493	AMLODIPINE-VALSARTAN 10-320 MG	12	30.00	11.76	0.59244	26%-50% Below	Yes	No
00378172493	AMLODIPINE-VALSARTAN 10-320 MG	12	90.00	33.94	0.59244	26%-50% Below	Yes	No
00378180010	LEVOTHYROXINE 25 MCG TABLET	9	90.00	2.30	0.04890	26%-50% Below	Yes	No
00378180010	LEVOTHYROXINE 25 MCG TABLET	12	30.00	0.77	0.04342	26%-50% Below	Yes	No
00378180310	LEVOTHYROXINE 50 MCG TABLET	8	90.00	1.89	0.05616	51%-75% Below	Yes	No
00378180310	LEVOTHYROXINE 50 MCG TABLET	9	30.00	0.97	0.05924	26%-50% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00378180310	LEVOTHYROXINE 50 MCG TABLET	10	14.00	0.45	0.05707	26%-50% Below	Yes	No
00378180310	LEVOTHYROXINE 50 MCG TABLET	10	90.00	1.89	0.05707	51%-75% Below	Yes	No
00378180310	LEVOTHYROXINE 50 MCG TABLET	11	90.00	2.91	0.04701	26%-50% Below	Yes	No
00378180510	LEVOTHYROXINE 75 MCG TABLET	8	90.00	2.05	0.05861	51%-75% Below	Yes	No
00378180510	LEVOTHYROXINE 75 MCG TABLET	9	30.00	0.83	0.06556	51%-75% Below	Yes	No
00378180510	LEVOTHYROXINE 75 MCG TABLET	9	90.00	2.02	0.06556	51%-75% Below	Yes	No
00378180510	LEVOTHYROXINE 75 MCG TABLET	9	90.00	2.50	0.06556	51%-75% Below	Yes	No
00378180510	LEVOTHYROXINE 75 MCG TABLET	10	90.00	2.50	0.06368	51%-75% Below	Yes	No
00378180510	LEVOTHYROXINE 75 MCG TABLET	11	90.00	2.02	0.04574	26%-50% Below	Yes	No
00378180710	LEVOTHYROXINE 88 MCG TABLET	8	90.00	2.72	0.06368	51%-75% Below	Yes	No
00378180710	LEVOTHYROXINE 88 MCG TABLET	9	90.00	3.24	0.06280	26%-50% Below	Yes	No
00378180710	LEVOTHYROXINE 88 MCG TABLET	11	30.00	1.08	0.05266	26%-50% Below	Yes	No
00378180710	LEVOTHYROXINE 88 MCG TABLET	12	90.00	2.72	0.05732	26%-50% Below	Yes	No
00378180710	LEVOTHYROXINE 88 MCG TABLET	12	90.00	3.24	0.05732	26%-50% Below	Yes	No
00378180910	LEVOTHYROXINE 100 MCG TABLET	10	45.00	1.17	0.05884	51%-75% Below	Yes	No
00378180910	LEVOTHYROXINE 100 MCG TABLET	10	90.00	2.24	0.05884	51%-75% Below	Yes	No
00378181110	LEVOTHYROXINE 112 MCG TABLET	8	90.00	3.24	0.08051	51%-75% Below	Yes	No
00378181110	LEVOTHYROXINE 112 MCG TABLET	9	90.00	3.24	0.07652	51%-75% Below	Yes	No
00378181110	LEVOTHYROXINE 112 MCG TABLET	11	90.00	3.24	0.06343	26%-50% Below	Yes	No
00378181110	LEVOTHYROXINE 112 MCG TABLET	12	90.00	3.24	0.06916	26%-50% Below	Yes	No
00378181377	LEVOTHYROXINE 125 MCG TABLET	8	90.00	4.37	0.07629	26%-50% Below	Yes	No
00378181377	LEVOTHYROXINE 125 MCG TABLET	9	90.00	4.37	0.09546	26%-50% Below	Yes	No
00378181377	LEVOTHYROXINE 125 MCG TABLET	11	29.00	1.41	0.06910	26%-50% Below	Yes	No
00378181510	LEVOTHYROXINE 150 MCG TABLET	8	90.00	4.10	0.08114	26%-50% Below	Yes	No
00378181510	LEVOTHYROXINE 150 MCG TABLET	8	90.00	4.21	0.08114	26%-50% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00378181510	LEVOTHYROXINE 150 MCG TABLET	9	45.00	1.40	0.08214	51%-75% Below	Yes	No
00378181510	LEVOTHYROXINE 150 MCG TABLET	10	90.00	4.10	0.08291	26%-50% Below	Yes	No
00378181710	LEVOTHYROXINE 175 MCG TABLET	8	90.00	3.83	0.10654	51%-75% Below	Yes	No
00378181710	LEVOTHYROXINE 175 MCG TABLET	8	90.00	4.00	0.10654	51%-75% Below	Yes	No
00378181710	LEVOTHYROXINE 175 MCG TABLET	10	90.00	4.00	0.11300	51%-75% Below	Yes	No
00378181710	LEVOTHYROXINE 175 MCG TABLET	11	90.00	4.00	0.07319	26%-50% Below	Yes	No
00378181977	LEVOTHYROXINE 200 MCG TABLET	8	90.00	3.70	0.10984	51%-75% Below	Yes	No
00378181977	LEVOTHYROXINE 200 MCG TABLET	9	90.00	4.95	0.10161	26%-50% Below	Yes	No
00378181977	LEVOTHYROXINE 200 MCG TABLET	11	90.00	3.63	0.07779	26%-50% Below	Yes	No
00378182377	LEVOTHYROXINE 137 MCG TABLET	9	90.00	3.63	0.08220	26%-50% Below	Yes	No
00378182377	LEVOTHYROXINE 137 MCG TABLET	10	30.00	1.21	0.08202	26%-50% Below	Yes	No
00378182377	LEVOTHYROXINE 137 MCG TABLET	11	30.00	1.21	0.06675	26%-50% Below	Yes	No
00378182377	LEVOTHYROXINE 137 MCG TABLET	12	30.00	1.21	0.07359	26%-50% Below	Yes	No
00378214605	SPIRONOLACTONE 25 MG TABLET	8	30.00	0.92	0.05267	26%-50% Below	No	No
00378306605	FENOFIBRATE 145 MG TABLET	8	30.00	9.29	0.13824	101%-200% Above	No	No
00378306605	FENOFIBRATE 145 MG TABLET	9	30.00	9.29	0.13807	101%-200% Above	No	No
00378306605	FENOFIBRATE 145 MG TABLET	11	30.00	9.29	0.10881	101%-200% Above	No	No
00378336099	ESTRADIOL 0.0375 MG PATCH(1/WK)	9	4.00	31.98	11.84660	26%-50% Below	No	No
00378395005	ATORVASTATIN 10 MG TABLET	9	30.00	2.40	0.03016	101%-200% Above	No	No
00378395005	ATORVASTATIN 10 MG TABLET	9	90.00	7.20	0.03016	101%-200% Above	No	No
00378395005	ATORVASTATIN 10 MG TABLET	10	30.00	2.40	0.02960	101%-200% Above	No	No
00378395005	ATORVASTATIN 10 MG TABLET	10	90.00	7.20	0.02960	101%-200% Above	No	No
00378395005	ATORVASTATIN 10 MG TABLET	11	30.00	2.40	0.02244	200% Above	No	No
00378395005	ATORVASTATIN 10 MG TABLET	11	90.00	7.20	0.02244	200% Above	No	No
00378395005	ATORVASTATIN 10 MG TABLET	12	30.00	2.40	0.02573	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00378395077	ATORVASTATIN 10 MG TABLET	10	90.00	6.93	0.02960	101%-200% Above	Yes	No
00378395077	ATORVASTATIN 10 MG TABLET	11	90.00	6.93	0.02244	200% Above	Yes	No
00378395105	ATORVASTATIN 20 MG TABLET	8	30.00	2.91	0.03985	101%-200% Above	No	No
00378395105	ATORVASTATIN 20 MG TABLET	8	90.00	8.72	0.03985	101%-200% Above	No	No
00378395105	ATORVASTATIN 20 MG TABLET	8	90.00	8.88	0.03985	101%-200% Above	No	No
00378395105	ATORVASTATIN 20 MG TABLET	9	30.00	2.96	0.03661	101%-200% Above	No	No
00378395105	ATORVASTATIN 20 MG TABLET	9	90.00	8.88	0.03661	101%-200% Above	No	No
00378395105	ATORVASTATIN 20 MG TABLET	10	30.00	2.96	0.03564	101%-200% Above	No	No
00378395105	ATORVASTATIN 20 MG TABLET	10	90.00	8.88	0.03564	101%-200% Above	No	No
00378395105	ATORVASTATIN 20 MG TABLET	11	30.00	2.96	0.02772	200% Above	No	No
00378395105	ATORVASTATIN 20 MG TABLET	11	90.00	8.88	0.02772	200% Above	No	No
00378395105	ATORVASTATIN 20 MG TABLET	12	30.00	2.96	0.03166	200% Above	No	No
00378395105	ATORVASTATIN 20 MG TABLET	12	90.00	8.88	0.03166	200% Above	No	No
00378395177	ATORVASTATIN 20 MG TABLET	9	90.00	8.55	0.03661	101%-200% Above	Yes	No
00378395177	ATORVASTATIN 20 MG TABLET	10	90.00	8.55	0.03564	101%-200% Above	Yes	No
00378395205	ATORVASTATIN 40 MG TABLET	8	90.00	8.75	0.05515	76%-100% Above	No	No
00378395205	ATORVASTATIN 40 MG TABLET	8	90.00	8.92	0.05515	76%-100% Above	No	No
00378395205	ATORVASTATIN 40 MG TABLET	9	30.00	2.97	0.05122	76%-100% Above	No	No
00378395205	ATORVASTATIN 40 MG TABLET	9	90.00	8.92	0.05122	76%-100% Above	No	No
00378395205	ATORVASTATIN 40 MG TABLET	10	28.00	2.77	0.05228	76%-100% Above	No	No
00378395205	ATORVASTATIN 40 MG TABLET	10	30.00	2.97	0.05228	76%-100% Above	No	No
00378395205	ATORVASTATIN 40 MG TABLET	10	90.00	8.92	0.05228	76%-100% Above	No	No
00378395205	ATORVASTATIN 40 MG TABLET	11	28.00	2.77	0.04382	101%-200% Above	No	No
00378395205	ATORVASTATIN 40 MG TABLET	11	30.00	2.97	0.04382	101%-200% Above	No	No
00378395205	ATORVASTATIN 40 MG TABLET	11	90.00	8.92	0.04382	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00378395277	ATORVASTATIN 40 MG TABLET	12	90.00	8.58	0.04678	101%-200% Above	Yes	No
00378395305	ATORVASTATIN 80 MG TABLET	9	30.00	3.43	0.08427	26%-50% Above	No	No
00378395305	ATORVASTATIN 80 MG TABLET	9	45.00	5.14	0.08427	26%-50% Above	No	No
00378395305	ATORVASTATIN 80 MG TABLET	10	30.00	3.43	0.08395	26%-50% Above	No	No
00378395305	ATORVASTATIN 80 MG TABLET	11	30.00	3.43	0.06626	51%-75% Above	No	No
00378395305	ATORVASTATIN 80 MG TABLET	12	30.00	3.43	0.07506	51%-75% Above	No	No
00378395305	ATORVASTATIN 80 MG TABLET	12	90.00	10.29	0.07506	51%-75% Above	No	No
00378395377	ATORVASTATIN 80 MG TABLET	10	90.00	9.90	0.08395	26%-50% Above	Yes	No
00378427577	VALACYCLOVIR HCL 500 MG TABLET	12	20.00	4.21	0.23739	10%-25% Below	No	No
00378427693	VALACYCLOVIR HCL 1 GRAM TABLET	11	4.00	1.89	0.37188	26%-50% Above	No	No
00378456105	POTASSIUM CL ER 10 MEQ TABLET	9	60.00	3.05	0.13065	51%-75% Below	No	No
00378456105	POTASSIUM CL ER 10 MEQ TABLET	9	270.00	13.74	0.13065	51%-75% Below	No	No
00378456105	POTASSIUM CL ER 10 MEQ TABLET	10	30.00	1.53	0.11624	51%-75% Below	No	No
00378456105	POTASSIUM CL ER 10 MEQ TABLET	10	90.00	4.58	0.11624	51%-75% Below	No	No
00378456105	POTASSIUM CL ER 10 MEQ TABLET	11	30.00	1.53	0.08940	26%-50% Below	No	No
00378456105	POTASSIUM CL ER 10 MEQ TABLET	11	60.00	3.05	0.08940	26%-50% Below	No	No
00378462126	ESTRADIOL 0.05 MG PATCH (2/WK)	12	24.00	124.27	5.98844	10%-25% Below	Yes	No
00378462326	ESTRADIOL 0.1 MG PATCH (2/WK)	9	8.00	46.80	6.91900	10%-25% Below	Yes	No
00378462326	ESTRADIOL 0.1 MG PATCH (2/WK)	10	8.00	46.80	6.63674	10%-25% Below	Yes	No
00378462326	ESTRADIOL 0.1 MG PATCH (2/WK)	11	8.00	46.80	5.01515	10%-25% Above	Yes	No
00378464126	ESTRADIOL 0.075 MG PATCH(2/WK)	9	8.00	42.87	7.39795	26%-50% Below	No	No
00378464126	ESTRADIOL 0.075 MG PATCH(2/WK)	9	24.00	123.76	7.39795	26%-50% Below	Yes	No
00378464126	ESTRADIOL 0.075 MG PATCH(2/WK)	10	8.00	42.87	7.07365	10%-25% Below	No	No
00378464226	ESTRADIOL 0.05 MG PATCH (2/WK)	10	8.00	41.42	6.64740	10%-25% Below	No	No
00378464326	ESTRADIOL 0.0375 MG PATCH(2/WK)	9	8.00	39.57	7.91407	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00378464326	ESTRADIOL 0.0375 MG PATCH(2/WK)	10	8.00	39.57	7.05102	26%-50% Below	No	No
00378464326	ESTRADIOL 0.0375 MG PATCH(2/WK)	10	24.00	118.71	7.05102	26%-50% Below	No	No
00378470693	SAXAGLIPTIN HCL 5 MG TABLET	9	30.00	66.56	5.11576	51%-75% Below	Yes	No
00378470693	SAXAGLIPTIN HCL 5 MG TABLET	10	30.00	66.56	5.47178	51%-75% Below	Yes	No
00378470693	SAXAGLIPTIN HCL 5 MG TABLET	11	30.00	66.56	4.80835	51%-75% Below	Yes	No
00378470693	SAXAGLIPTIN HCL 5 MG TABLET	12	30.00	66.56	5.15405	51%-75% Below	Yes	No
00378505677	PITAVASTATIN 2 MG TABLET	11	30.00	273.70	1.15442	200% Above	No	No
00378623101	CITALOPRAM HBR 10 MG TABLET	9	7.00	0.55	0.02582	200% Above	No	No
00378623101	CITALOPRAM HBR 10 MG TABLET	9	90.00	7.04	0.02582	200% Above	No	No
00378623101	CITALOPRAM HBR 10 MG TABLET	12	90.00	7.04	0.02243	200% Above	No	No
00378623201	CITALOPRAM HBR 20 MG TABLET	11	30.00	0.65	0.02445	10%-25% Below	No	No
00378623205	CITALOPRAM HBR 20 MG TABLET	8	30.00	0.65	0.03259	26%-50% Below	No	No
00378623205	CITALOPRAM HBR 20 MG TABLET	8	135.00	2.90	0.03259	26%-50% Below	No	No
00378623205	CITALOPRAM HBR 20 MG TABLET	9	30.00	0.65	0.03199	26%-50% Below	No	No
00378623205	CITALOPRAM HBR 20 MG TABLET	10	90.00	1.94	0.03057	26%-50% Below	No	No
00378623205	CITALOPRAM HBR 20 MG TABLET	11	90.00	1.94	0.02445	10%-25% Below	No	No
00378623205	CITALOPRAM HBR 20 MG TABLET	11	135.00	2.90	0.02445	10%-25% Below	No	No
00378623301	CITALOPRAM HBR 40 MG TABLET	11	90.00	5.05	0.03552	51%-75% Above	No	No
00378623301	CITALOPRAM HBR 40 MG TABLET	12	90.00	5.05	0.04004	26%-50% Above	No	No
00378623305	CITALOPRAM HBR 40 MG TABLET	9	90.00	5.05	0.04627	10%-25% Above	No	No
00378623305	CITALOPRAM HBR 40 MG TABLET	10	30.00	1.68	0.04652	10%-25% Above	No	No
00378632377	VALSARTAN-HYDROCHLOROTHIAZIDE 160-25 MG TAB	11	90.00	19.30	0.14429	26%-50% Above	No	No
00378632477	VALSARTAN-HYDROCHLOROTHIAZIDE 320-12.5 MG TAB	11	90.00	20.97	0.18803	10%-25% Above	Yes	No
00378668877	PANTOPRAZOLE SOD DR 20 MG TAB	11	90.00	19.37	0.03666	200% Above	No	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.00	2.22	0.05115	26%-50% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	8	60.00	6.51	0.05115	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	8	90.00	6.41	0.05115	26%-50% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	8	90.00	6.53	0.05115	26%-50% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	8	90.00	6.66	0.05115	26%-50% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	9	10.00	0.74	0.05198	26%-50% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	9	30.00	2.22	0.05198	26%-50% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	9	60.00	6.51	0.05198	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	9	90.00	6.41	0.05198	26%-50% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	9	90.00	6.66	0.05198	26%-50% Above	No	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	9	90.00	6.66	0.05198	26%-50% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	9	90.00	9.58	0.05198	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	10	30.00	2.22	0.05478	26%-50% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	10	90.00	6.41	0.05478	26%-50% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	10	90.00	6.66	0.05478	26%-50% Above	No	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	10	90.00	6.66	0.05478	26%-50% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	11	30.00	2.22	0.03310	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	11	60.00	4.44	0.03310	101%-200% Above	No	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	11	90.00	6.41	0.03310	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	11	90.00	6.66	0.03310	101%-200% Above	No	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	11	90.00	6.66	0.03310	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	11	180.00	13.32	0.03310	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	12	90.00	6.41	0.04069	51%-75% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	12	90.00	6.66	0.04069	76%-100% Above	Yes	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	9	30.00	2.22	0.05198	26%-50% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	10	30.00	2.22	0.05478	26%-50% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	10	90.00	6.66	0.05478	26%-50% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	11	30.00	2.22	0.03310	101%-200% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	12	90.00	6.66	0.04069	76%-100% Above	No	No
00378685877	LISDEXAMFETAMINE 50 MG CAPSULE	8	30.00	237.29	4.69081	51%-75% Above	No	No
00378686077	LISDEXAMFETAMINE 70 MG CAPSULE	10	30.00	240.00	5.24454	51%-75% Above	No	No
00378698501	SOD CHLORIDE NEB 0.9% 3ML	11	300.00	24.32	.		Yes	No
00378705752	ALBUTEROL SUL 0.63 MG/3 ML SOL	9	75.00	8.25	0.20671	26%-50% Below	Yes	No
00378705752	ALBUTEROL SUL 0.63 MG/3 ML SOL	10	150.00	16.50	0.22384	26%-50% Below	No	No
00378705852	ALBUTEROL SUL 1.25 MG/3 ML SOL	8	75.00	8.25	0.20558	26%-50% Below	Yes	No
00378705852	ALBUTEROL SUL 1.25 MG/3 ML SOL	9	90.00	9.90	0.20584	26%-50% Below	No	No
00378705852	ALBUTEROL SUL 1.25 MG/3 ML SOL	10	75.00	8.25	0.21931	26%-50% Below	No	No
00378718705	METFORMIN HCL 1,000 MG TABLET	9	60.00	7.91	0.02514	200% Above	No	No
00378718705	METFORMIN HCL 1,000 MG TABLET	10	90.00	1.76	0.02422	10%-25% Below	No	No
00378718705	METFORMIN HCL 1,000 MG TABLET	11	60.00	7.91	0.02057	200% Above	No	No
00378727253	NORETHINDRONE 0.35 MG TABLET	8	84.00	6.44	0.10821	26%-50% Below	No	No
00378727253	NORETHINDRONE 0.35 MG TABLET	10	84.00	6.44	0.08950	10%-25% Below	No	No
00378728053	NORETHIND-ETH ESTRAD 1-0.02 MG	8	63.00	13.15	0.23194	10%-25% Below	No	No
00378728353	NORETH-EE-FE 1-0.02(21)-75 TAB	9	28.00	10.83	0.14183	101%-200% Above	No	No
00378728353	NORETH-EE-FE 1-0.02(21)-75 TAB	11	28.00	10.83	0.12217	200% Above	No	No
00378728353	NORETH-EE-FE 1-0.02(21)-75 TAB	12	28.00	10.83	0.12469	200% Above	No	No
00378773493	ONDANSETRON ODT 8MG	8	18.00	1.92	.		No	No
00378797052	IPRATROPIUM BR 0.02% SOLN	8	62.50	2.84	0.08468	26%-50% Below	Yes	No
00378797052	IPRATROPIUM BR 0.02% SOLN	9	312.50	14.19	0.10506	51%-75% Below	Yes	No
00378797093	IPRATROPIUM BR 0.02% SOLN	11	75.00	3.41	0.09469	51%-75% Below	No	No
00378797093	IPRATROPIUM BR 0.02% SOLN	12	75.00	3.41	0.09473	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00378803077	LANSOPRAZOLE DR 30 MG CAPSULE	8	30.00	4.22	0.10927	26%-50% Above	No	No
00378803077	LANSOPRAZOLE DR 30 MG CAPSULE	9	30.00	4.22	0.10807	26%-50% Above	No	No
00378803077	LANSOPRAZOLE DR 30 MG CAPSULE	10	30.00	4.22	0.10563	26%-50% Above	No	No
00378803077	LANSOPRAZOLE DR 30 MG CAPSULE	12	30.00	4.22	0.08882	51%-75% Above	No	No
00378827052	ALBUTEROL SUL 2.5 MG/3 ML SOLN	10	75.00	2.16	0.06602	51%-75% Below	Yes	No
00378827093	ALBUTEROL SUL 2.5 MG/3 ML SOLN	10	180.00	5.18	0.05993	51%-75% Below	No	No
00378827093	ALBUTEROL SUL 2.5 MG/3 ML SOLN	12	360.00	10.37	0.06036	51%-75% Below	No	No
00378910493	NITROGLYCERIN 0.2 MG/HR PATCH	11	90.00	40.36	0.51910	10%-25% Below	Yes	No
00378932032	WIXELA 100-50 INHUB	8	60.00	50.43	1.21345	26%-50% Below	Yes	No
00378932032	WIXELA 100-50 INHUB	9	60.00	50.43	1.22747	26%-50% Below	Yes	No
00378932032	WIXELA 100-50 INHUB	9	180.00	151.29	1.22747	26%-50% Below	No	No
00378932032	WIXELA 100-50 INHUB	10	60.00	50.43	1.21035	26%-50% Below	Yes	No
00378932032	WIXELA 100-50 INHUB	10	180.00	151.29	1.21035	26%-50% Below	No	No
00378932032	WIXELA 100-50 INHUB	12	60.00	50.43	1.05611	10%-25% Below	No	No
00378932032	WIXELA 100-50 INHUB	12	60.00	50.43	1.05611	10%-25% Below	Yes	No
00378932132	WIXELA 250-50 INHUB	8	60.00	62.65	1.51377	26%-50% Below	Yes	No
00378932132	WIXELA 250-50 INHUB	9	60.00	62.65	1.43829	26%-50% Below	No	No
00378932132	WIXELA 250-50 INHUB	10	180.00	180.86	1.48965	26%-50% Below	Yes	No
00378932132	WIXELA 250-50 INHUB	12	60.00	62.65	1.31640	10%-25% Below	Yes	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	15.00	1.10	0.14046	26%-50% Below	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	16.00	1.15	0.14046	26%-50% Below	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	9	10.00	0.74	0.13715	26%-50% Below	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	9	15.00	1.10	0.13715	26%-50% Below	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	9	28.00	2.06	0.13715	26%-50% Below	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	9	30.00	2.21	0.13715	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	10	8.00	0.59	0.12547	26%-50% Below	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	10	15.00	1.10	0.12547	26%-50% Below	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	10	25.00	1.84	0.12547	26%-50% Below	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	12	16.00	1.18	0.12482	26%-50% Below	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	12	25.00	1.84	0.12482	26%-50% Below	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	15.00	1.10	0.14046	26%-50% Below	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	26.00	1.91	0.14046	26%-50% Below	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	9	12.00	0.88	0.13715	26%-50% Below	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	9	15.00	1.10	0.13715	26%-50% Below	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	9	18.00	1.32	0.13715	26%-50% Below	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	9	20.00	1.47	0.13715	26%-50% Below	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	9	26.00	1.91	0.13715	26%-50% Below	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	10	12.00	0.88	0.12547	26%-50% Below	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	10	15.00	1.10	0.12547	26%-50% Below	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	10	18.00	1.32	0.12547	26%-50% Below	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	12	12.00	0.88	0.12482	26%-50% Below	No	No
00406012310	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	9	12.00	0.88	0.13715	26%-50% Below	No	No
00406012310	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	9	90.00	6.62	0.13715	26%-50% Below	No	No
00406012310	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	10	5.00	0.37	0.12547	26%-50% Below	No	No
00406012310	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	10	10.00	0.74	0.12547	26%-50% Below	No	No
00406012310	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	10	30.00	2.21	0.12547	26%-50% Below	No	No
00406012310	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	10	90.00	6.62	0.12547	26%-50% Below	No	No
00406012310	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	11	30.00	2.21	0.12498	26%-50% Below	No	No
00406012310	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	11	90.00	6.62	0.12498	26%-50% Below	No	No
00406012310	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	12	10.00	0.74	0.12482	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00406012310	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	12	24.00	1.76	0.12482	26%-50% Below	No	No
00406012310	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	12	90.00	6.62	0.12482	26%-50% Below	No	No
00406012401	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	8	12.00	0.81	0.15432	51%-75% Below	No	No
00406012401	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	8	90.00	6.05	0.15432	51%-75% Below	No	No
00406012401	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	9	10.00	0.70	0.15399	51%-75% Below	No	No
00406012401	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	9	10.00	0.74	0.15399	51%-75% Below	No	No
00406012401	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	9	90.00	6.63	0.15399	51%-75% Below	No	No
00406012401	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	10	30.00	2.21	0.15135	51%-75% Below	No	No
00406012405	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	9	180.00	13.27	0.15399	51%-75% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	8	42.00	3.10	0.15432	51%-75% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	8	60.00	4.42	0.15432	51%-75% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	9	60.00	4.42	0.15399	51%-75% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	10	16.00	1.18	0.15135	51%-75% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	10	60.00	4.42	0.15135	51%-75% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	11	16.00	1.18	0.15186	51%-75% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	11	40.00	2.95	0.15186	51%-75% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	12	60.00	4.42	0.14998	26%-50% Below	No	No
00406012501	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	8	60.00	3.80	0.16385	51%-75% Below	No	No
00406012501	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	10	20.00	1.27	0.16314	51%-75% Below	No	No
00406012501	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	10	24.00	1.52	0.16314	51%-75% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	8	84.00	5.32	0.16385	51%-75% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	8	95.00	6.01	0.16385	51%-75% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	9	84.00	5.32	0.16495	51%-75% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	9	90.00	5.70	0.16495	51%-75% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	10	84.00	5.32	0.16314	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	10	90.00	5.70	0.16314	51%-75% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	11	84.00	5.32	0.15319	51%-75% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	11	90.00	5.70	0.15319	51%-75% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	9	90.00	5.70	0.16495	51%-75% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	9	120.00	7.60	0.16495	51%-75% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	10	90.00	5.70	0.16314	51%-75% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	10	120.00	7.60	0.16314	51%-75% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	11	20.00	1.27	0.15319	51%-75% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	11	90.00	5.70	0.15319	51%-75% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	11	120.00	7.60	0.15319	51%-75% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	12	120.00	7.60	0.15508	51%-75% Below	No	No
00406015401	METHYLPHENIDATE ER 54 MG TAB	12	30.00	122.41	0.73064	200% Above	No	No
00406048401	ACETAMINOPHEN-COD #3 TABLET	8	42.00	5.73	0.25507	26%-50% Below	No	No
00406048401	ACETAMINOPHEN-COD #3 TABLET	9	20.00	2.73	0.26684	26%-50% Below	No	No
00406048401	ACETAMINOPHEN-COD #3 TABLET	10	10.00	1.36	0.26773	26%-50% Below	No	No
00406048401	ACETAMINOPHEN-COD #3 TABLET	10	12.00	1.64	0.26773	26%-50% Below	No	No
00406048401	ACETAMINOPHEN-COD #3 TABLET	10	20.00	2.73	0.26773	26%-50% Below	No	No
00406048401	ACETAMINOPHEN-COD #3 TABLET	10	24.00	3.27	0.26773	26%-50% Below	No	No
00406048401	ACETAMINOPHEN-COD #3 TABLET	10	28.00	3.82	0.26773	26%-50% Below	No	No
00406048401	ACETAMINOPHEN-COD #3 TABLET	12	12.00	1.64	0.23491	26%-50% Below	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	8	12.00	1.64	0.25507	26%-50% Below	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	9	20.00	2.73	0.26684	26%-50% Below	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	9	120.00	16.37	0.26684	26%-50% Below	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	10	12.00	1.64	0.26773	26%-50% Below	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	10	120.00	16.37	0.26773	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00406048410	ACETAMINOPHEN-COD #3 TABLET	11	12.00	1.64	0.21587	26%-50% Below	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	11	15.00	2.05	0.21587	26%-50% Below	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	11	16.00	2.18	0.21587	26%-50% Below	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	11	18.00	2.46	0.21587	26%-50% Below	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	11	120.00	16.37	0.21587	26%-50% Below	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	12	15.00	2.05	0.23491	26%-50% Below	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	12	18.00	2.46	0.23491	26%-50% Below	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	12	120.00	16.37	0.23491	26%-50% Below	No	No
00406048501	ACETAMINOPHEN-COD #4 TABLET	8	120.00	19.91	0.45057	51%-75% Below	No	No
00406048501	ACETAMINOPHEN-COD #4 TABLET	9	102.00	16.92	0.46179	51%-75% Below	No	No
00406048501	ACETAMINOPHEN-COD #4 TABLET	10	18.00	2.99	0.47940	51%-75% Below	No	No
00406048501	ACETAMINOPHEN-COD #4 TABLET	11	120.00	19.91	0.34724	51%-75% Below	No	No
00406051201	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	8	18.00	1.11	0.12172	26%-50% Below	No	No
00406051201	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	10	20.00	1.23	0.13144	51%-75% Below	No	No
00406051201	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	11	60.00	3.70	0.12160	26%-50% Below	No	No
00406051201	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	12	14.00	0.86	0.12407	26%-50% Below	No	No
00406051201	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	12	25.00	1.54	0.12407	26%-50% Below	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	9	10.00	0.62	0.12321	26%-50% Below	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	10	15.00	0.92	0.13144	51%-75% Below	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	10	20.00	2.23	0.13144	10%-25% Below	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	10	28.00	1.72	0.13144	51%-75% Below	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	11	12.00	0.74	0.12160	26%-50% Below	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	11	20.00	1.23	0.12160	26%-50% Below	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	11	50.00	3.08	0.12160	26%-50% Below	No	No
00406052201	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	10	24.00	1.14	0.22593	76%-100% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00406052201	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	12	10.00	0.47	0.20157	76%-100% Below	No	No
00406052201	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	12	15.00	0.71	0.20157	76%-100% Below	No	No
00406052301	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	9	12.00	1.41	0.23279	26%-50% Below	No	No
00406052301	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	9	50.00	5.86	0.23279	26%-50% Below	No	No
00406052301	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	10	14.00	1.64	0.25396	51%-75% Below	No	No
00406052301	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	10	50.00	5.86	0.25396	51%-75% Below	No	No
00406052301	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	11	14.00	1.64	0.19788	26%-50% Below	No	No
00406052305	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	8	84.00	5.41	0.22838	51%-75% Below	No	No
00406052305	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	9	84.00	9.84	0.23279	26%-50% Below	No	No
00406052305	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	9	120.00	14.06	0.23279	26%-50% Below	No	No
00406052305	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	10	84.00	9.84	0.25396	51%-75% Below	No	No
00406052305	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	10	120.00	14.06	0.25396	51%-75% Below	No	No
00406052305	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	11	84.00	9.84	0.19788	26%-50% Below	No	No
00406052305	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	12	84.00	9.84	0.21817	26%-50% Below	No	No
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	8	24.00	1.11	0.09554	51%-75% Below	No	No
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	8	30.00	1.44	0.09554	26%-50% Below	No	No
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	9	12.00	0.58	0.10599	51%-75% Below	No	No
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	9	15.00	0.72	0.10599	51%-75% Below	No	No
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	9	30.00	1.44	0.10599	51%-75% Below	No	No
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	10	28.00	1.35	0.10060	51%-75% Below	No	No
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	10	30.00	1.44	0.10060	51%-75% Below	No	No
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	10	40.00	1.92	0.10060	51%-75% Below	No	No
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	11	20.00	0.96	0.08144	26%-50% Below	No	No
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	11	30.00	1.44	0.08144	26%-50% Below	No	No
00406114201	METHYLPHENIDATE 5 MG TABLET	1	60.00	16.30	0.11830	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00406114201	METHYLPHENIDATE 5 MG TABLET	3	60.00	16.30	0.12394	101%-200% Above	No	No
00406117001	NALTREXONE 50 MG TABLET	9	30.00	14.90	1.08122	51%-75% Below	No	No
00406117003	NALTREXONE 50 MG TABLET	9	15.00	7.45	1.08122	51%-75% Below	No	No
00406117003	NALTREXONE 50 MG TABLET	12	15.00	7.45	0.98488	26%-50% Below	No	No
00406184001	METHYLPHENIDATE ER(CD) 40 MG CP	9	30.00	16.35	1.74240	51%-75% Below	No	No
00406324901	HYDROMORPHONE 8 MG TABLET	8	30.00	5.97	0.39762	26%-50% Below	No	No
00406324901	HYDROMORPHONE 8 MG TABLET	9	30.00	5.97	0.49470	51%-75% Below	No	No
00406324901	HYDROMORPHONE 8 MG TABLET	10	30.00	5.97	0.48733	51%-75% Below	No	No
00406324901	HYDROMORPHONE 8 MG TABLET	11	30.00	5.97	0.47452	51%-75% Below	No	No
00406511201	LISDEXAMFETAMINE 20 MG CAPSULE	10	30.00	197.35	4.97279	26%-50% Above	No	No
00406511201	LISDEXAMFETAMINE 20 MG CAPSULE	11	30.00	197.35	5.24516	10%-25% Above	No	No
00406511301	LISDEXAMFETAMINE 30 MG CAPSULE	8	20.00	131.56	4.81875	26%-50% Above	No	No
00406511401	LISDEXAMFETAMINE 40 MG CAPSULE	9	30.00	197.35	4.11780	51%-75% Above	No	No
00406511401	LISDEXAMFETAMINE 40 MG CAPSULE	10	30.00	197.35	4.60955	26%-50% Above	No	No
00406511401	LISDEXAMFETAMINE 40 MG CAPSULE	11	30.00	197.35	4.84006	26%-50% Above	No	No
00406511401	LISDEXAMFETAMINE 40 MG CAPSULE	12	30.00	197.35	4.76157	26%-50% Above	No	No
00406511501	LISDEXAMFETAMINE 50 MG CAPSULE	10	30.00	197.35	4.48046	26%-50% Above	No	No
00406511501	LISDEXAMFETAMINE 50 MG CAPSULE	11	30.00	197.35	5.03501	26%-50% Above	No	No
00406833001	MORPHINE SULF ER 30 MG TABLET	8	60.00	11.26	0.37677	26%-50% Below	No	No
00406833001	MORPHINE SULF ER 30 MG TABLET	9	60.00	11.26	0.37145	26%-50% Below	No	No
00406851001	OXYCODONE HCL (IR) 10 MG TAB	10	60.00	4.22	0.16562	51%-75% Below	No	No
00406853001	OXYCODONE HCL (IR) 30 MG TAB	8	50.00	6.76	0.32127	51%-75% Below	No	No
00406853001	OXYCODONE HCL (IR) 30 MG TAB	8	120.00	16.21	0.32127	51%-75% Below	No	No
00406853001	OXYCODONE HCL (IR) 30 MG TAB	9	120.00	16.21	0.35127	51%-75% Below	No	No
00406853001	OXYCODONE HCL (IR) 30 MG TAB	10	120.00	16.21	0.38257	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00406853001	OXYCODONE HCL (IR) 30 MG TAB	11	90.00	12.16	0.30575	51%-75% Below	No	No
00406889101	DEXTROAMP-AMPHETAMINE 5 MG TAB	10	30.00	6.53	0.25531	10%-25% Below	No	No
00406889201	DEXTROAMP-AMPHETAMIN 10 MG TAB	11	30.00	3.95	0.19746	26%-50% Below	No	No
00406889301	DEXTROAMP-AMPHETAMIN 20 MG TAB	10	30.00	6.68	0.34776	26%-50% Below	No	No
00406889301	DEXTROAMP-AMPHETAMIN 20 MG TAB	11	90.00	20.03	0.34197	26%-50% Below	No	No
00406895101	DEXTROAMP-AMPHET ER 5 MG CAP	9	30.00	104.85	0.55116	200% Above	No	No
00406895101	DEXTROAMP-AMPHET ER 5 MG CAP	10	30.00	104.85	0.63652	200% Above	No	No
00406895101	DEXTROAMP-AMPHET ER 5 MG CAP	11	30.00	104.85	0.58063	200% Above	No	No
00406895201	DEXTROAMP-AMPHET ER 10 MG CAP	10	30.00	104.85	0.64369	200% Above	No	No
00406895301	DEXTROAMP-AMPHET ER 15 MG CAP	10	30.00	104.85	0.58911	200% Above	No	No
00406895301	DEXTROAMP-AMPHET ER 15 MG CAP	11	30.00	104.85	0.63267	200% Above	No	No
00406895401	DEXTROAMP-AMPHET ER 20 MG CAP	8	60.00	209.70	0.66138	200% Above	No	No
00406895401	DEXTROAMP-AMPHET ER 20 MG CAP	9	30.00	104.85	0.53420	200% Above	No	No
00406895401	DEXTROAMP-AMPHET ER 20 MG CAP	9	60.00	209.70	0.53420	200% Above	No	No
00406895401	DEXTROAMP-AMPHET ER 20 MG CAP	10	90.00	314.55	0.55555	200% Above	No	No
00406895401	DEXTROAMP-AMPHET ER 20 MG CAP	11	60.00	209.70	0.57443	200% Above	No	No
00406895501	DEXTROAMP-AMPHET ER 25 MG CAP	8	60.00	209.70	0.55637	200% Above	No	No
00406895501	DEXTROAMP-AMPHET ER 25 MG CAP	9	30.00	104.85	0.61942	200% Above	No	No
00406895501	DEXTROAMP-AMPHET ER 25 MG CAP	9	60.00	209.70	0.61942	200% Above	No	No
00406895501	DEXTROAMP-AMPHET ER 25 MG CAP	10	30.00	104.85	0.72666	200% Above	No	No
00406895501	DEXTROAMP-AMPHET ER 25 MG CAP	11	30.00	104.85	0.52976	200% Above	No	No
00406895501	DEXTROAMP-AMPHET ER 25 MG CAP	11	60.00	209.70	0.52976	200% Above	No	No
00406895601	DEXTROAMP-AMPHET ER 30 MG CAP	11	30.00	104.85	0.56014	200% Above	No	No
00406895601	DEXTROAMP-AMPHET ER 30 MG CAP	12	30.00	0.99	0.59149	76%-100% Below	No	No
00406996101	TEMAZEPAM 15 MG CAPSULE	8	30.00	1.17	0.07378	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00406996101	TEMAZEPAM 15 MG CAPSULE	10	30.00	1.17	0.07806	26%-50% Below	No	No
00406996101	TEMAZEPAM 15 MG CAPSULE	11	90.00	3.50	0.05478	26%-50% Below	No	No
00406996201	TEMAZEPAM 30 MG CAPSULE	9	30.00	1.24	0.09652	51%-75% Below	No	No
00409655701	TESTOSTERONE CYP 1,000 MG/10 ML	9	10.00	58.01	5.00203	10%-25% Above	No	No
00409655701	TESTOSTERONE CYP 1,000 MG/10 ML	11	10.00	24.70	4.08915	26%-50% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	8	2.00	15.70	14.12238	26%-50% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	9	2.00	15.70	13.49281	26%-50% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	9	3.00	23.55	13.49281	26%-50% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	9	8.00	62.80	13.49281	26%-50% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	10	2.00	15.70	13.41177	26%-50% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	10	4.00	31.40	13.41177	26%-50% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	10	6.00	47.10	13.41177	26%-50% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	10	8.00	62.80	13.41177	26%-50% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	11	2.00	15.70	10.77328	26%-50% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	11	4.00	31.40	10.77328	26%-50% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	11	6.00	47.10	10.77328	26%-50% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	11	12.00	94.20	10.77328	26%-50% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	12	2.00	15.70	12.37528	26%-50% Below	No	No
00456104501	ARMOUR THYRO TAB 15MG	10	90.00	69.37	.		Yes	No
00472011745	TRETINOIN 0.025% CREAM	11	45.00	17.31	0.82669	51%-75% Below	No	No
00472016630	NYSTATIN 100,000 UNIT/GM OINT	8	30.00	12.59	0.23823	76%-100% Above	Yes	No
00472016630	NYSTATIN 100,000 UNIT/GM OINT	10	30.00	12.59	0.24622	51%-75% Above	Yes	No
00472024260	PERMETHRIN 5% CREAM	8	60.00	40.17	0.27101	101%-200% Above	No	No
00472038015	BETAMETHASONE DP 0.05% CRM	12	30.00	34.47	0.54351	101%-200% Above	No	No
00480012649	ICOSAPENT ETHYL 500 MG CAPSULE	8	240.00	87.82	0.75167	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00480012649	ICOSAPENT ETHYL 500 MG CAPSULE	9	240.00	87.82	0.79162	51%-75% Below	No	No
00480012789	ICOSAPENT ETHYL 1 GRAM CAPSULE	8	120.00	61.36	0.92296	26%-50% Below	Yes	No
00480012789	ICOSAPENT ETHYL 1 GRAM CAPSULE	8	360.00	184.07	0.92296	26%-50% Below	Yes	No
00480012789	ICOSAPENT ETHYL 1 GRAM CAPSULE	9	120.00	61.36	0.82861	26%-50% Below	Yes	No
00480012789	ICOSAPENT ETHYL 1 GRAM CAPSULE	10	120.00	61.36	0.75120	26%-50% Below	Yes	No
00480012789	ICOSAPENT ETHYL 1 GRAM CAPSULE	10	180.00	92.03	0.75120	26%-50% Below	No	No
00480012789	ICOSAPENT ETHYL 1 GRAM CAPSULE	11	120.00	61.36	0.59147	10%-25% Below	Yes	No
00480012789	ICOSAPENT ETHYL 1 GRAM CAPSULE	11	360.00	184.07	0.59147	10%-25% Below	Yes	No
00480012789	ICOSAPENT ETHYL 1 GRAM CAPSULE	12	180.00	92.03	0.67224	10%-25% Below	No	No
00480235756	TOPIRAMATE ER 50 MG CAPSULE	9	60.00	274.51	8.20610	26%-50% Below	Yes	No
00480235756	TOPIRAMATE ER 50 MG CAPSULE	10	60.00	274.51	7.33188	26%-50% Below	Yes	No
00480235756	TOPIRAMATE ER 50 MG CAPSULE	11	60.00	274.51	5.37690	10%-25% Below	Yes	No
00480363298	PITAVASTATIN 2 MG TABLET	9	30.00	288.13	1.88173	200% Above	No	No
00480363398	PITAVASTATIN 4 MG TABLET	9	30.00	43.92	1.99761	26%-50% Below	No	No
00480363398	PITAVASTATIN 4 MG TABLET	10	90.00	131.77	1.82949	10%-25% Below	No	No
00480413806	LUBIPROSTONE 24 MCG CAPSULE	11	180.00	315.25	0.58677	101%-200% Above	No	No
00480727010	PRAVASTATIN SODIUM 80 MG TAB	9	30.00	5.60	0.16585	10%-25% Above	No	No
00480727010	PRAVASTATIN SODIUM 80 MG TAB	11	30.00	5.60	0.11666	51%-75% Above	No	No
00480727098	PRAVASTATIN SODIUM 80 MG TAB	9	30.00	5.60	0.16585	10%-25% Above	No	No
00480727098	PRAVASTATIN SODIUM 80 MG TAB	9	90.00	16.80	0.16585	10%-25% Above	No	No
00480727098	PRAVASTATIN SODIUM 80 MG TAB	11	30.00	5.60	0.11666	51%-75% Above	No	No
00487930133	SOD CHLORIDE NEB 0.9%	10	90.00	6.16	.		No	No
00487930133	SOD CHLORIDE NEB 0.9%	12	360.00	24.62	.		No	No
00487950101	ALBUTEROL SUL 2.5 MG/3 ML SOLN	11	90.00	2.59	0.05893	51%-75% Below	No	No
00487950103	ALBUTEROL SUL 2.5 MG/3 ML SOLN	11	90.00	2.59	0.05893	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00487950125	ALBUTEROL SUL 2.5 MG/3 ML SOLN	8	150.00	4.32	0.06678	51%-75% Below	No	No
00487950125	ALBUTEROL SUL 2.5 MG/3 ML SOLN	10	75.00	2.16	0.06602	51%-75% Below	No	No
00487950125	ALBUTEROL SUL 2.5 MG/3 ML SOLN	10	150.00	4.32	0.06602	51%-75% Below	No	No
00487950125	ALBUTEROL SUL 2.5 MG/3 ML SOLN	11	150.00	4.32	0.05680	26%-50% Below	No	No
00487960101	BUDESONIDE 0.25 MG/2 ML SUSP	11	60.00	29.17	0.85765	26%-50% Below	No	No
00487960130	BUDESONIDE 0.25 MG/2 ML SUSP	8	60.00	29.17	0.84733	26%-50% Below	No	No
00487960130	BUDESONIDE 0.25 MG/2 ML SUSP	9	60.00	29.17	0.95132	26%-50% Below	No	No
00487960130	BUDESONIDE 0.25 MG/2 ML SUSP	11	60.00	29.17	0.85765	26%-50% Below	No	No
00487960130	BUDESONIDE 0.25 MG/2 ML SUSP	12	60.00	29.17	0.82134	26%-50% Below	No	No
00487970130	BUDESONIDE 0.5 MG/2 ML SUSP	10	60.00	22.37	0.74164	26%-50% Below	No	No
00487970130	BUDESONIDE 0.5 MG/2 ML SUSP	10	120.00	44.75	0.74164	26%-50% Below	No	No
00487970130	BUDESONIDE 0.5 MG/2 ML SUSP	11	60.00	22.37	0.72209	26%-50% Below	No	No
00517042001	ESTRADIOL VALERATE 100 MG/5 ML	10	5.00	49.11	17.02339	26%-50% Below	No	No
00527076437	DEXTROAMP-AMPHETAMIN 15 MG TAB	8	60.00	13.06	0.26045	10%-25% Below	No	No
00527076437	DEXTROAMP-AMPHETAMIN 15 MG TAB	9	60.00	13.06	0.26150	10%-25% Below	No	No
00527076437	DEXTROAMP-AMPHETAMIN 15 MG TAB	10	60.00	13.06	0.27970	10%-25% Below	No	No
00527076537	DEXTROAMP-AMPHETAMIN 20 MG TAB	9	30.00	6.68	0.32728	26%-50% Below	No	No
00527076537	DEXTROAMP-AMPHETAMIN 20 MG TAB	10	30.00	6.68	0.34776	26%-50% Below	No	No
00527076537	DEXTROAMP-AMPHETAMIN 20 MG TAB	11	30.00	6.68	0.34197	26%-50% Below	No	No
00527076537	DEXTROAMP-AMPHETAMIN 20 MG TAB	11	60.00	13.36	0.34197	26%-50% Below	No	No
00527076537	DEXTROAMP-AMPHETAMIN 20 MG TAB	12	30.00	6.68	0.34027	26%-50% Below	No	No
00527076637	DEXTROAMP-AMPHETAMIN 30 MG TAB	9	60.00	13.06	0.32517	26%-50% Below	No	No
00527079037	DEXTROAMP-AMPHET ER 5 MG CAP	10	30.00	104.85	0.63652	200% Above	No	No
00527079037	DEXTROAMP-AMPHET ER 5 MG CAP	11	30.00	104.85	0.58063	200% Above	No	No
00527079037	DEXTROAMP-AMPHET ER 5 MG CAP	12	30.00	104.85	0.60155	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00527079437	DEXTROAMP-AMPHET ER 25 MG CAP	11	26.00	90.87	0.52976	200% Above	No	No
00527079537	DEXTROAMP-AMPHET ER 30 MG CAP	8	30.00	104.85	0.63536	200% Above	No	No
00527079537	DEXTROAMP-AMPHET ER 30 MG CAP	9	30.00	104.85	0.64541	200% Above	No	No
00527079537	DEXTROAMP-AMPHET ER 30 MG CAP	10	30.00	104.85	0.76715	200% Above	No	No
00527079537	DEXTROAMP-AMPHET ER 30 MG CAP	11	30.00	104.85	0.56014	200% Above	No	No
00527128201	DICYCLOMINE 20 MG TABLET	11	20.00	2.35	0.08225	26%-50% Above	No	No
00527130105	PRIMIDONE 50 MG TABLET	8	30.00	4.64	0.13956	10%-25% Above	No	No
00527130105	PRIMIDONE 50 MG TABLET	9	30.00	4.64	0.13499	10%-25% Above	No	No
00527131301	PILOCARPINE HCL 5 MG TABLET	9	90.00	56.57	0.27045	101%-200% Above	No	No
00527131301	PILOCARPINE HCL 5 MG TABLET	10	90.00	56.57	0.33687	76%-100% Above	No	No
00527131301	PILOCARPINE HCL 5 MG TABLET	11	90.00	56.57	0.19978	200% Above	No	No
00527163201	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG CP	10	90.00	13.49	0.12153	10%-25% Above	No	No
00527169505	BUTALB-ACETAMINOPHEN-CAFF 50-325-40 TAB	10	20.00	1.58	0.16553	51%-75% Below	No	No
00527169505	BUTALB-ACETAMINOPHEN-CAFF 50-325-40 TAB	11	20.00	1.58	0.11121	26%-50% Below	No	No
00527169505	BUTALB-ACETAMINOPHEN-CAFF 50-325-40 TAB	12	20.00	1.58	0.13180	26%-50% Below	No	No
00527328146	LEVOTHYROXINE 50 MCG TABLET	10	30.00	0.97	0.05707	26%-50% Below	No	No
00527328146	LEVOTHYROXINE 50 MCG TABLET	11	30.00	0.97	0.04701	26%-50% Below	No	No
00527329046	LEVOTHYROXINE 200 MCG TABLET	12	30.00	1.65	0.09085	26%-50% Below	No	No
00527411637	PROPRANOLOL ER 60 MG CAPSULE	8	30.00	23.75	0.19732	200% Above	No	No
00527411737	PROPRANOLOL ER 80 MG CAPSULE	8	30.00	3.95	0.20427	26%-50% Below	No	No
00527411737	PROPRANOLOL ER 80 MG CAPSULE	9	30.00	3.95	0.20779	26%-50% Below	No	No
00527411737	PROPRANOLOL ER 80 MG CAPSULE	10	30.00	3.95	0.22371	26%-50% Below	No	No
00527411737	PROPRANOLOL ER 80 MG CAPSULE	11	30.00	3.95	0.15892	10%-25% Below	No	No
00527411837	PROPRANOLOL ER 120 MG CAPSULE	9	30.00	18.49	0.21539	101%-200% Above	No	No
00527411837	PROPRANOLOL ER 120 MG CAPSULE	10	30.00	18.49	0.22072	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00527411837	PROPRANOLOL ER 120 MG CAPSULE	11	30.00	18.49	0.18110	200% Above	No	No
00527411837	PROPRANOLOL ER 120 MG CAPSULE	12	30.00	18.49	0.19520	200% Above	No	No
00527466237	LISDEXAMFETAMINE 20 MG CAPSULE	8	30.00	227.10	4.83261	51%-75% Above	Yes	No
00527466437	LISDEXAMFETAMINE 40 MG CAPSULE	8	30.00	227.10	4.04019	76%-100% Above	No	No
00527466437	LISDEXAMFETAMINE 40 MG CAPSULE	11	30.00	227.10	4.84006	51%-75% Above	Yes	No
00527466437	LISDEXAMFETAMINE 40 MG CAPSULE	12	30.00	227.10	4.76157	51%-75% Above	Yes	No
00527466537	LISDEXAMFETAMINE 50 MG CAPSULE	8	30.00	227.10	4.69081	51%-75% Above	No	No
00527466537	LISDEXAMFETAMINE 50 MG CAPSULE	10	30.00	227.10	4.48046	51%-75% Above	No	No
00527810837	DEXMETHYLPHENIDATE ER 15 MG CP	10	30.00	76.47	1.20268	101%-200% Above	No	No
00527810937	DEXMETHYLPHENIDATE ER 20 MG CP	10	30.00	78.54	1.35075	76%-100% Above	No	No
00527810937	DEXMETHYLPHENIDATE ER 20 MG CP	11	30.00	78.54	1.43141	76%-100% Above	No	No
00527811137	DEXMETHYLPHENIDATE ER 30 MG CP	10	21.00	60.36	2.49942	10%-25% Above	No	No
00527811137	DEXMETHYLPHENIDATE ER 30 MG CP	11	20.00	57.48	1.11130	101%-200% Above	No	No
00536100901	FERROUS SULF TAB 325MG	11	30.00	0.00	.		Yes	No
00536117201	ACETAMINOPHEN 500 MG TABLET	8	30.00	0.62	0.03351	26%-50% Below	No	No
00536118365	FLUTICASONE PROP 50 MCG SPRAY	11	15.80	4.00	0.90044	51%-75% Below	No	No
00548540000	MEDROXYPROGESTERONE 150 MG/ML	11	1.00	12.97	18.65438	26%-50% Below	No	No
00548540000	MEDROXYPROGESTERONE 150 MG/ML	12	1.00	12.97	20.79526	26%-50% Below	No	No
00548570100	MEDROXYPROGESTERONE 150 MG/ML	10	1.00	22.50	39.92563	26%-50% Below	No	No
00555032402	HYDROXYZINE PAM 100 MG CAP	10	90.00	61.10	0.41044	51%-75% Above	No	No
00555032402	HYDROXYZINE PAM 100 MG CAP	12	90.00	61.10	0.38348	76%-100% Above	No	No
00555057202	METHOTREXATE 2.5 MG TABLET	11	96.00	70.37	0.16189	200% Above	No	No
00555057202	METHOTREXATE 2.5 MG TABLET	12	120.00	87.96	0.15834	200% Above	No	No
00555060602	MEGESTROL 20 MG TABLET	9	30.00	2.68	0.17517	26%-50% Below	No	No
00555060602	MEGESTROL 20 MG TABLET	10	30.00	2.68	0.17756	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00555077902	MEDROXYPROGESTERONE 10 MG TAB	8	10.00	1.75	0.14485	10%-25% Above	Yes	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	8	12.00	2.09	0.14485	10%-25% Above	Yes	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	9	7.00	1.22	0.14182	10%-25% Above	No	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	9	30.00	5.24	0.14182	10%-25% Above	No	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	10	5.00	0.87	0.13921	10%-25% Above	Yes	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	10	10.00	1.75	0.13921	10%-25% Above	Yes	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	10	30.00	5.24	0.13921	10%-25% Above	No	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	11	10.00	1.75	0.12255	26%-50% Above	Yes	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	11	30.00	5.24	0.12255	26%-50% Above	No	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	11	60.00	10.47	0.12255	26%-50% Above	Yes	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	11	74.00	12.91	0.12255	26%-50% Above	Yes	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	12	30.00	5.24	0.12926	26%-50% Above	No	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	12	30.00	5.24	0.12926	26%-50% Above	Yes	No
00555077904	MEDROXYPROGESTERONE 10 MG TAB	8	10.00	1.75	0.14485	10%-25% Above	No	No
00555077904	MEDROXYPROGESTERONE 10 MG TAB	9	10.00	1.75	0.14182	10%-25% Above	No	No
00555077904	MEDROXYPROGESTERONE 10 MG TAB	10	10.00	1.75	0.13921	10%-25% Above	No	No
00555077904	MEDROXYPROGESTERONE 10 MG TAB	12	10.00	1.75	0.12926	26%-50% Above	No	No
00555087202	MEDROXYPROGESTERONE 2.5 MG TAB	11	30.00	3.25	0.09310	10%-25% Above	No	No
00555087302	MEDROXYPROGESTERONE 5 MG TAB	8	5.00	0.82	0.14538	10%-25% Above	No	No
00555088602	ESTRADIOL 1 MG TABLET	8	30.00	3.29	0.07250	51%-75% Above	Yes	No
00555088602	ESTRADIOL 1 MG TABLET	8	90.00	9.86	0.07250	51%-75% Above	No	No
00555088602	ESTRADIOL 1 MG TABLET	9	90.00	9.86	0.07130	51%-75% Above	No	No
00555088602	ESTRADIOL 1 MG TABLET	10	30.00	3.29	0.07443	26%-50% Above	No	No
00555088602	ESTRADIOL 1 MG TABLET	10	30.00	3.29	0.07443	26%-50% Above	Yes	No
00555088602	ESTRADIOL 1 MG TABLET	10	39.00	4.11	0.07443	26%-50% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00555088602	ESTRADIOL 1 MG TABLET	10	90.00	9.86	0.07443	26%-50% Above	No	No
00555088602	ESTRADIOL 1 MG TABLET	11	30.00	3.29	0.05642	76%-100% Above	Yes	No
00555088602	ESTRADIOL 1 MG TABLET	11	90.00	9.86	0.05642	76%-100% Above	Yes	No
00555088602	ESTRADIOL 1 MG TABLET	12	30.00	3.29	0.06241	51%-75% Above	Yes	No
00555088602	ESTRADIOL 1 MG TABLET	12	60.00	6.57	0.06241	51%-75% Above	No	No
00555088602	ESTRADIOL 1 MG TABLET	12	90.00	9.49	0.06241	51%-75% Above	Yes	No
00555088604	ESTRADIOL 1 MG TABLET	10	90.00	9.86	0.07443	26%-50% Above	No	No
00555088702	ESTRADIOL 2 MG TABLET	9	30.00	4.45	0.09768	51%-75% Above	No	No
00555088702	ESTRADIOL 2 MG TABLET	9	30.00	4.45	0.09768	51%-75% Above	Yes	No
00555088702	ESTRADIOL 2 MG TABLET	9	60.00	8.89	0.09768	51%-75% Above	Yes	No
00555088702	ESTRADIOL 2 MG TABLET	9	90.00	12.84	0.09768	26%-50% Above	Yes	No
00555088702	ESTRADIOL 2 MG TABLET	9	90.00	13.34	0.09768	51%-75% Above	No	No
00555088702	ESTRADIOL 2 MG TABLET	10	30.00	4.45	0.09619	51%-75% Above	No	No
00555088702	ESTRADIOL 2 MG TABLET	10	30.00	4.45	0.09619	51%-75% Above	Yes	No
00555088702	ESTRADIOL 2 MG TABLET	10	180.00	26.68	0.09619	51%-75% Above	Yes	No
00555088702	ESTRADIOL 2 MG TABLET	11	30.00	4.45	0.07122	101%-200% Above	Yes	No
00555088702	ESTRADIOL 2 MG TABLET	12	90.00	13.34	0.08234	76%-100% Above	No	No
00555088704	ESTRADIOL 2 MG TABLET	8	30.00	4.45	0.10199	26%-50% Above	No	No
00555088704	ESTRADIOL 2 MG TABLET	10	30.00	4.45	0.09619	51%-75% Above	No	No
00555088704	ESTRADIOL 2 MG TABLET	10	90.00	13.34	0.09619	51%-75% Above	No	No
00555088704	ESTRADIOL 2 MG TABLET	11	30.00	4.45	0.07122	101%-200% Above	No	No
00555089902	ESTRADIOL 0.5 MG TABLET	9	30.00	2.80	0.07359	26%-50% Above	No	No
00555089902	ESTRADIOL 0.5 MG TABLET	9	36.00	3.23	0.07359	10%-25% Above	Yes	No
00555089902	ESTRADIOL 0.5 MG TABLET	10	30.00	2.80	0.07682	10%-25% Above	No	No
00555089902	ESTRADIOL 0.5 MG TABLET	10	30.00	2.80	0.07682	10%-25% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00555089902	ESTRADIOL 0.5 MG TABLET	11	30.00	2.80	0.05630	51%-75% Above	Yes	No
00555089902	ESTRADIOL 0.5 MG TABLET	11	60.00	5.59	0.05630	51%-75% Above	Yes	No
00555089902	ESTRADIOL 0.5 MG TABLET	11	90.00	8.39	0.05630	51%-75% Above	Yes	No
00555089902	ESTRADIOL 0.5 MG TABLET	12	36.00	3.23	0.06363	26%-50% Above	Yes	No
00555089902	ESTRADIOL 0.5 MG TABLET	12	90.00	8.07	0.06363	26%-50% Above	Yes	No
00555097202	DEXTROAMP-AMPHETAMIN 10 MG TAB	8	60.00	13.39	0.25488	10%-25% Below	No	No
00555097202	DEXTROAMP-AMPHETAMIN 10 MG TAB	9	45.00	10.04	0.26317	10%-25% Below	No	No
00555097202	DEXTROAMP-AMPHETAMIN 10 MG TAB	10	45.00	10.04	0.26858	10%-25% Below	No	No
00555097202	DEXTROAMP-AMPHETAMIN 10 MG TAB	11	30.00	6.69	0.19746	10%-25% Above	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	8	30.00	6.55	0.34010	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	8	45.00	9.83	0.34010	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	8	45.00	10.02	0.34010	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	8	60.00	13.10	0.34010	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	8	60.00	13.36	0.34010	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	8	75.00	16.70	0.34010	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	8	90.00	19.66	0.34010	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	9	30.00	6.68	0.32728	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	9	45.00	10.02	0.32728	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	9	60.00	13.36	0.32728	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	9	90.00	20.03	0.32728	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	10	45.00	10.02	0.34776	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	10	60.00	13.36	0.34776	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	10	75.00	16.70	0.34776	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	10	90.00	20.03	0.34776	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	11	30.00	6.68	0.34197	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	11	45.00	10.02	0.34197	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	11	75.00	16.70	0.34197	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	11	90.00	20.03	0.34197	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	12	60.00	13.36	0.34027	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	12	90.00	20.03	0.34027	26%-50% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	8	60.00	13.06	0.30424	26%-50% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	9	30.00	6.53	0.32517	26%-50% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	9	60.00	13.06	0.32517	26%-50% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	10	30.00	6.53	0.35038	26%-50% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	10	60.00	13.06	0.35038	26%-50% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	11	30.00	6.53	0.25597	10%-25% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	11	60.00	13.06	0.25597	10%-25% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	12	60.00	13.06	0.29474	26%-50% Below	No	No
00555900867	NORTREL 0.5-35-28 TABLET	10	84.00	32.44	0.58751	26%-50% Below	No	No
00555901058	NORTREL 1-35 28 TABLET	8	28.00	10.49	0.28687	26%-50% Above	No	No
00555901058	NORTREL 1-35 28 TABLET	9	28.00	10.49	0.27578	26%-50% Above	No	No
00555901058	NORTREL 1-35 28 TABLET	10	28.00	10.49	0.24333	51%-75% Above	No	No
00555901058	NORTREL 1-35 28 TABLET	11	28.00	10.49	0.20235	76%-100% Above	No	No
00555901658	SPRINTEC 28 DAY TABLET	4	28.00	5.67	0.12203	51%-75% Above	No	No
00555901658	SPRINTEC 28 DAY TABLET	8	28.00	5.67	0.12931	51%-75% Above	No	No
00555901658	SPRINTEC 28 DAY TABLET	8	28.00	5.78	0.12931	51%-75% Above	No	No
00555901658	SPRINTEC 28 DAY TABLET	9	28.00	5.78	0.13232	51%-75% Above	No	No
00555901658	SPRINTEC 28 DAY TABLET	9	112.00	23.13	0.13232	51%-75% Above	No	No
00555901658	SPRINTEC 28 DAY TABLET	10	28.00	5.78	0.12935	51%-75% Above	No	No
00555901658	SPRINTEC 28 DAY TABLET	10	84.00	17.35	0.12935	51%-75% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00555901658	SPRINTEC 28 DAY TABLET	11	28.00	5.78	0.10106	101%-200% Above	No	No
00555901658	SPRINTEC 28 DAY TABLET	12	28.00	5.78	0.11128	76%-100% Above	No	No
00555901658	SPRINTEC 28 DAY TABLET	12	84.00	17.35	0.11128	76%-100% Above	No	No
00555901658	SPRINTEC 28 DAY TABLET	12	112.00	23.13	0.11128	76%-100% Above	No	No
00555901858	TRI-SPRINTEC TABLET	8	84.00	16.86	0.12768	51%-75% Above	No	No
00555901858	TRI-SPRINTEC TABLET	9	28.00	5.62	0.13455	26%-50% Above	No	No
00555901858	TRI-SPRINTEC TABLET	9	84.00	16.86	0.13455	26%-50% Above	No	No
00555901858	TRI-SPRINTEC TABLET	10	28.00	5.62	0.13732	26%-50% Above	No	No
00555901858	TRI-SPRINTEC TABLET	10	84.00	16.86	0.13732	26%-50% Above	No	No
00555901858	TRI-SPRINTEC TABLET	11	28.00	5.62	0.11796	51%-75% Above	No	No
00555901858	TRI-SPRINTEC TABLET	11	84.00	16.86	0.11796	51%-75% Above	No	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	9	84.00	31.26	0.14183	101%-200% Above	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	9	84.00	32.48	0.14183	101%-200% Above	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	10	84.00	32.48	0.14056	101%-200% Above	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	11	84.00	32.48	0.12217	200% Above	No	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	11	84.00	32.48	0.12217	200% Above	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	12	84.00	31.26	0.12469	101%-200% Above	Yes	No
00555902742	JUNEL 1.5 MG-30 MCG TABLET	8	21.00	9.62	0.51301	10%-25% Below	Yes	No
00555902742	JUNEL 1.5 MG-30 MCG TABLET	8	84.00	38.50	0.51301	10%-25% Below	Yes	No
00555902742	JUNEL 1.5 MG-30 MCG TABLET	11	21.00	9.62	0.32562	26%-50% Above	No	No
00555902742	JUNEL 1.5 MG-30 MCG TABLET	12	21.00	9.62	0.36609	10%-25% Above	No	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	9	28.00	9.44	0.16104	101%-200% Above	No	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	9	84.00	27.24	0.16104	101%-200% Above	Yes	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	9	84.00	28.31	0.16104	101%-200% Above	No	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	10	28.00	9.44	0.15365	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	10	84.00	28.31	0.15365	101%-200% Above	Yes	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	11	28.00	9.44	0.13540	101%-200% Above	No	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	12	84.00	28.31	0.13805	101%-200% Above	No	No
00555904358	APRI 28 DAY TABLET	8	28.00	9.16	0.15895	101%-200% Above	No	No
00555904358	APRI 28 DAY TABLET	10	84.00	27.47	0.13567	101%-200% Above	No	No
00555904958	CRYSELLE-28 TABLET	8	84.00	25.49	0.40347	10%-25% Below	No	No
00555904958	CRYSELLE-28 TABLET	10	28.00	11.76	0.37622	10%-25% Above	No	No
00555904958	CRYSELLE-28 TABLET	11	28.00	11.76	0.31912	26%-50% Above	No	No
00555904958	CRYSELLE-28 TABLET	11	84.00	35.29	0.31912	26%-50% Above	No	No
00555904958	CRYSELLE-28 TABLET	12	28.00	11.76	0.34661	10%-25% Above	No	No
00555905058	KARIVA 28 DAY TABLET	8	84.00	45.21	0.19983	101%-200% Above	Yes	No
00555912366	JOLESSA 0.15 MG-0.03 MG TABLET	10	91.00	52.81	0.19156	200% Above	No	No
00574029201	AMILORIDE HCL 5 MG TABLET	9	60.00	9.13	0.18410	10%-25% Below	No	No
00574029201	AMILORIDE HCL 5 MG TABLET	12	60.00	9.13	0.17295	10%-25% Below	No	No
00574050801	FERROUS GLUC TAB 324MG	10	30.00	2.28	.		No	No
00574082701	TESTOSTERONE CYP 200 MG/ML	9	2.00	15.70	13.49281	26%-50% Below	No	No
00574082701	TESTOSTERONE CYP 200 MG/ML	10	5.00	39.25	13.41177	26%-50% Below	No	No
00574110404	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	9	180.00	8.26	0.09385	51%-75% Below	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	8	120.00	5.51	0.09186	26%-50% Below	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	8	240.00	11.02	0.09186	26%-50% Below	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	9	118.00	5.42	0.09582	51%-75% Below	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	9	120.00	5.51	0.09582	51%-75% Below	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	9	240.00	11.02	0.09582	51%-75% Below	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	10	118.00	5.42	0.10268	51%-75% Below	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	10	120.00	5.51	0.10268	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	10	120.00	5.51	0.10268	51%-75% Below	Yes	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	10	180.00	8.26	0.10268	51%-75% Below	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	11	52.00	2.39	0.10527	51%-75% Below	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	11	118.00	5.42	0.10527	51%-75% Below	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	11	240.00	11.02	0.10527	51%-75% Below	Yes	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	12	50.00	2.30	0.09227	26%-50% Below	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	12	75.00	3.44	0.09227	26%-50% Below	Yes	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	12	120.00	5.51	0.09227	26%-50% Below	Yes	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	12	180.00	8.26	0.09227	26%-50% Below	No	No
00574220145	TRETINOIN 0.1% CREAM	10	45.00	39.35	1.24764	26%-50% Below	No	No
00574220545	TRETINOIN 0.05% CREAM	8	45.00	29.83	1.50656	51%-75% Below	No	No
00574220545	TRETINOIN 0.05% CREAM	9	45.00	29.83	1.52912	51%-75% Below	No	No
00574222520	TRETINOIN 0.025% CREAM	12	20.00	10.86	0.79500	26%-50% Below	No	No
00574241565	METHYLPHENIDATE 15 MG/9 HR PATCH	11	30.00	301.62	8.52670	10%-25% Above	Yes	No
00574403105	TOBRAMYCIN-DEXAMETH OPHTH SUSP	9	5.00	49.26	4.47303	101%-200% Above	No	No
00574403105	TOBRAMYCIN-DEXAMETH OPHTH SUSP	9	5.00	49.26	4.47303	101%-200% Above	Yes	No
00574403105	TOBRAMYCIN-DEXAMETH OPHTH SUSP	12	5.00	49.26	4.23609	101%-200% Above	No	No
00574709012	HYDROCORT AC SUP 25MG	8	20.00	30.22	.		Yes	No
00574709012	HYDROCORT AC SUP 25MG	10	12.00	98.67	.		Yes	No
00591034701	HYDROCHLOROTHIAZIDE 12.5 MG CP	10	90.00	4.52	0.03218	51%-75% Above	No	No
00591034701	HYDROCHLOROTHIAZIDE 12.5 MG CP	11	90.00	4.52	0.02759	76%-100% Above	No	No
00591034801	TRIAMTERENE-HYDROCHLOROTHIAZIDE 75-50 MG TAB	11	90.00	14.36	0.08586	76%-100% Above	No	No
00591039501	PENTAZOCINE-NALOXONE TABLET	9	120.00	130.56	2.00707	26%-50% Below	Yes	No
00591039501	PENTAZOCINE-NALOXONE TABLET	10	120.00	130.56	2.03351	26%-50% Below	Yes	No
00591039501	PENTAZOCINE-NALOXONE TABLET	11	24.00	26.11	1.68969	26%-50% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00591039501	PENTAZOCINE-NALOXONE TABLET	12	24.00	26.11	1.69431	26%-50% Below	Yes	No
00591042405	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	9	30.00	4.24	0.10149	26%-50% Above	No	No
00591042405	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	10	30.00	4.24	0.10159	26%-50% Above	No	No
00591042405	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	10	90.00	12.72	0.10159	26%-50% Above	No	No
00591042405	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	11	30.00	4.24	0.07213	76%-100% Above	No	No
00591042405	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	11	90.00	12.72	0.07213	76%-100% Above	No	No
00591046005	GLIPIZIDE 5 MG TABLET	10	180.00	4.39	0.03408	26%-50% Below	No	No
00591046110	GLIPIZIDE 10 MG TABLET	9	180.00	6.98	0.04775	10%-25% Below	Yes	No
00591046110	GLIPIZIDE 10 MG TABLET	10	90.00	3.63	0.04870	10%-25% Below	Yes	No
00591046110	GLIPIZIDE 10 MG TABLET	10	360.00	14.51	0.04870	10%-25% Below	Yes	No
00591060505	LABETALOL HCL 100 MG TABLET	10	60.00	12.92	0.10493	101%-200% Above	No	No
00591084510	GLIPIZIDE ER 10 MG TABLET	8	60.00	13.34	0.16907	26%-50% Above	No	No
00591084510	GLIPIZIDE ER 10 MG TABLET	9	180.00	40.01	0.16578	26%-50% Above	No	No
00591225804	SCOPOLAMINE 1 MG/3 DAY PATCH	11	4.00	26.97	4.68559	26%-50% Above	No	No
00591225804	SCOPOLAMINE 1 MG/3 DAY PATCH	12	4.00	26.97	5.34526	26%-50% Above	No	No
00591256201	COLCHICINE 0.6 MG TABLET	11	90.00	213.02	0.18453	200% Above	No	No
00591264101	BUTALBITAL-ACETAMINOPHEN-CAFFEINE-CODEINE 50-300-40-30 MG CP	10	30.00	89.42	4.70681	26%-50% Below	No	No
00591288201	VERAPAMIL SR 180 MG CAPSULE	9	23.00	15.04	1.16240	26%-50% Below	No	No
00591288201	VERAPAMIL SR 180 MG CAPSULE	10	30.00	19.61	1.24199	26%-50% Below	No	No
00591288201	VERAPAMIL SR 180 MG CAPSULE	11	30.00	19.61	1.17579	26%-50% Below	No	No
00591288201	VERAPAMIL SR 180 MG CAPSULE	12	90.00	58.83	1.07246	26%-50% Below	No	No
00591288401	VERAPAMIL SR 240 MG CAPSULE	11	90.00	66.42	1.17444	26%-50% Below	Yes	No
00591292754	LEVALBUTEROL TAR HFA 45 MCG INH	9	15.00	42.01	3.71730	10%-25% Below	No	No
00591292754	LEVALBUTEROL TAR HFA 45 MCG INH	10	15.00	42.01	3.60280	10%-25% Below	No	No
00591292754	LEVALBUTEROL TAR HFA 45 MCG INH	12	15.00	42.01	3.29373	10%-25% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00591294460	PIMECROLIMUS 1% CREAM	9	60.00	102.05	3.38026	26%-50% Below	No	No
00591350804	CLONIDINE 0.1 MG/DAY PATCH	9	4.00	32.72	6.77783	10%-25% Above	Yes	No
00591350804	CLONIDINE 0.1 MG/DAY PATCH	11	4.00	32.72	5.25716	51%-75% Above	Yes	No
00591350804	CLONIDINE 0.1 MG/DAY PATCH	12	4.00	32.72	5.80499	26%-50% Above	Yes	No
00591530710	PROMETHAZINE 25 MG TABLET	10	30.00	0.78	0.04881	26%-50% Below	No	No
00591544210	PREDNISONE 10 MG TABLET	8	21.00	2.33	0.05575	76%-100% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	9	18.00	1.99	0.06166	76%-100% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	9	20.00	2.22	0.06166	76%-100% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	9	30.00	3.32	0.06166	76%-100% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	10	10.00	1.11	0.05667	76%-100% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	10	30.00	3.32	0.05667	76%-100% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	11	10.00	1.11	0.04042	101%-200% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	11	32.00	3.55	0.04042	101%-200% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	12	10.00	1.11	0.04665	101%-200% Above	No	No
00591544305	PREDNISONE 20 MG TABLET	9	5.00	0.59	0.08552	26%-50% Above	No	No
00591544305	PREDNISONE 20 MG TABLET	11	9.00	1.06	0.06386	76%-100% Above	No	No
00591544305	PREDNISONE 20 MG TABLET	11	10.00	1.18	0.06386	76%-100% Above	No	No
00591544310	PREDNISONE 20 MG TABLET	8	8.00	0.95	0.08765	26%-50% Above	No	No
00591544310	PREDNISONE 20 MG TABLET	8	10.00	1.18	0.08765	26%-50% Above	No	No
00591544310	PREDNISONE 20 MG TABLET	8	13.00	1.54	0.08765	26%-50% Above	No	No
00591544310	PREDNISONE 20 MG TABLET	9	10.00	1.18	0.08552	26%-50% Above	No	No
00591544310	PREDNISONE 20 MG TABLET	9	14.00	1.66	0.08552	26%-50% Above	No	No
00591544310	PREDNISONE 20 MG TABLET	10	5.00	0.59	0.08070	26%-50% Above	No	No
00591544310	PREDNISONE 20 MG TABLET	11	5.00	0.59	0.06386	76%-100% Above	No	No
00591544310	PREDNISONE 20 MG TABLET	11	8.00	0.95	0.06386	76%-100% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00591544310	PREDNISONE 20 MG TABLET	11	10.00	1.18	0.06386	76%-100% Above	No	No
00591544310	PREDNISONE 20 MG TABLET	11	13.00	1.54	0.06386	76%-100% Above	No	No
00591544310	PREDNISONE 20 MG TABLET	11	14.00	1.66	0.06386	76%-100% Above	No	No
00591544310	PREDNISONE 20 MG TABLET	12	6.00	0.71	0.07170	51%-75% Above	No	No
00591544310	PREDNISONE 20 MG TABLET	12	10.00	1.18	0.07170	51%-75% Above	No	No
00591544310	PREDNISONE 20 MG TABLET	12	13.00	1.54	0.07170	51%-75% Above	No	No
00591555410	PROPRANOLOL 10 MG TABLET	10	30.00	4.44	0.05759	101%-200% Above	No	No
00597030045	SYNJARDY XR 12.5-1,000 MG TAB	8	180.00	190.65	9.78188	76%-100% Below	No	No
00603116158	DICYCLOMINE 10 MG/5 ML SOLN	10	120.00	12.42	0.19672	26%-50% Below	No	No
00603188016	LIDOCAINE 5% PATCH	9	30.00	30.20	1.94175	26%-50% Below	Yes	No
00603188016	LIDOCAINE 5% PATCH	9	60.00	60.39	1.94175	26%-50% Below	No	No
00603188016	LIDOCAINE 5% PATCH	10	30.00	30.20	1.82820	26%-50% Below	Yes	No
00603188016	LIDOCAINE 5% PATCH	11	30.00	30.20	1.83539	26%-50% Below	Yes	No
00603188016	LIDOCAINE 5% PATCH	12	30.00	30.20	1.89180	26%-50% Below	Yes	No
00603211621	ALLOPURINOL 300 MG TABLET	9	180.00	30.17	0.07149	101%-200% Above	Yes	No
00603211621	ALLOPURINOL 300 MG TABLET	11	90.00	15.08	0.05678	101%-200% Above	Yes	No
00603211621	ALLOPURINOL 300 MG TABLET	12	180.00	30.17	0.06173	101%-200% Above	Yes	No
00603459315	METHYLPREDNISOLONE 4 MG DOSEPK	9	21.00	6.38	0.15189	76%-100% Above	No	No
00603459315	METHYLPREDNISOLONE 4 MG DOSEPK	11	21.00	6.38	0.09618	200% Above	No	No
00603459321	METHYLPREDNISOLONE 4 MG TABLET	9	10.00	5.63	0.15022	200% Above	Yes	No
00603533715	PREDNISONE 5 MG TAB DOSE PACK	7	21.00	6.25	0.36164	10%-25% Below	Yes	No
00603533715	PREDNISONE 5 MG TAB DOSE PACK	8	21.00	5.81	0.41360	26%-50% Below	Yes	No
00603533715	PREDNISONE 5 MG TAB DOSE PACK	9	21.00	5.81	0.36941	10%-25% Below	No	No
00603533715	PREDNISONE 5 MG TAB DOSE PACK	10	21.00	5.81	0.36174	10%-25% Below	No	No
00603533815	PREDNISONE 10 MG TAB DOSE PACK	8	21.00	10.04	0.54919	10%-25% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00603533815	PREDNISONE 10 MG TAB DOSE PACK	9	21.00	10.04	0.56180	10%-25% Below	Yes	No
00603533815	PREDNISONE 10 MG TAB DOSE PACK	11	21.00	10.04	0.33044	26%-50% Above	No	No
00603533815	PREDNISONE 10 MG TAB DOSE PACK	11	21.00	10.04	0.33044	26%-50% Above	Yes	No
00603533815	PREDNISONE 10 MG TAB DOSE PACK	12	21.00	10.04	0.40151	10%-25% Above	No	No
00603533832	PREDNISONE 10 MG TABLET	11	21.00	2.33	0.04042	101%-200% Above	No	No
00603533932	PREDNISONE 20 MG TABLET	10	10.00	1.18	0.08070	26%-50% Above	No	No
00603533932	PREDNISONE 20 MG TABLET	11	5.00	0.59	0.06386	76%-100% Above	Yes	No
00603533932	PREDNISONE 20 MG TABLET	12	10.00	1.18	0.07170	51%-75% Above	No	No
00641614501	DEXAMETH PHO INJ 4MG/ML	10	30.00	19.84	.		No	No
00641614501	DEXAMETH PHO INJ 4MG/ML	11	25.00	16.53	.		No	No
00713022515	TRIAMCINOLONE 0.1% CREAM	8	45.00	5.40	0.15420	10%-25% Below	No	No
00713022680	TRIAMCINOLONE 0.025% CREAM	11	80.00	5.76	0.04256	51%-75% Above	No	No
00713022815	TRIAMCINOLONE 0.1% OINTMENT	8	30.00	1.35	0.13285	51%-75% Below	No	No
00713022815	TRIAMCINOLONE 0.1% OINTMENT	9	30.00	1.24	0.13467	51%-75% Below	No	No
00713022915	TRIAMCINOLONE 0.025% OINT	10	15.00	0.85	0.25077	76%-100% Below	No	No
00713050312	ANUCORT-HC SUP 25MG	11	10.00	129.09	.		No	No
00713050312	ANUCORT-HC SUP 25MG	11	12.00	154.90	.		No	No
00713050312	ANUCORT-HC SUP 25MG	11	24.00	309.81	.		No	No
00713050312	ANUCORT-HC SUP 25MG	12	24.00	309.81	.		No	No
00713050324	ANUCORT-HC SUP 25MG	11	12.00	92.38	.		No	No
00713055273	TERCONAZOLE 80 MG SUPPOSITORY	9	3.00	36.68	16.27600	10%-25% Below	No	No
00713055273	TERCONAZOLE 80 MG SUPPOSITORY	11	3.00	36.68	16.20117	10%-25% Below	No	No
00713057571	METRONIDAZOLE VAGINAL 0.75% GL	9	70.00	52.26	0.28378	101%-200% Above	No	No
00713063215	FLUTICASONE PROP 0.005% OINT	8	15.00	25.29	0.56422	101%-200% Above	Yes	No
00713063337	METRONIDAZOLE 0.75% CREAM	11	45.00	50.70	0.21836	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00713063415	MOMETASONE FUROATE 0.1% CREAM	11	15.00	6.44	0.35092	10%-25% Above	Yes	No
00713063437	MOMETASONE FUROATE 0.1% CREAM	10	45.00	16.46	0.30885	10%-25% Above	No	No
00713063515	MOMETASONE FUROATE 0.1% OINT	10	30.00	15.26	0.30886	51%-75% Above	No	No
00713063515	MOMETASONE FUROATE 0.1% OINT	12	30.00	15.26	0.34575	26%-50% Above	No	No
00713063737	METRONIDAZOLE TOPICAL 0.75% GL	9	45.00	45.21	0.37276	101%-200% Above	No	No
00713063737	METRONIDAZOLE TOPICAL 0.75% GL	11	45.00	45.21	0.35987	101%-200% Above	No	No
00713063737	METRONIDAZOLE TOPICAL 0.75% GL	12	45.00	45.21	0.37991	101%-200% Above	No	No
00713065660	CLOBETASOL 0.05% OINTMENT	10	60.00	171.63	0.15127	200% Above	No	No
00713067815	NYSTATIN 100,000 UNIT/GM CREAM	11	15.00	7.49	0.18778	101%-200% Above	No	No
00713067831	NYSTATIN 100,000 UNIT/GM CREAM	8	30.00	12.41	0.16150	101%-200% Above	No	No
00713067831	NYSTATIN 100,000 UNIT/GM CREAM	9	30.00	12.65	0.15212	101%-200% Above	No	No
00713067831	NYSTATIN 100,000 UNIT/GM CREAM	11	30.00	12.65	0.13664	200% Above	No	No
00713093681	COLESEVELAM 625 MG TABLET	8	180.00	236.38	0.23289	200% Above	No	No
00713093681	COLESEVELAM 625 MG TABLET	9	60.00	80.30	0.24115	200% Above	No	No
00713093681	COLESEVELAM 625 MG TABLET	9	180.00	240.91	0.24115	200% Above	No	No
00713093681	COLESEVELAM 625 MG TABLET	10	60.00	80.30	0.23001	200% Above	No	No
00713093681	COLESEVELAM 625 MG TABLET	10	180.00	240.91	0.23001	200% Above	No	No
00713093681	COLESEVELAM 625 MG TABLET	11	30.00	40.15	0.19503	200% Above	No	No
00713093681	COLESEVELAM 625 MG TABLET	11	60.00	80.30	0.19503	200% Above	No	No
00713093681	COLESEVELAM 625 MG TABLET	11	180.00	240.91	0.19503	200% Above	No	No
00713093681	COLESEVELAM 625 MG TABLET	12	60.00	80.30	0.21673	200% Above	No	No
00713093681	COLESEVELAM 625 MG TABLET	12	90.00	120.46	0.21673	200% Above	No	No
00781106110	ALPRAZOLAM 0.25 MG TABLET	8	6.00	0.08	0.02369	26%-50% Below	No	No
00781106110	ALPRAZOLAM 0.25 MG TABLET	12	60.00	0.75	0.02002	26%-50% Below	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	8	10.00	0.11	0.02338	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00781107710	ALPRAZOLAM 0.5 MG TABLET	8	45.00	0.48	0.02338	51%-75% Below	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	8	90.00	0.95	0.02338	51%-75% Below	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	9	30.00	0.32	0.02477	51%-75% Below	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	9	90.00	0.95	0.02477	51%-75% Below	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	10	30.00	0.32	0.02342	51%-75% Below	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	10	90.00	0.95	0.02342	51%-75% Below	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	11	30.00	0.32	0.01867	26%-50% Below	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	11	90.00	0.95	0.01867	26%-50% Below	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	12	30.00	0.32	0.02038	26%-50% Below	No	No
00781107901	ALPRAZOLAM 1 MG TABLET	8	30.00	0.35	0.02722	51%-75% Below	No	No
00781107905	ALPRAZOLAM 1 MG TABLET	8	60.00	0.70	0.02722	51%-75% Below	Yes	No
00781107905	ALPRAZOLAM 1 MG TABLET	9	45.00	0.52	0.02913	51%-75% Below	Yes	No
00781107905	ALPRAZOLAM 1 MG TABLET	9	60.00	0.70	0.02913	51%-75% Below	Yes	No
00781107905	ALPRAZOLAM 1 MG TABLET	9	90.00	1.04	0.02913	51%-75% Below	No	No
00781107905	ALPRAZOLAM 1 MG TABLET	9	90.00	1.04	0.02913	51%-75% Below	Yes	No
00781107905	ALPRAZOLAM 1 MG TABLET	10	30.00	0.35	0.02762	51%-75% Below	Yes	No
00781107905	ALPRAZOLAM 1 MG TABLET	10	60.00	0.70	0.02762	51%-75% Below	Yes	No
00781107905	ALPRAZOLAM 1 MG TABLET	10	90.00	1.04	0.02762	51%-75% Below	No	No
00781107905	ALPRAZOLAM 1 MG TABLET	10	90.00	1.04	0.02762	51%-75% Below	Yes	No
00781107905	ALPRAZOLAM 1 MG TABLET	11	30.00	0.35	0.02224	26%-50% Below	Yes	No
00781107905	ALPRAZOLAM 1 MG TABLET	11	60.00	0.70	0.02224	26%-50% Below	Yes	No
00781107905	ALPRAZOLAM 1 MG TABLET	11	90.00	1.04	0.02224	26%-50% Below	Yes	No
00781107905	ALPRAZOLAM 1 MG TABLET	12	60.00	0.70	0.02389	51%-75% Below	Yes	No
00781107905	ALPRAZOLAM 1 MG TABLET	12	90.00	1.04	0.02389	51%-75% Below	Yes	No
00781108901	ALPRAZOLAM 2 MG TABLET	10	60.00	1.67	0.04854	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00781108901	ALPRAZOLAM 2 MG TABLET	11	60.00	1.67	0.04002	26%-50% Below	No	No
00781183120	AMOX-CLAV 500-125 MG TABLET	9	14.00	3.49	0.32486	10%-25% Below	No	No
00781185220	AMOX-CLAV 875-125 MG TABLET	8	14.00	3.18	0.28836	10%-25% Below	No	No
00781207401	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG CP	9	90.00	13.49	0.12009	10%-25% Above	No	No
00781207401	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG CP	11	90.00	13.49	0.09042	51%-75% Above	No	No
00781207401	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG CP	12	90.00	13.49	0.10182	26%-50% Above	No	No
00781214501	AMPICILLIN 500 MG CAPSULE	11	30.00	11.07	0.43827	10%-25% Below	No	No
00781223410	OMEPRAZOLE DR 40 MG CAPSULE	8	90.00	6.04	0.05154	26%-50% Above	No	No
00781223410	OMEPRAZOLE DR 40 MG CAPSULE	11	90.00	6.04	0.04298	51%-75% Above	No	No
00781232901	DEXTROAMP-AMPHET ER 5 MG CAP	11	15.00	52.42	0.58063	200% Above	No	No
00781235201	DEXTROAMP-AMPHET ER 20 MG CAP	11	30.00	104.85	0.57443	200% Above	No	No
00781236201	METHYLPHENIDATE ER(LA) 20 MG CP	9	30.00	68.20	3.15794	26%-50% Below	No	No
00781236201	METHYLPHENIDATE ER(LA) 20 MG CP	11	30.00	68.20	1.72798	26%-50% Above	No	No
00781236401	METHYLPHENIDATE ER(LA) 40 MG CP	9	30.00	68.16	2.92359	10%-25% Below	No	No
00781236401	METHYLPHENIDATE ER(LA) 40 MG CP	10	30.00	68.16	2.72215	10%-25% Below	No	No
00781261301	AMOXICILLIN 500 MG CAPSULE	10	15.00	0.69	0.09989	51%-75% Below	No	No
00781261301	AMOXICILLIN 500 MG CAPSULE	10	20.00	0.92	0.09989	51%-75% Below	No	No
00781261301	AMOXICILLIN 500 MG CAPSULE	10	30.00	1.37	0.09989	51%-75% Below	No	No
00781261301	AMOXICILLIN 500 MG CAPSULE	12	30.00	1.37	0.08279	26%-50% Below	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	8	20.00	0.92	0.09837	51%-75% Below	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	9	4.00	0.18	0.09954	51%-75% Below	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	9	14.00	0.64	0.09954	51%-75% Below	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	10	21.00	0.96	0.09989	51%-75% Below	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	11	12.00	1.08	0.07085	26%-50% Above	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	11	20.00	0.92	0.07085	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00781261305	AMOXICILLIN 500 MG CAPSULE	11	21.00	0.96	0.07085	26%-50% Below	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	11	30.00	1.37	0.07085	26%-50% Below	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	11	56.00	2.56	0.07085	26%-50% Below	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	12	15.00	0.69	0.08279	26%-50% Below	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	12	21.00	0.96	0.08279	26%-50% Below	No	No
00781286810	OMEPRAZOLE DR 20 MG CAPSULE	9	90.00	3.41	0.03431	10%-25% Above	No	No
00781286810	OMEPRAZOLE DR 20 MG CAPSULE	12	90.00	3.41	0.03019	10%-25% Above	No	No
00781506120	AMOXICILLIN 875 MG TABLET	8	20.00	2.03	0.17832	26%-50% Below	No	No
00781520992	VALACYCLOVIR TAB 1GM	8	21.00	9.90	.		No	No
00781528464	CETIRIZINE HCL 10 MG CHEW TAB	10	90.00	275.17	2.37705	26%-50% Above	No	No
00781531710	ZOLPIDEM TARTRATE 5 MG TABLET	8	30.00	0.80	0.03538	10%-25% Below	No	No
00781531710	ZOLPIDEM TARTRATE 5 MG TABLET	8	30.00	0.81	0.03538	10%-25% Below	No	No
00781531710	ZOLPIDEM TARTRATE 5 MG TABLET	9	30.00	0.81	0.03696	26%-50% Below	No	No
00781531710	ZOLPIDEM TARTRATE 5 MG TABLET	10	30.00	0.81	0.03354	10%-25% Below	No	No
00781604146	AMOXICILLIN 250 MG/5 ML SUSP	8	100.00	3.47	0.02678	26%-50% Above	No	No
00781613957	AMOX-CLAV 600-42.9 MG/5 ML SUS	11	75.00	4.01	0.07242	26%-50% Below	No	No
00781615752	AMOXICILLIN 400 MG/5 ML SUSP	9	100.00	5.59	0.04769	10%-25% Above	No	No
00781615752	AMOXICILLIN 400 MG/5 ML SUSP	11	250.00	13.97	0.04008	26%-50% Above	Yes	No
00781618667	CIPROFLOX-DEXAMETH OTIC SUSP	8	7.50	61.65	14.56952	26%-50% Below	No	No
00781618667	CIPROFLOX-DEXAMETH OTIC SUSP	8	7.50	75.15	14.56952	26%-50% Below	No	No
00781713354	ESTRADIOL 0.05 MG PATCH (1/WK)	10	12.00	97.32	12.13753	26%-50% Below	Yes	No
00781713883	ESTRADIOL 0.0375 MG PATCH(2/WK)	9	24.00	118.71	7.91407	26%-50% Below	Yes	No
00781714483	ESTRADIOL 0.05 MG PATCH (2/WK)	9	24.00	124.27	6.59970	10%-25% Below	Yes	No
00781714483	ESTRADIOL 0.05 MG PATCH (2/WK)	12	24.00	124.27	5.98844	10%-25% Below	Yes	No
00781716783	ESTRADIOL 0.1 MG PATCH (2/WK)	8	24.00	135.11	6.57853	10%-25% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00781716783	ESTRADIOL 0.1 MG PATCH (2/WK)	11	24.00	135.11	5.01515	10%-25% Above	Yes	No
00781717250	AZELAIC ACID 15% GEL	9	50.00	16.03	0.71594	51%-75% Below	Yes	No
00781717250	AZELAIC ACID 15% GEL	10	50.00	16.03	0.69811	51%-75% Below	No	No
00781717250	AZELAIC ACID 15% GEL	11	50.00	16.03	0.43222	10%-25% Below	Yes	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	8	6.70	7.66	2.81588	51%-75% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	9	6.70	7.66	2.78457	51%-75% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	10	6.70	7.66	2.61978	51%-75% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	11	6.70	7.66	2.04805	26%-50% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	12	6.70	7.66	2.36448	51%-75% Below	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	8	6.00	1.25	0.35296	26%-50% Below	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	9	6.00	1.25	0.39593	26%-50% Below	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	10	6.00	1.25	0.39779	26%-50% Below	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	11	1.00	0.21	0.25633	10%-25% Below	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	11	6.00	1.25	0.25633	10%-25% Below	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	12	6.00	1.25	0.32433	26%-50% Below	No	No
00832046560	NYAMYC 100,000 UNIT/GM POWDER	12	60.00	9.05	0.23849	26%-50% Below	No	No
00832054111	BUMETANIDE 1 MG TABLET	11	30.00	13.29	0.12470	200% Above	Yes	No
00832105410	BACLOFEN 10 MG TABLET	8	180.00	3.08	0.03909	51%-75% Below	Yes	No
00832105410	BACLOFEN 10 MG TABLET	11	180.00	3.08	0.03184	26%-50% Below	Yes	No
00832105410	BACLOFEN 10 MG TABLET	12	15.00	0.26	0.03422	26%-50% Below	Yes	No
00832142505	BRIMONIDINE-TIMOLOL 0.2%-0.5%	10	15.00	173.88	6.94995	51%-75% Above	No	No
00832142515	BRIMONIDINE-TIMOLOL 0.2%-0.5%	9	15.00	153.70	12.60770	10%-25% Below	No	No
00832142515	BRIMONIDINE-TIMOLOL 0.2%-0.5%	11	15.00	153.70	7.96183	26%-50% Above	No	No
00832152011	HALOPERIDOL 1 MG TABLET	11	60.00	5.47	0.13457	26%-50% Below	Yes	No
00832152011	HALOPERIDOL 1 MG TABLET	12	60.00	5.47	0.14588	26%-50% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00832532311	POTASSIUM CL ER 10 MEQ TABLET	8	30.00	1.53	0.12497	51%-75% Below	No	No
00832532311	POTASSIUM CL ER 10 MEQ TABLET	10	180.00	9.16	0.11624	51%-75% Below	No	No
00832532311	POTASSIUM CL ER 10 MEQ TABLET	10	360.00	18.32	0.11624	51%-75% Below	No	No
00832532311	POTASSIUM CL ER 10 MEQ TABLET	11	30.00	1.53	0.08940	26%-50% Below	No	No
00832532311	POTASSIUM CL ER 10 MEQ TABLET	11	45.00	2.29	0.08940	26%-50% Below	No	No
00832532311	POTASSIUM CL ER 10 MEQ TABLET	12	180.00	9.16	0.10167	26%-50% Below	No	No
00832532410	POTASSIUM CL ER 10 MEQ TABLET	10	30.00	4.51	0.13076	10%-25% Above	No	No
00832532410	POTASSIUM CL ER 10 MEQ TABLET	11	90.00	13.54	0.09507	51%-75% Above	No	No
00832532411	POTASSIUM CL ER 10 MEQ TABLET	9	90.00	13.54	0.13467	10%-25% Above	No	No
00832532411	POTASSIUM CL ER 10 MEQ TABLET	11	90.00	13.54	0.09507	51%-75% Above	No	No
00832532411	POTASSIUM CL ER 10 MEQ TABLET	12	90.00	13.54	0.10991	26%-50% Above	No	No
00832532510	POTASSIUM CL ER 20 MEQ TABLET	9	30.00	3.43	0.14828	10%-25% Below	No	No
00832532510	POTASSIUM CL ER 20 MEQ TABLET	10	30.00	3.43	0.14095	10%-25% Below	No	No
00832532510	POTASSIUM CL ER 20 MEQ TABLET	11	120.00	13.72	0.16035	26%-50% Below	No	No
00832532510	POTASSIUM CL ER 20 MEQ TABLET	12	120.00	13.72	0.14755	10%-25% Below	No	No
00832532511	POTASSIUM CL ER 20 MEQ TABLET	9	6.00	0.69	0.14828	10%-25% Below	No	No
00832532511	POTASSIUM CL ER 20 MEQ TABLET	10	90.00	10.29	0.14095	10%-25% Below	No	No
00832532515	POTASSIUM CL ER 20 MEQ TABLET	11	180.00	20.57	0.16035	26%-50% Below	No	No
00832603212	FLUOXETINE 20 MG/5 ML SOLUTION	8	38.00	7.80	0.25319	10%-25% Below	No	No
00832603212	FLUOXETINE 20 MG/5 ML SOLUTION	9	38.00	7.80	0.23818	10%-25% Below	No	No
00832603212	FLUOXETINE 20 MG/5 ML SOLUTION	10	38.00	7.80	0.23080	10%-25% Below	No	No
00832605211	DICYCLOMINE 20 MG TABLET	9	20.00	2.35	0.10186	10%-25% Above	No	No
00832605310	DICYCLOMINE 10 MG CAPSULE	10	60.00	4.36	0.09122	10%-25% Below	No	No
00832605310	DICYCLOMINE 10 MG CAPSULE	10	90.00	6.54	0.09122	10%-25% Below	No	No
00832605311	DICYCLOMINE 10 MG CAPSULE	10	20.00	1.45	0.09122	10%-25% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00832605311	DICYCLOMINE 10 MG CAPSULE	12	15.00	1.09	0.08082	10%-25% Below	No	No
00832607211	METHIMAZOLE 5 MG TABLET	11	90.00	13.78	0.06614	101%-200% Above	Yes	No
00832830330	ISOTRETINOIN 30 MG CAPSULE	9	60.00	64.39	2.79427	51%-75% Below	No	No
00832830330	ISOTRETINOIN 30 MG CAPSULE	10	30.00	32.20	2.60863	51%-75% Below	No	No
00832830330	ISOTRETINOIN 30 MG CAPSULE	11	60.00	64.39	1.96754	26%-50% Below	No	No
00832830330	ISOTRETINOIN 30 MG CAPSULE	12	60.00	64.39	2.25233	51%-75% Below	No	No
00904404073	ASPIRIN 81 MG CHEWABLE TABLET	10	90.00	1.40	0.02467	26%-50% Below	No	No
00904404073	ASPIRIN 81 MG CHEWABLE TABLET	11	90.00	1.40	0.02289	26%-50% Below	Yes	No
00904671740	CETIRIZINE HCL 10 MG TABLET	10	10.00	0.25	0.06288	51%-75% Below	No	No
00904671741	CETIRIZINE HCL 10 MG TABLET	10	30.00	1.16	0.06288	26%-50% Below	No	No
00904671760	CETIRIZINE HCL 10 MG TABLET	9	90.00	2.74	0.06437	51%-75% Below	No	No
00904671772	CETIRIZINE HCL 10 MG TABLET	9	30.00	1.16	0.06437	26%-50% Below	No	No
00904671772	CETIRIZINE HCL 10 MG TABLET	10	30.00	1.16	0.06288	26%-50% Below	No	No
00904671772	CETIRIZINE HCL 10 MG TABLET	11	30.00	1.16	0.06069	26%-50% Below	No	No
00904671772	CETIRIZINE HCL 10 MG TABLET	12	30.00	1.16	0.06035	26%-50% Below	No	No
00904671786	CETIRIZINE HCL 10 MG TABLET	4	90.00	3.47	0.05967	26%-50% Below	No	No
00904671786	CETIRIZINE HCL 10 MG TABLET	8	90.00	3.47	0.06691	26%-50% Below	No	No
00904675180	ASPIRIN EC 81 MG TABLET	11	90.00	0.53	0.01244	51%-75% Below	No	No
00904676520	CHILD CETIRIZINE HCL 1 MG/ML	10	75.00	2.10	0.03961	26%-50% Below	No	No
00904676720	CHILD LORATADINE 5 MG/5 ML SOL	9	120.00	3.32	0.04159	26%-50% Below	No	No
00904676720	CHILD LORATADINE 5 MG/5 ML SOL	10	125.00	3.46	0.04053	26%-50% Below	No	No
00904705060	FEXOFENADINE HCL 180 MG TABLET	8	30.00	2.81	0.28386	51%-75% Below	No	No
00904705060	FEXOFENADINE HCL 180 MG TABLET	9	90.00	8.43	0.26347	51%-75% Below	No	No
00904705060	FEXOFENADINE HCL 180 MG TABLET	9	90.00	9.61	0.26347	51%-75% Below	No	No
00904705060	FEXOFENADINE HCL 180 MG TABLET	10	30.00	2.81	0.27376	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00904705060	FEXOFENADINE HCL 180 MG TABLET	10	60.00	5.62	0.27376	51%-75% Below	No	No
00904705060	FEXOFENADINE HCL 180 MG TABLET	11	30.00	2.81	0.20794	51%-75% Below	No	No
00904705060	FEXOFENADINE HCL 180 MG TABLET	11	60.00	5.62	0.20794	51%-75% Below	No	No
00904705060	FEXOFENADINE HCL 180 MG TABLET	12	90.00	8.43	0.23198	51%-75% Below	No	No
00904714110	METHOTREXATE 2.5 MG TABLET	10	80.00	58.64	0.17412	200% Above	No	No
00904723860	FISH OIL CAP 1000MG	9	100.00	3.24	.		Yes	No
00904723860	FISH OIL CAP 1000MG	11	100.00	3.24	.		Yes	No
00904728060	DOCUSATE SODIUM 100 MG SOFTGEL	10	60.00	1.08	0.02814	26%-50% Below	No	No
00904759160	FEROSUL TAB 325MG	10	90.00	9.00	.		No	No
00904759180	FEROSUL TAB 325MG	11	90.00	0.23	.		No	No
08214058529	PX LANCETS MIS 33G	10	200.00	7.30	.		No	No
08290309581	BD LUER 3ML SYN 25GX1"	8	2.00	2.82	.		Yes	No
08290309581	BD LUER 3ML SYN 25GX1"	11	2.00	0.00	.		Yes	No
08290320109	BD SHORT NDL PEN 31GX8MM	9	500.00	298.52	.		No	No
08290320109	BD SHORT NDL PEN 31GX8MM	11	500.00	298.52	.		No	No
08290320119	BD PEN NEEDL MIS 31GX5MM	11	100.00	59.00	.		No	No
08290320122	BD PEN NEEDL MIS 32GX4MM	12	100.00	59.00	.		No	No
08290320550	BD PEN NEEDL MIS 32GX4MM	10	100.00	57.47	.		No	No
08290320550	BD PEN NEEDL MIS 32GX4MM	10	100.00	59.70	.		No	No
08290320550	BD PEN NEEDL MIS 32GX4MM	10	300.00	22.92	.		No	No
08290320550	BD PEN NEEDL MIS 32GX4MM	11	100.00	59.48	.		No	No
08290320574	BD NANO 2NDG PEN 32GX4MM	10	360.00	150.96	.		Yes	No
08290320574	BD NANO 2NDG PEN 32GX4MM	11	450.00	188.71	.		Yes	No
08290320749	BD MICRO NDL PEN 32GX6MM	9	200.00	117.99	.		No	No
08290320749	BD MICRO NDL PEN 32GX6MM	10	200.00	117.99	.		No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
08290320749	BD MICRO NDL PEN 32GX6MM	12	200.00	117.99	.		No	No
08290320883	BD PEN NEEDL MIS 32GX4MM	11	100.00	38.47	.		No	No
08290329515	BD AUTOSHLD PEN 30GX3/16	9	300.00	268.83	.		No	No
08373747800	OPTICHAMBER MIS DIAMOND	10	1.00	15.91	.		Yes	No
08373982700	OPTICHAMBER MIS DIA LG	11	1.00	14.40	.		Yes	No
08373996900	INNOSPIRE EL MIS NEBULIZE	10	1.00	79.98	.		No	No
08470058501	UNILET LANCT MIS 33G	11	100.00	2.17	.		No	No
08508300001	OMNIPOD 5 DX KIT INT G7G6	8	1.00	575.29	.		No	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	9	10.00	575.29	.		No	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	9	15.00	859.67	.		No	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	9	30.00	1719.34	.		No	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	9	45.00	2528.44	.		No	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	10	10.00	569.13	.		No	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	10	10.00	575.29	.		No	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	10	30.00	1719.34	.		No	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	10	45.00	2583.25	.		No	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	11	10.00	569.13	.		No	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	11	10.00	575.29	.		No	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	12	10.00	575.29	.		No	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	12	15.00	859.67	.		No	No
08627001601	DEXCOM G6 MIS TRANSMIT	8	1.00	230.08	.		No	No
08627001601	DEXCOM G6 MIS TRANSMIT	8	1.00	233.79	.		Yes	No
08627001601	DEXCOM G6 MIS TRANSMIT	8	1.00	234.68	.		No	No
08627001601	DEXCOM G6 MIS TRANSMIT	9	1.00	235.57	.		No	No
08627001601	DEXCOM G6 MIS TRANSMIT	10	1.00	233.79	.		Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
08627001601	DEXCOM G6 MIS TRANSMIT	10	1.00	234.68	.		No	No
08627001601	DEXCOM G6 MIS TRANSMIT	11	1.00	230.08	.		No	No
08627001601	DEXCOM G6 MIS TRANSMIT	11	1.00	235.07	.		No	No
08627001601	DEXCOM G6 MIS TRANSMIT	12	1.00	233.05	.		No	No
08627001601	DEXCOM G6 MIS TRANSMIT	12	1.00	234.68	.		No	No
08627001601	DEXCOM G6 MIS TRANSMIT	12	1.00	235.57	.		No	No
08627005303	DEXCOM G6 MIS SENSOR	8	3.00	359.93	.		Yes	No
08627005303	DEXCOM G6 MIS SENSOR	9	3.00	361.31	.		No	No
08627005303	DEXCOM G6 MIS SENSOR	9	3.00	362.68	.		No	No
08627005303	DEXCOM G6 MIS SENSOR	9	3.00	364.28	.		No	No
08627005303	DEXCOM G6 MIS SENSOR	9	9.00	1062.66	.		No	No
08627005303	DEXCOM G6 MIS SENSOR	9	9.00	1079.80	.		Yes	No
08627005303	DEXCOM G6 MIS SENSOR	10	3.00	361.31	.		No	No
08627005303	DEXCOM G6 MIS SENSOR	10	3.00	362.68	.		No	No
08627005303	DEXCOM G6 MIS SENSOR	10	9.00	1083.92	.		No	No
08627005303	DEXCOM G6 MIS SENSOR	10	9.00	1085.70	.		No	No
08627005303	DEXCOM G6 MIS SENSOR	11	3.00	361.31	.		No	No
08627005303	DEXCOM G6 MIS SENSOR	11	3.00	362.68	.		No	No
08627005303	DEXCOM G6 MIS SENSOR	11	9.00	1062.66	.		No	No
08627005303	DEXCOM G6 MIS SENSOR	12	3.00	358.79	.		No	No
08627005303	DEXCOM G6 MIS SENSOR	12	3.00	361.31	.		No	No
08627005303	DEXCOM G6 MIS SENSOR	12	3.00	362.68	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	8	3.00	359.93	.		Yes	No
08627007701	DEXCOM G7 MIS SENSOR	8	3.00	361.30	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	8	3.00	361.89	.		No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
08627007701	DEXCOM G7 MIS SENSOR	8	3.00	393.06	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	9	3.00	358.78	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	9	3.00	359.93	.		Yes	No
08627007701	DEXCOM G7 MIS SENSOR	9	3.00	361.30	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	9	3.00	361.89	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	9	3.00	365.64	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	9	3.00	393.06	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	9	9.00	1079.78	.		Yes	No
08627007701	DEXCOM G7 MIS SENSOR	9	9.00	1083.89	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	9	9.00	1088.01	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	9	9.00	1096.92	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	10	3.00	358.78	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	10	3.00	359.93	.		Yes	No
08627007701	DEXCOM G7 MIS SENSOR	10	3.00	361.30	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	10	3.00	361.89	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	10	3.00	365.64	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	10	3.00	393.06	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	10	9.00	1062.64	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	10	9.00	1074.30	.		Yes	No
08627007701	DEXCOM G7 MIS SENSOR	10	9.00	1076.35	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	10	9.00	1079.78	.		Yes	No
08627007701	DEXCOM G7 MIS SENSOR	10	9.00	1092.81	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	11	3.00	358.78	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	11	3.00	359.93	.		Yes	No
08627007701	DEXCOM G7 MIS SENSOR	11	3.00	361.30	.		No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
08627007701	DEXCOM G7 MIS SENSOR	11	3.00	361.89	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	11	3.00	364.27	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	11	3.00	365.64	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	11	3.00	393.06	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	11	6.00	719.85	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	11	9.00	1074.30	.		Yes	No
08627007701	DEXCOM G7 MIS SENSOR	11	9.00	1088.01	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	12	3.00	358.78	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	12	3.00	361.30	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	12	3.00	361.89	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	12	3.00	364.27	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	12	9.00	1079.78	.		Yes	No
08627007801	DEXCOM G7 MIS RECEIVER	11	1.00	294.33	.		No	No
08627007801	DEXCOM G7 MIS RECEIVER	11	1.00	297.88	.		No	No
08627009111	DEXCOM G6 MIS RECEIVER	10	1.00	360.67	.		No	No
10135072962	ASPIRIN TAB 81MG EC	10	90.00	0.59	.		No	No
10135076430	DOXEPIN TAB 6MG	10	30.00	71.25	.		No	No
10135076430	DOXEPIN TAB 6MG	11	30.00	71.25	.		No	No
10135077805	PREDNISONE TAB 20MG	11	10.00	0.77	.		No	No
10135078790	EZETIMIBE TAB 10MG	10	90.00	6.26	.		No	No
10370036711	TOPIRAMATE ER 100 MG CAPSULE	8	30.00	299.08	16.57006	26%-50% Below	No	No
10572001201	SOD SUL-POTASS SUL-MAG SUL SOL	8	354.00	43.33	0.18447	26%-50% Below	No	No
10572001201	SOD SUL-POTASS SUL-MAG SUL SOL	9	354.00	38.16	0.18884	26%-50% Below	No	No
10572001201	SOD SUL-POTASS SUL-MAG SUL SOL	11	354.00	38.16	0.15182	26%-50% Below	No	No
10572010001	PEG-3350 AND ELECTROLYTES SOLN	9	4000.00	12.80	0.00469	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
10702000301	PROMETHAZINE 25 MG TABLET	10	12.00	0.31	0.04881	26%-50% Below	No	No
10702000310	PROMETHAZINE 25 MG TABLET	9	30.00	0.78	0.04820	26%-50% Below	No	No
10702000310	PROMETHAZINE 25 MG TABLET	9	30.00	0.86	0.04910	26%-50% Below	No	No
10702000310	PROMETHAZINE 25 MG TABLET	10	60.00	1.57	0.04881	26%-50% Below	No	No
10702000350	PROMETHAZINE 25 MG TABLET	12	20.00	0.52	0.03896	26%-50% Below	No	No
10702001801	OXYCODONE HCL (IR) 5 MG TABLET	8	20.00	0.96	0.09554	26%-50% Below	Yes	No
10702001801	OXYCODONE HCL (IR) 5 MG TABLET	9	20.00	0.96	0.10599	51%-75% Below	Yes	No
10702001801	OXYCODONE HCL (IR) 5 MG TABLET	11	20.00	0.96	0.08144	26%-50% Below	No	No
10702001801	OXYCODONE HCL (IR) 5 MG TABLET	11	30.00	1.44	0.08144	26%-50% Below	No	No
10702001801	OXYCODONE HCL (IR) 5 MG TABLET	11	30.00	1.44	0.08144	26%-50% Below	Yes	No
10702001850	OXYCODONE HCL (IR) 5 MG TABLET	10	120.00	5.77	0.10060	51%-75% Below	No	No
10702001850	OXYCODONE HCL (IR) 5 MG TABLET	11	120.00	5.77	0.08144	26%-50% Below	No	No
10702002501	PHENTERMINE 37.5 MG TABLET	8	30.00	3.81	0.08222	51%-75% Above	No	No
10702002501	PHENTERMINE 37.5 MG TABLET	10	30.00	3.81	0.07624	51%-75% Above	No	No
10702002501	PHENTERMINE 37.5 MG TABLET	10	30.00	11.82	0.07624	200% Above	Yes	No
10702002501	PHENTERMINE 37.5 MG TABLET	11	30.00	3.81	0.04938	101%-200% Above	No	No
10702005601	OXYCODONE HCL (IR) 10 MG TAB	8	120.00	8.45	0.16224	51%-75% Below	No	No
10702005601	OXYCODONE HCL (IR) 10 MG TAB	9	120.00	8.45	0.16485	51%-75% Below	No	No
10702005750	OXYCODONE HCL (IR) 20 MG TAB	8	120.00	11.44	0.26002	51%-75% Below	No	No
10702005750	OXYCODONE HCL (IR) 20 MG TAB	9	120.00	11.44	0.27026	51%-75% Below	No	No
10702005750	OXYCODONE HCL (IR) 20 MG TAB	11	120.00	11.44	0.20589	51%-75% Below	No	No
10702010001	METHYLPHENIDATE 5 MG TABLET	9	60.00	16.61	0.13559	101%-200% Above	Yes	No
10702010101	METHYLPHENIDATE 10 MG TABLET	8	30.00	13.09	0.18194	101%-200% Above	Yes	No
10702010101	METHYLPHENIDATE 10 MG TABLET	9	30.00	13.09	0.17854	101%-200% Above	No	No
10702010101	METHYLPHENIDATE 10 MG TABLET	9	30.00	13.09	0.17854	101%-200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
10702010101	METHYLPHENIDATE 10 MG TABLET	10	30.00	13.09	0.17366	101%-200% Above	No	No
10702010101	METHYLPHENIDATE 10 MG TABLET	10	30.00	13.09	0.17366	101%-200% Above	Yes	No
10702010101	METHYLPHENIDATE 10 MG TABLET	11	90.00	39.26	0.14244	200% Above	Yes	No
10702010601	DEXMETHYLPHENIDATE 2.5 MG TAB	8	60.00	7.20	0.14989	10%-25% Below	Yes	No
10702010601	DEXMETHYLPHENIDATE 2.5 MG TAB	11	30.00	2.77	0.17361	26%-50% Below	No	No
10702010701	DEXMETHYLPHENIDATE 5 MG TAB	9	14.00	1.87	0.27035	26%-50% Below	Yes	No
10702010701	DEXMETHYLPHENIDATE 5 MG TAB	9	30.00	4.01	0.27035	26%-50% Below	No	No
10702018501	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	11	20.00	1.23	0.12160	26%-50% Below	No	No
10702018950	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	9	16.00	1.18	0.13715	26%-50% Below	No	No
10702019001	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	11	10.00	0.74	0.15186	51%-75% Below	No	No
10702025350	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	8	10.00	0.79	0.16119	26%-50% Below	Yes	No
10702025350	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	9	30.00	2.37	0.16638	51%-75% Below	Yes	No
10702025350	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	9	40.00	3.16	0.16638	51%-75% Below	No	No
10702025350	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	9	72.00	5.68	0.16638	51%-75% Below	Yes	No
10702025350	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	10	30.00	2.37	0.16553	51%-75% Below	No	No
10702025350	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	10	40.00	3.16	0.16553	51%-75% Below	No	No
10702025350	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	10	72.00	5.68	0.16553	51%-75% Below	Yes	No
10702025350	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	11	40.00	3.16	0.11121	26%-50% Below	No	No
11527074534	SOD FLUORIDE ENAM PROT 5000PPM	10	100.00	9.01	0.11572	10%-25% Below	No	No
11534016503	FOLIC ACID 1 MG TABLET	8	30.00	0.36	0.02343	26%-50% Below	No	No
11534016503	FOLIC ACID 1 MG TABLET	9	30.00	0.36	0.02221	26%-50% Below	No	No
11534016503	FOLIC ACID 1 MG TABLET	10	30.00	0.36	0.02434	26%-50% Below	No	No
11534016503	FOLIC ACID 1 MG TABLET	10	90.00	1.08	0.02434	26%-50% Below	No	No
11534016503	FOLIC ACID 1 MG TABLET	11	30.00	0.36	0.01730	26%-50% Below	No	No
11534016503	FOLIC ACID 1 MG TABLET	11	90.00	1.08	0.01730	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
11534016503	FOLIC ACID 1 MG TABLET	12	30.00	0.36	0.02077	26%-50% Below	No	No
11534019501	DEXTROAMP-AMPHETAMIN 20 MG TAB	10	90.00	20.03	0.34776	26%-50% Below	No	No
11845009661	VITAMIN B-12 SUB 1000MCG	12	90.00	11.53	.		Yes	No
12608003001	ONE TCH 33G LNC DELICAPL	10	200.00	18.80	.		Yes	No
13107000130	MIRTAZAPINE 7.5 MG TABLET	8	30.00	29.48	0.41502	101%-200% Above	No	No
13107000130	MIRTAZAPINE 7.5 MG TABLET	9	30.00	29.48	0.43452	101%-200% Above	No	No
13107000130	MIRTAZAPINE 7.5 MG TABLET	11	30.00	29.48	0.31057	200% Above	No	No
13107000130	MIRTAZAPINE 7.5 MG TABLET	11	180.00	170.17	0.31057	200% Above	Yes	No
13107002005	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	10	90.00	6.63	0.15135	51%-75% Below	No	No
13107002005	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	11	90.00	6.63	0.15186	51%-75% Below	No	No
13107003105	MIRTAZAPINE 15 MG TABLET	11	30.00	4.54	0.05459	101%-200% Above	No	No
13107003134	MIRTAZAPINE 15 MG TABLET	9	30.00	4.54	0.07188	101%-200% Above	No	No
13107003134	MIRTAZAPINE 15 MG TABLET	10	30.00	4.54	0.07443	101%-200% Above	No	No
13107003234	MIRTAZAPINE 45 MG TABLET	8	30.00	8.43	0.13118	101%-200% Above	No	No
13107003234	MIRTAZAPINE 45 MG TABLET	9	30.00	8.43	0.12661	101%-200% Above	No	No
13107003234	MIRTAZAPINE 45 MG TABLET	10	30.00	8.43	0.12027	101%-200% Above	No	No
13107003234	MIRTAZAPINE 45 MG TABLET	11	30.00	8.43	0.09392	101%-200% Above	No	No
13107005999	ACETAMINOPHEN-COD #3 TABLET	9	120.00	16.37	0.26684	26%-50% Below	No	No
13107007301	DEXTROAMP-AMPHETAMIN 20 MG TAB	8	60.00	13.36	0.34010	26%-50% Below	No	No
13107007301	DEXTROAMP-AMPHETAMIN 20 MG TAB	9	60.00	13.36	0.32728	26%-50% Below	No	No
13107007901	TRAZODONE 50 MG TABLET	9	90.00	2.62	0.03509	10%-25% Below	No	No
13107007901	TRAZODONE 50 MG TABLET	10	30.00	0.87	0.03619	10%-25% Below	No	No
13107007901	TRAZODONE 50 MG TABLET	10	90.00	2.62	0.03619	10%-25% Below	No	No
13107008305	LORAZEPAM 0.5 MG TABLET	9	3.00	0.08	0.04364	26%-50% Below	Yes	No
13107008305	LORAZEPAM 0.5 MG TABLET	9	12.00	0.32	0.04364	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
13107008305	LORAZEPAM 0.5 MG TABLET	9	15.00	0.39	0.04364	26%-50% Below	No	No
13107008305	LORAZEPAM 0.5 MG TABLET	9	60.00	1.58	0.04364	26%-50% Below	Yes	No
13107008305	LORAZEPAM 0.5 MG TABLET	9	90.00	2.37	0.04364	26%-50% Below	Yes	No
13107008305	LORAZEPAM 0.5 MG TABLET	11	12.00	0.32	0.03148	10%-25% Below	Yes	No
13107008305	LORAZEPAM 0.5 MG TABLET	11	30.00	0.79	0.03148	10%-25% Below	No	No
13107008305	LORAZEPAM 0.5 MG TABLET	11	60.00	1.58	0.03148	10%-25% Below	Yes	No
13107008405	LORAZEPAM 1 MG TABLET	9	1.00	0.02	0.05249	51%-75% Below	Yes	No
13107008405	LORAZEPAM 1 MG TABLET	10	45.00	1.07	0.05036	51%-75% Below	No	No
13107008405	LORAZEPAM 1 MG TABLET	11	1.00	0.02	0.03406	26%-50% Below	Yes	No
13107008405	LORAZEPAM 1 MG TABLET	11	45.00	1.07	0.03406	26%-50% Below	Yes	No
13107008405	LORAZEPAM 1 MG TABLET	12	1.00	0.02	0.04211	51%-75% Below	Yes	No
13107015430	PAROXETINE HCL 10 MG TABLET	10	30.00	3.37	0.06923	51%-75% Above	No	No
13107015430	PAROXETINE HCL 10 MG TABLET	12	30.00	3.37	0.06204	76%-100% Above	No	No
13107015530	PAROXETINE HCL 20 MG TABLET	8	30.00	4.11	0.07122	76%-100% Above	No	No
13107015530	PAROXETINE HCL 20 MG TABLET	10	90.00	12.33	0.07038	76%-100% Above	No	No
13107015530	PAROXETINE HCL 20 MG TABLET	11	90.00	12.33	0.05972	101%-200% Above	No	No
13107015590	PAROXETINE HCL 20 MG TABLET	10	90.00	11.86	0.07038	76%-100% Above	Yes	No
13107015590	PAROXETINE HCL 20 MG TABLET	10	90.00	12.33	0.07038	76%-100% Above	Yes	No
13107015599	PAROXETINE HCL 20 MG TABLET	8	90.00	12.33	0.07122	76%-100% Above	No	No
13107015599	PAROXETINE HCL 20 MG TABLET	11	90.00	12.33	0.05972	101%-200% Above	No	No
13107015630	PAROXETINE HCL 30 MG TABLET	8	30.00	2.57	0.09928	10%-25% Below	No	No
13107015630	PAROXETINE HCL 30 MG TABLET	11	30.00	2.57	0.07352	10%-25% Above	No	No
13107015730	PAROXETINE HCL 40 MG TABLET	9	90.00	7.65	0.11753	26%-50% Below	No	No
13107015790	PAROXETINE HCL 40 MG TABLET	8	90.00	7.65	0.12909	26%-50% Below	Yes	No
13668000701	ZOLPIDEM TARTRATE 5 MG TABLET	9	5.00	0.14	0.03696	10%-25% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
13668000705	ZOLPIDEM TARTRATE 5 MG TABLET	8	30.00	0.81	0.03538	10%-25% Below	Yes	No
13668000705	ZOLPIDEM TARTRATE 5 MG TABLET	9	30.00	0.81	0.03696	26%-50% Below	Yes	No
13668000705	ZOLPIDEM TARTRATE 5 MG TABLET	10	90.00	2.34	0.03354	10%-25% Below	Yes	No
13668000801	ZOLPIDEM TARTRATE 10 MG TABLET	8	30.00	0.86	0.03871	10%-25% Below	No	No
13668000801	ZOLPIDEM TARTRATE 10 MG TABLET	9	30.00	0.82	0.03918	26%-50% Below	Yes	No
13668000801	ZOLPIDEM TARTRATE 10 MG TABLET	9	30.00	0.86	0.03918	26%-50% Below	No	No
13668000801	ZOLPIDEM TARTRATE 10 MG TABLET	10	30.00	0.82	0.03761	26%-50% Below	Yes	No
13668000801	ZOLPIDEM TARTRATE 10 MG TABLET	10	30.00	0.86	0.03761	10%-25% Below	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	8	30.00	0.86	0.03871	10%-25% Below	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	8	30.00	0.86	0.03871	10%-25% Below	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	9	30.00	0.86	0.03918	26%-50% Below	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	9	90.00	2.57	0.03918	26%-50% Below	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	10	30.00	0.86	0.03761	10%-25% Below	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	10	90.00	2.57	0.03761	10%-25% Below	No	No
13668000810	ZOLPIDEM TARTRATE 10 MG TABLET	8	30.00	0.84	0.03871	26%-50% Below	No	No
13668000810	ZOLPIDEM TARTRATE 10 MG TABLET	8	30.00	0.86	0.03871	10%-25% Below	No	No
13668000810	ZOLPIDEM TARTRATE 10 MG TABLET	9	30.00	0.86	0.03918	26%-50% Below	No	No
13668000810	ZOLPIDEM TARTRATE 10 MG TABLET	10	30.00	0.86	0.03761	10%-25% Below	No	No
13668000810	ZOLPIDEM TARTRATE 10 MG TABLET	10	90.00	2.57	0.03761	10%-25% Below	No	No
13668000901	CITALOPRAM HBR 10 MG TABLET	8	30.00	2.30	0.02461	200% Above	No	No
13668000901	CITALOPRAM HBR 10 MG TABLET	9	90.00	7.04	0.02582	200% Above	No	No
13668000901	CITALOPRAM HBR 10 MG TABLET	10	28.00	2.19	0.02435	200% Above	No	No
13668000901	CITALOPRAM HBR 10 MG TABLET	10	30.00	2.35	0.02435	200% Above	No	No
13668000901	CITALOPRAM HBR 10 MG TABLET	10	90.00	7.04	0.02435	200% Above	No	No
13668000901	CITALOPRAM HBR 10 MG TABLET	11	28.00	2.19	0.02135	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
13668000901	CITALOPRAM HBR 10 MG TABLET	11	30.00	2.35	0.02135	200% Above	No	No
13668000901	CITALOPRAM HBR 10 MG TABLET	11	90.00	7.04	0.02135	200% Above	No	No
13668000901	CITALOPRAM HBR 10 MG TABLET	12	15.00	1.17	0.02243	200% Above	No	No
13668000901	CITALOPRAM HBR 10 MG TABLET	12	30.00	2.35	0.02243	200% Above	No	No
13668000905	CITALOPRAM HBR 10 MG TABLET	9	28.00	2.19	0.02582	200% Above	No	No
13668000905	CITALOPRAM HBR 10 MG TABLET	9	30.00	2.35	0.02582	200% Above	No	No
13668000905	CITALOPRAM HBR 10 MG TABLET	10	30.00	2.35	0.02435	200% Above	No	No
13668000905	CITALOPRAM HBR 10 MG TABLET	10	30.00	2.35	0.02435	200% Above	Yes	No
13668000905	CITALOPRAM HBR 10 MG TABLET	10	90.00	7.04	0.02435	200% Above	No	No
13668000905	CITALOPRAM HBR 10 MG TABLET	12	90.00	7.04	0.02243	200% Above	Yes	No
13668001001	CITALOPRAM HBR 20 MG TABLET	9	30.00	0.65	0.03199	26%-50% Below	No	No
13668001001	CITALOPRAM HBR 20 MG TABLET	11	90.00	1.94	0.02445	10%-25% Below	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	8	30.00	0.63	0.03259	26%-50% Below	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	8	30.00	0.65	0.03259	26%-50% Below	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	8	90.00	1.94	0.03259	26%-50% Below	Yes	No
13668001005	CITALOPRAM HBR 20 MG TABLET	9	30.00	0.65	0.03199	26%-50% Below	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	9	30.00	0.65	0.03199	26%-50% Below	Yes	No
13668001005	CITALOPRAM HBR 20 MG TABLET	9	90.00	1.94	0.03199	26%-50% Below	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	10	30.00	0.65	0.03057	26%-50% Below	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	10	30.00	0.65	0.03057	26%-50% Below	Yes	No
13668001005	CITALOPRAM HBR 20 MG TABLET	10	90.00	1.94	0.03057	26%-50% Below	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	10	90.00	1.94	0.03057	26%-50% Below	Yes	No
13668001005	CITALOPRAM HBR 20 MG TABLET	11	14.00	0.30	0.02445	10%-25% Below	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	11	30.00	0.65	0.02445	10%-25% Below	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	11	30.00	0.65	0.02445	10%-25% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
13668001005	CITALOPRAM HBR 20 MG TABLET	11	90.00	1.94	0.02445	10%-25% Below	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	11	90.00	1.94	0.02445	10%-25% Below	Yes	No
13668001005	CITALOPRAM HBR 20 MG TABLET	12	30.00	0.65	0.02718	10%-25% Below	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	12	30.00	0.65	0.02718	10%-25% Below	Yes	No
13668001005	CITALOPRAM HBR 20 MG TABLET	12	90.00	1.94	0.02718	10%-25% Below	No	No
13668001101	CITALOPRAM HBR 40 MG TABLET	8	30.00	1.65	0.04550	10%-25% Above	No	No
13668001101	CITALOPRAM HBR 40 MG TABLET	8	90.00	5.05	0.04550	10%-25% Above	No	No
13668001101	CITALOPRAM HBR 40 MG TABLET	9	30.00	1.68	0.04627	10%-25% Above	No	No
13668001101	CITALOPRAM HBR 40 MG TABLET	9	90.00	5.05	0.04627	10%-25% Above	No	No
13668001101	CITALOPRAM HBR 40 MG TABLET	10	30.00	1.68	0.04652	10%-25% Above	No	No
13668001101	CITALOPRAM HBR 40 MG TABLET	11	30.00	1.68	0.03552	51%-75% Above	No	No
13668001101	CITALOPRAM HBR 40 MG TABLET	12	90.00	5.05	0.04004	26%-50% Above	No	No
13668001105	CITALOPRAM HBR 40 MG TABLET	8	30.00	1.68	0.04550	10%-25% Above	No	No
13668001105	CITALOPRAM HBR 40 MG TABLET	8	30.00	1.68	0.04550	10%-25% Above	Yes	No
13668001105	CITALOPRAM HBR 40 MG TABLET	8	90.00	5.05	0.04550	10%-25% Above	Yes	No
13668001105	CITALOPRAM HBR 40 MG TABLET	9	30.00	1.68	0.04627	10%-25% Above	No	No
13668001105	CITALOPRAM HBR 40 MG TABLET	9	30.00	1.68	0.04627	10%-25% Above	Yes	No
13668001105	CITALOPRAM HBR 40 MG TABLET	9	90.00	4.86	0.04627	10%-25% Above	Yes	No
13668001105	CITALOPRAM HBR 40 MG TABLET	10	30.00	1.68	0.04652	10%-25% Above	No	No
13668001105	CITALOPRAM HBR 40 MG TABLET	10	30.00	1.68	0.04652	10%-25% Above	Yes	No
13668001105	CITALOPRAM HBR 40 MG TABLET	10	90.00	4.86	0.04652	10%-25% Above	Yes	No
13668001105	CITALOPRAM HBR 40 MG TABLET	10	90.00	5.05	0.04652	10%-25% Above	No	No
13668001105	CITALOPRAM HBR 40 MG TABLET	10	90.00	5.05	0.04652	10%-25% Above	Yes	No
13668001105	CITALOPRAM HBR 40 MG TABLET	11	30.00	1.68	0.03552	51%-75% Above	No	No
13668001105	CITALOPRAM HBR 40 MG TABLET	11	30.00	1.68	0.03552	51%-75% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
13668001105	CITALOPRAM HBR 40 MG TABLET	11	90.00	5.05	0.03552	51%-75% Above	No	No
13668001105	CITALOPRAM HBR 40 MG TABLET	11	90.00	5.05	0.03552	51%-75% Above	Yes	No
13668001105	CITALOPRAM HBR 40 MG TABLET	11	135.00	7.29	0.03552	51%-75% Above	Yes	No
13668001105	CITALOPRAM HBR 40 MG TABLET	12	90.00	4.86	0.04004	26%-50% Above	Yes	No
13668001105	CITALOPRAM HBR 40 MG TABLET	12	90.00	5.05	0.04004	26%-50% Above	Yes	No
13668004501	LAMOTRIGINE 25 MG TABLET	8	180.00	8.82	0.03044	51%-75% Above	Yes	No
13668004501	LAMOTRIGINE 25 MG TABLET	9	360.00	17.64	0.03197	51%-75% Above	Yes	No
13668004501	LAMOTRIGINE 25 MG TABLET	11	180.00	8.82	0.02421	101%-200% Above	Yes	No
13668004701	LAMOTRIGINE 100 MG TABLET	11	60.00	3.46	0.03787	51%-75% Above	Yes	No
13668004801	LAMOTRIGINE 150 MG TABLET	8	180.00	11.02	0.07241	10%-25% Below	Yes	No
13668004801	LAMOTRIGINE 150 MG TABLET	9	30.00	1.84	0.07466	10%-25% Below	Yes	No
13668004801	LAMOTRIGINE 150 MG TABLET	10	30.00	1.84	0.07201	10%-25% Below	Yes	No
13668004801	LAMOTRIGINE 150 MG TABLET	11	30.00	1.84	0.05396	10%-25% Above	Yes	No
13668004801	LAMOTRIGINE 150 MG TABLET	11	180.00	11.02	0.05396	10%-25% Above	Yes	No
13668004960	LAMOTRIGINE 200 MG TABLET	10	30.00	1.70	0.08018	26%-50% Below	Yes	No
13668004960	LAMOTRIGINE 200 MG TABLET	11	25.00	1.41	0.06357	10%-25% Below	Yes	No
13668004960	LAMOTRIGINE 200 MG TABLET	11	30.00	1.70	0.06357	10%-25% Below	Yes	No
13668007990	MONTELUKAST SOD 4 MG TAB CHEW	12	30.00	2.72	0.07059	26%-50% Above	No	No
13668008005	MONTELUKAST SOD 5 MG TAB CHEW	8	30.00	4.18	0.07388	76%-100% Above	Yes	No
13668008030	MONTELUKAST SOD 5 MG TAB CHEW	2	30.00	4.10	0.07690	76%-100% Above	No	No
13668008030	MONTELUKAST SOD 5 MG TAB CHEW	3	30.00	4.10	0.08168	51%-75% Above	No	No
13668008105	MONTELUKAST SOD 10 MG TABLET	10	90.00	7.09	0.06104	26%-50% Above	No	No
13668008190	MONTELUKAST SOD 10 MG TABLET	8	90.00	7.09	0.05683	26%-50% Above	No	No
13668008190	MONTELUKAST SOD 10 MG TABLET	9	90.00	7.09	0.05752	26%-50% Above	No	No
13668009290	PRAMIPEXOLE 0.25 MG TABLET	11	90.00	9.13	0.03642	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
13668009390	PRAMIPEXOLE 0.5 MG TABLET	8	90.00	23.05	0.05443	200% Above	No	No
13668009390	PRAMIPEXOLE 0.5 MG TABLET	9	30.00	2.85	0.05691	51%-75% Above	No	No
13668009390	PRAMIPEXOLE 0.5 MG TABLET	10	30.00	7.68	0.05252	200% Above	No	No
13668009490	PRAMIPEXOLE 1 MG TABLET	10	90.00	12.67	0.07383	76%-100% Above	Yes	No
13668009490	PRAMIPEXOLE 1 MG TABLET	11	90.00	13.17	0.05511	101%-200% Above	No	No
13668010401	ISOSORBIDE MONONIT ER 30 MG TB	10	60.00	8.00	0.07851	51%-75% Above	No	No
13668010401	ISOSORBIDE MONONIT ER 30 MG TB	11	60.00	8.00	0.05820	101%-200% Above	No	No
13668010510	ISOSORBIDE MONONIT ER 60 MG TB	9	90.00	24.98	0.10640	101%-200% Above	Yes	No
13668010510	ISOSORBIDE MONONIT ER 60 MG TB	12	90.00	25.97	0.08737	200% Above	Yes	No
13668013501	ESCITALOPRAM 5 MG TABLET	8	30.00	5.04	0.04607	200% Above	Yes	No
13668013501	ESCITALOPRAM 5 MG TABLET	8	90.00	15.11	0.04607	200% Above	Yes	No
13668013501	ESCITALOPRAM 5 MG TABLET	9	30.00	5.04	0.04616	200% Above	Yes	No
13668013501	ESCITALOPRAM 5 MG TABLET	10	90.00	15.11	0.04506	200% Above	Yes	No
13668013510	ESCITALOPRAM 5 MG TABLET	12	30.00	5.04	0.03726	200% Above	No	No
13668013601	ESCITALOPRAM 10 MG TABLET	8	30.00	2.20	0.04767	51%-75% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	8	90.00	6.60	0.04767	51%-75% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	9	90.00	6.35	0.04904	26%-50% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	9	90.00	6.60	0.04904	26%-50% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	10	30.00	2.20	0.04925	26%-50% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	10	90.00	6.35	0.04925	26%-50% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	10	90.00	6.60	0.04925	26%-50% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	11	30.00	2.20	0.03451	101%-200% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	12	90.00	6.60	0.04069	76%-100% Above	Yes	No
13668013610	ESCITALOPRAM 10 MG TABLET	9	31.00	2.27	0.04904	26%-50% Above	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	12	30.00	2.20	0.04069	76%-100% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
13668013701	ESCITALOPRAM 20 MG TABLET	11	30.00	2.50	0.05483	51%-75% Above	Yes	No
13668013701	ESCITALOPRAM 20 MG TABLET	12	30.00	2.50	0.06471	26%-50% Above	Yes	No
13668013701	ESCITALOPRAM 20 MG TABLET	12	90.00	7.21	0.06471	10%-25% Above	Yes	No
13668013701	ESCITALOPRAM 20 MG TABLET	12	90.00	7.49	0.06471	26%-50% Above	Yes	No
13668013710	ESCITALOPRAM 20 MG TABLET	11	90.00	7.49	0.05483	51%-75% Above	No	No
13668018490	PRAMIPEXOLE 0.75 MG TABLET	8	60.00	3.43	0.08204	26%-50% Below	No	No
13668018490	PRAMIPEXOLE 0.75 MG TABLET	9	60.00	3.43	0.06510	10%-25% Below	No	No
13668018490	PRAMIPEXOLE 0.75 MG TABLET	10	60.00	3.43	0.07995	26%-50% Below	No	No
13668018830	SILDENAFIL 100 MG TABLET	9	18.00	136.38	0.16623	200% Above	No	No
13668018830	SILDENAFIL 100 MG TABLET	12	18.00	136.38	0.12980	200% Above	No	No
13668019030	TOLTERODINE TART ER 4 MG CAP	8	90.00	190.28	0.37477	200% Above	Yes	No
13668019030	TOLTERODINE TART ER 4 MG CAP	10	90.00	190.28	0.35292	200% Above	Yes	No
13668019030	TOLTERODINE TART ER 4 MG CAP	11	90.00	190.28	0.31729	200% Above	Yes	No
13668021690	ARIPIPRAZOLE 2 MG TABLET	9	30.00	117.50	0.13120	200% Above	No	No
13668021690	ARIPIPRAZOLE 2 MG TABLET	10	30.00	117.50	0.12267	200% Above	No	No
13668021730	ARIPIPRAZOLE 5 MG TABLET	9	30.00	117.50	0.11224	200% Above	No	No
13668021790	ARIPIPRAZOLE 5 MG TABLET	11	30.00	117.50	0.08850	200% Above	No	No
13668026805	CARBAMAZEPINE 200 MG TABLET	9	90.00	28.03	0.19769	51%-75% Above	No	No
13668026805	CARBAMAZEPINE 200 MG TABLET	10	90.00	28.03	0.19769	51%-75% Above	No	No
13668033005	TRAZODONE 50 MG TABLET	8	28.00	0.81	0.03489	10%-25% Below	No	No
13668033005	TRAZODONE 50 MG TABLET	8	30.00	0.86	0.03489	10%-25% Below	No	No
13668033005	TRAZODONE 50 MG TABLET	8	30.00	0.87	0.03489	10%-25% Below	No	No
13668033005	TRAZODONE 50 MG TABLET	9	30.00	0.87	0.03509	10%-25% Below	No	No
13668033005	TRAZODONE 50 MG TABLET	10	30.00	0.87	0.03619	10%-25% Below	No	No
13668033101	TRAZODONE 100 MG TABLET	11	30.00	1.91	0.04600	26%-50% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
13668033105	TRAZODONE 100 MG TABLET	11	30.00	1.91	0.04600	26%-50% Above	No	No
13668033105	TRAZODONE 100 MG TABLET	11	60.00	3.81	0.04600	26%-50% Above	No	No
13668033105	TRAZODONE 100 MG TABLET	12	60.00	3.81	0.05221	10%-25% Above	No	No
13668033301	TRAZODONE 300 MG TABLET	8	30.00	56.36	1.25093	26%-50% Above	Yes	No
13668034030	LAMOTRIGINE ER 50 MG TABLET	9	30.00	37.56	0.84218	26%-50% Above	No	No
13668034030	LAMOTRIGINE ER 50 MG TABLET	9	30.00	126.33	0.84218	200% Above	No	No
13668034030	LAMOTRIGINE ER 50 MG TABLET	10	30.00	126.33	0.87202	200% Above	No	No
13668034030	LAMOTRIGINE ER 50 MG TABLET	11	30.00	126.33	0.47304	200% Above	No	No
13668034130	LAMOTRIGINE ER 100 MG TABLET	10	90.00	338.00	0.96227	200% Above	No	No
13668034130	LAMOTRIGINE ER 100 MG TABLET	11	90.00	338.00	0.54181	200% Above	No	No
13668035330	NEBIVOLOL 2.5 MG TABLET	8	90.00	44.90	0.09275	200% Above	Yes	No
13668042905	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.00	2.18	0.05115	26%-50% Above	No	No
13668042905	PANTOPRAZOLE SOD DR 40 MG TAB	9	90.00	6.66	0.05198	26%-50% Above	No	No
13668042905	PANTOPRAZOLE SOD DR 40 MG TAB	10	30.00	2.22	0.05478	26%-50% Above	No	No
13668042905	PANTOPRAZOLE SOD DR 40 MG TAB	10	60.00	4.44	0.05478	26%-50% Above	No	No
13668042905	PANTOPRAZOLE SOD DR 40 MG TAB	11	90.00	6.66	0.03310	101%-200% Above	No	No
13668042905	PANTOPRAZOLE SOD DR 40 MG TAB	12	90.00	6.66	0.04069	76%-100% Above	No	No
13668048201	MINOCYCLINE 50 MG CAPSULE	9	30.00	2.90	0.18958	26%-50% Below	No	No
13668048201	MINOCYCLINE 50 MG CAPSULE	10	90.00	8.71	0.18750	26%-50% Below	No	No
13668048501	MINOCYCLINE HCL 50 MG TABLET	11	90.00	116.81	0.26409	200% Above	No	No
13668056630	TADALAFIL 5 MG TABLET	9	30.00	55.36	0.15675	200% Above	No	No
13668059501	NYSTATIN 100,000 UNIT/GM CREAM	8	15.00	7.49	0.21122	101%-200% Above	Yes	No
13668059502	NYSTATIN 100,000 UNIT/GM CREAM	9	30.00	12.65	0.15212	101%-200% Above	Yes	No
13668059502	NYSTATIN 100,000 UNIT/GM CREAM	10	30.00	12.65	0.15451	101%-200% Above	No	No
13668059502	NYSTATIN 100,000 UNIT/GM CREAM	10	30.00	12.65	0.15451	101%-200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
13668059502	NYSTATIN 100,000 UNIT/GM CREAM	10	60.00	25.30	0.15451	101%-200% Above	No	No
13668059502	NYSTATIN 100,000 UNIT/GM CREAM	11	30.00	12.65	0.13664	200% Above	No	No
13668059502	NYSTATIN 100,000 UNIT/GM CREAM	11	60.00	25.30	0.13664	200% Above	No	No
13668059502	NYSTATIN 100,000 UNIT/GM CREAM	12	30.00	12.65	0.14046	200% Above	Yes	No
13668060730	ERYTHROMYCIN 500 MG TABLET	10	20.00	137.16	2.11957	200% Above	No	No
13668072005	ROSUVASTATIN CALCIUM 5 MG TAB	9	90.00	154.82	0.04144	200% Above	No	No
13668072005	ROSUVASTATIN CALCIUM 5 MG TAB	10	90.00	154.82	0.03931	200% Above	No	No
13668072090	ROSUVASTATIN CALCIUM 5 MG TAB	12	90.00	154.82	0.03621	200% Above	No	No
13668072105	ROSUVASTATIN CALCIUM 10 MG TAB	9	30.00	51.46	0.04583	200% Above	No	No
13668072105	ROSUVASTATIN CALCIUM 10 MG TAB	9	90.00	154.37	0.04583	200% Above	No	No
13668072105	ROSUVASTATIN CALCIUM 10 MG TAB	10	30.00	51.46	0.04305	200% Above	No	No
13668072105	ROSUVASTATIN CALCIUM 10 MG TAB	10	90.00	154.37	0.04305	200% Above	No	No
13668072105	ROSUVASTATIN CALCIUM 10 MG TAB	11	30.00	51.46	0.03593	200% Above	No	No
13668072105	ROSUVASTATIN CALCIUM 10 MG TAB	11	90.00	154.37	0.03593	200% Above	No	No
13668072205	ROSUVASTATIN CALCIUM 20 MG TAB	10	90.00	154.00	0.06305	200% Above	No	No
13811009432	ESTRADIOL 0.1% (1.25 MG) GEL PK	8	37.50	37.11	1.85301	26%-50% Below	No	No
13811009432	ESTRADIOL 0.1% (1.25 MG) GEL PK	9	37.50	37.11	1.70137	26%-50% Below	No	No
13811009432	ESTRADIOL 0.1% (1.25 MG) GEL PK	9	150.00	148.43	1.70137	26%-50% Below	No	No
13811009432	ESTRADIOL 0.1% (1.25 MG) GEL PK	10	37.50	37.11	1.58989	26%-50% Below	No	No
13811009432	ESTRADIOL 0.1% (1.25 MG) GEL PK	11	37.50	37.11	1.44848	26%-50% Below	No	No
13811070610	METHYLPHENIDATE ER 18 MG TAB	9	30.00	159.74	0.82726	200% Above	No	No
13811070610	METHYLPHENIDATE ER 18 MG TAB	9	30.00	159.74	0.82726	200% Above	Yes	No
13811070610	METHYLPHENIDATE ER 18 MG TAB	9	60.00	319.47	0.82726	200% Above	Yes	No
13811070610	METHYLPHENIDATE ER 18 MG TAB	10	20.00	106.49	0.68202	200% Above	No	No
13811070610	METHYLPHENIDATE ER 18 MG TAB	10	30.00	33.18	0.68202	51%-75% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
13811070610	METHYLPHENIDATE ER 18 MG TAB	10	30.00	159.74	0.68202	200% Above	No	No
13811070610	METHYLPHENIDATE ER 18 MG TAB	10	30.00	159.74	0.68202	200% Above	Yes	No
13811070610	METHYLPHENIDATE ER 18 MG TAB	11	4.00	21.30	0.60931	200% Above	Yes	No
13811070610	METHYLPHENIDATE ER 18 MG TAB	11	30.00	159.74	0.60931	200% Above	No	No
13811070610	METHYLPHENIDATE ER 18 MG TAB	11	30.00	159.74	0.60931	200% Above	Yes	No
13811070710	METHYLPHENIDATE ER 27 MG TAB	9	30.00	163.74	0.77541	200% Above	No	No
13811070710	METHYLPHENIDATE ER 27 MG TAB	9	30.00	163.74	0.77541	200% Above	Yes	No
13811070710	METHYLPHENIDATE ER 27 MG TAB	10	30.00	163.74	0.85538	200% Above	No	No
13811070710	METHYLPHENIDATE ER 27 MG TAB	10	30.00	163.74	0.85538	200% Above	Yes	No
13811070710	METHYLPHENIDATE ER 27 MG TAB	10	60.00	327.48	0.85538	200% Above	No	No
13811070710	METHYLPHENIDATE ER 27 MG TAB	11	30.00	163.74	0.61843	200% Above	No	No
13811070710	METHYLPHENIDATE ER 27 MG TAB	11	30.00	163.74	0.61843	200% Above	Yes	No
13811070710	METHYLPHENIDATE ER 27 MG TAB	11	60.00	327.48	0.61843	200% Above	Yes	No
13811070810	METHYLPHENIDATE ER 36 MG TAB	8	30.00	168.90	0.70462	200% Above	No	No
13811070810	METHYLPHENIDATE ER 36 MG TAB	8	60.00	337.79	0.70462	200% Above	No	No
13811070810	METHYLPHENIDATE ER 36 MG TAB	9	30.00	168.90	0.80222	200% Above	No	No
13811070810	METHYLPHENIDATE ER 36 MG TAB	9	30.00	168.90	0.80222	200% Above	Yes	No
13811070810	METHYLPHENIDATE ER 36 MG TAB	9	60.00	337.79	0.80222	200% Above	No	No
13811070810	METHYLPHENIDATE ER 36 MG TAB	10	30.00	168.90	0.70192	200% Above	No	No
13811070810	METHYLPHENIDATE ER 36 MG TAB	10	30.00	168.90	0.70192	200% Above	Yes	No
13811070810	METHYLPHENIDATE ER 36 MG TAB	10	60.00	337.79	0.70192	200% Above	No	No
13811070810	METHYLPHENIDATE ER 36 MG TAB	11	30.00	168.90	0.63374	200% Above	No	No
13811070810	METHYLPHENIDATE ER 36 MG TAB	11	30.00	168.90	0.63374	200% Above	Yes	No
13811070810	METHYLPHENIDATE ER 36 MG TAB	11	60.00	337.79	0.63374	200% Above	No	No
13811070910	METHYLPHENIDATE ER 54 MG TAB	8	30.00	183.77	1.05413	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
13811070910	METHYLPHENIDATE ER 54 MG TAB	8	30.00	183.77	1.05413	200% Above	Yes	No
13811070910	METHYLPHENIDATE ER 54 MG TAB	9	30.00	183.77	0.94875	200% Above	No	No
13811070910	METHYLPHENIDATE ER 54 MG TAB	9	30.00	183.77	0.94875	200% Above	Yes	No
13811070910	METHYLPHENIDATE ER 54 MG TAB	10	30.00	183.77	0.78649	200% Above	No	No
13811070910	METHYLPHENIDATE ER 54 MG TAB	10	30.00	183.77	0.78649	200% Above	Yes	No
13811070910	METHYLPHENIDATE ER 54 MG TAB	11	30.00	183.77	0.70036	200% Above	No	No
13811070910	METHYLPHENIDATE ER 54 MG TAB	11	30.00	183.77	0.70036	200% Above	Yes	No
13811070910	METHYLPHENIDATE ER 54 MG TAB	12	30.00	183.77	0.73064	200% Above	No	No
13811071030	METHYLPHENIDATE ER 72 MG TAB	10	30.00	425.08	15.82050	10%-25% Below	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	8	10.00	6.56	0.50287	26%-50% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	8	14.00	9.01	0.50287	26%-50% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	9	10.00	6.56	0.45600	26%-50% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	10	10.00	6.56	0.34915	76%-100% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	10	14.00	9.18	0.34915	76%-100% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	11	10.00	6.56	0.25614	101%-200% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	11	14.00	9.18	0.25614	101%-200% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	12	10.00	6.56	0.28685	101%-200% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	12	14.00	9.18	0.28685	101%-200% Above	Yes	No
14539067306	DIFLUNISAL 500 MG TABLET	11	10.00	6.84	0.85359	10%-25% Below	Yes	No
14539067405	HYDROXYZINE PAM 25 MG CAP	8	30.00	1.00	0.06333	26%-50% Below	No	No
16500059921	FLINTSTONES CHW IMMUNITY	10	90.00	0.00	.		Yes	No
16571010009	MONTELUKAST SOD 10 MG TABLET	9	90.00	6.82	0.05752	26%-50% Above	Yes	No
16571010009	MONTELUKAST SOD 10 MG TABLET	10	90.00	6.82	0.06104	10%-25% Above	Yes	No
16571010009	MONTELUKAST SOD 10 MG TABLET	11	90.00	6.82	0.04225	76%-100% Above	Yes	No
16571011201	HYDROXYCHLOROQUINE 200 MG TAB	9	60.00	45.05	0.17945	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16571011201	HYDROXYCHLOROQUINE 200 MG TAB	10	60.00	45.05	0.17583	200% Above	No	No
16571011201	HYDROXYCHLOROQUINE 200 MG TAB	11	30.00	22.53	0.13986	200% Above	No	No
16571011401	HYDROXYZINE HCL 25 MG TABLET	9	7.00	0.37	0.04472	10%-25% Above	No	No
16571011401	HYDROXYZINE HCL 25 MG TABLET	10	30.00	1.57	0.04691	10%-25% Above	No	No
16571011401	HYDROXYZINE HCL 25 MG TABLET	11	30.00	1.57	0.03406	51%-75% Above	No	No
16571011401	HYDROXYZINE HCL 25 MG TABLET	11	90.00	4.72	0.03406	51%-75% Above	No	No
16571011401	HYDROXYZINE HCL 25 MG TABLET	12	90.00	4.72	0.03948	26%-50% Above	No	No
16571011410	HYDROXYZINE HCL 25 MG TABLET	8	30.00	1.57	0.04351	10%-25% Above	No	No
16571011410	HYDROXYZINE HCL 25 MG TABLET	10	90.00	4.72	0.04691	10%-25% Above	No	No
16571011450	HYDROXYZINE HCL 25 MG TABLET	11	20.00	1.05	0.03406	51%-75% Above	No	No
16571011450	HYDROXYZINE HCL 25 MG TABLET	11	180.00	9.43	0.03406	51%-75% Above	No	No
16571011450	HYDROXYZINE HCL 25 MG TABLET	12	60.00	3.14	0.03948	26%-50% Above	No	No
16571011501	HYDROXYZINE HCL 50 MG TABLET	8	90.00	25.14	0.07361	200% Above	No	No
16571011501	HYDROXYZINE HCL 50 MG TABLET	9	30.00	8.54	0.07200	200% Above	No	No
16571011501	HYDROXYZINE HCL 50 MG TABLET	10	90.00	25.62	0.06963	200% Above	No	No
16571011701	GABAPENTIN 800 MG TABLET	8	270.00	7.51	0.11425	51%-75% Below	No	No
16571011701	GABAPENTIN 800 MG TABLET	12	270.00	7.51	0.09351	51%-75% Below	No	No
16571012848	CHLORHEXIDINE 0.12% RINSE	8	473.00	2.08	0.00747	26%-50% Below	Yes	No
16571012848	CHLORHEXIDINE 0.12% RINSE	9	473.00	2.08	0.00742	26%-50% Below	No	No
16571012848	CHLORHEXIDINE 0.12% RINSE	9	473.00	2.08	0.00742	26%-50% Below	Yes	No
16571012848	CHLORHEXIDINE 0.12% RINSE	10	473.00	2.08	0.00767	26%-50% Below	No	No
16571012848	CHLORHEXIDINE 0.12% RINSE	10	473.00	2.08	0.00767	26%-50% Below	Yes	No
16571012848	CHLORHEXIDINE 0.12% RINSE	11	473.00	2.08	0.00626	26%-50% Below	No	No
16571012848	CHLORHEXIDINE 0.12% RINSE	11	473.00	2.08	0.00626	26%-50% Below	Yes	No
16571013412	CETIRIZINE HCL 1 MG/ML SYRUP	10	75.00	2.82	0.02191	51%-75% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16571013610	ATORVASTATIN 10 MG TABLET	8	90.00	7.20	0.02937	101%-200% Above	No	No
16571013610	ATORVASTATIN 10 MG TABLET	9	90.00	7.20	0.03016	101%-200% Above	No	No
16571013610	ATORVASTATIN 10 MG TABLET	10	90.00	7.20	0.02960	101%-200% Above	No	No
16571013610	ATORVASTATIN 10 MG TABLET	12	90.00	7.20	0.02573	200% Above	No	No
16571013710	ATORVASTATIN 20 MG TABLET	8	90.00	8.88	0.03985	101%-200% Above	No	No
16571013710	ATORVASTATIN 20 MG TABLET	9	90.00	8.88	0.03661	101%-200% Above	No	No
16571013710	ATORVASTATIN 20 MG TABLET	10	90.00	8.88	0.03564	101%-200% Above	No	No
16571013810	ATORVASTATIN 40 MG TABLET	9	30.00	2.97	0.05122	76%-100% Above	No	No
16571013810	ATORVASTATIN 40 MG TABLET	9	90.00	8.92	0.05122	76%-100% Above	No	No
16571013810	ATORVASTATIN 40 MG TABLET	10	90.00	8.92	0.05228	76%-100% Above	No	No
16571013810	ATORVASTATIN 40 MG TABLET	11	30.00	2.97	0.04382	101%-200% Above	No	No
16571013810	ATORVASTATIN 40 MG TABLET	12	90.00	8.92	0.04678	101%-200% Above	No	No
16571016501	DOXAZOSIN MESYLATE 1 MG TAB	11	30.00	12.13	0.06555	200% Above	No	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	8	30.00	1.74	0.09691	26%-50% Below	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	8	60.00	3.48	0.09691	26%-50% Below	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	8	180.00	10.06	0.09691	26%-50% Below	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	9	60.00	3.48	0.09778	26%-50% Below	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	9	180.00	10.06	0.09778	26%-50% Below	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	9	180.00	10.44	0.09778	26%-50% Below	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	10	30.00	1.74	0.09797	26%-50% Below	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	10	60.00	3.48	0.09797	26%-50% Below	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	10	90.00	5.22	0.09797	26%-50% Below	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	10	180.00	10.06	0.09797	26%-50% Below	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	11	60.00	3.48	0.07204	10%-25% Below	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	11	180.00	10.06	0.07204	10%-25% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16571020106	DICLOFENAC SOD EC 75 MG TAB	11	180.00	10.44	0.07204	10%-25% Below	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	12	10.00	0.58	0.08353	26%-50% Below	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	12	40.00	2.32	0.08353	26%-50% Below	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	12	180.00	10.44	0.08353	26%-50% Below	Yes	No
16571020111	DICLOFENAC SOD EC 75 MG TAB	9	42.00	2.44	0.09778	26%-50% Below	No	No
16571020111	DICLOFENAC SOD EC 75 MG TAB	9	60.00	3.48	0.09778	26%-50% Below	No	No
16571020111	DICLOFENAC SOD EC 75 MG TAB	10	60.00	3.48	0.09797	26%-50% Below	No	No
16571020111	DICLOFENAC SOD EC 75 MG TAB	11	60.00	3.48	0.07204	10%-25% Below	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	8	30.00	1.74	0.09691	26%-50% Below	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	8	40.00	2.32	0.09691	26%-50% Below	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	9	30.00	1.74	0.09778	26%-50% Below	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	9	60.00	3.48	0.09778	26%-50% Below	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	9	180.00	10.44	0.09778	26%-50% Below	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	10	20.00	1.16	0.09797	26%-50% Below	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	10	60.00	3.48	0.09797	26%-50% Below	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	11	60.00	3.48	0.07204	10%-25% Below	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	12	60.00	3.48	0.08353	26%-50% Below	No	No
16571020210	DICLOFENAC SOD EC 50 MG TAB	11	180.00	16.54	0.07047	26%-50% Above	Yes	No
16571022650	GABAPENTIN 600 MG TABLET	11	270.00	5.29	0.06016	51%-75% Below	No	No
16571040110	CETIRIZINE HCL 5 MG TABLET	9	30.00	0.95	0.05300	26%-50% Below	Yes	No
16571040110	CETIRIZINE HCL 5 MG TABLET	11	30.00	0.95	0.03815	10%-25% Below	Yes	No
16571040110	CETIRIZINE HCL 5 MG TABLET	11	90.00	2.84	0.03815	10%-25% Below	No	No
16571040110	CETIRIZINE HCL 5 MG TABLET	12	90.00	2.84	0.04409	26%-50% Below	No	No
16571040210	CETIRIZINE HCL 10 MG TABLET	8	30.00	1.16	0.06691	26%-50% Below	No	No
16571040210	CETIRIZINE HCL 10 MG TABLET	12	30.00	1.16	0.06035	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16571040250	CETIRIZINE HCL 10 MG TABLET	8	30.00	1.16	0.06691	26%-50% Below	No	No
16571040250	CETIRIZINE HCL 10 MG TABLET	8	30.00	1.16	0.06691	26%-50% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	8	90.00	1.76	0.06691	51%-75% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	8	90.00	3.47	0.06691	26%-50% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	9	20.00	0.77	0.06437	26%-50% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	9	30.00	1.16	0.06437	26%-50% Below	No	No
16571040250	CETIRIZINE HCL 10 MG TABLET	9	30.00	1.16	0.06437	26%-50% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	9	90.00	1.76	0.06437	51%-75% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	9	90.00	3.47	0.06437	26%-50% Below	No	No
16571040250	CETIRIZINE HCL 10 MG TABLET	9	90.00	3.47	0.06437	26%-50% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	10	30.00	1.16	0.06288	26%-50% Below	No	No
16571040250	CETIRIZINE HCL 10 MG TABLET	10	30.00	1.16	0.06288	26%-50% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	10	90.00	1.76	0.06288	51%-75% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	10	90.00	3.47	0.06288	26%-50% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	11	15.00	0.58	0.06069	26%-50% Below	No	No
16571040250	CETIRIZINE HCL 10 MG TABLET	11	30.00	1.16	0.06069	26%-50% Below	No	No
16571040250	CETIRIZINE HCL 10 MG TABLET	11	30.00	1.16	0.06069	26%-50% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	11	45.00	1.73	0.06069	26%-50% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	11	90.00	1.76	0.06069	51%-75% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	12	30.00	1.16	0.06035	26%-50% Below	No	No
16571040250	CETIRIZINE HCL 10 MG TABLET	12	30.00	1.16	0.06035	26%-50% Below	Yes	No
16571041110	CIPROFLOXACIN HCL 250 MG TAB	11	14.00	1.41	0.08113	10%-25% Above	Yes	No
16571041210	CIPROFLOXACIN HCL 500 MG TAB	12	10.00	1.55	0.12497	10%-25% Above	No	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	11	3.00	0.46	0.10843	26%-50% Above	Yes	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	11	10.00	1.55	0.10843	26%-50% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16571041250	CIPROFLOXACIN HCL 500 MG TAB	11	60.00	9.29	0.10843	26%-50% Above	Yes	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	12	14.00	2.17	0.12497	10%-25% Above	Yes	No
16571066001	MECLIZINE 12.5 MG TABLET	9	30.00	0.75	0.06026	51%-75% Below	Yes	No
16571066101	MECLIZINE 25 MG TABLET	10	15.00	0.60	0.08872	51%-75% Below	Yes	No
16571066101	MECLIZINE 25 MG TABLET	11	30.00	1.19	0.07054	26%-50% Below	Yes	No
16571066101	MECLIZINE 25 MG TABLET	12	15.00	0.60	0.07745	26%-50% Below	Yes	No
16571066401	METRONIDAZOLE 500 MG TABLET	10	20.00	3.76	0.11262	51%-75% Above	No	No
16571066450	METRONIDAZOLE 500 MG TABLET	8	14.00	2.63	0.11407	51%-75% Above	No	No
16571066450	METRONIDAZOLE 500 MG TABLET	9	4.00	0.75	0.12154	51%-75% Above	No	No
16571066450	METRONIDAZOLE 500 MG TABLET	10	4.00	0.75	0.11262	51%-75% Above	No	No
16571066450	METRONIDAZOLE 500 MG TABLET	10	14.00	2.63	0.11262	51%-75% Above	No	No
16571066450	METRONIDAZOLE 500 MG TABLET	11	14.00	2.63	0.07972	101%-200% Above	No	No
16571069803	LANSOPRAZOLE DR 30 MG CAPSULE	9	30.00	4.22	0.10807	26%-50% Above	No	No
16571069803	LANSOPRAZOLE DR 30 MG CAPSULE	10	30.00	4.22	0.10563	26%-50% Above	No	No
16571069803	LANSOPRAZOLE DR 30 MG CAPSULE	11	30.00	4.22	0.07539	76%-100% Above	No	No
16571069803	LANSOPRAZOLE DR 30 MG CAPSULE	12	30.00	4.22	0.08882	51%-75% Above	No	No
16571071650	TRAMADOL HCL 50 MG TABLET	10	30.00	0.46	0.03195	51%-75% Below	No	No
16571071650	TRAMADOL HCL 50 MG TABLET	11	25.00	0.38	0.02194	26%-50% Below	No	No
16571074409	GLYCOPYRROLATE 2 MG TABLET	8	120.00	67.42	0.17510	200% Above	No	No
16571074409	GLYCOPYRROLATE 2 MG TABLET	11	120.00	67.42	0.14436	200% Above	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	8	30.00	2.16	0.04767	51%-75% Above	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	9	30.00	2.20	0.04904	26%-50% Above	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	9	135.00	9.90	0.04904	26%-50% Above	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	10	90.00	6.60	0.04925	26%-50% Above	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	11	90.00	6.60	0.03451	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16571075610	ESCITALOPRAM 10 MG TABLET	12	90.00	6.60	0.04069	76%-100% Above	No	No
16571075710	ESCITALOPRAM 20 MG TABLET	11	90.00	7.49	0.05483	51%-75% Above	No	No
16571076209	LEVOCARNITINE 330 MG TABLET	10	90.00	56.29	0.69550	10%-25% Below	No	No
16571077350	GLIMEPIRIDE 1 MG TABLET	11	90.00	4.16	0.02894	51%-75% Above	No	No
16571077401	GLIMEPIRIDE 2 MG TABLET	9	90.00	7.72	0.03224	101%-200% Above	No	No
16571078101	CARISOPRODOL 350 MG TABLET	9	45.00	1.89	0.08200	26%-50% Below	Yes	No
16571078101	CARISOPRODOL 350 MG TABLET	10	10.00	0.42	0.07471	26%-50% Below	Yes	No
16571078101	CARISOPRODOL 350 MG TABLET	12	20.00	0.84	0.06145	26%-50% Below	Yes	No
16571081450	DENTA 5000 PLUS CREAM	8	51.00	4.55	0.07783	10%-25% Above	No	No
16571081450	DENTA 5000 PLUS CREAM	9	51.00	4.55	0.07804	10%-25% Above	No	No
16571082201	LORATADINE 10 MG TABLET	9	30.00	0.93	0.05832	26%-50% Below	No	No
16571082201	LORATADINE 10 MG TABLET	10	30.00	0.93	0.05795	26%-50% Below	No	No
16571082201	LORATADINE 10 MG TABLET	11	30.00	0.93	0.04667	26%-50% Below	No	No
16571082201	LORATADINE 10 MG TABLET	12	90.00	2.78	0.05176	26%-50% Below	No	No
16571082230	LORATADINE 10 MG TABLET	9	90.00	2.78	0.05832	26%-50% Below	No	No
16571086203	BUPROPION HCL XL 150 MG TABLET	8	30.00	6.94	0.10757	101%-200% Above	No	No
16571086203	BUPROPION HCL XL 150 MG TABLET	8	90.00	20.83	0.10757	101%-200% Above	No	No
16571086203	BUPROPION HCL XL 150 MG TABLET	9	30.00	6.94	0.10981	101%-200% Above	No	No
16571086203	BUPROPION HCL XL 150 MG TABLET	10	30.00	6.94	0.10682	101%-200% Above	No	No
16571086203	BUPROPION HCL XL 150 MG TABLET	10	90.00	20.83	0.10682	101%-200% Above	No	No
16571086203	BUPROPION HCL XL 150 MG TABLET	11	30.00	6.94	0.07445	200% Above	No	No
16571086203	BUPROPION HCL XL 150 MG TABLET	11	90.00	20.83	0.07445	200% Above	No	No
16571086203	BUPROPION HCL XL 150 MG TABLET	12	30.00	6.94	0.08952	101%-200% Above	No	No
16571086203	BUPROPION HCL XL 150 MG TABLET	12	90.00	20.83	0.08952	101%-200% Above	No	No
16571086250	BUPROPION HCL XL 150 MG TABLET	8	30.00	6.94	0.10757	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16571086250	BUPROPION HCL XL 150 MG TABLET	8	90.00	20.83	0.10757	101%-200% Above	No	No
16571086250	BUPROPION HCL XL 150 MG TABLET	9	30.00	6.94	0.10981	101%-200% Above	No	No
16571086250	BUPROPION HCL XL 150 MG TABLET	12	90.00	20.83	0.08952	101%-200% Above	No	No
16571086350	BUPROPION HCL XL 300 MG TABLET	8	30.00	8.67	0.15709	76%-100% Above	No	No
16571086350	BUPROPION HCL XL 300 MG TABLET	8	90.00	26.02	0.15709	76%-100% Above	No	No
16571086350	BUPROPION HCL XL 300 MG TABLET	10	30.00	8.67	0.15150	76%-100% Above	No	No
16571086350	BUPROPION HCL XL 300 MG TABLET	11	30.00	8.67	0.11564	101%-200% Above	No	No
16571086350	BUPROPION HCL XL 300 MG TABLET	11	90.00	26.02	0.11564	101%-200% Above	No	No
16571086350	BUPROPION HCL XL 300 MG TABLET	12	30.00	8.67	0.13055	101%-200% Above	No	No
16571086350	BUPROPION HCL XL 300 MG TABLET	12	90.00	26.02	0.13055	101%-200% Above	No	No
16571086750	GABAPENTIN 100 MG CAPSULE	10	90.00	0.70	0.02305	51%-75% Below	Yes	No
16571086801	GABAPENTIN 300 MG CAPSULE	9	30.00	0.63	0.03917	26%-50% Below	No	No
16714001001	ISOSORBIDE DINITRATE 30 MG TAB	9	90.00	43.22	0.40157	10%-25% Above	No	No
16714001001	ISOSORBIDE DINITRATE 30 MG TAB	10	90.00	43.22	0.37760	26%-50% Above	No	No
16714001001	ISOSORBIDE DINITRATE 30 MG TAB	11	90.00	43.22	0.31096	51%-75% Above	No	No
16714001401	AMOX-CLAV 875-125 MG TABLET	5	20.00	4.54	0.27040	10%-25% Below	No	No
16714001401	AMOX-CLAV 875-125 MG TABLET	9	14.00	3.24	0.28945	10%-25% Below	No	No
16714001401	AMOX-CLAV 875-125 MG TABLET	9	20.00	4.63	0.28945	10%-25% Below	No	No
16714001401	AMOX-CLAV 875-125 MG TABLET	9	40.00	9.25	0.28945	10%-25% Below	No	No
16714001401	AMOX-CLAV 875-125 MG TABLET	11	28.00	6.48	0.26312	10%-25% Below	No	No
16714001402	AMOX-CLAV 875-125 MG TABLET	8	14.00	3.18	0.28836	10%-25% Below	No	No
16714001402	AMOX-CLAV 875-125 MG TABLET	9	14.00	3.24	0.28945	10%-25% Below	No	No
16714001402	AMOX-CLAV 875-125 MG TABLET	9	20.00	4.63	0.28945	10%-25% Below	No	No
16714001402	AMOX-CLAV 875-125 MG TABLET	10	14.00	3.24	0.27807	10%-25% Below	No	No
16714001402	AMOX-CLAV 875-125 MG TABLET	10	20.00	4.63	0.27807	10%-25% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16714001402	AMOX-CLAV 875-125 MG TABLET	10	28.00	6.48	0.27807	10%-25% Below	No	No
16714001402	AMOX-CLAV 875-125 MG TABLET	11	14.00	3.24	0.26312	10%-25% Below	No	No
16714001402	AMOX-CLAV 875-125 MG TABLET	12	20.00	4.63	0.27322	10%-25% Below	No	No
16714001610	ENOXAPARIN 40 MG/0.4 ML SYR	11	4.00	26.44	8.87174	10%-25% Below	No	No
16714003501	LEVETIRACETAM 500 MG TABLET	11	450.00	61.02	0.06077	101%-200% Above	No	No
16714003902	COLCHICINE 0.6 MG TABLET	10	30.00	71.01	0.21336	200% Above	No	No
16714005203	CLOPIDOGREL 75 MG TABLET	11	90.00	5.27	0.05149	10%-25% Above	No	No
16714005901	FEBUXOSTAT 40 MG TABLET	9	30.00	110.53	0.36093	200% Above	No	No
16714005901	FEBUXOSTAT 40 MG TABLET	10	30.00	110.53	0.39984	200% Above	No	No
16714005901	FEBUXOSTAT 40 MG TABLET	11	30.00	110.53	0.34387	200% Above	No	No
16714006401	CARBAMAZEPINE ER 200 MG TABLET	8	150.00	95.43	0.53617	10%-25% Above	No	No
16714006401	CARBAMAZEPINE ER 200 MG TABLET	9	150.00	95.43	0.49365	26%-50% Above	No	No
16714006401	CARBAMAZEPINE ER 200 MG TABLET	10	150.00	95.43	0.49650	26%-50% Above	No	No
16714006401	CARBAMAZEPINE ER 200 MG TABLET	11	150.00	95.43	0.24888	101%-200% Above	No	No
16714008110	HYDROXYZINE HCL 10 MG TABLET	9	90.00	15.80	0.03328	200% Above	No	No
16714008210	HYDROXYZINE HCL 25 MG TABLET	8	30.00	1.57	0.04351	10%-25% Above	No	No
16714008210	HYDROXYZINE HCL 25 MG TABLET	9	30.00	1.57	0.04472	10%-25% Above	No	No
16714008210	HYDROXYZINE HCL 25 MG TABLET	10	30.00	1.57	0.04691	10%-25% Above	No	No
16714008211	HYDROXYZINE HCL 25 MG TABLET	9	90.00	4.72	0.04472	10%-25% Above	No	No
16714008212	HYDROXYZINE HCL 25 MG TABLET	11	30.00	1.57	0.03406	51%-75% Above	No	No
16714008212	HYDROXYZINE HCL 25 MG TABLET	12	30.00	1.57	0.03948	26%-50% Above	No	No
16714008310	HYDROXYZINE HCL 50 MG TABLET	8	30.00	7.70	0.07361	200% Above	No	No
16714008310	HYDROXYZINE HCL 50 MG TABLET	8	60.00	17.08	0.07361	200% Above	No	No
16714008310	HYDROXYZINE HCL 50 MG TABLET	9	60.00	17.08	0.07200	200% Above	No	No
16714008310	HYDROXYZINE HCL 50 MG TABLET	10	30.00	7.70	0.06963	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16714008310	HYDROXYZINE HCL 50 MG TABLET	10	60.00	17.08	0.06963	200% Above	No	No
16714008310	HYDROXYZINE HCL 50 MG TABLET	10	90.00	25.62	0.06963	200% Above	No	No
16714008310	HYDROXYZINE HCL 50 MG TABLET	11	30.00	7.70	0.04886	200% Above	No	No
16714008310	HYDROXYZINE HCL 50 MG TABLET	11	60.00	17.08	0.04886	200% Above	No	No
16714008701	CLOBAZAM 2.5 MG/ML SUSPENSION	10	120.00	10.94	0.21361	51%-75% Below	No	No
16714008701	CLOBAZAM 2.5 MG/ML SUSPENSION	11	120.00	10.94	0.22491	51%-75% Below	No	No
16714010105	GEMFIBROZIL 600 MG TABLET	10	30.00	2.10	0.10500	26%-50% Below	No	No
16714011001	HYDROXYCHLOROQUINE 200 MG TAB	8	60.00	45.05	0.18175	200% Above	No	No
16714011001	HYDROXYCHLOROQUINE 200 MG TAB	9	60.00	45.05	0.17945	200% Above	No	No
16714011001	HYDROXYCHLOROQUINE 200 MG TAB	10	60.00	45.05	0.17583	200% Above	No	No
16714011001	HYDROXYCHLOROQUINE 200 MG TAB	11	60.00	45.05	0.13986	200% Above	No	No
16714011001	HYDROXYCHLOROQUINE 200 MG TAB	11	90.00	67.58	0.13986	200% Above	No	No
16714012302	OMEPRAZOLE DR 40 MG CAPSULE	8	30.00	2.01	0.05154	26%-50% Above	No	No
16714012302	OMEPRAZOLE DR 40 MG CAPSULE	9	30.00	2.01	0.05326	10%-25% Above	No	No
16714012302	OMEPRAZOLE DR 40 MG CAPSULE	9	90.00	6.04	0.05326	26%-50% Above	No	No
16714012302	OMEPRAZOLE DR 40 MG CAPSULE	10	30.00	2.01	0.05462	10%-25% Above	No	No
16714012302	OMEPRAZOLE DR 40 MG CAPSULE	10	90.00	6.04	0.05462	10%-25% Above	No	No
16714012302	OMEPRAZOLE DR 40 MG CAPSULE	11	30.00	2.01	0.04298	51%-75% Above	No	No
16714012302	OMEPRAZOLE DR 40 MG CAPSULE	12	30.00	2.01	0.04805	26%-50% Above	No	No
16714012303	OMEPRAZOLE DR 40 MG CAPSULE	8	30.00	2.01	0.05154	26%-50% Above	No	No
16714012303	OMEPRAZOLE DR 40 MG CAPSULE	8	90.00	6.04	0.05154	26%-50% Above	No	No
16714012303	OMEPRAZOLE DR 40 MG CAPSULE	9	30.00	2.01	0.05326	10%-25% Above	No	No
16714012303	OMEPRAZOLE DR 40 MG CAPSULE	9	90.00	6.04	0.05326	26%-50% Above	No	No
16714012303	OMEPRAZOLE DR 40 MG CAPSULE	10	30.00	2.01	0.05462	10%-25% Above	No	No
16714012303	OMEPRAZOLE DR 40 MG CAPSULE	10	90.00	6.04	0.05462	10%-25% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16714012303	OMEPRAZOLE DR 40 MG CAPSULE	11	30.00	2.01	0.04298	51%-75% Above	No	No
16714012303	OMEPRAZOLE DR 40 MG CAPSULE	11	90.00	6.04	0.04298	51%-75% Above	No	No
16714014101	ARIPIPRAZOLE 2 MG TABLET	8	30.00	117.50	0.13807	200% Above	No	No
16714014101	ARIPIPRAZOLE 2 MG TABLET	10	30.00	117.50	0.12267	200% Above	No	No
16714014101	ARIPIPRAZOLE 2 MG TABLET	11	30.00	117.50	0.10144	200% Above	No	No
16714014201	ARIPIPRAZOLE 5 MG TABLET	9	30.00	117.50	0.11224	200% Above	No	No
16714014201	ARIPIPRAZOLE 5 MG TABLET	10	15.00	58.75	0.11468	200% Above	No	No
16714015503	NORETH-EE-FE 1-0.02(24)-75 CAP	8	28.00	68.64	1.13716	101%-200% Above	No	No
16714015503	NORETH-EE-FE 1-0.02(24)-75 CAP	10	28.00	68.64	0.82126	101%-200% Above	No	No
16714015503	NORETH-EE-FE 1-0.02(24)-75 CAP	11	28.00	68.64	0.67570	200% Above	No	No
16714015801	PROGESTERONE 200 MG CAPSULE	8	30.00	27.77	0.42816	101%-200% Above	No	No
16714015801	PROGESTERONE 200 MG CAPSULE	9	90.00	83.32	0.41005	101%-200% Above	No	No
16714015801	PROGESTERONE 200 MG CAPSULE	10	30.00	27.77	0.39874	101%-200% Above	No	No
16714015801	PROGESTERONE 200 MG CAPSULE	11	30.00	27.77	0.29461	200% Above	No	No
16714015801	PROGESTERONE 200 MG CAPSULE	12	30.00	27.77	0.34434	101%-200% Above	No	No
16714015901	ONDANSETRON HCL 4 MG TABLET	9	18.00	0.55	0.07210	51%-75% Below	No	No
16714015901	ONDANSETRON HCL 4 MG TABLET	10	15.00	0.46	0.06864	51%-75% Below	No	No
16714015901	ONDANSETRON HCL 4 MG TABLET	10	18.00	0.55	0.06864	51%-75% Below	No	No
16714015901	ONDANSETRON HCL 4 MG TABLET	11	6.00	0.18	0.05748	26%-50% Below	No	No
16714015901	ONDANSETRON HCL 4 MG TABLET	11	12.00	0.37	0.05748	26%-50% Below	No	No
16714015901	ONDANSETRON HCL 4 MG TABLET	11	18.00	0.55	0.05748	26%-50% Below	No	No
16714016101	CLINDAMYCIN PH 1% GEL	9	60.00	48.99	0.25541	200% Above	No	No
16714017201	TIZANIDINE HCL 4 MG TABLET	10	60.00	1.06	0.03747	51%-75% Below	No	No
16714017202	TIZANIDINE HCL 4 MG TABLET	9	30.00	0.53	0.03619	51%-75% Below	No	No
16714017202	TIZANIDINE HCL 4 MG TABLET	9	90.00	1.58	0.03619	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16714017202	TIZANIDINE HCL 4 MG TABLET	10	30.00	0.53	0.03747	51%-75% Below	No	No
16714017202	TIZANIDINE HCL 4 MG TABLET	10	90.00	1.58	0.03747	51%-75% Below	No	No
16714017202	TIZANIDINE HCL 4 MG TABLET	11	30.00	0.53	0.03732	51%-75% Below	No	No
16714017202	TIZANIDINE HCL 4 MG TABLET	11	270.00	4.75	0.03732	51%-75% Below	No	No
16714017301	ATORVASTATIN 10 MG TABLET	9	90.00	7.20	0.03016	101%-200% Above	No	No
16714017303	ATORVASTATIN 10 MG TABLET	8	30.00	2.36	0.02937	101%-200% Above	No	No
16714017303	ATORVASTATIN 10 MG TABLET	8	90.00	7.20	0.02937	101%-200% Above	No	No
16714017303	ATORVASTATIN 10 MG TABLET	9	30.00	2.40	0.03016	101%-200% Above	No	No
16714017303	ATORVASTATIN 10 MG TABLET	10	30.00	2.40	0.02960	101%-200% Above	No	No
16714017303	ATORVASTATIN 10 MG TABLET	10	90.00	7.20	0.02960	101%-200% Above	No	No
16714017303	ATORVASTATIN 10 MG TABLET	11	30.00	2.40	0.02244	200% Above	No	No
16714017303	ATORVASTATIN 10 MG TABLET	11	90.00	7.20	0.02244	200% Above	No	No
16714017402	ATORVASTATIN 20 MG TABLET	9	90.00	8.88	0.03661	101%-200% Above	No	No
16714017403	ATORVASTATIN 20 MG TABLET	8	30.00	2.91	0.03985	101%-200% Above	No	No
16714017403	ATORVASTATIN 20 MG TABLET	8	90.00	8.88	0.03985	101%-200% Above	No	No
16714017403	ATORVASTATIN 20 MG TABLET	9	30.00	2.96	0.03661	101%-200% Above	No	No
16714017403	ATORVASTATIN 20 MG TABLET	9	90.00	8.88	0.03661	101%-200% Above	No	No
16714017403	ATORVASTATIN 20 MG TABLET	10	30.00	2.96	0.03564	101%-200% Above	No	No
16714017403	ATORVASTATIN 20 MG TABLET	11	30.00	2.96	0.02772	200% Above	No	No
16714017403	ATORVASTATIN 20 MG TABLET	11	90.00	8.88	0.02772	200% Above	No	No
16714017403	ATORVASTATIN 20 MG TABLET	12	30.00	2.96	0.03166	200% Above	No	No
16714017501	ATORVASTATIN 40 MG TABLET	11	30.00	2.97	0.04382	101%-200% Above	No	No
16714017502	ATORVASTATIN 40 MG TABLET	8	30.00	2.97	0.05515	76%-100% Above	No	No
16714017502	ATORVASTATIN 40 MG TABLET	10	30.00	2.97	0.05228	76%-100% Above	No	No
16714017502	ATORVASTATIN 40 MG TABLET	11	30.00	2.97	0.04382	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16714017502	ATORVASTATIN 40 MG TABLET	12	30.00	2.97	0.04678	101%-200% Above	No	No
16714017503	ATORVASTATIN 40 MG TABLET	8	90.00	8.92	0.05515	76%-100% Above	No	No
16714017503	ATORVASTATIN 40 MG TABLET	11	90.00	8.92	0.04382	101%-200% Above	No	No
16714017503	ATORVASTATIN 40 MG TABLET	12	30.00	2.97	0.04678	101%-200% Above	No	No
16714017601	ATORVASTATIN 80 MG TABLET	10	60.00	6.86	0.08395	26%-50% Above	No	No
16714017601	ATORVASTATIN 80 MG TABLET	11	90.00	10.29	0.06626	51%-75% Above	No	No
16714017602	ATORVASTATIN 80 MG TABLET	10	30.00	3.43	0.08395	26%-50% Above	No	No
16714017602	ATORVASTATIN 80 MG TABLET	11	90.00	10.29	0.06626	51%-75% Above	No	No
16714017603	ATORVASTATIN 80 MG TABLET	8	30.00	3.43	0.07930	26%-50% Above	No	No
16714017603	ATORVASTATIN 80 MG TABLET	10	30.00	3.43	0.08395	26%-50% Above	No	No
16714017603	ATORVASTATIN 80 MG TABLET	11	30.00	3.43	0.06626	51%-75% Above	No	No
16714018102	PAROXETINE HCL 10 MG TABLET	10	90.00	10.12	0.06923	51%-75% Above	No	No
16714018202	PAROXETINE HCL 20 MG TABLET	11	30.00	4.11	0.05972	101%-200% Above	No	No
16714018202	PAROXETINE HCL 20 MG TABLET	11	90.00	12.33	0.05972	101%-200% Above	No	No
16714018204	PAROXETINE HCL 20 MG TABLET	8	30.00	4.11	0.07122	76%-100% Above	No	No
16714018204	PAROXETINE HCL 20 MG TABLET	10	90.00	12.33	0.07038	76%-100% Above	No	No
16714018301	PAROXETINE HCL 30 MG TABLET	8	90.00	7.70	0.09928	10%-25% Below	No	No
16714018402	PAROXETINE HCL 40 MG TABLET	10	90.00	7.65	0.11036	10%-25% Below	No	No
16714019401	LAMOTRIGINE 25 MG TABLET	8	60.00	2.94	0.03044	51%-75% Above	No	No
16714019401	LAMOTRIGINE 25 MG TABLET	10	60.00	2.94	0.03091	51%-75% Above	No	No
16714019401	LAMOTRIGINE 25 MG TABLET	11	60.00	2.94	0.02421	101%-200% Above	No	No
16714019501	LAMOTRIGINE 100 MG TABLET	8	180.00	10.37	0.04891	10%-25% Above	No	No
16714019501	LAMOTRIGINE 100 MG TABLET	12	14.00	0.81	0.04236	26%-50% Above	No	No
16714019501	LAMOTRIGINE 100 MG TABLET	12	30.00	1.73	0.04236	26%-50% Above	No	No
16714019701	LAMOTRIGINE 200 MG TABLET	12	60.00	3.39	0.07217	10%-25% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16714020030	ONDANSETRON ODT 4 MG TABLET	8	18.00	2.07	0.18951	26%-50% Below	No	No
16714020030	ONDANSETRON ODT 4 MG TABLET	10	10.00	1.05	0.18178	26%-50% Below	No	No
16714020030	ONDANSETRON ODT 4 MG TABLET	10	15.00	1.57	0.18178	26%-50% Below	No	No
16714020030	ONDANSETRON ODT 4 MG TABLET	12	10.00	1.05	0.15648	26%-50% Below	No	No
16714020130	ONDANSETRON ODT 8 MG TABLET	8	18.00	1.92	0.19390	26%-50% Below	No	No
16714020130	ONDANSETRON ODT 8 MG TABLET	9	5.00	0.53	0.21305	26%-50% Below	No	No
16714020130	ONDANSETRON ODT 8 MG TABLET	9	18.00	1.92	0.21305	26%-50% Below	No	No
16714020130	ONDANSETRON ODT 8 MG TABLET	10	18.00	1.92	0.20135	26%-50% Below	No	No
16714020130	ONDANSETRON ODT 8 MG TABLET	11	18.00	1.92	0.15290	26%-50% Below	No	No
16714025701	AMITRIPTYLINE HCL 10 MG TAB	10	90.00	7.82	0.03815	101%-200% Above	No	No
16714025802	AMITRIPTYLINE HCL 25 MG TAB	10	90.00	14.90	0.05659	101%-200% Above	No	No
16714029303	AMOX-CLAV 400-57 MG/5 ML SUSP	10	100.00	19.09	0.06423	101%-200% Above	No	No
16714029401	AMOX-CLAV 600-42.9 MG/5 ML SUS	9	75.00	4.01	0.08511	26%-50% Below	No	No
16714029401	AMOX-CLAV 600-42.9 MG/5 ML SUS	10	75.00	4.01	0.07801	26%-50% Below	No	No
16714029401	AMOX-CLAV 600-42.9 MG/5 ML SUS	11	75.00	4.01	0.07242	26%-50% Below	No	No
16714029401	AMOX-CLAV 600-42.9 MG/5 ML SUS	11	150.00	8.27	0.08323	26%-50% Below	No	No
16714029402	AMOX-CLAV 600-42.9 MG/5 ML SUS	12	125.00	6.68	0.06265	10%-25% Below	No	No
16714029601	AMOX/K CLAV TAB 500-125	9	20.00	4.99	.		No	No
16714029701	AMOX-CLAV 875-125 MG TABLET	11	20.00	4.63	0.26312	10%-25% Below	No	No
16714029904	AMOXICILLIN 500 MG CAPSULE	8	15.00	0.69	0.09837	51%-75% Below	No	No
16714029904	AMOXICILLIN 500 MG CAPSULE	8	20.00	0.92	0.09837	51%-75% Below	No	No
16714029904	AMOXICILLIN 500 MG CAPSULE	9	21.00	0.96	0.09954	51%-75% Below	No	No
16714029904	AMOXICILLIN 500 MG CAPSULE	9	30.00	1.37	0.09954	51%-75% Below	No	No
16714029904	AMOXICILLIN 500 MG CAPSULE	10	8.00	0.37	0.09989	51%-75% Below	No	No
16714029904	AMOXICILLIN 500 MG CAPSULE	10	21.00	0.96	0.09989	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16714029904	AMOXICILLIN 500 MG CAPSULE	11	12.00	0.55	0.07085	26%-50% Below	No	No
16714029904	AMOXICILLIN 500 MG CAPSULE	11	21.00	0.96	0.07085	26%-50% Below	No	No
16714029904	AMOXICILLIN 500 MG CAPSULE	11	28.00	1.28	0.07085	26%-50% Below	No	No
16714029904	AMOXICILLIN 500 MG CAPSULE	12	10.00	0.46	0.08279	26%-50% Below	No	No
16714033002	GABAPENTIN 600 MG TABLET	9	120.00	2.35	0.09645	76%-100% Below	No	No
16714033002	GABAPENTIN 600 MG TABLET	10	120.00	2.35	0.09506	76%-100% Below	No	No
16714033002	GABAPENTIN 600 MG TABLET	11	120.00	2.35	0.06016	51%-75% Below	No	No
16714033202	GABAPENTIN 800 MG TABLET	10	90.00	2.50	0.10955	51%-75% Below	No	No
16714033202	GABAPENTIN 800 MG TABLET	10	270.00	7.51	0.10955	51%-75% Below	No	No
16714034604	DASETTA 7/7/7-28 TABLET	10	84.00	35.35	0.25768	51%-75% Above	No	No
16714036004	MONO-LINYAH 28 TABLET	8	84.00	17.35	0.12931	51%-75% Above	No	No
16714036004	MONO-LINYAH 28 TABLET	10	28.00	5.78	0.12935	51%-75% Above	No	No
16714036304	TRI-LINYAH TABLET	9	28.00	5.62	0.13455	26%-50% Above	No	No
16714036304	TRI-LINYAH TABLET	10	28.00	5.62	0.13732	26%-50% Above	No	No
16714036304	TRI-LINYAH TABLET	11	28.00	5.62	0.11796	51%-75% Above	No	No
16714036304	TRI-LINYAH TABLET	12	28.00	5.62	0.12315	51%-75% Above	No	No
16714036504	ELINEST-28 TABLET	10	84.00	35.29	0.37622	10%-25% Above	No	No
16714039701	CEFPROZIL 250 MG/5 ML SUSP	9	50.00	5.64	0.25710	51%-75% Below	No	No
16714039702	CEFPROZIL 250 MG/5 ML SUSP	10	75.00	7.19	0.17962	26%-50% Below	No	No
16714039703	CEFPROZIL 250 MG/5 ML SUSP	9	100.00	7.48	0.22846	51%-75% Below	No	No
16714039703	CEFPROZIL 250 MG/5 ML SUSP	10	100.00	7.48	0.18081	51%-75% Below	No	No
16714039703	CEFPROZIL 250 MG/5 ML SUSP	11	100.00	7.48	0.21685	51%-75% Below	No	No
16714040102	CEFUROXIME AXETIL 500 MG TAB	8	14.00	15.41	0.47325	101%-200% Above	No	No
16714040102	CEFUROXIME AXETIL 500 MG TAB	10	20.00	22.02	0.45700	101%-200% Above	No	No
16714040604	LARIN FE 1-20 TABLET	8	28.00	10.62	0.15076	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16714040604	LARIN FE 1-20 TABLET	8	28.00	10.83	0.15076	101%-200% Above	No	No
16714040604	LARIN FE 1-20 TABLET	8	84.00	32.48	0.15076	101%-200% Above	No	No
16714040604	LARIN FE 1-20 TABLET	9	28.00	10.83	0.14183	101%-200% Above	No	No
16714040604	LARIN FE 1-20 TABLET	10	28.00	10.83	0.14056	101%-200% Above	No	No
16714040604	LARIN FE 1-20 TABLET	11	28.00	10.83	0.12217	200% Above	No	No
16714040604	LARIN FE 1-20 TABLET	11	84.00	32.48	0.12217	200% Above	No	No
16714040604	LARIN FE 1-20 TABLET	12	28.00	10.83	0.12469	200% Above	No	No
16714043901	NITROFURANTOIN MONO-MCR 100 MG	8	14.00	9.01	0.50287	26%-50% Above	No	No
16714043901	NITROFURANTOIN MONO-MCR 100 MG	8	14.00	9.18	0.50287	26%-50% Above	No	No
16714043901	NITROFURANTOIN MONO-MCR 100 MG	9	14.00	9.18	0.45600	26%-50% Above	No	No
16714043901	NITROFURANTOIN MONO-MCR 100 MG	10	14.00	9.18	0.34915	76%-100% Above	No	No
16714045601	QUETIAPINE FUMARATE 300 MG TAB	9	30.00	5.56	0.15649	10%-25% Above	No	No
16714045601	QUETIAPINE FUMARATE 300 MG TAB	11	30.00	5.56	0.11359	51%-75% Above	No	No
16714048302	CLINDAMYCIN (PEDI) 75 MG/5 ML	10	100.00	15.15	0.17405	10%-25% Below	No	No
16714048302	CLINDAMYCIN (PEDI) 75 MG/5 ML	10	200.00	30.30	0.17405	10%-25% Below	No	No
16714049601	CLOTRIMAZOLE-BETAMETHASONE CRM	10	60.00	45.34	0.23886	200% Above	No	No
16714049602	CLOTRIMAZOLE-BETAMETHASONE CRM	10	45.00	32.39	0.19159	200% Above	No	No
16714049602	CLOTRIMAZOLE-BETAMETHASONE CRM	12	45.00	32.39	0.21350	200% Above	No	No
16714055701	METRONIDAZOLE VAGINAL 0.75% GL	10	70.00	52.26	0.27199	101%-200% Above	No	No
16714055701	METRONIDAZOLE VAGINAL 0.75% GL	11	70.00	52.26	0.16123	200% Above	No	No
16714055701	METRONIDAZOLE VAGINAL 0.75% GL	12	70.00	52.26	0.20438	200% Above	No	No
16714055801	PRAVASTATIN SODIUM 10 MG TAB	8	30.00	2.99	0.06847	26%-50% Above	No	No
16714055801	PRAVASTATIN SODIUM 10 MG TAB	9	30.00	2.99	0.06511	51%-75% Above	No	No
16714055801	PRAVASTATIN SODIUM 10 MG TAB	10	30.00	2.99	0.06112	51%-75% Above	No	No
16714055801	PRAVASTATIN SODIUM 10 MG TAB	11	30.00	2.99	0.04614	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16714055801	PRAVASTATIN SODIUM 10 MG TAB	12	30.00	2.99	0.05193	76%-100% Above	No	No
16714055901	PRAVASTATIN SODIUM 20 MG TAB	8	90.00	9.58	0.06047	76%-100% Above	No	No
16714055901	PRAVASTATIN SODIUM 20 MG TAB	11	90.00	9.76	0.05049	101%-200% Above	No	No
16714056002	PRAVASTATIN SODIUM 40 MG TAB	9	90.00	13.86	0.08703	76%-100% Above	No	No
16714057601	ALLOPURINOL 100 MG TABLET	8	30.00	2.66	0.04541	76%-100% Above	No	No
16714057601	ALLOPURINOL 100 MG TABLET	9	30.00	2.66	0.04624	76%-100% Above	No	No
16714057601	ALLOPURINOL 100 MG TABLET	10	90.00	7.98	0.04769	76%-100% Above	No	No
16714057601	ALLOPURINOL 100 MG TABLET	10	180.00	15.97	0.04769	76%-100% Above	No	No
16714057601	ALLOPURINOL 100 MG TABLET	12	30.00	2.66	0.03940	101%-200% Above	No	No
16714057601	ALLOPURINOL 100 MG TABLET	12	90.00	7.98	0.03940	101%-200% Above	No	No
16714057603	ALLOPURINOL 100 MG TABLET	9	30.00	2.66	0.04624	76%-100% Above	No	No
16714057604	ALLOPURINOL 100 MG TABLET	8	30.00	2.66	0.04541	76%-100% Above	No	No
16714057604	ALLOPURINOL 100 MG TABLET	8	90.00	7.98	0.04541	76%-100% Above	No	No
16714057604	ALLOPURINOL 100 MG TABLET	9	30.00	2.66	0.04624	76%-100% Above	No	No
16714057604	ALLOPURINOL 100 MG TABLET	10	30.00	2.66	0.04769	76%-100% Above	No	No
16714057604	ALLOPURINOL 100 MG TABLET	11	30.00	2.66	0.03406	101%-200% Above	No	No
16714057604	ALLOPURINOL 100 MG TABLET	11	90.00	7.98	0.03406	101%-200% Above	No	No
16714057701	ALLOPURINOL 300 MG TABLET	10	30.00	5.23	0.06845	101%-200% Above	No	No
16714057701	ALLOPURINOL 300 MG TABLET	11	30.00	5.23	0.05678	200% Above	No	No
16714057702	ALLOPURINOL 300 MG TABLET	8	30.00	5.13	0.06871	101%-200% Above	No	No
16714057702	ALLOPURINOL 300 MG TABLET	8	30.00	5.23	0.06871	101%-200% Above	No	No
16714057702	ALLOPURINOL 300 MG TABLET	9	30.00	5.23	0.07149	101%-200% Above	No	No
16714057702	ALLOPURINOL 300 MG TABLET	9	90.00	15.68	0.07149	101%-200% Above	No	No
16714057702	ALLOPURINOL 300 MG TABLET	10	30.00	5.23	0.06845	101%-200% Above	No	No
16714057702	ALLOPURINOL 300 MG TABLET	11	30.00	5.23	0.05678	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16714057702	ALLOPURINOL 300 MG TABLET	12	30.00	5.23	0.06173	101%-200% Above	No	No
16714057702	ALLOPURINOL 300 MG TABLET	12	90.00	15.68	0.06173	101%-200% Above	No	No
16714061104	SERTRALINE HCL 25 MG TABLET	11	90.00	5.41	0.02846	101%-200% Above	No	No
16714061106	SERTRALINE HCL 25 MG TABLET	11	30.00	1.80	0.02846	101%-200% Above	No	No
16714061106	SERTRALINE HCL 25 MG TABLET	12	30.00	1.80	0.03225	76%-100% Above	No	No
16714061204	SERTRALINE HCL 50 MG TABLET	9	30.00	0.94	0.03856	10%-25% Below	No	No
16714061204	SERTRALINE HCL 50 MG TABLET	9	45.00	1.41	0.03856	10%-25% Below	No	No
16714061204	SERTRALINE HCL 50 MG TABLET	10	30.00	0.94	0.03957	10%-25% Below	No	No
16714061204	SERTRALINE HCL 50 MG TABLET	10	45.00	1.41	0.03957	10%-25% Below	No	No
16714061204	SERTRALINE HCL 50 MG TABLET	10	90.00	2.83	0.03957	10%-25% Below	No	No
16714061205	SERTRALINE HCL 50 MG TABLET	8	30.00	0.94	0.03849	10%-25% Below	No	No
16714061205	SERTRALINE HCL 50 MG TABLET	9	30.00	0.94	0.03856	10%-25% Below	No	No
16714061205	SERTRALINE HCL 50 MG TABLET	9	90.00	2.83	0.03856	10%-25% Below	No	No
16714061205	SERTRALINE HCL 50 MG TABLET	10	90.00	2.83	0.03957	10%-25% Below	No	No
16714061206	SERTRALINE HCL 50 MG TABLET	9	90.00	2.83	0.03856	10%-25% Below	No	No
16714061206	SERTRALINE HCL 50 MG TABLET	10	30.00	0.94	0.03957	10%-25% Below	No	No
16714061304	SERTRALINE HCL 100 MG TABLET	11	60.00	3.26	0.04138	26%-50% Above	No	No
16714062101	ZOLPIDEM TARTRATE 5 MG TABLET	9	30.00	0.81	0.03696	26%-50% Below	No	No
16714062201	ZOLPIDEM TARTRATE 10 MG TABLET	8	30.00	0.86	0.03871	10%-25% Below	No	No
16714062201	ZOLPIDEM TARTRATE 10 MG TABLET	9	30.00	0.86	0.03918	26%-50% Below	No	No
16714062201	ZOLPIDEM TARTRATE 10 MG TABLET	10	19.00	0.54	0.03761	10%-25% Below	No	No
16714062201	ZOLPIDEM TARTRATE 10 MG TABLET	10	26.00	0.74	0.03761	10%-25% Below	No	No
16714062201	ZOLPIDEM TARTRATE 10 MG TABLET	10	30.00	0.86	0.03761	10%-25% Below	No	No
16714062202	ZOLPIDEM TARTRATE 10 MG TABLET	9	30.00	0.86	0.03918	26%-50% Below	No	No
16714062202	ZOLPIDEM TARTRATE 10 MG TABLET	10	30.00	0.86	0.03761	10%-25% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16714062202	ZOLPIDEM TARTRATE 10 MG TABLET	10	90.00	2.57	0.03761	10%-25% Below	No	No
16714063301	ALENDRONATE SODIUM 70 MG TAB	8	12.00	9.42	0.25883	200% Above	No	No
16714063402	OMEPRAZOLE DR 20 MG CAPSULE	11	30.00	1.14	0.02654	26%-50% Above	No	No
16714063402	OMEPRAZOLE DR 20 MG CAPSULE	12	30.00	1.14	0.03019	10%-25% Above	No	No
16714063403	OMEPRAZOLE DR 20 MG CAPSULE	9	30.00	1.14	0.03431	10%-25% Above	No	No
16714063403	OMEPRAZOLE DR 20 MG CAPSULE	10	30.00	1.14	0.03368	10%-25% Above	No	No
16714063403	OMEPRAZOLE DR 20 MG CAPSULE	11	30.00	1.14	0.02654	26%-50% Above	No	No
16714063403	OMEPRAZOLE DR 20 MG CAPSULE	12	30.00	1.14	0.03019	10%-25% Above	No	No
16714064702	PIOGLITAZONE HCL 45 MG TABLET	11	90.00	12.68	0.09644	26%-50% Above	No	No
16714066102	GABAPENTIN 100 MG CAPSULE	8	60.00	0.49	0.02479	51%-75% Below	No	No
16714066102	GABAPENTIN 100 MG CAPSULE	9	30.00	0.24	0.02416	51%-75% Below	No	No
16714066102	GABAPENTIN 100 MG CAPSULE	9	90.00	0.73	0.02416	51%-75% Below	No	No
16714066102	GABAPENTIN 100 MG CAPSULE	10	30.00	0.24	0.02305	51%-75% Below	No	No
16714066102	GABAPENTIN 100 MG CAPSULE	10	60.00	0.49	0.02305	51%-75% Below	No	No
16714066102	GABAPENTIN 100 MG CAPSULE	10	90.00	0.73	0.02305	51%-75% Below	No	No
16714066102	GABAPENTIN 100 MG CAPSULE	11	30.00	0.24	0.01864	51%-75% Below	No	No
16714066102	GABAPENTIN 100 MG CAPSULE	12	60.00	0.49	0.02070	51%-75% Below	No	No
16714066201	GABAPENTIN 300 MG CAPSULE	9	90.00	1.88	0.03917	26%-50% Below	No	No
16714066201	GABAPENTIN 300 MG CAPSULE	9	270.00	5.64	0.03917	26%-50% Below	No	No
16714066201	GABAPENTIN 300 MG CAPSULE	10	30.00	0.63	0.03775	26%-50% Below	No	No
16714066201	GABAPENTIN 300 MG CAPSULE	10	90.00	1.88	0.03775	26%-50% Below	No	No
16714066201	GABAPENTIN 300 MG CAPSULE	10	270.00	5.64	0.03775	26%-50% Below	No	No
16714066201	GABAPENTIN 300 MG CAPSULE	11	90.00	1.88	0.03133	26%-50% Below	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	8	60.00	1.25	0.04036	26%-50% Below	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	9	30.00	0.63	0.03917	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16714066202	GABAPENTIN 300 MG CAPSULE	9	60.00	1.25	0.03917	26%-50% Below	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	9	90.00	1.88	0.03917	26%-50% Below	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	10	30.00	0.63	0.03775	26%-50% Below	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	10	60.00	1.25	0.03775	26%-50% Below	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	10	90.00	1.88	0.03775	26%-50% Below	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	10	120.00	2.51	0.03775	26%-50% Below	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	11	30.00	0.63	0.03133	26%-50% Below	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	11	60.00	1.25	0.03133	26%-50% Below	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	11	90.00	1.88	0.03133	26%-50% Below	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	11	120.00	2.51	0.03133	26%-50% Below	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	12	60.00	1.25	0.03474	26%-50% Below	No	No
16714068202	SIMVASTATIN 10 MG TABLET	10	90.00	5.96	0.03159	101%-200% Above	No	No
16714068303	SIMVASTATIN 20 MG TABLET	8	90.00	1.40	0.03598	51%-75% Below	No	No
16714068303	SIMVASTATIN 20 MG TABLET	10	90.00	1.40	0.03213	51%-75% Below	No	No
16714068303	SIMVASTATIN 20 MG TABLET	11	90.00	1.40	0.02714	26%-50% Below	No	No
16714068403	SIMVASTATIN 40 MG TABLET	10	90.00	2.54	0.05558	26%-50% Below	No	No
16714069101	FLUCONAZOLE 100 MG TABLET	11	5.00	0.57	0.21140	26%-50% Below	No	No
16714069101	FLUCONAZOLE 100 MG TABLET	11	14.00	1.61	0.21140	26%-50% Below	No	No
16714069210	FLUCONAZOLE 150 MG TABLET	8	2.00	1.78	0.60820	26%-50% Above	No	No
16714069210	FLUCONAZOLE 150 MG TABLET	11	1.00	0.89	0.49094	76%-100% Above	No	No
16714069211	FLUCONAZOLE 150 MG TABLET	8	2.00	1.78	0.60820	26%-50% Above	No	No
16714069211	FLUCONAZOLE 150 MG TABLET	8	6.00	5.34	0.60820	26%-50% Above	No	No
16714069211	FLUCONAZOLE 150 MG TABLET	9	2.00	1.78	0.63093	26%-50% Above	No	No
16714069211	FLUCONAZOLE 150 MG TABLET	9	4.00	3.56	0.63093	26%-50% Above	No	No
16714069211	FLUCONAZOLE 150 MG TABLET	10	1.00	0.89	0.58816	51%-75% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16714069211	FLUCONAZOLE 150 MG TABLET	10	3.00	2.67	0.58816	51%-75% Above	No	No
16714069211	FLUCONAZOLE 150 MG TABLET	10	7.00	6.24	0.58816	51%-75% Above	No	No
16714069211	FLUCONAZOLE 150 MG TABLET	11	1.00	0.89	0.49094	76%-100% Above	No	No
16714069211	FLUCONAZOLE 150 MG TABLET	11	2.00	1.78	0.49094	76%-100% Above	No	No
16714069211	FLUCONAZOLE 150 MG TABLET	12	2.00	1.78	0.51642	51%-75% Above	No	No
16714069301	FLUCONAZOLE 200 MG TABLET	8	3.00	0.73	0.47605	26%-50% Below	No	No
16714069301	FLUCONAZOLE 200 MG TABLET	8	7.00	1.71	0.47605	26%-50% Below	No	No
16714069301	FLUCONAZOLE 200 MG TABLET	11	3.00	0.73	0.34488	26%-50% Below	No	No
16714069301	FLUCONAZOLE 200 MG TABLET	11	5.00	1.22	0.34488	26%-50% Below	No	No
16714069703	VALACYCLOVIR HCL 1 GRAM TABLET	11	14.00	6.60	0.37188	26%-50% Above	No	No
16714069803	VALACYCLOVIR HCL 500 MG TABLET	8	6.00	1.26	0.27158	10%-25% Below	No	No
16714069803	VALACYCLOVIR HCL 500 MG TABLET	9	6.00	1.26	0.27153	10%-25% Below	No	No
16714069803	VALACYCLOVIR HCL 500 MG TABLET	10	14.00	2.95	0.26279	10%-25% Below	No	No
16714072003	FLUOXETINE HCL 10 MG CAPSULE	9	30.00	1.57	0.03292	51%-75% Above	No	No
16714072003	FLUOXETINE HCL 10 MG CAPSULE	10	30.00	1.57	0.03413	51%-75% Above	No	No
16714072003	FLUOXETINE HCL 10 MG CAPSULE	10	60.00	3.14	0.03413	51%-75% Above	No	No
16714072003	FLUOXETINE HCL 10 MG CAPSULE	11	30.00	1.57	0.02827	76%-100% Above	No	No
16714072003	FLUOXETINE HCL 10 MG CAPSULE	11	60.00	3.14	0.02827	76%-100% Above	No	No
16714072003	FLUOXETINE HCL 10 MG CAPSULE	12	30.00	1.57	0.03081	51%-75% Above	No	No
16714072003	FLUOXETINE HCL 10 MG CAPSULE	12	60.00	3.14	0.03081	51%-75% Above	No	No
16714072102	FLUOXETINE HCL 20 MG CAPSULE	9	90.00	1.10	0.03236	51%-75% Below	No	No
16714072103	FLUOXETINE HCL 20 MG CAPSULE	9	30.00	0.37	0.03236	51%-75% Below	No	No
16714072103	FLUOXETINE HCL 20 MG CAPSULE	10	30.00	0.37	0.03238	51%-75% Below	No	No
16714072103	FLUOXETINE HCL 20 MG CAPSULE	11	30.00	0.37	0.02788	51%-75% Below	No	No
16714072103	FLUOXETINE HCL 20 MG CAPSULE	12	90.00	1.10	0.02969	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16714072202	FLUOXETINE HCL 40 MG CAPSULE	9	90.00	8.15	0.06911	26%-50% Above	No	No
16714072202	FLUOXETINE HCL 40 MG CAPSULE	10	90.00	8.15	0.07068	26%-50% Above	No	No
16714072204	FLUOXETINE HCL 40 MG CAPSULE	9	30.00	2.72	0.06911	26%-50% Above	No	No
16714072204	FLUOXETINE HCL 40 MG CAPSULE	10	30.00	2.72	0.07068	26%-50% Above	No	No
16714072204	FLUOXETINE HCL 40 MG CAPSULE	10	90.00	8.15	0.07068	26%-50% Above	No	No
16714072204	FLUOXETINE HCL 40 MG CAPSULE	11	30.00	2.72	0.04534	76%-100% Above	No	No
16714072204	FLUOXETINE HCL 40 MG CAPSULE	12	30.00	2.72	0.05938	51%-75% Above	No	No
16714072901	DESONIDE 0.05% CREAM	8	45.00	104.17	0.50701	200% Above	No	No
16714072901	DESONIDE 0.05% CREAM	10	30.00	69.44	0.42173	200% Above	No	No
16714073201	CELECOXIB 100 MG CAPSULE	9	30.00	8.76	0.08579	200% Above	No	No
16714073201	CELECOXIB 100 MG CAPSULE	10	30.00	8.76	0.08319	200% Above	No	No
16714073201	CELECOXIB 100 MG CAPSULE	10	180.00	52.58	0.08319	200% Above	No	No
16714073201	CELECOXIB 100 MG CAPSULE	11	30.00	8.76	0.05806	200% Above	No	No
16714073201	CELECOXIB 100 MG CAPSULE	12	30.00	8.76	0.06829	200% Above	No	No
16714073202	CELECOXIB 100 MG CAPSULE	8	30.00	8.76	0.08434	200% Above	No	No
16714073202	CELECOXIB 100 MG CAPSULE	8	60.00	17.53	0.08434	200% Above	No	No
16714073302	CELECOXIB 200 MG CAPSULE	8	30.00	12.90	0.11151	200% Above	No	No
16714073302	CELECOXIB 200 MG CAPSULE	9	30.00	12.90	0.10706	200% Above	No	No
16714073302	CELECOXIB 200 MG CAPSULE	10	30.00	12.90	0.09547	200% Above	No	No
16714073302	CELECOXIB 200 MG CAPSULE	11	30.00	12.90	0.07576	200% Above	No	No
16714079801	SUMATRIPTAN SUCC 100 MG TABLET	9	7.00	3.02	0.48126	10%-25% Below	No	No
16714079801	SUMATRIPTAN SUCC 100 MG TABLET	10	9.00	3.88	0.48521	10%-25% Below	No	No
16714079801	SUMATRIPTAN SUCC 100 MG TABLET	10	10.00	4.31	0.48521	10%-25% Below	No	No
16714079801	SUMATRIPTAN SUCC 100 MG TABLET	10	27.00	11.64	0.48521	10%-25% Below	No	No
16714079801	SUMATRIPTAN SUCC 100 MG TABLET	11	7.00	3.02	0.37205	10%-25% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16714079801	SUMATRIPTAN SUCC 100 MG TABLET	11	9.00	3.88	0.37205	10%-25% Above	No	No
16714079902	CETIRIZINE HCL 10 MG TABLET	8	90.00	3.47	0.06691	26%-50% Below	No	No
16714079902	CETIRIZINE HCL 10 MG TABLET	9	30.00	1.16	0.06437	26%-50% Below	No	No
16714079902	CETIRIZINE HCL 10 MG TABLET	9	90.00	3.47	0.06437	26%-50% Below	No	No
16714079902	CETIRIZINE HCL 10 MG TABLET	10	30.00	1.16	0.06288	26%-50% Below	No	No
16714079902	CETIRIZINE HCL 10 MG TABLET	11	30.00	1.16	0.06069	26%-50% Below	No	No
16714079902	CETIRIZINE HCL 10 MG TABLET	11	90.00	3.47	0.06069	26%-50% Below	No	No
16714079902	CETIRIZINE HCL 10 MG TABLET	12	90.00	3.47	0.06035	26%-50% Below	No	No
16714079903	CETIRIZINE HCL 10 MG TABLET	8	30.00	1.16	0.06691	26%-50% Below	No	No
16714079903	CETIRIZINE HCL 10 MG TABLET	9	30.00	1.16	0.06437	26%-50% Below	No	No
16714079903	CETIRIZINE HCL 10 MG TABLET	10	30.00	1.16	0.06288	26%-50% Below	No	No
16714079903	CETIRIZINE HCL 10 MG TABLET	11	30.00	1.16	0.06069	26%-50% Below	No	No
16714079904	CETIRIZINE HCL 10 MG TABLET	8	30.00	1.16	0.06691	26%-50% Below	No	No
16714079904	CETIRIZINE HCL 10 MG TABLET	9	30.00	1.16	0.06437	26%-50% Below	No	No
16714079904	CETIRIZINE HCL 10 MG TABLET	10	30.00	1.16	0.06288	26%-50% Below	No	No
16714079904	CETIRIZINE HCL 10 MG TABLET	11	20.00	0.77	0.06069	26%-50% Below	No	No
16714079904	CETIRIZINE HCL 10 MG TABLET	11	30.00	1.16	0.06069	26%-50% Below	No	No
16714079904	CETIRIZINE HCL 10 MG TABLET	11	90.00	3.47	0.06069	26%-50% Below	No	No
16714079904	CETIRIZINE HCL 10 MG TABLET	12	30.00	1.16	0.06035	26%-50% Below	No	No
16714080801	DEXTROAMP-AMPHETAMIN 30 MG TAB	8	30.00	6.53	0.30424	26%-50% Below	No	No
16714080801	DEXTROAMP-AMPHETAMIN 30 MG TAB	9	30.00	6.53	0.32517	26%-50% Below	No	No
16714080801	DEXTROAMP-AMPHETAMIN 30 MG TAB	9	60.00	13.06	0.32517	26%-50% Below	No	No
16714080801	DEXTROAMP-AMPHETAMIN 30 MG TAB	10	45.00	9.80	0.35038	26%-50% Below	No	No
16714080801	DEXTROAMP-AMPHETAMIN 30 MG TAB	10	60.00	13.06	0.35038	26%-50% Below	No	No
16714080801	DEXTROAMP-AMPHETAMIN 30 MG TAB	11	30.00	6.53	0.25597	10%-25% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16714081302	EZETIMIBE 10 MG TABLET	9	90.00	119.79	0.08895	200% Above	No	No
16714081302	EZETIMIBE 10 MG TABLET	10	90.00	119.79	0.08203	200% Above	No	No
16714081302	EZETIMIBE 10 MG TABLET	11	30.00	39.93	0.07249	200% Above	No	No
16714081302	EZETIMIBE 10 MG TABLET	12	30.00	39.93	0.07518	200% Above	No	No
16714081303	EZETIMIBE 10 MG TABLET	8	90.00	117.53	0.09557	200% Above	No	No
16714081303	EZETIMIBE 10 MG TABLET	9	90.00	119.79	0.08895	200% Above	No	No
16714082901	BUDESONIDE DR 3 MG CAPSULE	8	90.00	547.67	0.62401	200% Above	No	No
16714082901	BUDESONIDE DR 3 MG CAPSULE	9	90.00	547.67	0.58605	200% Above	No	No
16714082901	BUDESONIDE DR 3 MG CAPSULE	10	90.00	547.67	0.51336	200% Above	No	No
16714082901	BUDESONIDE DR 3 MG CAPSULE	11	90.00	547.67	0.42420	200% Above	No	No
16714082901	BUDESONIDE DR 3 MG CAPSULE	12	90.00	547.67	0.46382	200% Above	No	No
16714085402	METOPROLOL SUCC ER 100 MG TAB	10	90.00	20.26	0.09544	101%-200% Above	No	No
16714088501	ACYCLOVIR 5% OINTMENT	12	15.00	37.56	0.49681	200% Above	No	No
16714089902	FEXOFENADINE HCL 180 MG TABLET	8	30.00	4.56	0.28386	26%-50% Below	No	No
16714089902	FEXOFENADINE HCL 180 MG TABLET	10	30.00	4.56	0.27376	26%-50% Below	No	No
16714089902	FEXOFENADINE HCL 180 MG TABLET	11	30.00	4.56	0.20794	26%-50% Below	No	No
16714095001	DEXTROAMP-AMPHETAMIN 10 MG TAB	8	30.00	6.57	0.25488	10%-25% Below	No	No
16714095001	DEXTROAMP-AMPHETAMIN 10 MG TAB	9	30.00	6.69	0.26317	10%-25% Below	No	No
16714095001	DEXTROAMP-AMPHETAMIN 10 MG TAB	9	60.00	13.39	0.26317	10%-25% Below	No	No
16714095001	DEXTROAMP-AMPHETAMIN 10 MG TAB	10	30.00	6.69	0.26858	10%-25% Below	No	No
16714095001	DEXTROAMP-AMPHETAMIN 10 MG TAB	10	60.00	13.39	0.26858	10%-25% Below	No	No
16714095001	DEXTROAMP-AMPHETAMIN 10 MG TAB	11	30.00	6.69	0.19746	10%-25% Above	No	No
16714095001	DEXTROAMP-AMPHETAMIN 10 MG TAB	11	60.00	13.39	0.19746	10%-25% Above	No	No
16714095201	DEXTROAMP-AMPHETAMIN 15 MG TAB	10	30.00	6.53	0.27970	10%-25% Below	No	No
16714095301	DEXTROAMP-AMPHETAMIN 20 MG TAB	8	60.00	13.10	0.34010	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16714095301	DEXTROAMP-AMPHETAMIN 20 MG TAB	8	60.00	13.36	0.34010	26%-50% Below	No	No
16714095301	DEXTROAMP-AMPHETAMIN 20 MG TAB	9	60.00	13.36	0.32728	26%-50% Below	No	No
16714095301	DEXTROAMP-AMPHETAMIN 20 MG TAB	10	60.00	13.36	0.34776	26%-50% Below	No	No
16714095301	DEXTROAMP-AMPHETAMIN 20 MG TAB	11	60.00	13.36	0.34197	26%-50% Below	No	No
16714095501	KETOCONAZOLE 2% CREAM	9	30.00	25.04	0.26900	200% Above	No	No
16714096701	TESTOSTERONE 1.62% GEL PUMP	9	75.00	99.86	0.55104	101%-200% Above	No	No
16714096701	TESTOSTERONE 1.62% GEL PUMP	10	75.00	99.86	0.55527	101%-200% Above	No	No
16714096701	TESTOSTERONE 1.62% GEL PUMP	12	75.00	99.86	0.43299	200% Above	No	No
16714097902	ESOMEPRAZOLE MAG DR 20 MG CAP	9	30.00	42.94	0.18797	200% Above	No	No
16714097902	ESOMEPRAZOLE MAG DR 20 MG CAP	10	30.00	42.94	0.18032	200% Above	No	No
16714097902	ESOMEPRAZOLE MAG DR 20 MG CAP	11	30.00	42.94	0.13071	200% Above	No	No
16714098002	ESOMEPRAZOLE MAG DR 40 MG CAP	8	90.00	128.82	0.15754	200% Above	No	No
16714098002	ESOMEPRAZOLE MAG DR 40 MG CAP	9	90.00	128.82	0.16104	200% Above	No	No
16714098002	ESOMEPRAZOLE MAG DR 40 MG CAP	10	90.00	128.82	0.15336	200% Above	No	No
16714098002	ESOMEPRAZOLE MAG DR 40 MG CAP	11	90.00	128.82	0.11037	200% Above	No	No
16714098002	ESOMEPRAZOLE MAG DR 40 MG CAP	12	30.00	42.94	0.13123	200% Above	No	No
16714098901	ROSUVASTATIN CALCIUM 10 MG TAB	8	30.00	51.46	0.04784	200% Above	No	No
16714098901	ROSUVASTATIN CALCIUM 10 MG TAB	9	30.00	51.46	0.04583	200% Above	No	No
16714098901	ROSUVASTATIN CALCIUM 10 MG TAB	9	90.00	154.37	0.04583	200% Above	No	No
16714098901	ROSUVASTATIN CALCIUM 10 MG TAB	10	30.00	51.46	0.04305	200% Above	No	No
16714098901	ROSUVASTATIN CALCIUM 10 MG TAB	10	90.00	154.37	0.04305	200% Above	No	No
16714098901	ROSUVASTATIN CALCIUM 10 MG TAB	11	30.00	51.46	0.03593	200% Above	No	No
16714098901	ROSUVASTATIN CALCIUM 10 MG TAB	12	30.00	51.46	0.03956	200% Above	No	No
16714098901	ROSUVASTATIN CALCIUM 10 MG TAB	12	90.00	154.37	0.03956	200% Above	No	No
16714099001	ROSUVASTATIN CALCIUM 20 MG TAB	9	90.00	154.00	0.06488	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16714099001	ROSUVASTATIN CALCIUM 20 MG TAB	10	30.00	51.33	0.06305	200% Above	No	No
16714099001	ROSUVASTATIN CALCIUM 20 MG TAB	10	90.00	154.00	0.06305	200% Above	No	No
16714099001	ROSUVASTATIN CALCIUM 20 MG TAB	11	90.00	154.00	0.05010	200% Above	No	No
16714099001	ROSUVASTATIN CALCIUM 20 MG TAB	12	90.00	154.00	0.05663	200% Above	No	No
16714099101	ROSUVASTATIN CALCIUM 40 MG TAB	12	30.00	51.31	0.09086	200% Above	No	No
16729000316	GLIMEPIRIDE 4 MG TABLET	9	90.00	12.50	0.03577	200% Above	No	No
16729000617	SIMVASTATIN 40 MG TABLET	9	90.00	2.54	0.06269	51%-75% Below	No	No
16729003415	LETROZOLE 2.5 MG TABLET	9	10.00	0.92	0.14837	26%-50% Below	No	No
16729003510	ANASTROZOLE 1 MG TABLET	8	8.00	0.65	0.17083	51%-75% Below	No	No
16729008110	NALTREXONE 50 MG TABLET	8	30.00	14.62	1.09587	51%-75% Below	No	No
16729013600	CLONAZEPAM 0.5 MG TABLET	8	30.00	0.39	0.02634	26%-50% Below	No	No
16729013600	CLONAZEPAM 0.5 MG TABLET	9	15.00	0.19	0.02836	51%-75% Below	No	No
16729013616	CLONAZEPAM 0.5 MG TABLET	9	60.00	0.77	0.02836	51%-75% Below	No	No
16729013616	CLONAZEPAM 0.5 MG TABLET	9	90.00	1.16	0.02836	51%-75% Below	No	No
16729013616	CLONAZEPAM 0.5 MG TABLET	10	20.00	0.26	0.02647	26%-50% Below	No	No
16729013616	CLONAZEPAM 0.5 MG TABLET	10	30.00	0.39	0.02647	26%-50% Below	Yes	No
16729013616	CLONAZEPAM 0.5 MG TABLET	10	45.00	0.58	0.02647	51%-75% Below	Yes	No
16729013616	CLONAZEPAM 0.5 MG TABLET	10	60.00	0.77	0.02647	51%-75% Below	No	No
16729013616	CLONAZEPAM 0.5 MG TABLET	10	90.00	1.16	0.02647	51%-75% Below	No	No
16729013616	CLONAZEPAM 0.5 MG TABLET	11	30.00	0.39	0.01744	10%-25% Below	Yes	No
16729013616	CLONAZEPAM 0.5 MG TABLET	11	40.00	0.52	0.01744	10%-25% Below	Yes	No
16729013616	CLONAZEPAM 0.5 MG TABLET	11	45.00	0.58	0.01744	26%-50% Below	Yes	No
16729013616	CLONAZEPAM 0.5 MG TABLET	11	60.00	0.77	0.01744	26%-50% Below	No	No
16729013616	CLONAZEPAM 0.5 MG TABLET	11	90.00	1.16	0.01744	26%-50% Below	No	No
16729013616	CLONAZEPAM 0.5 MG TABLET	12	30.00	0.39	0.02070	26%-50% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16729013616	CLONAZEPAM 0.5 MG TABLET	12	45.00	0.58	0.02070	26%-50% Below	Yes	No
16729013716	CLONAZEPAM 1 MG TABLET	9	60.00	0.88	0.03246	51%-75% Below	Yes	No
16729017117	AMITRIPTYLINE HCL 10 MG TAB	9	90.00	7.82	0.03912	101%-200% Above	No	No
16729018217	HYDROCHLOROTHIAZIDE 12.5 MG TB	8	90.00	20.68	0.04898	200% Above	No	No
16729018217	HYDROCHLOROTHIAZIDE 12.5 MG TB	10	90.00	20.68	0.04815	200% Above	No	No
16729018317	HYDROCHLOROTHIAZIDE 25 MG TAB	8	30.00	0.80	0.01339	76%-100% Above	No	No
16729018317	HYDROCHLOROTHIAZIDE 25 MG TAB	8	90.00	2.35	0.01339	76%-100% Above	No	No
16729018317	HYDROCHLOROTHIAZIDE 25 MG TAB	10	90.00	2.39	0.01232	101%-200% Above	No	No
16729018317	HYDROCHLOROTHIAZIDE 25 MG TAB	11	30.00	0.80	0.00955	101%-200% Above	No	No
16729018317	HYDROCHLOROTHIAZIDE 25 MG TAB	11	90.00	2.39	0.00955	101%-200% Above	No	No
16729021716	SERTRALINE HCL 100 MG TABLET	12	45.00	2.44	0.04769	10%-25% Above	No	No
16729021716	SERTRALINE HCL 100 MG TABLET	12	90.00	4.89	0.04769	10%-25% Above	No	No
16729022601	SPIRONOLACTONE 50 MG TABLET	11	30.00	3.23	0.07660	26%-50% Above	No	No
16729044310	BUPROPION HCL XL 150 MG TABLET	11	14.00	3.24	0.07445	200% Above	No	No
16729044315	BUPROPION HCL XL 150 MG TABLET	9	30.00	6.94	0.10981	101%-200% Above	No	No
16729044315	BUPROPION HCL XL 150 MG TABLET	10	30.00	6.94	0.10682	101%-200% Above	No	No
16729044315	BUPROPION HCL XL 150 MG TABLET	10	90.00	20.83	0.10682	101%-200% Above	No	No
16729044315	BUPROPION HCL XL 150 MG TABLET	11	30.00	6.94	0.07445	200% Above	No	No
16729044416	BUPROPION HCL XL 300 MG TABLET	10	30.00	8.67	0.15150	76%-100% Above	No	No
16729044717	LEVOTHYROXINE 25 MCG TABLET	8	30.00	0.77	0.04904	26%-50% Below	No	No
16729044717	LEVOTHYROXINE 25 MCG TABLET	8	90.00	2.30	0.04904	26%-50% Below	No	No
16729044717	LEVOTHYROXINE 25 MCG TABLET	9	30.00	0.77	0.04890	26%-50% Below	No	No
16729044717	LEVOTHYROXINE 25 MCG TABLET	10	30.00	0.77	0.04764	26%-50% Below	No	No
16729044717	LEVOTHYROXINE 25 MCG TABLET	10	90.00	2.30	0.04764	26%-50% Below	No	No
16729044717	LEVOTHYROXINE 25 MCG TABLET	11	30.00	0.77	0.04351	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16729044817	LEVOTHYROXINE 50 MCG TABLET	8	30.00	0.97	0.05616	26%-50% Below	No	No
16729044817	LEVOTHYROXINE 50 MCG TABLET	8	90.00	2.91	0.05616	26%-50% Below	No	No
16729044817	LEVOTHYROXINE 50 MCG TABLET	9	30.00	0.97	0.05924	26%-50% Below	No	No
16729044817	LEVOTHYROXINE 50 MCG TABLET	10	30.00	0.97	0.05707	26%-50% Below	No	No
16729044817	LEVOTHYROXINE 50 MCG TABLET	11	30.00	0.97	0.04701	26%-50% Below	No	No
16729044817	LEVOTHYROXINE 50 MCG TABLET	12	30.00	0.97	0.05170	26%-50% Below	No	No
16729044817	LEVOTHYROXINE 50 MCG TABLET	12	90.00	2.91	0.05170	26%-50% Below	No	No
16729044917	LEVOTHYROXINE 75 MCG TABLET	9	30.00	0.83	0.06556	51%-75% Below	No	No
16729044917	LEVOTHYROXINE 75 MCG TABLET	10	30.00	0.83	0.06368	51%-75% Below	No	No
16729044917	LEVOTHYROXINE 75 MCG TABLET	10	90.00	2.50	0.06368	51%-75% Below	No	No
16729045017	LEVOTHYROXINE 88 MCG TABLET	8	28.00	1.01	0.06368	26%-50% Below	No	No
16729045017	LEVOTHYROXINE 88 MCG TABLET	9	28.00	1.01	0.06280	26%-50% Below	No	No
16729045017	LEVOTHYROXINE 88 MCG TABLET	10	28.00	1.01	0.06490	26%-50% Below	No	No
16729045017	LEVOTHYROXINE 88 MCG TABLET	11	28.00	1.01	0.05266	26%-50% Below	No	No
16729045115	LEVOTHYROXINE 100 MCG TABLET	9	30.00	0.78	0.06270	51%-75% Below	No	No
16729045115	LEVOTHYROXINE 100 MCG TABLET	10	30.00	0.78	0.05884	51%-75% Below	No	No
16729045115	LEVOTHYROXINE 100 MCG TABLET	11	30.00	0.78	0.05406	51%-75% Below	No	No
16729045115	LEVOTHYROXINE 100 MCG TABLET	12	90.00	2.33	0.05509	51%-75% Below	No	No
16729045117	LEVOTHYROXINE 100 MCG TABLET	9	30.00	0.78	0.06270	51%-75% Below	No	No
16729045117	LEVOTHYROXINE 100 MCG TABLET	10	30.00	0.78	0.05884	51%-75% Below	No	No
16729045117	LEVOTHYROXINE 100 MCG TABLET	10	90.00	2.33	0.05884	51%-75% Below	No	No
16729045117	LEVOTHYROXINE 100 MCG TABLET	11	30.00	0.78	0.05406	51%-75% Below	No	No
16729045117	LEVOTHYROXINE 100 MCG TABLET	12	30.00	0.78	0.05509	51%-75% Below	No	No
16729045217	LEVOTHYROXINE 112 MCG TABLET	11	30.00	1.08	0.06343	26%-50% Below	No	No
16729045317	LEVOTHYROXINE 125 MCG TABLET	9	30.00	1.46	0.09546	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16729045317	LEVOTHYROXINE 125 MCG TABLET	9	90.00	4.37	0.09546	26%-50% Below	No	No
16729045317	LEVOTHYROXINE 125 MCG TABLET	10	105.00	5.10	0.08172	26%-50% Below	No	No
16729045317	LEVOTHYROXINE 125 MCG TABLET	11	30.00	1.46	0.06910	26%-50% Below	No	No
16729045415	LEVOTHYROXINE 137 MCG TABLET	10	90.00	3.63	0.08202	26%-50% Below	Yes	No
16729045417	LEVOTHYROXINE 137 MCG TABLET	9	30.00	1.21	0.08220	26%-50% Below	No	No
16729045417	LEVOTHYROXINE 137 MCG TABLET	10	30.00	1.21	0.08202	26%-50% Below	No	No
16729045615	LEVOTHYROXINE 175 MCG TABLET	8	30.00	1.33	0.10654	51%-75% Below	No	No
16729045615	LEVOTHYROXINE 175 MCG TABLET	10	30.00	1.33	0.11300	51%-75% Below	No	No
16729045715	LEVOTHYROXINE 200 MCG TABLET	9	90.00	4.95	0.10161	26%-50% Below	No	No
16729047801	METHYLPHENIDATE 5 MG TABLET	8	30.00	8.31	0.13079	101%-200% Above	No	No
16729047801	METHYLPHENIDATE 5 MG TABLET	10	30.00	8.31	0.13798	76%-100% Above	No	No
16729047901	METHYLPHENIDATE 10 MG TABLET	10	30.00	13.09	0.17366	101%-200% Above	No	No
16729047901	METHYLPHENIDATE 10 MG TABLET	11	30.00	13.09	0.14244	200% Above	No	No
17270074000	ALBUTEROL AER HFA (PA)	11	8.50	9.72	.		No	No
19515081052	FLULAVAL INJ 2024-25	9	0.50	18.53	.		Yes	No
19515081052	FLULAVAL INJ 2024-25	10	0.50	18.53	.		Yes	No
19515081052	FLULAVAL INJ 2024-25	10	0.50	18.60	.		No	No
19515081052	FLULAVAL INJ 2024-25	11	0.50	18.53	.		Yes	No
19515081052	FLULAVAL INJ 2024-25	11	0.50	18.60	.		No	No
21922000201	CLINDAMYCIN PH 1% SOLUTION	11	60.00	29.56	0.12602	200% Above	No	No
21922000909	DICLOFENAC SODIUM 1% GEL	10	100.00	2.11	0.10718	76%-100% Below	No	No
21922001604	CLOBETASOL 0.05% CREAM	9	60.00	169.45	0.20264	200% Above	No	No
21922001605	CLOBETASOL 0.05% CREAM	9	30.00	84.72	0.16874	200% Above	No	No
21922001606	CLOBETASOL 0.05% CREAM	12	45.00	127.08	0.10552	200% Above	No	No
21922001607	CLOBETASOL 0.05% CREAM	9	60.00	151.63	0.15877	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
21922001704	CLOBETASOL 0.05% OINTMENT	9	45.00	154.08	0.21955	200% Above	Yes	No
21922001704	CLOBETASOL 0.05% OINTMENT	10	30.00	102.72	0.19994	200% Above	No	No
21922001707	CLOBETASOL 0.05% OINTMENT	10	60.00	171.63	0.15127	200% Above	No	No
21922001707	CLOBETASOL 0.05% OINTMENT	11	60.00	171.63	0.09701	200% Above	No	No
21922001902	TESTOSTERONE 1% (50 MG/5 G) PK	8	150.00	167.01	0.76458	26%-50% Above	No	No
21922001902	TESTOSTERONE 1% (50 MG/5 G) PK	9	150.00	167.01	0.70375	51%-75% Above	No	No
21922001902	TESTOSTERONE 1% (50 MG/5 G) PK	11	150.00	167.01	0.52049	101%-200% Above	No	No
21922002107	PERMETHRIN 5% CREAM	8	60.00	40.17	0.27101	101%-200% Above	No	No
21922002107	PERMETHRIN 5% CREAM	9	60.00	40.17	0.25316	101%-200% Above	No	No
21922002107	PERMETHRIN 5% CREAM	10	60.00	40.17	0.25039	101%-200% Above	Yes	No
21922002206	CLIND PH-BENZOYL PEROX 1.2-5%	10	45.00	12.36	0.55755	26%-50% Below	No	No
21922002505	KETOCONAZOLE 2% CREAM	10	30.00	21.12	0.26008	101%-200% Above	No	No
21922002705	CLINDAMYCIN PH 1% GEL	9	30.00	24.50	0.25541	200% Above	No	No
21922002707	CLINDAMYCIN PH 1% GEL	8	60.00	48.99	0.26521	200% Above	No	No
21922002707	CLINDAMYCIN PH 1% GEL	10	60.00	48.99	0.15449	200% Above	No	No
21922003601	CLINDAMYCIN PHOSP 1% LOTION	9	60.00	40.52	0.35376	76%-100% Above	No	No
21922003923	METRONIDAZOLE VAGINAL 0.75% GL	8	70.00	52.26	0.29986	101%-200% Above	No	No
21922003923	METRONIDAZOLE VAGINAL 0.75% GL	9	70.00	52.26	0.28378	101%-200% Above	No	No
21922003923	METRONIDAZOLE VAGINAL 0.75% GL	11	70.00	52.26	0.16123	200% Above	No	No
21922006205	TRIAMCINOLONE 0.1% CREAM	11	30.00	3.41	0.09301	10%-25% Above	No	No
21922006304	TRIAMCINOLONE 0.1% OINTMENT	8	15.00	0.62	0.13285	51%-75% Below	No	No
21922006304	TRIAMCINOLONE 0.1% OINTMENT	9	15.00	0.62	0.13467	51%-75% Below	No	No
21922006304	TRIAMCINOLONE 0.1% OINTMENT	9	30.00	1.24	0.13467	51%-75% Below	No	No
21922006315	TRIAMCINOLONE 0.1% OINTMENT	12	80.00	3.21	0.05903	26%-50% Below	No	No
23155000801	HYDROCHLOROTHIAZIDE 25 MG TAB	8	30.00	0.78	0.01339	76%-100% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
23155000801	HYDROCHLOROTHIAZIDE 25 MG TAB	8	30.00	0.80	0.01339	76%-100% Above	No	No
23155000801	HYDROCHLOROTHIAZIDE 25 MG TAB	8	90.00	2.39	0.01339	76%-100% Above	No	No
23155000801	HYDROCHLOROTHIAZIDE 25 MG TAB	9	30.00	0.80	0.01297	101%-200% Above	No	No
23155000801	HYDROCHLOROTHIAZIDE 25 MG TAB	9	45.00	1.20	0.01297	101%-200% Above	No	No
23155000801	HYDROCHLOROTHIAZIDE 25 MG TAB	10	30.00	0.80	0.01232	101%-200% Above	No	No
23155000801	HYDROCHLOROTHIAZIDE 25 MG TAB	10	90.00	2.39	0.01232	101%-200% Above	No	No
23155000801	HYDROCHLOROTHIAZIDE 25 MG TAB	12	30.00	0.80	0.01079	101%-200% Above	No	No
23155000801	HYDROCHLOROTHIAZIDE 25 MG TAB	12	45.00	1.20	0.01079	101%-200% Above	No	No
23155000801	HYDROCHLOROTHIAZIDE 25 MG TAB	12	90.00	2.39	0.01079	101%-200% Above	No	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	9	90.00	1.39	0.01297	10%-25% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	9	90.00	1.96	0.01297	51%-75% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	10	90.00	1.22	0.01232	10%-25% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	11	30.00	0.40	0.00955	26%-50% Above	No	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	11	30.00	0.40	0.00955	26%-50% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	11	90.00	1.22	0.00955	26%-50% Above	No	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	11	90.00	1.22	0.00955	26%-50% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	12	30.00	0.40	0.01079	10%-25% Above	No	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	12	30.00	0.40	0.01079	10%-25% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	12	90.00	1.22	0.01079	10%-25% Above	Yes	No
23155002301	BUSPIRONE HCL 5 MG TABLET	8	60.00	3.82	0.02500	101%-200% Above	No	No
23155002401	BUSPIRONE HCL 10 MG TABLET	9	540.00	43.47	0.03491	101%-200% Above	No	No
23155002401	BUSPIRONE HCL 10 MG TABLET	10	270.00	21.74	0.03294	101%-200% Above	No	No
23155002505	BUSPIRONE HCL 15 MG TABLET	8	60.00	3.54	0.05006	10%-25% Above	No	No
23155002506	BUSPIRONE HCL 15 MG TABLET	9	180.00	10.84	0.05068	10%-25% Above	No	No
23155002910	FLUOXETINE HCL 20 MG CAPSULE	12	30.00	0.37	0.02969	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
23155007001	METHIMAZOLE 5 MG TABLET	9	90.00	13.78	0.08149	76%-100% Above	No	No
23155007001	METHIMAZOLE 5 MG TABLET	10	180.00	27.56	0.07697	76%-100% Above	No	No
23155007001	METHIMAZOLE 5 MG TABLET	11	90.00	13.78	0.06614	101%-200% Above	No	No
23155013525	DOXYCYCLINE MONO 100 MG TABLET	8	14.00	5.82	0.31935	26%-50% Above	Yes	No
23155013525	DOXYCYCLINE MONO 100 MG TABLET	8	14.00	5.93	0.31935	26%-50% Above	Yes	No
23155013525	DOXYCYCLINE MONO 100 MG TABLET	11	20.00	8.47	0.19858	101%-200% Above	Yes	No
23155019101	BUPROPION HCL 75 MG TABLET	9	60.00	19.48	0.11041	101%-200% Above	No	No
23155050101	HYDROXYZINE HCL 25 MG TABLET	8	30.00	1.57	0.04351	10%-25% Above	No	No
23155050101	HYDROXYZINE HCL 25 MG TABLET	10	30.00	1.57	0.04691	10%-25% Above	Yes	No
23155050101	HYDROXYZINE HCL 25 MG TABLET	11	30.00	1.57	0.03406	51%-75% Above	No	No
23155050105	HYDROXYZINE HCL 25 MG TABLET	9	90.00	4.72	0.04472	10%-25% Above	No	No
23155050110	HYDROXYZINE HCL 25 MG TABLET	8	90.00	4.72	0.04351	10%-25% Above	No	No
23155050110	HYDROXYZINE HCL 25 MG TABLET	10	30.00	1.57	0.04691	10%-25% Above	No	No
23155050110	HYDROXYZINE HCL 25 MG TABLET	10	90.00	4.72	0.04691	10%-25% Above	No	No
23155050110	HYDROXYZINE HCL 25 MG TABLET	11	90.00	4.72	0.03406	51%-75% Above	No	No
23155050110	HYDROXYZINE HCL 25 MG TABLET	11	270.00	14.15	0.03406	51%-75% Above	No	No
23155060701	GLYCOPYRROLATE 2 MG TABLET	9	90.00	50.56	0.24165	101%-200% Above	No	No
23155069301	ALLOPURINOL 100 MG TABLET	10	90.00	7.98	0.04769	76%-100% Above	Yes	No
23155069310	ALLOPURINOL 100 MG TABLET	10	90.00	7.98	0.04769	76%-100% Above	No	No
23155072301	LABETALOL HCL 100 MG TABLET	8	60.00	12.92	0.10215	101%-200% Above	No	No
23155072301	LABETALOL HCL 100 MG TABLET	8	180.00	38.75	0.10215	101%-200% Above	Yes	No
23155072301	LABETALOL HCL 100 MG TABLET	9	60.00	12.92	0.10845	76%-100% Above	No	No
23155072301	LABETALOL HCL 100 MG TABLET	10	60.00	12.92	0.10493	101%-200% Above	No	No
23155072301	LABETALOL HCL 100 MG TABLET	11	60.00	12.92	0.08733	101%-200% Above	No	No
23155072301	LABETALOL HCL 100 MG TABLET	11	180.00	38.75	0.08733	101%-200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
23155072301	LABETALOL HCL 100 MG TABLET	12	60.00	12.92	0.09123	101%-200% Above	Yes	No
23155072401	LABETALOL HCL 200 MG TABLET	9	60.00	14.97	0.16867	26%-50% Above	Yes	No
23155072401	LABETALOL HCL 200 MG TABLET	10	60.00	14.97	0.14734	51%-75% Above	No	No
23155072401	LABETALOL HCL 200 MG TABLET	10	60.00	14.97	0.14734	51%-75% Above	Yes	No
23155072401	LABETALOL HCL 200 MG TABLET	11	60.00	14.97	0.12225	101%-200% Above	Yes	No
23155072401	LABETALOL HCL 200 MG TABLET	12	60.00	14.97	0.13719	76%-100% Above	No	No
23155072401	LABETALOL HCL 200 MG TABLET	12	60.00	14.97	0.13719	76%-100% Above	Yes	No
23155076401	HYDROCHLOROTHIAZIDE 12.5 MG TB	10	90.00	24.00	0.04815	200% Above	Yes	No
23155076401	HYDROCHLOROTHIAZIDE 12.5 MG TB	11	90.00	10.00	0.03452	200% Above	No	No
23155076401	HYDROCHLOROTHIAZIDE 12.5 MG TB	12	90.00	10.00	0.04193	101%-200% Above	No	No
23155076401	HYDROCHLOROTHIAZIDE 12.5 MG TB	12	90.00	24.00	0.04193	200% Above	Yes	No
23155076410	HYDROCHLOROTHIAZIDE 12.5 MG TB	10	90.00	24.94	0.04815	200% Above	No	No
23155077201	ENALAPRIL MALEATE 10 MG TAB	8	60.00	13.95	0.10092	101%-200% Above	No	No
23155077201	ENALAPRIL MALEATE 10 MG TAB	10	60.00	13.95	0.08947	101%-200% Above	No	No
23155077201	ENALAPRIL MALEATE 10 MG TAB	11	60.00	13.95	0.06480	200% Above	No	No
23155077201	ENALAPRIL MALEATE 10 MG TAB	12	60.00	13.95	0.07624	200% Above	No	No
23155077301	ENALAPRIL MALEATE 20 MG TAB	8	90.00	29.91	0.10593	200% Above	No	No
23155077301	ENALAPRIL MALEATE 20 MG TAB	11	30.00	9.97	0.10077	200% Above	No	No
23155078701	ACETAZOLAMIDE ER 500 MG CAP	9	180.00	84.63	0.32877	26%-50% Above	Yes	No
23155079401	DOXEPIN 10 MG CAPSULE	10	90.00	3.74	0.09308	51%-75% Below	No	No
23155079501	DOXEPIN 25 MG CAPSULE	12	30.00	1.58	0.12536	51%-75% Below	No	No
23155082373	CABERGOLINE 0.5 MG TABLET	11	8.00	41.33	1.06920	200% Above	No	No
23155083201	HYDRALAZINE 10 MG TABLET	10	180.00	11.30	0.03166	76%-100% Above	No	No
23155083401	HYDRALAZINE 50 MG TABLET	9	180.00	30.53	0.04706	200% Above	Yes	No
23155083401	HYDRALAZINE 50 MG TABLET	12	30.00	5.09	0.04188	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
23155083401	HYDRALAZINE 50 MG TABLET	12	180.00	30.53	0.04188	200% Above	Yes	No
23155083501	HYDRALAZINE 100 MG TABLET	10	180.00	53.89	0.08317	200% Above	Yes	No
23155083501	HYDRALAZINE 100 MG TABLET	11	270.00	84.00	0.06177	200% Above	No	No
23155083930	CYCLOSPORINE MODIFIED 100 MG	8	90.00	70.67	1.61019	51%-75% Below	Yes	No
23155084105	METFORMIN HCL 500 MG TABLET	11	60.00	0.64	0.01225	10%-25% Below	No	No
23155085703	ANASTROZOLE 1 MG TABLET	9	30.00	2.44	0.16529	26%-50% Below	No	No
23155085703	ANASTROZOLE 1 MG TABLET	10	90.00	7.33	0.15652	26%-50% Below	No	No
23155085703	ANASTROZOLE 1 MG TABLET	11	30.00	2.44	0.11102	26%-50% Below	No	No
23155085878	VANCOMYCIN HCL 125 MG CAPSULE	9	28.00	17.43	1.44672	51%-75% Below	No	No
23155086705	GABAPENTIN 300 MG CAPSULE	9	30.00	0.63	0.03917	26%-50% Below	No	No
23155087301	TORSEMIDE 20 MG TABLET	8	90.00	15.13	0.07475	101%-200% Above	No	No
23155087301	TORSEMIDE 20 MG TABLET	11	90.00	15.13	0.05423	200% Above	No	No
23155087503	LETROZOLE 2.5 MG TABLET	9	5.00	0.46	0.14837	26%-50% Below	No	No
23155087503	LETROZOLE 2.5 MG TABLET	9	30.00	2.75	0.14837	26%-50% Below	No	No
23155087503	LETROZOLE 2.5 MG TABLET	10	5.00	0.46	0.14056	26%-50% Below	No	No
23155087503	LETROZOLE 2.5 MG TABLET	11	5.00	0.46	0.12776	26%-50% Below	No	No
23155087503	LETROZOLE 2.5 MG TABLET	12	5.00	0.46	0.13398	26%-50% Below	No	No
23155087509	LETROZOLE 2.5 MG TABLET	10	90.00	8.24	0.14056	26%-50% Below	Yes	No
23155090105	BUMETANIDE 1 MG TABLET	12	210.00	93.05	0.14527	200% Above	No	No
24208029005	TOBRAMYCIN 0.3% EYE DROP	8	5.00	6.78	1.16588	10%-25% Above	No	No
24208029505	TOBRAMYCIN-DEXAMETH OPHTH SUSP	8	5.00	49.26	4.33152	101%-200% Above	No	No
24208029525	TOBRAMYCIN-DEXAMETH OPHTH SUSP	8	2.50	24.11	6.02506	51%-75% Above	No	No
24208031510	POLYMYXIN B-TMP EYE DROPS	8	10.00	6.40	0.52126	10%-25% Above	Yes	No
24208031510	POLYMYXIN B-TMP EYE DROPS	10	10.00	6.40	0.53452	10%-25% Above	No	No
24208039830	IPRATROPIUM 0.03% SPRAY	9	30.00	14.21	0.62534	10%-25% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
24208039830	IPRATROPIUM 0.03% SPRAY	10	30.00	14.21	0.58224	10%-25% Below	Yes	No
24208039915	IPRATROPIUM 0.06% SPRAY	10	15.00	18.50	1.06189	10%-25% Above	Yes	No
24208039915	IPRATROPIUM 0.06% SPRAY	11	15.00	18.50	0.87990	26%-50% Above	Yes	No
24208039915	IPRATROPIUM 0.06% SPRAY	12	15.00	18.50	0.97944	10%-25% Above	Yes	No
24208041010	OFLOXACIN 0.3% EAR DROPS	3	10.00	40.12	1.76542	101%-200% Above	No	No
24208041010	OFLOXACIN 0.3% EAR DROPS	11	10.00	97.91	0.99475	200% Above	No	No
24208046325	LATANOPROST 0.005% EYE DROPS	8	2.50	3.52	1.77056	10%-25% Below	No	No
24208046325	LATANOPROST 0.005% EYE DROPS	9	2.50	3.52	1.73373	10%-25% Below	No	No
24208046325	LATANOPROST 0.005% EYE DROPS	9	2.50	3.52	1.73373	10%-25% Below	Yes	No
24208046325	LATANOPROST 0.005% EYE DROPS	10	2.50	3.52	1.82469	10%-25% Below	No	No
24208046325	LATANOPROST 0.005% EYE DROPS	10	2.50	3.52	1.82469	10%-25% Below	Yes	No
24208046325	LATANOPROST 0.005% EYE DROPS	10	7.50	10.15	1.82469	10%-25% Below	Yes	No
24208046325	LATANOPROST 0.005% EYE DROPS	10	7.50	10.55	1.82469	10%-25% Below	Yes	No
24208046325	LATANOPROST 0.005% EYE DROPS	12	2.50	3.52	1.63828	10%-25% Below	Yes	No
24208048510	DORZOLAMIDE HCL 2% EYE DROPS	8	10.00	20.42	1.04889	76%-100% Above	No	No
24208048510	DORZOLAMIDE HCL 2% EYE DROPS	10	10.00	20.42	1.58514	26%-50% Above	No	No
24208048510	DORZOLAMIDE HCL 2% EYE DROPS	10	10.00	20.42	1.58514	26%-50% Above	Yes	No
24208048610	DORZOLAMIDE-TIMOLOL EYE DROPS	8	10.00	13.08	1.04491	10%-25% Above	No	No
24208048610	DORZOLAMIDE-TIMOLOL EYE DROPS	11	10.00	13.08	1.04012	10%-25% Above	No	No
24208058060	GENTAMICIN 0.3% EYE DROP	10	5.00	6.83	0.77088	76%-100% Above	No	No
24208063110	NEOMYCIN-POLYMYXIN-HC EAR SOLN	8	10.00	29.34	5.54518	26%-50% Below	No	No
24208063110	NEOMYCIN-POLYMYXIN-HC EAR SOLN	8	10.00	29.34	5.54518	26%-50% Below	Yes	No
24208063110	NEOMYCIN-POLYMYXIN-HC EAR SOLN	9	10.00	29.34	5.50669	26%-50% Below	No	No
24208063110	NEOMYCIN-POLYMYXIN-HC EAR SOLN	10	10.00	29.34	5.42776	26%-50% Below	No	No
24208063110	NEOMYCIN-POLYMYXIN-HC EAR SOLN	11	10.00	29.34	4.05655	26%-50% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
24208063562	NEOMYCIN-POLYMYXIN-HC EAR SUSP	10	10.00	27.10	4.98675	26%-50% Below	No	No
24208063562	NEOMYCIN-POLYMYXIN-HC EAR SUSP	11	10.00	27.10	4.15136	26%-50% Below	No	No
24208072002	DEXAMETHASONE 0.1% EYE DROP	9	5.00	36.87	6.64259	10%-25% Above	No	No
24208072002	DEXAMETHASONE 0.1% EYE DROP	9	5.00	36.87	6.64259	10%-25% Above	Yes	No
24208079535	NEOMYC-POLYM-DEXAMET EYE OINTM	11	3.50	10.08	2.10089	26%-50% Above	No	No
24208083060	NEOMYC-POLYM-DEXAMETH EYE DROP	11	5.00	10.38	1.66357	10%-25% Above	No	No
24208083060	NEOMYC-POLYM-DEXAMETH EYE DROP	12	5.00	10.38	1.84997	10%-25% Above	No	No
24208091055	ERYTHROMYCIN 0.5% EYE OINTMENT	8	3.50	8.23	2.79326	10%-25% Below	No	No
24208091055	ERYTHROMYCIN 0.5% EYE OINTMENT	9	3.50	8.23	2.91068	10%-25% Below	Yes	No
24208091055	ERYTHROMYCIN 0.5% EYE OINTMENT	10	3.50	8.23	2.89147	10%-25% Below	No	No
24208091055	ERYTHROMYCIN 0.5% EYE OINTMENT	10	3.50	8.23	2.89147	10%-25% Below	Yes	No
24208091055	ERYTHROMYCIN 0.5% EYE OINTMENT	11	3.50	8.23	3.09710	10%-25% Below	Yes	No
24658031205	DOXYCYCLINE HYCLATE 100 MG TAB	8	14.00	15.73	0.13456	200% Above	Yes	No
24658031205	DOXYCYCLINE HYCLATE 100 MG TAB	10	14.00	15.73	0.12156	200% Above	Yes	No
24658031205	DOXYCYCLINE HYCLATE 100 MG TAB	10	20.00	22.48	0.12156	200% Above	Yes	No
24658031205	DOXYCYCLINE HYCLATE 100 MG TAB	12	14.00	15.73	0.10670	200% Above	Yes	No
24689012001	BUPROPION TAB 100MG	12	90.00	30.41	.		No	No
24979010202	BUPROPION HCL XL 300 MG TABLET	8	30.00	8.67	0.15709	76%-100% Above	No	No
24979020003	DICYCLOMINE 20 MG TABLET	9	28.00	3.28	0.10186	10%-25% Above	No	No
24979020003	DICYCLOMINE 20 MG TABLET	11	28.00	3.28	0.08225	26%-50% Above	No	No
24979020101	DICYCLOMINE 10 MG CAPSULE	8	16.00	1.16	0.09987	26%-50% Below	No	No
24979020101	DICYCLOMINE 10 MG CAPSULE	10	180.00	13.09	0.09122	10%-25% Below	No	No
24979023103	POTASSIUM CL ER 10 MEQ TABLET	8	90.00	4.58	0.12497	51%-75% Below	No	No
24979023103	POTASSIUM CL ER 10 MEQ TABLET	10	90.00	4.58	0.11624	51%-75% Below	No	No
24979023103	POTASSIUM CL ER 10 MEQ TABLET	10	180.00	9.16	0.11624	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
24979023201	POTASSIUM CL ER 20 MEQ TABLET	9	30.00	5.28	0.22636	10%-25% Below	No	No
24979023201	POTASSIUM CL ER 20 MEQ TABLET	11	90.00	15.84	0.12895	26%-50% Above	No	No
24979053301	GUANFACINE HCL ER 1 MG TABLET	10	30.00	10.89	0.17650	101%-200% Above	No	No
24979053401	GUANFACINE HCL ER 2 MG TABLET	11	30.00	10.89	0.17048	101%-200% Above	No	No
27241006903	SILDENAFIL 100 MG TABLET	10	18.00	147.64	0.14897	200% Above	No	No
27241008609	AMLODIPINE-OLMESARTAN 10-40 MG	11	90.00	107.47	0.28777	200% Above	No	No
27241009706	DULOXETINE HCL DR 20 MG CAP	11	90.00	38.84	0.08451	200% Above	Yes	No
27241009803	DULOXETINE HCL DR 30 MG CAP	10	90.00	17.19	0.08010	101%-200% Above	No	No
27241009809	DULOXETINE HCL DR 30 MG CAP	8	60.00	11.46	0.08280	101%-200% Above	Yes	No
27241009809	DULOXETINE HCL DR 30 MG CAP	8	90.00	16.54	0.08280	101%-200% Above	Yes	No
27241009809	DULOXETINE HCL DR 30 MG CAP	8	180.00	34.38	0.08280	101%-200% Above	Yes	No
27241009809	DULOXETINE HCL DR 30 MG CAP	10	60.00	11.46	0.08010	101%-200% Above	Yes	No
27241009809	DULOXETINE HCL DR 30 MG CAP	10	90.00	16.54	0.08010	101%-200% Above	Yes	No
27241009810	DULOXETINE HCL DR 30 MG CAP	8	30.00	5.73	0.08280	101%-200% Above	No	No
27241009810	DULOXETINE HCL DR 30 MG CAP	9	30.00	5.73	0.08840	101%-200% Above	No	No
27241009810	DULOXETINE HCL DR 30 MG CAP	10	30.00	5.73	0.08010	101%-200% Above	No	No
27241009810	DULOXETINE HCL DR 30 MG CAP	10	90.00	17.19	0.08010	101%-200% Above	No	No
27241009810	DULOXETINE HCL DR 30 MG CAP	11	30.00	5.73	0.06996	101%-200% Above	No	No
27241009903	DULOXETINE HCL DR 60 MG CAP	8	180.00	32.80	0.10721	51%-75% Above	Yes	No
27241009903	DULOXETINE HCL DR 60 MG CAP	9	30.00	5.68	0.10997	51%-75% Above	Yes	No
27241009903	DULOXETINE HCL DR 60 MG CAP	10	30.00	5.68	0.10279	76%-100% Above	Yes	No
27241009903	DULOXETINE HCL DR 60 MG CAP	10	180.00	34.09	0.10279	76%-100% Above	No	No
27241009903	DULOXETINE HCL DR 60 MG CAP	11	30.00	5.68	0.08403	101%-200% Above	Yes	No
27241009903	DULOXETINE HCL DR 60 MG CAP	11	30.00	25.32	0.08403	200% Above	No	No
27241009903	DULOXETINE HCL DR 60 MG CAP	11	90.00	16.40	0.08403	101%-200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
27241009903	DULOXETINE HCL DR 60 MG CAP	11	90.00	17.05	0.08403	101%-200% Above	No	No
27241009903	DULOXETINE HCL DR 60 MG CAP	11	180.00	32.80	0.08403	101%-200% Above	Yes	No
27241009903	DULOXETINE HCL DR 60 MG CAP	12	90.00	17.05	0.09160	101%-200% Above	Yes	No
27241009990	DULOXETINE HCL DR 60 MG CAP	9	30.00	5.68	0.10997	51%-75% Above	No	No
27241009990	DULOXETINE HCL DR 60 MG CAP	10	30.00	5.68	0.10279	76%-100% Above	No	No
27241009990	DULOXETINE HCL DR 60 MG CAP	10	90.00	17.05	0.10279	76%-100% Above	No	No
27241009990	DULOXETINE HCL DR 60 MG CAP	11	30.00	5.68	0.08403	101%-200% Above	No	No
27241009990	DULOXETINE HCL DR 60 MG CAP	11	90.00	17.05	0.08403	101%-200% Above	No	No
27241009990	DULOXETINE HCL DR 60 MG CAP	12	30.00	5.68	0.09160	101%-200% Above	No	No
27241011205	TADALAFIL 5 MG TABLET	8	30.00	54.32	0.16811	200% Above	No	No
27241011205	TADALAFIL 5 MG TABLET	9	30.00	55.36	0.15675	200% Above	No	No
27241011205	TADALAFIL 5 MG TABLET	11	30.00	55.36	0.08417	200% Above	No	No
27241011603	FENOFIBRATE 54 MG TABLET	11	90.00	24.23	0.06398	200% Above	No	No
27241011703	FENOFIBRATE 160 MG TABLET	8	30.00	13.82	0.11480	200% Above	No	No
27241011703	FENOFIBRATE 160 MG TABLET	9	30.00	13.82	0.10481	200% Above	No	No
27241011703	FENOFIBRATE 160 MG TABLET	9	90.00	41.46	0.10481	200% Above	No	No
27241011703	FENOFIBRATE 160 MG TABLET	10	30.00	13.82	0.13822	200% Above	No	No
27241011703	FENOFIBRATE 160 MG TABLET	11	30.00	13.82	0.10985	200% Above	No	No
27241011904	FENOFIBRATE 134 MG CAPSULE	9	90.00	58.92	0.12965	200% Above	Yes	No
27241011904	FENOFIBRATE 134 MG CAPSULE	11	90.00	58.92	0.10202	200% Above	Yes	No
27241012502	RANOLAZINE ER 500 MG TABLET	8	56.00	48.17	0.24834	200% Above	No	No
27241012502	RANOLAZINE ER 500 MG TABLET	9	56.00	48.17	0.21064	200% Above	No	No
27241012502	RANOLAZINE ER 500 MG TABLET	9	60.00	51.61	0.21064	200% Above	No	No
27241012502	RANOLAZINE ER 500 MG TABLET	10	56.00	48.17	0.21265	200% Above	No	No
27241012502	RANOLAZINE ER 500 MG TABLET	10	60.00	51.61	0.21265	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
27241012502	RANOLAZINE ER 500 MG TABLET	11	56.00	48.17	0.17649	200% Above	No	No
27241012502	RANOLAZINE ER 500 MG TABLET	11	60.00	51.61	0.17649	200% Above	No	No
27241012502	RANOLAZINE ER 500 MG TABLET	12	60.00	51.61	0.19045	200% Above	No	No
27241013909	OSELTAMIVIR 6 MG/ML SUSPENSION	11	60.00	20.60	0.12711	101%-200% Above	No	No
27241019230	TOLTERODINE TART ER 4 MG CAP	9	30.00	65.91	0.40299	200% Above	No	No
27241019230	TOLTERODINE TART ER 4 MG CAP	11	30.00	65.91	0.31729	200% Above	No	No
27241021601	CHLORTHALIDONE 25 MG TABLET	9	43.00	17.87	0.09323	200% Above	No	No
27241021601	CHLORTHALIDONE 25 MG TABLET	11	90.00	36.79	0.07302	200% Above	No	No
27241022430	VENLAFAXINE HCL ER 225 MG TAB	9	90.00	585.64	0.74150	200% Above	Yes	No
27241022430	VENLAFAXINE HCL ER 225 MG TAB	12	90.00	585.64	0.52803	200% Above	Yes	No
27241024201	GUANFACINE 1 MG TABLET	8	30.00	7.95	0.32802	10%-25% Below	No	No
27241024301	GUANFACINE 2 MG TABLET	10	30.00	8.27	0.42402	26%-50% Below	No	No
27241024949	FAMOTIDINE 40 MG/5 ML SUSP	12	50.00	12.41	0.31275	10%-25% Below	No	No
27808003502	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	10	24.00	1.76	0.12547	26%-50% Below	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	9	16.00	1.18	0.13715	26%-50% Below	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	9	24.00	1.76	0.13715	26%-50% Below	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	10	1.00	0.07	0.12547	26%-50% Below	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	10	10.00	0.74	0.12547	26%-50% Below	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	10	12.00	0.88	0.12547	26%-50% Below	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	12	20.00	1.47	0.12482	26%-50% Below	No	No
27808003703	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	9	20.00	1.27	0.16495	51%-75% Below	No	No
27808005701	PROMETHAZINE-DM 6.25-15 MG/5 ML	8	120.00	3.83	0.04149	10%-25% Below	No	No
27808005701	PROMETHAZINE-DM 6.25-15 MG/5 ML	9	120.00	3.83	0.04318	26%-50% Below	No	No
27808005701	PROMETHAZINE-DM 6.25-15 MG/5 ML	9	180.00	5.74	0.04318	26%-50% Below	No	No
27808008602	HYDROCODONE-CHLORPHEN ER SUSP	12	35.00	8.86	0.31700	10%-25% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
27808009201	DEXMETHYLPHENIDATE 5 MG TAB	9	30.00	4.01	0.27035	26%-50% Below	No	No
27808009201	DEXMETHYLPHENIDATE 5 MG TAB	10	30.00	4.01	0.27361	51%-75% Below	No	No
27808009201	DEXMETHYLPHENIDATE 5 MG TAB	12	30.00	4.01	0.25573	26%-50% Below	No	No
27808015501	ROSUVASTATIN CALCIUM 5 MG TAB	11	30.00	51.61	0.03414	200% Above	No	No
27808015503	ROSUVASTATIN CALCIUM 5 MG TAB	8	30.00	51.61	0.04264	200% Above	No	No
27808015503	ROSUVASTATIN CALCIUM 5 MG TAB	9	30.00	51.61	0.04144	200% Above	No	No
27808015503	ROSUVASTATIN CALCIUM 5 MG TAB	9	90.00	154.82	0.04144	200% Above	No	No
27808015503	ROSUVASTATIN CALCIUM 5 MG TAB	10	30.00	51.61	0.03931	200% Above	No	No
27808015503	ROSUVASTATIN CALCIUM 5 MG TAB	11	90.00	154.82	0.03414	200% Above	No	No
27808015603	ROSUVASTATIN CALCIUM 10 MG TAB	8	30.00	50.49	0.04784	200% Above	No	No
27808015603	ROSUVASTATIN CALCIUM 10 MG TAB	8	30.00	51.46	0.04784	200% Above	No	No
27808015603	ROSUVASTATIN CALCIUM 10 MG TAB	8	90.00	154.37	0.04784	200% Above	No	No
27808015603	ROSUVASTATIN CALCIUM 10 MG TAB	9	30.00	51.46	0.04583	200% Above	No	No
27808015603	ROSUVASTATIN CALCIUM 10 MG TAB	10	30.00	51.46	0.04305	200% Above	No	No
27808015603	ROSUVASTATIN CALCIUM 10 MG TAB	10	90.00	154.37	0.04305	200% Above	No	No
27808015603	ROSUVASTATIN CALCIUM 10 MG TAB	11	12.00	20.58	0.03593	200% Above	No	No
27808015603	ROSUVASTATIN CALCIUM 10 MG TAB	11	30.00	51.46	0.03593	200% Above	No	No
27808015603	ROSUVASTATIN CALCIUM 10 MG TAB	11	90.00	154.37	0.03593	200% Above	No	No
27808015703	ROSUVASTATIN CALCIUM 20 MG TAB	8	30.00	51.33	0.06656	200% Above	No	No
27808015703	ROSUVASTATIN CALCIUM 20 MG TAB	8	90.00	154.00	0.06656	200% Above	No	No
27808015703	ROSUVASTATIN CALCIUM 20 MG TAB	9	30.00	51.33	0.06488	200% Above	No	No
27808015703	ROSUVASTATIN CALCIUM 20 MG TAB	10	30.00	51.33	0.06305	200% Above	No	No
27808015803	ROSUVASTATIN CALCIUM 40 MG TAB	9	30.00	51.31	0.10260	200% Above	No	No
27808015803	ROSUVASTATIN CALCIUM 40 MG TAB	10	30.00	51.31	0.10013	200% Above	No	No
27808015803	ROSUVASTATIN CALCIUM 40 MG TAB	11	30.00	51.31	0.07740	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
27808022301	PALIPERIDONE ER 3 MG TABLET	11	30.00	26.00	1.33146	26%-50% Below	No	No
27808023301	DOXYCYCLINE HYCLATE 100 MG CAP	8	20.00	25.18	0.13184	200% Above	No	No
27808023301	DOXYCYCLINE HYCLATE 100 MG CAP	12	20.00	25.18	0.10669	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	8	20.00	25.18	0.13184	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	8	42.00	52.89	0.13184	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	8	60.00	75.55	0.13184	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	9	10.00	12.59	0.13173	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	9	14.00	17.63	0.13173	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	9	60.00	75.55	0.13173	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	10	14.00	17.63	0.12791	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	10	20.00	25.18	0.12791	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	10	28.00	35.26	0.12791	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	10	60.00	75.55	0.12791	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	11	14.00	17.63	0.08932	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	11	20.00	25.18	0.08932	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	11	60.00	75.55	0.08932	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	11	90.00	113.33	0.08932	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	12	30.00	37.78	0.10669	200% Above	No	No
27808023401	DOXYCYCLINE HYCLATE 100 MG TAB	8	6.00	6.74	0.13456	200% Above	No	No
27808023401	DOXYCYCLINE HYCLATE 100 MG TAB	9	20.00	22.48	0.12909	200% Above	No	No
27808023401	DOXYCYCLINE HYCLATE 100 MG TAB	10	20.00	22.48	0.12156	200% Above	No	No
27808023402	DOXYCYCLINE HYCLATE 100 MG TAB	8	14.00	15.73	0.13456	200% Above	No	No
27808023402	DOXYCYCLINE HYCLATE 100 MG TAB	9	14.00	15.73	0.12909	200% Above	No	No
27808023402	DOXYCYCLINE HYCLATE 100 MG TAB	9	20.00	22.48	0.12909	200% Above	No	No
29033000301	SUCRALFATE 1 GM TABLET	8	42.00	4.96	0.19823	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29033000301	SUCRALFATE 1 GM TABLET	10	90.00	7.52	0.17687	51%-75% Below	No	No
29033000305	SUCRALFATE 1 GM TABLET	8	120.00	10.02	0.19823	51%-75% Below	No	No
29033000305	SUCRALFATE 1 GM TABLET	11	60.00	5.01	0.15629	26%-50% Below	No	No
29033000305	SUCRALFATE 1 GM TABLET	11	120.00	10.02	0.15629	26%-50% Below	No	No
29033000305	SUCRALFATE 1 GM TABLET	12	120.00	10.02	0.16521	26%-50% Below	No	No
29300011101	LAMOTRIGINE 25 MG TABLET	8	30.00	1.44	0.03044	51%-75% Above	No	No
29300011101	LAMOTRIGINE 25 MG TABLET	8	60.00	2.94	0.03044	51%-75% Above	No	No
29300011101	LAMOTRIGINE 25 MG TABLET	8	120.00	5.77	0.03044	51%-75% Above	No	No
29300011101	LAMOTRIGINE 25 MG TABLET	9	30.00	1.47	0.03197	51%-75% Above	No	No
29300011101	LAMOTRIGINE 25 MG TABLET	9	120.00	5.88	0.03197	51%-75% Above	No	No
29300011101	LAMOTRIGINE 25 MG TABLET	10	30.00	1.47	0.03091	51%-75% Above	No	No
29300011101	LAMOTRIGINE 25 MG TABLET	10	120.00	5.88	0.03091	51%-75% Above	No	No
29300011101	LAMOTRIGINE 25 MG TABLET	11	90.00	4.41	0.02421	101%-200% Above	No	No
29300011105	LAMOTRIGINE 25 MG TABLET	10	90.00	4.41	0.03091	51%-75% Above	No	No
29300011201	LAMOTRIGINE 100 MG TABLET	10	60.00	3.46	0.04956	10%-25% Above	No	No
29300011201	LAMOTRIGINE 100 MG TABLET	11	60.00	3.46	0.03787	51%-75% Above	No	No
29300011201	LAMOTRIGINE 100 MG TABLET	12	60.00	3.46	0.04236	26%-50% Above	No	No
29300011205	LAMOTRIGINE 100 MG TABLET	8	30.00	1.73	0.04891	10%-25% Above	No	No
29300011205	LAMOTRIGINE 100 MG TABLET	10	90.00	5.18	0.04956	10%-25% Above	No	No
29300011305	LAMOTRIGINE 150 MG TABLET	9	30.00	1.84	0.07466	10%-25% Below	No	No
29300011305	LAMOTRIGINE 150 MG TABLET	11	30.00	1.84	0.05396	10%-25% Above	No	No
29300011405	LAMOTRIGINE 200 MG TABLET	10	30.00	1.70	0.08018	26%-50% Below	No	No
29300011405	LAMOTRIGINE 200 MG TABLET	11	30.00	1.70	0.06357	10%-25% Below	No	No
29300011505	TOPIRAMATE 25 MG TABLET	10	180.00	10.19	0.02990	76%-100% Above	No	No
29300011605	TOPIRAMATE 50 MG TABLET	9	30.00	1.79	0.04101	26%-50% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300011705	TOPIRAMATE 100 MG TABLET	10	90.00	6.55	0.06444	10%-25% Above	Yes	No
29300012410	MELOXICAM 7.5 MG TABLET	8	30.00	1.68	0.01844	200% Above	No	No
29300012410	MELOXICAM 7.5 MG TABLET	8	30.00	1.71	0.01844	200% Above	No	No
29300012410	MELOXICAM 7.5 MG TABLET	8	90.00	5.04	0.01844	200% Above	No	No
29300012410	MELOXICAM 7.5 MG TABLET	9	90.00	5.14	0.01854	200% Above	No	No
29300012410	MELOXICAM 7.5 MG TABLET	10	30.00	1.71	0.01827	200% Above	No	No
29300012410	MELOXICAM 7.5 MG TABLET	10	60.00	3.43	0.01827	200% Above	No	No
29300012410	MELOXICAM 7.5 MG TABLET	10	180.00	10.28	0.01827	200% Above	No	No
29300012410	MELOXICAM 7.5 MG TABLET	11	30.00	1.71	0.01382	200% Above	No	No
29300012410	MELOXICAM 7.5 MG TABLET	11	60.00	3.43	0.01382	200% Above	No	No
29300012410	MELOXICAM 7.5 MG TABLET	11	90.00	5.14	0.01382	200% Above	No	No
29300012501	MELOXICAM 15 MG TABLET	9	30.00	0.77	0.02082	10%-25% Above	No	No
29300012501	MELOXICAM 15 MG TABLET	10	30.00	0.77	0.02086	10%-25% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	8	30.00	0.76	0.02088	10%-25% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	8	30.00	0.77	0.02088	10%-25% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	8	60.00	1.55	0.02088	10%-25% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	8	90.00	2.32	0.02088	10%-25% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	9	30.00	0.77	0.02082	10%-25% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	9	90.00	2.32	0.02082	10%-25% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	10	24.00	0.62	0.02086	10%-25% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	10	30.00	0.77	0.02086	10%-25% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	11	30.00	0.77	0.01729	26%-50% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	11	90.00	2.32	0.01729	26%-50% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	12	30.00	0.77	0.01840	26%-50% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	8	30.00	0.78	0.01339	76%-100% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	8	30.00	0.80	0.01339	76%-100% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	8	90.00	2.39	0.01339	76%-100% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	9	3.00	0.08	0.01297	101%-200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	9	30.00	0.80	0.01297	101%-200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	9	90.00	2.39	0.01297	101%-200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	10	15.00	0.40	0.01232	101%-200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	10	28.00	0.74	0.01232	101%-200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	10	30.00	0.80	0.01232	101%-200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	10	90.00	2.39	0.01232	101%-200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	11	28.00	0.74	0.00955	101%-200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	11	30.00	0.80	0.00955	101%-200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	11	60.00	1.60	0.00955	101%-200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	11	90.00	2.39	0.00955	101%-200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	12	30.00	0.80	0.01079	101%-200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	12	90.00	2.39	0.01079	101%-200% Above	No	No
29300013005	HYDROCHLOROTHIAZIDE 12.5 MG CP	9	90.00	4.52	0.03383	26%-50% Above	No	No
29300013005	HYDROCHLOROTHIAZIDE 12.5 MG CP	10	90.00	4.52	0.03218	51%-75% Above	No	No
29300013005	HYDROCHLOROTHIAZIDE 12.5 MG CP	12	30.00	1.51	0.02881	51%-75% Above	No	No
29300013010	HYDROCHLOROTHIAZIDE 12.5 MG CP	8	30.00	1.51	0.03211	51%-75% Above	No	No
29300013010	HYDROCHLOROTHIAZIDE 12.5 MG CP	9	30.00	1.51	0.03383	26%-50% Above	No	No
29300013010	HYDROCHLOROTHIAZIDE 12.5 MG CP	9	90.00	4.52	0.03383	26%-50% Above	No	No
29300013010	HYDROCHLOROTHIAZIDE 12.5 MG CP	11	90.00	4.52	0.02759	76%-100% Above	No	No
29300013601	CLONIDINE HCL 0.2 MG TABLET	8	30.00	0.49	0.03866	51%-75% Below	No	No
29300013601	CLONIDINE HCL 0.2 MG TABLET	9	30.00	0.49	0.03613	51%-75% Below	No	No
29300013601	CLONIDINE HCL 0.2 MG TABLET	10	30.00	0.49	0.03525	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300013601	CLONIDINE HCL 0.2 MG TABLET	11	30.00	0.49	0.02870	26%-50% Below	No	No
29300013601	CLONIDINE HCL 0.2 MG TABLET	12	30.00	0.49	0.03191	26%-50% Below	No	No
29300013701	CLONIDINE HCL 0.3 MG TABLET	10	30.00	0.65	0.04053	26%-50% Below	No	No
29300013701	CLONIDINE HCL 0.3 MG TABLET	11	30.00	0.65	0.03206	26%-50% Below	No	No
29300014001	DIVALPROEX SOD DR 500 MG TAB	10	60.00	5.61	0.18693	26%-50% Below	No	No
29300014001	DIVALPROEX SOD DR 500 MG TAB	11	60.00	5.61	0.14390	26%-50% Below	No	No
29300014701	QUETIAPINE FUMARATE 25 MG TAB	8	30.00	1.97	0.03282	76%-100% Above	Yes	No
29300014701	QUETIAPINE FUMARATE 25 MG TAB	9	30.00	1.97	0.03315	76%-100% Above	Yes	No
29300014701	QUETIAPINE FUMARATE 25 MG TAB	9	90.00	5.92	0.03315	76%-100% Above	Yes	No
29300014701	QUETIAPINE FUMARATE 25 MG TAB	10	90.00	5.92	0.03263	101%-200% Above	Yes	No
29300014701	QUETIAPINE FUMARATE 25 MG TAB	11	30.00	1.97	0.02508	101%-200% Above	Yes	No
29300014701	QUETIAPINE FUMARATE 25 MG TAB	11	90.00	5.92	0.02508	101%-200% Above	Yes	No
29300014801	QUETIAPINE FUMARATE 50 MG TAB	8	90.00	6.52	0.04174	51%-75% Above	Yes	No
29300014801	QUETIAPINE FUMARATE 50 MG TAB	12	90.00	6.27	0.03439	101%-200% Above	Yes	No
29300014801	QUETIAPINE FUMARATE 50 MG TAB	12	90.00	6.52	0.03439	101%-200% Above	Yes	No
29300014810	QUETIAPINE FUMARATE 50 MG TAB	12	90.00	6.52	0.03439	101%-200% Above	No	No
29300014901	QUETIAPINE FUMARATE 100 MG TAB	12	90.00	6.86	0.04549	51%-75% Above	Yes	No
29300015001	QUETIAPINE FUMARATE 200 MG TAB	9	30.00	2.59	0.11098	10%-25% Below	Yes	No
29300015001	QUETIAPINE FUMARATE 200 MG TAB	10	12.00	1.03	0.11300	10%-25% Below	Yes	No
29300015201	QUETIAPINE FUMARATE 400 MG TAB	8	30.00	4.94	0.20712	10%-25% Below	Yes	No
29300015201	QUETIAPINE FUMARATE 400 MG TAB	11	30.00	4.94	0.14711	10%-25% Above	Yes	No
29300016910	TIZANIDINE HCL 4 MG TABLET	9	30.00	0.53	0.03619	51%-75% Below	No	No
29300016910	TIZANIDINE HCL 4 MG TABLET	11	30.00	0.53	0.03732	51%-75% Below	No	No
29300016915	TIZANIDINE HCL 4 MG TABLET	9	30.00	0.53	0.03619	51%-75% Below	No	No
29300016915	TIZANIDINE HCL 4 MG TABLET	9	45.00	0.79	0.03619	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300016915	TIZANIDINE HCL 4 MG TABLET	11	30.00	0.53	0.03732	51%-75% Below	No	No
29300016915	TIZANIDINE HCL 4 MG TABLET	11	60.00	1.06	0.03732	51%-75% Below	No	No
29300018705	BISOPROLOL-HYDROCHLOROTHIAZIDE 2.5-6.25 MG TB	11	30.00	7.39	0.17286	26%-50% Above	No	No
29300018801	BISOPROLOL-HYDROCHLOROTHIAZIDE 5-6.25 MG TAB	10	90.00	22.17	0.21607	10%-25% Above	No	No
29300018801	BISOPROLOL-HYDROCHLOROTHIAZIDE 5-6.25 MG TAB	11	90.00	22.17	0.14665	51%-75% Above	No	No
29300018805	BISOPROLOL-HYDROCHLOROTHIAZIDE 5-6.25 MG TAB	11	90.00	22.17	0.14665	51%-75% Above	No	No
29300018901	BISOPROLOL-HYDROCHLOROTHIAZIDE 10-6.25 MG TAB	10	90.00	16.73	0.24094	10%-25% Below	No	No
29300018905	BISOPROLOL-HYDROCHLOROTHIAZIDE 10-6.25 MG TAB	8	30.00	5.58	0.28020	26%-50% Below	No	No
29300018905	BISOPROLOL-HYDROCHLOROTHIAZIDE 10-6.25 MG TAB	9	30.00	5.58	0.22511	10%-25% Below	No	No
29300018905	BISOPROLOL-HYDROCHLOROTHIAZIDE 10-6.25 MG TAB	10	30.00	5.58	0.24094	10%-25% Below	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	8	10.00	0.79	0.05683	26%-50% Above	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	8	30.00	2.36	0.05683	26%-50% Above	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	8	90.00	6.96	0.05683	26%-50% Above	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	9	30.00	2.36	0.05752	26%-50% Above	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	9	90.00	7.09	0.05752	26%-50% Above	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	10	30.00	2.36	0.06104	26%-50% Above	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	10	90.00	7.09	0.06104	26%-50% Above	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	11	14.00	1.10	0.04225	76%-100% Above	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	11	30.00	2.36	0.04225	76%-100% Above	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	11	90.00	7.09	0.04225	76%-100% Above	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	12	30.00	2.36	0.04984	51%-75% Above	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	12	90.00	7.09	0.04984	51%-75% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	8	90.00	7.09	0.05683	26%-50% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	9	30.00	2.36	0.05752	26%-50% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	10	30.00	2.36	0.06104	26%-50% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300022019	MONTELUKAST SOD 10 MG TABLET	11	30.00	2.36	0.04225	76%-100% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	11	90.00	7.09	0.04225	76%-100% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	12	30.00	2.36	0.04984	51%-75% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	8	14.00	2.63	0.11407	51%-75% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	9	14.00	2.63	0.12154	51%-75% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	9	30.00	5.65	0.12154	51%-75% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	9	56.00	10.54	0.12154	51%-75% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	10	14.00	2.63	0.11262	51%-75% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	11	14.00	2.63	0.07972	101%-200% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	12	14.00	2.63	0.09079	101%-200% Above	No	No
29300024016	TOLTERODINE TARTRATE 2 MG TAB	11	180.00	225.63	0.20115	200% Above	No	No
29300024401	BUSPIRONE HCL 5 MG TABLET	8	90.00	5.73	0.02500	101%-200% Above	No	No
29300024401	BUSPIRONE HCL 5 MG TABLET	9	60.00	3.82	0.02423	101%-200% Above	No	No
29300024401	BUSPIRONE HCL 5 MG TABLET	9	90.00	5.73	0.02423	101%-200% Above	No	No
29300024401	BUSPIRONE HCL 5 MG TABLET	10	60.00	3.82	0.02320	101%-200% Above	No	No
29300024401	BUSPIRONE HCL 5 MG TABLET	11	60.00	3.82	0.01735	200% Above	No	No
29300024401	BUSPIRONE HCL 5 MG TABLET	12	60.00	3.82	0.01976	200% Above	No	No
29300024405	BUSPIRONE HCL 5 MG TABLET	8	23.00	1.47	0.02500	101%-200% Above	No	No
29300024405	BUSPIRONE HCL 5 MG TABLET	8	30.00	1.91	0.02500	101%-200% Above	No	No
29300024405	BUSPIRONE HCL 5 MG TABLET	8	30.00	1.91	0.02500	101%-200% Above	Yes	No
29300024405	BUSPIRONE HCL 5 MG TABLET	8	60.00	3.82	0.02500	101%-200% Above	Yes	No
29300024405	BUSPIRONE HCL 5 MG TABLET	8	90.00	5.63	0.02500	101%-200% Above	No	No
29300024405	BUSPIRONE HCL 5 MG TABLET	9	30.00	1.91	0.02423	101%-200% Above	No	No
29300024405	BUSPIRONE HCL 5 MG TABLET	9	60.00	3.82	0.02423	101%-200% Above	Yes	No
29300024405	BUSPIRONE HCL 5 MG TABLET	9	180.00	11.47	0.02423	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300024405	BUSPIRONE HCL 5 MG TABLET	10	30.00	1.91	0.02320	101%-200% Above	No	No
29300024405	BUSPIRONE HCL 5 MG TABLET	10	60.00	3.82	0.02320	101%-200% Above	No	No
29300024405	BUSPIRONE HCL 5 MG TABLET	10	60.00	3.82	0.02320	101%-200% Above	Yes	No
29300024405	BUSPIRONE HCL 5 MG TABLET	10	90.00	5.73	0.02320	101%-200% Above	Yes	No
29300024405	BUSPIRONE HCL 5 MG TABLET	11	30.00	1.91	0.01735	200% Above	No	No
29300024405	BUSPIRONE HCL 5 MG TABLET	11	60.00	3.82	0.01735	200% Above	No	No
29300024405	BUSPIRONE HCL 5 MG TABLET	11	60.00	3.82	0.01735	200% Above	Yes	No
29300024405	BUSPIRONE HCL 5 MG TABLET	11	180.00	11.47	0.01735	200% Above	No	No
29300024405	BUSPIRONE HCL 5 MG TABLET	12	30.00	1.91	0.01976	200% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	8	32.00	2.58	0.03458	101%-200% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	8	60.00	4.83	0.03458	101%-200% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	8	90.00	7.25	0.03458	101%-200% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	8	360.00	28.98	0.03458	101%-200% Above	Yes	No
29300024505	BUSPIRONE HCL 10 MG TABLET	9	60.00	4.83	0.03491	101%-200% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	9	90.00	7.25	0.03491	101%-200% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	9	180.00	14.49	0.03491	101%-200% Above	Yes	No
29300024505	BUSPIRONE HCL 10 MG TABLET	10	30.00	2.42	0.03294	101%-200% Above	Yes	No
29300024505	BUSPIRONE HCL 10 MG TABLET	10	60.00	4.83	0.03294	101%-200% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	10	60.00	4.83	0.03294	101%-200% Above	Yes	No
29300024505	BUSPIRONE HCL 10 MG TABLET	10	180.00	14.49	0.03294	101%-200% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	10	180.00	14.49	0.03294	101%-200% Above	Yes	No
29300024505	BUSPIRONE HCL 10 MG TABLET	11	30.00	2.42	0.02582	200% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	11	30.00	2.42	0.02582	200% Above	Yes	No
29300024505	BUSPIRONE HCL 10 MG TABLET	11	60.00	4.83	0.02582	200% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	11	60.00	4.83	0.02582	200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300024505	BUSPIRONE HCL 10 MG TABLET	11	90.00	7.25	0.02582	200% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	11	360.00	28.98	0.02582	200% Above	Yes	No
29300024505	BUSPIRONE HCL 10 MG TABLET	12	30.00	2.42	0.02862	101%-200% Above	Yes	No
29300024505	BUSPIRONE HCL 10 MG TABLET	12	60.00	4.83	0.02862	101%-200% Above	Yes	No
29300024505	BUSPIRONE HCL 10 MG TABLET	12	90.00	7.25	0.02862	101%-200% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	12	180.00	14.49	0.02862	101%-200% Above	Yes	No
29300024618	BUSPIRONE HCL 15 MG TABLET	10	60.00	3.61	0.05092	10%-25% Above	No	No
29300024618	BUSPIRONE HCL 15 MG TABLET	11	60.00	3.61	0.03594	51%-75% Above	No	No
29300034901	ALLOPURINOL 100 MG TABLET	8	30.00	2.66	0.04541	76%-100% Above	Yes	No
29300034901	ALLOPURINOL 100 MG TABLET	9	30.00	2.66	0.04624	76%-100% Above	Yes	No
29300034901	ALLOPURINOL 100 MG TABLET	9	58.00	5.14	0.04624	76%-100% Above	Yes	No
29300034901	ALLOPURINOL 100 MG TABLET	10	30.00	2.66	0.04769	76%-100% Above	Yes	No
29300034901	ALLOPURINOL 100 MG TABLET	10	90.00	7.98	0.04769	76%-100% Above	No	No
29300034901	ALLOPURINOL 100 MG TABLET	10	90.00	7.98	0.04769	76%-100% Above	Yes	No
29300034901	ALLOPURINOL 100 MG TABLET	11	90.00	7.68	0.03406	101%-200% Above	Yes	No
29300034901	ALLOPURINOL 100 MG TABLET	11	90.00	7.98	0.03406	101%-200% Above	Yes	No
29300034905	ALLOPURINOL 100 MG TABLET	8	30.00	2.66	0.04541	76%-100% Above	No	No
29300034905	ALLOPURINOL 100 MG TABLET	9	30.00	2.66	0.04624	76%-100% Above	No	No
29300034905	ALLOPURINOL 100 MG TABLET	10	30.00	2.66	0.04769	76%-100% Above	No	No
29300034905	ALLOPURINOL 100 MG TABLET	12	90.00	7.98	0.03940	101%-200% Above	No	No
29300035005	ALLOPURINOL 300 MG TABLET	8	90.00	15.08	0.06871	101%-200% Above	Yes	No
29300035005	ALLOPURINOL 300 MG TABLET	8	90.00	15.68	0.06871	101%-200% Above	Yes	No
29300035005	ALLOPURINOL 300 MG TABLET	9	30.00	5.23	0.07149	101%-200% Above	Yes	No
29300035005	ALLOPURINOL 300 MG TABLET	9	90.00	15.08	0.07149	101%-200% Above	Yes	No
29300035005	ALLOPURINOL 300 MG TABLET	10	90.00	15.68	0.06845	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300035005	ALLOPURINOL 300 MG TABLET	10	90.00	15.68	0.06845	101%-200% Above	Yes	No
29300035005	ALLOPURINOL 300 MG TABLET	12	90.00	15.08	0.06173	101%-200% Above	Yes	No
29300035501	TRAMADOL HCL 50 MG TABLET	9	21.00	0.32	0.03044	26%-50% Below	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	9	50.00	0.76	0.03044	26%-50% Below	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	9	60.00	0.91	0.03044	26%-50% Below	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	10	14.00	0.21	0.03195	51%-75% Below	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	10	25.00	0.38	0.03195	51%-75% Below	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	10	50.00	0.76	0.03195	51%-75% Below	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	11	30.00	0.46	0.02194	26%-50% Below	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	11	50.00	0.76	0.02194	26%-50% Below	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	12	20.00	0.30	0.02546	26%-50% Below	No	No
29300035505	TRAMADOL HCL 50 MG TABLET	9	30.00	0.46	0.03044	26%-50% Below	No	No
29300035505	TRAMADOL HCL 50 MG TABLET	12	100.00	1.52	0.02546	26%-50% Below	No	No
29300035510	TRAMADOL HCL 50 MG TABLET	9	30.00	0.46	0.03044	26%-50% Below	No	No
29300035510	TRAMADOL HCL 50 MG TABLET	9	120.00	1.82	0.03044	26%-50% Below	No	No
29300035510	TRAMADOL HCL 50 MG TABLET	9	180.00	2.74	0.03044	26%-50% Below	No	No
29300035510	TRAMADOL HCL 50 MG TABLET	10	20.00	0.30	0.03195	51%-75% Below	No	No
29300035510	TRAMADOL HCL 50 MG TABLET	10	120.00	1.82	0.03195	51%-75% Below	No	No
29300035510	TRAMADOL HCL 50 MG TABLET	10	180.00	2.74	0.03195	51%-75% Below	No	No
29300035510	TRAMADOL HCL 50 MG TABLET	11	180.00	2.74	0.02194	26%-50% Below	No	No
29300035510	TRAMADOL HCL 50 MG TABLET	12	180.00	2.74	0.02546	26%-50% Below	No	No
29300039605	AMLODIPINE BESYLATE 2.5 MG TAB	8	90.00	4.01	0.01207	200% Above	No	No
29300039605	AMLODIPINE BESYLATE 2.5 MG TAB	9	30.00	1.36	0.01096	200% Above	No	No
29300039605	AMLODIPINE BESYLATE 2.5 MG TAB	10	30.00	1.36	0.01089	200% Above	No	No
29300039605	AMLODIPINE BESYLATE 2.5 MG TAB	11	3.00	0.14	0.00854	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300039605	AMLODIPINE BESYLATE 2.5 MG TAB	11	30.00	1.36	0.00854	200% Above	No	No
29300039605	AMLODIPINE BESYLATE 2.5 MG TAB	11	90.00	4.08	0.00854	200% Above	No	No
29300039605	AMLODIPINE BESYLATE 2.5 MG TAB	12	30.00	1.36	0.00985	200% Above	No	No
29300039610	AMLODIPINE BESYLATE 2.5 MG TAB	8	90.00	4.08	0.01207	200% Above	No	No
29300039610	AMLODIPINE BESYLATE 2.5 MG TAB	10	30.00	1.36	0.01089	200% Above	No	No
29300039610	AMLODIPINE BESYLATE 2.5 MG TAB	10	90.00	3.92	0.01089	200% Above	Yes	No
29300039610	AMLODIPINE BESYLATE 2.5 MG TAB	10	90.00	4.08	0.01089	200% Above	No	No
29300039610	AMLODIPINE BESYLATE 2.5 MG TAB	10	90.00	4.08	0.01089	200% Above	Yes	No
29300039610	AMLODIPINE BESYLATE 2.5 MG TAB	11	30.00	1.36	0.00854	200% Above	Yes	No
29300039610	AMLODIPINE BESYLATE 2.5 MG TAB	11	90.00	4.08	0.00854	200% Above	No	No
29300039610	AMLODIPINE BESYLATE 2.5 MG TAB	12	90.00	3.92	0.00985	200% Above	Yes	No
29300039610	AMLODIPINE BESYLATE 2.5 MG TAB	12	90.00	4.08	0.00985	200% Above	Yes	No
29300039619	AMLODIPINE BESYLATE 2.5 MG TAB	8	30.00	1.36	0.01207	200% Above	Yes	No
29300039619	AMLODIPINE BESYLATE 2.5 MG TAB	10	90.00	3.92	0.01089	200% Above	Yes	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	8	30.00	0.36	0.01080	10%-25% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	8	30.00	0.37	0.01080	10%-25% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	8	90.00	1.12	0.01080	10%-25% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	11	30.00	0.37	0.00946	26%-50% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	11	90.00	1.12	0.00946	26%-50% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	12	30.00	0.37	0.01040	10%-25% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	12	60.00	0.74	0.01040	10%-25% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	12	90.00	1.12	0.01040	10%-25% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	8	30.00	0.37	0.01080	10%-25% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	8	30.00	0.37	0.01080	10%-25% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	8	90.00	1.12	0.01080	10%-25% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300039710	AMLODIPINE BESYLATE 5 MG TAB	8	90.00	1.12	0.01080	10%-25% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	11	30.00	0.37	0.00946	26%-50% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	11	30.00	0.37	0.00946	26%-50% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	11	90.00	1.07	0.00946	10%-25% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	11	90.00	1.12	0.00946	26%-50% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	11	90.00	1.12	0.00946	26%-50% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	12	30.00	0.37	0.01040	10%-25% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	12	30.00	0.37	0.01040	10%-25% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	12	60.00	0.74	0.01040	10%-25% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	12	90.00	1.12	0.01040	10%-25% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	12	90.00	1.12	0.01040	10%-25% Above	Yes	No
29300039805	AMLODIPINE BESYLATE 10 MG TAB	11	90.00	1.54	0.01322	26%-50% Above	No	No
29300039805	AMLODIPINE BESYLATE 10 MG TAB	12	90.00	1.54	0.01544	10%-25% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	11	30.00	0.51	0.01322	26%-50% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	11	30.00	0.51	0.01322	26%-50% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	11	90.00	1.48	0.01322	10%-25% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	11	90.00	1.54	0.01322	26%-50% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	11	90.00	1.54	0.01322	26%-50% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	12	30.00	0.51	0.01544	10%-25% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	12	30.00	0.51	0.01544	10%-25% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	12	90.00	1.54	0.01544	10%-25% Above	Yes	No
29300041001	ATENOLOL 25 MG TABLET	8	90.00	2.78	0.02457	10%-25% Above	No	No
29300041001	ATENOLOL 25 MG TABLET	10	90.00	2.78	0.02340	26%-50% Above	No	No
29300041101	ATENOLOL 50 MG TABLET	11	30.00	0.92	0.02063	26%-50% Above	No	No
29300041101	ATENOLOL 50 MG TABLET	12	90.00	2.76	0.02288	26%-50% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300041301	CYCLOBENZAPRINE 5 MG TABLET	9	60.00	0.72	0.02306	26%-50% Below	No	No
29300041301	CYCLOBENZAPRINE 5 MG TABLET	10	40.00	0.48	0.02316	26%-50% Below	No	No
29300041301	CYCLOBENZAPRINE 5 MG TABLET	10	90.00	1.08	0.02316	26%-50% Below	No	No
29300041301	CYCLOBENZAPRINE 5 MG TABLET	11	30.00	0.36	0.01572	10%-25% Below	No	No
29300041301	CYCLOBENZAPRINE 5 MG TABLET	12	90.00	1.08	0.01908	26%-50% Below	No	No
29300041319	CYCLOBENZAPRINE 5 MG TABLET	10	180.00	2.16	0.02316	26%-50% Below	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	8	30.00	0.29	0.01980	51%-75% Below	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	8	90.00	0.88	0.01980	26%-50% Below	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	9	12.00	0.12	0.01984	26%-50% Below	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	9	15.00	0.15	0.01984	26%-50% Below	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	9	18.00	0.18	0.01984	26%-50% Below	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	9	30.00	0.29	0.01984	51%-75% Below	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	10	15.00	0.15	0.01924	26%-50% Below	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	10	30.00	0.29	0.01924	26%-50% Below	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	11	15.00	0.15	0.01441	26%-50% Below	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	11	30.00	0.29	0.01441	26%-50% Below	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	11	60.00	0.59	0.01441	26%-50% Below	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	10	30.00	0.29	0.01924	26%-50% Below	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	10	45.00	0.44	0.01924	26%-50% Below	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	10	50.00	0.49	0.01924	26%-50% Below	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	12	45.00	0.44	0.01633	26%-50% Below	No	No
29300041901	AMITRIPTYLINE HCL 10 MG TAB	8	30.00	2.61	0.03985	101%-200% Above	No	No
29300041901	AMITRIPTYLINE HCL 10 MG TAB	10	30.00	2.61	0.03815	101%-200% Above	No	No
29300041901	AMITRIPTYLINE HCL 10 MG TAB	11	30.00	2.61	0.02853	200% Above	No	No
29300041901	AMITRIPTYLINE HCL 10 MG TAB	12	90.00	7.82	0.03287	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300041910	AMITRIPTYLINE HCL 10 MG TAB	9	60.00	5.21	0.03912	101%-200% Above	No	No
29300041910	AMITRIPTYLINE HCL 10 MG TAB	10	90.00	7.82	0.03815	101%-200% Above	No	No
29300041910	AMITRIPTYLINE HCL 10 MG TAB	11	60.00	5.21	0.02853	200% Above	No	No
29300041910	AMITRIPTYLINE HCL 10 MG TAB	12	60.00	5.21	0.03287	101%-200% Above	No	No
29300042001	AMITRIPTYLINE HCL 25 MG TAB	9	30.00	4.97	0.05433	200% Above	No	No
29300042001	AMITRIPTYLINE HCL 25 MG TAB	10	30.00	4.97	0.05659	101%-200% Above	No	No
29300042001	AMITRIPTYLINE HCL 25 MG TAB	11	30.00	4.97	0.04115	200% Above	No	No
29300042010	AMITRIPTYLINE HCL 25 MG TAB	9	30.00	4.97	0.05433	200% Above	No	No
29300042010	AMITRIPTYLINE HCL 25 MG TAB	9	180.00	20.00	0.05433	101%-200% Above	No	No
29300042010	AMITRIPTYLINE HCL 25 MG TAB	10	30.00	4.97	0.05659	101%-200% Above	No	No
29300042010	AMITRIPTYLINE HCL 25 MG TAB	11	30.00	4.97	0.04115	200% Above	No	No
29300042010	AMITRIPTYLINE HCL 25 MG TAB	12	180.00	20.00	0.04736	101%-200% Above	No	No
29300042110	AMITRIPTYLINE HCL 50 MG TAB	9	30.00	9.92	0.09173	200% Above	No	No
29300042110	AMITRIPTYLINE HCL 50 MG TAB	10	30.00	9.92	0.08527	200% Above	No	No
29300042110	AMITRIPTYLINE HCL 50 MG TAB	11	30.00	9.92	0.06766	200% Above	No	No
29300042110	AMITRIPTYLINE HCL 50 MG TAB	12	30.00	9.92	0.07185	200% Above	No	No
29300042301	AMITRIPTYLINE HCL 100 MG TAB	9	60.00	38.89	0.17623	200% Above	No	No
29300042301	AMITRIPTYLINE HCL 100 MG TAB	11	60.00	38.89	0.11802	200% Above	No	No
29300043001	ZONISAMIDE 100 MG CAPSULE	10	180.00	32.17	0.11106	51%-75% Above	No	No
29300045801	GUANFACINE 1 MG TABLET	11	30.00	7.95	0.14905	76%-100% Above	Yes	No
29300045801	GUANFACINE 1 MG TABLET	12	30.00	7.95	0.17024	51%-75% Above	Yes	No
29300045901	GUANFACINE 2 MG TABLET	9	90.00	24.82	0.45413	26%-50% Below	Yes	No
29300045901	GUANFACINE 2 MG TABLET	12	90.00	24.82	0.32574	10%-25% Below	Yes	No
29300046801	CLONIDINE HCL 0.1 MG TABLET	10	30.00	0.36	0.02587	51%-75% Below	No	No
29300046801	CLONIDINE HCL 0.1 MG TABLET	11	30.00	0.36	0.02022	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300046805	CLONIDINE HCL 0.1 MG TABLET	10	30.00	0.36	0.02587	51%-75% Below	No	No
29300046810	CLONIDINE HCL 0.1 MG TABLET	8	22.00	0.26	0.02712	51%-75% Below	No	No
29300046810	CLONIDINE HCL 0.1 MG TABLET	8	30.00	0.36	0.02712	51%-75% Below	No	No
29300046810	CLONIDINE HCL 0.1 MG TABLET	9	30.00	0.36	0.02647	51%-75% Below	No	No
29300046810	CLONIDINE HCL 0.1 MG TABLET	10	30.00	0.36	0.02587	51%-75% Below	No	No
29300046810	CLONIDINE HCL 0.1 MG TABLET	11	30.00	0.36	0.02022	26%-50% Below	No	No
29300047701	BUSPIRONE HCL 15 MG TABLET	8	60.00	3.61	0.05006	10%-25% Above	No	No
29300047705	BUSPIRONE HCL 15 MG TABLET	8	60.00	3.54	0.05006	10%-25% Above	No	No
29300047705	BUSPIRONE HCL 15 MG TABLET	8	60.00	3.61	0.05006	10%-25% Above	No	No
29300047705	BUSPIRONE HCL 15 MG TABLET	8	60.00	3.61	0.05006	10%-25% Above	Yes	No
29300047705	BUSPIRONE HCL 15 MG TABLET	8	90.00	5.42	0.05006	10%-25% Above	No	No
29300047705	BUSPIRONE HCL 15 MG TABLET	9	30.00	1.81	0.05068	10%-25% Above	Yes	No
29300047705	BUSPIRONE HCL 15 MG TABLET	9	60.00	3.61	0.05068	10%-25% Above	Yes	No
29300047705	BUSPIRONE HCL 15 MG TABLET	9	90.00	5.42	0.05068	10%-25% Above	No	No
29300047705	BUSPIRONE HCL 15 MG TABLET	9	180.00	10.84	0.05068	10%-25% Above	No	No
29300047705	BUSPIRONE HCL 15 MG TABLET	9	270.00	16.25	0.05068	10%-25% Above	Yes	No
29300047705	BUSPIRONE HCL 15 MG TABLET	10	30.00	1.81	0.05092	10%-25% Above	Yes	No
29300047705	BUSPIRONE HCL 15 MG TABLET	10	60.00	3.61	0.05092	10%-25% Above	No	No
29300047705	BUSPIRONE HCL 15 MG TABLET	10	60.00	3.61	0.05092	10%-25% Above	Yes	No
29300047705	BUSPIRONE HCL 15 MG TABLET	10	90.00	5.42	0.05092	10%-25% Above	No	No
29300047705	BUSPIRONE HCL 15 MG TABLET	10	120.00	7.22	0.05092	10%-25% Above	No	No
29300047705	BUSPIRONE HCL 15 MG TABLET	10	180.00	10.84	0.05092	10%-25% Above	No	No
29300047705	BUSPIRONE HCL 15 MG TABLET	11	30.00	1.81	0.03594	51%-75% Above	Yes	No
29300047705	BUSPIRONE HCL 15 MG TABLET	11	60.00	3.61	0.03594	51%-75% Above	Yes	No
29300047705	BUSPIRONE HCL 15 MG TABLET	11	90.00	5.42	0.03594	51%-75% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300047705	BUSPIRONE HCL 15 MG TABLET	11	120.00	7.22	0.03594	51%-75% Above	No	No
29300047705	BUSPIRONE HCL 15 MG TABLET	11	120.00	7.22	0.03594	51%-75% Above	Yes	No
29300047705	BUSPIRONE HCL 15 MG TABLET	11	180.00	10.84	0.03594	51%-75% Above	Yes	No
29300047705	BUSPIRONE HCL 15 MG TABLET	11	270.00	16.25	0.03594	51%-75% Above	No	No
29300047705	BUSPIRONE HCL 15 MG TABLET	12	90.00	5.42	0.04321	26%-50% Above	No	No
29300047705	BUSPIRONE HCL 15 MG TABLET	12	180.00	10.84	0.04321	26%-50% Above	No	No
29300047705	BUSPIRONE HCL 15 MG TABLET	12	360.00	21.67	0.04321	26%-50% Above	Yes	No
29300047716	BUSPIRONE HCL 15 MG TABLET	10	45.00	2.71	0.05092	10%-25% Above	No	No
29300047816	BUSPIRONE HCL 30 MG TABLET	11	60.00	27.82	0.09876	200% Above	No	No
29300047816	BUSPIRONE HCL 30 MG TABLET	11	180.00	55.80	0.09876	200% Above	No	No
31722000290	VENLAFAXINE HCL ER 37.5 MG CAP	12	7.00	0.63	0.08146	10%-25% Above	No	No
31722000390	VENLAFAXINE HCL ER 75 MG CAP	8	30.00	2.65	0.10144	10%-25% Below	No	No
31722000390	VENLAFAXINE HCL ER 75 MG CAP	9	30.00	2.65	0.09975	10%-25% Below	No	No
31722000390	VENLAFAXINE HCL ER 75 MG CAP	9	30.00	15.00	0.09975	200% Above	No	No
31722000390	VENLAFAXINE HCL ER 75 MG CAP	11	30.00	2.65	0.07585	10%-25% Above	No	No
31722000490	VENLAFAXINE HCL ER 150 MG CAP	8	30.00	2.46	0.13538	26%-50% Below	No	No
31722000490	VENLAFAXINE HCL ER 150 MG CAP	9	30.00	2.46	0.14127	26%-50% Below	No	No
31722000490	VENLAFAXINE HCL ER 150 MG CAP	10	30.00	2.46	0.13389	26%-50% Below	No	No
31722000490	VENLAFAXINE HCL ER 150 MG CAP	11	30.00	2.46	0.10567	10%-25% Below	No	No
31722000490	VENLAFAXINE HCL ER 150 MG CAP	12	30.00	2.46	0.11715	26%-50% Below	No	No
31722001701	FAMOTIDINE 20 MG TABLET	10	14.00	0.33	0.03333	26%-50% Below	No	No
31722001701	FAMOTIDINE 20 MG TABLET	10	90.00	2.12	0.03333	26%-50% Below	No	No
31722001710	FAMOTIDINE 20 MG TABLET	8	60.00	1.41	0.03445	26%-50% Below	No	No
31722001710	FAMOTIDINE 20 MG TABLET	9	60.00	1.41	0.03493	26%-50% Below	No	No
31722001710	FAMOTIDINE 20 MG TABLET	9	60.00	1.52	0.03019	10%-25% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722001710	FAMOTIDINE 20 MG TABLET	9	180.00	4.23	0.03493	26%-50% Below	No	No
31722001710	FAMOTIDINE 20 MG TABLET	10	60.00	1.41	0.03333	26%-50% Below	No	No
31722001710	FAMOTIDINE 20 MG TABLET	12	60.00	1.41	0.02888	10%-25% Below	No	No
31722001710	FAMOTIDINE 20 MG TABLET	12	180.00	4.23	0.02888	10%-25% Below	No	No
31722001805	FAMOTIDINE 40 MG TABLET	8	20.00	1.83	0.05569	51%-75% Above	No	No
31722001810	FAMOTIDINE 40 MG TABLET	8	30.00	2.75	0.05569	51%-75% Above	No	No
31722001810	FAMOTIDINE 40 MG TABLET	8	90.00	8.24	0.05569	51%-75% Above	No	No
31722001810	FAMOTIDINE 40 MG TABLET	9	30.00	2.75	0.05768	51%-75% Above	No	No
31722001810	FAMOTIDINE 40 MG TABLET	9	90.00	8.24	0.05768	51%-75% Above	No	No
31722001810	FAMOTIDINE 40 MG TABLET	11	30.00	2.75	0.04746	76%-100% Above	No	No
31722001810	FAMOTIDINE 40 MG TABLET	11	180.00	16.47	0.04746	76%-100% Above	No	No
31722001810	FAMOTIDINE 40 MG TABLET	12	30.00	2.75	0.05230	51%-75% Above	No	No
31722002790	SOLIFENACIN 5 MG TABLET	10	90.00	182.03	0.21419	200% Above	No	No
31722004312	MESALAMINE DR 1.2 GM TABLET	9	180.00	638.50	1.46929	101%-200% Above	No	No
31722004312	MESALAMINE DR 1.2 GM TABLET	12	180.00	638.50	1.17925	200% Above	No	No
31722006331	FAMOTIDINE 40 MG/5 ML SUSP	9	50.00	12.41	0.41562	26%-50% Below	No	No
31722006801	BUPROPION HCL SR 200 MG TABLET	9	30.00	6.05	0.13141	51%-75% Above	No	No
31722006860	BUPROPION HCL SR 200 MG TABLET	10	30.00	6.05	0.12167	51%-75% Above	No	No
31722006860	BUPROPION HCL SR 200 MG TABLET	11	30.00	6.05	0.10627	76%-100% Above	No	No
31722010330	CINACALCET HCL 30 MG TABLET	8	30.00	116.73	0.36251	200% Above	No	No
31722010330	CINACALCET HCL 30 MG TABLET	9	30.00	116.73	0.35676	200% Above	No	No
31722010330	CINACALCET HCL 30 MG TABLET	10	30.00	116.73	0.39422	200% Above	No	No
31722010330	CINACALCET HCL 30 MG TABLET	11	30.00	116.73	0.25418	200% Above	No	No
31722012805	GEMFIBROZIL 600 MG TABLET	8	180.00	12.15	0.10965	26%-50% Below	Yes	No
31722012805	GEMFIBROZIL 600 MG TABLET	8	180.00	12.62	0.10965	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722012805	GEMFIBROZIL 600 MG TABLET	10	60.00	4.21	0.10500	26%-50% Below	No	No
31722012805	GEMFIBROZIL 600 MG TABLET	11	180.00	12.15	0.08709	10%-25% Below	Yes	No
31722012860	GEMFIBROZIL 600 MG TABLET	9	60.00	4.21	0.10959	26%-50% Below	No	No
31722012860	GEMFIBROZIL 600 MG TABLET	10	60.00	4.21	0.10500	26%-50% Below	No	No
31722013130	DUTASTERIDE 0.5 MG CAPSULE	8	90.00	20.65	0.18316	10%-25% Above	No	No
31722013130	DUTASTERIDE 0.5 MG CAPSULE	11	90.00	20.65	0.14367	51%-75% Above	No	No
31722014505	SERTRALINE HCL 25 MG TABLET	10	90.00	5.41	0.03785	51%-75% Above	No	No
31722014805	GABAPENTIN 100 MG CAPSULE	9	42.00	0.34	0.02416	51%-75% Below	No	No
31722014805	GABAPENTIN 100 MG CAPSULE	11	42.00	0.34	0.01864	51%-75% Below	No	No
31722014805	GABAPENTIN 100 MG CAPSULE	12	90.00	0.73	0.02070	51%-75% Below	No	No
31722014805	GABAPENTIN 100 MG CAPSULE	12	180.00	1.46	0.02070	51%-75% Below	No	No
31722014905	GABAPENTIN 300 MG CAPSULE	11	90.00	1.88	0.03133	26%-50% Below	No	No
31722015290	VALSARTAN 80 MG TABLET	10	90.00	15.89	0.14621	10%-25% Above	No	No
31722015290	VALSARTAN 80 MG TABLET	11	30.00	5.30	0.11135	51%-75% Above	No	No
31722015290	VALSARTAN 80 MG TABLET	12	30.00	5.30	0.12225	26%-50% Above	No	No
31722015390	VALSARTAN 160 MG TABLET	10	30.00	5.92	0.17809	10%-25% Above	No	No
31722015390	VALSARTAN 160 MG TABLET	11	30.00	5.92	0.13499	26%-50% Above	No	No
31722015390	VALSARTAN 160 MG TABLET	12	30.00	5.92	0.15036	26%-50% Above	No	No
31722015490	VALSARTAN 320 MG TABLET	9	90.00	26.18	0.23003	26%-50% Above	No	No
31722015490	VALSARTAN 320 MG TABLET	10	90.00	26.18	0.23612	10%-25% Above	No	No
31722016401	DEXTROAMP-AMPHETAMIN 30 MG TAB	12	30.00	6.53	0.29474	26%-50% Below	No	No
31722017301	METHYLPHENIDATE 5 MG TABLET	11	30.00	8.31	0.10713	101%-200% Above	No	No
31722018601	DEXTROAMP-AMPHET ER 10 MG CAP	10	30.00	41.45	0.64369	101%-200% Above	No	No
31722018601	DEXTROAMP-AMPHET ER 10 MG CAP	11	30.00	104.85	0.70399	200% Above	No	No
31722018701	DEXTROAMP-AMPHET ER 15 MG CAP	9	30.00	104.85	0.56507	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722023101	DEXMETHYLPHENIDATE ER 15 MG CP	10	30.00	76.47	1.20268	101%-200% Above	No	No
31722023101	DEXMETHYLPHENIDATE ER 15 MG CP	11	30.00	76.47	0.71686	200% Above	No	No
31722023101	DEXMETHYLPHENIDATE ER 15 MG CP	11	90.00	229.40	0.71686	200% Above	No	No
31722023201	DEXMETHYLPHENIDATE ER 20 MG CP	10	60.00	157.09	1.35075	76%-100% Above	No	No
31722023201	DEXMETHYLPHENIDATE ER 20 MG CP	11	60.00	157.09	1.43141	76%-100% Above	No	No
31722025201	ALLOPURINOL 100 MG TABLET	10	90.00	7.98	0.04769	76%-100% Above	No	No
31722025205	ALLOPURINOL 100 MG TABLET	9	90.00	7.98	0.04624	76%-100% Above	No	No
31722025205	ALLOPURINOL 100 MG TABLET	10	180.00	15.97	0.04769	76%-100% Above	No	No
31722025305	ALLOPURINOL 300 MG TABLET	9	90.00	15.68	0.07149	101%-200% Above	No	No
31722029310	LEVOTHYROXINE 175 MCG TABLET	11	35.00	1.55	0.07319	26%-50% Below	No	No
31722029912	ICOSAPENT ETHYL 1 GRAM CAPSULE	9	360.00	184.07	0.82861	26%-50% Below	No	No
31722029912	ICOSAPENT ETHYL 1 GRAM CAPSULE	11	180.00	86.42	0.59147	10%-25% Below	No	No
31722029912	ICOSAPENT ETHYL 1 GRAM CAPSULE	12	360.00	184.07	0.67224	10%-25% Below	No	No
31722042510	ATORVASTATIN 20 MG TABLET	9	30.00	2.96	0.03661	101%-200% Above	No	No
31722042605	ATORVASTATIN 40 MG TABLET	8	28.00	2.77	0.05515	76%-100% Above	No	No
31722042605	ATORVASTATIN 40 MG TABLET	9	28.00	2.77	0.05122	76%-100% Above	No	No
31722042605	ATORVASTATIN 40 MG TABLET	9	30.00	2.97	0.05122	76%-100% Above	No	No
31722042605	ATORVASTATIN 40 MG TABLET	10	30.00	2.97	0.05228	76%-100% Above	No	No
31722042605	ATORVASTATIN 40 MG TABLET	11	90.00	8.92	0.04382	101%-200% Above	No	No
31722042605	ATORVASTATIN 40 MG TABLET	12	30.00	2.97	0.04678	101%-200% Above	No	No
31722052001	HYDRALAZINE 25 MG TABLET	9	180.00	8.00	0.03716	10%-25% Above	No	No
31722052001	HYDRALAZINE 25 MG TABLET	12	180.00	8.00	0.03158	26%-50% Above	No	No
31722052101	HYDRALAZINE 50 MG TABLET	9	270.00	10.00	0.04706	10%-25% Below	No	No
31722052110	HYDRALAZINE 50 MG TABLET	10	60.00	10.18	0.04770	200% Above	No	No
31722052110	HYDRALAZINE 50 MG TABLET	11	405.00	68.69	0.03430	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722052110	HYDRALAZINE 50 MG TABLET	12	135.00	22.90	0.04188	200% Above	No	No
31722052201	HYDRALAZINE 100 MG TABLET	12	180.00	53.89	0.07295	200% Above	Yes	No
31722052530	FINASTERIDE 5 MG TABLET	11	22.00	1.54	0.05653	10%-25% Above	No	No
31722053101	TORSEMIDE 20 MG TABLET	11	60.00	10.09	0.05423	200% Above	No	No
31722053101	TORSEMIDE 20 MG TABLET	11	180.00	30.26	0.05423	200% Above	Yes	No
31722053301	METHOCARBAMOL 500 MG TABLET	8	120.00	8.72	0.03761	76%-100% Above	No	No
31722053301	METHOCARBAMOL 500 MG TABLET	9	45.00	3.27	0.04058	76%-100% Above	No	No
31722053301	METHOCARBAMOL 500 MG TABLET	9	120.00	8.72	0.04058	76%-100% Above	No	No
31722053301	METHOCARBAMOL 500 MG TABLET	10	20.00	1.45	0.03742	76%-100% Above	No	No
31722053301	METHOCARBAMOL 500 MG TABLET	10	30.00	2.18	0.03742	76%-100% Above	No	No
31722053301	METHOCARBAMOL 500 MG TABLET	10	45.00	3.27	0.03742	76%-100% Above	No	No
31722053301	METHOCARBAMOL 500 MG TABLET	10	60.00	4.36	0.03742	76%-100% Above	No	No
31722053301	METHOCARBAMOL 500 MG TABLET	11	180.00	13.09	0.02811	101%-200% Above	No	No
31722053301	METHOCARBAMOL 500 MG TABLET	12	45.00	3.27	0.03199	101%-200% Above	No	No
31722053305	METHOCARBAMOL 500 MG TABLET	9	90.00	6.54	0.04058	76%-100% Above	No	No
31722053305	METHOCARBAMOL 500 MG TABLET	11	90.00	6.54	0.02811	101%-200% Above	No	No
31722053305	METHOCARBAMOL 500 MG TABLET	12	45.00	3.27	0.03199	101%-200% Above	No	No
31722053305	METHOCARBAMOL 500 MG TABLET	12	90.00	6.54	0.03199	101%-200% Above	No	No
31722053405	METHOCARBAMOL 750 MG TABLET	8	90.00	1.71	0.04653	51%-75% Below	No	No
31722053405	METHOCARBAMOL 750 MG TABLET	9	45.00	0.86	0.04588	51%-75% Below	No	No
31722053405	METHOCARBAMOL 750 MG TABLET	9	90.00	1.71	0.04588	51%-75% Below	No	No
31722053405	METHOCARBAMOL 750 MG TABLET	10	90.00	1.71	0.04594	51%-75% Below	No	No
31722053405	METHOCARBAMOL 750 MG TABLET	11	90.00	1.71	0.03481	26%-50% Below	No	No
31722054201	INDOMETHACIN 25 MG CAPSULE	12	20.00	2.21	0.09325	10%-25% Above	Yes	No
31722054301	INDOMETHACIN 50 MG CAPSULE	9	60.00	7.45	0.13834	10%-25% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722054301	INDOMETHACIN 50 MG CAPSULE	11	60.00	7.45	0.10044	10%-25% Above	No	No
31722054301	INDOMETHACIN 50 MG CAPSULE	11	60.00	7.45	0.10044	10%-25% Above	Yes	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	8	10.00	1.25	0.06921	76%-100% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	8	30.00	3.74	0.06921	76%-100% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	8	90.00	11.23	0.06921	76%-100% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	9	30.00	3.74	0.06780	76%-100% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	9	90.00	11.23	0.06780	76%-100% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	10	30.00	3.74	0.06457	76%-100% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	11	30.00	3.74	0.05856	101%-200% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	11	90.00	11.23	0.05856	101%-200% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	12	30.00	3.74	0.05912	101%-200% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	12	90.00	11.23	0.05912	101%-200% Above	No	No
31722057447	LEVETIRACETAM 100 MG/ML SOLN	9	425.00	15.94	0.03153	10%-25% Above	No	No
31722057447	LEVETIRACETAM 100 MG/ML SOLN	10	425.00	15.94	0.03121	10%-25% Above	No	No
31722057447	LEVETIRACETAM 100 MG/ML SOLN	11	425.00	15.94	0.02483	51%-75% Above	No	No
31722057447	LEVETIRACETAM 100 MG/ML SOLN	12	425.00	15.94	0.02766	26%-50% Above	No	No
31722058530	NEBIVOLOL 2.5 MG TABLET	9	90.00	69.33	0.11495	200% Above	Yes	No
31722058530	NEBIVOLOL 2.5 MG TABLET	10	90.00	66.71	0.12071	200% Above	Yes	No
31722058530	NEBIVOLOL 2.5 MG TABLET	11	90.00	69.33	0.08790	200% Above	Yes	No
31722058530	NEBIVOLOL 2.5 MG TABLET	12	90.00	69.33	0.10297	200% Above	Yes	No
31722058630	NEBIVOLOL 5 MG TABLET	9	30.00	22.14	0.12317	200% Above	Yes	No
31722058630	NEBIVOLOL 5 MG TABLET	10	90.00	66.41	0.11244	200% Above	Yes	No
31722058630	NEBIVOLOL 5 MG TABLET	11	30.00	22.14	0.09179	200% Above	Yes	No
31722058630	NEBIVOLOL 5 MG TABLET	12	90.00	66.41	0.10259	200% Above	No	No
31722058730	NEBIVOLOL 10 MG TABLET	8	90.00	66.93	0.14918	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722058730	NEBIVOLOL 10 MG TABLET	10	90.00	66.93	0.15447	200% Above	Yes	No
31722058730	NEBIVOLOL 10 MG TABLET	11	90.00	66.93	0.11363	200% Above	No	No
31722058890	NEBIVOLOL 20 MG TABLET	9	30.00	23.03	0.19132	200% Above	No	No
31722059590	FENOFIBRATE 48 MG TABLET	9	90.00	16.94	0.09921	76%-100% Above	No	No
31722059690	FENOFIBRATE 145 MG TABLET	8	90.00	24.00	0.13824	76%-100% Above	No	No
31722059690	FENOFIBRATE 145 MG TABLET	9	90.00	24.00	0.13807	76%-100% Above	No	No
31722059690	FENOFIBRATE 145 MG TABLET	11	30.00	9.29	0.10881	101%-200% Above	No	No
31722059690	FENOFIBRATE 145 MG TABLET	11	90.00	24.00	0.10881	101%-200% Above	No	No
31722059690	FENOFIBRATE 145 MG TABLET	12	30.00	9.29	0.12293	101%-200% Above	No	No
31722061205	PREGABALIN 75 MG CAPSULE	10	90.00	2.24	0.06661	51%-75% Below	No	No
31722061405	PREGABALIN 150 MG CAPSULE	9	60.00	1.67	0.07225	51%-75% Below	No	No
31722061405	PREGABALIN 150 MG CAPSULE	10	60.00	1.67	0.07009	51%-75% Below	No	No
31722061405	PREGABALIN 150 MG CAPSULE	11	60.00	1.67	0.04937	26%-50% Below	No	No
31722063231	OSELTAMIVIR PHOS 75 MG CAPSULE	8	10.00	18.95	1.05171	76%-100% Above	No	No
31722063231	OSELTAMIVIR PHOS 75 MG CAPSULE	8	10.00	18.95	1.13383	51%-75% Above	No	No
31722063231	OSELTAMIVIR PHOS 75 MG CAPSULE	9	10.00	18.95	1.01634	76%-100% Above	No	No
31722063231	OSELTAMIVIR PHOS 75 MG CAPSULE	11	10.00	18.95	0.75752	101%-200% Above	No	No
31722063231	OSELTAMIVIR PHOS 75 MG CAPSULE	12	10.00	18.95	0.91545	101%-200% Above	No	No
31722063231	OSELTAMIVIR PHOS 75 MG CAPSULE	12	10.00	18.95	1.32400	26%-50% Above	No	No
31722066490	ESOMEPRAZOLE MAG DR 20 MG CAP	10	90.00	128.82	0.18032	200% Above	No	No
31722066530	ESOMEPRAZOLE MAG DR 40 MG CAP	9	90.00	128.82	0.16104	200% Above	No	No
31722066590	ESOMEPRAZOLE MAG DR 40 MG CAP	10	90.00	123.96	0.15336	200% Above	Yes	No
31722066590	ESOMEPRAZOLE MAG DR 40 MG CAP	12	90.00	123.96	0.13123	200% Above	Yes	No
31722067632	ROFLUMILAST 250 MCG TABLET	10	30.00	59.24	2.70147	26%-50% Below	No	No
31722068147	ACYCLOVIR 200 MG/5 ML SUSP	10	40.00	14.60	0.09536	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722068147	ACYCLOVIR 200 MG/5 ML SUSP	10	55.00	20.07	0.09536	200% Above	No	No
31722068601	KETOROLAC 10 MG TABLET	10	12.00	3.56	0.40997	26%-50% Below	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	8	30.00	2.58	0.03210	101%-200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	8	30.00	2.63	0.03210	101%-200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	8	90.00	7.89	0.03210	101%-200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	9	30.00	2.63	0.02956	101%-200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	9	90.00	7.89	0.02956	101%-200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	10	30.00	2.63	0.02989	101%-200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	10	90.00	7.89	0.02989	101%-200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	11	30.00	2.63	0.02422	200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	11	90.00	7.89	0.02422	200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	12	30.00	2.63	0.02707	200% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	8	30.00	2.63	0.03210	101%-200% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	8	90.00	7.89	0.03210	101%-200% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	9	30.00	2.63	0.02956	101%-200% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	10	30.00	2.63	0.02989	101%-200% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	10	90.00	7.89	0.02989	101%-200% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	11	30.00	2.63	0.02422	200% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	11	90.00	7.89	0.02422	200% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	8	30.00	1.74	0.04351	26%-50% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	8	30.00	1.78	0.04351	26%-50% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	8	60.00	3.49	0.04351	26%-50% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	8	90.00	5.33	0.04351	26%-50% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	9	30.00	1.78	0.04317	26%-50% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	9	60.00	3.55	0.04317	26%-50% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722070110	LOSARTAN POTASSIUM 50 MG TAB	9	90.00	5.33	0.04317	26%-50% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	9	180.00	10.66	0.04317	26%-50% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	10	30.00	1.78	0.04065	26%-50% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	10	90.00	5.33	0.04065	26%-50% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	10	180.00	10.66	0.04065	26%-50% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	11	30.00	1.78	0.03125	76%-100% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	11	60.00	3.55	0.03125	76%-100% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	12	30.00	1.78	0.03610	51%-75% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	12	90.00	5.33	0.03610	51%-75% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	8	90.00	5.33	0.04351	26%-50% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	9	90.00	5.33	0.04317	26%-50% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	10	90.00	5.33	0.04065	26%-50% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	11	30.00	1.78	0.03125	76%-100% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	11	90.00	5.33	0.03125	76%-100% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	12	30.00	1.78	0.03610	51%-75% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	8	30.00	2.80	0.05455	51%-75% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	8	90.00	8.24	0.05455	51%-75% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	8	90.00	8.39	0.05455	51%-75% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	9	30.00	2.80	0.05475	51%-75% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	9	90.00	8.39	0.05475	51%-75% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	10	15.00	1.40	0.05587	51%-75% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	10	30.00	2.80	0.05587	51%-75% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	10	90.00	8.39	0.05587	51%-75% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	11	30.00	2.80	0.04224	101%-200% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	11	90.00	8.39	0.04224	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722070210	LOSARTAN POTASSIUM 100 MG TAB	12	15.00	1.40	0.04831	76%-100% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	12	30.00	2.80	0.04831	76%-100% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	8	30.00	2.80	0.05455	51%-75% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	8	90.00	8.39	0.05455	51%-75% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	9	30.00	2.80	0.05475	51%-75% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	9	90.00	8.39	0.05475	51%-75% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	10	30.00	2.80	0.05587	51%-75% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	10	90.00	8.39	0.05587	51%-75% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	11	30.00	2.80	0.04224	101%-200% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	11	90.00	8.39	0.04224	101%-200% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	12	30.00	2.80	0.04831	76%-100% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	12	90.00	8.39	0.04831	76%-100% Above	No	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	8	30.00	6.32	0.27158	10%-25% Below	No	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	8	90.00	18.23	0.27158	10%-25% Below	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	9	20.00	4.21	0.27153	10%-25% Below	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	9	30.00	6.32	0.27153	10%-25% Below	No	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	9	30.00	6.32	0.27153	10%-25% Below	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	10	6.00	1.26	0.26279	10%-25% Below	No	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	10	30.00	6.32	0.26279	10%-25% Below	No	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	10	30.00	6.32	0.26279	10%-25% Below	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	10	90.00	18.95	0.26279	10%-25% Below	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	12	28.00	5.89	0.23739	10%-25% Below	No	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	12	30.00	6.32	0.23739	10%-25% Below	No	No
31722070490	VALACYCLOVIR HCL 500 MG TABLET	8	90.00	18.95	0.27158	10%-25% Below	No	No
31722070490	VALACYCLOVIR HCL 500 MG TABLET	9	15.00	3.16	0.27153	10%-25% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722070490	VALACYCLOVIR HCL 500 MG TABLET	10	20.00	4.21	0.26279	10%-25% Below	No	No
31722070490	VALACYCLOVIR HCL 500 MG TABLET	10	28.00	5.89	0.26279	10%-25% Below	No	No
31722070490	VALACYCLOVIR HCL 500 MG TABLET	12	90.00	18.95	0.23739	10%-25% Below	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	11	8.00	3.77	0.37188	26%-50% Above	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	11	12.00	5.66	0.37188	26%-50% Above	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	11	14.00	6.60	0.37188	26%-50% Above	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	11	30.00	14.15	0.37188	26%-50% Above	Yes	No
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	11	21.00	9.90	0.37188	26%-50% Above	No	No
31722071101	SILDENAFIL 100 MG TABLET	12	10.00	82.02	0.12980	200% Above	No	No
31722071130	SILDENAFIL 100 MG TABLET	8	15.00	123.03	0.14381	200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.00	2.22	0.05115	26%-50% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	8	90.00	6.66	0.05115	26%-50% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	9	30.00	2.22	0.05198	26%-50% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	9	90.00	6.66	0.05198	26%-50% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	10	30.00	2.22	0.05478	26%-50% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	10	56.00	4.14	0.05478	26%-50% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	11	19.00	1.41	0.03310	101%-200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	11	28.00	2.07	0.03310	101%-200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	11	30.00	2.22	0.03310	101%-200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	11	90.00	6.66	0.03310	101%-200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	12	90.00	6.66	0.04069	76%-100% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.00	2.18	0.05115	26%-50% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.00	2.22	0.05115	26%-50% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	9	30.00	2.22	0.05198	26%-50% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	9	90.00	6.41	0.05198	26%-50% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	9	90.00	6.66	0.05198	26%-50% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	10	14.00	1.04	0.05478	26%-50% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	10	30.00	2.22	0.05478	26%-50% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	10	90.00	6.66	0.05478	26%-50% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	11	30.00	2.22	0.03310	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	11	90.00	6.41	0.03310	101%-200% Above	Yes	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	11	90.00	6.66	0.03310	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	12	30.00	2.22	0.04069	76%-100% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	12	90.00	6.41	0.04069	51%-75% Above	Yes	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	12	90.00	6.66	0.04069	76%-100% Above	No	No
31722071730	ATOMOXETINE HCL 40 MG CAPSULE	11	90.00	218.11	0.59702	200% Above	No	No
31722071730	ATOMOXETINE HCL 40 MG CAPSULE	12	30.00	72.70	0.56604	200% Above	No	No
31722071930	ATOMOXETINE HCL 80 MG CAPSULE	8	30.00	78.44	0.60839	200% Above	No	No
31722071930	ATOMOXETINE HCL 80 MG CAPSULE	9	30.00	78.44	0.63662	200% Above	No	No
31722071930	ATOMOXETINE HCL 80 MG CAPSULE	10	30.00	78.44	0.58315	200% Above	No	No
31722071930	ATOMOXETINE HCL 80 MG CAPSULE	12	30.00	78.44	0.53522	200% Above	No	No
31722072250	LEVOFLOXACIN 500 MG TABLET	8	5.00	0.41	0.16353	26%-50% Below	No	No
31722072250	LEVOFLOXACIN 500 MG TABLET	8	12.00	0.99	0.16353	26%-50% Below	No	No
31722072250	LEVOFLOXACIN 500 MG TABLET	9	7.00	0.58	0.15631	26%-50% Below	No	No
31722072250	LEVOFLOXACIN 500 MG TABLET	9	10.00	0.83	0.15631	26%-50% Below	No	No
31722072250	LEVOFLOXACIN 500 MG TABLET	9	30.00	2.48	0.15631	26%-50% Below	No	No
31722072250	LEVOFLOXACIN 500 MG TABLET	10	7.00	0.58	0.14707	26%-50% Below	No	No
31722072250	LEVOFLOXACIN 500 MG TABLET	10	10.00	0.83	0.14707	26%-50% Below	No	No
31722072250	LEVOFLOXACIN 500 MG TABLET	11	7.00	0.58	0.11351	26%-50% Below	No	No
31722072250	LEVOFLOXACIN 500 MG TABLET	11	14.00	1.16	0.11351	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722072250	LEVOFLOXACIN 500 MG TABLET	11	30.00	2.48	0.11351	26%-50% Below	No	No
31722072250	LEVOFLOXACIN 500 MG TABLET	12	5.00	0.41	0.12744	26%-50% Below	No	No
31722072250	LEVOFLOXACIN 500 MG TABLET	12	7.00	0.58	0.12744	26%-50% Below	No	No
31722072250	LEVOFLOXACIN 500 MG TABLET	12	10.00	0.83	0.12744	26%-50% Below	No	No
31722072320	LEVOFLOXACIN 750 MG TABLET	9	7.00	1.14	0.29735	26%-50% Below	No	No
31722072320	LEVOFLOXACIN 750 MG TABLET	11	14.00	2.28	0.21997	10%-25% Below	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	8	28.00	2.21	0.05683	26%-50% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	8	30.00	2.32	0.05683	26%-50% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	8	30.00	2.36	0.05683	26%-50% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	8	90.00	7.09	0.05683	26%-50% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	9	28.00	2.21	0.05752	26%-50% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	9	30.00	2.36	0.05752	26%-50% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	9	90.00	7.09	0.05752	26%-50% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	10	28.00	2.21	0.06104	26%-50% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	10	29.00	2.29	0.06104	26%-50% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	10	30.00	2.36	0.06104	26%-50% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	11	28.00	2.21	0.04225	76%-100% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	11	30.00	2.36	0.04225	76%-100% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	11	90.00	7.09	0.04225	76%-100% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	12	30.00	2.36	0.04984	51%-75% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	12	90.00	7.09	0.04984	51%-75% Above	No	No
31722072630	MONTELUKAST SOD 10 MG TABLET	8	30.00	2.36	0.05683	26%-50% Above	No	No
31722072630	MONTELUKAST SOD 10 MG TABLET	9	30.00	2.36	0.05752	26%-50% Above	No	No
31722072630	MONTELUKAST SOD 10 MG TABLET	10	30.00	2.36	0.06104	26%-50% Above	No	No
31722072690	MONTELUKAST SOD 10 MG TABLET	9	90.00	7.09	0.05752	26%-50% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722072690	MONTELUKAST SOD 10 MG TABLET	11	90.00	7.09	0.04225	76%-100% Above	No	No
31722072790	MONTELUKAST SOD 4 MG TAB CHEW	8	30.00	2.72	0.07994	10%-25% Above	No	No
31722072830	MONTELUKAST SOD 5 MG TAB CHEW	10	90.00	12.54	0.07001	76%-100% Above	No	No
31722072890	MONTELUKAST SOD 5 MG TAB CHEW	8	30.00	4.10	0.07388	76%-100% Above	No	No
31722072890	MONTELUKAST SOD 5 MG TAB CHEW	9	30.00	4.18	0.07227	76%-100% Above	No	No
31722072890	MONTELUKAST SOD 5 MG TAB CHEW	11	30.00	4.18	0.05998	101%-200% Above	No	No
31722072890	MONTELUKAST SOD 5 MG TAB CHEW	11	90.00	12.54	0.05998	101%-200% Above	No	No
31722072890	MONTELUKAST SOD 5 MG TAB CHEW	12	30.00	4.18	0.06629	101%-200% Above	No	No
31722072930	IRBESARTAN 75 MG TABLET	10	90.00	19.74	0.12585	51%-75% Above	No	No
31722073030	IRBESARTAN 150 MG TABLET	9	30.00	7.07	0.14248	51%-75% Above	No	No
31722073030	IRBESARTAN 150 MG TABLET	10	90.00	21.20	0.12600	76%-100% Above	No	No
31722073190	IRBESARTAN 300 MG TABLET	8	90.00	25.94	0.20768	26%-50% Above	No	No
31722073190	IRBESARTAN 300 MG TABLET	10	90.00	25.94	0.20365	26%-50% Above	No	No
31722073190	IRBESARTAN 300 MG TABLET	11	90.00	25.94	0.15478	76%-100% Above	No	No
31722073805	DONEPEZIL HCL 10 MG TABLET	9	30.00	6.66	0.05144	200% Above	No	No
31722073805	DONEPEZIL HCL 10 MG TABLET	10	30.00	6.66	0.04825	200% Above	No	No
31722077701	ACYCLOVIR 400 MG TABLET	9	14.00	1.05	0.09589	10%-25% Below	No	No
31722077701	ACYCLOVIR 400 MG TABLET	9	30.00	2.24	0.09589	10%-25% Below	No	No
31722077701	ACYCLOVIR 400 MG TABLET	9	180.00	13.46	0.09589	10%-25% Below	No	No
31722077801	ACYCLOVIR 800 MG TABLET	12	40.00	5.92	0.13005	10%-25% Above	No	No
31722081360	LACOSAMIDE 100 MG TABLET	9	180.00	350.60	0.27875	200% Above	No	No
31722081360	LACOSAMIDE 100 MG TABLET	12	180.00	350.60	0.22833	200% Above	No	No
31722088290	ROSUVASTATIN CALCIUM 5 MG TAB	10	90.00	154.82	0.03931	200% Above	No	No
31722088390	ROSUVASTATIN CALCIUM 10 MG TAB	9	30.00	51.46	0.04583	200% Above	No	No
31722088390	ROSUVASTATIN CALCIUM 10 MG TAB	9	90.00	154.37	0.04583	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722088390	ROSUVASTATIN CALCIUM 10 MG TAB	10	30.00	51.46	0.04305	200% Above	No	No
31722088390	ROSUVASTATIN CALCIUM 10 MG TAB	12	90.00	154.37	0.03956	200% Above	No	No
31722088490	ROSUVASTATIN CALCIUM 20 MG TAB	8	90.00	151.09	0.06656	200% Above	No	No
31722088490	ROSUVASTATIN CALCIUM 20 MG TAB	9	90.00	154.00	0.06488	200% Above	No	No
31722088490	ROSUVASTATIN CALCIUM 20 MG TAB	11	90.00	154.00	0.05010	200% Above	No	No
31722089901	COLCHICINE 0.6 MG TABLET	8	30.00	71.01	0.24124	200% Above	No	No
31722089901	COLCHICINE 0.6 MG TABLET	9	30.00	71.01	0.19706	200% Above	No	No
31722089901	COLCHICINE 0.6 MG TABLET	10	30.00	71.01	0.21336	200% Above	No	No
31722089901	COLCHICINE 0.6 MG TABLET	11	30.00	71.01	0.18453	200% Above	No	No
31722093432	DROSPIRENONE-EE 3-0.02 MG TAB	9	84.00	79.05	0.20900	200% Above	No	No
31722093612	OMEGA-3 ETHYL ESTERS 1 GM CAP	8	60.00	20.67	0.17329	76%-100% Above	No	No
31722093612	OMEGA-3 ETHYL ESTERS 1 GM CAP	9	60.00	20.67	0.18151	76%-100% Above	No	No
31722093612	OMEGA-3 ETHYL ESTERS 1 GM CAP	10	60.00	20.67	0.18220	76%-100% Above	No	No
31722093612	OMEGA-3 ETHYL ESTERS 1 GM CAP	11	360.00	124.02	0.15400	101%-200% Above	Yes	No
31722094531	DROSPIRENONE-EE 3-0.03 MG TAB	8	28.00	26.05	0.19154	200% Above	No	No
31722094901	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	12	20.00	1.23	0.12407	26%-50% Below	No	No
31722095101	OXYCODONE-ACETAMINOPHEN 10-325 MG TABLET	11	10.00	1.17	0.19788	26%-50% Below	No	No
31722095105	OXYCODONE-ACETAMINOPHEN 10-325 MG TABLET	11	120.00	14.06	0.19788	26%-50% Below	No	No
31722095105	OXYCODONE-ACETAMINOPHEN 10-325 MG TABLET	12	120.00	14.06	0.21817	26%-50% Below	No	No
31722095201	METHYLPHENIDATE ER 18 MG TAB	11	30.00	177.44	0.60931	200% Above	No	No
31722095301	METHYLPHENIDATE ER 27 MG TAB	10	30.00	181.89	0.85538	200% Above	No	No
31722095301	METHYLPHENIDATE ER 27 MG TAB	11	30.00	181.89	0.61843	200% Above	No	No
31722095501	METHYLPHENIDATE ER 54 MG TAB	8	30.00	204.14	1.05413	200% Above	No	No
31722095501	METHYLPHENIDATE ER 54 MG TAB	9	30.00	204.14	0.94875	200% Above	No	No
31722099601	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	11	40.00	2.94	0.12498	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
33332002403	AFLURIA INJ 2024-25	9	0.50	20.36	.		No	No
33332002403	AFLURIA INJ 2024-25	10	0.50	20.36	.		No	No
33332002403	AFLURIA INJ 2024-25	11	0.50	14.99	.		No	No
33332002403	AFLURIA INJ 2024-25	11	0.50	20.36	.		No	No
33332002403	AFLURIA INJ 2024-25	12	0.50	20.36	.		No	No
33342004710	IRBESARTAN 75 MG TABLET	8	30.00	6.58	0.13156	51%-75% Above	Yes	No
33342004710	IRBESARTAN 75 MG TABLET	9	30.00	6.58	0.15094	26%-50% Above	Yes	No
33342004710	IRBESARTAN 75 MG TABLET	10	90.00	19.74	0.12585	51%-75% Above	Yes	No
33342004710	IRBESARTAN 75 MG TABLET	11	90.00	19.74	0.09976	101%-200% Above	Yes	No
33342004810	IRBESARTAN 150 MG TABLET	10	90.00	21.20	0.12600	76%-100% Above	Yes	No
33342004910	IRBESARTAN 300 MG TABLET	8	90.00	25.94	0.20768	26%-50% Above	No	No
33342004910	IRBESARTAN 300 MG TABLET	9	30.00	8.65	0.20105	26%-50% Above	No	No
33342004910	IRBESARTAN 300 MG TABLET	10	30.00	8.65	0.20365	26%-50% Above	No	No
33342004910	IRBESARTAN 300 MG TABLET	11	30.00	8.65	0.15478	76%-100% Above	No	No
33342004910	IRBESARTAN 300 MG TABLET	11	90.00	24.96	0.15478	76%-100% Above	Yes	No
33342005010	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	8	90.00	10.00	0.09616	10%-25% Above	No	No
33342005010	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	10	30.00	4.00	0.08077	51%-75% Above	No	No
33342005010	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	10	90.00	10.00	0.08077	26%-50% Above	No	No
33342005010	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	11	90.00	10.00	0.06268	76%-100% Above	No	No
33342005110	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	8	90.00	45.04	0.11099	200% Above	No	No
33342005110	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	10	30.00	15.01	0.09935	200% Above	No	No
33342005110	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	10	90.00	45.04	0.09935	200% Above	No	No
33342005110	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	11	90.00	45.04	0.07463	200% Above	No	No
33342005110	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	12	30.00	15.01	0.08662	200% Above	No	No
33342005210	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	9	30.00	15.01	0.10950	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
33342005210	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	10	30.00	15.01	0.10472	200% Above	No	No
33342005210	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	10	90.00	45.04	0.10472	200% Above	No	No
33342005210	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	11	30.00	15.01	0.07800	200% Above	No	No
33342005707	IRBESARTAN-HYDROCHLOROTHIAZIDE 150-12.5 MG TB	10	90.00	43.20	0.15966	200% Above	No	No
33342006844	OLANZAPINE 5 MG TABLET	9	30.00	0.84	0.08842	51%-75% Below	No	No
33342007007	OLANZAPINE 10 MG TABLET	10	30.00	1.56	0.11201	51%-75% Below	No	No
33342007007	OLANZAPINE 10 MG TABLET	12	30.00	1.56	0.10275	26%-50% Below	No	No
33342007410	VALSARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TAB	11	90.00	15.03	0.11433	26%-50% Above	No	No
33342007510	VALSARTAN-HYDROCHLOROTHIAZIDE 160-12.5 MG TAB	10	30.00	6.17	0.18529	10%-25% Above	No	No
33342008841	RIZATRIPTAN 10 MG TABLET	8	9.00	7.20	0.36186	101%-200% Above	No	No
33342008841	RIZATRIPTAN 10 MG TABLET	10	30.00	24.02	0.40777	76%-100% Above	No	No
33342010215	MONTELUKAST SOD 10 MG TABLET	11	30.00	2.36	0.04225	76%-100% Above	No	No
33342010607	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE 200-300 MG TAB	8	90.00	2740.77	0.60197	200% Above	No	No
33342017910	OLMESARTAN MEDOXOMIL 20 MG TAB	9	90.00	83.88	0.08644	200% Above	Yes	No
33342018010	OLMESARTAN MEDOXOMIL 40 MG TAB	9	30.00	39.17	0.13402	200% Above	No	No
33342018010	OLMESARTAN MEDOXOMIL 40 MG TAB	9	90.00	117.50	0.13402	200% Above	Yes	No
33342018010	OLMESARTAN MEDOXOMIL 40 MG TAB	10	30.00	39.17	0.12906	200% Above	No	No
33342018010	OLMESARTAN MEDOXOMIL 40 MG TAB	10	90.00	117.50	0.12906	200% Above	Yes	No
33342018010	OLMESARTAN MEDOXOMIL 40 MG TAB	11	30.00	39.17	0.11134	200% Above	No	No
33342018010	OLMESARTAN MEDOXOMIL 40 MG TAB	11	76.00	99.22	0.11134	200% Above	Yes	No
33342018010	OLMESARTAN MEDOXOMIL 40 MG TAB	12	90.00	117.50	0.12121	200% Above	No	No
33342029815	MEMANTINE HCL 10 MG TABLET	9	30.00	27.31	0.07034	200% Above	No	No
33342029815	MEMANTINE HCL 10 MG TABLET	10	30.00	27.31	0.06636	200% Above	No	No
33342029815	MEMANTINE HCL 10 MG TABLET	11	30.00	27.31	0.05675	200% Above	No	No
33342029815	MEMANTINE HCL 10 MG TABLET	12	30.00	27.31	0.06125	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
33342029907	ESZOPICLONE 1 MG TABLET	9	30.00	11.50	0.15723	101%-200% Above	No	No
33342029907	ESZOPICLONE 1 MG TABLET	10	30.00	11.50	0.14794	101%-200% Above	No	No
33342029907	ESZOPICLONE 1 MG TABLET	11	15.00	5.75	0.10879	200% Above	No	No
33342030011	ESZOPICLONE 2 MG TABLET	9	30.00	12.07	0.11002	200% Above	No	No
33342030011	ESZOPICLONE 2 MG TABLET	10	30.00	12.07	0.12885	200% Above	No	No
33342030011	ESZOPICLONE 2 MG TABLET	11	30.00	12.07	0.08307	200% Above	No	No
33342030111	ESZOPICLONE 3 MG TABLET	9	90.00	36.22	0.11487	200% Above	No	No
33342030111	ESZOPICLONE 3 MG TABLET	12	90.00	36.22	0.09870	200% Above	No	No
33342032186	CLOBETASOL 0.05% SOLUTION	8	50.00	53.54	0.22338	200% Above	No	No
33342032815	TRIAMCINOLONE 0.5% CREAM	10	30.00	8.94	0.22811	26%-50% Above	Yes	No
33342032980	TRIAMCINOLONE 0.1% CREAM	8	80.00	7.18	0.04826	76%-100% Above	Yes	No
33342039344	LEVOTHYROXINE 25 MCG TABLET	11	30.00	0.77	0.04351	26%-50% Below	No	No
33342039844	LEVOTHYROXINE 112 MCG TABLET	10	90.00	3.24	0.07712	51%-75% Below	No	No
33342040044	LEVOTHYROXINE 137 MCG TABLET	10	90.00	3.63	0.08202	26%-50% Below	No	No
33342040344	LEVOTHYROXINE 200 MCG TABLET	9	90.00	4.95	0.10161	26%-50% Below	No	No
33342053208	LEVOFLOXACIN 500 MG TABLET	10	30.00	2.48	0.14707	26%-50% Below	Yes	No
33342053332	LEVOFLOXACIN 750 MG TABLET	11	5.00	0.81	0.21997	26%-50% Below	Yes	No
33342053332	LEVOFLOXACIN 750 MG TABLET	12	5.00	0.81	0.24697	26%-50% Below	Yes	No
35046001130	B-12 SUB 1000MCG	9	90.00	0.92	.		Yes	No
35046001130	B-12 SUB 1000MCG	11	90.00	1.41	.		No	No
35573044525	LEVALBUTEROL 1.25 MG/3 ML SOL	10	150.00	50.93	0.25470	26%-50% Above	No	No
35573044525	LEVALBUTEROL 1.25 MG/3 ML SOL	11	75.00	25.46	0.28014	10%-25% Above	No	No
35573046502	DEXTROAMP-AMPHET ER 10 MG CAP	8	30.00	41.45	0.60618	101%-200% Above	No	No
35573046502	DEXTROAMP-AMPHET ER 10 MG CAP	9	30.00	41.45	0.50232	101%-200% Above	No	No
35573046502	DEXTROAMP-AMPHET ER 10 MG CAP	11	30.00	41.45	0.70399	76%-100% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
35573046502	DEXTROAMP-AMPHET ER 10 MG CAP	11	30.00	104.85	0.70399	200% Above	No	No
35573046602	DEXTROAMP-AMPHET ER 15 MG CAP	10	30.00	104.85	0.58911	200% Above	No	No
35573046802	DEXTROAMP-AMPHET ER 25 MG CAP	11	30.00	104.85	0.52976	200% Above	No	No
35573046902	DEXTROAMP-AMPHET ER 30 MG CAP	10	30.00	0.99	0.76715	76%-100% Below	No	No
42192015101	HYDROQUINONE 4% CREAM	12	28.35	26.72	0.59401	51%-75% Above	No	No
42192032701	NP THYROID 15 MG TABLET	11	90.00	50.19	0.48171	10%-25% Above	No	No
42192032901	NP THYROID 30 MG TABLET	8	30.00	24.99	0.60576	26%-50% Above	No	No
42192032901	NP THYROID 30 MG TABLET	9	30.00	24.19	0.61465	26%-50% Above	No	No
42192032901	NP THYROID 30 MG TABLET	9	90.00	73.84	0.61465	26%-50% Above	No	No
42192032901	NP THYROID 30 MG TABLET	10	30.00	24.19	0.62537	26%-50% Above	No	No
42192032901	NP THYROID 30 MG TABLET	11	30.00	24.61	0.53581	51%-75% Above	No	No
42192032901	NP THYROID 30 MG TABLET	11	90.00	60.49	0.53581	10%-25% Above	No	No
42192033001	NP THYROID 60 MG TABLET	10	90.00	82.03	0.67568	26%-50% Above	No	No
42192033001	NP THYROID 60 MG TABLET	10	90.00	82.74	0.67568	26%-50% Above	No	No
42192033001	NP THYROID 60 MG TABLET	11	30.00	26.05	0.60100	26%-50% Above	No	No
42192033101	NP THYROID 90 MG TABLET	12	90.00	128.50	0.94307	51%-75% Above	No	No
42192033901	HYOSCYAMINE 0.125 MG TAB SL	9	90.00	43.61	0.21111	101%-200% Above	No	No
42192034001	HYOSCYAMINE SULF 0.125 MG TAB	9	20.00	9.69	0.18975	101%-200% Above	No	No
42192034001	HYOSCYAMINE SULF 0.125 MG TAB	11	50.00	24.23	0.09933	200% Above	No	No
42192060704	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	8	120.00	5.66	0.09853	51%-75% Below	No	No
42192060704	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	10	180.00	8.26	0.10164	51%-75% Below	No	No
42192060704	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	11	90.00	4.13	0.09737	51%-75% Below	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	8	60.00	2.75	0.09186	26%-50% Below	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	9	90.00	4.13	0.09582	51%-75% Below	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	9	120.00	5.51	0.09582	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	9	140.00	6.43	0.09582	51%-75% Below	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	10	120.00	5.51	0.10268	51%-75% Below	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	10	140.00	6.43	0.10268	51%-75% Below	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	10	240.00	11.02	0.10268	51%-75% Below	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	11	53.00	2.43	0.10527	51%-75% Below	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	11	75.00	3.44	0.10527	51%-75% Below	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	11	120.00	5.51	0.10527	51%-75% Below	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	11	180.00	8.26	0.10527	51%-75% Below	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	11	240.00	11.02	0.10527	51%-75% Below	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	12	120.00	5.51	0.09227	26%-50% Below	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	12	280.00	12.85	0.09227	26%-50% Below	No	No
42192061801	BENZONATATE 200 MG CAPSULE	12	30.00	1.89	0.09845	26%-50% Below	No	No
42192061805	BENZONATATE 200 MG CAPSULE	8	30.00	1.89	0.11875	26%-50% Below	No	No
42291015410	CYCLOBENZAPR TAB 10MG	6	30.00	0.28	.		No	No
42291015410	CYCLOBENZAPR TAB 10MG	10	90.00	0.88	.		No	No
42291050750	POT CL MICRO TAB 20MEQ ER	10	10.00	1.14	.		No	No
42291050750	POT CL MICRO TAB 20MEQ ER	10	45.00	5.53	.		No	No
42291066790	PRAVASTATIN TAB 20MG	1	45.00	5.02	.		No	No
42291066790	PRAVASTATIN TAB 20MG	5	45.00	4.77	.		No	No
42291066790	PRAVASTATIN TAB 20MG	8	45.00	5.25	.		No	No
42291082510	METFORMIN TAB 500MG ER	12	53.00	1.29	.		No	No
42291082950	TRAZODONE TAB 150MG	3	30.00	4.64	.		No	No
42291082950	TRAZODONE TAB 150MG	8	30.00	4.64	.		No	No
42291082950	TRAZODONE TAB 150MG	10	30.00	4.64	.		No	No
42291082950	TRAZODONE TAB 150MG	11	30.00	4.64	.		No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
42385094711	METFORMIN HCL 500 MG TABLET	9	60.00	0.64	0.01490	26%-50% Below	No	No
42385094711	METFORMIN HCL 500 MG TABLET	10	60.00	0.64	0.01413	10%-25% Below	No	No
42385094711	METFORMIN HCL 500 MG TABLET	11	60.00	0.64	0.01225	10%-25% Below	No	No
42385094711	METFORMIN HCL 500 MG TABLET	12	60.00	0.64	0.01304	10%-25% Below	No	No
42385094905	METFORMIN HCL 1,000 MG TABLET	9	180.00	3.38	0.02514	10%-25% Below	Yes	No
42385094905	METFORMIN HCL 1,000 MG TABLET	10	180.00	3.38	0.02422	10%-25% Below	Yes	No
42385094911	METFORMIN HCL 1,000 MG TABLET	8	180.00	3.53	0.02473	10%-25% Below	No	No
42385094911	METFORMIN HCL 1,000 MG TABLET	9	60.00	1.18	0.02514	10%-25% Below	No	No
42385094911	METFORMIN HCL 1,000 MG TABLET	9	180.00	3.53	0.02514	10%-25% Below	No	No
42494045410	NAPROXEN DR 500 MG TABLET	8	60.00	81.04	1.88332	26%-50% Below	No	No
42494045410	NAPROXEN DR 500 MG TABLET	9	60.00	81.04	2.07206	26%-50% Below	No	No
42494045410	NAPROXEN DR 500 MG TABLET	10	60.00	81.04	2.05382	26%-50% Below	No	No
42494045410	NAPROXEN DR 500 MG TABLET	11	60.00	81.04	1.57368	10%-25% Below	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	8	30.00	3.68	0.06921	76%-100% Above	Yes	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	8	30.00	3.74	0.06921	76%-100% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	8	90.00	10.81	0.06921	51%-75% Above	Yes	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	9	30.00	3.74	0.06780	76%-100% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	9	90.00	11.23	0.06780	76%-100% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	10	14.00	1.75	0.06457	76%-100% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	10	30.00	3.74	0.06457	76%-100% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	10	60.00	7.49	0.06457	76%-100% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	10	90.00	11.23	0.06457	76%-100% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	11	30.00	3.74	0.05856	101%-200% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	11	90.00	11.23	0.05856	101%-200% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	12	30.00	3.74	0.05912	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
42571012290	LEVOCETIRIZINE 5 MG TABLET	12	90.00	11.23	0.05912	101%-200% Above	No	No
42571012835	BIMATOPROST 0.03% EYE DROPS	8	2.50	37.62	17.21183	10%-25% Below	No	No
42571012835	BIMATOPROST 0.03% EYE DROPS	11	2.50	37.62	8.95920	51%-75% Above	No	No
42571014401	CELECOXIB 200 MG CAPSULE	8	30.00	12.66	0.11151	200% Above	No	No
42571014401	CELECOXIB 200 MG CAPSULE	11	30.00	12.90	0.07576	200% Above	No	No
42571016142	AMOX-CLAV 500-125 MG TABLET	8	21.00	5.24	0.31734	10%-25% Below	No	No
42571016142	AMOX-CLAV 500-125 MG TABLET	12	20.00	4.99	0.28168	10%-25% Below	No	No
42571016201	AMOX-CLAV 875-125 MG TABLET	8	10.00	2.31	0.28836	10%-25% Below	No	No
42571016201	AMOX-CLAV 875-125 MG TABLET	8	20.00	4.63	0.28836	10%-25% Below	No	No
42571016201	AMOX-CLAV 875-125 MG TABLET	10	14.00	3.24	0.27807	10%-25% Below	No	No
42571016201	AMOX-CLAV 875-125 MG TABLET	10	20.00	4.63	0.27807	10%-25% Below	No	No
42571016201	AMOX-CLAV 875-125 MG TABLET	11	20.00	4.63	0.26312	10%-25% Below	No	No
42571016201	AMOX-CLAV 875-125 MG TABLET	12	14.00	3.24	0.27322	10%-25% Below	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	8	14.00	3.24	0.28836	10%-25% Below	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	8	20.00	4.63	0.28836	10%-25% Below	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	10	10.00	2.31	0.27807	10%-25% Below	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	10	20.00	4.63	0.27807	10%-25% Below	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	11	20.00	4.63	0.26312	10%-25% Below	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	12	14.00	3.24	0.27322	10%-25% Below	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	12	20.00	4.63	0.27322	10%-25% Below	No	No
42571023405	AMOXICILLIN 500 MG CAPSULE	11	30.00	1.37	0.07085	26%-50% Below	No	No
42571023830	AMLODIPINE-OLMESARTAN 10-40 MG	8	30.00	14.90	0.38933	26%-50% Above	No	No
42571023830	AMLODIPINE-OLMESARTAN 10-40 MG	9	30.00	35.82	0.37265	200% Above	No	No
42571023830	AMLODIPINE-OLMESARTAN 10-40 MG	10	30.00	35.82	0.38620	200% Above	No	No
42571023830	AMLODIPINE-OLMESARTAN 10-40 MG	11	30.00	35.82	0.28777	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
42571024301	ACETAZOLAMIDE ER 500 MG CAP	10	90.00	135.19	0.28772	200% Above	No	No
42571024301	ACETAZOLAMIDE ER 500 MG CAP	11	90.00	135.19	0.22063	200% Above	No	No
42571025101	CLINDAMYCIN HCL 150 MG CAPSULE	8	15.00	0.69	0.10002	51%-75% Below	Yes	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	8	21.00	3.54	0.22801	26%-50% Below	Yes	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	8	21.00	3.60	0.22801	10%-25% Below	No	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	9	21.00	3.60	0.21995	10%-25% Below	No	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	10	21.00	3.60	0.20853	10%-25% Below	No	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	10	28.00	4.80	0.20853	10%-25% Below	Yes	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	10	30.00	5.15	0.20853	10%-25% Below	No	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	10	30.00	5.15	0.20853	10%-25% Below	Yes	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	10	40.00	6.86	0.20853	10%-25% Below	No	No
42571025830	MEFENAMIC ACID 250 MG CAPSULE	10	30.00	15.69	1.04222	26%-50% Below	No	No
42571036281	CLOBETASOL 0.05% SOLUTION	12	25.00	26.77	0.35855	101%-200% Above	No	No
42571036299	CLOBETASOL 0.05% SOLUTION	11	60.00	64.25	0.18132	200% Above	Yes	No
42571038101	CHLORDIAZEPOXIDE-CLIDINIUM CAP	10	270.00	32.59	0.46349	51%-75% Below	Yes	No
42794001812	LIOTHYRONINE SOD 5 MCG TAB	9	30.00	10.76	0.26737	26%-50% Above	No	No
42794001812	LIOTHYRONINE SOD 5 MCG TAB	9	90.00	32.28	0.26737	26%-50% Above	No	No
42794001812	LIOTHYRONINE SOD 5 MCG TAB	9	120.00	43.04	0.26737	26%-50% Above	No	No
42794001812	LIOTHYRONINE SOD 5 MCG TAB	10	30.00	10.76	0.24789	26%-50% Above	No	No
42794001812	LIOTHYRONINE SOD 5 MCG TAB	10	90.00	32.28	0.24789	26%-50% Above	No	No
42794001812	LIOTHYRONINE SOD 5 MCG TAB	10	120.00	43.04	0.24789	26%-50% Above	No	No
42794001812	LIOTHYRONINE SOD 5 MCG TAB	10	270.00	96.85	0.24789	26%-50% Above	No	No
42794001812	LIOTHYRONINE SOD 5 MCG TAB	11	120.00	43.04	0.18980	76%-100% Above	No	No
42794001812	LIOTHYRONINE SOD 5 MCG TAB	12	30.00	10.76	0.21641	51%-75% Above	No	No
42794001812	LIOTHYRONINE SOD 5 MCG TAB	12	90.00	32.28	0.21641	51%-75% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
42799060501	LOPERAMIDE 2 MG CAPSULE	10	60.00	10.84	0.14990	10%-25% Above	No	No
42799060501	LOPERAMIDE 2 MG CAPSULE	11	60.00	10.84	0.12668	26%-50% Above	No	No
42799060501	LOPERAMIDE 2 MG CAPSULE	12	60.00	10.84	0.13023	26%-50% Above	No	No
42799080601	IVERMECTIN 3 MG TABLET	8	14.00	39.65	3.53409	10%-25% Below	No	No
42799081501	PREDNISOLONE 15 MG/5 ML SOLN	9	50.00	4.52	0.12174	10%-25% Below	No	No
42799081501	PREDNISOLONE 15 MG/5 ML SOLN	10	40.00	3.62	0.12637	26%-50% Below	No	No
42799081501	PREDNISOLONE 15 MG/5 ML SOLN	10	60.00	5.42	0.12637	26%-50% Below	No	No
42799081501	PREDNISOLONE 15 MG/5 ML SOLN	12	35.00	3.16	0.10868	10%-25% Below	No	No
42799092101	BISOPROLOL-HYDROCHLOROTHIAZIDE 5-6.25 MG TAB	11	90.00	22.17	0.14665	51%-75% Above	No	No
42799092102	BISOPROLOL-HYDROCHLOROTHIAZIDE 5-6.25 MG TAB	12	90.00	22.17	0.17451	26%-50% Above	No	No
42799092201	BISOPROLOL-HYDROCHLOROTHIAZIDE 10-6.25 MG TAB	9	90.00	16.73	0.22511	10%-25% Below	No	No
42799095301	DICLOFENAC SOD ER 100 MG TAB	9	30.00	13.01	0.78737	26%-50% Below	No	No
42806008801	ESTRADIOL 1 MG TABLET	8	30.00	3.29	0.07250	51%-75% Above	No	No
42806014731	AZITHROMYCIN 100 MG/5 ML SUSP	8	15.00	12.04	0.42274	76%-100% Above	No	No
42806014731	AZITHROMYCIN 100 MG/5 ML SUSP	9	15.00	12.04	0.41739	76%-100% Above	No	No
42806014731	AZITHROMYCIN 100 MG/5 ML SUSP	11	45.00	36.11	0.31291	101%-200% Above	No	No
42806014932	AZITHROMYCIN 200 MG/5 ML SUSP	11	15.00	8.15	0.27215	76%-100% Above	No	No
42806014932	AZITHROMYCIN 200 MG/5 ML SUSP	12	15.00	8.15	0.29991	76%-100% Above	No	No
42806015033	AZITHROMYCIN 200 MG/5 ML SUSP	10	22.50	12.22	0.24645	101%-200% Above	No	No
42806015033	AZITHROMYCIN 200 MG/5 ML SUSP	11	22.50	12.22	0.19878	101%-200% Above	No	No
42806015033	AZITHROMYCIN 200 MG/5 ML SUSP	12	22.50	12.22	0.22049	101%-200% Above	No	No
42806015134	AZITHROMYCIN 200 MG/5 ML SUSP	10	60.00	32.58	0.23576	101%-200% Above	No	No
42806015134	AZITHROMYCIN 200 MG/5 ML SUSP	11	15.00	8.15	0.18019	200% Above	No	No
42806015134	AZITHROMYCIN 200 MG/5 ML SUSP	11	30.00	16.29	0.18019	200% Above	No	No
42806015134	AZITHROMYCIN 200 MG/5 ML SUSP	12	30.00	16.29	0.20436	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
42806016005	HYDROXYZINE HCL 25 MG TABLET	8	30.00	1.57	0.04351	10%-25% Above	No	No
42806016005	HYDROXYZINE HCL 25 MG TABLET	9	30.00	1.57	0.04472	10%-25% Above	No	No
42806016101	HYDROXYZINE HCL 50 MG TABLET	8	7.00	1.96	0.07361	200% Above	No	No
42806016105	HYDROXYZINE HCL 50 MG TABLET	10	5.00	1.40	0.06963	200% Above	No	No
42806018630	KLAYESTA 100,000 UNIT/GM POWD	11	30.00	5.18	0.26733	26%-50% Below	No	No
42806026695	CHOLESTYRAMINE PACKET	8	30.00	32.31	0.81373	26%-50% Above	No	No
42806026695	CHOLESTYRAMINE PACKET	8	60.00	64.61	0.81373	26%-50% Above	No	No
42806026695	CHOLESTYRAMINE PACKET	10	30.00	32.31	0.75973	26%-50% Above	No	No
42806026695	CHOLESTYRAMINE PACKET	12	30.00	32.31	0.67982	51%-75% Above	No	No
42806026793	CHOLESTYRAMINE POWDER	12	756.00	98.20	0.09032	26%-50% Above	No	No
42806027193	CHOLESTYRAMINE LIGHT POWDER	12	239.40	34.47	0.13008	10%-25% Above	No	No
42806031205	DOXYCYCLINE HYCLATE 100 MG TAB	10	20.00	22.48	0.12156	200% Above	No	No
42806031205	DOXYCYCLINE HYCLATE 100 MG TAB	11	20.00	22.48	0.09502	200% Above	No	No
42806031250	DOXYCYCLINE HYCLATE 100 MG TAB	10	14.00	15.73	0.12156	200% Above	No	No
42806031250	DOXYCYCLINE HYCLATE 100 MG TAB	10	60.00	67.43	0.12156	200% Above	No	No
42806031250	DOXYCYCLINE HYCLATE 100 MG TAB	11	20.00	22.48	0.09502	200% Above	No	No
42806031250	DOXYCYCLINE HYCLATE 100 MG TAB	11	28.00	31.47	0.09502	200% Above	No	No
42806031250	DOXYCYCLINE HYCLATE 100 MG TAB	12	20.00	22.48	0.10670	200% Above	No	No
42806033901	DEXTROAMP-AMPHETAMINE 5 MG TAB	9	30.00	6.53	0.24799	10%-25% Below	No	No
42806033901	DEXTROAMP-AMPHETAMINE 5 MG TAB	10	30.00	6.53	0.25531	10%-25% Below	No	No
42806034101	DEXTROAMP-AMPHETAMIN 10 MG TAB	1	30.00	21.31	0.25899	101%-200% Above	No	No
42806034101	DEXTROAMP-AMPHETAMIN 10 MG TAB	3	30.00	6.57	0.26054	10%-25% Below	No	No
42806034101	DEXTROAMP-AMPHETAMIN 10 MG TAB	8	60.00	13.39	0.25488	10%-25% Below	No	No
42806034101	DEXTROAMP-AMPHETAMIN 10 MG TAB	9	30.00	6.69	0.26317	10%-25% Below	No	No
42806034101	DEXTROAMP-AMPHETAMIN 10 MG TAB	9	60.00	13.39	0.26317	10%-25% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
42806034101	DEXTROAMP-AMPHETAMIN 10 MG TAB	10	60.00	13.39	0.26858	10%-25% Below	No	No
42806034101	DEXTROAMP-AMPHETAMIN 10 MG TAB	11	30.00	6.69	0.19746	10%-25% Above	No	No
42806034101	DEXTROAMP-AMPHETAMIN 10 MG TAB	11	60.00	13.39	0.19746	10%-25% Above	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	8	30.00	6.68	0.34010	26%-50% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	9	30.00	6.68	0.32728	26%-50% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	9	60.00	13.36	0.32728	26%-50% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	10	30.00	6.68	0.34776	26%-50% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	10	60.00	13.36	0.34776	26%-50% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	11	30.00	6.68	0.34197	26%-50% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	11	60.00	13.36	0.34197	26%-50% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	12	30.00	6.68	0.34027	26%-50% Below	No	No
42806034501	DEXTROAMP-AMPHETAMIN 30 MG TAB	8	30.00	6.53	0.30424	26%-50% Below	No	No
42806034501	DEXTROAMP-AMPHETAMIN 30 MG TAB	9	30.00	6.53	0.32517	26%-50% Below	No	No
42806034501	DEXTROAMP-AMPHETAMIN 30 MG TAB	10	30.00	6.53	0.35038	26%-50% Below	No	No
42806034501	DEXTROAMP-AMPHETAMIN 30 MG TAB	11	30.00	6.53	0.25597	10%-25% Below	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	8	21.00	6.26	0.13227	101%-200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	8	21.00	6.38	0.13227	101%-200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	8	21.00	6.38	0.13227	101%-200% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	9	21.00	6.38	0.15189	76%-100% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	9	21.00	6.38	0.15189	76%-100% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	10	21.00	6.38	0.14027	101%-200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	10	21.00	6.38	0.14027	101%-200% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	11	21.00	6.38	0.09618	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	11	21.00	6.38	0.09618	200% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	12	21.00	6.38	0.11746	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	12	21.00	6.38	0.11746	101%-200% Above	Yes	No
42806041405	BUPROPION HCL XL 150 MG TABLET	8	30.00	6.94	0.10757	101%-200% Above	No	No
42806041405	BUPROPION HCL XL 150 MG TABLET	9	30.00	6.94	0.10981	101%-200% Above	No	No
42806041405	BUPROPION HCL XL 150 MG TABLET	9	270.00	62.48	0.10981	101%-200% Above	No	No
42806041405	BUPROPION HCL XL 150 MG TABLET	10	30.00	6.94	0.10682	101%-200% Above	No	No
42806041405	BUPROPION HCL XL 150 MG TABLET	11	30.00	6.94	0.07445	200% Above	No	No
42806041405	BUPROPION HCL XL 150 MG TABLET	11	90.00	20.83	0.07445	200% Above	No	No
42806041405	BUPROPION HCL XL 150 MG TABLET	12	270.00	62.48	0.08952	101%-200% Above	No	No
42806041409	BUPROPION HCL XL 150 MG TABLET	9	30.00	6.94	0.10981	101%-200% Above	No	No
42806041409	BUPROPION HCL XL 150 MG TABLET	10	30.00	6.94	0.10682	101%-200% Above	No	No
42806041409	BUPROPION HCL XL 150 MG TABLET	10	30.00	14.77	0.10682	200% Above	No	No
42806041409	BUPROPION HCL XL 150 MG TABLET	11	30.00	6.94	0.07445	200% Above	No	No
42806041409	BUPROPION HCL XL 150 MG TABLET	11	30.00	14.77	0.07445	200% Above	No	No
42806041409	BUPROPION HCL XL 150 MG TABLET	12	30.00	6.94	0.08952	101%-200% Above	No	No
42806041505	BUPROPION HCL SR 150 MG TABLET	11	30.00	2.58	0.07539	10%-25% Above	No	No
42806041605	BUPROPION HCL XL 300 MG TABLET	3	30.00	8.51	0.17949	51%-75% Above	No	No
42806041605	BUPROPION HCL XL 300 MG TABLET	8	30.00	8.51	0.15709	76%-100% Above	No	No
42806042501	BUPROPION HCL SR 150 MG TABLET	11	90.00	7.75	0.07539	10%-25% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	8	4.00	0.26	0.12755	26%-50% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	8	4.00	0.29	0.12755	26%-50% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	8	8.00	0.53	0.12755	26%-50% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	8	12.00	0.79	0.12755	26%-50% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	9	4.00	0.26	0.12521	26%-50% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	9	12.00	0.79	0.12521	26%-50% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	10	4.00	0.26	0.12245	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	10	12.00	0.79	0.12245	26%-50% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	11	4.00	0.26	0.09043	26%-50% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	11	8.00	0.53	0.09043	26%-50% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	11	12.00	0.79	0.09043	26%-50% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	12	8.00	0.53	0.10563	26%-50% Below	No	No
42806055212	OMEGA-3 ETHYL ESTERS 1 GM CAP	9	120.00	41.34	0.18151	76%-100% Above	No	No
42806055212	OMEGA-3 ETHYL ESTERS 1 GM CAP	10	120.00	41.34	0.18220	76%-100% Above	No	No
42806055212	OMEGA-3 ETHYL ESTERS 1 GM CAP	11	120.00	41.34	0.15400	101%-200% Above	No	No
42806055212	OMEGA-3 ETHYL ESTERS 1 GM CAP	12	120.00	41.34	0.17354	76%-100% Above	No	No
42806056012	ICOSAPENT ETHYL 1 GRAM CAPSULE	9	120.00	61.36	0.82861	26%-50% Below	No	No
42806056012	ICOSAPENT ETHYL 1 GRAM CAPSULE	9	180.00	92.03	0.82861	26%-50% Below	No	No
42806060309	VENLAFAXINE HCL ER 150 MG CAP	9	30.00	2.46	0.14127	26%-50% Below	No	No
42806071401	BENZONATATE 100 MG CAPSULE	8	20.00	2.96	0.07858	76%-100% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	8	30.00	4.44	0.07858	76%-100% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	9	12.00	1.78	0.08001	76%-100% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	9	30.00	4.44	0.08001	76%-100% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	10	30.00	4.44	0.07580	76%-100% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	11	12.00	1.78	0.05222	101%-200% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	12	10.00	1.48	0.06223	101%-200% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	12	20.00	2.96	0.06223	101%-200% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	12	30.00	4.44	0.06223	101%-200% Above	No	No
42806071405	BENZONATATE 100 MG CAPSULE	9	30.00	4.44	0.08001	76%-100% Above	No	No
42806071405	BENZONATATE 100 MG CAPSULE	10	20.00	2.96	0.07580	76%-100% Above	No	No
42806071405	BENZONATATE 100 MG CAPSULE	10	30.00	4.44	0.07580	76%-100% Above	No	No
42806071405	BENZONATATE 100 MG CAPSULE	10	45.00	6.66	0.07580	76%-100% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
42806071405	BENZONATATE 100 MG CAPSULE	10	90.00	13.32	0.07580	76%-100% Above	No	No
42806071405	BENZONATATE 100 MG CAPSULE	11	15.00	2.22	0.05222	101%-200% Above	No	No
42806071405	BENZONATATE 100 MG CAPSULE	11	30.00	4.44	0.05222	101%-200% Above	No	No
42806071405	BENZONATATE 100 MG CAPSULE	12	15.00	2.22	0.06223	101%-200% Above	No	No
42806071405	BENZONATATE 100 MG CAPSULE	12	21.00	3.11	0.06223	101%-200% Above	No	No
42806071501	BENZONATATE 200 MG CAPSULE	8	21.00	1.33	0.11875	26%-50% Below	No	No
42806071501	BENZONATATE 200 MG CAPSULE	8	30.00	1.89	0.11875	26%-50% Below	No	No
42806071501	BENZONATATE 200 MG CAPSULE	9	20.00	1.26	0.11717	26%-50% Below	No	No
42806071501	BENZONATATE 200 MG CAPSULE	9	30.00	1.89	0.11717	26%-50% Below	No	No
42806071501	BENZONATATE 200 MG CAPSULE	10	15.00	0.95	0.11884	26%-50% Below	No	No
42806071501	BENZONATATE 200 MG CAPSULE	10	30.00	1.89	0.11884	26%-50% Below	No	No
42806071501	BENZONATATE 200 MG CAPSULE	11	20.00	1.26	0.08295	10%-25% Below	No	No
42806071501	BENZONATATE 200 MG CAPSULE	11	30.00	1.89	0.08295	10%-25% Below	No	No
42806071501	BENZONATATE 200 MG CAPSULE	11	45.00	2.84	0.08295	10%-25% Below	No	No
42806071501	BENZONATATE 200 MG CAPSULE	12	20.00	1.26	0.09845	26%-50% Below	No	No
42806071505	BENZONATATE 200 MG CAPSULE	9	15.00	0.95	0.11717	26%-50% Below	No	No
42806071505	BENZONATATE 200 MG CAPSULE	9	21.00	1.33	0.11717	26%-50% Below	No	No
42806071505	BENZONATATE 200 MG CAPSULE	9	60.00	3.79	0.11717	26%-50% Below	No	No
42806071505	BENZONATATE 200 MG CAPSULE	10	30.00	1.89	0.11884	26%-50% Below	No	No
42806071505	BENZONATATE 200 MG CAPSULE	11	21.00	1.33	0.08295	10%-25% Below	No	No
42806071505	BENZONATATE 200 MG CAPSULE	12	14.00	0.88	0.09845	26%-50% Below	No	No
42806081701	FLECAINIDE ACETATE 50 MG TAB	10	180.00	32.54	0.11408	51%-75% Above	Yes	No
42806081801	FLECAINIDE ACETATE 100 MG TAB	10	60.00	20.41	0.18669	76%-100% Above	Yes	No
42806081801	FLECAINIDE ACETATE 100 MG TAB	11	180.00	61.22	0.14219	101%-200% Above	Yes	No
42858000101	OXYCODONE TAB 5MG	10	16.00	0.77	.		No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
42858000101	OXYCODONE TAB 5MG	11	20.00	0.96	.		No	No
42858000101	OXYCODONE TAB 5MG	11	40.00	1.92	.		No	No
42858000201	OXYCODONE HCL (IR) 10 MG TAB	10	120.00	8.45	0.16562	51%-75% Below	No	No
42858000401	OXYCODONE HCL (IR) 20 MG TAB	9	40.00	3.81	0.27026	51%-75% Below	No	No
42858000501	OXYCODONE HCL (IR) 30 MG TAB	8	10.00	1.35	0.32127	51%-75% Below	No	No
42858010201	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	9	8.00	0.49	0.12321	26%-50% Below	No	No
42858010201	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	9	12.00	0.74	0.12321	26%-50% Below	Yes	No
42858010201	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	10	8.00	0.49	0.13144	51%-75% Below	No	No
42858010201	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	11	18.00	1.11	0.12160	26%-50% Below	No	No
42858010250	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	9	12.00	0.74	0.12321	26%-50% Below	No	No
42858010250	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	11	15.00	0.92	0.12160	26%-50% Below	No	No
42858010250	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	11	30.00	1.85	0.12160	26%-50% Below	No	No
42858010250	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	11	35.00	2.16	0.12160	26%-50% Below	No	No
42858010250	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	12	40.00	2.46	0.12407	26%-50% Below	No	No
42858010301	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	8	120.00	5.69	0.19672	51%-75% Below	Yes	No
42858010301	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	9	120.00	5.69	0.19550	51%-75% Below	Yes	No
42858010350	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	9	40.00	1.90	0.19550	51%-75% Below	No	No
42858010401	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	8	90.00	10.55	0.22838	26%-50% Below	Yes	No
42858010401	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	9	60.00	7.03	0.23279	26%-50% Below	Yes	No
42858010401	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	10	20.00	2.34	0.25396	51%-75% Below	Yes	No
42858010401	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	12	12.00	1.41	0.21817	26%-50% Below	No	No
42858010450	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	8	120.00	14.06	0.22838	26%-50% Below	No	No
42858010450	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	9	40.00	4.69	0.23279	26%-50% Below	No	No
42858010450	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	9	120.00	14.06	0.23279	26%-50% Below	No	No
42858010450	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	10	15.00	1.76	0.25396	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
42858010450	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	10	120.00	14.06	0.25396	51%-75% Below	No	No
42858010450	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	11	120.00	14.06	0.19788	26%-50% Below	No	No
42858010450	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	12	120.00	14.06	0.21817	26%-50% Below	No	No
42858016301	LISDEXAMFETAMINE 30 MG CAPSULE	10	30.00	189.45	5.57706	10%-25% Above	No	No
42858016301	LISDEXAMFETAMINE 30 MG CAPSULE	11	30.00	189.45	5.59503	10%-25% Above	No	No
42858016401	LISDEXAMFETAMINE 40 MG CAPSULE	11	30.00	189.45	4.84006	26%-50% Above	No	No
42858016501	LISDEXAMFETAMINE 50 MG CAPSULE	9	30.00	189.45	5.43974	10%-25% Above	No	No
42858016501	LISDEXAMFETAMINE 50 MG CAPSULE	10	30.00	189.45	4.48046	26%-50% Above	No	No
42858016501	LISDEXAMFETAMINE 50 MG CAPSULE	11	30.00	189.45	5.03501	10%-25% Above	No	No
42858021501	DEXTROAMP-AMPHET ER 15 MG CAP	8	30.00	12.31	0.70034	26%-50% Below	No	No
42858032501	DEXTROAMP-AMPHET ER 25 MG CAP	8	30.00	12.31	0.55637	26%-50% Below	No	No
42858072001	DEXTROAMP-AMPHET ER 20 MG CAP	10	60.00	24.62	0.55555	26%-50% Below	No	No
42858072601	DEXTROAMP-AMPHETAMIN 20 MG TAB	10	60.00	7.79	0.34776	51%-75% Below	No	No
42858072601	DEXTROAMP-AMPHETAMIN 20 MG TAB	12	60.00	7.79	0.34027	51%-75% Below	No	No
42858093001	DEXTROAMP-AMPHET ER 30 MG CAP	9	30.00	0.99	0.64541	76%-100% Below	No	No
42858093001	DEXTROAMP-AMPHET ER 30 MG CAP	11	30.00	0.99	0.56014	76%-100% Below	No	No
42858093001	DEXTROAMP-AMPHET ER 30 MG CAP	11	30.00	12.31	0.56014	26%-50% Below	No	No
43353098780	METFORMIN TAB 1000MG	10	180.00	3.53	.		No	No
43386006019	GAVILYTE-C SOLUTION	9	4000.00	16.78	0.00376	10%-25% Above	Yes	No
43386009019	GAVILYTE-G SOLUTION	9	4000.00	12.80	0.00469	26%-50% Below	No	No
43386009019	GAVILYTE-G SOLUTION	12	4000.00	12.80	0.00408	10%-25% Below	No	No
43386070083	SOD SUL-POTASS SUL-MAG SUL SOL	9	354.00	38.16	0.18884	26%-50% Below	Yes	No
43386070083	SOD SUL-POTASS SUL-MAG SUL SOL	10	354.00	38.16	0.17447	26%-50% Below	No	No
43386070083	SOD SUL-POTASS SUL-MAG SUL SOL	10	354.00	38.16	0.17447	26%-50% Below	Yes	No
43386070083	SOD SUL-POTASS SUL-MAG SUL SOL	11	354.00	38.16	0.15182	26%-50% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43528000305	HEPLISAV-B INJ 20/0.5ML	9	0.50	139.51	.		Yes	No
43547004903	TADALAFIL 5 MG TABLET	8	30.00	54.32	0.16811	200% Above	Yes	No
43547004903	TADALAFIL 5 MG TABLET	9	9.00	16.61	0.15675	200% Above	Yes	No
43547004903	TADALAFIL 5 MG TABLET	9	90.00	159.81	0.15675	200% Above	Yes	No
43547004903	TADALAFIL 5 MG TABLET	10	30.00	55.36	0.11951	200% Above	No	No
43547004903	TADALAFIL 5 MG TABLET	11	30.00	55.36	0.08417	200% Above	No	No
43547004903	TADALAFIL 5 MG TABLET	11	30.00	55.36	0.08417	200% Above	Yes	No
43547004903	TADALAFIL 5 MG TABLET	11	90.00	159.81	0.08417	200% Above	Yes	No
43547004903	TADALAFIL 5 MG TABLET	12	30.00	55.36	0.10029	200% Above	Yes	No
43547005103	TADALAFIL 20 MG TABLET	9	6.00	65.10	0.24130	200% Above	Yes	No
43547005103	TADALAFIL 20 MG TABLET	10	18.00	195.31	0.27751	200% Above	No	No
43547022650	METHOCARBAMOL 750 MG TABLET	12	14.00	0.27	0.03852	26%-50% Below	No	No
43547026810	ROPINIROLE HCL 0.25 MG TABLET	8	60.00	1.32	0.04837	51%-75% Below	No	No
43547026810	ROPINIROLE HCL 0.25 MG TABLET	10	60.00	1.32	0.04851	51%-75% Below	No	No
43547026810	ROPINIROLE HCL 0.25 MG TABLET	11	60.00	1.32	0.03474	26%-50% Below	No	No
43547026910	ROPINIROLE HCL 0.5 MG TABLET	9	30.00	0.67	0.04980	51%-75% Below	No	No
43547026910	ROPINIROLE HCL 0.5 MG TABLET	10	30.00	0.67	0.04618	51%-75% Below	No	No
43547027010	ROPINIROLE HCL 1 MG TABLET	8	90.00	0.82	0.06164	76%-100% Below	Yes	No
43547027010	ROPINIROLE HCL 1 MG TABLET	10	90.00	1.67	0.05352	51%-75% Below	No	No
43547027010	ROPINIROLE HCL 1 MG TABLET	11	90.00	0.82	0.03980	76%-100% Below	Yes	No
43547027050	ROPINIROLE HCL 1 MG TABLET	10	90.00	1.67	0.05352	51%-75% Below	No	No
43547027110	ROPINIROLE HCL 2 MG TABLET	8	90.00	2.78	0.06781	51%-75% Below	No	No
43547027110	ROPINIROLE HCL 2 MG TABLET	10	90.00	2.78	0.06135	26%-50% Below	No	No
43547027110	ROPINIROLE HCL 2 MG TABLET	12	90.00	2.78	0.05503	26%-50% Below	No	No
43547028010	ESCITALOPRAM 5 MG TABLET	8	30.00	5.04	0.04607	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43547028010	ESCITALOPRAM 5 MG TABLET	9	30.00	5.04	0.04616	200% Above	No	No
43547028010	ESCITALOPRAM 5 MG TABLET	10	30.00	5.04	0.04506	200% Above	No	No
43547028010	ESCITALOPRAM 5 MG TABLET	10	90.00	15.11	0.04506	200% Above	No	No
43547028010	ESCITALOPRAM 5 MG TABLET	11	78.00	13.10	0.03275	200% Above	No	No
43547028010	ESCITALOPRAM 5 MG TABLET	11	90.00	15.11	0.03275	200% Above	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	8	30.00	2.20	0.04767	51%-75% Above	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	8	45.00	3.30	0.04767	51%-75% Above	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	8	90.00	6.60	0.04767	51%-75% Above	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	9	30.00	2.20	0.04904	26%-50% Above	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	9	45.00	3.30	0.04904	26%-50% Above	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	9	90.00	6.60	0.04904	26%-50% Above	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	10	30.00	2.20	0.04925	26%-50% Above	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	10	45.00	3.30	0.04925	26%-50% Above	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	11	30.00	2.20	0.03451	101%-200% Above	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	11	45.00	3.30	0.03451	101%-200% Above	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	11	90.00	6.60	0.03451	101%-200% Above	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	12	30.00	2.20	0.04069	76%-100% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	8	30.00	2.20	0.04767	51%-75% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	9	30.00	2.20	0.04904	26%-50% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	9	90.00	6.60	0.04904	26%-50% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	10	30.00	2.20	0.04925	26%-50% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	11	30.00	2.20	0.03451	101%-200% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	12	30.00	2.20	0.04069	76%-100% Above	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	11	30.00	2.50	0.05483	51%-75% Above	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	11	90.00	7.49	0.05483	51%-75% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43547028210	ESCITALOPRAM 20 MG TABLET	12	30.00	2.50	0.06471	26%-50% Above	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	12	90.00	7.49	0.06471	26%-50% Above	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	11	30.00	2.50	0.05483	51%-75% Above	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	11	90.00	7.49	0.05483	51%-75% Above	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	12	30.00	2.50	0.06471	26%-50% Above	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	12	90.00	7.49	0.06471	26%-50% Above	No	No
43547028403	TELMISARTAN 40 MG TABLET	8	30.00	10.03	0.20956	51%-75% Above	No	No
43547028403	TELMISARTAN 40 MG TABLET	10	30.00	10.03	0.19029	51%-75% Above	No	No
43547028403	TELMISARTAN 40 MG TABLET	11	30.00	10.03	0.12744	101%-200% Above	No	No
43547028403	TELMISARTAN 40 MG TABLET	12	30.00	10.03	0.15018	101%-200% Above	No	No
43547029503	FEBUXOSTAT 40 MG TABLET	8	30.00	110.53	0.36023	200% Above	No	No
43547029503	FEBUXOSTAT 40 MG TABLET	10	30.00	110.53	0.39984	200% Above	No	No
43547029503	FEBUXOSTAT 40 MG TABLET	11	30.00	110.53	0.34387	200% Above	No	No
43547029603	FEBUXOSTAT 80 MG TABLET	11	90.00	331.60	0.45795	200% Above	No	No
43547030009	OLMESARTAN MEDOXOMIL 20 MG TAB	10	90.00	83.88	0.08841	200% Above	No	No
43547030203	ARIPIPRAZOLE 2 MG TABLET	8	30.00	115.28	0.13807	200% Above	Yes	No
43547030203	ARIPIPRAZOLE 2 MG TABLET	8	30.00	117.50	0.13807	200% Above	Yes	No
43547030203	ARIPIPRAZOLE 2 MG TABLET	9	90.00	352.49	0.13120	200% Above	Yes	No
43547030203	ARIPIPRAZOLE 2 MG TABLET	10	30.00	117.50	0.12267	200% Above	Yes	No
43547030203	ARIPIPRAZOLE 2 MG TABLET	11	90.00	352.49	0.10144	200% Above	Yes	No
43547030203	ARIPIPRAZOLE 2 MG TABLET	11	180.00	678.37	0.10144	200% Above	Yes	No
43547030203	ARIPIPRAZOLE 2 MG TABLET	12	90.00	352.49	0.10842	200% Above	Yes	No
43547030303	ARIPIPRAZOLE 5 MG TABLET	8	30.00	117.50	0.11341	200% Above	Yes	No
43547030303	ARIPIPRAZOLE 5 MG TABLET	11	30.00	117.50	0.08850	200% Above	Yes	No
43547030303	ARIPIPRAZOLE 5 MG TABLET	12	27.00	105.75	0.10120	200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43547031209	VALSARTAN-HYDROCHLOROTHIAZIDE 160-12.5 MG TAB	10	90.00	18.50	0.18529	10%-25% Above	No	No
43547031309	VALSARTAN-HYDROCHLOROTHIAZIDE 160-25 MG TAB	10	90.00	19.30	0.18266	10%-25% Above	Yes	No
43547031409	VALSARTAN-HYDROCHLOROTHIAZIDE 320-12.5 MG TAB	8	30.00	7.26	0.27381	10%-25% Below	Yes	No
43547031409	VALSARTAN-HYDROCHLOROTHIAZIDE 320-12.5 MG TAB	11	90.00	21.79	0.18803	26%-50% Above	Yes	No
43547031509	VALSARTAN-HYDROCHLOROTHIAZIDE 320-25 MG TAB	12	90.00	24.22	0.21533	10%-25% Above	No	No
43547033109	IRBESARTAN-HYDROCHLOROTHIAZIDE 300-12.5 MG TB	9	90.00	22.82	0.22084	10%-25% Above	No	No
43547033710	BENAZEPRIL HCL 20 MG TABLET	9	90.00	8.71	0.07150	26%-50% Above	No	No
43547033710	BENAZEPRIL HCL 20 MG TABLET	12	90.00	8.71	0.06214	51%-75% Above	No	No
43547033750	BENAZEPRIL HCL 20 MG TABLET	8	180.00	17.42	0.07396	26%-50% Above	No	No
43547033750	BENAZEPRIL HCL 20 MG TABLET	11	90.00	8.71	0.05397	76%-100% Above	No	No
43547033750	BENAZEPRIL HCL 20 MG TABLET	11	180.00	17.42	0.05397	76%-100% Above	No	No
43547033850	BENAZEPRIL HCL 40 MG TABLET	11	90.00	8.71	0.06132	51%-75% Above	No	No
43547034006	RISPERIDONE 0.5 MG TABLET	9	30.00	0.50	0.04155	51%-75% Below	No	No
43547034006	RISPERIDONE 0.5 MG TABLET	10	30.00	0.50	0.04188	51%-75% Below	No	No
43547034050	RISPERIDONE 0.5 MG TABLET	10	30.00	0.50	0.04188	51%-75% Below	No	No
43547034106	RISPERIDONE 1 MG TABLET	10	135.00	2.20	0.04046	51%-75% Below	Yes	No
43547035211	LISINOPRIL 5 MG TABLET	8	30.00	0.31	0.01501	26%-50% Below	No	No
43547035211	LISINOPRIL 5 MG TABLET	10	30.00	0.31	0.01521	26%-50% Below	No	No
43547035211	LISINOPRIL 5 MG TABLET	11	21.00	0.22	0.01316	10%-25% Below	No	No
43547035211	LISINOPRIL 5 MG TABLET	11	30.00	0.31	0.01316	10%-25% Below	No	No
43547035211	LISINOPRIL 5 MG TABLET	12	30.00	0.31	0.01375	10%-25% Below	No	No
43547035211	LISINOPRIL 5 MG TABLET	12	90.00	0.93	0.01375	10%-25% Below	No	No
43547035311	LISINOPRIL 10 MG TABLET	8	30.00	0.38	0.01808	26%-50% Below	No	No
43547035311	LISINOPRIL 10 MG TABLET	8	30.00	0.39	0.01808	26%-50% Below	No	No
43547035311	LISINOPRIL 10 MG TABLET	8	60.00	0.78	0.01808	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43547035311	LISINOPRIL 10 MG TABLET	8	90.00	1.17	0.01808	26%-50% Below	No	No
43547035311	LISINOPRIL 10 MG TABLET	9	30.00	0.39	0.01835	26%-50% Below	No	No
43547035311	LISINOPRIL 10 MG TABLET	9	60.00	0.78	0.01835	26%-50% Below	No	No
43547035311	LISINOPRIL 10 MG TABLET	9	90.00	1.17	0.01835	26%-50% Below	No	No
43547035311	LISINOPRIL 10 MG TABLET	10	30.00	0.39	0.01805	26%-50% Below	No	No
43547035311	LISINOPRIL 10 MG TABLET	10	60.00	0.78	0.01805	26%-50% Below	No	No
43547035311	LISINOPRIL 10 MG TABLET	10	90.00	1.17	0.01805	26%-50% Below	No	No
43547035311	LISINOPRIL 10 MG TABLET	11	30.00	0.39	0.01685	10%-25% Below	No	No
43547035311	LISINOPRIL 10 MG TABLET	11	90.00	1.17	0.01685	10%-25% Below	No	No
43547035311	LISINOPRIL 10 MG TABLET	12	30.00	0.39	0.01707	10%-25% Below	No	No
43547035311	LISINOPRIL 10 MG TABLET	12	60.00	0.78	0.01707	10%-25% Below	No	No
43547035311	LISINOPRIL 10 MG TABLET	12	90.00	1.17	0.01707	10%-25% Below	No	No
43547035411	LISINOPRIL 20 MG TABLET	8	30.00	0.56	0.02566	26%-50% Below	No	No
43547035411	LISINOPRIL 20 MG TABLET	9	28.00	0.52	0.02630	26%-50% Below	No	No
43547035411	LISINOPRIL 20 MG TABLET	9	30.00	0.56	0.02630	26%-50% Below	No	No
43547035411	LISINOPRIL 20 MG TABLET	9	60.00	1.12	0.02630	26%-50% Below	No	No
43547035411	LISINOPRIL 20 MG TABLET	9	90.00	1.68	0.02630	26%-50% Below	No	No
43547035411	LISINOPRIL 20 MG TABLET	10	30.00	0.56	0.02586	26%-50% Below	No	No
43547035411	LISINOPRIL 20 MG TABLET	10	60.00	1.12	0.02586	26%-50% Below	No	No
43547035411	LISINOPRIL 20 MG TABLET	11	30.00	0.56	0.02222	10%-25% Below	No	No
43547035610	LISINOPRIL 40 MG TABLET	9	90.00	3.11	0.04510	10%-25% Below	No	No
43547035611	LISINOPRIL 40 MG TABLET	8	30.00	1.02	0.04503	10%-25% Below	No	No
43547035611	LISINOPRIL 40 MG TABLET	9	30.00	1.04	0.04510	10%-25% Below	No	No
43547035611	LISINOPRIL 40 MG TABLET	9	90.00	3.11	0.04510	10%-25% Below	No	No
43547035611	LISINOPRIL 40 MG TABLET	10	30.00	1.04	0.04670	10%-25% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43547035611	LISINOPRIL 40 MG TABLET	11	30.00	1.04	0.03918	10%-25% Below	No	No
43547035611	LISINOPRIL 40 MG TABLET	12	90.00	3.11	0.04222	10%-25% Below	No	No
43547036009	LOSARTAN POTASSIUM 25 MG TAB	8	45.00	3.95	0.03210	101%-200% Above	No	No
43547036009	LOSARTAN POTASSIUM 25 MG TAB	9	45.00	3.80	0.02956	101%-200% Above	Yes	No
43547036009	LOSARTAN POTASSIUM 25 MG TAB	11	45.00	3.95	0.02422	200% Above	No	No
43547036009	LOSARTAN POTASSIUM 25 MG TAB	12	45.00	3.80	0.02707	200% Above	Yes	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	9	90.00	7.89	0.02956	101%-200% Above	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	11	30.00	2.63	0.02422	200% Above	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	11	90.00	7.89	0.02422	200% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	8	30.00	1.78	0.04351	26%-50% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	8	90.00	5.33	0.04351	26%-50% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	9	30.00	1.78	0.04317	26%-50% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	9	90.00	5.33	0.04317	26%-50% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	10	30.00	1.78	0.04065	26%-50% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	11	30.00	1.78	0.03125	76%-100% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	12	30.00	1.78	0.03610	51%-75% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	12	60.00	3.55	0.03610	51%-75% Above	No	No
43547036209	LOSARTAN POTASSIUM 100 MG TAB	9	90.00	8.07	0.05475	51%-75% Above	Yes	No
43547036209	LOSARTAN POTASSIUM 100 MG TAB	11	90.00	8.07	0.04224	101%-200% Above	Yes	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	9	90.00	8.39	0.05475	51%-75% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	10	90.00	8.39	0.05587	51%-75% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	11	30.00	2.80	0.04224	101%-200% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	11	90.00	8.39	0.04224	101%-200% Above	No	No
43547036809	VALSARTAN 80 MG TABLET	9	90.00	15.89	0.14686	10%-25% Above	No	No
43547036809	VALSARTAN 80 MG TABLET	10	90.00	15.89	0.14621	10%-25% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43547036809	VALSARTAN 80 MG TABLET	11	30.00	5.30	0.11135	51%-75% Above	No	No
43547036809	VALSARTAN 80 MG TABLET	12	90.00	15.89	0.12225	26%-50% Above	No	No
43547036909	VALSARTAN 160 MG TABLET	10	30.00	5.92	0.17809	10%-25% Above	No	No
43547036909	VALSARTAN 160 MG TABLET	10	90.00	17.75	0.17809	10%-25% Above	No	No
43547037009	VALSARTAN 320 MG TABLET	8	30.00	8.73	0.23124	10%-25% Above	No	No
43547037009	VALSARTAN 320 MG TABLET	9	30.00	8.73	0.23003	26%-50% Above	No	No
43547037009	VALSARTAN 320 MG TABLET	11	90.00	26.18	0.17764	51%-75% Above	No	No
43547038809	FOSINOPRIL SODIUM 40 MG TAB	9	90.00	15.53	0.21531	10%-25% Below	No	No
43547039109	OLMESARTAN-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	10	90.00	84.59	0.19974	200% Above	Yes	No
43547039209	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	10	90.00	117.57	0.24367	200% Above	Yes	No
43547039309	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-25 MG TAB	9	90.00	117.57	0.24444	200% Above	Yes	No
43547040110	FUROSEMIDE 20 MG TABLET	8	30.00	0.56	0.02687	26%-50% Below	No	No
43547040111	FUROSEMIDE 20 MG TABLET	12	60.00	1.12	0.02280	10%-25% Below	No	No
43547040211	FUROSEMIDE 40 MG TABLET	9	30.00	0.74	0.03330	10%-25% Below	No	No
43547040410	PHENTERMINE 37.5 MG TABLET	10	30.00	5.06	0.07624	101%-200% Above	No	No
43547040410	PHENTERMINE 37.5 MG TABLET	11	30.00	5.06	0.04938	200% Above	No	No
43547040410	PHENTERMINE 37.5 MG TABLET	12	30.00	5.06	0.05964	101%-200% Above	No	No
43547040611	CLONAZEPAM 0.5 MG TABLET	8	30.00	0.39	0.02634	26%-50% Below	No	No
43547040650	CLONAZEPAM 0.5 MG TABLET	10	20.00	0.26	0.02647	26%-50% Below	No	No
43547040650	CLONAZEPAM 0.5 MG TABLET	12	60.00	0.77	0.02070	26%-50% Below	No	No
43547040710	CLONAZEPAM 1 MG TABLET	9	60.00	0.88	0.03246	51%-75% Below	Yes	No
43547040711	CLONAZEPAM 1 MG TABLET	10	30.00	0.44	0.02939	26%-50% Below	No	No
43547040711	CLONAZEPAM 1 MG TABLET	12	60.00	0.88	0.02722	26%-50% Below	No	No
43547040750	CLONAZEPAM 1 MG TABLET	9	30.00	0.44	0.03246	51%-75% Below	No	No
43547040750	CLONAZEPAM 1 MG TABLET	12	60.00	0.88	0.02722	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43547041711	LISINOPRIL 20 MG TABLET	9	60.00	1.12	0.02630	26%-50% Below	No	No
43547041711	LISINOPRIL 20 MG TABLET	10	60.00	1.12	0.02586	26%-50% Below	No	No
43547041911	LISINOPRIL 40 MG TABLET	9	90.00	3.11	0.04510	10%-25% Below	No	No
43547042010	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	10	90.00	1.30	0.03233	51%-75% Below	No	No
43547042050	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	8	45.00	0.71	0.03342	51%-75% Below	No	No
43547042050	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	9	45.00	0.65	0.03193	51%-75% Below	No	No
43547042050	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	10	45.00	0.65	0.03233	51%-75% Below	No	No
43547042050	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	10	90.00	1.30	0.03233	51%-75% Below	No	No
43547042050	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	11	45.00	0.65	0.02411	26%-50% Below	No	No
43547042050	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	12	45.00	0.65	0.02785	26%-50% Below	No	No
43547042110	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	8	30.00	0.65	0.04697	51%-75% Below	Yes	No
43547042110	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	9	90.00	1.95	0.04300	26%-50% Below	No	No
43547042110	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	10	30.00	0.65	0.04372	26%-50% Below	Yes	No
43547042110	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	10	90.00	1.95	0.04372	26%-50% Below	No	No
43547042110	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	11	30.00	0.65	0.03106	26%-50% Below	Yes	No
43547042110	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	12	30.00	0.65	0.03740	26%-50% Below	No	No
43547042110	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	12	30.00	0.65	0.03740	26%-50% Below	Yes	No
43547042150	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	10	30.00	0.65	0.04372	26%-50% Below	No	No
43547042150	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	11	90.00	1.95	0.03106	26%-50% Below	No	No
43547042250	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	10	90.00	1.96	0.04531	51%-75% Below	No	No
43547042250	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	11	90.00	1.96	0.03338	26%-50% Below	No	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	8	30.00	11.02	0.09616	200% Above	No	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	8	90.00	33.06	0.09616	200% Above	Yes	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	9	90.00	33.06	0.08845	200% Above	Yes	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	10	30.00	11.02	0.08077	200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	10	90.00	33.06	0.08077	200% Above	Yes	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	11	90.00	33.06	0.06268	200% Above	No	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	11	90.00	33.06	0.06268	200% Above	Yes	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	12	90.00	33.06	0.06902	200% Above	Yes	No
43547042403	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	8	90.00	45.04	0.10510	200% Above	No	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	9	90.00	43.34	0.10950	200% Above	Yes	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	9	90.00	45.04	0.10950	200% Above	Yes	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	12	90.00	43.34	0.08665	200% Above	Yes	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	12	90.00	45.04	0.08665	200% Above	No	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	12	90.00	45.04	0.08665	200% Above	Yes	No
43547042509	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	8	90.00	43.34	0.11099	200% Above	Yes	No
43547042509	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	8	90.00	45.04	0.11099	200% Above	Yes	No
43547042509	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	9	90.00	43.34	0.10245	200% Above	Yes	No
43547042509	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	10	30.00	15.01	0.09935	200% Above	No	No
43547042509	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	10	90.00	45.04	0.09935	200% Above	Yes	No
43547042509	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	11	90.00	43.34	0.07463	200% Above	Yes	No
43547042509	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	11	90.00	45.04	0.07463	200% Above	Yes	No
43547043109	FENOFIBRATE 145 MG TABLET	9	90.00	27.87	0.13807	101%-200% Above	No	No
43547043109	FENOFIBRATE 145 MG TABLET	10	90.00	27.87	0.13704	101%-200% Above	No	No
43547044203	TELMISARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TB	8	30.00	58.95	0.64573	200% Above	No	No
43547044203	TELMISARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TB	9	30.00	58.95	0.58001	200% Above	No	No
43547044203	TELMISARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TB	10	30.00	58.95	0.52156	200% Above	No	No
43547044203	TELMISARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TB	10	90.00	176.84	0.52156	200% Above	No	No
43547044303	TELMISARTAN-HYDROCHLOROTHIAZIDE 80-25 MG TAB	8	90.00	176.84	0.74833	101%-200% Above	No	No
43547044303	TELMISARTAN-HYDROCHLOROTHIAZIDE 80-25 MG TAB	11	90.00	176.84	0.44358	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43547052403	NEBIVOLOL 2.5 MG TABLET	9	90.00	66.71	0.11495	200% Above	Yes	No
43547052403	NEBIVOLOL 2.5 MG TABLET	12	90.00	66.71	0.10297	200% Above	Yes	No
43547052509	NEBIVOLOL 5 MG TABLET	9	90.00	66.41	0.12317	200% Above	No	No
43547052509	NEBIVOLOL 5 MG TABLET	12	90.00	66.41	0.10259	200% Above	No	No
43547052603	NEBIVOLOL 10 MG TABLET	8	90.00	66.93	0.14918	200% Above	Yes	No
43547052603	NEBIVOLOL 10 MG TABLET	9	30.00	22.31	0.15899	200% Above	No	No
43547052603	NEBIVOLOL 10 MG TABLET	11	30.00	22.31	0.11363	200% Above	No	No
43547054510	ENALAPRIL MALEATE 2.5 MG TAB	9	180.00	30.46	0.09317	76%-100% Above	Yes	No
43547054610	ENALAPRIL MALEATE 5 MG TABLET	11	180.00	40.43	0.07600	101%-200% Above	No	No
43547054711	ENALAPRIL MALEATE 10 MG TAB	8	90.00	20.93	0.10092	101%-200% Above	Yes	No
43547054711	ENALAPRIL MALEATE 10 MG TAB	9	30.00	6.98	0.09791	101%-200% Above	No	No
43547054711	ENALAPRIL MALEATE 10 MG TAB	10	30.00	6.98	0.08947	101%-200% Above	No	No
43547054711	ENALAPRIL MALEATE 10 MG TAB	11	30.00	6.98	0.06480	200% Above	No	No
43547054711	ENALAPRIL MALEATE 10 MG TAB	11	90.00	20.93	0.06480	200% Above	Yes	No
43547054711	ENALAPRIL MALEATE 10 MG TAB	12	30.00	6.98	0.07624	200% Above	No	No
43547054811	ENALAPRIL MALEATE 20 MG TAB	8	106.00	35.22	0.10593	200% Above	Yes	No
43547054811	ENALAPRIL MALEATE 20 MG TAB	10	180.00	59.81	0.11596	101%-200% Above	Yes	No
43547056511	CLONIDINE HCL 0.1 MG TABLET	9	30.00	0.36	0.02647	51%-75% Below	Yes	No
43547056511	CLONIDINE HCL 0.1 MG TABLET	10	30.00	0.36	0.02587	51%-75% Below	Yes	No
43547056511	CLONIDINE HCL 0.1 MG TABLET	11	20.00	0.24	0.02022	26%-50% Below	Yes	No
43547056511	CLONIDINE HCL 0.1 MG TABLET	11	30.00	0.36	0.02022	26%-50% Below	Yes	No
43547056511	CLONIDINE HCL 0.1 MG TABLET	12	20.00	0.24	0.02290	26%-50% Below	Yes	No
43547060210	LISDEXAMFETAMINE 10 MG CAPSULE	9	60.00	454.20	5.53361	26%-50% Above	No	No
43547060310	LISDEXAMFETAMINE 20 MG CAPSULE	10	30.00	227.10	4.97279	51%-75% Above	No	No
43547060410	LISDEXAMFETAMINE 30 MG CAPSULE	10	30.00	227.10	5.57706	26%-50% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43547060410	LISDEXAMFETAMINE 30 MG CAPSULE	11	30.00	227.10	5.59503	26%-50% Above	Yes	No
43547060510	LISDEXAMFETAMINE 40 MG CAPSULE	8	30.00	227.10	4.04019	76%-100% Above	Yes	No
43547060510	LISDEXAMFETAMINE 40 MG CAPSULE	8	70.00	529.90	4.04019	76%-100% Above	Yes	No
43547060510	LISDEXAMFETAMINE 40 MG CAPSULE	9	30.00	227.10	4.11780	76%-100% Above	Yes	No
43547060510	LISDEXAMFETAMINE 40 MG CAPSULE	10	30.00	227.10	4.60955	51%-75% Above	No	No
43547068810	CIPROFLOXACIN HCL 250 MG TAB	11	42.00	4.22	0.08113	10%-25% Above	No	No
43547068910	CIPROFLOXACIN HCL 500 MG TAB	11	10.00	1.55	0.10843	26%-50% Above	No	No
43547068950	CIPROFLOXACIN HCL 500 MG TAB	11	14.00	2.17	0.10843	26%-50% Above	No	No
43547068950	CIPROFLOXACIN HCL 500 MG TAB	11	20.00	3.10	0.10843	26%-50% Above	No	No
43598009805	ATORVASTATIN 10 MG TABLET	9	90.00	7.20	0.03016	101%-200% Above	No	No
43598009805	ATORVASTATIN 10 MG TABLET	12	90.00	7.20	0.02573	200% Above	No	No
43598009905	ATORVASTATIN 20 MG TABLET	10	30.00	2.96	0.03564	101%-200% Above	No	No
43598009905	ATORVASTATIN 20 MG TABLET	10	90.00	8.88	0.03564	101%-200% Above	No	No
43598010105	ATORVASTATIN 40 MG TABLET	10	90.00	8.92	0.05228	76%-100% Above	No	No
43598010105	ATORVASTATIN 40 MG TABLET	11	90.00	8.92	0.04382	101%-200% Above	No	No
43598010305	ATORVASTATIN 80 MG TABLET	11	90.00	10.29	0.06626	51%-75% Above	No	No
43598013901	KETOROLAC 10 MG TABLET	8	15.00	4.45	0.39516	10%-25% Below	No	No
43598016605	OLANZAPINE 10 MG TABLET	9	30.00	1.56	0.11171	51%-75% Below	No	No
43598016605	OLANZAPINE 10 MG TABLET	11	30.00	1.56	0.09256	26%-50% Below	No	No
43598017001	CHLORTHALIDONE 25 MG TABLET	12	45.00	18.70	0.07682	200% Above	No	No
43598021055	SSD 1% CREAM	9	50.00	3.07	0.14025	51%-75% Below	No	No
43598021055	SSD 1% CREAM	10	50.00	3.07	0.13427	51%-75% Below	No	No
43598021085	SSD 1% CREAM	11	85.00	4.99	0.12909	51%-75% Below	No	No
43598032675	CIPROFLOX-DEXAMETH OTIC SUSP	10	7.50	61.65	16.64067	26%-50% Below	No	No
43598043611	NITROGLYCERIN 0.4 MG TABLET SL	9	25.00	1.97	0.23929	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43598043611	NITROGLYCERIN 0.4 MG TABLET SL	11	25.00	1.97	0.18709	51%-75% Below	Yes	No
43598043611	NITROGLYCERIN 0.4 MG TABLET SL	12	25.00	1.97	0.18498	51%-75% Below	Yes	No
43598049501	NAPROXEN SODIUM 550 MG TAB	8	20.00	17.65	0.20720	200% Above	No	No
43598049501	NAPROXEN SODIUM 550 MG TAB	12	90.00	80.95	0.19482	200% Above	No	No
43598051010	ESOMEPRAZOLE MAG DR 40 MG CAP	9	30.00	42.94	0.16104	200% Above	No	No
43598051010	ESOMEPRAZOLE MAG DR 40 MG CAP	10	30.00	42.94	0.15336	200% Above	No	No
43598051010	ESOMEPRAZOLE MAG DR 40 MG CAP	11	30.00	42.94	0.11037	200% Above	No	No
43598051030	ESOMEPRAZOLE MAG DR 40 MG CAP	9	90.00	128.82	0.16104	200% Above	No	No
43598056601	FLUOXETINE HCL 20 MG TABLET	11	180.00	254.43	0.06533	200% Above	Yes	No
43598057430	TADALAFIL 10 MG TABLET	9	18.00	195.61	0.28330	200% Above	No	No
43598058230	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	9	20.00	59.93	2.38148	10%-25% Above	No	No
43598058230	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	9	60.00	179.78	2.38148	10%-25% Above	No	No
43598058230	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	10	30.00	89.89	2.18062	26%-50% Above	No	No
43598058230	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	10	60.00	179.78	2.18062	26%-50% Above	No	No
43598058230	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	11	60.00	179.78	1.61125	76%-100% Above	No	No
43598058230	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	11	90.00	269.68	1.61125	76%-100% Above	No	No
43598058230	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	12	60.00	179.78	2.06266	26%-50% Above	No	No
43598071901	CHLORTHALIDONE 25 MG TABLET	11	15.00	6.23	0.07302	200% Above	No	No
43598072101	HYDROXYCHLOROQUINE 200 MG TAB	9	180.00	130.07	0.17945	200% Above	Yes	No
43598072101	HYDROXYCHLOROQUINE 200 MG TAB	11	135.00	101.37	0.13986	200% Above	Yes	No
43598081112	CETIRIZINE HCL 10 MG TABLET	11	90.00	3.47	0.06069	26%-50% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	8	14.00	0.21	0.06691	76%-100% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	8	30.00	0.45	0.06691	76%-100% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	9	30.00	0.45	0.06437	76%-100% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	9	90.00	1.36	0.06437	76%-100% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43598081115	CETIRIZINE HCL 10 MG TABLET	9	90.00	1.55	0.06437	51%-75% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	10	30.00	0.45	0.06288	76%-100% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	11	14.00	0.21	0.06069	51%-75% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	11	30.00	0.45	0.06069	51%-75% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	12	30.00	0.45	0.06035	51%-75% Below	No	No
43598083005	ATORVASTATIN 10 MG TABLET	11	30.00	2.40	0.02244	200% Above	No	No
43598083105	ATORVASTATIN 20 MG TABLET	10	90.00	8.88	0.03564	101%-200% Above	No	No
43598083205	ATORVASTATIN 40 MG TABLET	8	90.00	8.75	0.05515	76%-100% Above	No	No
43598083205	ATORVASTATIN 40 MG TABLET	8	90.00	8.92	0.05515	76%-100% Above	No	No
43598083305	ATORVASTATIN 80 MG TABLET	8	90.00	10.29	0.07930	26%-50% Above	No	No
43598094430	VENLAFAXINE HCL ER 225 MG TAB	11	90.00	608.61	0.45915	200% Above	No	No
43975027810	DEXTROAMP-AMPHET ER 10 MG CAP	9	30.00	28.52	0.50232	76%-100% Above	Yes	No
43975027910	DEXTROAMP-AMPHET ER 15 MG CAP	9	30.00	28.52	0.56507	51%-75% Above	Yes	No
43975027910	DEXTROAMP-AMPHET ER 15 MG CAP	10	30.00	28.52	0.58911	51%-75% Above	No	No
43975028010	DEXTROAMP-AMPHET ER 20 MG CAP	8	30.00	28.52	0.66138	26%-50% Above	No	No
43975028110	DEXTROAMP-AMPHET ER 25 MG CAP	11	30.00	28.52	0.52976	76%-100% Above	Yes	No
43975028210	DEXTROAMP-AMPHET ER 30 MG CAP	8	30.00	28.52	0.63536	26%-50% Above	No	No
43975028210	DEXTROAMP-AMPHET ER 30 MG CAP	9	30.00	28.52	0.64541	26%-50% Above	No	No
43975028210	DEXTROAMP-AMPHET ER 30 MG CAP	12	30.00	28.52	0.59149	51%-75% Above	No	No
43975030510	FENOFIBRATE 134 MG CAPSULE	10	30.00	7.64	0.11471	101%-200% Above	No	No
43975030510	FENOFIBRATE 134 MG CAPSULE	11	30.00	7.64	0.10202	101%-200% Above	No	No
43975030510	FENOFIBRATE 134 MG CAPSULE	11	90.00	22.93	0.10202	101%-200% Above	No	No
43975030510	FENOFIBRATE 134 MG CAPSULE	12	30.00	7.64	0.11105	101%-200% Above	No	No
43975032309	TOLTERODINE TART ER 4 MG CAP	11	90.00	197.74	0.31729	200% Above	No	No
43975044410	FENOFIBRATE 67 MG CAPSULE	9	30.00	4.57	0.08428	76%-100% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43975044410	FENOFIBRATE 67 MG CAPSULE	10	30.00	4.57	0.08196	76%-100% Above	No	No
43975044410	FENOFIBRATE 67 MG CAPSULE	11	30.00	4.57	0.06623	101%-200% Above	No	No
45802000403	HYDROCORTISONE 2.5% CREAM	10	28.00	1.82	0.11100	26%-50% Below	No	No
45802001402	HYDROCORTISONE 2.5% OINTMENT	10	20.00	2.06	0.12823	10%-25% Below	Yes	No
45802001402	HYDROCORTISONE 2.5% OINTMENT	11	20.00	2.06	0.12394	10%-25% Below	Yes	No
45802005435	TRIAMCINOLONE 0.025% OINT	8	60.00	3.40	0.23945	76%-100% Below	Yes	No
45802005535	TRIAMCINOLONE 0.1% OINTMENT	9	30.00	1.24	0.13467	51%-75% Below	No	No
45802005535	TRIAMCINOLONE 0.1% OINTMENT	10	15.00	0.62	0.13656	51%-75% Below	No	No
45802005535	TRIAMCINOLONE 0.1% OINTMENT	11	30.00	1.24	0.09573	51%-75% Below	No	No
45802005536	TRIAMCINOLONE 0.1% OINTMENT	8	80.00	3.21	0.07161	26%-50% Below	No	No
45802005536	TRIAMCINOLONE 0.1% OINTMENT	10	80.00	3.21	0.06893	26%-50% Below	No	No
45802005911	NYSTATIN 100,000 UNIT/GM CREAM	10	30.00	12.65	0.15451	101%-200% Above	No	No
45802005911	NYSTATIN 100,000 UNIT/GM CREAM	11	30.00	12.65	0.13664	200% Above	No	No
45802005911	NYSTATIN 100,000 UNIT/GM CREAM	11	60.00	25.30	0.13664	200% Above	No	No
45802005935	NYSTATIN 100,000 UNIT/GM CREAM	12	15.00	7.49	0.19152	101%-200% Above	No	No
45802006436	TRIAMCINOLONE 0.1% CREAM	8	80.00	5.40	0.04826	26%-50% Above	No	No
45802006436	TRIAMCINOLONE 0.1% CREAM	9	80.00	7.11	0.05491	51%-75% Above	No	No
45802006436	TRIAMCINOLONE 0.1% CREAM	10	80.00	5.40	0.06000	10%-25% Above	No	No
45802006436	TRIAMCINOLONE 0.1% CREAM	12	80.00	5.40	0.05176	26%-50% Above	No	No
45802006535	TRIAMCINOLONE 0.5% CREAM	11	15.00	4.47	0.19056	51%-75% Above	No	No
45802009735	ESTRADIOL 0.01% CREAM	8	42.50	68.40	0.53656	101%-200% Above	No	No
45802009735	ESTRADIOL 0.01% CREAM	9	42.50	65.93	0.49266	200% Above	No	No
45802009735	ESTRADIOL 0.01% CREAM	9	42.50	68.40	0.49266	200% Above	No	No
45802009735	ESTRADIOL 0.01% CREAM	10	42.50	68.40	0.48729	200% Above	No	No
45802009735	ESTRADIOL 0.01% CREAM	11	42.50	68.40	0.36924	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
45802011214	MUPIROCIN 2% OINTMENT	12	15.00	4.20	0.33326	10%-25% Below	No	No
45802011222	MUPIROCIN 2% OINTMENT	8	22.00	2.90	0.17871	26%-50% Below	No	No
45802011222	MUPIROCIN 2% OINTMENT	9	22.00	2.90	0.16996	10%-25% Below	No	No
45802011222	MUPIROCIN 2% OINTMENT	9	44.00	5.80	0.16996	10%-25% Below	No	No
45802011222	MUPIROCIN 2% OINTMENT	10	22.00	2.90	0.16065	10%-25% Below	No	No
45802011222	MUPIROCIN 2% OINTMENT	10	28.00	3.69	0.16065	10%-25% Below	No	No
45802011942	MOMETASONE FUROATE 0.1% OINT	9	45.00	22.88	0.21488	101%-200% Above	No	No
45802013132	HALOBETASOL PROP 0.05% OINTMNT	8	50.00	15.71	0.55139	26%-50% Below	Yes	No
45802013132	HALOBETASOL PROP 0.05% OINTMNT	9	50.00	15.71	0.53061	26%-50% Below	No	No
45802026337	CLINDAMYCIN PHOS 1% PLEDGET	8	60.00	10.64	0.32795	26%-50% Below	Yes	No
45802026337	CLINDAMYCIN PHOS 1% PLEDGET	9	60.00	10.64	0.31022	26%-50% Below	No	No
45802026337	CLINDAMYCIN PHOS 1% PLEDGET	9	60.00	10.64	0.31022	26%-50% Below	Yes	No
45802026337	CLINDAMYCIN PHOS 1% PLEDGET	10	60.00	28.83	0.31628	51%-75% Above	Yes	No
45802026337	CLINDAMYCIN PHOS 1% PLEDGET	11	60.00	28.83	0.29854	51%-75% Above	Yes	No
45802031834	BENZOYL PEROXIDE 10% WASH	9	227.00	3.64	0.03961	51%-75% Below	No	No
45802036862	IMIQUIMOD 5% CREAM PACKET	10	12.00	17.10	0.84805	51%-75% Above	No	No
45802039001	TACROLIMUS 0.03% OINTMENT	10	60.00	20.50	0.88808	51%-75% Below	No	No
45802046564	KETOCONAZOLE 2% SHAMPOO	8	120.00	6.26	0.09526	26%-50% Below	Yes	No
45802046564	KETOCONAZOLE 2% SHAMPOO	9	120.00	6.26	0.09551	26%-50% Below	No	No
45802046564	KETOCONAZOLE 2% SHAMPOO	9	120.00	6.26	0.09551	26%-50% Below	Yes	No
45802046564	KETOCONAZOLE 2% SHAMPOO	10	120.00	6.26	0.09828	26%-50% Below	No	No
45802046564	KETOCONAZOLE 2% SHAMPOO	10	120.00	6.26	0.09828	26%-50% Below	Yes	No
45802046564	KETOCONAZOLE 2% SHAMPOO	11	120.00	6.26	0.09033	26%-50% Below	No	No
45802046564	KETOCONAZOLE 2% SHAMPOO	11	120.00	6.26	0.09033	26%-50% Below	Yes	No
45802046564	KETOCONAZOLE 2% SHAMPOO	12	120.00	6.26	0.09525	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
45802046611	ECONAZOLE NITRATE 1% CREAM	9	60.00	68.48	0.33662	200% Above	No	No
45802046653	ECONAZOLE NITRATE 1% CREAM	10	85.00	68.43	0.20892	200% Above	No	No
45802050702	CLINDAMYCIN-BENZOYL PEROX 1-5%	10	50.00	13.11	0.57108	51%-75% Below	No	No
45802056202	CLINDAMYCIN PH 1% SOLUTION	8	60.00	29.56	0.17902	101%-200% Above	No	No
45802065075	LORATADINE 10 MG TABLET	8	90.00	2.78	0.05865	26%-50% Below	Yes	No
45802065075	LORATADINE 10 MG TABLET	9	30.00	0.93	0.05832	26%-50% Below	Yes	No
45802065075	LORATADINE 10 MG TABLET	10	90.00	1.42	0.05795	51%-75% Below	Yes	No
45802065075	LORATADINE 10 MG TABLET	10	90.00	2.78	0.05795	26%-50% Below	Yes	No
45802065075	LORATADINE 10 MG TABLET	10	180.00	5.56	0.05795	26%-50% Below	Yes	No
45802065075	LORATADINE 10 MG TABLET	11	90.00	1.42	0.04667	51%-75% Below	Yes	No
45802065075	LORATADINE 10 MG TABLET	11	90.00	2.78	0.04667	26%-50% Below	Yes	No
45802065075	LORATADINE 10 MG TABLET	12	30.00	0.93	0.05176	26%-50% Below	Yes	No
45802065078	LORATADINE 10 MG TABLET	10	90.00	2.78	0.05795	26%-50% Below	Yes	No
45802065087	LORATADINE 10 MG TABLET	8	30.00	0.93	0.05865	26%-50% Below	No	No
45802065087	LORATADINE 10 MG TABLET	10	30.00	0.93	0.05795	26%-50% Below	No	No
45802065087	LORATADINE 10 MG TABLET	11	30.00	0.93	0.04667	26%-50% Below	No	No
45802065087	LORATADINE 10 MG TABLET	12	30.00	0.93	0.05176	26%-50% Below	No	No
45802068028	LEVOCETIRIZINE 2.5 MG/5 ML SOL	12	225.00	52.07	0.15302	51%-75% Above	Yes	No
45802088014	NYSTATIN-TRIAMCINOLONE CREAM	8	45.00	42.99	0.50730	76%-100% Above	No	No
45802088094	NYSTATIN-TRIAMCINOLONE CREAM	12	30.00	20.12	0.26561	101%-200% Above	No	No
45802088096	NYSTATIN-TRIAMCINOLONE CREAM	10	60.00	29.88	0.26376	76%-100% Above	No	No
45802088096	NYSTATIN-TRIAMCINOLONE CREAM	11	60.00	29.88	0.18179	101%-200% Above	No	No
45802089626	SULFACETAMIDE SOD 10% TOP SUSP	8	118.00	40.44	0.59048	26%-50% Below	Yes	No
45802089626	SULFACETAMIDE SOD 10% TOP SUSP	9	118.00	40.44	0.72739	51%-75% Below	Yes	No
45802090096	CLINDAMYCIN PH 1% GEL	8	60.00	31.20	0.26521	76%-100% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
45802090096	CLINDAMYCIN PH 1% GEL	11	60.00	31.20	0.12586	200% Above	No	No
45802095226	IBUPROFEN 100 MG/5 ML SUSP	10	200.00	2.24	0.03821	51%-75% Below	Yes	No
45802095226	IBUPROFEN 100 MG/5 ML SUSP	11	120.00	1.34	0.03391	51%-75% Below	Yes	No
45802095226	IBUPROFEN 100 MG/5 ML SUSP	12	240.00	2.69	0.03637	51%-75% Below	Yes	No
45802095243	IBUPROFEN 100 MG/5 ML SUSP	8	200.00	2.24	0.02775	51%-75% Below	Yes	No
45802095243	IBUPROFEN 100 MG/5 ML SUSP	9	400.00	4.48	0.02541	51%-75% Below	Yes	No
45963014205	BUPROPION HCL XL 300 MG TABLET	8	30.00	8.51	0.15709	76%-100% Above	No	No
45963043963	CONSTULOSE 10 GM/15 ML SOLN	12	480.00	2.83	0.01662	51%-75% Below	No	No
45963055550	GABAPENTIN 100 MG CAPSULE	8	90.00	0.73	0.02479	51%-75% Below	No	No
45963055650	GABAPENTIN 300 MG CAPSULE	8	30.00	0.63	0.04036	26%-50% Below	No	No
45963055650	GABAPENTIN 300 MG CAPSULE	9	30.00	0.63	0.03917	26%-50% Below	No	No
45963055650	GABAPENTIN 300 MG CAPSULE	9	60.00	1.25	0.03917	26%-50% Below	No	No
45963055650	GABAPENTIN 300 MG CAPSULE	10	30.00	0.63	0.03775	26%-50% Below	No	No
45963055650	GABAPENTIN 300 MG CAPSULE	10	540.00	11.29	0.03775	26%-50% Below	No	No
45963055650	GABAPENTIN 300 MG CAPSULE	11	30.00	0.63	0.03133	26%-50% Below	No	No
45963055650	GABAPENTIN 300 MG CAPSULE	11	60.00	1.25	0.03133	26%-50% Below	No	No
45963055711	GABAPENTIN 400 MG CAPSULE	10	90.00	1.31	0.05216	51%-75% Below	No	No
45963055711	GABAPENTIN 400 MG CAPSULE	11	90.00	1.31	0.03995	51%-75% Below	No	No
45963055750	GABAPENTIN 400 MG CAPSULE	9	180.00	2.61	0.05290	51%-75% Below	No	No
45963055750	GABAPENTIN 400 MG CAPSULE	10	90.00	1.31	0.05216	51%-75% Below	No	No
45963055750	GABAPENTIN 400 MG CAPSULE	10	180.00	2.61	0.05216	51%-75% Below	No	No
45963067611	METOPROLOL SUCC ER 50 MG TAB	10	90.00	11.80	0.05759	101%-200% Above	No	No
45963067711	METOPROLOL SUCC ER 100 MG TAB	11	90.00	20.26	0.10390	101%-200% Above	No	No
45963070911	METOPROLOL SUCC ER 25 MG TAB	9	30.00	3.93	0.06385	101%-200% Above	No	No
45963070911	METOPROLOL SUCC ER 25 MG TAB	9	90.00	11.80	0.06385	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
45963070911	METOPROLOL SUCC ER 25 MG TAB	10	45.00	5.90	0.06120	101%-200% Above	No	No
45963070911	METOPROLOL SUCC ER 25 MG TAB	11	90.00	11.80	0.05080	101%-200% Above	No	No
46122053105	GNP ALLERGY RELIEF 5 MG TABLET	11	10.00	1.04	0.17690	26%-50% Below	No	No
47335032688	NALTREXONE 50 MG TABLET	8	90.00	44.69	1.09587	51%-75% Below	Yes	No
47335032688	NALTREXONE 50 MG TABLET	11	90.00	44.69	1.02137	51%-75% Below	Yes	No
47335063249	BUDESONIDE 0.5 MG/2 ML SUSP	11	60.00	22.37	0.72209	26%-50% Below	No	No
47335070349	ALBUTEROL SUL 2.5 MG/3 ML SOLN	8	75.00	2.39	0.06678	51%-75% Below	Yes	No
47335070349	ALBUTEROL SUL 2.5 MG/3 ML SOLN	8	375.00	10.80	0.06678	51%-75% Below	Yes	No
47335070349	ALBUTEROL SUL 2.5 MG/3 ML SOLN	9	150.00	4.32	0.06964	51%-75% Below	No	No
47335070349	ALBUTEROL SUL 2.5 MG/3 ML SOLN	9	150.00	4.32	0.06964	51%-75% Below	Yes	No
47335070349	ALBUTEROL SUL 2.5 MG/3 ML SOLN	9	375.00	10.80	0.06964	51%-75% Below	Yes	No
47335070349	ALBUTEROL SUL 2.5 MG/3 ML SOLN	11	75.00	2.16	0.05680	26%-50% Below	Yes	No
47335070349	ALBUTEROL SUL 2.5 MG/3 ML SOLN	11	150.00	4.32	0.05680	26%-50% Below	Yes	No
47335070349	ALBUTEROL SUL 2.5 MG/3 ML SOLN	11	375.00	10.80	0.05680	26%-50% Below	Yes	No
47335070349	ALBUTEROL SUL 2.5 MG/3 ML SOLN	12	150.00	4.32	0.06054	51%-75% Below	Yes	No
47335070352	ALBUTEROL SUL 2.5 MG/3 ML SOLN	9	180.00	5.18	0.06823	51%-75% Below	No	No
47335070352	ALBUTEROL SUL 2.5 MG/3 ML SOLN	10	90.00	2.59	0.05993	51%-75% Below	No	No
47335070352	ALBUTEROL SUL 2.5 MG/3 ML SOLN	11	90.00	2.59	0.05893	51%-75% Below	No	No
47335070352	ALBUTEROL SUL 2.5 MG/3 ML SOLN	11	180.00	5.18	0.05893	51%-75% Below	No	No
47335070352	ALBUTEROL SUL 2.5 MG/3 ML SOLN	12	90.00	2.59	0.06036	51%-75% Below	No	No
47335070352	ALBUTEROL SUL 2.5 MG/3 ML SOLN	12	180.00	5.18	0.06036	51%-75% Below	No	No
47335070354	ALBUTEROL SUL 2.5 MG/3 ML SOLN	11	180.00	5.18	0.05488	26%-50% Below	No	No
47335070354	ALBUTEROL SUL 2.5 MG/3 ML SOLN	12	180.00	5.18	0.05649	26%-50% Below	No	No
47335070713	TOPIRAMATE 25 MG TABLET	10	60.00	3.40	0.02990	76%-100% Above	No	No
47335070713	TOPIRAMATE 25 MG TABLET	10	180.00	10.19	0.02990	76%-100% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
47335070713	TOPIRAMATE 25 MG TABLET	12	180.00	10.19	0.02572	101%-200% Above	No	No
47781001301	HYOSCYAMINE SULF 0.125 MG TAB	11	30.00	14.54	0.09933	200% Above	No	No
47781017601	DEXTROAMP-AMPHETAMIN 10 MG TAB	8	28.00	6.25	0.25488	10%-25% Below	No	No
47781017601	DEXTROAMP-AMPHETAMIN 10 MG TAB	8	90.00	9.99	0.25488	51%-75% Below	No	No
47781017601	DEXTROAMP-AMPHETAMIN 10 MG TAB	9	60.00	13.39	0.26317	10%-25% Below	No	No
47781017601	DEXTROAMP-AMPHETAMIN 10 MG TAB	10	60.00	13.39	0.26858	10%-25% Below	No	No
47781017601	DEXTROAMP-AMPHETAMIN 10 MG TAB	11	60.00	13.39	0.19746	10%-25% Above	No	No
47781030301	NITROFURANTOIN MONO-MCR 100 MG	8	10.00	6.56	0.50287	26%-50% Above	No	No
47781030301	NITROFURANTOIN MONO-MCR 100 MG	8	14.00	9.18	0.50287	26%-50% Above	No	No
47781030301	NITROFURANTOIN MONO-MCR 100 MG	9	14.00	9.18	0.45600	26%-50% Above	No	No
47781030301	NITROFURANTOIN MONO-MCR 100 MG	9	20.00	13.11	0.45600	26%-50% Above	No	No
47781030301	NITROFURANTOIN MONO-MCR 100 MG	10	14.00	9.18	0.34915	76%-100% Above	No	No
47781030301	NITROFURANTOIN MONO-MCR 100 MG	11	14.00	9.18	0.25614	101%-200% Above	No	No
47781035503	BUPRENORPHINE-NALOXONE 2-0.5 MG SL FILM	9	15.00	27.05	2.04416	10%-25% Below	Yes	No
47781035503	BUPRENORPHINE-NALOXONE 2-0.5 MG SL FILM	11	15.00	27.05	1.24181	26%-50% Above	Yes	No
47781035703	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	9	30.00	89.89	2.38148	10%-25% Above	Yes	No
47781035703	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	9	60.00	179.78	2.38148	10%-25% Above	Yes	No
47781035703	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	10	20.00	59.93	2.18062	26%-50% Above	Yes	No
47781035703	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	10	60.00	179.78	2.18062	26%-50% Above	Yes	No
47781035703	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	11	14.00	41.95	1.61125	76%-100% Above	Yes	No
47781035703	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	11	15.00	44.95	1.61125	76%-100% Above	Yes	No
47781035703	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	11	60.00	179.78	1.61125	76%-100% Above	Yes	No
47781056301	LISDEXAMFETAMINE 20 MG CAPSULE	8	30.00	177.24	4.83261	10%-25% Above	No	No
47781056301	LISDEXAMFETAMINE 20 MG CAPSULE	9	30.00	189.46	4.41791	26%-50% Above	No	No
47781056301	LISDEXAMFETAMINE 20 MG CAPSULE	10	30.00	189.46	4.97279	26%-50% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
47781056301	LISDEXAMFETAMINE 20 MG CAPSULE	11	30.00	189.46	5.24516	10%-25% Above	No	No
47781056501	LISDEXAMFETAMINE 40 MG CAPSULE	8	30.00	189.46	4.04019	51%-75% Above	No	No
47781056501	LISDEXAMFETAMINE 40 MG CAPSULE	9	30.00	189.46	4.11780	51%-75% Above	No	No
47781056501	LISDEXAMFETAMINE 40 MG CAPSULE	11	30.00	189.46	4.84006	26%-50% Above	No	No
47781056601	LISDEXAMFETAMINE 50 MG CAPSULE	8	30.00	189.46	4.69081	26%-50% Above	No	No
47781056601	LISDEXAMFETAMINE 50 MG CAPSULE	10	30.00	177.24	4.48046	26%-50% Above	No	No
47781056601	LISDEXAMFETAMINE 50 MG CAPSULE	10	30.00	189.46	4.48046	26%-50% Above	No	No
47781056601	LISDEXAMFETAMINE 50 MG CAPSULE	11	30.00	177.24	5.03501	10%-25% Above	No	No
47781056701	LISDEXAMFETAMINE 60 MG CAPSULE	11	30.00	189.46	5.43970	10%-25% Above	No	No
47781056801	LISDEXAMFETAMINE 70 MG CAPSULE	10	30.00	189.46	5.24454	10%-25% Above	No	No
47781064010	LEVOTHYROXINE 25 MCG TABLET	10	140.00	3.58	0.04764	26%-50% Below	No	No
47781064090	LEVOTHYROXINE 25 MCG TABLET	8	30.00	0.77	0.04904	26%-50% Below	No	No
47781064090	LEVOTHYROXINE 25 MCG TABLET	8	90.00	2.30	0.04904	26%-50% Below	No	No
47781064090	LEVOTHYROXINE 25 MCG TABLET	9	30.00	0.77	0.04890	26%-50% Below	No	No
47781064090	LEVOTHYROXINE 25 MCG TABLET	9	90.00	2.30	0.04890	26%-50% Below	No	No
47781064090	LEVOTHYROXINE 25 MCG TABLET	10	90.00	2.30	0.04764	26%-50% Below	No	No
47781064090	LEVOTHYROXINE 25 MCG TABLET	11	90.00	2.30	0.04351	26%-50% Below	No	No
47781064090	LEVOTHYROXINE 25 MCG TABLET	12	90.00	2.30	0.04342	26%-50% Below	No	No
47781064310	LEVOTHYROXINE 50 MCG TABLET	8	30.00	0.97	0.05616	26%-50% Below	No	No
47781064310	LEVOTHYROXINE 50 MCG TABLET	8	30.00	1.23	0.05616	26%-50% Below	No	No
47781064310	LEVOTHYROXINE 50 MCG TABLET	9	90.00	2.91	0.05924	26%-50% Below	No	No
47781064310	LEVOTHYROXINE 50 MCG TABLET	10	90.00	2.91	0.05707	26%-50% Below	No	No
47781064310	LEVOTHYROXINE 50 MCG TABLET	12	135.00	4.36	0.05170	26%-50% Below	No	No
47781064390	LEVOTHYROXINE 50 MCG TABLET	8	30.00	0.97	0.05616	26%-50% Below	No	No
47781064390	LEVOTHYROXINE 50 MCG TABLET	9	30.00	0.97	0.05924	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
47781064390	LEVOTHYROXINE 50 MCG TABLET	11	90.00	2.91	0.04701	26%-50% Below	No	No
47781064610	LEVOTHYROXINE 75 MCG TABLET	10	90.00	2.50	0.06368	51%-75% Below	No	No
47781064690	LEVOTHYROXINE 75 MCG TABLET	8	30.00	0.83	0.05861	51%-75% Below	No	No
47781064690	LEVOTHYROXINE 75 MCG TABLET	8	90.00	3.84	0.05861	26%-50% Below	No	No
47781064690	LEVOTHYROXINE 75 MCG TABLET	9	30.00	0.83	0.06556	51%-75% Below	No	No
47781064690	LEVOTHYROXINE 75 MCG TABLET	9	90.00	2.50	0.06556	51%-75% Below	No	No
47781064690	LEVOTHYROXINE 75 MCG TABLET	10	30.00	0.83	0.06368	51%-75% Below	No	No
47781064690	LEVOTHYROXINE 75 MCG TABLET	10	90.00	2.50	0.06368	51%-75% Below	No	No
47781064690	LEVOTHYROXINE 75 MCG TABLET	11	30.00	0.83	0.04574	26%-50% Below	No	No
47781064690	LEVOTHYROXINE 75 MCG TABLET	11	90.00	2.50	0.04574	26%-50% Below	No	No
47781064690	LEVOTHYROXINE 75 MCG TABLET	12	30.00	0.83	0.05334	26%-50% Below	No	No
47781064690	LEVOTHYROXINE 75 MCG TABLET	12	90.00	2.50	0.05334	26%-50% Below	No	No
47781064990	LEVOTHYROXINE 88 MCG TABLET	8	30.00	1.08	0.06368	26%-50% Below	No	No
47781064990	LEVOTHYROXINE 88 MCG TABLET	10	90.00	3.24	0.06490	26%-50% Below	No	No
47781065110	LEVOTHYROXINE 100 MCG TABLET	8	90.00	2.33	0.06293	51%-75% Below	No	No
47781065110	LEVOTHYROXINE 100 MCG TABLET	10	90.00	2.33	0.05884	51%-75% Below	No	No
47781065190	LEVOTHYROXINE 100 MCG TABLET	8	90.00	4.03	0.06293	26%-50% Below	No	No
47781065190	LEVOTHYROXINE 100 MCG TABLET	9	30.00	0.78	0.06270	51%-75% Below	No	No
47781065190	LEVOTHYROXINE 100 MCG TABLET	10	30.00	0.78	0.05884	51%-75% Below	No	No
47781065190	LEVOTHYROXINE 100 MCG TABLET	11	90.00	2.33	0.05406	51%-75% Below	No	No
47781065410	LEVOTHYROXINE 112 MCG TABLET	9	90.00	3.24	0.07652	51%-75% Below	No	No
47781065710	LEVOTHYROXINE 125 MCG TABLET	10	90.00	4.37	0.08172	26%-50% Below	No	No
47781065790	LEVOTHYROXINE 125 MCG TABLET	8	90.00	4.88	0.07629	26%-50% Below	No	No
47781065790	LEVOTHYROXINE 125 MCG TABLET	11	90.00	4.37	0.06910	26%-50% Below	No	No
47781065910	LEVOTHYROXINE 137 MCG TABLET	11	90.00	3.63	0.06675	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
47781065990	LEVOTHYROXINE 137 MCG TABLET	10	90.00	3.63	0.08202	26%-50% Below	No	No
47781066290	LEVOTHYROXINE 150 MCG TABLET	10	30.00	1.37	0.08291	26%-50% Below	No	No
47781066290	LEVOTHYROXINE 150 MCG TABLET	11	30.00	1.37	0.05947	10%-25% Below	No	No
47781066590	LEVOTHYROXINE 175 MCG TABLET	8	30.00	1.91	0.10654	26%-50% Below	No	No
47781066590	LEVOTHYROXINE 175 MCG TABLET	9	30.00	1.33	0.11444	51%-75% Below	No	No
47781066590	LEVOTHYROXINE 175 MCG TABLET	9	90.00	4.00	0.11444	51%-75% Below	No	No
47781066590	LEVOTHYROXINE 175 MCG TABLET	10	90.00	4.00	0.11300	51%-75% Below	No	No
47781066590	LEVOTHYROXINE 175 MCG TABLET	11	90.00	4.00	0.07319	26%-50% Below	No	No
47781066890	LEVOTHYROXINE 200 MCG TABLET	8	30.00	2.06	0.10984	26%-50% Below	No	No
47781066890	LEVOTHYROXINE 200 MCG TABLET	10	90.00	4.95	0.10759	26%-50% Below	No	No
47781066890	LEVOTHYROXINE 200 MCG TABLET	11	30.00	1.65	0.07779	26%-50% Below	No	No
47781091091	TESTOSTERONE CYP 2,000 MG/10 ML	8	10.00	35.51	2.10555	51%-75% Above	No	No
47781091193	TESTOSTERONE CYP 200 MG/ML	9	5.00	39.25	13.49281	26%-50% Below	No	No
47781091193	TESTOSTERONE CYP 200 MG/ML	11	4.00	31.40	10.77328	26%-50% Below	No	No
49035056314	ASPIRIN LOW TAB 81MG EC	9	90.00	0.91	.		No	No
49281012465	FLUZONE HD INJ 2024-25	8	0.50	70.31	.		No	No
49281012465	FLUZONE HD INJ 2024-25	9	0.50	69.21	.		Yes	No
49281012465	FLUZONE HD INJ 2024-25	10	0.50	69.48	.		No	No
49281012465	FLUZONE HD INJ 2024-25	10	0.50	70.05	.		No	No
49281012465	FLUZONE HD INJ 2024-25	10	0.50	75.59	.		No	No
49281012465	FLUZONE HD INJ 2024-25	11	0.50	69.21	.		Yes	No
49281012465	FLUZONE HD INJ 2024-25	11	0.50	70.31	.		No	No
49281040020	ADACEL INJ	8	0.50	45.56	.		No	No
49281040020	ADACEL INJ	9	0.50	45.02	.		No	No
49281040020	ADACEL INJ	10	0.50	45.02	.		No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
49281040020	ADACEL INJ	12	0.50	45.56	.		No	No
49281042450	FLUZONE INJ 2024-25	9	0.50	19.43	.		Yes	No
49281042450	FLUZONE INJ 2024-25	9	0.50	19.50	.		No	No
49281042450	FLUZONE INJ 2024-25	9	0.50	19.74	.		No	No
49281042450	FLUZONE INJ 2024-25	10	0.50	19.43	.		Yes	No
49281042450	FLUZONE INJ 2024-25	10	0.50	19.50	.		No	No
49281042450	FLUZONE INJ 2024-25	10	0.50	19.74	.		No	No
49281042450	FLUZONE INJ 2024-25	11	0.50	19.50	.		No	No
49281042450	FLUZONE INJ 2024-25	11	0.50	19.74	.		No	No
49281042450	FLUZONE INJ 2024-25	12	0.50	19.66	.		No	No
49281072410	FLUBLOK INJ 2024-25	8	0.50	69.59	.		No	No
49281072410	FLUBLOK INJ 2024-25	9	0.50	69.59	.		No	No
49281072410	FLUBLOK INJ 2024-25	9	0.50	70.31	.		No	No
49281072410	FLUBLOK INJ 2024-25	10	0.50	69.59	.		No	No
49281072410	FLUBLOK INJ 2024-25	10	0.50	70.31	.		No	No
49281072410	FLUBLOK INJ 2024-25	11	0.50	69.59	.		No	No
49281072410	FLUBLOK INJ 2024-25	11	0.50	70.31	.		No	No
49281072410	FLUBLOK INJ 2024-25	12	0.50	70.31	.		No	No
49483048112	ASPIRIN EC 81 MG TABLET	8	21.00	0.25	0.01539	10%-25% Below	Yes	No
49483048112	ASPIRIN EC 81 MG TABLET	9	30.00	0.84	0.01452	76%-100% Above	Yes	No
49483048112	ASPIRIN EC 81 MG TABLET	9	90.00	1.07	0.01452	10%-25% Below	Yes	No
49483048112	ASPIRIN EC 81 MG TABLET	9	90.00	3.71	0.01452	101%-200% Above	No	No
49483048112	ASPIRIN EC 81 MG TABLET	10	30.00	0.35	0.01411	10%-25% Below	Yes	No
49483048112	ASPIRIN EC 81 MG TABLET	10	90.00	2.53	0.01411	76%-100% Above	Yes	No
49483060250	IBUPROFEN 400 MG TABLET	9	30.00	0.39	0.04363	51%-75% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
49483060250	IBUPROFEN 400 MG TABLET	10	30.00	0.39	0.04513	51%-75% Below	Yes	No
49483060250	IBUPROFEN 400 MG TABLET	10	50.00	0.65	0.04513	51%-75% Below	Yes	No
49483060350	IBUPROFEN 600 MG TABLET	8	30.00	0.50	0.05190	51%-75% Below	Yes	No
49483060350	IBUPROFEN 600 MG TABLET	9	30.00	0.50	0.05173	51%-75% Below	Yes	No
49483060350	IBUPROFEN 600 MG TABLET	10	21.00	0.35	0.05150	51%-75% Below	Yes	No
49483060350	IBUPROFEN 600 MG TABLET	10	30.00	0.50	0.05150	51%-75% Below	Yes	No
49483060350	IBUPROFEN 600 MG TABLET	10	40.00	0.67	0.05150	51%-75% Below	Yes	No
49483060350	IBUPROFEN 600 MG TABLET	11	20.00	0.34	0.04638	51%-75% Below	Yes	No
49483060350	IBUPROFEN 600 MG TABLET	11	24.00	0.40	0.04638	51%-75% Below	Yes	No
49483060350	IBUPROFEN 600 MG TABLET	11	30.00	0.50	0.04638	51%-75% Below	Yes	No
49483060350	IBUPROFEN 600 MG TABLET	11	40.00	0.67	0.04638	51%-75% Below	Yes	No
49483060350	IBUPROFEN 600 MG TABLET	12	30.00	0.50	0.04830	51%-75% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	8	30.00	0.56	0.06511	51%-75% Below	No	No
49483060450	IBUPROFEN 800 MG TABLET	8	30.00	0.56	0.06511	51%-75% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	8	42.00	0.78	0.06511	51%-75% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	8	60.00	1.12	0.06511	51%-75% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	8	90.00	1.67	0.06511	51%-75% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	9	16.00	0.30	0.06409	51%-75% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	9	21.00	0.39	0.06409	51%-75% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	9	30.00	0.56	0.06409	51%-75% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	9	40.00	0.74	0.06409	51%-75% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	9	90.00	1.67	0.06409	51%-75% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	10	16.00	0.30	0.06215	51%-75% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	10	20.00	0.37	0.06215	51%-75% Below	No	No
49483060450	IBUPROFEN 800 MG TABLET	10	20.00	0.37	0.06215	51%-75% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
49483060450	IBUPROFEN 800 MG TABLET	10	21.00	0.39	0.06215	51%-75% Below	No	No
49483060450	IBUPROFEN 800 MG TABLET	10	30.00	0.56	0.06215	51%-75% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	10	90.00	1.67	0.06215	51%-75% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	10	180.00	3.35	0.06215	51%-75% Below	No	No
49483060450	IBUPROFEN 800 MG TABLET	11	20.00	0.37	0.05111	51%-75% Below	No	No
49483060450	IBUPROFEN 800 MG TABLET	11	30.00	0.56	0.05111	51%-75% Below	No	No
49483060450	IBUPROFEN 800 MG TABLET	11	30.00	0.56	0.05111	51%-75% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	11	40.00	0.74	0.05111	51%-75% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	11	90.00	1.67	0.05111	51%-75% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	12	20.00	0.37	0.05567	51%-75% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	12	30.00	0.56	0.05567	51%-75% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	12	60.00	1.12	0.05567	51%-75% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	12	90.00	1.67	0.05567	51%-75% Below	Yes	No
49483060550	GABAPENTIN 100 MG CAPSULE	8	60.00	0.49	0.02479	51%-75% Below	No	No
49483060550	GABAPENTIN 100 MG CAPSULE	8	360.00	2.92	0.02479	51%-75% Below	No	No
49483060550	GABAPENTIN 100 MG CAPSULE	9	60.00	0.49	0.02416	51%-75% Below	No	No
49483060550	GABAPENTIN 100 MG CAPSULE	9	360.00	2.92	0.02416	51%-75% Below	No	No
49483060550	GABAPENTIN 100 MG CAPSULE	11	60.00	0.49	0.01864	51%-75% Below	No	No
49483060550	GABAPENTIN 100 MG CAPSULE	12	60.00	0.49	0.02070	51%-75% Below	No	No
49483060550	GABAPENTIN 100 MG CAPSULE	12	360.00	2.92	0.02070	51%-75% Below	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	8	90.00	1.88	0.04036	26%-50% Below	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	11	90.00	1.88	0.03133	26%-50% Below	No	No
49483060701	GABAPENTIN 400 MG CAPSULE	10	30.00	0.44	0.05216	51%-75% Below	No	No
49483060701	GABAPENTIN 400 MG CAPSULE	11	30.00	0.44	0.03995	51%-75% Below	No	No
49483062081	METFORMIN HCL 1,000 MG TABLET	9	180.00	3.41	0.02514	10%-25% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
49483069250	ALLERGY RLF (CETRZN) 10 MG TAB	11	90.00	3.47	0.06069	26%-50% Below	No	No
49483070101	FLUOXETINE HCL 10 MG CAPSULE	11	90.00	3.65	0.02827	26%-50% Above	No	No
49483070110	FLUOXETINE HCL 10 MG CAPSULE	8	90.00	3.47	0.03313	10%-25% Above	Yes	No
49483070110	FLUOXETINE HCL 10 MG CAPSULE	9	180.00	6.94	0.03292	10%-25% Above	Yes	No
49483070110	FLUOXETINE HCL 10 MG CAPSULE	10	90.00	3.47	0.03413	10%-25% Above	Yes	No
49483070110	FLUOXETINE HCL 10 MG CAPSULE	11	28.00	1.08	0.02827	26%-50% Above	Yes	No
49483070110	FLUOXETINE HCL 10 MG CAPSULE	11	90.00	3.47	0.02827	26%-50% Above	Yes	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	8	30.00	0.37	0.03183	51%-75% Below	Yes	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	8	90.00	1.10	0.03183	51%-75% Below	Yes	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	9	30.00	0.37	0.03236	51%-75% Below	No	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	9	30.00	0.37	0.03236	51%-75% Below	Yes	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	9	90.00	1.10	0.03236	51%-75% Below	Yes	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	10	30.00	0.37	0.03238	51%-75% Below	No	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	10	30.00	0.37	0.03238	51%-75% Below	Yes	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	10	90.00	1.10	0.03238	51%-75% Below	No	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	10	90.00	1.10	0.03238	51%-75% Below	Yes	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	11	30.00	0.37	0.02788	51%-75% Below	No	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	11	30.00	0.37	0.02788	51%-75% Below	Yes	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	11	90.00	1.10	0.02788	51%-75% Below	Yes	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	12	30.00	0.37	0.02969	51%-75% Below	Yes	No
49483070350	FLUOXETINE HCL 40 MG CAPSULE	9	30.00	2.72	0.06911	26%-50% Above	No	No
49884015676	VARENICLINE 1 MG TABLET	11	56.00	170.14	0.52150	200% Above	No	No
49884017101	COLCHICINE 0.6 MG TABLET	9	15.00	35.50	0.19706	200% Above	Yes	No
49884017101	COLCHICINE 0.6 MG TABLET	9	30.00	71.01	0.19706	200% Above	Yes	No
49884017101	COLCHICINE 0.6 MG TABLET	11	90.00	213.02	0.18453	200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
49884025601	MINOXIDIL 2.5 MG TABLET	8	30.00	3.76	0.10966	10%-25% Above	No	No
49884025601	MINOXIDIL 2.5 MG TABLET	8	30.00	3.83	0.10966	10%-25% Above	No	No
49884025601	MINOXIDIL 2.5 MG TABLET	10	30.00	3.83	0.10801	10%-25% Above	No	No
49884025601	MINOXIDIL 2.5 MG TABLET	10	90.00	11.49	0.10801	10%-25% Above	No	No
49884025601	MINOXIDIL 2.5 MG TABLET	11	30.00	3.83	0.06505	76%-100% Above	No	No
49884033601	FLUOXETINE HCL 20 MG TABLET	9	90.00	132.20	0.13106	200% Above	No	No
49884033601	FLUOXETINE HCL 20 MG TABLET	12	90.00	132.20	0.08776	200% Above	No	No
49884046565	CHOLESTYRAMINE PACKET	9	270.00	279.80	0.92853	10%-25% Above	Yes	No
49884072401	HYDROXYUREA 500 MG CAPSULE	11	270.00	59.81	0.26898	10%-25% Below	Yes	No
50024042900	ALAVERT D-12 TAB 5-120MG	9	24.00	9.79	.		No	No
50024042900	ALAVERT D-12 TAB 5-120MG	10	24.00	9.79	.		No	No
50024042900	ALAVERT D-12 TAB 5-120MG	11	24.00	9.79	.		No	No
50024042900	ALAVERT D-12 TAB 5-120MG	12	24.00	9.79	.		No	No
50111032801	HYDRALAZINE 50 MG TABLET	9	180.00	30.53	0.04706	200% Above	No	No
50111032803	HYDRALAZINE 50 MG TABLET	9	270.00	45.79	0.04706	200% Above	No	No
50111033401	METRONIDAZOLE 500 MG TABLET	8	4.00	0.74	0.11407	51%-75% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	8	4.00	0.75	0.11407	51%-75% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	8	14.00	2.58	0.11407	51%-75% Above	No	No
50111033401	METRONIDAZOLE 500 MG TABLET	8	14.00	2.63	0.11407	51%-75% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	9	14.00	2.63	0.12154	51%-75% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	9	21.00	3.95	0.12154	51%-75% Above	No	No
50111033401	METRONIDAZOLE 500 MG TABLET	10	14.00	2.63	0.11262	51%-75% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	11	14.00	2.63	0.07972	101%-200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	12	14.00	2.63	0.09079	101%-200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	12	42.00	7.61	0.09079	76%-100% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50111033402	METRONIDAZOLE 500 MG TABLET	8	14.00	2.63	0.11407	51%-75% Above	No	No
50111033402	METRONIDAZOLE 500 MG TABLET	9	14.00	2.63	0.12154	51%-75% Above	No	No
50111033402	METRONIDAZOLE 500 MG TABLET	10	14.00	2.63	0.11262	51%-75% Above	No	No
50111045001	TRAZODONE 150 MG TABLET	9	30.00	5.30	0.12058	26%-50% Above	No	No
50111045002	TRAZODONE 150 MG TABLET	8	60.00	10.61	0.11606	51%-75% Above	No	No
50111045002	TRAZODONE 150 MG TABLET	9	60.00	10.61	0.12058	26%-50% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	8	30.00	0.86	0.03489	10%-25% Below	Yes	No
50111056001	TRAZODONE 50 MG TABLET	8	60.00	1.75	0.03489	10%-25% Below	Yes	No
50111056001	TRAZODONE 50 MG TABLET	8	90.00	2.57	0.03489	10%-25% Below	Yes	No
50111056001	TRAZODONE 50 MG TABLET	8	90.00	2.62	0.03489	10%-25% Below	No	No
50111056001	TRAZODONE 50 MG TABLET	8	180.00	5.24	0.03489	10%-25% Below	No	No
50111056001	TRAZODONE 50 MG TABLET	8	180.00	5.24	0.03489	10%-25% Below	Yes	No
50111056001	TRAZODONE 50 MG TABLET	9	30.00	0.87	0.03509	10%-25% Below	No	No
50111056001	TRAZODONE 50 MG TABLET	9	30.00	0.87	0.03509	10%-25% Below	Yes	No
50111056001	TRAZODONE 50 MG TABLET	9	60.00	1.75	0.03509	10%-25% Below	No	No
50111056001	TRAZODONE 50 MG TABLET	9	180.00	5.24	0.03509	10%-25% Below	No	No
50111056001	TRAZODONE 50 MG TABLET	9	180.00	5.24	0.03509	10%-25% Below	Yes	No
50111056001	TRAZODONE 50 MG TABLET	10	30.00	0.87	0.03619	10%-25% Below	No	No
50111056001	TRAZODONE 50 MG TABLET	10	30.00	0.87	0.03619	10%-25% Below	Yes	No
50111056001	TRAZODONE 50 MG TABLET	10	34.00	0.99	0.03619	10%-25% Below	Yes	No
50111056001	TRAZODONE 50 MG TABLET	10	60.00	1.75	0.03619	10%-25% Below	No	No
50111056001	TRAZODONE 50 MG TABLET	10	60.00	1.75	0.03619	10%-25% Below	Yes	No
50111056001	TRAZODONE 50 MG TABLET	10	90.00	2.62	0.03619	10%-25% Below	Yes	No
50111056001	TRAZODONE 50 MG TABLET	10	180.00	5.24	0.03619	10%-25% Below	No	No
50111056002	TRAZODONE 50 MG TABLET	8	30.00	0.87	0.03489	10%-25% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50111056002	TRAZODONE 50 MG TABLET	8	90.00	2.62	0.03489	10%-25% Below	No	No
50111056002	TRAZODONE 50 MG TABLET	9	30.00	0.87	0.03509	10%-25% Below	No	No
50111056002	TRAZODONE 50 MG TABLET	10	30.00	0.87	0.03619	10%-25% Below	No	No
50111056002	TRAZODONE 50 MG TABLET	10	90.00	2.62	0.03619	10%-25% Below	No	No
50111056003	TRAZODONE 50 MG TABLET	8	30.00	0.87	0.03489	10%-25% Below	No	No
50111056003	TRAZODONE 50 MG TABLET	9	15.00	0.44	0.03509	10%-25% Below	No	No
50111056003	TRAZODONE 50 MG TABLET	9	30.00	0.87	0.03509	10%-25% Below	Yes	No
50111056003	TRAZODONE 50 MG TABLET	9	90.00	2.62	0.03509	10%-25% Below	Yes	No
50111056003	TRAZODONE 50 MG TABLET	9	180.00	5.24	0.03509	10%-25% Below	No	No
50111056003	TRAZODONE 50 MG TABLET	10	30.00	0.87	0.03619	10%-25% Below	No	No
50111056003	TRAZODONE 50 MG TABLET	10	90.00	2.62	0.03619	10%-25% Below	Yes	No
50111056101	TRAZODONE 100 MG TABLET	11	90.00	5.72	0.04600	26%-50% Above	Yes	No
50111056101	TRAZODONE 100 MG TABLET	12	90.00	5.50	0.05221	10%-25% Above	Yes	No
50111056103	TRAZODONE 100 MG TABLET	11	30.00	1.91	0.04600	26%-50% Above	No	No
50111056103	TRAZODONE 100 MG TABLET	11	90.00	5.72	0.04600	26%-50% Above	No	No
50111056103	TRAZODONE 100 MG TABLET	12	30.00	1.91	0.05221	10%-25% Above	No	No
50111064701	FLUOXETINE HCL 10 MG CAPSULE	9	90.00	4.72	0.03292	51%-75% Above	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	10	30.00	0.37	0.03238	51%-75% Below	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	10	90.00	1.10	0.03238	51%-75% Below	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	11	90.00	1.10	0.02788	51%-75% Below	No	No
50111078710	AZITHROMYCIN 250 MG TABLET	10	6.00	1.25	0.39779	26%-50% Below	No	No
50111078710	AZITHROMYCIN 250 MG TABLET	12	6.00	1.25	0.32433	26%-50% Below	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	8	6.00	1.23	0.35296	26%-50% Below	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	8	6.00	1.25	0.35296	26%-50% Below	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	9	6.00	1.25	0.39593	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50111078751	AZITHROMYCIN 250 MG TABLET	10	6.00	1.25	0.39779	26%-50% Below	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	11	6.00	1.25	0.25633	10%-25% Below	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	12	6.00	1.25	0.32433	26%-50% Below	No	No
50111078766	AZITHROMYCIN 250 MG TABLET	3	6.00	1.23	0.34966	26%-50% Below	No	No
50111078766	AZITHROMYCIN 250 MG TABLET	11	6.00	1.25	0.25633	10%-25% Below	No	No
50111078810	AZITHROMYCIN 500 MG TABLET	8	5.00	2.65	0.66374	10%-25% Below	No	No
50111091501	TORSEMIDE 5 MG TABLET	10	90.00	13.90	0.07647	101%-200% Above	No	No
50111091701	TORSEMIDE 20 MG TABLET	8	60.00	10.09	0.07475	101%-200% Above	No	No
50111091701	TORSEMIDE 20 MG TABLET	9	30.00	5.04	0.07664	101%-200% Above	No	No
50111091701	TORSEMIDE 20 MG TABLET	9	60.00	10.09	0.07664	101%-200% Above	No	No
50111091701	TORSEMIDE 20 MG TABLET	10	30.00	5.04	0.07635	101%-200% Above	No	No
50111091701	TORSEMIDE 20 MG TABLET	10	60.00	10.09	0.07635	101%-200% Above	No	No
50111091701	TORSEMIDE 20 MG TABLET	11	30.00	5.04	0.05423	200% Above	No	No
50111091701	TORSEMIDE 20 MG TABLET	12	30.00	5.04	0.06486	101%-200% Above	No	No
50111091701	TORSEMIDE 20 MG TABLET	12	60.00	10.09	0.06486	101%-200% Above	No	No
50111091801	TORSEMIDE 100 MG TABLET	9	30.00	11.37	0.20788	76%-100% Above	No	No
50111091801	TORSEMIDE 100 MG TABLET	10	30.00	11.37	0.21852	51%-75% Above	No	No
50111091801	TORSEMIDE 100 MG TABLET	11	30.00	11.37	0.15086	101%-200% Above	No	No
50111091801	TORSEMIDE 100 MG TABLET	12	30.00	11.37	0.18404	101%-200% Above	No	No
50228010901	CARISOPRODOL 350 MG TABLET	9	9.00	0.38	0.08200	26%-50% Below	No	No
50228011410	FLUOXETINE HCL 20 MG CAPSULE	8	90.00	1.10	0.03183	51%-75% Below	No	No
50228011410	FLUOXETINE HCL 20 MG CAPSULE	12	90.00	1.10	0.02969	51%-75% Below	No	No
50228011505	FLUOXETINE HCL 40 MG CAPSULE	10	180.00	16.29	0.07068	26%-50% Above	No	No
50228011605	ROSUVASTATIN CALCIUM 5 MG TAB	11	30.00	51.61	0.03414	200% Above	No	No
50228011605	ROSUVASTATIN CALCIUM 5 MG TAB	12	30.00	51.61	0.03621	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50228011610	ROSUVASTATIN CALCIUM 5 MG TAB	9	30.00	51.61	0.04144	200% Above	No	No
50228011690	ROSUVASTATIN CALCIUM 5 MG TAB	11	90.00	67.31	0.03414	200% Above	No	No
50228011705	ROSUVASTATIN CALCIUM 10 MG TAB	10	30.00	51.46	0.04305	200% Above	No	No
50228011705	ROSUVASTATIN CALCIUM 10 MG TAB	11	30.00	51.46	0.03593	200% Above	No	No
50228011705	ROSUVASTATIN CALCIUM 10 MG TAB	11	90.00	154.37	0.03593	200% Above	No	No
50228011705	ROSUVASTATIN CALCIUM 10 MG TAB	12	12.00	20.58	0.03956	200% Above	No	No
50228011705	ROSUVASTATIN CALCIUM 10 MG TAB	12	30.00	51.46	0.03956	200% Above	No	No
50228011705	ROSUVASTATIN CALCIUM 10 MG TAB	12	90.00	154.37	0.03956	200% Above	No	No
50228011805	ROSUVASTATIN CALCIUM 20 MG TAB	10	30.00	51.33	0.06305	200% Above	No	No
50228011805	ROSUVASTATIN CALCIUM 20 MG TAB	11	30.00	51.33	0.05010	200% Above	No	No
50228011905	ROSUVASTATIN CALCIUM 40 MG TAB	12	30.00	51.31	0.09086	200% Above	No	No
50228011930	ROSUVASTATIN CALCIUM 40 MG TAB	10	30.00	51.31	0.10013	200% Above	No	No
50228012410	CLOPIDOGREL 75 MG TABLET	11	90.00	5.27	0.05149	10%-25% Above	No	No
50228012490	CLOPIDOGREL 75 MG TABLET	11	90.00	5.27	0.05149	10%-25% Above	No	No
50228013690	LEVOCETIRIZINE 5 MG TABLET	8	10.00	1.25	0.06921	76%-100% Above	No	No
50228013690	LEVOCETIRIZINE 5 MG TABLET	8	30.00	3.68	0.06921	76%-100% Above	No	No
50228013690	LEVOCETIRIZINE 5 MG TABLET	9	30.00	3.74	0.06780	76%-100% Above	No	No
50228013690	LEVOCETIRIZINE 5 MG TABLET	10	90.00	10.81	0.06457	76%-100% Above	Yes	No
50228013690	LEVOCETIRIZINE 5 MG TABLET	12	30.00	3.74	0.05912	101%-200% Above	No	No
50228014601	HYDROCHLOROTHIAZIDE 12.5 MG CP	11	90.00	4.52	0.02759	76%-100% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	8	30.00	1.51	0.03211	51%-75% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	9	30.00	1.51	0.03383	26%-50% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	9	90.00	4.52	0.03383	26%-50% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	10	30.00	1.51	0.03218	51%-75% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	10	90.00	4.52	0.03218	51%-75% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	11	30.00	1.51	0.02759	76%-100% Above	No	No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	8	30.00	1.48	0.03211	51%-75% Above	No	No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	9	90.00	4.52	0.03383	26%-50% Above	No	No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	9	90.00	4.52	0.03383	26%-50% Above	Yes	No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	10	90.00	4.52	0.03218	51%-75% Above	No	No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	11	90.00	4.52	0.02759	76%-100% Above	Yes	No
50228015705	CELECOXIB 100 MG CAPSULE	10	60.00	17.53	0.08319	200% Above	No	No
50228015705	CELECOXIB 100 MG CAPSULE	11	60.00	17.53	0.05806	200% Above	No	No
50228017501	BUPROPION HCL SR 150 MG TABLET	11	180.00	15.50	0.07539	10%-25% Above	No	No
50228017505	BUPROPION HCL SR 150 MG TABLET	11	30.00	2.58	0.07539	10%-25% Above	No	No
50228017505	BUPROPION HCL SR 150 MG TABLET	11	60.00	5.17	0.07539	10%-25% Above	No	No
50228017505	BUPROPION HCL SR 150 MG TABLET	11	180.00	15.50	0.07539	10%-25% Above	No	No
50228017601	BUPROPION HCL SR 200 MG TABLET	10	30.00	6.05	0.12167	51%-75% Above	Yes	No
50228017601	BUPROPION HCL SR 200 MG TABLET	12	30.00	6.05	0.11496	51%-75% Above	Yes	No
50228017801	GABAPENTIN 800 MG TABLET	9	60.00	1.67	0.11004	51%-75% Below	No	No
50228017801	GABAPENTIN 800 MG TABLET	9	90.00	2.50	0.11004	51%-75% Below	No	No
50228017805	GABAPENTIN 800 MG TABLET	11	90.00	2.50	0.07994	51%-75% Below	No	No
50228017805	GABAPENTIN 800 MG TABLET	11	270.00	7.51	0.07994	51%-75% Below	No	No
50228017905	GABAPENTIN 100 MG CAPSULE	8	90.00	0.73	0.02479	51%-75% Below	Yes	No
50228017905	GABAPENTIN 100 MG CAPSULE	9	30.00	0.24	0.02416	51%-75% Below	Yes	No
50228017905	GABAPENTIN 100 MG CAPSULE	9	120.00	0.97	0.02416	51%-75% Below	Yes	No
50228017905	GABAPENTIN 100 MG CAPSULE	9	180.00	1.46	0.02416	51%-75% Below	Yes	No
50228017905	GABAPENTIN 100 MG CAPSULE	10	30.00	0.24	0.02305	51%-75% Below	Yes	No
50228017905	GABAPENTIN 100 MG CAPSULE	11	90.00	0.73	0.01864	51%-75% Below	Yes	No
50228017905	GABAPENTIN 100 MG CAPSULE	12	30.00	0.24	0.02070	51%-75% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50228017905	GABAPENTIN 100 MG CAPSULE	12	90.00	0.73	0.02070	51%-75% Below	Yes	No
50228017910	GABAPENTIN 100 MG CAPSULE	10	60.00	0.49	0.02305	51%-75% Below	No	No
50228017910	GABAPENTIN 100 MG CAPSULE	10	90.00	0.73	0.02305	51%-75% Below	No	No
50228017910	GABAPENTIN 100 MG CAPSULE	11	60.00	0.49	0.01864	51%-75% Below	No	No
50228018005	GABAPENTIN 300 MG CAPSULE	8	90.00	1.88	0.04036	26%-50% Below	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	9	21.00	0.44	0.03917	26%-50% Below	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	9	60.00	1.25	0.03917	26%-50% Below	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	9	90.00	1.18	0.03917	51%-75% Below	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	9	90.00	1.88	0.03917	26%-50% Below	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	10	30.00	0.63	0.03775	26%-50% Below	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	10	60.00	1.25	0.03775	26%-50% Below	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	10	90.00	1.88	0.03775	26%-50% Below	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	10	270.00	3.54	0.03775	51%-75% Below	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	10	810.00	16.93	0.03775	26%-50% Below	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	11	21.00	0.44	0.03133	26%-50% Below	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	11	60.00	1.25	0.03133	26%-50% Below	No	No
50228018005	GABAPENTIN 300 MG CAPSULE	11	60.00	1.25	0.03133	26%-50% Below	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	11	90.00	1.88	0.03133	26%-50% Below	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	11	180.00	2.36	0.03133	51%-75% Below	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	11	180.00	3.76	0.03133	26%-50% Below	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	11	270.00	5.64	0.03133	26%-50% Below	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	11	360.00	4.72	0.03133	51%-75% Below	Yes	No
50228018010	GABAPENTIN 300 MG CAPSULE	8	30.00	0.52	0.04036	51%-75% Below	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	8	30.00	0.63	0.04036	26%-50% Below	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	9	30.00	0.63	0.03917	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50228018010	GABAPENTIN 300 MG CAPSULE	9	90.00	1.88	0.03917	26%-50% Below	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	9	120.00	2.51	0.03917	26%-50% Below	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	9	150.00	3.14	0.03917	26%-50% Below	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	9	180.00	3.76	0.03917	26%-50% Below	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	9	270.00	5.64	0.03917	26%-50% Below	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	10	30.00	0.63	0.03775	26%-50% Below	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	10	42.00	0.88	0.03775	26%-50% Below	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	10	90.00	1.88	0.03775	26%-50% Below	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	11	30.00	0.63	0.03133	26%-50% Below	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	11	90.00	1.88	0.03133	26%-50% Below	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	11	120.00	2.51	0.03133	26%-50% Below	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	11	180.00	3.76	0.03133	26%-50% Below	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	12	30.00	0.63	0.03474	26%-50% Below	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	12	90.00	1.88	0.03474	26%-50% Below	No	No
50228018101	GABAPENTIN 400 MG CAPSULE	8	90.00	1.31	0.05710	51%-75% Below	Yes	No
50228018101	GABAPENTIN 400 MG CAPSULE	10	90.00	1.31	0.05216	51%-75% Below	Yes	No
50228018105	GABAPENTIN 400 MG CAPSULE	8	270.00	3.92	0.05710	51%-75% Below	No	No
50228018105	GABAPENTIN 400 MG CAPSULE	11	270.00	3.92	0.03995	51%-75% Below	No	No
50228019060	LEVETIRACETAM ER 750 MG TABLET	9	120.00	49.31	0.30525	26%-50% Above	No	No
50228019060	LEVETIRACETAM ER 750 MG TABLET	9	120.00	150.25	0.30525	200% Above	No	No
50228019060	LEVETIRACETAM ER 750 MG TABLET	10	120.00	49.31	0.27144	51%-75% Above	No	No
50228035090	PREGABALIN 25 MG CAPSULE	9	30.00	0.81	0.05794	51%-75% Below	Yes	No
50228035090	PREGABALIN 25 MG CAPSULE	9	90.00	2.43	0.05794	51%-75% Below	Yes	No
50228035090	PREGABALIN 25 MG CAPSULE	10	30.00	0.81	0.06126	51%-75% Below	Yes	No
50228035090	PREGABALIN 25 MG CAPSULE	11	30.00	0.81	0.03305	10%-25% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50228035090	PREGABALIN 25 MG CAPSULE	11	90.00	2.43	0.03305	10%-25% Below	Yes	No
50228035090	PREGABALIN 25 MG CAPSULE	11	180.00	4.86	0.03305	10%-25% Below	Yes	No
50228035190	PREGABALIN 50 MG CAPSULE	10	90.00	2.55	0.06373	51%-75% Below	Yes	No
50228035190	PREGABALIN 50 MG CAPSULE	10	180.00	5.09	0.06373	51%-75% Below	Yes	No
50228035190	PREGABALIN 50 MG CAPSULE	11	180.00	1.96	0.03975	51%-75% Below	Yes	No
50228035290	PREGABALIN 75 MG CAPSULE	11	180.00	4.48	0.04335	26%-50% Below	No	No
50228035390	PREGABALIN 100 MG CAPSULE	8	60.00	1.91	0.05613	26%-50% Below	Yes	No
50228035390	PREGABALIN 100 MG CAPSULE	9	120.00	3.82	0.06249	26%-50% Below	Yes	No
50228035390	PREGABALIN 100 MG CAPSULE	10	60.00	1.91	0.06605	51%-75% Below	Yes	No
50228035390	PREGABALIN 100 MG CAPSULE	10	90.00	2.86	0.06605	51%-75% Below	Yes	No
50228035390	PREGABALIN 100 MG CAPSULE	10	120.00	3.82	0.06605	51%-75% Below	Yes	No
50228035390	PREGABALIN 100 MG CAPSULE	11	60.00	1.91	0.04279	10%-25% Below	Yes	No
50228035490	PREGABALIN 150 MG CAPSULE	8	270.00	7.53	0.06722	51%-75% Below	Yes	No
50228035490	PREGABALIN 150 MG CAPSULE	9	30.00	0.84	0.07225	51%-75% Below	No	No
50228035490	PREGABALIN 150 MG CAPSULE	11	30.00	0.84	0.04937	26%-50% Below	No	No
50228035490	PREGABALIN 150 MG CAPSULE	11	270.00	7.53	0.04937	26%-50% Below	Yes	No
50228035790	PREGABALIN 300 MG CAPSULE	10	180.00	8.21	0.08164	26%-50% Below	Yes	No
50228037990	EZETIMIBE 10 MG TABLET	11	90.00	119.79	0.07249	200% Above	No	No
50228042360	RANOLAZINE ER 500 MG TABLET	9	60.00	51.61	0.21064	200% Above	No	No
50228042460	RANOLAZINE ER 1,000 MG TABLET	11	180.00	254.20	0.28449	200% Above	Yes	No
50228043301	NAPROXEN SODIUM 550 MG TAB	10	60.00	53.96	0.22100	200% Above	No	No
50228043301	NAPROXEN SODIUM 550 MG TAB	12	60.00	53.96	0.19482	200% Above	No	No
50228043601	NAPROXEN 500 MG TABLET	10	60.00	1.07	0.06397	51%-75% Below	No	No
50228046501	NABUMETONE 500 MG TABLET	10	60.00	3.80	0.13218	51%-75% Below	Yes	No
50228046505	NABUMETONE 500 MG TABLET	12	60.00	3.80	0.11735	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50228046601	NABUMETONE 750 MG TABLET	8	30.00	1.79	0.18335	51%-75% Below	Yes	No
50228046601	NABUMETONE 750 MG TABLET	11	60.00	3.57	0.12114	26%-50% Below	Yes	No
50383008716	GUAIATUSS AC SYP 100-10/5	11	120.00	4.21	.		No	No
50383070016	FLUTICASONE PROP 50 MCG SPRAY	9	16.00	2.56	0.26259	26%-50% Below	No	No
50383077504	LIDOCAINE SOL 2% VISC	11	40.00	1.76	.		No	No
50458058601	CONCERTA ER 36 MG TABLET	9	30.00	187.61	13.06780	51%-75% Below	No	No
50484001030	SANTYL OIN 250U/GM	10	60.00	569.63	.		No	No
50742014201	METHENAMINE HIPP 1 GM TABLET	8	60.00	48.37	0.44318	76%-100% Above	No	No
50742014201	METHENAMINE HIPP 1 GM TABLET	9	60.00	48.37	0.45419	76%-100% Above	No	No
50742014201	METHENAMINE HIPP 1 GM TABLET	10	60.00	48.37	0.45264	76%-100% Above	No	No
50742014201	METHENAMINE HIPP 1 GM TABLET	11	60.00	48.37	0.34622	101%-200% Above	No	No
50742017501	ISOSORBIDE MONONIT ER 30 MG TB	9	90.00	19.75	0.07770	101%-200% Above	No	No
50742023830	QUININE SULFATE 324 MG CAPSULE	12	90.00	264.04	0.70234	200% Above	No	No
50742024890	DILTIAZEM 24H ER(CD) 120 MG CP	9	30.00	4.61	0.18057	10%-25% Below	No	No
50742024890	DILTIAZEM 24H ER(CD) 120 MG CP	9	90.00	13.83	0.18057	10%-25% Below	No	No
50742024990	DILTIAZEM 24H ER(CD) 180 MG CP	9	90.00	15.00	0.21745	10%-25% Below	No	No
50742025030	DILTIAZEM 24H ER(CD) 240 MG CP	11	30.00	7.36	0.20190	10%-25% Above	No	No
50742025030	DILTIAZEM 24H ER(CD) 240 MG CP	12	30.00	7.36	0.21725	10%-25% Above	No	No
50742025090	DILTIAZEM 24H ER(CD) 240 MG CP	11	30.00	7.36	0.20190	10%-25% Above	No	No
50742025290	DILTIAZEM 24H ER(CD) 360 MG CP	8	30.00	107.83	0.33019	200% Above	No	No
50742026001	NIFEDIPINE ER 30 MG TABLET	10	90.00	12.01	0.11639	10%-25% Above	No	No
50742026001	NIFEDIPINE ER 30 MG TABLET	11	90.00	12.01	0.09413	26%-50% Above	Yes	No
50742026003	NIFEDIPINE ER 30 MG TABLET	10	30.00	4.00	0.11639	10%-25% Above	No	No
50742026003	NIFEDIPINE ER 30 MG TABLET	12	21.00	2.80	0.10410	26%-50% Above	No	No
50742026101	NIFEDIPINE ER 60 MG TABLET	9	90.00	35.81	0.15176	101%-200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50742026101	NIFEDIPINE ER 60 MG TABLET	10	30.00	4.95	0.14487	10%-25% Above	No	No
50742026101	NIFEDIPINE ER 60 MG TABLET	11	30.00	4.95	0.09818	51%-75% Above	No	No
50742026101	NIFEDIPINE ER 60 MG TABLET	11	90.00	14.85	0.09818	51%-75% Above	No	No
50742026201	NIFEDIPINE ER 90 MG TABLET	12	90.00	27.34	0.21282	26%-50% Above	No	No
50742027801	DICLOFENAC SOD ER 100 MG TAB	9	30.00	13.01	0.78737	26%-50% Below	No	No
50742027801	DICLOFENAC SOD ER 100 MG TAB	10	30.00	13.01	0.65607	26%-50% Below	No	No
50742027801	DICLOFENAC SOD ER 100 MG TAB	11	30.00	13.01	0.54253	10%-25% Below	No	No
50742028313	BISMUTH-METRONIDAZOLE-TETRACYCLINE 140-125-125 MG CAPSULE	10	120.00	218.64	3.55834	26%-50% Below	No	No
50742032360	DORZOLAMIDE-TIMOLOL 2%-0.5%	8	180.00	144.86	1.58514	26%-50% Below	No	No
50742036430	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	12	20.00	59.93	2.06266	26%-50% Above	Yes	No
50742050504	SCOPOLAMINE 1 MG/3 DAY PATCH	11	4.00	26.97	4.68559	26%-50% Above	No	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	8	90.00	11.80	0.06453	101%-200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	9	90.00	11.35	0.06385	76%-100% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	9	90.00	11.80	0.06385	101%-200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	10	45.00	5.90	0.06120	101%-200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	10	90.00	11.80	0.06120	101%-200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	11	90.00	11.80	0.05080	101%-200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	11	180.00	23.60	0.05080	101%-200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	12	90.00	11.35	0.05304	101%-200% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	9	90.00	11.80	0.06663	76%-100% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	10	30.00	3.93	0.05759	101%-200% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	10	90.00	11.35	0.05759	101%-200% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	10	90.00	11.80	0.05759	101%-200% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	10	180.00	23.60	0.05759	101%-200% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	11	90.00	11.35	0.06035	101%-200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50742061710	METOPROLOL SUCC ER 100 MG TAB	8	30.00	6.75	0.11117	101%-200% Above	Yes	No
50742061710	METOPROLOL SUCC ER 100 MG TAB	9	90.00	19.49	0.10118	101%-200% Above	Yes	No
50742061710	METOPROLOL SUCC ER 100 MG TAB	9	90.00	20.26	0.10118	101%-200% Above	No	No
50742061710	METOPROLOL SUCC ER 100 MG TAB	9	90.00	20.26	0.10118	101%-200% Above	Yes	No
50742061710	METOPROLOL SUCC ER 100 MG TAB	10	30.00	6.75	0.09544	101%-200% Above	Yes	No
50742061710	METOPROLOL SUCC ER 100 MG TAB	10	90.00	19.49	0.09544	101%-200% Above	Yes	No
50742061710	METOPROLOL SUCC ER 100 MG TAB	11	90.00	20.26	0.10390	101%-200% Above	Yes	No
50742061710	METOPROLOL SUCC ER 100 MG TAB	12	90.00	19.49	0.09765	101%-200% Above	Yes	No
50742061710	METOPROLOL SUCC ER 100 MG TAB	12	90.00	20.26	0.09765	101%-200% Above	Yes	No
50742061801	METOPROLOL SUCC ER 200 MG TAB	8	90.00	57.03	0.17736	200% Above	Yes	No
50742061801	METOPROLOL SUCC ER 200 MG TAB	11	30.00	19.76	0.12843	200% Above	Yes	No
50742062001	NIFEDIPINE ER 30 MG TABLET	11	90.00	18.50	0.07014	101%-200% Above	No	No
50742062101	NIFEDIPINE ER 60 MG TABLET	8	90.00	27.15	0.13285	101%-200% Above	No	No
50742062101	NIFEDIPINE ER 60 MG TABLET	10	60.00	18.10	0.15015	76%-100% Above	No	No
50742062101	NIFEDIPINE ER 60 MG TABLET	11	180.00	54.31	0.11563	101%-200% Above	No	No
50742062101	NIFEDIPINE ER 60 MG TABLET	12	10.00	3.02	0.13335	101%-200% Above	No	No
50742064601	TRIAZOLAM 0.25 MG TABLET	9	2.00	0.46	0.46552	26%-50% Below	No	No
50742064601	TRIAZOLAM 0.25 MG TABLET	10	1.00	0.23	0.37700	26%-50% Below	No	No
50742065728	ESTRADIOL-NORETH 1-0.5 MG TAB	9	28.00	45.40	0.75875	101%-200% Above	No	No
50742065728	ESTRADIOL-NORETH 1-0.5 MG TAB	10	28.00	45.40	0.67169	101%-200% Above	No	No
50742065728	ESTRADIOL-NORETH 1-0.5 MG TAB	11	28.00	45.40	0.40120	200% Above	No	No
50742065828	ESTRADIOL-NORETH 0.5-0.1 MG TB	8	28.00	55.26	0.69144	101%-200% Above	No	No
50742065828	ESTRADIOL-NORETH 0.5-0.1 MG TB	9	28.00	55.26	0.66136	101%-200% Above	No	No
50742065828	ESTRADIOL-NORETH 0.5-0.1 MG TB	10	28.00	55.26	0.68943	101%-200% Above	No	No
50742065828	ESTRADIOL-NORETH 0.5-0.1 MG TB	11	28.00	55.26	0.40484	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50742065828	ESTRADIOL-NORETH 0.5-0.1 MG TB	12	28.00	55.26	0.52873	200% Above	No	No
50924097110	ACCU-CHEK LNC SOFTCLIX	8	100.00	11.51	.		No	No
51079020520	ALLOPURINOL 100 MG TABLET	11	30.00	2.66	0.03406	101%-200% Above	No	No
51167033101	TRIKAFTA TAB	9	84.00	25181.54	.		No	No
51167033101	TRIKAFTA TAB	10	84.00	25181.54	.		No	No
51167033101	TRIKAFTA TAB	11	84.00	25181.54	.		No	No
51224000160	BENZONATATE 200 MG CAPSULE	8	30.00	1.89	0.11875	26%-50% Below	No	No
51224002206	AZITHROMYCIN TAB 250MG	8	6.00	1.25	.		No	No
51224002206	AZITHROMYCIN TAB 250MG	11	6.00	1.25	.		No	No
51224002218	AZITHROMYCIN 250 MG TABLET	8	6.00	1.25	0.35296	26%-50% Below	No	No
51224010750	METFORMIN ER TAB 750MG GP	11	30.00	2.03	.		No	No
51224012230	AZITHROMYCIN TAB 500MG	8	5.00	2.65	.		No	No
51224012230	AZITHROMYCIN TAB 500MG	8	13.00	6.75	.		No	No
51293081101	PHENAZOPYRID TAB 200MG	8	6.00	13.68	.		No	No
51293084505	IBUPROFEN 800 MG TABLET	9	60.00	2.52	0.07146	26%-50% Below	No	No
51407001209	SUMATRIPTAN TAB 50MG	9	27.00	9.99	.		No	No
51407004205	CARVEDILOL TAB 25MG	10	180.00	6.32	.		No	No
51407033110	HYDROCHLOROT TAB 25MG	10	90.00	2.17	.		No	No
51407033190	HYDROCHLOROT TAB 25MG	1	90.00	2.71	.		No	No
51407033190	HYDROCHLOROT TAB 25MG	5	90.00	2.57	.		No	No
51407033190	HYDROCHLOROT TAB 25MG	8	90.00	2.57	.		No	No
51407033210	HYDROCHLOROT TAB 50MG	11	90.00	3.20	.		No	No
51407033290	HYDROCHLOROT TAB 50MG	3	90.00	3.13	.		No	No
51407040410	METOPROL SUC TAB 50MG ER	8	90.00	11.80	.		No	No
51407040410	METOPROL SUC TAB 50MG ER	9	90.00	11.80	.		No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
51407040410	METOPROL SUC TAB 50MG ER	12	90.00	11.80	.		No	No
51407040510	METOPROL SUC TAB 100MG ER	9	90.00	20.26	.		No	No
51407064110	OMEPRAZOLE CAP 20MG	11	90.00	3.41	.		No	No
51407068310	FAMOTIDINE TAB 20MG	8	30.00	0.71	.		No	No
51407068310	FAMOTIDINE TAB 20MG	9	180.00	4.23	.		No	No
51407068310	FAMOTIDINE TAB 20MG	11	180.00	4.23	.		No	No
51407085010	ROSUVASTATIN TAB 20MG	8	15.00	0.72	.		No	No
51407085010	ROSUVASTATIN TAB 20MG	9	15.00	0.72	.		No	No
51407085010	ROSUVASTATIN TAB 20MG	10	15.00	0.72	.		No	No
51407085010	ROSUVASTATIN TAB 20MG	11	15.00	0.72	.		No	No
51407085010	ROSUVASTATIN TAB 20MG	12	15.00	0.72	.		No	No
51407085010	ROSUVASTATIN TAB 20MG	12	45.00	2.14	.		No	No
51407085205	ACYCLOVIR CAP 200MG	10	120.00	9.89	.		No	No
51660052601	ALLERGY (LORATADINE) 10 MG TAB	9	90.00	1.42	0.05832	51%-75% Below	Yes	No
51660052601	ALLERGY (LORATADINE) 10 MG TAB	12	90.00	1.42	0.05176	51%-75% Below	Yes	No
51660052605	ALLERGY (LORATADINE) 10 MG TAB	8	30.00	0.93	0.05865	26%-50% Below	No	No
51660052605	ALLERGY (LORATADINE) 10 MG TAB	9	30.00	0.93	0.05832	26%-50% Below	No	No
51660052605	ALLERGY (LORATADINE) 10 MG TAB	11	30.00	0.93	0.04667	26%-50% Below	No	No
51660052653	ALLERGY (LORATADINE) 10 MG TAB	9	30.00	0.93	0.05832	26%-50% Below	No	No
51660052653	ALLERGY (LORATADINE) 10 MG TAB	10	30.00	0.93	0.05795	26%-50% Below	No	No
51672125902	CLOBETASOL 0.05% OINTMENT	8	30.00	84.20	0.20353	200% Above	No	No
51672126301	NYSTATIN-TRIAMCINOLONE CREAM	9	30.00	88.99	0.41794	200% Above	Yes	No
51672126301	NYSTATIN-TRIAMCINOLONE CREAM	12	15.00	44.50	0.34038	200% Above	Yes	No
51672126403	FLUOCINONIDE 0.05% OINTMENT	9	60.00	94.46	0.28715	200% Above	No	No
51672127406	BETAMETHASONE DP 0.05% CRM	8	45.00	37.45	0.51561	51%-75% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
51672128103	DESONIDE 0.05% OINTMENT	9	60.00	0.99	0.47277	76%-100% Below	No	No
51672128202	TRIAMCINOLONE 0.1% CREAM	11	30.00	3.41	0.09301	10%-25% Above	No	No
51672128402	TRIAMCINOLONE 0.1% OINTMENT	10	60.00	8.21	0.15641	10%-25% Below	No	No
51672128402	TRIAMCINOLONE 0.1% OINTMENT	10	80.00	10.94	0.15641	10%-25% Below	No	No
51672129703	CLOBETASOL EMOLLIENT 0.05% CRM	11	60.00	74.26	0.67197	76%-100% Above	No	No
51672129802	KETOCONAZOLE 2% CREAM	10	30.00	21.12	0.26008	101%-200% Above	No	No
51672129802	KETOCONAZOLE 2% CREAM	12	30.00	21.12	0.21481	200% Above	No	No
51672130406	TERCONAZOLE 0.4% CREAM	10	45.00	13.79	0.60198	26%-50% Below	Yes	No
51672130406	TERCONAZOLE 0.4% CREAM	11	45.00	13.79	0.47864	26%-50% Below	Yes	No
51672131003	BETAMETHASONE DP AUG 0.05% CRM	12	50.00	37.10	0.11389	200% Above	Yes	No
51672131200	MUPIROCIN 2% OINTMENT	8	22.00	2.90	0.17871	26%-50% Below	Yes	No
51672131200	MUPIROCIN 2% OINTMENT	9	22.00	2.90	0.16996	10%-25% Below	No	No
51672131200	MUPIROCIN 2% OINTMENT	10	22.00	2.90	0.16065	10%-25% Below	No	No
51672131200	MUPIROCIN 2% OINTMENT	10	22.00	2.90	0.16065	10%-25% Below	Yes	No
51672131808	CICLOPIROX 0.77% CREAM	11	90.00	5.68	0.09317	26%-50% Below	Yes	No
51672136403	ADAPALENE-BNZYL PEROX 0.1-2.5%	9	45.00	11.45	0.63824	51%-75% Below	Yes	No
51672136606	CLIND PH-BENZOYL PEROX 1.2-5%	9	45.00	12.36	0.62348	51%-75% Below	Yes	No
51672136606	CLIND PH-BENZOYL PEROX 1.2-5%	10	45.00	12.36	0.55755	26%-50% Below	Yes	No
51672138106	CLINDAMYCIN-BNZ PEROX 1-5% PMP	10	50.00	13.11	1.09616	76%-100% Below	No	No
51672138603	FLUOCINONIDE 0.05% CREAM	10	60.00	9.73	0.30049	26%-50% Below	No	No
51672138903	AZELAIC ACID 15% GEL	10	50.00	16.03	0.69811	51%-75% Below	No	No
51672138903	AZELAIC ACID 15% GEL	12	50.00	16.03	0.55790	26%-50% Below	No	No
51672139400	TRETINOIN 0.05% CREAM	9	20.00	15.00	1.74240	51%-75% Below	No	No
51672139409	TRETINOIN 0.05% CREAM	8	45.00	29.83	1.50656	51%-75% Below	No	No
51672139409	TRETINOIN 0.05% CREAM	10	45.00	29.83	1.40934	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
51672139509	TRETINOIN 0.1% CREAM	10	45.00	39.35	1.24764	26%-50% Below	No	No
51672140700	TRETINOIN 0.025% CREAM	10	20.00	10.86	0.92043	26%-50% Below	No	No
51672213108	CHILD LORATADINE 5 MG/5 ML SOL	9	25.00	1.17	0.04159	10%-25% Above	No	No
51672213108	CHILD LORATADINE 5 MG/5 ML SOL	10	225.00	10.57	0.04053	10%-25% Above	No	No
51672213108	CHILD LORATADINE 5 MG/5 ML SOL	11	150.00	7.05	0.03377	26%-50% Above	Yes	No
51672213108	CHILD LORATADINE 5 MG/5 ML SOL	12	300.00	14.10	0.03842	10%-25% Above	No	No
51672400502	CARBAMAZEPINE 200 MG TABLET	10	57.00	17.75	0.19769	51%-75% Above	No	No
51672403001	WARFARIN SODIUM 3 MG TABLET	10	30.00	5.50	0.10167	76%-100% Above	No	No
51672403803	ENALAPRIL MALEATE 5 MG TABLET	9	60.00	13.48	0.08280	101%-200% Above	No	No
51672403803	ENALAPRIL MALEATE 5 MG TABLET	10	60.00	13.48	0.07795	101%-200% Above	No	No
51672403803	ENALAPRIL MALEATE 5 MG TABLET	11	60.00	13.48	0.07600	101%-200% Above	No	No
51672404801	CLOTRIMAZOLE-BETAMETHASONE CRM	9	30.00	22.67	0.24978	200% Above	Yes	No
51672404801	CLOTRIMAZOLE-BETAMETHASONE CRM	9	45.00	34.01	0.24978	200% Above	No	No
51672404801	CLOTRIMAZOLE-BETAMETHASONE CRM	10	30.00	22.67	0.23886	200% Above	No	No
51672404801	CLOTRIMAZOLE-BETAMETHASONE CRM	11	15.00	11.34	0.31484	101%-200% Above	Yes	No
51672404801	CLOTRIMAZOLE-BETAMETHASONE CRM	11	30.00	22.67	0.31484	101%-200% Above	Yes	No
51672404801	CLOTRIMAZOLE-BETAMETHASONE CRM	12	15.00	11.34	0.29044	101%-200% Above	No	No
51672404801	CLOTRIMAZOLE-BETAMETHASONE CRM	12	60.00	45.34	0.29044	101%-200% Above	No	No
51672404806	CLOTRIMAZOLE-BETAMETHASONE CRM	10	45.00	32.39	0.19159	200% Above	No	No
51672404806	CLOTRIMAZOLE-BETAMETHASONE CRM	10	45.00	32.39	0.19159	200% Above	Yes	No
51672404806	CLOTRIMAZOLE-BETAMETHASONE CRM	12	45.00	32.39	0.21350	200% Above	No	No
51672406104	HYDROCORTISONE BUTYR 0.1% SOLN	11	60.00	136.25	1.95044	10%-25% Above	No	No
51672407008	CETIRIZINE HCL 1 MG/ML SOLN	8	75.00	2.82	0.02218	51%-75% Above	No	No
51672407008	CETIRIZINE HCL 1 MG/ML SOLN	10	75.00	2.82	0.02191	51%-75% Above	No	No
51672407008	CETIRIZINE HCL 1 MG/ML SOLN	11	120.00	4.51	0.01949	76%-100% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
51672407008	CETIRIZINE HCL 1 MG/ML SOLN	12	150.00	5.64	0.02149	51%-75% Above	No	No
51672407908	DESONIDE 0.05% LOTION	8	118.00	170.44	0.27987	200% Above	No	No
51672411103	PHENYTOIN SOD EXT 100 MG CAP	9	333.00	57.54	0.13893	10%-25% Above	No	No
51672411606	METRONIDAZOLE TOPICAL 0.75% GL	8	45.00	45.21	0.40223	101%-200% Above	Yes	No
51672411806	FLUOROURACIL 5% CREAM	8	40.00	103.61	0.77230	200% Above	No	No
51672413101	LAMOTRIGINE 100 MG TABLET	9	30.00	1.73	0.05091	10%-25% Above	No	No
51672413101	LAMOTRIGINE 100 MG TABLET	10	30.00	1.73	0.04956	10%-25% Above	No	No
51672413101	LAMOTRIGINE 100 MG TABLET	11	30.00	1.73	0.03787	51%-75% Above	No	No
51672413101	LAMOTRIGINE 100 MG TABLET	12	90.00	5.18	0.04236	26%-50% Above	No	No
51672413204	LAMOTRIGINE 150 MG TABLET	8	30.00	1.80	0.07241	10%-25% Below	No	No
51672413204	LAMOTRIGINE 150 MG TABLET	9	30.00	1.84	0.07466	10%-25% Below	No	No
51672413204	LAMOTRIGINE 150 MG TABLET	10	30.00	1.84	0.07201	10%-25% Below	No	No
51862048601	TRIMETHOPRIM 100 MG TABLET	8	30.00	39.82	1.77733	10%-25% Below	No	No
51862056406	LOW-OGESTREL-28 TABLET	10	84.00	35.29	0.37622	10%-25% Above	Yes	No
51991000633	DESVENLAFAXINE SUCCNT ER 25 MG	9	30.00	36.99	0.50137	101%-200% Above	No	No
51991000633	DESVENLAFAXINE SUCCNT ER 25 MG	9	30.00	51.27	0.50137	200% Above	No	No
51991000633	DESVENLAFAXINE SUCCNT ER 25 MG	9	90.00	153.81	0.50137	200% Above	No	No
51991000633	DESVENLAFAXINE SUCCNT ER 25 MG	10	19.00	32.47	0.46960	200% Above	No	No
51991000633	DESVENLAFAXINE SUCCNT ER 25 MG	10	30.00	51.27	0.46960	200% Above	No	No
51991000633	DESVENLAFAXINE SUCCNT ER 25 MG	11	30.00	51.27	0.35651	200% Above	No	No
51991000633	DESVENLAFAXINE SUCCNT ER 25 MG	12	90.00	153.81	0.41440	200% Above	No	No
51991000690	DESVENLAFAXINE SUCCNT ER 25 MG	10	30.00	51.27	0.46960	200% Above	No	No
51991029201	OXCARBAZEPINE 150 MG TABLET	9	60.00	4.61	0.13490	26%-50% Below	No	No
51991029201	OXCARBAZEPINE 150 MG TABLET	10	60.00	4.61	0.14013	26%-50% Below	No	No
51991029301	OXCARBAZEPINE 300 MG TABLET	9	180.00	17.53	0.19796	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
51991029305	OXCARBAZEPINE 300 MG TABLET	12	90.00	8.77	0.16783	26%-50% Below	No	No
51991031110	DESVENLAFAXINE SUCCNT ER 50 MG	11	90.00	37.49	0.34459	10%-25% Above	No	No
51991031133	DESVENLAFAXINE SUCCNT ER 50 MG	8	30.00	51.62	0.45375	200% Above	No	No
51991031133	DESVENLAFAXINE SUCCNT ER 50 MG	9	30.00	51.62	0.48618	200% Above	No	No
51991031133	DESVENLAFAXINE SUCCNT ER 50 MG	9	90.00	154.87	0.48618	200% Above	No	No
51991031190	DESVENLAFAXINE SUCCNT ER 50 MG	8	90.00	154.87	0.45375	200% Above	No	No
51991031233	DESVENLAFAXINE SUCCNT ER 100 MG	10	90.00	154.87	0.45985	200% Above	No	No
51991031233	DESVENLAFAXINE SUCCNT ER 100 MG	11	90.00	154.87	0.35582	200% Above	No	No
51991031290	DESVENLAFAXINE SUCCNT ER 100 MG	8	30.00	50.65	0.47481	200% Above	No	No
51991031290	DESVENLAFAXINE SUCCNT ER 100 MG	10	30.00	51.62	0.45985	200% Above	No	No
51991031290	DESVENLAFAXINE SUCCNT ER 100 MG	11	30.00	51.62	0.35582	200% Above	No	No
51991062090	ANASTROZOLE 1 MG TABLET	8	30.00	2.44	0.17083	51%-75% Below	No	No
51991074690	DULOXETINE HCL DR 20 MG CAP	8	30.00	12.95	0.10623	200% Above	No	No
51991074710	DULOXETINE HCL DR 30 MG CAP	8	30.00	5.73	0.08280	101%-200% Above	No	No
51991074710	DULOXETINE HCL DR 30 MG CAP	9	180.00	34.38	0.08840	101%-200% Above	No	No
51991074710	DULOXETINE HCL DR 30 MG CAP	10	30.00	5.73	0.08010	101%-200% Above	No	No
51991074710	DULOXETINE HCL DR 30 MG CAP	10	90.00	17.19	0.08010	101%-200% Above	No	No
51991074710	DULOXETINE HCL DR 30 MG CAP	11	30.00	5.73	0.06996	101%-200% Above	No	No
51991074710	DULOXETINE HCL DR 30 MG CAP	11	180.00	34.38	0.06996	101%-200% Above	Yes	No
51991074710	DULOXETINE HCL DR 30 MG CAP	12	90.00	17.19	0.07084	101%-200% Above	No	No
51991074790	DULOXETINE HCL DR 30 MG CAP	10	270.00	49.63	0.08010	101%-200% Above	Yes	No
51991074790	DULOXETINE HCL DR 30 MG CAP	12	270.00	49.63	0.07084	101%-200% Above	Yes	No
51991074810	DULOXETINE HCL DR 60 MG CAP	8	90.00	17.05	0.10721	76%-100% Above	No	No
51991074810	DULOXETINE HCL DR 60 MG CAP	10	90.00	17.05	0.10279	76%-100% Above	No	No
51991074890	DULOXETINE HCL DR 60 MG CAP	8	30.00	5.68	0.10721	76%-100% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
51991074890	DULOXETINE HCL DR 60 MG CAP	8	30.00	24.32	0.10721	200% Above	No	No
51991074890	DULOXETINE HCL DR 60 MG CAP	9	30.00	5.68	0.10997	51%-75% Above	No	No
51991074890	DULOXETINE HCL DR 60 MG CAP	9	30.00	24.32	0.10997	200% Above	No	No
51991074890	DULOXETINE HCL DR 60 MG CAP	10	30.00	5.68	0.10279	76%-100% Above	No	No
51991074890	DULOXETINE HCL DR 60 MG CAP	10	30.00	24.32	0.10279	200% Above	No	No
51991075933	LETROZOLE 2.5 MG TABLET	8	30.00	2.75	0.14264	26%-50% Below	No	No
51991075933	LETROZOLE 2.5 MG TABLET	8	90.00	8.24	0.14264	26%-50% Below	No	No
51991075933	LETROZOLE 2.5 MG TABLET	11	14.00	1.28	0.12776	26%-50% Below	No	No
51991075933	LETROZOLE 2.5 MG TABLET	11	30.00	2.75	0.12776	26%-50% Below	No	No
51991081701	PROPRANOLOL ER 60 MG CAPSULE	10	30.00	23.75	0.19227	200% Above	Yes	No
51991081701	PROPRANOLOL ER 60 MG CAPSULE	11	90.00	71.24	0.15186	200% Above	Yes	No
51991081901	PROPRANOLOL ER 120 MG CAPSULE	9	90.00	103.25	0.21539	200% Above	No	No
51991081901	PROPRANOLOL ER 120 MG CAPSULE	11	90.00	103.25	0.18110	200% Above	No	No
51991083716	CETIRIZINE HCL 1 MG/ML SYRUP	9	150.00	5.64	0.11421	51%-75% Below	No	No
51991083716	CETIRIZINE HCL 1 MG/ML SYRUP	10	150.00	5.64	0.11679	51%-75% Below	No	No
51991087733	EPLERENONE 25 MG TABLET	11	90.00	131.14	0.29248	200% Above	No	No
51991087833	EPLERENONE 50 MG TABLET	8	30.00	40.17	0.67462	76%-100% Above	No	No
51991087833	EPLERENONE 50 MG TABLET	10	30.00	40.17	0.72715	76%-100% Above	No	No
51991087833	EPLERENONE 50 MG TABLET	11	30.00	40.17	0.42695	200% Above	No	No
51991087833	EPLERENONE 50 MG TABLET	12	30.00	40.17	0.57633	101%-200% Above	No	No
52187052610	SALICYLIC AC SOL 26%	10	10.00	223.91	.		No	No
52536062501	TESTOSTERONE CYP 200 MG/ML	10	10.00	78.50	13.41177	26%-50% Below	No	No
52536062510	TESTOSTERONE CYP 2,000 MG/10 ML	8	10.00	35.51	3.16304	10%-25% Above	No	No
52747071030	INTEGRA CAP	10	30.00	0.00	.		Yes	No
52747071060	INTEGRA CAP	10	90.00	33.25	.		No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
52747071260	INTEGRA PLUS CAP	8	30.00	19.40	.		No	No
52747071260	INTEGRA PLUS CAP	10	30.00	19.40	.		No	No
52747071260	INTEGRA PLUS CAP	10	90.00	57.89	.		No	No
52817018000	CLONIDINE HCL 0.1 MG TABLET	10	60.00	0.71	0.02587	51%-75% Below	No	No
52817018000	CLONIDINE HCL 0.1 MG TABLET	11	60.00	0.71	0.02022	26%-50% Below	No	No
52817018000	CLONIDINE HCL 0.1 MG TABLET	12	60.00	0.71	0.02290	26%-50% Below	No	No
52817018210	CLONIDINE HCL 0.3 MG TABLET	9	30.00	0.65	0.04157	26%-50% Below	No	No
52817023510	RAMELTEON 8 MG TABLET	11	90.00	171.57	0.54908	200% Above	No	No
52817033010	CYCLOBENZAPRINE 5 MG TABLET	12	30.00	0.36	0.01908	26%-50% Below	No	No
52817033050	CYCLOBENZAPRINE 5 MG TABLET	8	30.00	0.36	0.02274	26%-50% Below	No	No
52817033050	CYCLOBENZAPRINE 5 MG TABLET	9	30.00	0.36	0.02306	26%-50% Below	No	No
52817033050	CYCLOBENZAPRINE 5 MG TABLET	10	30.00	0.36	0.02316	26%-50% Below	No	No
52817033050	CYCLOBENZAPRINE 5 MG TABLET	10	42.00	0.50	0.02316	26%-50% Below	No	No
52817033050	CYCLOBENZAPRINE 5 MG TABLET	11	20.00	0.24	0.01572	10%-25% Below	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	8	30.00	0.29	0.01980	51%-75% Below	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	8	60.00	0.59	0.01980	26%-50% Below	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	9	12.00	0.12	0.01984	26%-50% Below	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	9	15.00	0.15	0.01984	26%-50% Below	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	9	60.00	0.59	0.01984	26%-50% Below	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	9	90.00	0.88	0.01984	26%-50% Below	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	10	9.00	0.09	0.01924	26%-50% Below	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	10	30.00	0.29	0.01924	26%-50% Below	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	10	60.00	0.59	0.01924	26%-50% Below	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	10	90.00	0.88	0.01924	26%-50% Below	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	11	30.00	0.29	0.01441	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
52817033200	CYCLOBENZAPRINE 10 MG TABLET	11	45.00	0.44	0.01441	26%-50% Below	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	11	60.00	0.59	0.01441	26%-50% Below	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	11	90.00	0.88	0.01441	26%-50% Below	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	12	15.00	0.15	0.01633	26%-50% Below	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	12	30.00	0.29	0.01633	26%-50% Below	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	12	90.00	0.88	0.01633	26%-50% Below	No	No
52817033250	CYCLOBENZAPRINE 10 MG TABLET	11	20.00	0.20	0.01441	26%-50% Below	No	No
52817033250	CYCLOBENZAPRINE 10 MG TABLET	12	30.00	0.29	0.01633	26%-50% Below	No	No
52817036000	METOPROLOL TARTRATE 25 MG TAB	9	90.00	3.16	0.01808	76%-100% Above	No	No
52817036000	METOPROLOL TARTRATE 25 MG TAB	11	180.00	6.32	0.01421	101%-200% Above	No	No
52817036010	METOPROLOL TARTRATE 25 MG TAB	9	30.00	1.05	0.01808	76%-100% Above	No	No
52817036010	METOPROLOL TARTRATE 25 MG TAB	10	30.00	1.05	0.01760	76%-100% Above	No	No
52817036010	METOPROLOL TARTRATE 25 MG TAB	11	30.00	1.05	0.01421	101%-200% Above	No	No
52817036010	METOPROLOL TARTRATE 25 MG TAB	12	15.00	0.53	0.01555	101%-200% Above	No	No
52817036100	METOPROLOL TARTRATE 50 MG TAB	8	30.00	0.91	0.02233	26%-50% Above	No	No
52817036100	METOPROLOL TARTRATE 50 MG TAB	9	90.00	2.73	0.02199	26%-50% Above	No	No
52817036100	METOPROLOL TARTRATE 50 MG TAB	9	180.00	5.45	0.02199	26%-50% Above	No	No
52817036100	METOPROLOL TARTRATE 50 MG TAB	10	90.00	2.73	0.02287	26%-50% Above	No	No
52817036100	METOPROLOL TARTRATE 50 MG TAB	12	60.00	1.82	0.01920	51%-75% Above	No	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	8	14.00	17.63	0.13184	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	8	20.00	25.18	0.13184	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	9	7.00	8.81	0.13173	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	9	14.00	17.63	0.13173	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	9	20.00	25.18	0.13173	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	9	30.00	37.78	0.13173	200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	9	60.00	75.55	0.13173	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	10	14.00	17.63	0.12791	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	11	14.00	17.63	0.08932	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	11	20.00	25.18	0.08932	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	12	14.00	17.63	0.10669	200% Above	Yes	No
53489014305	SPIRONOLACTONE 25 MG TABLET	10	30.00	0.92	0.05177	26%-50% Below	No	No
53489014305	SPIRONOLACTONE 25 MG TABLET	11	30.00	0.92	0.04096	10%-25% Below	No	No
53489014401	SPIRONOLACTONE-HYDROCHLOROTHIAZIDE 25-25 TAB	11	90.00	52.15	0.39056	26%-50% Above	No	No
53489015605	ALLOPURINOL 100 MG TABLET	11	30.00	2.66	0.03406	101%-200% Above	No	No
53489015605	ALLOPURINOL 100 MG TABLET	12	90.00	7.98	0.03940	101%-200% Above	No	No
53489021510	CLONIDINE TAB 0.1MG	11	60.00	0.71	.		No	No
53489038601	MINOXIDIL 2.5 MG TABLET	10	8.00	1.02	0.10801	10%-25% Above	No	No
53489038601	MINOXIDIL 2.5 MG TABLET	10	30.00	3.83	0.10801	10%-25% Above	No	No
53489038601	MINOXIDIL 2.5 MG TABLET	11	8.00	1.02	0.06505	76%-100% Above	No	No
53489038601	MINOXIDIL 2.5 MG TABLET	11	30.00	3.83	0.06505	76%-100% Above	No	No
53489038601	MINOXIDIL 2.5 MG TABLET	12	8.00	1.02	0.08168	51%-75% Above	No	No
53489064701	DOXYCYCLINE HYCLATE 20 MG TAB	8	60.00	3.10	0.12222	51%-75% Below	No	No
53489064701	DOXYCYCLINE HYCLATE 20 MG TAB	9	60.00	3.10	0.13123	51%-75% Below	No	No
53489064701	DOXYCYCLINE HYCLATE 20 MG TAB	9	180.00	9.29	0.13123	51%-75% Below	Yes	No
53489064701	DOXYCYCLINE HYCLATE 20 MG TAB	10	60.00	3.10	0.11929	51%-75% Below	No	No
53489064701	DOXYCYCLINE HYCLATE 20 MG TAB	11	60.00	3.10	0.07830	26%-50% Below	No	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	30.00	2.21	0.14046	26%-50% Below	No	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	9	12.00	0.88	0.13715	26%-50% Below	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	9	40.00	2.94	0.13715	26%-50% Below	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	10	4.00	0.29	0.12547	26%-50% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	10	12.00	0.88	0.12547	26%-50% Below	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	10	20.00	1.47	0.12547	26%-50% Below	No	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	10	25.00	1.84	0.12547	26%-50% Below	No	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	10	30.00	2.21	0.12547	26%-50% Below	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	11	10.00	0.74	0.12498	26%-50% Below	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	11	12.00	0.88	0.12498	26%-50% Below	No	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	11	12.00	0.88	0.12498	26%-50% Below	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	11	15.00	1.10	0.12498	26%-50% Below	No	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	11	30.00	2.21	0.12498	26%-50% Below	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	12	6.00	0.44	0.12482	26%-50% Below	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	12	12.00	0.88	0.12482	26%-50% Below	No	No
53746011001	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	11	16.00	1.01	0.15319	51%-75% Below	No	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	10	15.00	0.92	0.13144	51%-75% Below	Yes	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	10	30.00	1.85	0.13144	51%-75% Below	Yes	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	10	60.00	3.70	0.13144	51%-75% Below	Yes	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	11	12.00	0.74	0.12160	26%-50% Below	Yes	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	11	16.00	0.99	0.12160	26%-50% Below	Yes	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	11	30.00	1.85	0.12160	26%-50% Below	Yes	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	11	84.00	5.17	0.12160	26%-50% Below	No	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	12	15.00	0.92	0.12407	26%-50% Below	Yes	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	12	28.00	1.72	0.12407	26%-50% Below	Yes	No
53746020401	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	9	40.00	4.69	0.23279	26%-50% Below	Yes	No
53746020401	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	10	60.00	7.03	0.25396	51%-75% Below	Yes	No
53746020401	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	10	90.00	10.55	0.25396	51%-75% Below	Yes	No
53746020401	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	11	60.00	7.03	0.19788	26%-50% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
53746020401	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	12	60.00	7.03	0.21817	26%-50% Below	Yes	No
53746020401	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	12	90.00	10.55	0.21817	26%-50% Below	Yes	No
53746036110	FOLIC ACID 1 MG TABLET	10	90.00	0.56	0.02434	51%-75% Below	Yes	No
53746036110	FOLIC ACID 1 MG TABLET	11	90.00	0.56	0.01730	51%-75% Below	Yes	No
53746036110	FOLIC ACID 1 MG TABLET	12	90.00	0.56	0.02077	51%-75% Below	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	9	30.00	0.92	0.05390	26%-50% Below	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	10	90.00	2.66	0.05177	26%-50% Below	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	10	90.00	2.76	0.05177	26%-50% Below	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	11	90.00	2.66	0.04096	26%-50% Below	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	11	90.00	2.76	0.04096	10%-25% Below	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	12	90.00	2.66	0.04561	26%-50% Below	Yes	No
53746051105	SPIRONOLACTONE 25 MG TABLET	11	90.00	2.66	0.04096	26%-50% Below	Yes	No
53746051401	SPIRONOLACTONE 50 MG TABLET	11	90.00	9.31	0.07660	26%-50% Above	Yes	No
53746051401	SPIRONOLACTONE 50 MG TABLET	11	90.00	9.68	0.07660	26%-50% Above	No	No
53746051401	SPIRONOLACTONE 50 MG TABLET	12	90.00	9.31	0.08824	10%-25% Above	Yes	No
53746051501	SPIRONOLACTONE 100 MG TABLET	11	30.00	6.26	0.13586	51%-75% Above	Yes	No
53746051501	SPIRONOLACTONE 100 MG TABLET	11	90.00	18.77	0.13586	51%-75% Above	Yes	No
53746052101	PROMETHAZINE 25 MG TABLET	8	15.00	0.39	0.04819	26%-50% Below	Yes	No
53746052101	PROMETHAZINE 25 MG TABLET	8	20.00	0.52	0.04819	26%-50% Below	Yes	No
53746052101	PROMETHAZINE 25 MG TABLET	9	20.00	0.52	0.04820	26%-50% Below	No	No
53746052101	PROMETHAZINE 25 MG TABLET	10	8.00	0.21	0.04881	26%-50% Below	Yes	No
53746052101	PROMETHAZINE 25 MG TABLET	10	10.00	0.26	0.04881	26%-50% Below	Yes	No
53746052101	PROMETHAZINE 25 MG TABLET	10	15.00	0.39	0.04881	26%-50% Below	Yes	No
53746052101	PROMETHAZINE 25 MG TABLET	11	10.00	0.26	0.03165	10%-25% Below	Yes	No
53746052101	PROMETHAZINE 25 MG TABLET	11	30.00	0.78	0.03165	10%-25% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
53746052101	PROMETHAZINE 25 MG TABLET	12	2.00	0.05	0.03896	26%-50% Below	Yes	No
53746052110	PROMETHAZINE 25 MG TABLET	9	30.00	0.78	0.04820	26%-50% Below	No	No
53746052110	PROMETHAZINE 25 MG TABLET	10	30.00	0.78	0.04881	26%-50% Below	No	No
53746052110	PROMETHAZINE 25 MG TABLET	10	180.00	4.70	0.04881	26%-50% Below	No	No
53746052110	PROMETHAZINE 25 MG TABLET	11	30.00	0.78	0.03165	10%-25% Below	No	No
53746054401	PRIMIDONE 50 MG TABLET	10	360.00	55.66	0.12814	10%-25% Above	No	No
53746061701	TRAMADOL-ACETAMINOPHEN 37.5-325 MG TAB	9	40.00	3.84	0.11779	10%-25% Below	No	No
53746061701	TRAMADOL-ACETAMINOPHEN 37.5-325 MG TAB	11	40.00	3.84	0.08059	10%-25% Above	No	No
53746064101	FLECAINIDE ACETATE 50 MG TAB	9	180.00	32.54	0.11685	51%-75% Above	No	No
53746064101	FLECAINIDE ACETATE 50 MG TAB	11	180.00	32.54	0.08742	101%-200% Above	No	No
53746064201	FLECAINIDE ACETATE 100 MG TAB	9	100.00	34.01	0.18553	76%-100% Above	No	No
53746064201	FLECAINIDE ACETATE 100 MG TAB	10	180.00	61.22	0.18669	76%-100% Above	No	No
53746064201	FLECAINIDE ACETATE 100 MG TAB	11	42.00	14.28	0.14219	101%-200% Above	No	No
53746064201	FLECAINIDE ACETATE 100 MG TAB	12	38.00	12.92	0.16230	101%-200% Above	No	No
53746071101	GUANFACINE 1 MG TABLET	10	30.00	7.95	0.21773	10%-25% Above	No	No
53746074501	PROMETHAZINE 12.5 MG TABLET	9	30.00	0.63	0.05633	51%-75% Below	No	No
53746074501	PROMETHAZINE 12.5 MG TABLET	9	30.00	0.63	0.05633	51%-75% Below	Yes	No
53746074501	PROMETHAZINE 12.5 MG TABLET	9	120.00	2.52	0.05633	51%-75% Below	Yes	No
53746074501	PROMETHAZINE 12.5 MG TABLET	10	15.00	0.32	0.04992	51%-75% Below	Yes	No
53746074501	PROMETHAZINE 12.5 MG TABLET	10	30.00	0.63	0.04992	51%-75% Below	No	No
53746074501	PROMETHAZINE 12.5 MG TABLET	10	120.00	2.52	0.04992	51%-75% Below	Yes	No
53746074501	PROMETHAZINE 12.5 MG TABLET	11	30.00	0.63	0.03122	26%-50% Below	No	No
53746074501	PROMETHAZINE 12.5 MG TABLET	11	30.00	0.63	0.03122	26%-50% Below	Yes	No
53746074501	PROMETHAZINE 12.5 MG TABLET	12	30.00	0.63	0.03798	26%-50% Below	No	No
53746075101	BENAZEPRIL HCL 5 MG TABLET	10	90.00	9.27	0.04612	101%-200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
53746075301	BENAZEPRIL HCL 20 MG TABLET	10	90.00	8.71	0.07219	26%-50% Above	Yes	No
53746075305	BENAZEPRIL HCL 20 MG TABLET	8	90.00	8.71	0.07396	26%-50% Above	No	No
53746075305	BENAZEPRIL HCL 20 MG TABLET	11	90.00	8.71	0.05397	76%-100% Above	No	No
53746075405	BENAZEPRIL HCL 40 MG TABLET	8	30.00	2.90	0.08690	10%-25% Above	No	No
53746083153	CIPROFLOX-DEXAMETH OTIC SUSP	9	7.50	61.65	15.69416	26%-50% Below	No	No
53746083153	CIPROFLOX-DEXAMETH OTIC SUSP	12	7.50	61.65	12.77122	26%-50% Below	No	No
53885000810	ONE TCH 33G LNC DELICAPL	10	200.00	18.97	.		No	No
53885000810	ONE TCH 33G LNC DELICAPL	12	200.00	18.97	.		No	No
53885004401	ONE TCH FLEX KIT VERIO	9	1.00	17.07	.		No	No
53885004601	ONE TCH KIT ULTRA 2	10	1.00	21.82	.		No	No
53885024510	ONE TOUCH TES ULTRA	9	100.00	152.60	.		No	No
53885024510	ONE TOUCH TES ULTRA	9	300.00	450.05	.		Yes	No
53885024510	ONE TOUCH TES ULTRA	10	100.00	151.36	.		No	No
53885024510	ONE TOUCH TES ULTRA	10	100.00	152.60	.		No	No
53885024510	ONE TOUCH TES ULTRA	10	400.00	600.07	.		Yes	No
53885024510	ONE TOUCH TES ULTRA	11	100.00	150.30	.		No	No
53885024510	ONE TOUCH TES ULTRA	11	100.00	151.36	.		No	No
53885024510	ONE TOUCH TES ULTRA	12	100.00	147.43	.		No	No
53885027210	ONE TOUCH TES VERIO	9	200.00	163.24	.		No	No
53885027210	ONE TOUCH TES VERIO	10	200.00	163.24	.		No	No
53885027210	ONE TOUCH TES VERIO	12	200.00	163.24	.		No	No
54629090416	CHEWABLE CHW IRON	10	60.00	8.09	.		Yes	No
54838050280	HYDROXYZINE 10 MG/5 ML SYRUP	11	30.00	1.73	0.16644	51%-75% Below	No	No
54838050280	HYDROXYZINE 10 MG/5 ML SYRUP	11	75.00	4.34	0.16644	51%-75% Below	No	No
54838050280	HYDROXYZINE 10 MG/5 ML SYRUP	12	60.00	3.47	0.16929	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
54838050280	HYDROXYZINE 10 MG/5 ML SYRUP	12	160.00	9.25	0.16929	51%-75% Below	No	No
54838057280	CETIRIZ RX SOL 1MG/ML	8	150.00	5.64	.		No	No
55111012105	ATORVASTATIN 10 MG TABLET	9	90.00	7.20	0.03016	101%-200% Above	No	No
55111012390	ATORVASTATIN 40 MG TABLET	11	90.00	8.92	0.04382	101%-200% Above	No	No
55111012601	CIPROFLOXACIN HCL 250 MG TAB	11	6.00	0.60	0.08113	10%-25% Above	No	No
55111013781	ZENATANE 40 MG CAPSULE	10	30.00	39.25	2.60399	26%-50% Below	No	No
55111014430	FLUCONAZOLE 100 MG TABLET	11	1.00	0.11	0.21140	26%-50% Below	No	No
55111014430	FLUCONAZOLE 100 MG TABLET	11	2.00	0.23	0.21140	26%-50% Below	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	8	3.00	2.67	0.60820	26%-50% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	9	1.00	0.89	0.63093	26%-50% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	9	3.00	0.99	0.63093	26%-50% Below	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	9	3.00	2.67	0.63093	26%-50% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	9	5.00	4.45	0.63093	26%-50% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	10	1.00	0.89	0.58816	51%-75% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	10	2.00	1.78	0.58816	51%-75% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	10	3.00	2.67	0.58816	51%-75% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	10	6.00	5.34	0.58816	51%-75% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	11	1.00	0.89	0.49094	76%-100% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	11	2.00	1.78	0.49094	76%-100% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	11	3.00	2.67	0.49094	76%-100% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	12	2.00	1.78	0.51642	51%-75% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	12	3.00	2.67	0.51642	51%-75% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	12	5.00	4.45	0.51642	51%-75% Above	No	No
55111014571	FLUCONAZOLE 150 MG TABLET	9	2.00	1.78	0.63093	26%-50% Above	No	No
55111014601	FLUCONAZOLE 200 MG TABLET	8	4.00	0.98	0.47605	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
55111015001	FLUOXETINE HCL 10 MG TABLET	8	30.00	7.52	0.13860	76%-100% Above	Yes	No
55111015030	FLUOXETINE HCL 10 MG TABLET	10	90.00	10.00	0.13610	10%-25% Below	No	No
55111015330	ONDANSETRON HCL 4 MG TABLET	8	12.00	0.37	0.07058	51%-75% Below	No	No
55111015330	ONDANSETRON HCL 4 MG TABLET	8	12.00	0.45	0.07058	26%-50% Below	No	No
55111015330	ONDANSETRON HCL 4 MG TABLET	8	18.00	0.55	0.07058	51%-75% Below	No	No
55111015330	ONDANSETRON HCL 4 MG TABLET	8	18.00	22.54	0.07058	200% Above	No	No
55111015330	ONDANSETRON HCL 4 MG TABLET	9	18.00	0.55	0.07210	51%-75% Below	No	No
55111015330	ONDANSETRON HCL 4 MG TABLET	10	12.00	0.37	0.06864	51%-75% Below	No	No
55111015330	ONDANSETRON HCL 4 MG TABLET	10	18.00	0.55	0.06864	51%-75% Below	No	No
55111015330	ONDANSETRON HCL 4 MG TABLET	11	18.00	0.55	0.05748	26%-50% Below	No	No
55111015330	ONDANSETRON HCL 4 MG TABLET	12	18.00	0.55	0.06241	51%-75% Below	No	No
55111015430	ONDANSETRON HCL 8 MG TABLET	9	18.00	0.95	0.10098	26%-50% Below	No	No
55111015430	ONDANSETRON HCL 8 MG TABLET	10	15.00	0.79	0.09436	26%-50% Below	No	No
55111015430	ONDANSETRON HCL 8 MG TABLET	10	18.00	0.95	0.09436	26%-50% Below	No	No
55111015430	ONDANSETRON HCL 8 MG TABLET	11	18.00	0.95	0.07148	26%-50% Below	No	No
55111015430	ONDANSETRON HCL 8 MG TABLET	12	18.00	0.95	0.08240	26%-50% Below	No	No
55111015910	OMEPRAZOLE DR 40 MG CAPSULE	9	14.00	0.94	0.05326	26%-50% Above	No	No
55111015910	OMEPRAZOLE DR 40 MG CAPSULE	9	30.00	0.90	0.05326	26%-50% Below	No	No
55111015910	OMEPRAZOLE DR 40 MG CAPSULE	9	30.00	2.01	0.05326	10%-25% Above	No	No
55111015910	OMEPRAZOLE DR 40 MG CAPSULE	9	90.00	6.04	0.05326	26%-50% Above	No	No
55111015910	OMEPRAZOLE DR 40 MG CAPSULE	10	30.00	2.01	0.05462	10%-25% Above	No	No
55111015910	OMEPRAZOLE DR 40 MG CAPSULE	10	90.00	6.04	0.05462	10%-25% Above	No	No
55111015910	OMEPRAZOLE DR 40 MG CAPSULE	11	90.00	6.04	0.04298	51%-75% Above	No	No
55111015910	OMEPRAZOLE DR 40 MG CAPSULE	12	90.00	6.04	0.04805	26%-50% Above	No	No
55111015910	OMEPRAZOLE DR 40 MG CAPSULE	12	180.00	12.08	0.04805	26%-50% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
55111016705	OLANZAPINE 15 MG TABLET	9	30.00	1.82	0.15640	51%-75% Below	No	No
55111016705	OLANZAPINE 15 MG TABLET	10	19.00	1.16	0.14959	51%-75% Below	No	No
55111016705	OLANZAPINE 15 MG TABLET	10	20.00	1.22	0.14959	51%-75% Below	No	No
55111016705	OLANZAPINE 15 MG TABLET	11	30.00	1.82	0.12475	51%-75% Below	No	No
55111016730	OLANZAPINE 15 MG TABLET	8	30.00	1.82	0.15202	51%-75% Below	No	No
55111016805	OLANZAPINE 20 MG TABLET	9	30.00	2.82	0.16445	26%-50% Below	No	No
55111016805	OLANZAPINE 20 MG TABLET	10	19.00	1.78	0.15483	26%-50% Below	No	No
55111016805	OLANZAPINE 20 MG TABLET	10	20.00	1.88	0.15483	26%-50% Below	No	No
55111016830	OLANZAPINE 20 MG TABLET	10	30.00	2.82	0.15483	26%-50% Below	No	No
55111016830	OLANZAPINE 20 MG TABLET	11	30.00	2.82	0.12949	26%-50% Below	No	No
55111017001	OXAPROZIN 600 MG TABLET	9	56.00	80.86	0.61621	101%-200% Above	Yes	No
55111017915	TIZANIDINE HCL 2 MG TABLET	9	30.00	0.57	0.04159	51%-75% Below	No	No
55111017915	TIZANIDINE HCL 2 MG TABLET	9	120.00	2.28	0.04159	51%-75% Below	No	No
55111017915	TIZANIDINE HCL 2 MG TABLET	10	24.00	0.46	0.03692	26%-50% Below	No	No
55111017915	TIZANIDINE HCL 2 MG TABLET	10	30.00	0.57	0.03692	26%-50% Below	No	No
55111017915	TIZANIDINE HCL 2 MG TABLET	11	30.00	0.57	0.03075	26%-50% Below	No	No
55111017915	TIZANIDINE HCL 2 MG TABLET	12	30.00	0.57	0.03237	26%-50% Below	No	No
55111017915	TIZANIDINE HCL 2 MG TABLET	12	90.00	1.71	0.03237	26%-50% Below	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	8	60.00	1.49	0.03629	26%-50% Below	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	8	90.00	1.58	0.03629	51%-75% Below	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	9	45.00	0.79	0.03619	51%-75% Below	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	9	90.00	1.58	0.03619	51%-75% Below	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	9	270.00	4.75	0.03619	51%-75% Below	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	8	30.00	0.53	0.03629	51%-75% Below	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	8	60.00	1.06	0.03629	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
55111018015	TIZANIDINE HCL 4 MG TABLET	8	60.00	1.49	0.03629	26%-50% Below	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	9	30.00	0.53	0.03619	51%-75% Below	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	9	40.00	0.70	0.03619	51%-75% Below	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	9	60.00	1.06	0.03619	51%-75% Below	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	9	90.00	1.58	0.03619	51%-75% Below	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	9	120.00	2.11	0.03619	51%-75% Below	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	10	30.00	0.53	0.03747	51%-75% Below	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	10	60.00	1.06	0.03747	51%-75% Below	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	10	90.00	1.58	0.03747	51%-75% Below	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	11	30.00	0.53	0.03732	51%-75% Below	No	No
55111019690	CLOPIDOGREL 75 MG TABLET	11	90.00	5.27	0.05149	10%-25% Above	No	No
55111028050	LEVOFLOXACIN 500 MG TABLET	8	7.00	0.74	0.16353	26%-50% Below	No	No
55111028050	LEVOFLOXACIN 500 MG TABLET	8	10.00	0.83	0.16353	26%-50% Below	No	No
55111028050	LEVOFLOXACIN 500 MG TABLET	10	7.00	0.58	0.14707	26%-50% Below	No	No
55111028050	LEVOFLOXACIN 500 MG TABLET	11	7.00	0.58	0.11351	26%-50% Below	No	No
55111028050	LEVOFLOXACIN 500 MG TABLET	12	10.00	0.83	0.12744	26%-50% Below	No	No
55111028130	LEVOFLOXACIN 750 MG TABLET	9	28.00	4.56	0.29735	26%-50% Below	No	No
55111028130	LEVOFLOXACIN 750 MG TABLET	11	5.00	0.81	0.21997	26%-50% Below	No	No
55111028130	LEVOFLOXACIN 750 MG TABLET	12	5.00	0.81	0.24697	26%-50% Below	No	No
55111029136	SUMATRIPTAN SUCC 25 MG TABLET	9	9.00	4.35	0.38009	26%-50% Above	No	No
55111029298	SUMATRIPTAN SUCC 50 MG TABLET	8	9.00	3.27	0.40651	10%-25% Below	No	No
55111029298	SUMATRIPTAN SUCC 50 MG TABLET	11	8.00	2.96	0.30289	10%-25% Above	No	No
55111029298	SUMATRIPTAN SUCC 50 MG TABLET	11	9.00	3.33	0.30289	10%-25% Above	No	No
55111029298	SUMATRIPTAN SUCC 50 MG TABLET	11	10.00	3.70	0.30289	10%-25% Above	No	No
55111029298	SUMATRIPTAN SUCC 50 MG TABLET	12	9.00	3.33	0.33399	10%-25% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
55111029298	SUMATRIPTAN SUCC 50 MG TABLET	12	10.00	3.70	0.33399	10%-25% Above	No	No
55111029298	SUMATRIPTAN SUCC 50 MG TABLET	12	12.00	4.44	0.33399	10%-25% Above	No	No
55111029336	SUMATRIPTAN SUCC 100 MG TABLET	9	10.00	4.31	0.48126	10%-25% Below	No	No
55111029336	SUMATRIPTAN SUCC 100 MG TABLET	10	10.00	4.31	0.48521	10%-25% Below	No	No
55111029336	SUMATRIPTAN SUCC 100 MG TABLET	11	10.00	4.31	0.37205	10%-25% Above	No	No
55111032001	GLIMEPIRIDE 1 MG TABLET	11	90.00	4.16	0.02894	51%-75% Above	No	No
55111032101	GLIMEPIRIDE 2 MG TABLET	10	90.00	7.43	0.03149	101%-200% Above	Yes	No
55111032101	GLIMEPIRIDE 2 MG TABLET	10	180.00	14.87	0.03149	101%-200% Above	Yes	No
55111032101	GLIMEPIRIDE 2 MG TABLET	10	180.00	15.44	0.03149	101%-200% Above	No	No
55111032105	GLIMEPIRIDE 2 MG TABLET	9	30.00	2.57	0.03224	101%-200% Above	No	No
55111032105	GLIMEPIRIDE 2 MG TABLET	9	60.00	5.15	0.03224	101%-200% Above	No	No
55111032105	GLIMEPIRIDE 2 MG TABLET	11	30.00	2.57	0.03067	101%-200% Above	No	No
55111032105	GLIMEPIRIDE 2 MG TABLET	11	90.00	7.72	0.03067	101%-200% Above	No	No
55111032105	GLIMEPIRIDE 2 MG TABLET	12	30.00	2.57	0.03039	101%-200% Above	No	No
55111032201	GLIMEPIRIDE 4 MG TABLET	11	60.00	8.33	0.03920	200% Above	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	8	60.00	8.33	0.03647	200% Above	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	8	180.00	20.00	0.03647	200% Above	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	9	30.00	4.17	0.03577	200% Above	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	9	180.00	25.00	0.03577	200% Above	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	10	30.00	4.17	0.03689	200% Above	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	10	60.00	8.33	0.03689	200% Above	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	10	90.00	10.00	0.03689	200% Above	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	11	30.00	4.17	0.03920	200% Above	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	11	180.00	20.00	0.03920	101%-200% Above	No	No
55111034001	AMLODIPINE-BENAZEPRIL 5-20 MG	8	90.00	23.64	0.12071	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
55111034001	AMLODIPINE-BENAZEPRIL 5-20 MG	12	90.00	23.64	0.10159	101%-200% Above	No	No
55111039905	LANSOPRAZOLE DR 30 MG CAPSULE	8	90.00	12.65	0.10927	26%-50% Above	No	No
55111039905	LANSOPRAZOLE DR 30 MG CAPSULE	11	90.00	12.65	0.07539	76%-100% Above	No	No
55111039990	LANSOPRAZOLE DR 30 MG CAPSULE	11	90.00	12.65	0.07539	76%-100% Above	No	No
55111039990	LANSOPRAZOLE DR 30 MG CAPSULE	12	90.00	12.65	0.08882	51%-75% Above	No	No
55111046605	METOPROLOL SUCC ER 25 MG TAB	12	90.00	11.35	0.05304	101%-200% Above	Yes	No
55111046705	METOPROLOL SUCC ER 50 MG TAB	8	90.00	11.80	0.06643	76%-100% Above	No	No
55111046705	METOPROLOL SUCC ER 50 MG TAB	11	90.00	11.35	0.06035	101%-200% Above	Yes	No
55111046805	METOPROLOL SUCC ER 100 MG TAB	9	90.00	20.26	0.10118	101%-200% Above	No	No
55111052130	ATOMOXETINE HCL 40 MG CAPSULE	8	30.00	72.70	0.59552	200% Above	No	No
55111052130	ATOMOXETINE HCL 40 MG CAPSULE	9	30.00	72.70	0.55842	200% Above	No	No
55111052130	ATOMOXETINE HCL 40 MG CAPSULE	9	30.00	72.70	0.55842	200% Above	Yes	No
55111052130	ATOMOXETINE HCL 40 MG CAPSULE	10	30.00	72.70	0.60175	200% Above	No	No
55111052130	ATOMOXETINE HCL 40 MG CAPSULE	11	30.00	72.70	0.59702	200% Above	No	No
55111052130	ATOMOXETINE HCL 40 MG CAPSULE	11	30.00	72.70	0.59702	200% Above	Yes	No
55111052230	ATOMOXETINE HCL 60 MG CAPSULE	9	30.00	72.70	0.57178	200% Above	No	No
55111052230	ATOMOXETINE HCL 60 MG CAPSULE	10	30.00	72.70	0.52786	200% Above	No	No
55111052830	ATOMOXETINE HCL 25 MG CAPSULE	11	14.00	31.23	0.34441	200% Above	No	No
55111056430	ATOMOXETINE HCL 100 MG CAPSULE	8	28.00	73.21	0.50277	200% Above	No	No
55111056430	ATOMOXETINE HCL 100 MG CAPSULE	9	28.00	73.21	0.62541	200% Above	No	No
55111058601	AMLODIPINE-BENAZEPRIL 10-40 MG	10	90.00	30.29	0.14367	101%-200% Above	No	No
55111061701	ESZOPICLONE 3 MG TABLET	8	30.00	12.07	0.10004	200% Above	No	No
55111061701	ESZOPICLONE 3 MG TABLET	10	30.00	12.07	0.12836	200% Above	No	No
55111061701	ESZOPICLONE 3 MG TABLET	11	30.00	12.07	0.08536	200% Above	No	No
55111061901	ESZOPICLONE 2 MG TABLET	8	30.00	12.07	0.10451	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
55111061901	ESZOPICLONE 2 MG TABLET	9	30.00	12.07	0.11002	200% Above	No	No
55111061901	ESZOPICLONE 2 MG TABLET	10	30.00	12.07	0.12885	200% Above	No	No
55111061901	ESZOPICLONE 2 MG TABLET	12	30.00	12.07	0.09608	200% Above	No	No
55111064410	OMEPRAZOLE DR 20 MG CAPSULE	10	30.00	1.14	0.03368	10%-25% Above	No	No
55111064410	OMEPRAZOLE DR 20 MG CAPSULE	11	14.00	0.53	0.02654	26%-50% Above	No	No
55111064410	OMEPRAZOLE DR 20 MG CAPSULE	12	30.00	1.14	0.03019	10%-25% Above	No	No
55111064505	OMEPRAZOLE DR 40 MG CAPSULE	8	30.00	2.01	0.05154	26%-50% Above	No	No
55111064505	OMEPRAZOLE DR 40 MG CAPSULE	8	90.00	6.04	0.05154	26%-50% Above	No	No
55111064505	OMEPRAZOLE DR 40 MG CAPSULE	9	30.00	2.01	0.05326	10%-25% Above	No	No
55111064505	OMEPRAZOLE DR 40 MG CAPSULE	9	90.00	6.04	0.05326	26%-50% Above	No	No
55111064505	OMEPRAZOLE DR 40 MG CAPSULE	10	30.00	2.01	0.05462	10%-25% Above	No	No
55111064505	OMEPRAZOLE DR 40 MG CAPSULE	11	30.00	2.01	0.04298	51%-75% Above	No	No
55111064505	OMEPRAZOLE DR 40 MG CAPSULE	11	60.00	4.03	0.04298	51%-75% Above	No	No
55111065001	METAXALONE 800 MG TABLET	8	60.00	82.25	0.57645	101%-200% Above	No	No
55111065001	METAXALONE 800 MG TABLET	10	60.00	82.25	0.59218	101%-200% Above	No	No
55111065930	ROPINIROLE HCL ER 2 MG TABLET	12	90.00	49.11	0.46092	10%-25% Above	No	No
55111068305	IBU 600 MG TABLET	9	30.00	0.50	0.05173	51%-75% Below	No	No
55111068405	IBU 800 MG TABLET	10	20.00	0.37	0.06215	51%-75% Below	No	No
55111072510	MONTELUKAST SOD 10 MG TABLET	8	90.00	6.96	0.05683	26%-50% Above	No	No
55111072590	MONTELUKAST SOD 10 MG TABLET	11	90.00	7.09	0.04225	76%-100% Above	Yes	No
55111073001	ALLOPURINOL 300 MG TABLET	11	30.00	5.23	0.05678	200% Above	No	No
55111073005	ALLOPURINOL 300 MG TABLET	10	90.00	15.68	0.06845	101%-200% Above	No	No
55111073290	VALSARTAN 80 MG TABLET	8	90.00	15.89	0.14006	26%-50% Above	Yes	No
55111073290	VALSARTAN 80 MG TABLET	9	60.00	10.59	0.14686	10%-25% Above	No	No
55111073290	VALSARTAN 80 MG TABLET	10	30.00	5.30	0.14621	10%-25% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
55111073290	VALSARTAN 80 MG TABLET	11	90.00	15.89	0.11135	51%-75% Above	No	No
55111073290	VALSARTAN 80 MG TABLET	11	90.00	15.89	0.11135	51%-75% Above	Yes	No
55111073390	VALSARTAN 160 MG TABLET	10	30.00	5.92	0.17809	10%-25% Above	No	No
55111073390	VALSARTAN 160 MG TABLET	10	90.00	17.75	0.17809	10%-25% Above	No	No
55111073390	VALSARTAN 160 MG TABLET	11	30.00	5.92	0.13499	26%-50% Above	No	No
55111073390	VALSARTAN 160 MG TABLET	12	30.00	5.92	0.15036	26%-50% Above	No	No
55111073490	VALSARTAN 320 MG TABLET	9	90.00	25.19	0.23003	10%-25% Above	Yes	No
55111073490	VALSARTAN 320 MG TABLET	10	90.00	26.18	0.23612	10%-25% Above	Yes	No
55111073490	VALSARTAN 320 MG TABLET	11	90.00	26.18	0.17764	51%-75% Above	No	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	8	30.00	4.21	0.28386	26%-50% Below	No	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	8	90.00	12.62	0.28386	26%-50% Below	Yes	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	10	30.00	4.21	0.27376	26%-50% Below	No	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	10	30.00	4.21	0.27376	26%-50% Below	Yes	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	10	90.00	6.98	0.27376	51%-75% Below	Yes	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	10	90.00	12.62	0.27376	26%-50% Below	No	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	11	30.00	4.21	0.20794	26%-50% Below	No	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	11	90.00	6.98	0.20794	51%-75% Below	Yes	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	11	90.00	12.62	0.20794	26%-50% Below	No	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	11	90.00	12.62	0.20794	26%-50% Below	Yes	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	12	30.00	4.21	0.23198	26%-50% Below	No	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	12	30.00	4.21	0.23198	26%-50% Below	Yes	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	12	90.00	6.98	0.23198	51%-75% Below	Yes	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	12	90.00	12.62	0.23198	26%-50% Below	No	No
55150032901	MEDROXYPROGESTERONE 150 MG/ML	9	1.00	12.97	23.79558	26%-50% Below	No	No
55150032901	MEDROXYPROGESTERONE 150 MG/ML	12	1.00	12.97	20.79526	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
56151014260	TRUEPLUS LNC 28G STER	9	100.00	4.00	.		No	No
57237000511	FLUCONAZOLE 150 MG TABLET	8	1.00	0.89	0.60820	26%-50% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	8	2.00	1.78	0.60820	26%-50% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	8	3.00	2.67	0.60820	26%-50% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	8	4.00	3.56	0.60820	26%-50% Above	Yes	No
57237000511	FLUCONAZOLE 150 MG TABLET	8	5.00	4.45	0.60820	26%-50% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	9	1.00	0.89	0.63093	26%-50% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	9	2.00	1.78	0.63093	26%-50% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	9	3.00	2.67	0.63093	26%-50% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	9	6.00	5.34	0.63093	26%-50% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	10	2.00	1.78	0.58816	51%-75% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	10	3.00	2.67	0.58816	51%-75% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	10	5.00	4.45	0.58816	51%-75% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	10	6.00	5.34	0.58816	51%-75% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	11	1.00	0.89	0.49094	76%-100% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	11	2.00	1.78	0.49094	76%-100% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	11	3.00	2.67	0.49094	76%-100% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	11	5.00	4.45	0.49094	76%-100% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	11	15.00	13.36	0.49094	76%-100% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	12	1.00	0.89	0.51642	51%-75% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	12	2.00	1.78	0.51642	51%-75% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	12	5.00	4.45	0.51642	51%-75% Above	No	No
57237000601	FLUCONAZOLE 200 MG TABLET	9	2.00	0.49	0.47979	26%-50% Below	No	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	9	15.00	1.86	0.05451	101%-200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	9	30.00	3.73	0.05451	101%-200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	9	90.00	11.19	0.05451	101%-200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	10	30.00	3.73	0.05146	101%-200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	10	90.00	11.19	0.05146	101%-200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	10	180.00	21.53	0.05146	101%-200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	11	7.00	0.87	0.04345	101%-200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	11	90.00	10.76	0.04345	101%-200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	11	90.00	11.19	0.04345	101%-200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	11	180.00	21.53	0.04345	101%-200% Above	Yes	No
57237001760	DULOXETINE HCL DR 20 MG CAP	8	30.00	12.95	0.10623	200% Above	No	No
57237001830	DULOXETINE HCL DR 30 MG CAP	9	30.00	5.73	0.08840	101%-200% Above	No	No
57237001830	DULOXETINE HCL DR 30 MG CAP	10	30.00	5.73	0.08010	101%-200% Above	No	No
57237001830	DULOXETINE HCL DR 30 MG CAP	11	90.00	17.19	0.06996	101%-200% Above	No	No
57237001830	DULOXETINE HCL DR 30 MG CAP	11	180.00	34.38	0.06996	101%-200% Above	No	No
57237001899	DULOXETINE HCL DR 30 MG CAP	9	60.00	11.46	0.08840	101%-200% Above	No	No
57237001930	DULOXETINE HCL DR 60 MG CAP	11	30.00	5.68	0.08403	101%-200% Above	No	No
57237002801	AMOXICILLIN 500 MG TABLET	8	21.00	3.49	0.12914	26%-50% Above	No	No
57237002801	AMOXICILLIN 500 MG TABLET	9	20.00	3.33	0.14868	10%-25% Above	No	No
57237002801	AMOXICILLIN 500 MG TABLET	9	20.00	3.33	0.14868	10%-25% Above	Yes	No
57237002801	AMOXICILLIN 500 MG TABLET	9	21.00	3.49	0.14868	10%-25% Above	No	No
57237002801	AMOXICILLIN 500 MG TABLET	10	21.00	3.49	0.12865	26%-50% Above	No	No
57237002801	AMOXICILLIN 500 MG TABLET	11	21.00	3.49	0.09809	51%-75% Above	No	No
57237002901	AMOXICILLIN 875 MG TABLET	8	20.00	2.03	0.17832	26%-50% Below	No	No
57237002901	AMOXICILLIN 875 MG TABLET	9	20.00	2.03	0.18595	26%-50% Below	No	No
57237002901	AMOXICILLIN 875 MG TABLET	10	10.00	1.02	0.17578	26%-50% Below	No	No
57237002901	AMOXICILLIN 875 MG TABLET	11	14.00	1.42	0.12982	10%-25% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
57237002901	AMOXICILLIN 875 MG TABLET	11	20.00	2.03	0.12982	10%-25% Below	No	No
57237002901	AMOXICILLIN 875 MG TABLET	12	14.00	1.42	0.15465	26%-50% Below	No	No
57237002901	AMOXICILLIN 875 MG TABLET	12	20.00	2.03	0.15465	26%-50% Below	No	No
57237003105	AMOXICILLIN 500 MG CAPSULE	10	20.00	0.92	0.09989	51%-75% Below	No	No
57237003301	AMOXICILLIN 400 MG/5 ML SUSP	8	200.00	11.18	0.03105	76%-100% Above	No	No
57237003301	AMOXICILLIN 400 MG/5 ML SUSP	10	200.00	11.18	0.03215	51%-75% Above	No	No
57237003301	AMOXICILLIN 400 MG/5 ML SUSP	10	300.00	16.78	0.03215	51%-75% Above	No	No
57237003301	AMOXICILLIN 400 MG/5 ML SUSP	12	100.00	5.59	0.03139	76%-100% Above	No	No
57237003301	AMOXICILLIN 400 MG/5 ML SUSP	12	200.00	11.18	0.03139	76%-100% Above	No	No
57237003375	AMOXICILLIN 400 MG/5 ML SUSP	8	75.00	4.16	0.03380	51%-75% Above	No	No
57237003375	AMOXICILLIN 400 MG/5 ML SUSP	8	150.00	8.32	0.03380	51%-75% Above	No	No
57237003375	AMOXICILLIN 400 MG/5 ML SUSP	9	150.00	8.32	0.03552	51%-75% Above	No	No
57237003375	AMOXICILLIN 400 MG/5 ML SUSP	9	225.00	12.48	0.03552	51%-75% Above	No	No
57237003375	AMOXICILLIN 400 MG/5 ML SUSP	11	150.00	8.32	0.03455	51%-75% Above	No	No
57237003401	CEFPROZIL 125 MG/5 ML SUSP	8	100.00	5.50	0.13812	51%-75% Below	No	No
57237003501	CEFPROZIL 250 MG/5 ML SUSP	8	100.00	7.48	0.18277	51%-75% Below	No	No
57237003501	CEFPROZIL 250 MG/5 ML SUSP	9	100.00	7.48	0.22846	51%-75% Below	No	No
57237003501	CEFPROZIL 250 MG/5 ML SUSP	9	100.00	7.48	0.22846	51%-75% Below	Yes	No
57237003501	CEFPROZIL 250 MG/5 ML SUSP	10	100.00	7.48	0.18081	51%-75% Below	No	No
57237003501	CEFPROZIL 250 MG/5 ML SUSP	11	100.00	7.48	0.21685	51%-75% Below	No	No
57237003501	CEFPROZIL 250 MG/5 ML SUSP	11	100.00	7.48	0.21685	51%-75% Below	Yes	No
57237003501	CEFPROZIL 250 MG/5 ML SUSP	11	200.00	14.96	0.21685	51%-75% Below	Yes	No
57237003550	CEFPROZIL 250 MG/5 ML SUSP	9	50.00	5.64	0.25710	51%-75% Below	No	No
57237003550	CEFPROZIL 250 MG/5 ML SUSP	10	50.00	5.64	0.23241	51%-75% Below	No	No
57237003575	CEFPROZIL 250 MG/5 ML SUSP	10	75.00	7.19	0.17962	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
57237004199	PENICILLIN VK 500 MG TABLET	10	20.00	1.81	0.10673	10%-25% Below	No	No
57237004290	VALACYCLOVIR HCL 500 MG TABLET	8	30.00	6.32	0.27158	10%-25% Below	No	No
57237004801	DIVALPROEX SOD DR 500 MG TAB	9	90.00	8.42	0.17889	26%-50% Below	Yes	No
57237007530	ONDANSETRON HCL 4 MG TABLET	8	18.00	0.55	0.07058	51%-75% Below	No	No
57237007530	ONDANSETRON HCL 4 MG TABLET	8	18.00	0.68	0.07058	26%-50% Below	No	No
57237007530	ONDANSETRON HCL 4 MG TABLET	9	12.00	0.37	0.07210	51%-75% Below	No	No
57237007530	ONDANSETRON HCL 4 MG TABLET	10	18.00	0.55	0.06864	51%-75% Below	No	No
57237007530	ONDANSETRON HCL 4 MG TABLET	11	15.00	0.46	0.05748	26%-50% Below	No	No
57237007530	ONDANSETRON HCL 4 MG TABLET	11	18.00	0.55	0.05748	26%-50% Below	No	No
57237007530	ONDANSETRON HCL 4 MG TABLET	12	18.00	0.55	0.06241	51%-75% Below	No	No
57237007550	ONDANSETRON HCL 4 MG TABLET	9	12.00	0.37	0.07210	51%-75% Below	No	No
57237007550	ONDANSETRON HCL 4 MG TABLET	9	18.00	0.55	0.07210	51%-75% Below	No	No
57237007550	ONDANSETRON HCL 4 MG TABLET	10	15.00	0.46	0.06864	51%-75% Below	No	No
57237007550	ONDANSETRON HCL 4 MG TABLET	10	18.00	0.55	0.06864	51%-75% Below	No	No
57237007550	ONDANSETRON HCL 4 MG TABLET	11	18.00	0.55	0.05748	26%-50% Below	No	No
57237007630	ONDANSETRON HCL 8 MG TABLET	8	6.00	0.35	0.10167	26%-50% Below	No	No
57237007630	ONDANSETRON HCL 8 MG TABLET	8	18.00	0.95	0.10167	26%-50% Below	No	No
57237007630	ONDANSETRON HCL 8 MG TABLET	9	18.00	0.95	0.10098	26%-50% Below	No	No
57237007630	ONDANSETRON HCL 8 MG TABLET	10	15.00	0.79	0.09436	26%-50% Below	No	No
57237007650	ONDANSETRON HCL 8 MG TABLET	9	18.00	0.95	0.10098	26%-50% Below	No	No
57237007650	ONDANSETRON HCL 8 MG TABLET	11	18.00	0.95	0.07148	26%-50% Below	No	No
57237007650	ONDANSETRON HCL 8 MG TABLET	12	18.00	0.95	0.08240	26%-50% Below	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	9	10.00	1.05	0.20107	26%-50% Below	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	9	12.00	1.25	0.20107	26%-50% Below	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	9	15.00	1.57	0.20107	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
57237007710	ONDANSETRON ODT 4 MG TABLET	9	18.00	1.88	0.20107	26%-50% Below	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	11	7.00	0.73	0.12428	10%-25% Below	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	12	18.00	1.88	0.15648	26%-50% Below	No	No
57237007730	ONDANSETRON ODT 4 MG TABLET	8	12.00	1.25	0.18951	26%-50% Below	No	No
57237007730	ONDANSETRON ODT 4 MG TABLET	8	18.00	1.88	0.18951	26%-50% Below	No	No
57237007730	ONDANSETRON ODT 4 MG TABLET	9	10.00	1.05	0.20107	26%-50% Below	No	No
57237007730	ONDANSETRON ODT 4 MG TABLET	9	12.00	1.25	0.20107	26%-50% Below	No	No
57237007730	ONDANSETRON ODT 4 MG TABLET	9	18.00	1.88	0.20107	26%-50% Below	No	No
57237007730	ONDANSETRON ODT 4 MG TABLET	10	10.00	1.05	0.18178	26%-50% Below	No	No
57237007730	ONDANSETRON ODT 4 MG TABLET	10	12.00	1.25	0.18178	26%-50% Below	No	No
57237007730	ONDANSETRON ODT 4 MG TABLET	10	18.00	1.88	0.18178	26%-50% Below	No	No
57237007730	ONDANSETRON ODT 4 MG TABLET	11	10.00	1.05	0.12428	10%-25% Below	No	No
57237007730	ONDANSETRON ODT 4 MG TABLET	11	12.00	1.25	0.12428	10%-25% Below	No	No
57237007730	ONDANSETRON ODT 4 MG TABLET	11	18.00	1.88	0.12428	10%-25% Below	No	No
57237007730	ONDANSETRON ODT 4 MG TABLET	12	10.00	1.05	0.15648	26%-50% Below	No	No
57237007730	ONDANSETRON ODT 4 MG TABLET	12	15.00	1.57	0.15648	26%-50% Below	No	No
57237007730	ONDANSETRON ODT 4 MG TABLET	12	18.00	1.88	0.15648	26%-50% Below	No	No
57237007830	ONDANSETRON ODT 8 MG TABLET	9	18.00	1.92	0.21305	26%-50% Below	No	No
57237007830	ONDANSETRON ODT 8 MG TABLET	10	6.00	0.64	0.20135	26%-50% Below	No	No
57237007830	ONDANSETRON ODT 8 MG TABLET	10	18.00	1.92	0.20135	26%-50% Below	No	No
57237007830	ONDANSETRON ODT 8 MG TABLET	11	18.00	1.92	0.15290	26%-50% Below	No	No
57237007830	ONDANSETRON ODT 8 MG TABLET	12	18.00	1.92	0.17064	26%-50% Below	No	No
57237008663	RIZATRIPTAN 10 MG ODT	10	10.00	8.91	0.60543	26%-50% Above	No	No
57237010099	METOPROLOL TARTRATE 25 MG TAB	12	30.00	1.05	0.01555	101%-200% Above	No	No
57237010199	METOPROLOL TARTRATE 50 MG TAB	8	90.00	2.73	0.02233	26%-50% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
57237010199	METOPROLOL TARTRATE 50 MG TAB	9	30.00	0.91	0.02199	26%-50% Above	No	No
57237010199	METOPROLOL TARTRATE 50 MG TAB	10	30.00	0.91	0.02287	26%-50% Above	No	No
57237010199	METOPROLOL TARTRATE 50 MG TAB	11	30.00	0.91	0.01546	76%-100% Above	No	No
57237011490	ALFUZOSIN HCL ER 10 MG TABLET	11	30.00	10.13	0.10873	200% Above	Yes	No
57237015035	FLUCONAZOLE 40 MG/ML SUSP	8	35.00	8.86	0.59032	51%-75% Below	Yes	No
57237015630	MOXIFLOXACIN HCL 400 MG TABLET	10	7.00	35.54	1.62632	200% Above	No	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	9	90.00	3.41	0.03431	10%-25% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	11	90.00	3.29	0.02654	26%-50% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	11	90.00	3.41	0.02654	26%-50% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	12	90.00	3.29	0.03019	10%-25% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	12	90.00	3.41	0.03019	10%-25% Above	Yes	No
57237016290	OMEPRAZOLE DR 40 MG CAPSULE	9	90.00	6.04	0.05326	26%-50% Above	No	No
57237022030	PIOGLITAZONE HCL 30 MG TABLET	11	90.00	11.96	0.08280	51%-75% Above	Yes	No
57237022090	PIOGLITAZONE HCL 30 MG TABLET	8	90.00	11.96	0.11252	10%-25% Above	No	No
57237022090	PIOGLITAZONE HCL 30 MG TABLET	9	90.00	11.96	0.10703	10%-25% Above	No	No
57237022090	PIOGLITAZONE HCL 30 MG TABLET	10	90.00	11.96	0.10988	10%-25% Above	No	No
57237022090	PIOGLITAZONE HCL 30 MG TABLET	11	30.00	3.99	0.08280	51%-75% Above	No	No
57237022090	PIOGLITAZONE HCL 30 MG TABLET	11	90.00	11.96	0.08280	51%-75% Above	No	No
57237022401	RAMIPRIL 5 MG CAPSULE	11	60.00	3.37	0.04106	26%-50% Above	No	No
57237023901	ZALEPLON 5 MG CAPSULE	9	30.00	8.56	0.18510	51%-75% Above	No	No
57237024001	ZALEPLON 10 MG CAPSULE	9	30.00	8.62	0.20156	26%-50% Above	No	No
57237024001	ZALEPLON 10 MG CAPSULE	11	30.00	8.62	0.12923	101%-200% Above	No	No
57664004788	LISDEXAMFETAMINE 20 MG CAPSULE	12	30.00	112.77	4.98479	10%-25% Below	No	No
57664004888	LISDEXAMFETAMINE 30 MG CAPSULE	10	30.00	112.77	5.57706	26%-50% Below	No	No
57664004888	LISDEXAMFETAMINE 30 MG CAPSULE	11	30.00	112.77	5.59503	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
57664004888	LISDEXAMFETAMINE 30 MG CAPSULE	12	30.00	112.77	5.35557	26%-50% Below	No	No
57664005088	LISDEXAMFETAMINE 50 MG CAPSULE	9	30.00	112.77	5.43974	26%-50% Below	No	No
57664005088	LISDEXAMFETAMINE 50 MG CAPSULE	12	30.00	112.77	4.84969	10%-25% Below	Yes	No
57664005288	LISDEXAMFETAMINE 70 MG CAPSULE	9	30.00	112.77	4.62673	10%-25% Below	No	No
57664037718	TRAMADOL HCL 50 MG TABLET	8	14.00	0.23	0.02799	26%-50% Below	Yes	No
57664037718	TRAMADOL HCL 50 MG TABLET	8	120.00	1.82	0.02799	26%-50% Below	No	No
57664037718	TRAMADOL HCL 50 MG TABLET	10	20.00	0.30	0.03195	51%-75% Below	No	No
57664037888	DEXMETHYLPHENIDATE 5 MG TAB	9	30.00	4.01	0.27035	26%-50% Below	No	No
57664037888	DEXMETHYLPHENIDATE 5 MG TAB	10	30.00	4.01	0.27361	51%-75% Below	No	No
57664037888	DEXMETHYLPHENIDATE 5 MG TAB	11	30.00	4.01	0.23904	26%-50% Below	No	No
57664037888	DEXMETHYLPHENIDATE 5 MG TAB	12	30.00	4.01	0.25573	26%-50% Below	No	No
57664037988	DEXMETHYLPHENIDATE 10 MG TAB	8	30.00	4.70	0.36427	51%-75% Below	No	No
57664037988	DEXMETHYLPHENIDATE 10 MG TAB	9	30.00	4.31	0.36823	51%-75% Below	No	No
57664037988	DEXMETHYLPHENIDATE 10 MG TAB	11	30.00	4.31	0.38591	51%-75% Below	No	No
57664037988	DEXMETHYLPHENIDATE 10 MG TAB	12	30.00	4.31	0.37727	51%-75% Below	No	No
57664049983	MIRTAZAPINE 15 MG TABLET	10	30.00	4.54	0.07443	101%-200% Above	Yes	No
57664050318	TIZANIDINE HCL 4 MG TABLET	10	30.00	0.53	0.03747	51%-75% Below	No	No
57664050318	TIZANIDINE HCL 4 MG TABLET	10	60.00	1.06	0.03747	51%-75% Below	No	No
57664050318	TIZANIDINE HCL 4 MG TABLET	11	60.00	1.06	0.03732	51%-75% Below	No	No
57664050318	TIZANIDINE HCL 4 MG TABLET	11	90.00	1.58	0.03732	51%-75% Below	No	No
57664050389	TIZANIDINE HCL 4 MG TABLET	10	40.00	0.70	0.03747	51%-75% Below	No	No
57664050389	TIZANIDINE HCL 4 MG TABLET	10	120.00	2.11	0.03747	51%-75% Below	No	No
57664050389	TIZANIDINE HCL 4 MG TABLET	11	180.00	3.17	0.03732	51%-75% Below	No	No
57664050389	TIZANIDINE HCL 4 MG TABLET	12	60.00	1.06	0.04042	51%-75% Below	No	No
57664050389	TIZANIDINE HCL 4 MG TABLET	12	180.00	3.17	0.04042	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
57664050652	METOPROLOL TARTRATE 25 MG TAB	9	90.00	3.16	0.01808	76%-100% Above	No	No
57664051083	MIRTAZAPINE 7.5 MG TABLET	10	90.00	88.43	0.45004	101%-200% Above	Yes	No
57664051083	MIRTAZAPINE 7.5 MG TABLET	11	30.00	29.48	0.31057	200% Above	Yes	No
57664051083	MIRTAZAPINE 7.5 MG TABLET	11	90.00	88.43	0.31057	200% Above	Yes	No
57664051083	MIRTAZAPINE 7.5 MG TABLET	12	30.00	29.48	0.39852	101%-200% Above	Yes	No
57664065688	PINDOLOL 10 MG TABLET	10	90.00	59.63	0.77640	10%-25% Below	No	No
57664065688	PINDOLOL 10 MG TABLET	11	90.00	59.63	0.83158	10%-25% Below	No	No
58160081552	TWINRIX INJ	9	1.00	120.91	.		No	No
58160081552	TWINRIX INJ	10	1.00	120.91	.		No	No
58160081912	SHINGRIX INJ 50/0.5ML	11	1.00	187.73	.		No	No
58160082311	SHINGRIX INJ 50/0.5ML	8	1.00	187.01	.		Yes	No
58160082311	SHINGRIX INJ 50/0.5ML	8	1.00	189.98	.		No	No
58160082311	SHINGRIX INJ 50/0.5ML	9	1.00	187.72	.		No	No
58160082311	SHINGRIX INJ 50/0.5ML	9	1.00	189.98	.		No	No
58160082311	SHINGRIX INJ 50/0.5ML	10	1.00	187.01	.		Yes	No
58160082311	SHINGRIX INJ 50/0.5ML	10	1.00	187.72	.		No	No
58160082311	SHINGRIX INJ 50/0.5ML	10	1.00	188.43	.		No	No
58160082311	SHINGRIX INJ 50/0.5ML	11	1.00	187.01	.		Yes	No
58160082311	SHINGRIX INJ 50/0.5ML	11	1.00	189.98	.		No	No
58160084252	BOOSTRIX INJ	8	0.50	44.43	.		Yes	No
58160084252	BOOSTRIX INJ	8	0.50	45.14	.		No	No
58160084811	AREXVY INJ 120MCG	9	1.00	277.83	.		Yes	No
58160084811	AREXVY INJ 120MCG	10	1.00	278.89	.		No	No
58160084811	AREXVY INJ 120MCG	10	1.00	279.95	.		No	No
58160084811	AREXVY INJ 120MCG	10	1.00	282.24	.		No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
58160088452	FLUARIX INJ 2024-25	9	0.50	18.75	.		No	No
58160088452	FLUARIX INJ 2024-25	10	0.50	18.47	.		No	No
58160088452	FLUARIX INJ 2024-25	10	0.50	18.60	.		No	No
58160088452	FLUARIX INJ 2024-25	10	0.50	18.75	.		No	No
58160088452	FLUARIX INJ 2024-25	11	0.50	18.75	.		No	No
58160088452	FLUARIX INJ 2024-25	12	0.50	18.75	.		No	No
58657015101	FOLIC ACID 1 MG TABLET	10	90.00	1.08	0.02434	26%-50% Below	No	No
58657040801	EST ESTROGEN TAB MTEST FS	12	30.00	82.08	.		No	No
58657045601	URO-MP CAPSULE	9	100.00	147.37	1.65816	10%-25% Below	No	No
58657050004	CODEINE-GUAIFEN 10-100 MG/5 ML	9	120.00	4.21	0.04144	10%-25% Below	No	No
58657050004	CODEINE-GUAIFEN 10-100 MG/5 ML	10	120.00	4.21	0.04407	10%-25% Below	No	No
58657050004	CODEINE-GUAIFEN 10-100 MG/5 ML	11	120.00	4.21	0.05122	26%-50% Below	No	No
58657067601	CIPROFLOXACIN HCL 500 MG TAB	11	10.00	1.55	0.10843	26%-50% Above	No	No
58657067601	CIPROFLOXACIN HCL 500 MG TAB	12	14.00	2.17	0.12497	10%-25% Above	No	No
59651000101	OMEPRAZOLE DR 10 MG CAPSULE	10	30.00	3.94	0.07385	76%-100% Above	No	No
59651000205	OMEPRAZOLE DR 20 MG CAPSULE	11	90.00	3.29	0.02654	26%-50% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	8	30.00	2.01	0.05154	26%-50% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	8	90.00	5.81	0.05154	10%-25% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	8	90.00	6.04	0.05154	26%-50% Above	No	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	8	90.00	6.04	0.05154	26%-50% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	9	30.00	2.01	0.05326	10%-25% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	9	90.00	5.81	0.05326	10%-25% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	9	90.00	6.04	0.05326	26%-50% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	10	30.00	2.01	0.05462	10%-25% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	10	90.00	5.81	0.05462	10%-25% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	10	90.00	6.04	0.05462	10%-25% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	11	30.00	2.01	0.04298	51%-75% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	11	90.00	5.81	0.04298	26%-50% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	11	90.00	6.04	0.04298	51%-75% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	12	90.00	6.04	0.04805	26%-50% Above	No	No
59651000330	OMEPRAZOLE DR 40 MG CAPSULE	8	30.00	1.97	0.05154	26%-50% Above	No	No
59651000330	OMEPRAZOLE DR 40 MG CAPSULE	8	30.00	2.01	0.05154	26%-50% Above	No	No
59651000330	OMEPRAZOLE DR 40 MG CAPSULE	11	90.00	5.81	0.04298	26%-50% Above	Yes	No
59651000330	OMEPRAZOLE DR 40 MG CAPSULE	11	90.00	6.04	0.04298	51%-75% Above	Yes	No
59651000330	OMEPRAZOLE DR 40 MG CAPSULE	12	30.00	2.01	0.04805	26%-50% Above	Yes	No
59651000330	OMEPRAZOLE DR 40 MG CAPSULE	12	90.00	5.81	0.04805	26%-50% Above	Yes	No
59651000330	OMEPRAZOLE DR 40 MG CAPSULE	12	90.00	6.04	0.04805	26%-50% Above	Yes	No
59651000715	AZITHROMYCIN 100 MG/5 ML SUSP	8	15.00	12.04	0.42274	76%-100% Above	Yes	No
59651000715	AZITHROMYCIN 100 MG/5 ML SUSP	9	30.00	24.07	0.41739	76%-100% Above	Yes	No
59651000815	AZITHROMYCIN 200 MG/5 ML SUSP	9	15.00	8.15	0.38530	26%-50% Above	Yes	No
59651000815	AZITHROMYCIN 200 MG/5 ML SUSP	11	15.00	8.15	0.27215	76%-100% Above	Yes	No
59651000815	AZITHROMYCIN 200 MG/5 ML SUSP	12	15.00	8.15	0.29991	76%-100% Above	Yes	No
59651000823	AZITHROMYCIN 200 MG/5 ML SUSP	9	67.50	36.65	0.27715	76%-100% Above	Yes	No
59651000823	AZITHROMYCIN 200 MG/5 ML SUSP	10	22.50	12.22	0.24645	101%-200% Above	Yes	No
59651000823	AZITHROMYCIN 200 MG/5 ML SUSP	11	22.50	12.22	0.19878	101%-200% Above	Yes	No
59651000830	AZITHROMYCIN 200 MG/5 ML SUSP	8	30.00	16.29	0.25963	101%-200% Above	Yes	No
59651000830	AZITHROMYCIN 200 MG/5 ML SUSP	9	30.00	16.29	0.25330	101%-200% Above	Yes	No
59651000830	AZITHROMYCIN 200 MG/5 ML SUSP	11	30.00	16.29	0.18019	200% Above	Yes	No
59651000830	AZITHROMYCIN 200 MG/5 ML SUSP	11	60.00	32.58	0.18019	200% Above	Yes	No
59651000830	AZITHROMYCIN 200 MG/5 ML SUSP	12	30.00	16.29	0.20436	101%-200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59651000830	AZITHROMYCIN 200 MG/5 ML SUSP	12	60.00	32.58	0.20436	101%-200% Above	Yes	No
59651000960	RANOLAZINE ER 500 MG TABLET	10	270.00	232.23	0.21265	200% Above	No	No
59651000960	RANOLAZINE ER 500 MG TABLET	11	120.00	103.21	0.17649	200% Above	No	No
59651002601	AMOX-CLAV 250-62.5 MG/5 ML SUS	8	200.00	73.04	0.42258	10%-25% Below	Yes	No
59651002988	LO-ZUMANDIMINE 3 MG-0.02 MG TB	8	28.00	26.35	0.17230	200% Above	No	No
59651002988	LO-ZUMANDIMINE 3 MG-0.02 MG TB	9	28.00	26.35	0.20900	200% Above	No	No
59651002988	LO-ZUMANDIMINE 3 MG-0.02 MG TB	10	28.00	26.35	0.18818	200% Above	No	No
59651002988	LO-ZUMANDIMINE 3 MG-0.02 MG TB	11	28.00	26.35	0.12780	200% Above	No	No
59651003247	IBUPROFEN 100 MG/5 ML SUSP	9	120.00	1.34	0.02541	51%-75% Below	No	No
59651003247	IBUPROFEN 100 MG/5 ML SUSP	11	150.00	1.68	0.01852	26%-50% Below	No	No
59651003247	IBUPROFEN 100 MG/5 ML SUSP	11	200.00	2.24	0.01852	26%-50% Below	No	No
59651005205	EZETIMIBE 10 MG TABLET	8	30.00	39.93	0.09557	200% Above	No	No
59651005205	EZETIMIBE 10 MG TABLET	9	30.00	39.93	0.08895	200% Above	No	No
59651005205	EZETIMIBE 10 MG TABLET	9	90.00	119.79	0.08895	200% Above	No	No
59651005205	EZETIMIBE 10 MG TABLET	10	30.00	39.93	0.08203	200% Above	No	No
59651005205	EZETIMIBE 10 MG TABLET	11	30.00	39.93	0.07249	200% Above	No	No
59651005205	EZETIMIBE 10 MG TABLET	11	90.00	119.79	0.07249	200% Above	No	No
59651005290	EZETIMIBE 10 MG TABLET	8	30.00	39.93	0.09557	200% Above	No	No
59651005290	EZETIMIBE 10 MG TABLET	9	90.00	119.79	0.08895	200% Above	No	No
59651005290	EZETIMIBE 10 MG TABLET	10	30.00	39.93	0.08203	200% Above	No	No
59651005290	EZETIMIBE 10 MG TABLET	12	30.00	39.93	0.07518	200% Above	No	No
59651005290	EZETIMIBE 10 MG TABLET	12	90.00	119.79	0.07518	200% Above	No	No
59651011330	FEBUXOSTAT 40 MG TABLET	8	30.00	110.53	0.36023	200% Above	No	No
59651011330	FEBUXOSTAT 40 MG TABLET	9	30.00	110.53	0.36093	200% Above	No	No
59651011330	FEBUXOSTAT 40 MG TABLET	10	30.00	110.53	0.39984	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59651011330	FEBUXOSTAT 40 MG TABLET	11	30.00	110.53	0.34387	200% Above	No	No
59651011330	FEBUXOSTAT 40 MG TABLET	11	90.00	331.60	0.34387	200% Above	No	No
59651011430	FEBUXOSTAT 80 MG TABLET	8	90.00	331.60	0.49719	200% Above	No	No
59651013930	NEBIVOLOL 10 MG TABLET	11	90.00	66.93	0.11363	200% Above	No	No
59651013990	NEBIVOLOL 10 MG TABLET	9	90.00	66.93	0.15899	200% Above	No	No
59651014030	NEBIVOLOL 20 MG TABLET	10	90.00	69.09	0.19331	200% Above	No	No
59651015301	PROGESTERONE 200 MG CAPSULE	10	90.00	83.32	0.39874	101%-200% Above	No	No
59651017301	DOXEPIN 10 MG CAPSULE	11	30.00	1.25	0.06254	26%-50% Below	Yes	No
59651017301	DOXEPIN 10 MG CAPSULE	12	90.00	3.60	0.07555	26%-50% Below	Yes	No
59651018201	METHOTREXATE 2.5 MG TABLET	10	96.00	67.72	0.17412	200% Above	Yes	No
59651018201	METHOTREXATE 2.5 MG TABLET	10	104.00	73.36	0.17412	200% Above	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	8	30.00	13.01	0.28599	51%-75% Above	No	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	8	30.00	13.01	0.28599	51%-75% Above	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	9	30.00	13.01	0.27562	51%-75% Above	No	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	9	30.00	13.01	0.27562	51%-75% Above	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	9	90.00	39.03	0.27562	51%-75% Above	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	10	30.00	13.01	0.28385	51%-75% Above	No	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	11	30.00	13.01	0.23044	76%-100% Above	No	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	11	30.00	13.01	0.23044	76%-100% Above	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	11	90.00	39.03	0.23044	76%-100% Above	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	12	30.00	13.01	0.25753	51%-75% Above	No	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	12	30.00	13.01	0.25753	51%-75% Above	Yes	No
59651023690	ANASTROZOLE 1 MG TABLET	8	30.00	2.44	0.17083	51%-75% Below	No	No
59651023690	ANASTROZOLE 1 MG TABLET	9	30.00	2.44	0.16529	26%-50% Below	No	No
59651023690	ANASTROZOLE 1 MG TABLET	11	13.00	0.91	0.11102	26%-50% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59651024130	IMATINIB MESYLATE 400 MG TAB	10	30.00	1632.00	2.56991	200% Above	No	No
59651024130	IMATINIB MESYLATE 400 MG TAB	12	30.00	1632.00	2.55992	200% Above	No	No
59651025101	NADOLOL 40 MG TABLET	8	30.00	48.19	0.35670	200% Above	Yes	No
59651025101	NADOLOL 40 MG TABLET	9	30.00	49.12	0.32098	200% Above	Yes	No
59651025101	NADOLOL 40 MG TABLET	10	30.00	49.12	0.35472	200% Above	Yes	No
59651025101	NADOLOL 40 MG TABLET	11	90.00	147.35	0.30360	200% Above	Yes	No
59651029501	NIFEDIPINE ER 30 MG TABLET	8	90.00	18.50	0.09953	101%-200% Above	No	No
59651029701	NIFEDIPINE ER 90 MG TABLET	11	90.00	45.30	0.17171	101%-200% Above	No	No
59651030030	TAMOXIFEN 20 MG TABLET	8	90.00	33.40	0.29981	10%-25% Above	No	No
59651030030	TAMOXIFEN 20 MG TABLET	11	90.00	34.05	0.20788	76%-100% Above	No	No
59651030801	FLUOXETINE HCL 10 MG TABLET	9	30.00	7.52	0.15832	51%-75% Above	No	No
59651030830	FLUOXETINE HCL 10 MG TABLET	11	30.00	7.52	0.09169	101%-200% Above	No	No
59651030901	FLUOXETINE HCL 20 MG TABLET	10	90.00	132.20	0.12666	200% Above	No	No
59651034001	METHOCARBAMOL 500 MG TABLET	9	40.00	2.91	0.04058	76%-100% Above	No	No
59651034001	METHOCARBAMOL 500 MG TABLET	10	90.00	6.54	0.03742	76%-100% Above	No	No
59651034001	METHOCARBAMOL 500 MG TABLET	11	30.00	2.18	0.02811	101%-200% Above	No	No
59651034105	METHOCARBAMOL 750 MG TABLET	10	30.00	0.57	0.04594	51%-75% Below	Yes	No
59651034930	LEFLUNOMIDE 20 MG TABLET	12	90.00	272.78	0.32294	200% Above	Yes	No
59651036105	IBUPROFEN 600 MG TABLET	9	15.00	0.25	0.05173	51%-75% Below	No	No
59651036105	IBUPROFEN 600 MG TABLET	9	20.00	0.34	0.05173	51%-75% Below	No	No
59651036105	IBUPROFEN 600 MG TABLET	10	20.00	0.34	0.05150	51%-75% Below	No	No
59651036105	IBUPROFEN 600 MG TABLET	10	30.00	0.50	0.05150	51%-75% Below	No	No
59651036105	IBUPROFEN 600 MG TABLET	11	16.00	0.27	0.04638	51%-75% Below	No	No
59651036105	IBUPROFEN 600 MG TABLET	11	28.00	0.47	0.04638	51%-75% Below	No	No
59651036105	IBUPROFEN 600 MG TABLET	11	90.00	1.51	0.04638	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59651036205	IBUPROFEN 800 MG TABLET	8	15.00	0.28	0.06511	51%-75% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	8	30.00	0.56	0.06511	51%-75% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	8	60.00	1.12	0.06511	51%-75% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	8	90.00	1.67	0.06511	51%-75% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	8	270.00	10.07	0.06511	26%-50% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	9	20.00	0.37	0.06409	51%-75% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	9	24.00	0.45	0.06409	51%-75% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	9	60.00	1.12	0.06409	51%-75% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	9	90.00	1.67	0.06409	51%-75% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	10	20.00	0.37	0.06215	51%-75% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	10	30.00	0.56	0.06215	51%-75% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	10	60.00	1.12	0.06215	51%-75% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	10	90.00	1.67	0.06215	51%-75% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	10	270.00	5.02	0.06215	51%-75% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	11	18.00	0.33	0.05111	51%-75% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	11	20.00	0.37	0.05111	51%-75% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	11	21.00	0.39	0.05111	51%-75% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	11	30.00	0.56	0.05111	51%-75% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	11	40.00	0.74	0.05111	51%-75% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	11	60.00	1.12	0.05111	51%-75% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	11	90.00	1.67	0.05111	51%-75% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	12	21.00	0.39	0.05567	51%-75% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	12	30.00	0.56	0.05567	51%-75% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	12	60.00	1.12	0.05567	51%-75% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	12	90.00	1.67	0.05567	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59651039001	BUSPIRONE HCL 7.5 MG TABLET	10	180.00	97.65	0.13788	200% Above	No	No
59651039001	BUSPIRONE HCL 7.5 MG TABLET	11	60.00	32.55	0.07973	200% Above	No	No
59651039001	BUSPIRONE HCL 7.5 MG TABLET	11	90.00	48.83	0.07973	200% Above	No	No
59651039001	BUSPIRONE HCL 7.5 MG TABLET	12	90.00	48.83	0.10076	200% Above	No	No
59651041401	HYDROCORTISONE 10 MG TABLET	11	360.00	87.26	0.18731	26%-50% Above	No	No
59651042101	URSODIOL 300 MG CAPSULE	11	360.00	690.19	0.38888	200% Above	Yes	No
59651042801	SPIRONOLACTONE 100 MG TABLET	9	30.00	3.95	0.20132	26%-50% Below	No	No
59651042801	SPIRONOLACTONE 100 MG TABLET	10	30.00	3.95	0.19313	26%-50% Below	No	No
59651048699	PREDNISONE 5 MG TABLET	8	10.00	1.03	0.05430	76%-100% Above	No	No
59651048699	PREDNISONE 5 MG TABLET	9	42.00	4.34	0.04955	101%-200% Above	No	No
59651048699	PREDNISONE 5 MG TABLET	10	90.00	9.31	0.05070	101%-200% Above	No	No
59651048699	PREDNISONE 5 MG TABLET	11	10.00	1.03	0.03916	101%-200% Above	No	No
59651048701	PREDNISONE 10 MG TABLET	9	21.00	2.33	0.06166	76%-100% Above	No	No
59651048701	PREDNISONE 10 MG TABLET	10	21.00	2.33	0.05667	76%-100% Above	No	No
59651048801	PREDNISONE 20 MG TABLET	10	10.00	1.18	0.08070	26%-50% Above	No	No
59651048801	PREDNISONE 20 MG TABLET	12	10.00	1.18	0.07170	51%-75% Above	No	No
59651048805	PREDNISONE 20 MG TABLET	8	5.00	0.59	0.08765	26%-50% Above	No	No
59651048805	PREDNISONE 20 MG TABLET	10	10.00	1.18	0.08070	26%-50% Above	No	No
59651048805	PREDNISONE 20 MG TABLET	12	10.00	1.18	0.07170	51%-75% Above	No	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	8	60.00	3.14	0.04351	10%-25% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	8	270.00	14.15	0.04351	10%-25% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	9	180.00	9.43	0.04472	10%-25% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	10	30.00	1.57	0.04691	10%-25% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	10	30.00	2.33	0.04691	51%-75% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	10	60.00	3.14	0.04691	10%-25% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59651050005	HYDROXYZINE HCL 25 MG TABLET	10	90.00	4.72	0.04691	10%-25% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	10	270.00	14.15	0.04691	10%-25% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	11	15.00	0.79	0.03406	51%-75% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	11	20.00	1.05	0.03406	51%-75% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	11	60.00	3.14	0.03406	51%-75% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	12	60.00	3.14	0.03948	26%-50% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	12	90.00	4.72	0.03948	26%-50% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	12	270.00	14.15	0.03948	26%-50% Above	Yes	No
59651050105	HYDROXYZINE HCL 50 MG TABLET	10	90.00	25.62	0.06963	200% Above	Yes	No
59651050530	RAMELTEON 8 MG TABLET	9	90.00	171.57	0.85483	101%-200% Above	Yes	No
59651051630	EXEMESTANE 25 MG TABLET	9	12.00	44.42	0.85697	200% Above	Yes	No
59651051630	EXEMESTANE 25 MG TABLET	9	30.00	115.40	0.85697	200% Above	No	No
59651051630	EXEMESTANE 25 MG TABLET	10	30.00	115.40	0.76598	200% Above	No	No
59651051630	EXEMESTANE 25 MG TABLET	11	30.00	115.40	0.60665	200% Above	No	No
59651051630	EXEMESTANE 25 MG TABLET	12	30.00	115.40	0.67286	200% Above	No	No
59651053901	ISOSORBIDE MONONIT ER 30 MG TB	10	90.00	19.75	0.07851	101%-200% Above	No	No
59651053901	ISOSORBIDE MONONIT ER 30 MG TB	11	90.00	19.75	0.05820	200% Above	No	No
59651054101	ISOSORBIDE MONONIT ER 120 MG	11	90.00	55.68	0.13698	200% Above	No	No
59651057690	FENOFIBRATE 160 MG TABLET	8	90.00	39.90	0.11480	200% Above	Yes	No
59651057690	FENOFIBRATE 160 MG TABLET	10	90.00	41.46	0.13822	200% Above	Yes	No
59651057690	FENOFIBRATE 160 MG TABLET	11	30.00	13.82	0.10985	200% Above	Yes	No
59651057690	FENOFIBRATE 160 MG TABLET	12	90.00	39.90	0.11584	200% Above	Yes	No
59651058901	NADOLOL 20 MG TABLET	12	90.00	118.15	0.14811	200% Above	Yes	No
59651071901	DICYCLOMINE 10 MG CAPSULE	8	30.00	2.18	0.09987	26%-50% Below	No	No
59651071901	DICYCLOMINE 10 MG CAPSULE	9	56.00	4.07	0.09755	10%-25% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59651071901	DICYCLOMINE 10 MG CAPSULE	9	60.00	4.36	0.09755	10%-25% Below	No	No
59651072099	DICYCLOMINE 20 MG TABLET	10	30.00	3.52	0.10405	10%-25% Above	No	No
59651072099	DICYCLOMINE 20 MG TABLET	10	90.00	10.56	0.10405	10%-25% Above	No	No
59651072099	DICYCLOMINE 20 MG TABLET	11	30.00	3.52	0.08225	26%-50% Above	No	No
59651072099	DICYCLOMINE 20 MG TABLET	12	30.00	3.52	0.09153	26%-50% Above	No	No
59651072201	CLONAZEPAM 0.5 MG TABLET	8	60.00	0.77	0.02634	51%-75% Below	No	No
59651072201	CLONAZEPAM 0.5 MG TABLET	10	20.00	0.26	0.02647	26%-50% Below	No	No
59651072201	CLONAZEPAM 0.5 MG TABLET	10	30.00	0.39	0.02647	26%-50% Below	No	No
59651072201	CLONAZEPAM 0.5 MG TABLET	11	30.00	0.39	0.01744	10%-25% Below	No	No
59651072201	CLONAZEPAM 0.5 MG TABLET	11	60.00	0.77	0.01744	26%-50% Below	No	No
59651072299	CLONAZEPAM 0.5 MG TABLET	8	15.00	0.21	0.02634	26%-50% Below	No	No
59651072299	CLONAZEPAM 0.5 MG TABLET	9	10.00	0.13	0.02836	51%-75% Below	No	No
59651072299	CLONAZEPAM 0.5 MG TABLET	9	15.00	0.19	0.02836	51%-75% Below	No	No
59651072299	CLONAZEPAM 0.5 MG TABLET	9	20.00	0.26	0.02836	51%-75% Below	No	No
59651072299	CLONAZEPAM 0.5 MG TABLET	9	45.00	0.58	0.02836	51%-75% Below	No	No
59651072299	CLONAZEPAM 0.5 MG TABLET	9	45.00	3.62	0.02836	101%-200% Above	No	No
59651072299	CLONAZEPAM 0.5 MG TABLET	10	15.00	0.19	0.02647	51%-75% Below	No	No
59651072299	CLONAZEPAM 0.5 MG TABLET	10	20.00	0.26	0.02647	26%-50% Below	No	No
59651072299	CLONAZEPAM 0.5 MG TABLET	11	10.00	0.13	0.01744	10%-25% Below	No	No
59651072299	CLONAZEPAM 0.5 MG TABLET	11	20.00	0.26	0.01744	10%-25% Below	No	No
59651072299	CLONAZEPAM 0.5 MG TABLET	11	30.00	0.39	0.01744	10%-25% Below	No	No
59651072299	CLONAZEPAM 0.5 MG TABLET	12	30.00	0.39	0.02070	26%-50% Below	No	No
59651072301	CLONAZEPAM 1 MG TABLET	8	30.00	0.44	0.03252	51%-75% Below	No	No
59651072301	CLONAZEPAM 1 MG TABLET	9	10.00	0.15	0.03246	51%-75% Below	No	No
59651072301	CLONAZEPAM 1 MG TABLET	9	19.00	0.28	0.03246	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59651072301	CLONAZEPAM 1 MG TABLET	9	30.00	0.44	0.03246	51%-75% Below	No	No
59651072301	CLONAZEPAM 1 MG TABLET	10	19.00	0.28	0.02939	26%-50% Below	No	No
59651072301	CLONAZEPAM 1 MG TABLET	10	27.00	0.40	0.02939	26%-50% Below	No	No
59651072301	CLONAZEPAM 1 MG TABLET	10	90.00	1.32	0.02939	26%-50% Below	No	No
59651072301	CLONAZEPAM 1 MG TABLET	11	30.00	0.44	0.02556	26%-50% Below	No	No
59651072301	CLONAZEPAM 1 MG TABLET	11	60.00	0.88	0.02556	26%-50% Below	No	No
59651072399	CLONAZEPAM 1 MG TABLET	8	30.00	0.54	0.03252	26%-50% Below	No	No
59651072399	CLONAZEPAM 1 MG TABLET	8	60.00	0.88	0.03252	51%-75% Below	No	No
59651072399	CLONAZEPAM 1 MG TABLET	9	30.00	0.44	0.03246	51%-75% Below	No	No
59651072399	CLONAZEPAM 1 MG TABLET	9	60.00	0.88	0.03246	51%-75% Below	No	No
59651072399	CLONAZEPAM 1 MG TABLET	10	60.00	0.88	0.02939	26%-50% Below	No	No
59651072399	CLONAZEPAM 1 MG TABLET	11	30.00	0.44	0.02556	26%-50% Below	No	No
59651072399	CLONAZEPAM 1 MG TABLET	11	60.00	0.88	0.02556	26%-50% Below	No	No
59651078201	GLIPIZIDE ER 10 MG TABLET	11	180.00	40.01	0.13342	51%-75% Above	No	No
59651078205	GLIPIZIDE ER 10 MG TABLET	8	90.00	20.01	0.16907	26%-50% Above	No	No
59651078205	GLIPIZIDE ER 10 MG TABLET	9	60.00	13.34	0.16578	26%-50% Above	No	No
59651078205	GLIPIZIDE ER 10 MG TABLET	10	60.00	13.34	0.16178	26%-50% Above	No	No
59651078205	GLIPIZIDE ER 10 MG TABLET	11	60.00	13.34	0.13342	51%-75% Above	No	No
59651080801	MECLIZINE 25 MG TABLET	8	30.00	1.19	0.09032	51%-75% Below	No	No
59651080801	MECLIZINE 25 MG TABLET	9	28.00	1.11	0.09003	51%-75% Below	No	No
59651086701	CIPROFLOXACIN HCL 500 MG TAB	9	10.00	1.32	0.15001	10%-25% Below	No	No
59651086701	CIPROFLOXACIN HCL 500 MG TAB	11	14.00	2.17	0.10843	26%-50% Above	No	No
59651086701	CIPROFLOXACIN HCL 500 MG TAB	11	20.00	3.10	0.10843	26%-50% Above	No	No
59651086701	CIPROFLOXACIN HCL 500 MG TAB	12	28.00	4.17	0.12497	10%-25% Above	Yes	No
59651086701	CIPROFLOXACN TAB 500MG	8	20.00	3.10	.		No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59651086705	CIPROFLOXACIN HCL 500 MG TAB	11	14.00	2.17	0.10843	26%-50% Above	No	No
59651086705	CIPROFLOXACIN HCL 500 MG TAB	12	14.00	2.17	0.12497	10%-25% Above	No	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	10	21.00	6.38	0.14027	101%-200% Above	Yes	No
59746000106	METHYLPREDNISOLONE 4 MG TABLET	8	21.00	11.82	0.16344	200% Above	No	No
59746000106	METHYLPREDNISOLONE 4 MG TABLET	10	40.00	22.51	0.14738	200% Above	No	No
59746011306	PROCHLORPERAZINE 5 MG TABLET	8	10.00	0.89	0.23505	51%-75% Below	No	No
59746011506	PROCHLORPERAZINE 10 MG TAB	10	14.00	2.04	0.25285	26%-50% Below	No	No
59746011506	PROCHLORPERAZINE 10 MG TAB	10	30.00	4.37	0.25285	26%-50% Below	No	No
59746011506	PROCHLORPERAZINE 10 MG TAB	12	30.00	4.37	0.18855	10%-25% Below	No	No
59746017210	PREDNISONE 5 MG TABLET	8	21.00	2.17	0.05430	76%-100% Above	No	No
59746017210	PREDNISONE 5 MG TABLET	9	21.00	2.17	0.04955	101%-200% Above	No	No
59746017310	PREDNISONE 10 MG TABLET	4	40.00	4.35	0.04754	101%-200% Above	No	No
59746017310	PREDNISONE 10 MG TABLET	9	20.00	2.22	0.06166	76%-100% Above	No	No
59746017506	PREDNISONE 20 MG TABLET	8	10.00	1.18	0.08765	26%-50% Above	No	No
59746017506	PREDNISONE 20 MG TABLET	9	10.00	1.18	0.08552	26%-50% Above	No	No
59746017506	PREDNISONE 20 MG TABLET	10	10.00	1.18	0.08070	26%-50% Above	No	No
59746017506	PREDNISONE 20 MG TABLET	11	5.00	0.59	0.06386	76%-100% Above	No	No
59746017506	PREDNISONE 20 MG TABLET	11	10.00	1.18	0.06386	76%-100% Above	No	No
59746017506	PREDNISONE 20 MG TABLET	12	15.00	1.77	0.07170	51%-75% Above	No	No
59746017506	PREDNISONE 20 MG TABLET	12	24.00	2.84	0.07170	51%-75% Above	No	No
59746017509	PREDNISONE 20 MG TABLET	9	10.00	1.18	0.08552	26%-50% Above	No	No
59746017509	PREDNISONE 20 MG TABLET	10	10.00	1.18	0.08070	26%-50% Above	No	No
59746021110	CYCLOBENZAPRINE 5 MG TABLET	11	15.00	0.18	0.01572	10%-25% Below	Yes	No
59746033310	LOSARTAN POTASSIUM 25 MG TAB	9	30.00	2.63	0.02956	101%-200% Above	No	No
59746033310	LOSARTAN POTASSIUM 25 MG TAB	10	30.00	2.63	0.02989	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59746033310	LOSARTAN POTASSIUM 25 MG TAB	11	30.00	2.63	0.02422	200% Above	No	No
59746033310	LOSARTAN POTASSIUM 25 MG TAB	12	30.00	2.63	0.02707	200% Above	No	No
59746033810	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	11	90.00	45.04	0.07463	200% Above	No	No
59746038506	TERAZOSIN 5 MG CAPSULE	8	90.00	7.61	0.14208	26%-50% Below	No	No
59746038506	TERAZOSIN 5 MG CAPSULE	9	90.00	7.61	0.14858	26%-50% Below	No	No
59746038506	TERAZOSIN 5 MG CAPSULE	10	30.00	2.54	0.14498	26%-50% Below	No	No
59746038506	TERAZOSIN 5 MG CAPSULE	12	30.00	2.54	0.14410	26%-50% Below	No	No
59746038506	TERAZOSIN 5 MG CAPSULE	12	90.00	7.61	0.14410	26%-50% Below	No	No
59746038606	TERAZOSIN 10 MG CAPSULE	10	90.00	8.06	0.15448	26%-50% Below	No	No
59746076201	NITROFURANTOIN MONO-MCR 100 MG	8	10.00	6.56	0.50287	26%-50% Above	No	No
59746076201	NITROFURANTOIN MONO-MCR 100 MG	9	14.00	9.18	0.45600	26%-50% Above	No	No
59746076201	NITROFURANTOIN MONO-MCR 100 MG	9	30.00	19.67	0.45600	26%-50% Above	No	No
59746076201	NITROFURANTOIN MONO-MCR 100 MG	10	20.00	13.11	0.34915	76%-100% Above	No	No
59746076201	NITROFURANTOIN MONO-MCR 100 MG	10	30.00	19.67	0.34915	76%-100% Above	No	No
59746076201	NITROFURANTOIN MONO-MCR 100 MG	11	30.00	19.67	0.25614	101%-200% Above	No	No
59746076201	NITROFURANTOIN MONO-MCR 100 MG	12	10.00	6.56	0.28685	101%-200% Above	No	No
59746076201	NITROFURANTOIN MONO-MCR 100 MG	12	30.00	19.67	0.28685	101%-200% Above	No	No
59762005501	MEDROXYPROGESTERONE 2.5 MG TAB	11	30.00	3.25	0.09310	10%-25% Above	No	No
59762005601	MEDROXYPROGESTERONE 10 MG TAB	9	30.00	5.24	0.14182	10%-25% Above	No	No
59762005601	MEDROXYPROGESTERONE 10 MG TAB	10	5.00	0.87	0.13921	10%-25% Above	No	No
59762005701	ALPRAZOLAM XR 0.5 MG TABLET	11	60.00	19.37	0.14033	101%-200% Above	No	No
59762005801	MEDROXYPROGESTERONE 5 MG TAB	9	5.00	0.83	0.14129	10%-25% Above	No	No
59762007401	HYDROCORTISONE 10 MG TABLET	11	75.00	18.18	0.18731	26%-50% Above	No	No
59762010405	SULFASALAZINE DR 500 MG TAB	9	120.00	23.43	0.25910	10%-25% Below	No	No
59762010405	SULFASALAZINE DR 500 MG TAB	10	120.00	23.43	0.25910	10%-25% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59762010405	SULFASALAZINE DR 500 MG TAB	11	120.00	23.43	0.25910	10%-25% Below	No	No
59762033302	LATANOPROST 0.005% EYE DROPS	8	2.50	1.71	1.77056	51%-75% Below	No	No
59762033302	LATANOPROST 0.005% EYE DROPS	8	5.00	7.03	1.77056	10%-25% Below	No	No
59762033302	LATANOPROST 0.005% EYE DROPS	9	7.50	5.13	1.73373	51%-75% Below	No	No
59762033302	LATANOPROST 0.005% EYE DROPS	11	7.50	6.75	1.47637	26%-50% Below	No	No
59762040101	SUCRALFATE 1 GM TABLET	9	120.00	10.02	0.18517	51%-75% Below	No	No
59762040101	SUCRALFATE 1 GM TABLET	10	120.00	10.02	0.17687	51%-75% Below	No	No
59762040105	SUCRALFATE 1 GM TABLET	8	120.00	10.02	0.19823	51%-75% Below	No	No
59762040105	SUCRALFATE 1 GM TABLET	9	120.00	10.02	0.18517	51%-75% Below	No	No
59762040105	SUCRALFATE 1 GM TABLET	12	120.00	10.02	0.16521	26%-50% Below	No	No
59762045001	COLESTIPOL HCL 1 GM TABLET	8	120.00	47.12	0.75953	26%-50% Below	No	No
59762045001	COLESTIPOL HCL 1 GM TABLET	10	120.00	47.12	0.74710	26%-50% Below	No	No
59762100501	CABERGOLINE 0.5 MG TABLET	8	32.00	165.31	1.95827	101%-200% Above	Yes	No
59762100501	CABERGOLINE 0.5 MG TABLET	9	26.00	129.24	1.77440	101%-200% Above	Yes	No
59762100501	CABERGOLINE 0.5 MG TABLET	10	32.00	165.31	1.66765	200% Above	Yes	No
59762100501	CABERGOLINE 0.5 MG TABLET	11	24.00	123.98	1.06920	200% Above	Yes	No
59762100501	CABERGOLINE 0.5 MG TABLET	12	2.00	10.33	1.31866	200% Above	Yes	No
59762219803	AZITHROMYCIN 250 MG TABLET	11	6.00	1.25	0.25633	10%-25% Below	No	No
59762313001	AZITHROMYCIN 200 MG/5 ML SUSP	10	22.50	12.22	0.24645	101%-200% Above	No	No
59762314001	AZITHROMYCIN 200 MG/5 ML SUSP	10	30.00	16.29	0.23576	101%-200% Above	No	No
59762332801	CLINDAMYCIN HCL 150 MG CAPSULE	11	21.00	0.96	0.07602	26%-50% Below	No	No
59762371809	TRIAZOLAM 0.25 MG TABLET	9	2.00	0.46	0.46552	26%-50% Below	No	No
59762371903	ALPRAZOLAM 0.25 MG TABLET	12	60.00	0.75	0.02002	26%-50% Below	No	No
59762372001	ALPRAZOLAM 0.5 MG TABLET	9	2.00	0.02	0.02477	51%-75% Below	No	No
59762372003	ALPRAZOLAM 0.5 MG TABLET	9	20.00	0.21	0.02477	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59762372003	ALPRAZOLAM 0.5 MG TABLET	10	20.00	0.21	0.02342	51%-75% Below	No	No
59762372004	ALPRAZOLAM 0.5 MG TABLET	9	30.00	0.32	0.02477	51%-75% Below	No	No
59762372004	ALPRAZOLAM 0.5 MG TABLET	10	30.00	0.32	0.02342	51%-75% Below	No	No
59762372103	ALPRAZOLAM 1 MG TABLET	11	60.00	0.70	0.02224	26%-50% Below	Yes	No
59762372104	ALPRAZOLAM 1 MG TABLET	8	90.00	1.04	0.02722	51%-75% Below	No	No
59762372104	ALPRAZOLAM 1 MG TABLET	9	90.00	1.04	0.02913	51%-75% Below	No	No
59762372104	ALPRAZOLAM 1 MG TABLET	10	90.00	1.04	0.02762	51%-75% Below	No	No
59762372104	ALPRAZOLAM 1 MG TABLET	11	90.00	1.04	0.02224	26%-50% Below	No	No
59762372104	ALPRAZOLAM 1 MG TABLET	12	90.00	1.04	0.02389	51%-75% Below	No	No
59762372203	ALPRAZOLAM 2 MG TABLET	9	60.00	1.67	0.04987	26%-50% Below	No	No
59762500005	SULFASALAZINE 500 MG TABLET	11	90.00	9.79	0.17109	26%-50% Below	No	No
59762500901	CLINDAMYCIN 2% VAGINAL CREAM	9	40.00	39.65	1.59593	26%-50% Below	Yes	No
59762500901	CLINDAMYCIN 2% VAGINAL CREAM	12	40.00	39.65	1.31240	10%-25% Below	No	No
59779060027	CVS ASPIRIN TAB 81MG EC	10	90.00	3.78	.		Yes	No
60219107601	AZATHIOPRINE 50 MG TABLET	8	90.00	29.78	0.17105	76%-100% Above	No	No
60219107601	AZATHIOPRINE 50 MG TABLET	9	90.00	29.78	0.17065	76%-100% Above	No	No
60219107601	AZATHIOPRINE 50 MG TABLET	11	90.00	29.78	0.12282	101%-200% Above	No	No
60219107601	AZATHIOPRINE 50 MG TABLET	12	90.00	29.78	0.13884	101%-200% Above	No	No
60219126401	OSELTAMIVIR PHOS 30 MG CAPSULE	12	20.00	31.63	0.89453	76%-100% Above	Yes	No
60219126601	OSELTAMIVIR PHOS 75 MG CAPSULE	8	10.00	18.95	1.13383	51%-75% Above	No	No
60219126601	OSELTAMIVIR PHOS 75 MG CAPSULE	9	10.00	18.95	1.01634	76%-100% Above	No	No
60219126601	OSELTAMIVIR PHOS 75 MG CAPSULE	10	10.00	18.95	1.01298	76%-100% Above	Yes	No
60219126601	OSELTAMIVIR PHOS 75 MG CAPSULE	11	10.00	18.95	0.75752	101%-200% Above	Yes	No
60219126601	OSELTAMIVIR PHOS 75 MG CAPSULE	12	10.00	18.95	0.91545	101%-200% Above	Yes	No
60219170607	PREDNISONE 5 MG TABLET	8	60.00	6.08	0.05430	76%-100% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
60219170607	PREDNISONE 5 MG TABLET	10	60.00	6.20	0.05070	101%-200% Above	No	No
60219170701	PREDNISONE 10 MG TABLET	10	10.00	1.11	0.05667	76%-100% Above	No	No
60219170701	PREDNISONE 10 MG TABLET	11	48.00	5.32	0.04042	101%-200% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	10	30.00	3.32	0.05667	76%-100% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	10	56.00	6.20	0.05667	76%-100% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	11	21.00	2.33	0.04042	101%-200% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	11	32.00	3.55	0.04042	101%-200% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	9	3.00	0.35	0.08552	26%-50% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	9	14.00	1.66	0.08552	26%-50% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	9	21.00	2.48	0.08552	26%-50% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	10	3.00	0.35	0.08070	26%-50% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	10	6.00	1.27	0.08070	101%-200% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	10	10.00	1.18	0.08070	26%-50% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	11	10.00	1.18	0.06386	76%-100% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	12	5.00	0.59	0.07170	51%-75% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	12	13.00	1.54	0.07170	51%-75% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	8	3.00	0.35	0.08765	26%-50% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	8	5.00	0.59	0.08765	26%-50% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	8	10.00	1.18	0.08765	26%-50% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	8	13.00	1.54	0.08765	26%-50% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	9	5.00	0.59	0.08552	26%-50% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	9	10.00	1.18	0.08552	26%-50% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	10	10.00	1.18	0.08070	26%-50% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	11	5.00	0.59	0.06386	76%-100% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	11	10.00	1.18	0.06386	76%-100% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
60219170805	PREDNISONE 20 MG TABLET	11	15.00	1.77	0.06386	76%-100% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	11	30.00	3.55	0.06386	76%-100% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	12	5.00	0.59	0.07170	51%-75% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	12	6.00	0.71	0.07170	51%-75% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	12	10.00	1.18	0.07170	51%-75% Above	No	No
60219175103	SILDENAFIL 25 MG TABLET	11	15.00	123.03	0.08120	200% Above	No	No
60219175203	SILDENAFIL 50 MG TABLET	9	6.00	49.21	0.13504	200% Above	Yes	No
60219175203	SILDENAFIL 50 MG TABLET	10	6.00	49.21	0.11695	200% Above	Yes	No
60219175203	SILDENAFIL 50 MG TABLET	11	6.00	49.21	0.08516	200% Above	Yes	No
60219175203	SILDENAFIL 50 MG TABLET	11	15.00	123.03	0.08516	200% Above	Yes	No
60219175203	SILDENAFIL 50 MG TABLET	12	6.00	49.21	0.09949	200% Above	Yes	No
60219175303	SILDENAFIL 100 MG TABLET	8	6.00	49.21	0.14381	200% Above	Yes	No
60219175303	SILDENAFIL 100 MG TABLET	9	6.00	49.21	0.16623	200% Above	Yes	No
60219175303	SILDENAFIL 100 MG TABLET	9	10.00	82.02	0.16623	200% Above	Yes	No
60219175303	SILDENAFIL 100 MG TABLET	10	2.00	16.40	0.14897	200% Above	Yes	No
60219175303	SILDENAFIL 100 MG TABLET	10	18.00	147.64	0.14897	200% Above	Yes	No
60219175303	SILDENAFIL 100 MG TABLET	11	10.00	82.02	0.10291	200% Above	Yes	No
60219175303	SILDENAFIL 100 MG TABLET	12	6.00	49.21	0.12980	200% Above	Yes	No
60219204301	DEXAMETHASONE 4 MG TABLET	8	12.00	2.29	0.33084	26%-50% Below	No	No
60219204401	DEXAMETHASONE 6 MG TABLET	12	7.00	1.99	0.62703	51%-75% Below	No	No
60219205601	DEXAMETHASONE 2 MG TABLET	8	12.00	2.59	0.37727	26%-50% Below	No	No
60219234801	TRAMADOL HCL 50 MG TABLET	10	12.00	0.18	0.03195	51%-75% Below	No	No
60219234801	TRAMADOL HCL 50 MG TABLET	10	30.00	0.46	0.03195	51%-75% Below	No	No
60219234805	TRAMADOL HCL 50 MG TABLET	8	90.00	1.37	0.02799	26%-50% Below	No	No
60219234805	TRAMADOL HCL 50 MG TABLET	9	12.00	0.18	0.03044	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
60219234805	TRAMADOL HCL 50 MG TABLET	9	15.00	0.23	0.03044	26%-50% Below	No	No
60219234805	TRAMADOL HCL 50 MG TABLET	9	20.00	0.30	0.03044	26%-50% Below	No	No
60219234805	TRAMADOL HCL 50 MG TABLET	9	30.00	0.46	0.03044	26%-50% Below	No	No
60219234805	TRAMADOL HCL 50 MG TABLET	9	90.00	1.37	0.03044	26%-50% Below	No	No
60219234805	TRAMADOL HCL 50 MG TABLET	10	12.00	0.18	0.03195	51%-75% Below	No	No
60219234805	TRAMADOL HCL 50 MG TABLET	10	15.00	0.23	0.03195	51%-75% Below	No	No
60219234805	TRAMADOL HCL 50 MG TABLET	10	90.00	1.37	0.03195	51%-75% Below	No	No
60219234805	TRAMADOL HCL 50 MG TABLET	11	30.00	0.46	0.02194	26%-50% Below	Yes	No
60219234805	TRAMADOL HCL 50 MG TABLET	11	90.00	1.37	0.02194	26%-50% Below	No	No
60219234807	TRAMADOL HCL 50 MG TABLET	8	20.00	0.30	0.02799	26%-50% Below	Yes	No
60219234807	TRAMADOL HCL 50 MG TABLET	8	20.00	0.33	0.02799	26%-50% Below	Yes	No
60219234807	TRAMADOL HCL 50 MG TABLET	8	30.00	0.46	0.02799	26%-50% Below	No	No
60219234807	TRAMADOL HCL 50 MG TABLET	9	7.00	0.11	0.03044	26%-50% Below	No	No
60219234807	TRAMADOL HCL 50 MG TABLET	9	12.00	0.18	0.03044	26%-50% Below	Yes	No
60219234807	TRAMADOL HCL 50 MG TABLET	9	14.00	0.21	0.03044	26%-50% Below	Yes	No
60219234807	TRAMADOL HCL 50 MG TABLET	9	15.00	0.23	0.03044	26%-50% Below	Yes	No
60219234807	TRAMADOL HCL 50 MG TABLET	9	30.00	0.46	0.03044	26%-50% Below	No	No
60219234807	TRAMADOL HCL 50 MG TABLET	9	30.00	0.46	0.03044	26%-50% Below	Yes	No
60219234807	TRAMADOL HCL 50 MG TABLET	9	42.00	0.64	0.03044	26%-50% Below	Yes	No
60219234807	TRAMADOL HCL 50 MG TABLET	9	70.00	1.06	0.03044	26%-50% Below	No	No
60219234807	TRAMADOL HCL 50 MG TABLET	10	21.00	0.32	0.03195	51%-75% Below	No	No
60219234807	TRAMADOL HCL 50 MG TABLET	10	28.00	0.43	0.03195	51%-75% Below	Yes	No
60219234807	TRAMADOL HCL 50 MG TABLET	10	42.00	0.64	0.03195	51%-75% Below	Yes	No
60219234807	TRAMADOL HCL 50 MG TABLET	10	70.00	1.06	0.03195	51%-75% Below	No	No
60219234807	TRAMADOL HCL 50 MG TABLET	10	240.00	3.65	0.03195	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
60219234807	TRAMADOL HCL 50 MG TABLET	11	70.00	1.06	0.02194	26%-50% Below	No	No
60219234807	TRAMADOL HCL 50 MG TABLET	12	70.00	1.06	0.02546	26%-50% Below	No	No
60219552209	FENOFIBRATE 160 MG TABLET	8	90.00	41.46	0.11480	200% Above	No	No
60219552209	FENOFIBRATE 160 MG TABLET	10	90.00	41.46	0.13822	200% Above	No	No
60219552209	FENOFIBRATE 160 MG TABLET	12	90.00	41.46	0.11584	200% Above	No	No
60429002710	ATENOLOL TAB 25MG	11	90.00	2.78	.		No	No
60429002790	ATENOLOL TAB 25MG	8	90.00	2.73	.		No	No
60429019515	FLUTICASONE SPR 50MCG	4	16.00	3.35	.		No	No
60429019515	FLUTICASONE SPR 50MCG	6	16.00	3.35	.		No	No
60429019515	FLUTICASONE SPR 50MCG	8	16.00	3.35	.		No	No
60429019515	FLUTICASONE SPR 50MCG	8	16.00	3.49	.		No	No
60429019515	FLUTICASONE SPR 50MCG	9	16.00	3.49	.		No	No
60429019515	FLUTICASONE SPR 50MCG	10	16.00	3.49	.		No	No
60429019515	FLUTICASONE SPR 50MCG	11	16.00	3.49	.		No	No
60429042210	DICLOFENAC TAB 75MG DR	4	90.00	5.12	.		No	No
60429042260	DICLOFENAC TAB 75MG DR	8	60.00	3.48	.		No	No
60429098205	EZETIMIBE TAB 10MG	10	90.00	27.28	.		No	No
60505001506	DILT XR 180 MG CAPSULE	10	90.00	21.03	0.53683	51%-75% Below	Yes	No
60505001606	DILT XR 240 MG CAPSULE	12	30.00	9.17	0.51216	26%-50% Below	No	No
60505003306	PENTOXIFYLLINE ER 400 MG TAB	8	60.00	10.27	0.30946	26%-50% Below	No	No
60505003306	PENTOXIFYLLINE ER 400 MG TAB	9	60.00	10.47	0.34482	26%-50% Below	No	No
60505003306	PENTOXIFYLLINE ER 400 MG TAB	10	60.00	10.47	0.34441	26%-50% Below	No	No
60505003306	PENTOXIFYLLINE ER 400 MG TAB	12	60.00	10.47	0.30871	26%-50% Below	No	No
60505006502	OMEPRAZOLE DR 20 MG CAPSULE	11	90.00	3.41	0.02654	26%-50% Above	No	No
60505008401	PAROXETINE HCL 30 MG TABLET	11	90.00	7.70	0.07352	10%-25% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
60505009400	DOXAZOSIN MESYLATE 2 MG TAB	11	30.00	12.74	0.05624	200% Above	Yes	No
60505009500	DOXAZOSIN MESYLATE 4 MG TAB	8	90.00	24.00	0.09214	101%-200% Above	No	No
60505009500	DOXAZOSIN MESYLATE 4 MG TAB	9	30.00	13.37	0.10270	200% Above	No	No
60505009500	DOXAZOSIN MESYLATE 4 MG TAB	11	30.00	13.37	0.08438	200% Above	No	No
60505009500	DOXAZOSIN MESYLATE 4 MG TAB	11	90.00	24.00	0.08438	200% Above	No	No
60505009501	DOXAZOSIN MESYLATE 4 MG TAB	11	90.00	40.10	0.08438	200% Above	No	No
60505009600	DOXAZOSIN MESYLATE 8 MG TAB	9	90.00	42.11	0.10058	200% Above	No	No
60505009600	DOXAZOSIN MESYLATE 8 MG TAB	12	90.00	42.11	0.08127	200% Above	No	No
60505009701	PAROXETINE HCL 10 MG TABLET	10	90.00	10.12	0.06923	51%-75% Above	No	No
60505014100	GLIPIZIDE 5 MG TABLET	9	180.00	4.23	0.03433	26%-50% Below	Yes	No
60505014102	GLIPIZIDE 5 MG TABLET	8	180.00	4.39	0.03398	26%-50% Below	No	No
60505014201	GLIPIZIDE 10 MG TABLET	8	60.00	2.42	0.04749	10%-25% Below	No	No
60505014202	GLIPIZIDE 10 MG TABLET	8	60.00	2.42	0.04749	10%-25% Below	No	No
60505014202	GLIPIZIDE 10 MG TABLET	10	60.00	2.42	0.04870	10%-25% Below	No	No
60505014202	GLIPIZIDE 10 MG TABLET	11	60.00	2.42	0.03561	10%-25% Above	No	No
60505014202	GLIPIZIDE 10 MG TABLET	11	90.00	3.63	0.03561	10%-25% Above	No	No
60505016809	PRAVASTATIN SODIUM 10 MG TAB	8	90.00	8.97	0.06847	26%-50% Above	No	No
60505016809	PRAVASTATIN SODIUM 10 MG TAB	11	90.00	8.97	0.04614	101%-200% Above	No	No
60505016907	PRAVASTATIN SODIUM 20 MG TAB	11	90.00	9.76	0.05049	101%-200% Above	No	No
60505017007	PRAVASTATIN SODIUM 40 MG TAB	9	90.00	13.86	0.08703	76%-100% Above	No	No
60505017007	PRAVASTATIN SODIUM 40 MG TAB	10	180.00	27.72	0.08697	76%-100% Above	No	No
60505024701	MIRTAZAPINE 15 MG TABLET	9	90.00	13.63	0.07188	101%-200% Above	No	No
60505025103	TIZANIDINE HCL 2 MG TABLET	12	120.00	2.28	0.03237	26%-50% Below	No	No
60505025103	TIZANIDINE HCL 2 MG TABLET	12	540.00	10.26	0.03237	26%-50% Below	No	No
60505025202	TIZANIDINE HCL 4 MG TABLET	9	40.00	0.70	0.03619	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
60505025202	TIZANIDINE HCL 4 MG TABLET	9	45.00	0.79	0.03619	51%-75% Below	No	No
60505025202	TIZANIDINE HCL 4 MG TABLET	9	60.00	1.06	0.03619	51%-75% Below	No	No
60505025202	TIZANIDINE HCL 4 MG TABLET	9	90.00	1.58	0.03619	51%-75% Below	No	No
60505025202	TIZANIDINE HCL 4 MG TABLET	10	30.00	0.53	0.03747	51%-75% Below	No	No
60505025202	TIZANIDINE HCL 4 MG TABLET	10	45.00	0.79	0.03747	51%-75% Below	No	No
60505025202	TIZANIDINE HCL 4 MG TABLET	10	60.00	1.06	0.03747	51%-75% Below	No	No
60505025202	TIZANIDINE HCL 4 MG TABLET	11	45.00	0.79	0.03732	51%-75% Below	No	No
60505025202	TIZANIDINE HCL 4 MG TABLET	12	15.00	0.26	0.04042	51%-75% Below	No	No
60505025202	TIZANIDINE HCL 4 MG TABLET	12	60.00	1.06	0.04042	51%-75% Below	No	No
60505025202	TIZANIDINE HCL 4 MG TABLET	12	180.00	3.17	0.04042	51%-75% Below	No	No
60505025203	TIZANIDINE HCL 4 MG TABLET	10	5.00	0.09	0.03747	51%-75% Below	No	No
60505025203	TIZANIDINE HCL 4 MG TABLET	10	30.00	0.53	0.03747	51%-75% Below	No	No
60505025203	TIZANIDINE HCL 4 MG TABLET	10	40.00	0.70	0.03747	51%-75% Below	No	No
60505025203	TIZANIDINE HCL 4 MG TABLET	10	60.00	1.06	0.03747	51%-75% Below	No	No
60505025203	TIZANIDINE HCL 4 MG TABLET	11	10.00	0.18	0.03732	51%-75% Below	No	No
60505025203	TIZANIDINE HCL 4 MG TABLET	11	20.00	0.35	0.03732	51%-75% Below	No	No
60505025203	TIZANIDINE HCL 4 MG TABLET	11	40.00	0.70	0.03732	51%-75% Below	No	No
60505025203	TIZANIDINE HCL 4 MG TABLET	11	60.00	1.06	0.03732	51%-75% Below	No	No
60505025203	TIZANIDINE HCL 4 MG TABLET	11	120.00	2.11	0.03732	51%-75% Below	No	No
60505025203	TIZANIDINE HCL 4 MG TABLET	12	30.00	0.53	0.04042	51%-75% Below	No	No
60505025203	TIZANIDINE HCL 4 MG TABLET	12	60.00	1.06	0.04042	51%-75% Below	No	No
60505025203	TIZANIDINE HCL 4 MG TABLET	12	90.00	1.58	0.04042	51%-75% Below	No	No
60505025302	CLOPIDOGREL 75 MG TABLET	11	90.00	5.27	0.05149	10%-25% Above	No	No
60505056000	OFLOXACIN 0.3% EYE DROPS	9	5.00	11.24	1.88446	10%-25% Above	Yes	No
60505056000	OFLOXACIN 0.3% EYE DROPS	10	5.00	11.24	1.69726	26%-50% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
60505056001	OFLOXACIN 0.3% EYE DROPS	10	10.00	22.48	1.48508	51%-75% Above	Yes	No
60505056001	OFLOXACIN 0.3% EYE DROPS	12	10.00	22.48	1.08551	101%-200% Above	Yes	No
60505058204	MOXIFLOXACIN 0.5% EYE DROPS	10	3.00	23.03	2.52289	200% Above	No	No
60505058204	MOXIFLOXACIN 0.5% EYE DROPS	12	3.00	23.03	2.04701	200% Above	No	No
60505082601	IPRATROPIUM 0.03% SPRAY	8	30.00	14.21	0.66014	26%-50% Below	No	No
60505082701	IPRATROPIUM 0.06% SPRAY	12	15.00	18.50	0.97944	10%-25% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	8	16.00	3.49	0.43027	26%-50% Below	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	8	48.00	10.48	0.43027	26%-50% Below	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	9	16.00	3.49	0.41661	26%-50% Below	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	10	16.00	3.49	0.42809	26%-50% Below	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	11	16.00	3.49	0.40191	26%-50% Below	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	11	48.00	10.48	0.40191	26%-50% Below	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	12	16.00	3.49	0.42692	26%-50% Below	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	12	16.00	3.49	0.42692	26%-50% Below	Yes	No
60505083001	MOMETASONE FUROATE 50 MCG SPRY	9	17.00	71.08	1.97249	101%-200% Above	No	No
60505083001	MOMETASONE FUROATE 50 MCG SPRY	10	17.00	71.08	1.97693	101%-200% Above	No	No
60505083001	MOMETASONE FUROATE 50 MCG SPRY	11	17.00	71.08	1.69391	101%-200% Above	No	No
60505083001	MOMETASONE FUROATE 50 MCG SPRY	12	17.00	71.08	1.79213	101%-200% Above	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	8	30.00	13.01	0.28599	51%-75% Above	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	9	30.00	13.01	0.27562	51%-75% Above	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	9	90.00	39.03	0.27562	51%-75% Above	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	10	30.00	13.01	0.28385	51%-75% Above	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	11	30.00	13.01	0.23044	76%-100% Above	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	12	30.00	13.01	0.25753	51%-75% Above	No	No
60505131803	PAROXETINE CR 37.5 MG TABLET	11	180.00	415.96	0.36707	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
60505257808	ATORVASTATIN 10 MG TABLET	10	90.00	7.20	0.02960	101%-200% Above	No	No
60505257908	ATORVASTATIN 20 MG TABLET	8	90.00	8.88	0.03985	101%-200% Above	No	No
60505257908	ATORVASTATIN 20 MG TABLET	9	30.00	2.96	0.03661	101%-200% Above	No	No
60505257908	ATORVASTATIN 20 MG TABLET	9	90.00	8.88	0.03661	101%-200% Above	No	No
60505257908	ATORVASTATIN 20 MG TABLET	10	30.00	2.96	0.03564	101%-200% Above	No	No
60505257908	ATORVASTATIN 20 MG TABLET	11	30.00	2.96	0.02772	200% Above	No	No
60505257908	ATORVASTATIN 20 MG TABLET	11	90.00	8.88	0.02772	200% Above	No	No
60505257908	ATORVASTATIN 20 MG TABLET	12	90.00	8.55	0.03166	200% Above	Yes	No
60505257908	ATORVASTATIN 20 MG TABLET	12	90.00	8.88	0.03166	200% Above	No	No
60505257909	ATORVASTATIN 20 MG TABLET	10	90.00	8.88	0.03564	101%-200% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	8	30.00	2.97	0.05515	76%-100% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	8	90.00	8.92	0.05515	76%-100% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	9	30.00	2.97	0.05122	76%-100% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	9	90.00	8.92	0.05122	76%-100% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	10	30.00	2.97	0.05228	76%-100% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	10	90.00	8.92	0.05228	76%-100% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	11	30.00	2.97	0.04382	101%-200% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	11	90.00	8.92	0.04382	101%-200% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	12	30.00	2.97	0.04678	101%-200% Above	No	No
60505258009	ATORVASTATIN 40 MG TABLET	10	30.00	2.97	0.05228	76%-100% Above	No	No
60505258009	ATORVASTATIN 40 MG TABLET	11	30.00	2.97	0.04382	101%-200% Above	No	No
60505264907	TIZANIDINE HCL 4 MG CAPSULE	9	10.00	10.39	0.14451	200% Above	No	No
60505265601	TRIAMT/HCTZ TAB 37.5-25	8	90.00	12.23	.		Yes	No
60505265601	TRIAMT/HCTZ TAB 37.5-25	9	90.00	12.72	.		Yes	No
60505265601	TRIAMT/HCTZ TAB 37.5-25	12	30.00	4.24	.		Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
60505265901	TRAZODONE 300 MG TABLET	9	90.00	169.08	1.20219	51%-75% Above	Yes	No
60505309702	RISEDRONATE SODIUM 150 MG TAB	12	3.00	171.91	15.68047	200% Above	Yes	No
60505363103	DASATINIB TAB 100MG	10	30.00	11856.47	.		No	No
60505392701	GUANFACINE HCL ER 1 MG TABLET	11	30.00	10.89	0.15264	101%-200% Above	Yes	No
60505392801	GUANFACINE HCL ER 2 MG TABLET	8	90.00	32.07	0.21741	51%-75% Above	Yes	No
60505392801	GUANFACINE HCL ER 2 MG TABLET	10	30.00	10.89	0.19631	76%-100% Above	Yes	No
60505392801	GUANFACINE HCL ER 2 MG TABLET	10	90.00	31.45	0.19631	76%-100% Above	Yes	No
60505392801	GUANFACINE HCL ER 2 MG TABLET	11	30.00	10.89	0.17048	101%-200% Above	Yes	No
60505392801	GUANFACINE HCL ER 2 MG TABLET	11	90.00	31.45	0.17048	101%-200% Above	Yes	No
60505392801	GUANFACINE HCL ER 2 MG TABLET	12	30.00	10.89	0.17898	101%-200% Above	Yes	No
60505437403	VILAZODONE HCL 40 MG TABLET	8	30.00	97.44	1.09124	101%-200% Above	Yes	No
60505437403	VILAZODONE HCL 40 MG TABLET	9	30.00	99.32	1.16188	101%-200% Above	Yes	No
60505437403	VILAZODONE HCL 40 MG TABLET	10	30.00	99.32	1.07166	200% Above	Yes	No
60505437403	VILAZODONE HCL 40 MG TABLET	12	30.00	99.32	0.98622	200% Above	Yes	No
60505464303	PRASUGREL 10 MG TABLET	9	90.00	211.67	0.30675	200% Above	No	No
60505474001	LISDEXAMFETAMINE 20 MG CAPSULE	11	30.00	239.98	5.24516	51%-75% Above	No	No
60505474101	LISDEXAMFETAMINE 30 MG CAPSULE	8	30.00	239.98	4.81875	51%-75% Above	No	No
60505474201	LISDEXAMFETAMINE 40 MG CAPSULE	12	30.00	239.98	4.76157	51%-75% Above	Yes	No
60505474301	LISDEXAMFETAMINE 50 MG CAPSULE	9	30.00	239.98	5.43974	26%-50% Above	No	No
60505474301	LISDEXAMFETAMINE 50 MG CAPSULE	11	30.00	239.98	5.03501	51%-75% Above	No	No
60505474301	LISDEXAMFETAMINE 50 MG CAPSULE	11	30.00	239.98	5.03501	51%-75% Above	Yes	No
60505474301	LISDEXAMFETAMINE 50 MG CAPSULE	12	30.00	239.98	4.84969	51%-75% Above	No	No
60505474401	LISDEXAMFETAMINE 60 MG CAPSULE	10	30.00	239.98	5.96367	26%-50% Above	No	No
60505474501	LISDEXAMFETAMINE 70 MG CAPSULE	12	30.00	239.98	5.90065	26%-50% Above	No	No
60505476505	APO-VARENICL TAB 0.5MG	1	95.00	596.94	.		No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
60505625101	DEXAMETHASONE 1 MG TABLET	10	1.00	0.12	0.22963	26%-50% Below	No	No
60505625301	DEXAMETHASONE 2 MG TABLET	9	15.00	2.32	0.37087	51%-75% Below	No	No
60758011905	PREDNISOLONE AC 1% EYE DROP	8	5.00	18.24	5.38461	26%-50% Below	No	No
60758011905	PREDNISOLONE AC 1% EYE DROP	8	10.00	46.94	5.38461	10%-25% Below	No	No
60758011905	PREDNISOLONE AC 1% EYE DROP	8	10.00	47.84	5.38461	10%-25% Below	Yes	No
60758011905	PREDNISOLONE AC 1% EYE DROP	9	5.00	23.92	5.36545	10%-25% Below	No	No
60758011905	PREDNISOLONE AC 1% EYE DROP	9	5.00	23.92	5.36545	10%-25% Below	Yes	No
60758011905	PREDNISOLONE AC 1% EYE DROP	10	5.00	22.91	5.42150	10%-25% Below	No	No
60758011905	PREDNISOLONE AC 1% EYE DROP	10	5.00	23.92	5.42150	10%-25% Below	No	No
60758011905	PREDNISOLONE AC 1% EYE DROP	10	10.00	45.82	5.42150	10%-25% Below	No	No
60758011905	PREDNISOLONE AC 1% EYE DROP	11	5.00	23.92	4.08468	10%-25% Above	No	No
60758011905	PREDNISOLONE AC 1% EYE DROP	11	10.00	47.84	4.08468	10%-25% Above	Yes	No
60758011910	PREDNISOLONE AC 1% EYE DROP	8	10.00	45.16	5.18704	10%-25% Below	No	No
60758011910	PREDNISOLONE AC 1% EYE DROP	9	10.00	46.03	5.60588	10%-25% Below	Yes	No
60758077305	KETOROLAC 0.4% OPHTH SOLUTION	10	5.00	30.77	11.64279	26%-50% Below	No	No
60758077305	KETOROLAC 0.4% OPHTH SOLUTION	12	5.00	30.77	11.40655	26%-50% Below	No	No
60793085101	LEVOXYL 50 MCG TABLET	10	30.00	17.29	0.80831	26%-50% Below	No	No
60793085601	LEVOXYL 125 MCG TABLET	10	100.00	4.86	1.07378	76%-100% Below	No	No
60846080301	UNITHROID 75 MCG TABLET	9	90.00	80.78	4.21894	76%-100% Below	No	No
61269052794	CHILD ALLERGY (FEXO) 30 MG/5 ML	9	300.00	13.59	0.06396	26%-50% Below	No	No
61269052794	CHILD ALLERGY (FEXO) 30 MG/5 ML	10	300.00	13.59	0.06473	26%-50% Below	No	No
61269052794	CHILD ALLERGY (FEXO) 30 MG/5 ML	11	300.00	13.59	0.06571	26%-50% Below	No	No
61269052794	CHILD ALLERGY (FEXO) 30 MG/5 ML	11	600.00	27.18	0.06571	26%-50% Below	No	No
61269052794	CHILD ALLERGY (FEXO) 30 MG/5 ML	12	300.00	13.59	0.06512	26%-50% Below	No	No
61314001425	DICLOFENAC 0.1% EYE DROPS	8	2.50	7.62	1.77400	51%-75% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
61314001425	DICLOFENAC 0.1% EYE DROPS	8	2.50	7.77	1.77400	51%-75% Above	No	No
61314014305	BRIMONIDINE 0.2% EYE DROP	10	5.00	2.48	0.85474	26%-50% Below	No	No
61314022705	TIMOLOL MALEATE 0.5% EYE DROPS	11	10.00	6.34	0.88710	26%-50% Below	No	No
61314022715	TIMOLOL MALEATE 0.5% EYE DROPS	11	15.00	8.74	0.79263	26%-50% Below	No	No
61314054701	LATANOPROST 0.005% EYE DROPS	9	2.50	3.52	1.73373	10%-25% Below	No	No
61314054701	LATANOPROST 0.005% EYE DROPS	9	7.50	10.55	1.73373	10%-25% Below	No	No
61314054701	LATANOPROST 0.005% EYE DROPS	9	10.00	14.06	1.73373	10%-25% Below	No	No
61314054701	LATANOPROST 0.005% EYE DROPS	10	2.50	3.52	1.82469	10%-25% Below	No	No
61314054701	LATANOPROST 0.005% EYE DROPS	12	2.50	3.52	1.63828	10%-25% Below	No	No
61314054701	LATANOPROST 0.005% EYE DROPS	12	10.00	14.06	1.63828	10%-25% Below	No	No
61314062810	POLYMYXIN B-TMP EYE DROPS	8	10.00	6.40	0.52126	10%-25% Above	No	No
61314062810	POLYMYXIN B-TMP EYE DROPS	10	10.00	6.40	0.53452	10%-25% Above	No	No
61314062810	POLYMYXIN B-TMP EYE DROPS	11	10.00	6.40	0.40443	51%-75% Above	No	No
61314063305	GENTAMICIN 0.3% EYE DROP	11	5.00	6.83	0.52218	101%-200% Above	Yes	No
61314063710	PREDNISOLONE AC 1% EYE DROP	8	10.00	46.03	5.18704	10%-25% Below	No	No
61314063710	PREDNISOLONE AC 1% EYE DROP	10	10.00	46.03	5.42550	10%-25% Below	No	No
61314063710	PREDNISOLONE AC 1% EYE DROP	11	10.00	46.03	4.04124	10%-25% Above	No	No
61314063715	PREDNISOLONE AC 1% EYE DROP	9	15.00	69.05	5.23702	10%-25% Below	No	No
61314064305	TOBRAMYCIN 0.3% EYE DROP	8	5.00	6.78	1.16588	10%-25% Above	Yes	No
61314064305	TOBRAMYCIN 0.3% EYE DROP	11	5.00	6.78	0.90968	26%-50% Above	Yes	No
61314064705	TOBRAMYCIN-DEXAMETH OPHTH SUSP	10	5.00	49.26	4.89336	101%-200% Above	No	No
61314064705	TOBRAMYCIN-DEXAMETH OPHTH SUSP	11	5.00	33.04	3.84067	51%-75% Above	No	No
61314064705	TOBRAMYCIN-DEXAMETH OPHTH SUSP	11	5.00	49.26	3.84067	101%-200% Above	No	No
61314064710	TOBRAMYCIN-DEXAMETH OPHTH SUSP	8	10.00	96.63	4.63214	101%-200% Above	No	No
61314065605	CIPROFLOXACIN 0.3% EYE DROP	8	5.00	6.08	1.87278	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
61314065605	CIPROFLOXACIN 0.3% EYE DROP	9	10.00	12.16	1.75176	26%-50% Below	No	No
61314065605	CIPROFLOXACIN 0.3% EYE DROP	10	5.00	6.08	1.71162	26%-50% Below	No	No
61442010310	DICLOFENAC SOD DR 75 MG TAB	8	60.00	3.48	0.09691	26%-50% Below	No	No
61442010310	DICLOFENAC SOD DR 75 MG TAB	9	60.00	3.48	0.09778	26%-50% Below	No	No
61442010310	DICLOFENAC SOD DR 75 MG TAB	10	60.00	3.48	0.09797	26%-50% Below	No	No
61442010310	DICLOFENAC SOD DR 75 MG TAB	11	60.00	3.48	0.07204	10%-25% Below	No	No
61442014110	LOVASTATIN 10 MG TABLET	8	30.00	2.18	0.04426	51%-75% Above	No	No
61442014110	LOVASTATIN 10 MG TABLET	9	30.00	2.18	0.04369	51%-75% Above	No	No
61442014110	LOVASTATIN 10 MG TABLET	10	30.00	2.18	0.04460	51%-75% Above	No	No
61442014110	LOVASTATIN 10 MG TABLET	11	30.00	2.18	0.03904	76%-100% Above	No	No
61442014110	LOVASTATIN 10 MG TABLET	12	30.00	2.18	0.04038	76%-100% Above	No	No
61570011101	ALTACE CAP 2.5MG	11	90.00	544.90	.		No	No
61703035038	METHOTREXATE 50 MG/2 ML VIAL	8	4.00	9.94	2.84352	10%-25% Below	No	No
61703035038	METHOTREXATE 50 MG/2 ML VIAL	9	4.00	9.94	3.26344	10%-25% Below	No	No
61703035038	METHOTREXATE 50 MG/2 ML VIAL	10	4.00	9.94	3.12047	10%-25% Below	No	No
61703035038	METHOTREXATE 50 MG/2 ML VIAL	11	4.00	9.94	3.03182	10%-25% Below	No	No
61703035038	METHOTREXATE 50 MG/2 ML VIAL	12	4.00	9.94	3.09488	10%-25% Below	No	No
62037072501	METHYLPHENIDATE ER 18 MG TAB	8	30.00	166.39	0.82369	200% Above	No	No
62037072501	METHYLPHENIDATE ER 18 MG TAB	10	30.00	166.39	0.68202	200% Above	No	No
62037072601	METHYLPHENIDATE ER 36 MG TAB	9	30.00	175.94	0.80222	200% Above	No	No
62037072601	METHYLPHENIDATE ER 36 MG TAB	11	30.00	175.94	0.63374	200% Above	No	No
62037072701	METHYLPHENIDATE ER 54 MG TAB	8	30.00	191.43	1.05413	200% Above	No	No
62037073401	METHYLPHENIDATE ER 27 MG TAB	9	30.00	170.57	0.77541	200% Above	No	No
62037073401	METHYLPHENIDATE ER 27 MG TAB	9	60.00	341.13	0.77541	200% Above	No	No
62037073401	METHYLPHENIDATE ER 27 MG TAB	11	60.00	341.13	0.61843	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
62135013277	FLUCONAZOLE 150 MG TABLET	8	3.00	2.62	0.60820	26%-50% Above	No	No
62135021001	FOLIC ACID 1 MG TABLET	12	60.00	0.72	0.02077	26%-50% Below	No	No
62135021010	FOLIC ACID 1 MG TABLET	8	30.00	0.36	0.02343	26%-50% Below	No	No
62135021010	FOLIC ACID 1 MG TABLET	9	30.00	0.36	0.02221	26%-50% Below	No	No
62135021010	FOLIC ACID 1 MG TABLET	10	30.00	0.36	0.02434	26%-50% Below	No	No
62175030232	RABEPRAZOLE SOD DR 20 MG TAB	9	30.00	10.37	0.24446	26%-50% Above	No	No
62175030232	RABEPRAZOLE SOD DR 20 MG TAB	10	30.00	10.37	0.24140	26%-50% Above	No	No
62175030232	RABEPRAZOLE SOD DR 20 MG TAB	12	30.00	10.37	0.19796	51%-75% Above	No	No
62175031037	METHYLPHENIDATE ER 18 MG TAB	10	30.00	106.39	0.68202	200% Above	No	No
62175045832	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	9	21.00	12.74	0.92797	26%-50% Below	No	No
62175045832	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	9	42.00	25.48	0.92797	26%-50% Below	No	No
62175045832	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	10	42.00	25.48	0.85874	26%-50% Below	No	No
62332000231	FAMOTIDINE 40 MG TABLET	8	30.00	2.69	0.05569	51%-75% Above	No	No
62332000231	FAMOTIDINE 40 MG TABLET	8	30.00	2.75	0.05569	51%-75% Above	No	No
62332000231	FAMOTIDINE 40 MG TABLET	8	90.00	8.24	0.05569	51%-75% Above	No	No
62332000231	FAMOTIDINE 40 MG TABLET	8	180.00	16.16	0.05569	51%-75% Above	No	No
62332000231	FAMOTIDINE 40 MG TABLET	9	30.00	2.75	0.05768	51%-75% Above	No	No
62332000231	FAMOTIDINE 40 MG TABLET	10	30.00	2.75	0.05934	51%-75% Above	No	No
62332000231	FAMOTIDINE 40 MG TABLET	10	180.00	16.47	0.05934	51%-75% Above	No	No
62332000231	FAMOTIDINE 40 MG TABLET	11	30.00	2.75	0.04746	76%-100% Above	No	No
62332000231	FAMOTIDINE 40 MG TABLET	12	30.00	2.75	0.05230	51%-75% Above	No	No
62332000231	FAMOTIDINE 40 MG TABLET	12	90.00	8.24	0.05230	51%-75% Above	No	No
62332002431	FLUOXETINE HCL 40 MG CAPSULE	11	90.00	8.15	0.04534	76%-100% Above	No	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	8	90.00	7.89	0.03210	101%-200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	9	90.00	7.60	0.02956	101%-200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
62332002791	LOSARTAN POTASSIUM 25 MG TAB	9	90.00	7.89	0.02956	101%-200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	10	45.00	3.80	0.02989	101%-200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	10	90.00	7.89	0.02989	101%-200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	11	90.00	7.60	0.02422	200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	11	90.00	7.89	0.02422	200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	12	90.00	7.89	0.02707	200% Above	Yes	No
62332002890	LOSARTAN POTASSIUM 50 MG TAB	11	30.00	1.78	0.03125	76%-100% Above	No	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	8	30.00	1.78	0.04351	26%-50% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	8	90.00	5.23	0.04351	26%-50% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	8	90.00	5.33	0.04351	26%-50% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	9	30.00	1.78	0.04317	26%-50% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	9	90.00	5.13	0.04317	26%-50% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	9	90.00	5.33	0.04317	26%-50% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	9	180.00	10.66	0.04317	26%-50% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	10	30.00	1.78	0.04065	26%-50% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	10	90.00	5.33	0.04065	26%-50% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	11	30.00	1.78	0.03125	76%-100% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	11	90.00	5.13	0.03125	76%-100% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	11	90.00	5.33	0.03125	76%-100% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	11	180.00	10.66	0.03125	76%-100% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	12	30.00	1.78	0.03610	51%-75% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	12	90.00	5.33	0.03610	51%-75% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	8	30.00	2.80	0.05455	51%-75% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	8	90.00	8.07	0.05455	51%-75% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	8	90.00	8.39	0.05455	51%-75% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
62332002991	LOSARTAN POTASSIUM 100 MG TAB	9	90.00	8.07	0.05475	51%-75% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	9	90.00	8.39	0.05475	51%-75% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	10	90.00	8.07	0.05587	51%-75% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	10	90.00	8.39	0.05587	51%-75% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	11	30.00	2.80	0.04224	101%-200% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	11	71.00	6.62	0.04224	101%-200% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	11	90.00	8.07	0.04224	101%-200% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	11	90.00	8.39	0.04224	101%-200% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	12	90.00	8.39	0.04831	76%-100% Above	Yes	No
62332003231	ROPINIROLE HCL 1 MG TABLET	10	180.00	3.33	0.05352	51%-75% Below	No	No
62332003231	ROPINIROLE HCL 1 MG TABLET	11	180.00	3.33	0.03980	51%-75% Below	No	No
62332003431	ROPINIROLE HCL 3 MG TABLET	10	90.00	3.12	0.08005	51%-75% Below	No	No
62332003731	LAMOTRIGINE 25 MG TABLET	10	120.00	5.88	0.03091	51%-75% Above	No	No
62332003731	LAMOTRIGINE 25 MG TABLET	11	30.00	1.47	0.02421	101%-200% Above	No	No
62332003731	LAMOTRIGINE 25 MG TABLET	12	90.00	4.41	0.02741	76%-100% Above	No	No
62332004590	VALSARTAN 80 MG TABLET	10	30.00	5.30	0.14621	10%-25% Above	No	No
62332004590	VALSARTAN 80 MG TABLET	11	90.00	15.89	0.11135	51%-75% Above	No	No
62332005471	CLONIDINE HCL 0.1 MG TABLET	8	30.00	0.36	0.02712	51%-75% Below	No	No
62332005471	CLONIDINE HCL 0.1 MG TABLET	10	30.00	0.36	0.02587	51%-75% Below	No	No
62332005471	CLONIDINE HCL 0.1 MG TABLET	11	30.00	0.36	0.02022	26%-50% Below	No	No
62332005571	CLONIDINE HCL 0.2 MG TABLET	8	30.00	0.49	0.03866	51%-75% Below	No	No
62332005571	CLONIDINE HCL 0.2 MG TABLET	9	30.00	0.49	0.03613	51%-75% Below	No	No
62332008431	FENOFIBRATE 67 MG CAPSULE	10	90.00	31.77	0.08196	200% Above	No	No
62332008531	FENOFIBRATE 134 MG CAPSULE	9	30.00	19.64	0.12965	200% Above	No	No
62332008531	FENOFIBRATE 134 MG CAPSULE	10	30.00	19.64	0.11471	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
62332008531	FENOFIBRATE 134 MG CAPSULE	11	30.00	19.64	0.10202	200% Above	No	No
62332008631	FENOFIBRATE 200 MG CAPSULE	9	90.00	94.76	0.22095	200% Above	No	No
62332009730	ARIPIPRAZOLE 2 MG TABLET	10	90.00	352.49	0.12267	200% Above	No	No
62332009830	ARIPIPRAZOLE 5 MG TABLET	10	30.00	117.50	0.11468	200% Above	No	No
62332009830	ARIPIPRAZOLE 5 MG TABLET	11	30.00	117.50	0.08850	200% Above	No	No
62332009830	ARIPIPRAZOLE 5 MG TABLET	12	30.00	117.50	0.10120	200% Above	No	No
62332009831	ARIPIPRAZOLE 5 MG TABLET	8	30.00	117.50	0.11341	200% Above	No	No
62332009831	ARIPIPRAZOLE 5 MG TABLET	9	30.00	117.50	0.11224	200% Above	No	No
62332009931	ARIPIPRAZOLE 10 MG TABLET	8	30.00	111.90	0.12165	200% Above	No	No
62332009931	ARIPIPRAZOLE 10 MG TABLET	9	30.00	111.90	0.12349	200% Above	No	No
62332009931	ARIPIPRAZOLE 10 MG TABLET	10	30.00	111.90	0.13596	200% Above	No	No
62332009931	ARIPIPRAZOLE 10 MG TABLET	11	30.00	111.90	0.10055	200% Above	No	No
62332009931	ARIPIPRAZOLE 10 MG TABLET	12	30.00	111.90	0.11884	200% Above	No	No
62332010031	ARIPIPRAZOLE 15 MG TABLET	10	90.00	335.70	0.14436	200% Above	No	No
62332010131	ARIPIPRAZOLE 20 MG TABLET	8	30.00	157.37	0.23425	200% Above	No	No
62332010131	ARIPIPRAZOLE 20 MG TABLET	9	30.00	157.37	0.22449	200% Above	No	No
62332010131	ARIPIPRAZOLE 20 MG TABLET	10	30.00	157.37	0.19519	200% Above	No	No
62332010131	ARIPIPRAZOLE 20 MG TABLET	11	30.00	157.37	0.16902	200% Above	No	No
62332011291	METOPROLOL TARTRATE 25 MG TAB	8	60.00	2.11	0.01688	101%-200% Above	No	No
62332011291	METOPROLOL TARTRATE 25 MG TAB	9	180.00	6.32	0.01808	76%-100% Above	No	No
62332011291	METOPROLOL TARTRATE 25 MG TAB	10	180.00	6.32	0.01760	76%-100% Above	No	No
62332011291	METOPROLOL TARTRATE 25 MG TAB	12	180.00	6.32	0.01555	101%-200% Above	No	No
62332011331	METOPROLOL TARTRATE 50 MG TAB	10	90.00	2.73	0.02287	26%-50% Above	No	No
62332011391	METOPROLOL TARTRATE 50 MG TAB	8	60.00	1.82	0.02233	26%-50% Above	No	No
62332011391	METOPROLOL TARTRATE 50 MG TAB	9	30.00	0.91	0.02199	26%-50% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
62332011391	METOPROLOL TARTRATE 50 MG TAB	9	60.00	1.82	0.02199	26%-50% Above	No	No
62332011391	METOPROLOL TARTRATE 50 MG TAB	9	180.00	5.45	0.02199	26%-50% Above	No	No
62332011391	METOPROLOL TARTRATE 50 MG TAB	10	30.00	0.91	0.02287	26%-50% Above	No	No
62332011391	METOPROLOL TARTRATE 50 MG TAB	10	60.00	1.82	0.02287	26%-50% Above	No	No
62332011391	METOPROLOL TARTRATE 50 MG TAB	11	30.00	0.91	0.01546	76%-100% Above	No	No
62332011391	METOPROLOL TARTRATE 50 MG TAB	11	60.00	1.82	0.01546	76%-100% Above	No	No
62332011391	METOPROLOL TARTRATE 50 MG TAB	12	30.00	0.91	0.01920	51%-75% Above	No	No
62332011391	METOPROLOL TARTRATE 50 MG TAB	12	180.00	5.45	0.01920	51%-75% Above	No	No
62332012190	PREGABALIN 75 MG CAPSULE	9	30.00	0.75	0.06597	51%-75% Below	No	No
62332014131	CELECOXIB 100 MG CAPSULE	8	60.00	17.53	0.08434	200% Above	No	No
62332014131	CELECOXIB 100 MG CAPSULE	8	60.00	17.53	0.08434	200% Above	Yes	No
62332014131	CELECOXIB 100 MG CAPSULE	9	60.00	17.53	0.08579	200% Above	No	No
62332014131	CELECOXIB 100 MG CAPSULE	9	60.00	17.53	0.08579	200% Above	Yes	No
62332014131	CELECOXIB 100 MG CAPSULE	10	60.00	17.53	0.08319	200% Above	No	No
62332014131	CELECOXIB 100 MG CAPSULE	10	60.00	17.53	0.08319	200% Above	Yes	No
62332014131	CELECOXIB 100 MG CAPSULE	10	180.00	52.58	0.08319	200% Above	No	No
62332014131	CELECOXIB 100 MG CAPSULE	10	180.00	52.58	0.08319	200% Above	Yes	No
62332014131	CELECOXIB 100 MG CAPSULE	11	60.00	17.53	0.05806	200% Above	No	No
62332014131	CELECOXIB 100 MG CAPSULE	11	60.00	17.53	0.05806	200% Above	Yes	No
62332014131	CELECOXIB 100 MG CAPSULE	11	180.00	52.58	0.05806	200% Above	No	No
62332014131	CELECOXIB 100 MG CAPSULE	12	60.00	17.53	0.06829	200% Above	Yes	No
62332014171	CELECOXIB 100 MG CAPSULE	9	60.00	17.53	0.08579	200% Above	No	No
62332014171	CELECOXIB 100 MG CAPSULE	10	60.00	17.53	0.08319	200% Above	No	No
62332014171	CELECOXIB 100 MG CAPSULE	11	60.00	17.53	0.05806	200% Above	No	No
62332014171	CELECOXIB 100 MG CAPSULE	12	60.00	17.53	0.06829	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
62332014231	CELECOXIB 200 MG CAPSULE	8	30.00	12.66	0.11151	200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	8	30.00	12.90	0.11151	200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	8	30.00	12.90	0.11151	200% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	8	30.00	14.90	0.11151	200% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	8	60.00	25.80	0.11151	200% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	8	90.00	38.70	0.11151	200% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	9	30.00	12.90	0.10706	200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	9	30.00	12.90	0.10706	200% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	9	30.00	14.90	0.10706	200% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	9	60.00	25.80	0.10706	200% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	9	90.00	38.70	0.10706	200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	9	90.00	38.70	0.10706	200% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	10	30.00	12.90	0.09547	200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	10	30.00	12.90	0.09547	200% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	10	60.00	25.80	0.09547	200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	10	60.00	25.80	0.09547	200% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	10	90.00	38.70	0.09547	200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	11	30.00	12.90	0.07576	200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	11	60.00	25.80	0.07576	200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	11	60.00	25.80	0.07576	200% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	11	90.00	37.24	0.07576	200% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	11	90.00	38.70	0.07576	200% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	12	60.00	25.80	0.08533	200% Above	No	No
62332014271	CELECOXIB 200 MG CAPSULE	8	30.00	12.90	0.11151	200% Above	No	No
62332014271	CELECOXIB 200 MG CAPSULE	9	30.00	12.90	0.10706	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
62332014271	CELECOXIB 200 MG CAPSULE	9	90.00	38.70	0.10706	200% Above	No	No
62332014271	CELECOXIB 200 MG CAPSULE	10	30.00	12.90	0.09547	200% Above	No	No
62332014271	CELECOXIB 200 MG CAPSULE	11	30.00	12.90	0.07576	200% Above	No	No
62332014271	CELECOXIB 200 MG CAPSULE	12	30.00	12.90	0.08533	200% Above	No	No
62332015090	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	9	30.00	39.19	0.25026	200% Above	No	No
62332015090	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	10	30.00	39.19	0.24367	200% Above	No	No
62332015090	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	11	30.00	39.19	0.17934	200% Above	No	No
62332017260	LACOSAMIDE 100 MG TABLET	8	180.00	44.90	0.29295	10%-25% Below	Yes	No
62332017460	LACOSAMIDE 200 MG TABLET	10	60.00	113.04	0.35964	200% Above	Yes	No
62332019030	FEBUXOSTAT 40 MG TABLET	8	30.00	110.53	0.36023	200% Above	No	No
62332019030	FEBUXOSTAT 40 MG TABLET	9	30.00	110.53	0.36093	200% Above	No	No
62332019030	FEBUXOSTAT 40 MG TABLET	10	30.00	110.53	0.39984	200% Above	No	No
62332019030	FEBUXOSTAT 40 MG TABLET	11	30.00	110.53	0.34387	200% Above	No	No
62332019130	FEBUXOSTAT 80 MG TABLET	9	30.00	110.53	0.52316	200% Above	No	No
62332019130	FEBUXOSTAT 80 MG TABLET	10	30.00	110.53	0.58947	200% Above	No	No
62332019130	FEBUXOSTAT 80 MG TABLET	11	30.00	110.53	0.45795	200% Above	No	No
62332020530	AMLODIPINE-VALSARTAN 5-160 MG	10	90.00	32.21	0.45957	10%-25% Below	No	No
62332020830	AMLODIPINE-VALSARTAN 10-320 MG	8	90.00	35.27	0.62760	26%-50% Below	No	No
62332020830	AMLODIPINE-VALSARTAN 10-320 MG	12	30.00	11.76	0.59244	26%-50% Below	No	No
62332021530	AMLODIPINE-OLMESARTAN 10-40 MG	10	90.00	107.47	0.38620	200% Above	No	No
62332022330	DARIFENACIN ER 7.5 MG TABLET	12	30.00	115.97	0.60958	200% Above	No	No
62332023430	VILAZODONE HCL 40 MG TABLET	9	30.00	99.32	1.16188	101%-200% Above	No	No
62332023430	VILAZODONE HCL 40 MG TABLET	10	30.00	99.32	1.07166	200% Above	No	No
62332023430	VILAZODONE HCL 40 MG TABLET	12	30.00	99.32	0.98622	200% Above	No	No
62332024490	FENOFIBRIC ACID DR 45 MG CAP	10	30.00	17.72	0.16968	200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
62332024490	FENOFIBRIC ACID DR 45 MG CAP	11	90.00	53.17	0.10185	200% Above	Yes	No
62332025050	DOXYCYCLINE MONO 100 MG CAP	9	90.00	20.39	0.26359	10%-25% Below	No	No
62332025118	AZITHROMYCIN 250 MG TABLET	11	6.00	1.25	0.25633	10%-25% Below	Yes	No
62332025118	AZITHROMYCIN 250 MG TABLET	12	6.00	1.25	0.32433	26%-50% Below	Yes	No
62332025130	AZITHROMYCIN 250 MG TABLET	9	6.00	1.25	0.39593	26%-50% Below	No	No
62332025130	AZITHROMYCIN 250 MG TABLET	11	6.00	1.25	0.25633	10%-25% Below	No	No
62332025130	AZITHROMYCIN 250 MG TABLET	12	4.00	0.84	0.32433	26%-50% Below	No	No
62332025130	AZITHROMYCIN 250 MG TABLET	12	6.00	1.25	0.32433	26%-50% Below	No	No
62332035231	DOXYCYCLINE HYCLATE 20 MG TAB	9	60.00	3.10	0.13123	51%-75% Below	No	No
62332036371	DOXYCYCLINE HYCLATE 100 MG CAP	12	14.00	17.63	0.10669	200% Above	No	No
62332038031	TEMAZEPAM 15 MG CAPSULE	9	30.00	1.17	0.07905	26%-50% Below	Yes	No
62332038031	TEMAZEPAM 15 MG CAPSULE	10	30.00	1.17	0.07806	26%-50% Below	Yes	No
62332038031	TEMAZEPAM 15 MG CAPSULE	11	30.00	1.17	0.05478	26%-50% Below	Yes	No
62332038231	TEMAZEPAM 30 MG CAPSULE	8	30.00	1.24	0.08991	51%-75% Below	Yes	No
62332038231	TEMAZEPAM 30 MG CAPSULE	9	30.00	1.24	0.09652	51%-75% Below	Yes	No
62332038231	TEMAZEPAM 30 MG CAPSULE	10	30.00	1.24	0.09113	51%-75% Below	Yes	No
62332038231	TEMAZEPAM 30 MG CAPSULE	12	30.00	1.24	0.07933	26%-50% Below	Yes	No
62332038690	MODAFINIL 200 MG TABLET	10	60.00	117.30	0.35640	200% Above	No	No
62332038690	MODAFINIL 200 MG TABLET	11	60.00	117.30	0.29107	200% Above	No	No
62332038690	MODAFINIL 200 MG TABLET	12	60.00	117.30	0.32569	200% Above	No	No
62332039131	NITROFURANTOIN MCR 100 MG CAP	8	45.00	41.66	0.30279	200% Above	No	No
62332039131	NITROFURANTOIN MCR 100 MG CAP	11	45.00	41.66	0.30858	200% Above	No	No
62332049241	TIZANIDINE HCL 4 MG CAPSULE	9	30.00	31.17	0.14451	200% Above	Yes	No
62332049341	TIZANIDINE HCL 6 MG CAPSULE	8	120.00	159.78	0.22575	200% Above	Yes	No
62332049341	TIZANIDINE HCL 6 MG CAPSULE	9	120.00	162.85	0.21066	200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
62332049341	TIZANIDINE HCL 6 MG CAPSULE	10	120.00	162.85	0.18044	200% Above	Yes	No
62332049341	TIZANIDINE HCL 6 MG CAPSULE	11	120.00	162.85	0.15021	200% Above	Yes	No
62332049341	TIZANIDINE HCL 6 MG CAPSULE	12	120.00	162.85	0.15457	200% Above	Yes	No
62332049530	LURASIDONE HCL 40 MG TABLET	8	30.00	210.77	0.33276	200% Above	No	No
62332049630	LURASIDONE HCL 60 MG TABLET	11	30.00	210.28	0.31762	200% Above	No	No
62332050503	MOXIFLOXACIN 0.5% EYE DROPS	8	3.00	22.59	2.23346	200% Above	No	No
62332050503	MOXIFLOXACIN 0.5% EYE DROPS	8	3.00	23.03	2.23346	200% Above	No	No
62332050503	MOXIFLOXACIN 0.5% EYE DROPS	9	3.00	23.03	2.61894	101%-200% Above	No	No
62332050503	MOXIFLOXACIN 0.5% EYE DROPS	11	3.00	23.03	1.75059	200% Above	No	No
62332050606	AZELASTINE HCL 0.05% DROPS	11	6.00	18.31	0.88459	200% Above	Yes	No
62332050725	BIMATOPROST 0.03% EYE DROPS	10	2.50	45.75	12.44970	26%-50% Above	No	No
62332050725	BIMATOPROST 0.03% EYE DROPS	11	2.50	45.75	8.95920	101%-200% Above	No	No
62332058530	NYSTATIN-TRIAMCINOLONE OINTMENT	10	30.00	33.17	0.29479	200% Above	No	No
62332060330	BISOPROLOL FUMARATE 5 MG TAB	10	90.00	34.30	0.24073	51%-75% Above	No	No
62332060630	NYSTATIN-TRIAMCINOLONE CREAM	8	30.00	66.58	0.45250	200% Above	No	No
62332060630	NYSTATIN-TRIAMCINOLONE CREAM	10	30.00	66.58	0.36326	200% Above	No	No
62332060630	NYSTATIN-TRIAMCINOLONE CREAM	11	30.00	66.58	0.20473	200% Above	No	No
62559014901	METHYLTES/EE TAB 2.5-1.25	9	30.00	82.08	.		Yes	No
62559025501	ACEBUTOLOL 200 MG CAPSULE	9	30.00	8.96	0.62197	51%-75% Below	No	No
62559025501	ACEBUTOLOL 200 MG CAPSULE	10	30.00	8.96	0.64433	51%-75% Below	No	No
62559025501	ACEBUTOLOL 200 MG CAPSULE	11	30.00	8.96	0.53877	26%-50% Below	No	No
62559025501	ACEBUTOLOL 200 MG CAPSULE	11	90.00	26.87	0.53877	26%-50% Below	No	No
62559025501	ACEBUTOLOL 200 MG CAPSULE	12	30.00	8.96	0.58054	26%-50% Below	No	No
62559026530	TRANEXAMIC ACID 650 MG TABLET	8	30.00	60.75	1.34632	26%-50% Above	No	No
62559026530	TRANEXAMIC ACID 650 MG TABLET	10	30.00	60.75	1.33478	51%-75% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
62559026530	TRANEXAMIC ACID 650 MG TABLET	10	30.00	60.75	1.33478	51%-75% Above	Yes	No
62559026530	TRANEXAMIC ACID 650 MG TABLET	11	30.00	60.75	0.85312	101%-200% Above	Yes	No
62559038101	FLECAINIDE ACETATE 100 MG TAB	10	180.00	61.22	0.18669	76%-100% Above	No	No
62559038201	FLECAINIDE ACETATE 150 MG TAB	9	60.00	29.31	0.30034	51%-75% Above	No	No
62559038201	FLECAINIDE ACETATE 150 MG TAB	10	60.00	29.31	0.30315	51%-75% Above	No	No
62559038201	FLECAINIDE ACETATE 150 MG TAB	11	60.00	29.31	0.17776	101%-200% Above	No	No
62559038201	FLECAINIDE ACETATE 150 MG TAB	12	60.00	29.31	0.24958	76%-100% Above	No	No
62559041701	BENAZEPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	9	30.00	25.50	0.28918	101%-200% Above	No	No
62559041701	BENAZEPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	10	30.00	25.50	0.24276	200% Above	No	No
62559041701	BENAZEPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	11	30.00	25.50	0.20440	200% Above	No	No
62559041701	BENAZEPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	12	30.00	25.50	0.22205	200% Above	No	No
62559042201	HYOSCYAMINE 0.125 MG ODT	10	30.00	14.54	0.19934	101%-200% Above	Yes	No
62559042201	HYOSCYAMINE 0.125 MG ODT	12	30.00	14.54	0.18776	101%-200% Above	Yes	No
62559043130	HYDROCORTISONE 2.5% CREAM	10	30.00	3.93	0.26525	26%-50% Below	Yes	No
62559051001	INDAPAMIDE 1.25 MG TABLET	10	90.00	16.64	0.11933	51%-75% Above	No	No
62559051101	INDAPAMIDE 2.5 MG TABLET	8	13.00	3.78	0.12728	101%-200% Above	Yes	No
62559051101	INDAPAMIDE 2.5 MG TABLET	9	30.00	8.27	0.13442	101%-200% Above	Yes	No
62559051101	INDAPAMIDE 2.5 MG TABLET	9	90.00	18.14	0.13442	26%-50% Above	Yes	No
62559051101	INDAPAMIDE 2.5 MG TABLET	10	30.00	6.05	0.13154	51%-75% Above	Yes	No
62559051101	INDAPAMIDE 2.5 MG TABLET	11	30.00	6.05	0.08987	101%-200% Above	No	No
62559051101	INDAPAMIDE 2.5 MG TABLET	11	30.00	6.05	0.08987	101%-200% Above	Yes	No
62559051101	INDAPAMIDE 2.5 MG TABLET	12	90.00	18.14	0.10336	76%-100% Above	Yes	No
62756013805	GABAPENTIN 300 MG CAPSULE	10	270.00	5.64	0.03775	26%-50% Below	No	No
62756024064	ONDANSETRON ODT 4 MG TABLET	10	10.00	1.05	0.18178	26%-50% Below	No	No
62756042790	CIPROFLOX-DEXAMETH OTIC SUSP	9	7.50	61.65	15.69416	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
62756042790	CIPROFLOX-DEXAMETH OTIC SUSP	10	7.50	61.65	16.64067	26%-50% Below	Yes	No
62756042790	CIPROFLOX-DEXAMETH OTIC SUSP	11	7.50	61.65	10.01002	10%-25% Below	No	No
62756042790	CIPROFLOX-DEXAMETH OTIC SUSP	11	7.50	61.65	10.01002	10%-25% Below	Yes	No
62756042790	CIPROFLOX-DEXAMETH OTIC SUSP	12	7.50	61.65	12.77122	26%-50% Below	No	No
62756042790	CIPROFLOX-DEXAMETH OTIC SUSP	12	7.50	61.65	12.77122	26%-50% Below	Yes	No
62756097083	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	8	42.00	25.48	0.94003	26%-50% Below	No	No
63304001860	RANOLAZINE ER 1,000 MG TABLET	10	60.00	84.73	0.31268	200% Above	No	No
63304069205	CLINDAMYCIN HCL 150 MG CAPSULE	10	14.00	0.64	0.09211	26%-50% Below	No	No
63304069205	CLINDAMYCIN HCL 150 MG CAPSULE	12	28.00	1.29	0.08440	26%-50% Below	No	No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	9	14.00	2.40	0.21995	10%-25% Below	No	No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	9	20.00	3.43	0.21995	10%-25% Below	No	No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	9	30.00	5.15	0.21995	10%-25% Below	No	No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	10	30.00	5.15	0.20853	10%-25% Below	No	No
63304082790	ATORVASTATIN 10 MG TABLET	8	90.00	7.07	0.02937	101%-200% Above	No	No
63304082790	ATORVASTATIN 10 MG TABLET	11	90.00	7.20	0.02244	200% Above	No	No
63304082890	ATORVASTATIN 20 MG TABLET	10	90.00	8.88	0.03564	101%-200% Above	No	No
63304083090	ATORVASTATIN 80 MG TABLET	9	90.00	10.29	0.08427	26%-50% Above	No	No
63646001004	KETOCONAZOLE 2% SHAMPOO	8	120.00	6.26	0.09526	26%-50% Below	No	No
63646001004	KETOCONAZOLE 2% SHAMPOO	11	120.00	6.26	0.09033	26%-50% Below	No	No
64380011601	SOD SUL-POTASS SUL-MAG SUL SOL	9	354.00	38.16	0.18884	26%-50% Below	No	No
64380018001	DOXYCYCLINE MONO 100 MG CAP	11	10.00	2.27	0.16237	26%-50% Above	No	No
64380018001	DOXYCYCLINE MONO 100 MG CAP	11	14.00	3.17	0.16237	26%-50% Above	No	No
64380020001	AMLODIPINE-VALSARTAN-HYDROCHLOROTHIAZIDE 10-160-25 MG TAB	12	90.00	557.02	7.20725	10%-25% Below	Yes	No
64380021201	METHIMAZOLE 5 MG TABLET	9	30.00	4.59	0.08149	76%-100% Above	No	No
64380021201	METHIMAZOLE 5 MG TABLET	11	30.00	4.59	0.06614	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
64380044601	ACETAMINOPHEN-COD #3 TABLET	9	12.00	1.64	0.26684	26%-50% Below	No	No
64380044601	ACETAMINOPHEN-COD #3 TABLET	9	16.00	2.18	0.26684	26%-50% Below	Yes	No
64380044601	ACETAMINOPHEN-COD #3 TABLET	10	12.00	1.64	0.26773	26%-50% Below	Yes	No
64380044601	ACETAMINOPHEN-COD #3 TABLET	10	15.00	2.05	0.26773	26%-50% Below	Yes	No
64380044601	ACETAMINOPHEN-COD #3 TABLET	11	12.00	1.64	0.21587	26%-50% Below	Yes	No
64380044601	ACETAMINOPHEN-COD #3 TABLET	11	15.00	2.05	0.21587	26%-50% Below	Yes	No
64380044601	ACETAMINOPHEN-COD #3 TABLET	11	20.00	2.73	0.21587	26%-50% Below	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	8	12.00	1.78	0.07858	76%-100% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	8	30.00	4.44	0.07858	76%-100% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	9	18.00	2.66	0.08001	76%-100% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	9	20.00	2.96	0.08001	76%-100% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	9	21.00	3.11	0.08001	76%-100% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	9	30.00	4.44	0.08001	76%-100% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	10	30.00	4.44	0.07580	76%-100% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	11	10.00	1.48	0.05222	101%-200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	11	20.00	2.96	0.05222	101%-200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	11	30.00	4.44	0.05222	101%-200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	12	21.00	3.11	0.06223	101%-200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	12	30.00	4.44	0.06223	101%-200% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	8	15.00	0.95	0.11875	26%-50% Below	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	8	30.00	1.89	0.11875	26%-50% Below	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	8	40.00	2.52	0.11875	26%-50% Below	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	9	30.00	1.89	0.11717	26%-50% Below	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	10	30.00	1.89	0.11884	26%-50% Below	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	11	15.00	0.95	0.08295	10%-25% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
64380071307	BENZONATATE 200 MG CAPSULE	11	20.00	1.26	0.08295	10%-25% Below	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	11	21.00	1.33	0.08295	10%-25% Below	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	11	30.00	1.89	0.08295	10%-25% Below	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	12	30.00	1.89	0.09845	26%-50% Below	Yes	No
64380072506	MYCOPHENOLATE 500 MG TABLET	10	360.00	64.87	0.29051	26%-50% Below	No	No
64380072606	MYCOPHENOLATE 250 MG CAPSULE	10	540.00	52.81	0.17781	26%-50% Below	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	8	6.00	0.40	0.12755	26%-50% Below	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	9	12.00	0.79	0.12521	26%-50% Below	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	10	3.00	0.20	0.12245	26%-50% Below	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	10	4.00	0.26	0.12245	26%-50% Below	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	10	12.00	0.79	0.12245	26%-50% Below	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	11	3.00	0.20	0.09043	26%-50% Below	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	11	4.00	0.26	0.09043	26%-50% Below	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	12	6.00	0.40	0.10563	26%-50% Below	No	No
64380074108	BUSPIRONE HCL 5 MG TABLET	8	60.00	3.82	0.02500	101%-200% Above	No	No
64380074108	BUSPIRONE HCL 5 MG TABLET	9	60.00	3.82	0.02423	101%-200% Above	No	No
64380074108	BUSPIRONE HCL 5 MG TABLET	9	180.00	11.47	0.02423	101%-200% Above	No	No
64380074108	BUSPIRONE HCL 5 MG TABLET	10	60.00	3.82	0.02320	101%-200% Above	No	No
64380074108	BUSPIRONE HCL 5 MG TABLET	11	60.00	3.82	0.01735	200% Above	No	No
64380074108	BUSPIRONE HCL 5 MG TABLET	12	60.00	3.82	0.01976	200% Above	No	No
64380074208	BUSPIRONE HCL 10 MG TABLET	10	270.00	21.74	0.03294	101%-200% Above	No	No
64380074208	BUSPIRONE HCL 10 MG TABLET	11	90.00	7.25	0.02582	200% Above	No	No
64380074805	PRAMIPEXOLE 0.5 MG TABLET	8	90.00	23.05	0.05443	200% Above	Yes	No
64380076621	PEG-3350 AND ELECTROLYTES SOLN	8	4000.00	11.20	0.00464	26%-50% Below	No	No
64380076621	PEG-3350 AND ELECTROLYTES SOLN	12	4000.00	12.80	0.00408	10%-25% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
64380076921	PEG 3350-ELECTROLYTE SOLUTION	10	4000.00	14.80	0.00859	51%-75% Below	No	No
64380078306	PREDNISONE 5 MG TABLET	10	60.00	6.20	0.05070	101%-200% Above	No	No
64380078308	PREDNISONE 5 MG TABLET	8	30.00	3.10	0.05430	76%-100% Above	No	No
64380078308	PREDNISONE 5 MG TABLET	9	21.00	2.17	0.04955	101%-200% Above	No	No
64380078308	PREDNISONE 5 MG TABLET	10	30.00	3.10	0.05070	101%-200% Above	No	No
64380078406	PREDNISONE 10 MG TABLET	9	20.00	2.22	0.06166	76%-100% Above	No	No
64380078407	PREDNISONE 10 MG TABLET	9	60.00	6.65	0.06166	76%-100% Above	No	No
64380078407	PREDNISONE 10 MG TABLET	10	5.00	0.55	0.05667	76%-100% Above	No	No
64380078407	PREDNISONE 10 MG TABLET	11	60.00	6.65	0.04042	101%-200% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	8	4.00	0.44	0.05575	76%-100% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	8	12.00	1.33	0.05575	76%-100% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	8	18.00	1.99	0.05575	76%-100% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	9	10.00	1.11	0.06166	76%-100% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	9	21.00	2.33	0.06166	76%-100% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	9	30.00	3.32	0.06166	76%-100% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	10	21.00	2.33	0.05667	76%-100% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	10	30.00	3.32	0.05667	76%-100% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	10	32.00	3.55	0.05667	76%-100% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	10	42.00	4.65	0.05667	76%-100% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	11	6.00	0.66	0.04042	101%-200% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	11	7.00	0.78	0.04042	101%-200% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	11	10.00	1.11	0.04042	101%-200% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	11	21.00	2.33	0.04042	101%-200% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	11	30.00	3.32	0.04042	101%-200% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	12	21.00	2.33	0.04665	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
64380078507	PREDNISONE 20 MG TABLET	8	7.00	0.83	0.08765	26%-50% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	8	10.00	1.18	0.08765	26%-50% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	8	12.00	1.42	0.08765	26%-50% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	9	5.00	0.59	0.08552	26%-50% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	9	6.00	0.71	0.08552	26%-50% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	9	9.00	1.06	0.08552	26%-50% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	9	10.00	1.18	0.08552	26%-50% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	9	15.00	1.77	0.08552	26%-50% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	10	5.00	0.59	0.08070	26%-50% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	10	10.00	1.18	0.08070	26%-50% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	10	11.00	1.30	0.08070	26%-50% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	11	6.00	0.71	0.06386	76%-100% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	11	10.00	1.18	0.06386	76%-100% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	12	5.00	0.59	0.07170	51%-75% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	12	7.00	0.83	0.07170	51%-75% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	12	10.00	1.18	0.07170	51%-75% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	12	15.00	1.77	0.07170	51%-75% Above	No	No
64380078508	PREDNISONE 20 MG TABLET	8	5.00	0.59	0.08765	26%-50% Above	No	No
64380078508	PREDNISONE 20 MG TABLET	10	9.00	1.06	0.08070	26%-50% Above	No	No
64380078706	BUSPIRONE HCL 7.5 MG TABLET	10	60.00	32.55	0.13788	200% Above	No	No
64380078706	BUSPIRONE HCL 7.5 MG TABLET	11	60.00	32.55	0.07973	200% Above	Yes	No
64380078706	BUSPIRONE HCL 7.5 MG TABLET	11	180.00	93.96	0.07973	200% Above	Yes	No
64380078706	BUSPIRONE HCL 7.5 MG TABLET	12	60.00	32.55	0.10076	200% Above	Yes	No
64380079901	OSELTAMIVIR PHOS 75 MG CAPSULE	12	10.00	18.95	0.91545	101%-200% Above	No	No
64380080707	IBUPROFEN 800 MG TABLET	8	60.00	1.12	0.06511	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
64380080707	IBUPROFEN 800 MG TABLET	8	90.00	3.36	0.06511	26%-50% Below	No	No
64380080707	IBUPROFEN 800 MG TABLET	9	30.00	0.56	0.06409	51%-75% Below	No	No
64380080707	IBUPROFEN 800 MG TABLET	9	40.00	0.74	0.06409	51%-75% Below	No	No
64380080707	IBUPROFEN 800 MG TABLET	9	60.00	1.12	0.06409	51%-75% Below	No	No
64380080707	IBUPROFEN 800 MG TABLET	9	90.00	1.67	0.06409	51%-75% Below	No	No
64380080707	IBUPROFEN 800 MG TABLET	10	22.00	0.41	0.06215	51%-75% Below	No	No
64380080707	IBUPROFEN 800 MG TABLET	10	60.00	1.12	0.06215	51%-75% Below	No	No
64380080707	IBUPROFEN 800 MG TABLET	10	90.00	1.67	0.06215	51%-75% Below	No	No
64380080707	IBUPROFEN 800 MG TABLET	11	28.00	0.52	0.05111	51%-75% Below	No	No
64380080707	IBUPROFEN 800 MG TABLET	11	30.00	0.56	0.05111	51%-75% Below	No	No
64380080707	IBUPROFEN 800 MG TABLET	11	60.00	1.12	0.05111	51%-75% Below	No	No
64380080707	IBUPROFEN 800 MG TABLET	11	90.00	1.67	0.05111	51%-75% Below	No	No
64380080807	IBUPROFEN 600 MG TABLET	10	30.00	1.70	0.05150	10%-25% Above	No	No
64380080907	IBUPROFEN 400 MG TABLET	9	30.00	0.39	0.04363	51%-75% Below	No	No
64380083506	PREDNISONE 2.5 MG TABLET	10	90.00	2.08	0.05820	51%-75% Below	Yes	No
64380094906	PREDNISONE 50 MG TABLET	10	7.00	0.52	0.21040	51%-75% Below	Yes	No
64380097025	HYDROCORTISONE 5 MG TABLET	10	150.00	20.70	0.15386	10%-25% Below	Yes	No
64380097106	HYDROCORTISONE 10 MG TABLET	12	450.00	109.08	0.22003	10%-25% Above	No	No
64679060416	PROMETHAZINE-DM 6.25-15 MG/5 ML	9	120.00	3.83	0.04318	26%-50% Below	No	No
64679060416	PROMETHAZINE-DM 6.25-15 MG/5 ML	10	120.00	3.83	0.04132	10%-25% Below	No	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	8	30.00	6.69	0.25488	10%-25% Below	Yes	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	9	20.00	4.46	0.26317	10%-25% Below	No	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	9	90.00	20.08	0.26317	10%-25% Below	Yes	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	10	30.00	6.69	0.26858	10%-25% Below	No	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	10	90.00	20.08	0.26858	10%-25% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	11	30.00	6.69	0.19746	10%-25% Above	Yes	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	11	60.00	13.39	0.19746	10%-25% Above	Yes	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	11	90.00	20.08	0.19746	10%-25% Above	Yes	No
64850050401	DEXTROAMP-AMPHETAMIN 15 MG TAB	9	30.00	6.53	0.26150	10%-25% Below	Yes	No
64850050401	DEXTROAMP-AMPHETAMIN 15 MG TAB	10	30.00	6.53	0.27970	10%-25% Below	Yes	No
64850050401	DEXTROAMP-AMPHETAMIN 15 MG TAB	10	60.00	13.06	0.27970	10%-25% Below	Yes	No
64850050401	DEXTROAMP-AMPHETAMIN 15 MG TAB	11	30.00	6.53	0.18376	10%-25% Above	Yes	No
64850050401	DEXTROAMP-AMPHETAMIN 15 MG TAB	11	60.00	13.06	0.18376	10%-25% Above	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	8	60.00	13.10	0.34010	26%-50% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	8	60.00	13.36	0.34010	26%-50% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	8	90.00	20.03	0.34010	26%-50% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	9	30.00	6.68	0.32728	26%-50% Below	No	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	9	60.00	13.36	0.32728	26%-50% Below	No	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	9	60.00	13.36	0.32728	26%-50% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	9	90.00	20.03	0.32728	26%-50% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	10	30.00	6.68	0.34776	26%-50% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	10	60.00	13.36	0.34776	26%-50% Below	No	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	10	60.00	13.36	0.34776	26%-50% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	11	30.00	6.68	0.34197	26%-50% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	11	60.00	13.36	0.34197	26%-50% Below	No	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	11	60.00	13.36	0.34197	26%-50% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	11	90.00	20.03	0.34197	26%-50% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	12	60.00	13.36	0.34027	26%-50% Below	Yes	No
64850050601	DEXTROAMP-AMPHETAMIN 30 MG TAB	8	60.00	13.06	0.30424	26%-50% Below	No	No
64850050601	DEXTROAMP-AMPHETAMIN 30 MG TAB	9	60.00	13.06	0.32517	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
64850050601	DEXTROAMP-AMPHETAMIN 30 MG TAB	10	60.00	13.06	0.35038	26%-50% Below	No	No
64850050601	DEXTROAMP-AMPHETAMIN 30 MG TAB	11	60.00	13.06	0.25597	10%-25% Below	No	No
64850050601	DEXTROAMP-AMPHETAMIN 30 MG TAB	12	60.00	13.06	0.29474	26%-50% Below	No	No
64850051101	DEXTROAMP-AMPHET ER 10 MG CAP	9	30.00	104.85	0.50232	200% Above	Yes	No
64850051101	DEXTROAMP-AMPHET ER 10 MG CAP	10	30.00	104.85	0.64369	200% Above	No	No
64850051101	DEXTROAMP-AMPHET ER 10 MG CAP	10	30.00	104.85	0.64369	200% Above	Yes	No
64850051101	DEXTROAMP-AMPHET ER 10 MG CAP	11	30.00	104.85	0.70399	200% Above	No	No
64850051201	DEXTROAMP-AMPHET ER 15 MG CAP	9	30.00	104.85	0.56507	200% Above	Yes	No
64850051201	DEXTROAMP-AMPHET ER 15 MG CAP	12	30.00	104.85	0.65046	200% Above	No	No
64850051301	DEXTROAMP-AMPHET ER 20 MG CAP	8	14.00	48.93	0.66138	200% Above	No	No
64850051301	DEXTROAMP-AMPHET ER 20 MG CAP	8	30.00	104.85	0.66138	200% Above	No	No
64850051301	DEXTROAMP-AMPHET ER 20 MG CAP	9	30.00	104.85	0.53420	200% Above	No	No
64850051301	DEXTROAMP-AMPHET ER 20 MG CAP	10	30.00	104.85	0.55555	200% Above	No	No
64850051301	DEXTROAMP-AMPHET ER 20 MG CAP	10	30.00	104.85	0.55555	200% Above	Yes	No
64850051301	DEXTROAMP-AMPHET ER 20 MG CAP	11	30.00	104.85	0.57443	200% Above	No	No
64850051301	DEXTROAMP-AMPHET ER 20 MG CAP	11	30.00	104.85	0.57443	200% Above	Yes	No
64850051401	DEXTROAMP-AMPHET ER 25 MG CAP	8	30.00	104.85	0.55637	200% Above	Yes	No
64850051401	DEXTROAMP-AMPHET ER 25 MG CAP	9	30.00	104.85	0.61942	200% Above	Yes	No
64850051401	DEXTROAMP-AMPHET ER 25 MG CAP	10	60.00	209.70	0.72666	200% Above	No	No
64850051401	DEXTROAMP-AMPHET ER 25 MG CAP	11	30.00	104.85	0.52976	200% Above	No	No
64850051501	DEXTROAMP-AMPHET ER 30 MG CAP	8	30.00	104.85	0.63536	200% Above	No	No
64850051501	DEXTROAMP-AMPHET ER 30 MG CAP	9	30.00	104.85	0.64541	200% Above	No	No
64850051501	DEXTROAMP-AMPHET ER 30 MG CAP	9	30.00	104.85	0.64541	200% Above	Yes	No
64850051501	DEXTROAMP-AMPHET ER 30 MG CAP	10	30.00	104.85	0.76715	200% Above	No	No
64850051501	DEXTROAMP-AMPHET ER 30 MG CAP	10	30.00	104.85	0.76715	200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
64950037316	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG/15 ML SOLUTION	8	300.00	43.23	0.32986	51%-75% Below	No	No
64980020905	OXYBUTYNIN CL ER 5 MG TABLET	10	30.00	15.03	0.10018	200% Above	No	No
64980021001	OXYBUTYNIN CL ER 10 MG TABLET	9	90.00	46.01	0.11657	200% Above	Yes	No
64980021001	OXYBUTYNIN CL ER 10 MG TABLET	10	90.00	47.81	0.11009	200% Above	Yes	No
64980021001	OXYBUTYNIN CL ER 10 MG TABLET	12	90.00	46.01	0.09298	200% Above	Yes	No
64980028101	GLIPIZIDE ER 10 MG TABLET	11	60.00	13.34	0.13342	51%-75% Above	No	No
64980028101	GLIPIZIDE ER 10 MG TABLET	12	60.00	13.34	0.14818	26%-50% Above	No	No
64980028105	GLIPIZIDE ER 10 MG TABLET	10	30.00	6.67	0.16178	26%-50% Above	No	No
64980028105	GLIPIZIDE ER 10 MG TABLET	10	120.00	26.68	0.16178	26%-50% Above	No	No
64980028105	GLIPIZIDE ER 10 MG TABLET	11	30.00	6.67	0.13342	51%-75% Above	No	No
64980032430	PROCTOZONE-HC 2.5% CREAM	11	28.35	3.72	0.20403	26%-50% Below	No	No
64980033004	FLUOCINOLONE 0.01% SCALP OIL	9	118.28	85.92	0.19996	200% Above	No	No
64980033004	FLUOCINOLONE 0.01% SCALP OIL	10	118.28	85.92	0.20358	200% Above	No	No
64980033004	FLUOCINOLONE 0.01% SCALP OIL	11	118.28	85.92	0.12780	200% Above	No	No
64980033104	FLUOCINOLONE 0.01% BODY OIL	11	118.28	85.17	0.12869	200% Above	No	No
64980033104	FLUOCINOLONE 0.01% BODY OIL	12	118.28	85.17	0.15949	200% Above	No	No
64980034214	ALENDRONATE SODIUM 70 MG TAB	9	12.00	9.42	0.26249	101%-200% Above	No	No
64980037603	ATOMOXETINE HCL 40 MG CAPSULE	10	30.00	72.70	0.60175	200% Above	No	No
64980037603	ATOMOXETINE HCL 40 MG CAPSULE	11	30.00	72.70	0.59702	200% Above	No	No
64980037703	ATOMOXETINE HCL 60 MG CAPSULE	8	30.00	72.70	0.56481	200% Above	No	No
64980037803	ATOMOXETINE HCL 80 MG CAPSULE	10	90.00	235.33	0.58315	200% Above	No	No
64980041210	PREGABALIN 75 MG CAPSULE	9	60.00	1.49	0.06597	51%-75% Below	No	No
64980041410	PREGABALIN 150 MG CAPSULE	9	90.00	2.51	0.07225	51%-75% Below	No	No
64980041410	PREGABALIN 150 MG CAPSULE	10	90.00	2.51	0.07009	51%-75% Below	No	No
64980041410	PREGABALIN 150 MG CAPSULE	11	60.00	1.67	0.04937	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
64980041410	PREGABALIN 150 MG CAPSULE	11	90.00	2.51	0.04937	26%-50% Below	No	No
64980041410	PREGABALIN 150 MG CAPSULE	12	90.00	2.51	0.05914	51%-75% Below	No	No
64980043710	ATENOLOL 25 MG TABLET	8	90.00	2.73	0.02457	10%-25% Above	Yes	No
64980043710	ATENOLOL 25 MG TABLET	9	30.00	0.93	0.02334	26%-50% Above	No	No
64980050448	CYPROHEPTADINE 2 MG/5 ML SYRUP	9	100.00	1.67	0.04122	51%-75% Below	No	No
64980050448	CYPROHEPTADINE 2 MG/5 ML SYRUP	10	155.00	2.59	0.04261	51%-75% Below	No	No
64980050448	CYPROHEPTADINE 2 MG/5 ML SYRUP	11	155.00	2.59	0.03872	51%-75% Below	No	No
64980050924	DEXAMETHASONE 0.5 MG/5 ML ELX	11	200.00	18.66	0.07098	26%-50% Above	No	No
64980051305	TIMOLOL MALEATE 0.25% EYE DROP	10	5.00	1.70	0.68976	26%-50% Below	Yes	No
64980051305	TIMOLOL MALEATE 0.25% EYE DROP	11	10.00	3.40	0.51927	26%-50% Below	Yes	No
64980051405	TIMOLOL MALEATE 0.5% EYE DROPS	8	5.00	3.17	1.09264	26%-50% Below	No	No
64980051405	TIMOLOL MALEATE 0.5% EYE DROPS	10	5.00	3.17	1.08238	26%-50% Below	No	No
64980051405	TIMOLOL MALEATE 0.5% EYE DROPS	11	5.00	3.17	0.88710	26%-50% Below	Yes	No
64980052810	SODIUM BICARB 650 MG TABLET	9	180.00	5.09	0.01366	101%-200% Above	Yes	No
64980056210	FUROSEMIDE 20 MG TABLET	8	90.00	1.67	0.02687	26%-50% Below	No	No
64980056210	FUROSEMIDE 20 MG TABLET	9	90.00	1.67	0.02725	26%-50% Below	No	No
64980056210	FUROSEMIDE 20 MG TABLET	9	90.00	1.67	0.02725	26%-50% Below	Yes	No
64980056210	FUROSEMIDE 20 MG TABLET	10	90.00	1.67	0.02766	26%-50% Below	No	No
64980056210	FUROSEMIDE 20 MG TABLET	12	10.00	0.19	0.02280	10%-25% Below	No	No
64980056210	FUROSEMIDE 20 MG TABLET	12	90.00	1.67	0.02280	10%-25% Below	No	No
64980056310	FUROSEMIDE 40 MG TABLET	8	90.00	2.12	0.03410	26%-50% Below	Yes	No
64980056310	FUROSEMIDE 40 MG TABLET	8	90.00	2.21	0.03410	26%-50% Below	No	No
64980056310	FUROSEMIDE 40 MG TABLET	8	90.00	2.21	0.03410	26%-50% Below	Yes	No
64980056310	FUROSEMIDE 40 MG TABLET	8	135.00	3.19	0.03410	26%-50% Below	Yes	No
64980056310	FUROSEMIDE 40 MG TABLET	9	90.00	2.21	0.03330	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
64980056310	FUROSEMIDE 40 MG TABLET	10	45.00	1.10	0.03311	26%-50% Below	Yes	No
64980056310	FUROSEMIDE 40 MG TABLET	10	90.00	2.12	0.03311	26%-50% Below	Yes	No
64980056310	FUROSEMIDE 40 MG TABLET	10	90.00	2.21	0.03311	10%-25% Below	No	No
65162002309	LISDEXAMFETAMINE 20 MG CAPSULE	10	30.00	239.98	4.97279	51%-75% Above	No	No
65162002709	LISDEXAMFETAMINE 60 MG CAPSULE	11	30.00	239.98	5.43970	26%-50% Above	No	No
65162003310	ACETAMINOPHEN-COD #3 TABLET	9	12.00	1.64	0.26684	26%-50% Below	No	No
65162003310	ACETAMINOPHEN-COD #3 TABLET	9	15.00	2.05	0.26684	26%-50% Below	No	No
65162003310	ACETAMINOPHEN-COD #3 TABLET	9	24.00	3.27	0.26684	26%-50% Below	No	No
65162003310	ACETAMINOPHEN-COD #3 TABLET	10	8.00	1.09	0.26773	26%-50% Below	No	No
65162003310	ACETAMINOPHEN-COD #3 TABLET	10	12.00	1.64	0.26773	26%-50% Below	No	No
65162003310	ACETAMINOPHEN-COD #3 TABLET	10	18.00	2.46	0.26773	26%-50% Below	No	No
65162003310	ACETAMINOPHEN-COD #3 TABLET	10	20.00	2.73	0.26773	26%-50% Below	No	No
65162003310	ACETAMINOPHEN-COD #3 TABLET	11	30.00	4.09	0.21587	26%-50% Below	No	No
65162004710	OXYCODONE HCL (IR) 5 MG TABLET	8	5.00	0.24	0.09554	26%-50% Below	No	No
65162004710	OXYCODONE HCL (IR) 5 MG TABLET	10	15.00	0.72	0.10060	51%-75% Below	No	No
65162005703	RALOXIFENE HCL 60 MG TABLET	10	90.00	109.06	0.25225	200% Above	Yes	No
65162010150	GABAPENTIN 100 MG CAPSULE	9	90.00	0.73	0.02416	51%-75% Below	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	9	270.00	2.19	0.02416	51%-75% Below	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	10	90.00	0.73	0.02305	51%-75% Below	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	11	20.00	0.16	0.01864	51%-75% Below	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	11	90.00	0.73	0.01864	51%-75% Below	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	12	90.00	0.73	0.02070	51%-75% Below	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	12	270.00	2.19	0.02070	51%-75% Below	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	12	360.00	2.92	0.02070	51%-75% Below	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	8	30.00	0.63	0.04036	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65162010250	GABAPENTIN 300 MG CAPSULE	8	90.00	1.88	0.04036	26%-50% Below	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	8	180.00	3.76	0.04036	26%-50% Below	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	9	30.00	0.63	0.03917	26%-50% Below	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	9	60.00	1.25	0.03917	26%-50% Below	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	9	90.00	1.88	0.03917	26%-50% Below	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	9	90.00	2.69	0.03917	10%-25% Below	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	9	120.00	2.51	0.03917	26%-50% Below	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	10	30.00	0.63	0.03775	26%-50% Below	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	10	90.00	1.88	0.03775	26%-50% Below	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	10	270.00	5.64	0.03775	26%-50% Below	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	11	30.00	0.63	0.03133	26%-50% Below	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	11	90.00	1.88	0.03133	26%-50% Below	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	11	180.00	3.76	0.03133	26%-50% Below	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	12	34.00	0.71	0.03474	26%-50% Below	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	12	60.00	1.25	0.03474	26%-50% Below	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	12	120.00	2.51	0.03474	26%-50% Below	No	No
65162011510	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	9	12.00	0.88	0.15399	51%-75% Below	Yes	No
65162011510	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	10	11.00	0.81	0.15135	51%-75% Below	Yes	No
65162011510	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	10	12.00	0.88	0.15135	51%-75% Below	Yes	No
65162011510	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	10	15.00	1.11	0.15135	51%-75% Below	Yes	No
65162011510	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	11	8.00	0.59	0.15186	51%-75% Below	Yes	No
65162011510	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	11	20.00	1.47	0.15186	51%-75% Below	Yes	No
65162011510	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	12	16.00	1.18	0.14998	26%-50% Below	Yes	No
65162019011	NAPROXEN 500 MG TABLET	8	60.00	1.07	0.06107	51%-75% Below	No	No
65162019011	NAPROXEN 500 MG TABLET	10	60.00	1.07	0.06397	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65162019011	NAPROXEN 500 MG TABLET	11	60.00	1.07	0.05042	51%-75% Below	No	No
65162019050	NAPROXEN 500 MG TABLET	9	20.00	0.36	0.06467	51%-75% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	9	60.00	1.07	0.06467	51%-75% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	9	90.00	1.61	0.06467	51%-75% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	9	180.00	3.22	0.06467	51%-75% Below	No	No
65162019050	NAPROXEN 500 MG TABLET	10	40.00	0.72	0.06397	51%-75% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	10	60.00	1.07	0.06397	51%-75% Below	No	No
65162019050	NAPROXEN 500 MG TABLET	10	90.00	0.90	0.06397	76%-100% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	10	180.00	3.22	0.06397	51%-75% Below	No	No
65162019050	NAPROXEN 500 MG TABLET	11	60.00	1.07	0.05042	51%-75% Below	No	No
65162019050	NAPROXEN 500 MG TABLET	11	60.00	1.07	0.05042	51%-75% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	12	10.00	0.18	0.05534	51%-75% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	12	40.00	0.72	0.05534	51%-75% Below	Yes	No
65162020710	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	10	28.00	1.33	0.22593	76%-100% Below	Yes	No
65162020710	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	10	76.00	3.60	0.22593	76%-100% Below	Yes	No
65162020710	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	11	120.00	5.69	0.17958	51%-75% Below	Yes	No
65162020710	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	12	120.00	5.69	0.20157	76%-100% Below	Yes	No
65162024709	CHLORTHALIDONE 25 MG TABLET	11	60.00	24.94	0.07302	200% Above	No	No
65162027210	SULFAMETHOXAZOLE-TMP DS TABLET	10	20.00	0.58	0.06049	51%-75% Below	No	No
65162027210	SULFAMETHOXAZOLE-TMP DS TABLET	12	20.00	0.58	0.05210	26%-50% Below	No	No
65162027210	SULFAMETHOXAZOLE-TMP DS TABLET	12	28.00	0.81	0.05210	26%-50% Below	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	8	14.00	0.40	0.06019	51%-75% Below	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	8	14.00	0.48	0.06019	26%-50% Below	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	9	8.00	0.23	0.06419	51%-75% Below	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	9	14.00	0.40	0.06419	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	9	20.00	0.58	0.06419	51%-75% Below	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	10	14.00	0.40	0.06049	51%-75% Below	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	10	20.00	0.58	0.06049	51%-75% Below	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	10	30.00	0.86	0.06049	51%-75% Below	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	11	20.00	0.58	0.04587	26%-50% Below	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	11	30.00	0.86	0.04587	26%-50% Below	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	12	14.00	0.40	0.05210	26%-50% Below	No	No
65162035803	ZAFEMY 150-35 MCG/DAY PATCH	11	3.00	52.37	23.69296	26%-50% Below	No	No
65162044110	MECLIZINE 12.5 MG TABLET	8	270.00	6.75	0.05710	51%-75% Below	No	No
65162044210	MECLIZINE 25 MG TABLET	8	25.00	1.42	0.09032	26%-50% Below	No	No
65162046550	IBUPROFEN 600 MG TABLET	10	30.00	0.50	0.05150	51%-75% Below	No	No
65162046550	IBUPROFEN 600 MG TABLET	12	30.00	0.50	0.04830	51%-75% Below	No	No
65162046610	IBUPROFEN 800 MG TABLET	8	30.00	1.12	0.06511	26%-50% Below	No	No
65162046610	IBUPROFEN 800 MG TABLET	10	30.00	0.56	0.06215	51%-75% Below	No	No
65162046610	IBUPROFEN 800 MG TABLET	10	40.00	0.74	0.06215	51%-75% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	8	24.00	0.45	0.06511	51%-75% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	9	30.00	0.56	0.06409	51%-75% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	9	90.00	1.67	0.06409	51%-75% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	10	30.00	0.56	0.06215	51%-75% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	10	90.00	1.67	0.06215	51%-75% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	11	60.00	1.12	0.05111	51%-75% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	12	15.00	0.28	0.05567	51%-75% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	12	18.00	0.33	0.05567	51%-75% Below	No	No
65162047810	NITROFURANTOIN MONO-MCR 100 MG	8	14.00	9.18	0.50287	26%-50% Above	No	No
65162047810	NITROFURANTOIN MONO-MCR 100 MG	10	10.00	6.56	0.34915	76%-100% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65162047810	NITROFURANTOIN MONO-MCR 100 MG	11	20.00	13.11	0.25614	101%-200% Above	No	No
65162062711	TRAMADOL HCL 50 MG TABLET	8	60.00	0.91	0.02799	26%-50% Below	No	No
65162062711	TRAMADOL HCL 50 MG TABLET	9	15.00	0.23	0.03044	26%-50% Below	No	No
65162062711	TRAMADOL HCL 50 MG TABLET	9	60.00	0.91	0.03044	26%-50% Below	No	No
65162062750	TRAMADOL HCL 50 MG TABLET	10	20.00	0.30	0.03195	51%-75% Below	No	No
65162062750	TRAMADOL HCL 50 MG TABLET	10	60.00	0.91	0.03195	51%-75% Below	No	No
65162067684	AZELASTINE 0.1% (137 MCG) SPRY	12	30.00	13.01	0.25753	51%-75% Above	No	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	8	200.00	6.38	0.04149	10%-25% Below	No	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	10	240.00	7.66	0.04132	10%-25% Below	No	No
65162068110	PHENAZOPYRIDINE 100 MG TAB	8	9.00	13.85	0.18175	200% Above	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	8	12.00	24.52	0.22497	200% Above	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	9	12.00	24.52	0.19877	200% Above	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	9	12.00	27.36	0.19877	200% Above	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	10	6.00	13.68	0.21625	200% Above	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	10	9.00	20.52	0.21625	200% Above	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	10	15.00	34.20	0.21625	200% Above	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	11	6.00	13.68	0.14020	200% Above	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	11	9.00	20.52	0.14020	200% Above	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	12	9.00	18.39	0.16924	200% Above	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	12	9.00	20.52	0.16924	200% Above	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	12	12.00	27.36	0.16924	200% Above	No	No
65162069179	ONDANSETRON 4 MG/5 ML SOLUTION	11	20.00	2.87	0.30582	51%-75% Below	No	No
65162076210	WARFARIN SODIUM 2 MG TABLET	9	4.00	0.70	0.09366	76%-100% Above	No	No
65162076210	WARFARIN SODIUM 2 MG TABLET	10	4.00	0.70	0.08997	76%-100% Above	No	No
65162076210	WARFARIN SODIUM 2 MG TABLET	11	4.00	0.70	0.08437	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65162076210	WARFARIN SODIUM 2 MG TABLET	12	4.00	0.70	0.08932	76%-100% Above	No	No
65162076810	WARFARIN SODIUM 7.5 MG TABLET	9	30.00	4.00	0.11219	10%-25% Above	No	No
65162076810	WARFARIN SODIUM 7.5 MG TABLET	10	30.00	4.00	0.10830	10%-25% Above	No	No
65162076810	WARFARIN SODIUM 7.5 MG TABLET	11	30.00	4.00	0.10583	10%-25% Above	No	No
65162076810	WARFARIN SODIUM 7.5 MG TABLET	12	30.00	4.00	0.10672	10%-25% Above	No	No
65162080710	PROGESTERONE 100 MG CAPSULE	8	30.00	18.49	0.24819	101%-200% Above	No	No
65162080710	PROGESTERONE 100 MG CAPSULE	9	30.00	18.49	0.27102	101%-200% Above	No	No
65162080710	PROGESTERONE 100 MG CAPSULE	11	30.00	18.49	0.17972	200% Above	No	No
65162080710	PROGESTERONE 100 MG CAPSULE	11	90.00	55.46	0.17972	200% Above	No	No
65162089023	OLOPATADINE 665 MCG NASAL SPRY	10	30.50	104.44	1.03744	200% Above	No	No
65162089023	OLOPATADINE 665 MCG NASAL SPRY	11	30.50	104.44	0.86280	200% Above	No	No
65162099208	DOTTI 0.0375 MG PATCH	12	8.00	39.57	6.44735	10%-25% Below	No	No
65162099308	DOTTI 0.05 MG PATCH	8	8.00	41.42	7.00530	26%-50% Below	No	No
65162099308	DOTTI 0.05 MG PATCH	9	8.00	41.42	6.59970	10%-25% Below	No	No
65162099308	DOTTI 0.05 MG PATCH	10	8.00	41.42	6.64740	10%-25% Below	No	No
65162099708	DOTTI 0.1 MG PATCH	10	24.00	140.41	6.63674	10%-25% Below	No	No
65702028810	ACCU-CHEK LNC FASTCLIX	8	102.00	11.69	.		No	No
65702028810	ACCU-CHEK LNC FASTCLIX	9	102.00	11.69	.		No	No
65702028810	ACCU-CHEK LNC FASTCLIX	10	102.00	11.69	.		No	No
65702028810	ACCU-CHEK LNC FASTCLIX	11	102.00	11.69	.		No	No
65702048110	ACCU-CHEK DEV FASTCLIX	9	1.00	7.64	.		No	No
65702071110	ACCU-CHEK TES GUIDE	9	100.00	38.26	.		No	No
65702071110	ACCU-CHEK TES GUIDE	10	100.00	38.26	.		No	No
65702071110	ACCU-CHEK TES GUIDE	11	100.00	38.40	.		No	No
65702071210	ACCU-CHEK TES GUIDE	9	100.00	38.01	.		No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65702071210	ACCU-CHEK TES GUIDE	10	100.00	37.80	.		Yes	No
65702071210	ACCU-CHEK TES GUIDE	12	100.00	37.80	.		Yes	No
65702072910	ACCU-CHEK KIT GUIDE	9	1.00	22.76	.		No	No
65702073110	ACCU-CHEK KIT GUIDE ME	9	1.00	9.56	.		No	No
65862000701	CITALOPRAM HBR 40 MG TABLET	9	30.00	1.68	0.04627	10%-25% Above	No	No
65862000701	CITALOPRAM HBR 40 MG TABLET	10	30.00	1.68	0.04652	10%-25% Above	No	No
65862000701	CITALOPRAM HBR 40 MG TABLET	10	90.00	4.86	0.04652	10%-25% Above	Yes	No
65862000701	CITALOPRAM HBR 40 MG TABLET	10	90.00	5.05	0.04652	10%-25% Above	No	No
65862000701	CITALOPRAM HBR 40 MG TABLET	12	30.00	1.68	0.04004	26%-50% Above	No	No
65862000899	METFORMIN HCL 500 MG TABLET	12	180.00	1.93	0.01304	10%-25% Below	No	No
65862001005	METFORMIN HCL 1,000 MG TABLET	8	180.00	3.53	0.02473	10%-25% Below	No	No
65862001005	METFORMIN HCL 1,000 MG TABLET	9	180.00	3.53	0.02514	10%-25% Below	No	No
65862001005	METFORMIN HCL 1,000 MG TABLET	10	180.00	3.53	0.02422	10%-25% Below	No	No
65862001105	SERTRALINE HCL 25 MG TABLET	8	30.00	1.77	0.03975	26%-50% Above	No	No
65862001105	SERTRALINE HCL 25 MG TABLET	10	30.00	1.80	0.03785	51%-75% Above	No	No
65862001105	SERTRALINE HCL 25 MG TABLET	11	30.00	1.80	0.02846	101%-200% Above	No	No
65862001105	SERTRALINE HCL 25 MG TABLET	12	90.00	5.41	0.03225	76%-100% Above	No	No
65862001205	SERTRALINE HCL 50 MG TABLET	8	30.00	0.94	0.03849	10%-25% Below	No	No
65862001205	SERTRALINE HCL 50 MG TABLET	8	30.00	1.01	0.04261	10%-25% Below	No	No
65862001205	SERTRALINE HCL 50 MG TABLET	8	90.00	2.83	0.03849	10%-25% Below	No	No
65862001205	SERTRALINE HCL 50 MG TABLET	9	30.00	0.94	0.03856	10%-25% Below	No	No
65862001205	SERTRALINE HCL 50 MG TABLET	10	10.00	0.31	0.03957	10%-25% Below	No	No
65862001205	SERTRALINE HCL 50 MG TABLET	10	14.00	0.44	0.03957	10%-25% Below	No	No
65862001205	SERTRALINE HCL 50 MG TABLET	10	30.00	0.94	0.03957	10%-25% Below	No	No
65862001205	SERTRALINE HCL 50 MG TABLET	10	90.00	2.83	0.03957	10%-25% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862001305	SERTRALINE HCL 100 MG TABLET	11	30.00	1.63	0.04138	26%-50% Above	No	No
65862001305	SERTRALINE HCL 100 MG TABLET	11	90.00	4.71	0.04138	26%-50% Above	Yes	No
65862001305	SERTRALINE HCL 100 MG TABLET	11	135.00	7.33	0.04138	26%-50% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	9	21.00	3.49	0.14868	10%-25% Above	Yes	No
65862001401	AMOXICILLIN 500 MG TABLET	10	28.00	4.66	0.12865	26%-50% Above	No	No
65862001501	AMOXICILLIN 875 MG TABLET	8	14.00	1.39	0.17832	26%-50% Below	No	No
65862001501	AMOXICILLIN 875 MG TABLET	8	20.00	1.99	0.17832	26%-50% Below	No	No
65862001501	AMOXICILLIN 875 MG TABLET	8	20.00	2.03	0.17832	26%-50% Below	No	No
65862001501	AMOXICILLIN 875 MG TABLET	8	20.00	2.03	0.17832	26%-50% Below	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	9	14.00	1.42	0.18595	26%-50% Below	No	No
65862001501	AMOXICILLIN 875 MG TABLET	9	20.00	2.03	0.18595	26%-50% Below	No	No
65862001501	AMOXICILLIN 875 MG TABLET	9	20.00	2.03	0.18595	26%-50% Below	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	10	14.00	1.42	0.17578	26%-50% Below	No	No
65862001501	AMOXICILLIN 875 MG TABLET	10	14.00	1.42	0.17578	26%-50% Below	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	10	16.00	1.63	0.17578	26%-50% Below	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	10	20.00	2.03	0.17578	26%-50% Below	No	No
65862001501	AMOXICILLIN 875 MG TABLET	10	20.00	2.03	0.17578	26%-50% Below	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	11	14.00	1.42	0.12982	10%-25% Below	No	No
65862001501	AMOXICILLIN 875 MG TABLET	11	14.00	1.42	0.12982	10%-25% Below	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	11	16.00	1.63	0.12982	10%-25% Below	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	11	20.00	2.03	0.12982	10%-25% Below	No	No
65862001501	AMOXICILLIN 875 MG TABLET	11	20.00	2.03	0.12982	10%-25% Below	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	12	14.00	1.42	0.15465	26%-50% Below	No	No
65862001501	AMOXICILLIN 875 MG TABLET	12	20.00	2.03	0.15465	26%-50% Below	No	No
65862001501	AMOXICILLIN 875 MG TABLET	12	20.00	2.03	0.15465	26%-50% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862001701	AMOXICILLIN 500 MG CAPSULE	9	20.00	0.92	0.09954	51%-75% Below	No	No
65862001701	AMOXICILLIN 500 MG CAPSULE	10	20.00	0.92	0.09989	51%-75% Below	No	No
65862001701	AMOXICILLIN 500 MG CAPSULE	10	21.00	0.96	0.09989	51%-75% Below	No	No
65862001701	AMOXICILLIN 500 MG CAPSULE	11	20.00	0.92	0.07085	26%-50% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	1	56.00	2.67	0.10569	51%-75% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	8	14.00	0.64	0.09837	51%-75% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	8	20.00	0.92	0.09837	51%-75% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	9	4.00	0.18	0.09954	51%-75% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	9	12.00	0.55	0.09954	51%-75% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	9	14.00	0.64	0.09954	51%-75% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	9	21.00	0.96	0.09954	51%-75% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	9	30.00	1.37	0.09954	51%-75% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	10	4.00	0.18	0.09989	51%-75% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	10	14.00	0.64	0.09989	51%-75% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	10	20.00	0.92	0.09989	51%-75% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	10	30.00	1.37	0.09989	51%-75% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	11	20.00	0.92	0.07085	26%-50% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	11	28.00	1.28	0.07085	26%-50% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	11	30.00	1.37	0.07085	26%-50% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	11	30.00	1.37	0.07085	26%-50% Below	Yes	No
65862001705	AMOXICILLIN 500 MG CAPSULE	11	40.00	1.83	0.07085	26%-50% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	12	16.00	0.73	0.08279	26%-50% Below	No	No
65862001901	CEPHALEXIN 500 MG CAPSULE	9	15.00	0.96	0.13137	51%-75% Below	No	No
65862005090	SIMVASTATIN 5 MG TABLET	9	30.00	1.90	0.03461	76%-100% Above	No	No
65862005090	SIMVASTATIN 5 MG TABLET	10	30.00	1.90	0.03701	51%-75% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862005090	SIMVASTATIN 5 MG TABLET	12	30.00	1.90	0.03346	76%-100% Above	No	No
65862005299	SIMVASTATIN 20 MG TABLET	9	30.00	0.47	0.03257	51%-75% Below	No	No
65862005299	SIMVASTATIN 20 MG TABLET	10	30.00	0.47	0.03213	51%-75% Below	No	No
65862005299	SIMVASTATIN 20 MG TABLET	11	90.00	1.40	0.02714	26%-50% Below	No	No
65862005390	SIMVASTATIN 40 MG TABLET	9	90.00	2.54	0.06269	51%-75% Below	No	No
65862005390	SIMVASTATIN 40 MG TABLET	11	90.00	1.97	0.04755	51%-75% Below	Yes	No
65862006201	METOPROLOL TARTRATE 25 MG TAB	10	30.00	1.05	0.01760	76%-100% Above	No	No
65862006299	METOPROLOL TARTRATE 25 MG TAB	8	30.00	1.05	0.01688	101%-200% Above	No	No
65862006299	METOPROLOL TARTRATE 25 MG TAB	8	60.00	2.11	0.01688	101%-200% Above	No	No
65862006299	METOPROLOL TARTRATE 25 MG TAB	9	30.00	1.05	0.01808	76%-100% Above	No	No
65862006299	METOPROLOL TARTRATE 25 MG TAB	9	60.00	2.11	0.01808	76%-100% Above	No	No
65862006299	METOPROLOL TARTRATE 25 MG TAB	10	60.00	2.11	0.01760	76%-100% Above	No	No
65862006299	METOPROLOL TARTRATE 25 MG TAB	10	180.00	6.32	0.01760	76%-100% Above	No	No
65862006299	METOPROLOL TARTRATE 25 MG TAB	11	60.00	2.11	0.01421	101%-200% Above	No	No
65862006299	METOPROLOL TARTRATE 25 MG TAB	11	90.00	3.16	0.01421	101%-200% Above	No	No
65862006299	METOPROLOL TARTRATE 25 MG TAB	11	180.00	6.32	0.01421	101%-200% Above	No	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	8	200.00	11.18	0.03105	76%-100% Above	No	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	8	300.00	16.78	0.03105	76%-100% Above	No	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	9	100.00	5.59	0.03164	76%-100% Above	No	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	9	300.00	16.78	0.03164	76%-100% Above	No	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	10	100.00	5.59	0.03215	51%-75% Above	No	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	10	200.00	11.18	0.03215	51%-75% Above	No	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	10	300.00	16.78	0.03215	51%-75% Above	No	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	11	100.00	5.59	0.02801	76%-100% Above	No	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	11	200.00	11.18	0.02801	76%-100% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	11	300.00	16.78	0.02801	76%-100% Above	No	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	11	400.00	22.37	0.02801	76%-100% Above	No	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	12	100.00	5.59	0.03139	76%-100% Above	No	No
65862007150	AMOXICILLIN 400 MG/5 ML SUSP	8	50.00	2.76	0.04848	10%-25% Above	No	No
65862007150	AMOXICILLIN 400 MG/5 ML SUSP	9	250.00	13.82	0.04769	10%-25% Above	No	No
65862007150	AMOXICILLIN 400 MG/5 ML SUSP	12	50.00	3.64	0.04382	51%-75% Above	No	No
65862007175	AMOXICILLIN 400 MG/5 ML SUSP	8	150.00	8.32	0.03380	51%-75% Above	No	No
65862007175	AMOXICILLIN 400 MG/5 ML SUSP	9	150.00	8.32	0.03552	51%-75% Above	No	No
65862007175	AMOXICILLIN 400 MG/5 ML SUSP	10	150.00	8.32	0.03941	26%-50% Above	No	No
65862007601	CIPROFLOXACIN HCL 250 MG TAB	11	10.00	1.01	0.08113	10%-25% Above	No	No
65862007701	CIPROFLOXACIN HCL 500 MG TAB	11	14.00	2.17	0.10843	26%-50% Above	No	No
65862007701	CIPROFLOXACIN HCL 500 MG TAB	12	14.00	2.17	0.12497	10%-25% Above	No	No
65862011601	BENAZEPRIL HCL 10 MG TABLET	11	90.00	6.53	0.04139	51%-75% Above	No	No
65862011701	BENAZEPRIL HCL 20 MG TABLET	10	56.00	5.42	0.07219	26%-50% Above	No	No
65862011701	BENAZEPRIL HCL 20 MG TABLET	11	56.00	5.42	0.05397	76%-100% Above	No	No
65862014505	CARVEDILOL 25 MG TABLET	10	180.00	6.32	0.03109	10%-25% Above	Yes	No
65862014636	SUMATRIPTAN SUCC 25 MG TABLET	11	9.00	4.35	0.26550	76%-100% Above	No	No
65862014736	SUMATRIPTAN SUCC 50 MG TABLET	12	3.00	1.11	0.33399	10%-25% Above	No	No
65862014836	SUMATRIPTAN SUCC 100 MG TABLET	9	5.00	2.16	0.48126	10%-25% Below	No	No
65862014836	SUMATRIPTAN SUCC 100 MG TABLET	10	5.00	2.16	0.48521	10%-25% Below	No	No
65862014836	SUMATRIPTAN SUCC 100 MG TABLET	10	9.00	3.88	0.48521	10%-25% Below	No	No
65862014836	SUMATRIPTAN SUCC 100 MG TABLET	11	9.00	3.88	0.37205	10%-25% Above	No	No
65862014836	SUMATRIPTAN SUCC 100 MG TABLET	11	10.00	4.31	0.37205	10%-25% Above	No	No
65862014836	SUMATRIPTAN SUCC 100 MG TABLET	11	27.00	11.64	0.37205	10%-25% Above	No	No
65862014990	FINASTERIDE 5 MG TABLET	11	15.00	1.05	0.05653	10%-25% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862015901	ZOLPIDEM TARTRATE 5 MG TABLET	8	30.00	0.81	0.03538	10%-25% Below	No	No
65862015901	ZOLPIDEM TARTRATE 5 MG TABLET	9	30.00	0.81	0.03696	26%-50% Below	No	No
65862015901	ZOLPIDEM TARTRATE 5 MG TABLET	10	20.00	0.54	0.03354	10%-25% Below	No	No
65862015901	ZOLPIDEM TARTRATE 5 MG TABLET	10	30.00	0.81	0.03354	10%-25% Below	No	No
65862016001	ZOLPIDEM TARTRATE 10 MG TABLET	8	30.00	0.86	0.03871	10%-25% Below	No	No
65862016001	ZOLPIDEM TARTRATE 10 MG TABLET	9	30.00	0.86	0.03918	26%-50% Below	No	No
65862016001	ZOLPIDEM TARTRATE 10 MG TABLET	10	30.00	0.86	0.03761	10%-25% Below	No	No
65862016099	ZOLPIDEM TARTRATE 10 MG TABLET	9	30.00	0.86	0.03918	26%-50% Below	No	No
65862016099	ZOLPIDEM TARTRATE 10 MG TABLET	10	30.00	0.86	0.03761	10%-25% Below	No	No
65862016899	ATENOLOL 25 MG TABLET	8	30.00	0.93	0.02457	26%-50% Above	No	No
65862016899	ATENOLOL 25 MG TABLET	9	90.00	2.78	0.02334	26%-50% Above	No	No
65862016899	ATENOLOL 25 MG TABLET	10	45.00	1.39	0.02340	26%-50% Above	No	No
65862016899	ATENOLOL 25 MG TABLET	11	60.00	1.85	0.01865	51%-75% Above	No	No
65862016901	ATENOLOL 50 MG TABLET	8	30.00	0.92	0.02625	10%-25% Above	No	No
65862016901	ATENOLOL 50 MG TABLET	9	30.00	0.92	0.02708	10%-25% Above	No	No
65862016901	ATENOLOL 50 MG TABLET	10	30.00	0.92	0.02580	10%-25% Above	No	No
65862016901	ATENOLOL 50 MG TABLET	12	30.00	0.92	0.02288	26%-50% Above	No	No
65862016999	ATENOLOL 50 MG TABLET	8	30.00	0.90	0.02625	10%-25% Above	No	No
65862016999	ATENOLOL 50 MG TABLET	9	90.00	2.76	0.02708	10%-25% Above	No	No
65862016999	ATENOLOL 50 MG TABLET	12	90.00	2.76	0.02288	26%-50% Above	No	No
65862017099	ATENOLOL 100 MG TABLET	10	90.00	4.51	0.03893	26%-50% Above	No	No
65862017260	TOPIRAMATE 50 MG TABLET	12	60.00	3.58	0.03634	51%-75% Above	No	No
65862017360	TOPIRAMATE 100 MG TABLET	10	30.00	2.27	0.06444	10%-25% Above	No	No
65862017360	TOPIRAMATE 100 MG TABLET	11	30.00	2.27	0.04865	51%-75% Above	No	No
65862017460	TOPIRAMATE 200 MG TABLET	12	90.00	10.63	0.09470	10%-25% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862017601	PENICILLIN VK 500 MG TABLET	9	20.00	1.81	0.10658	10%-25% Below	No	No
65862017605	PENICILLIN VK 500 MG TABLET	11	28.00	2.53	0.06968	26%-50% Above	Yes	No
65862017760	CEFDINIR 300 MG CAPSULE	5	20.00	6.95	0.41434	10%-25% Below	No	No
65862017760	CEFDINIR 300 MG CAPSULE	8	14.00	4.96	0.50505	26%-50% Below	No	No
65862017760	CEFDINIR 300 MG CAPSULE	9	20.00	7.09	0.48292	26%-50% Below	No	No
65862017760	CEFDINIR 300 MG CAPSULE	12	20.00	7.09	0.41004	10%-25% Below	No	No
65862018501	CLINDAMYCIN HCL 150 MG CAPSULE	9	24.00	1.10	0.10321	51%-75% Below	No	No
65862018601	CLINDAMYCIN HCL 300 MG CAPSULE	8	21.00	3.60	0.22801	10%-25% Below	No	No
65862018601	CLINDAMYCIN HCL 300 MG CAPSULE	9	21.00	3.60	0.21995	10%-25% Below	No	No
65862018601	CLINDAMYCIN HCL 300 MG CAPSULE	10	20.00	3.43	0.20853	10%-25% Below	No	No
65862018601	CLINDAMYCIN HCL 300 MG CAPSULE	10	21.00	3.60	0.20853	10%-25% Below	No	No
65862018601	CLINDAMYCIN HCL 300 MG CAPSULE	10	30.00	5.15	0.20853	10%-25% Below	No	No
65862018601	CLINDAMYCIN HCL 300 MG CAPSULE	10	40.00	6.86	0.20853	10%-25% Below	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	8	15.00	0.46	0.07058	51%-75% Below	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	8	18.00	0.55	0.07058	51%-75% Below	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	9	5.00	0.15	0.07210	51%-75% Below	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	9	18.00	0.55	0.07210	51%-75% Below	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	10	10.00	0.31	0.06864	51%-75% Below	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	10	18.00	0.55	0.06864	51%-75% Below	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	11	10.00	0.31	0.05748	26%-50% Below	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	11	12.00	0.37	0.05748	26%-50% Below	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	11	18.00	0.55	0.05748	26%-50% Below	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	12	18.00	0.55	0.06241	51%-75% Below	No	No
65862018830	ONDANSETRON HCL 8 MG TABLET	9	18.00	0.95	0.10098	26%-50% Below	No	No
65862018830	ONDANSETRON HCL 8 MG TABLET	10	18.00	0.95	0.09436	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862018830	ONDANSETRON HCL 8 MG TABLET	11	15.00	0.79	0.07148	26%-50% Below	No	No
65862018830	ONDANSETRON HCL 8 MG TABLET	11	18.00	0.95	0.07148	26%-50% Below	No	No
65862018830	ONDANSETRON HCL 8 MG TABLET	12	18.00	0.95	0.08240	26%-50% Below	No	No
65862019201	FLUOXETINE HCL 10 MG CAPSULE	9	30.00	1.57	0.03292	51%-75% Above	No	No
65862019201	FLUOXETINE HCL 10 MG CAPSULE	10	30.00	1.57	0.03413	51%-75% Above	No	No
65862019201	FLUOXETINE HCL 10 MG CAPSULE	11	30.00	1.57	0.02827	76%-100% Above	No	No
65862019201	FLUOXETINE HCL 10 MG CAPSULE	12	30.00	1.57	0.03081	51%-75% Above	No	No
65862019301	FLUOXETINE HCL 20 MG CAPSULE	8	30.00	0.37	0.03183	51%-75% Below	No	No
65862019301	FLUOXETINE HCL 20 MG CAPSULE	9	30.00	0.37	0.03236	51%-75% Below	No	No
65862019301	FLUOXETINE HCL 20 MG CAPSULE	9	60.00	0.73	0.03236	51%-75% Below	No	No
65862019301	FLUOXETINE HCL 20 MG CAPSULE	10	30.00	0.37	0.03238	51%-75% Below	No	No
65862019301	FLUOXETINE HCL 20 MG CAPSULE	11	60.00	0.73	0.02788	51%-75% Below	No	No
65862019301	FLUOXETINE HCL 20 MG CAPSULE	11	90.00	1.10	0.02788	51%-75% Below	No	No
65862019301	FLUOXETINE HCL 20 MG CAPSULE	12	60.00	0.73	0.02969	51%-75% Below	No	No
65862019399	FLUOXETINE HCL 20 MG CAPSULE	8	30.00	0.37	0.03183	51%-75% Below	No	No
65862019399	FLUOXETINE HCL 20 MG CAPSULE	8	90.00	1.10	0.03183	51%-75% Below	No	No
65862019399	FLUOXETINE HCL 20 MG CAPSULE	9	30.00	0.37	0.03236	51%-75% Below	No	No
65862019399	FLUOXETINE HCL 20 MG CAPSULE	9	90.00	1.10	0.03236	51%-75% Below	No	No
65862019399	FLUOXETINE HCL 20 MG CAPSULE	10	30.00	0.37	0.03238	51%-75% Below	No	No
65862019399	FLUOXETINE HCL 20 MG CAPSULE	10	90.00	1.10	0.03238	51%-75% Below	No	No
65862019399	FLUOXETINE HCL 20 MG CAPSULE	11	30.00	0.37	0.02788	51%-75% Below	No	No
65862019399	FLUOXETINE HCL 20 MG CAPSULE	11	90.00	1.10	0.02788	51%-75% Below	No	No
65862019399	FLUOXETINE HCL 20 MG CAPSULE	12	90.00	1.10	0.02969	51%-75% Below	No	No
65862019401	FLUOXETINE HCL 40 MG CAPSULE	8	28.00	2.53	0.06813	26%-50% Above	No	No
65862019401	FLUOXETINE HCL 40 MG CAPSULE	9	28.00	2.53	0.06911	26%-50% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862019405	FLUOXETINE HCL 40 MG CAPSULE	8	30.00	2.72	0.06813	26%-50% Above	Yes	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	8	60.00	5.43	0.06813	26%-50% Above	No	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	8	90.00	8.15	0.06813	26%-50% Above	No	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	9	30.00	2.72	0.06911	26%-50% Above	Yes	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	9	60.00	5.43	0.06911	26%-50% Above	No	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	9	90.00	8.15	0.06911	26%-50% Above	Yes	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	10	30.00	2.72	0.07068	26%-50% Above	Yes	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	10	60.00	5.43	0.07068	26%-50% Above	No	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	10	90.00	8.15	0.07068	26%-50% Above	Yes	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	11	7.00	0.63	0.04534	76%-100% Above	Yes	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	11	30.00	2.72	0.04534	76%-100% Above	Yes	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	11	60.00	5.43	0.04534	76%-100% Above	No	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	12	30.00	2.72	0.05938	51%-75% Above	Yes	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	12	60.00	5.43	0.05938	51%-75% Above	No	No
65862019499	FLUOXETINE HCL 40 MG CAPSULE	10	90.00	8.15	0.07068	26%-50% Above	No	No
65862020190	LOSARTAN POTASSIUM 25 MG TAB	8	90.00	3.49	0.03210	10%-25% Above	No	No
65862020190	LOSARTAN POTASSIUM 25 MG TAB	8	90.00	7.89	0.03210	101%-200% Above	No	No
65862020190	LOSARTAN POTASSIUM 25 MG TAB	11	90.00	3.49	0.02422	51%-75% Above	No	No
65862020190	LOSARTAN POTASSIUM 25 MG TAB	11	90.00	7.89	0.02422	200% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	8	30.00	2.63	0.03210	101%-200% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	8	90.00	7.89	0.03210	101%-200% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	10	30.00	2.63	0.02989	101%-200% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	11	30.00	2.63	0.02422	200% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	11	90.00	7.89	0.02422	200% Above	No	No
65862020290	LOSARTAN POTASSIUM 50 MG TAB	8	30.00	1.74	0.04351	26%-50% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862020290	LOSARTAN POTASSIUM 50 MG TAB	8	90.00	5.23	0.04351	26%-50% Above	No	No
65862020290	LOSARTAN POTASSIUM 50 MG TAB	9	30.00	1.78	0.04317	26%-50% Above	No	No
65862020290	LOSARTAN POTASSIUM 50 MG TAB	9	90.00	5.33	0.04317	26%-50% Above	No	No
65862020290	LOSARTAN POTASSIUM 50 MG TAB	10	30.00	1.78	0.04065	26%-50% Above	No	No
65862020290	LOSARTAN POTASSIUM 50 MG TAB	11	90.00	5.33	0.03125	76%-100% Above	No	No
65862020290	LOSARTAN POTASSIUM 50 MG TAB	12	30.00	1.78	0.03610	51%-75% Above	No	No
65862020290	LOSARTAN POTASSIUM 50 MG TAB	12	90.00	5.33	0.03610	51%-75% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	8	30.00	1.74	0.04351	26%-50% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	9	30.00	1.78	0.04317	26%-50% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	9	90.00	5.33	0.04317	26%-50% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	10	90.00	5.33	0.04065	26%-50% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	11	90.00	5.33	0.03125	76%-100% Above	No	No
65862020330	LOSARTAN POTASSIUM 100 MG TAB	9	90.00	8.39	0.05475	51%-75% Above	No	No
65862020390	LOSARTAN POTASSIUM 100 MG TAB	10	90.00	8.39	0.05587	51%-75% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	8	30.00	2.80	0.05455	51%-75% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	8	90.00	8.39	0.05455	51%-75% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	9	30.00	2.80	0.05475	51%-75% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	9	90.00	8.39	0.05475	51%-75% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	10	90.00	8.39	0.05587	51%-75% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	11	90.00	8.39	0.04224	101%-200% Above	No	No
65862021150	MINOCYCLINE 100 MG CAPSULE	8	60.00	11.19	0.35206	26%-50% Below	No	No
65862021150	MINOCYCLINE 100 MG CAPSULE	10	60.00	11.19	0.35954	26%-50% Below	No	No
65862021801	CEFDINIR 125 MG/5 ML SUSP	10	100.00	32.75	0.12027	101%-200% Above	No	No
65862021860	CEFDINIR 125 MG/5 ML SUSP	8	60.00	20.68	0.13684	101%-200% Above	Yes	No
65862021860	CEFDINIR 125 MG/5 ML SUSP	10	60.00	20.68	0.14106	101%-200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862021860	CEFDINIR 125 MG/5 ML SUSP	12	60.00	20.68	0.12835	101%-200% Above	Yes	No
65862021901	CEFDINIR 250 MG/5 ML SUSP	8	100.00	63.88	0.16099	200% Above	No	No
65862021901	CEFDINIR 250 MG/5 ML SUSP	10	100.00	63.88	0.14375	200% Above	Yes	No
65862021901	CEFDINIR 250 MG/5 ML SUSP	11	100.00	63.88	0.11267	200% Above	No	No
65862021901	CEFDINIR 250 MG/5 ML SUSP	11	100.00	63.88	0.11267	200% Above	Yes	No
65862021960	CEFDINIR 250 MG/5 ML SUSP	9	60.00	40.34	0.16754	200% Above	Yes	No
65862021960	CEFDINIR 250 MG/5 ML SUSP	10	60.00	40.34	0.15123	200% Above	Yes	No
65862021960	CEFDINIR 250 MG/5 ML SUSP	11	60.00	40.34	0.11481	200% Above	Yes	No
65862021960	CEFDINIR 250 MG/5 ML SUSP	11	120.00	80.68	0.11481	200% Above	No	No
65862022560	CLARITHROMYCIN 250 MG TABLET	10	20.00	4.13	0.39406	26%-50% Below	Yes	No
65862022660	CLARITHROMYCIN 500 MG TABLET	11	28.00	13.85	0.30947	51%-75% Above	No	No
65862022701	LAMOTRIGINE 25 MG TABLET	8	90.00	4.41	0.03044	51%-75% Above	No	No
65862022960	LAMOTRIGINE 150 MG TABLET	10	30.00	1.84	0.07201	10%-25% Below	No	No
65862022960	LAMOTRIGINE 150 MG TABLET	11	30.00	1.84	0.05396	10%-25% Above	No	No
65862023703	IBANDRONATE SODIUM 150 MG TAB	9	3.00	66.96	4.00679	200% Above	Yes	No
65862023703	IBANDRONATE SODIUM 150 MG TAB	12	3.00	66.96	3.44501	200% Above	Yes	No
65862024608	LEVETIRACETAM 500 MG TABLET	10	60.00	8.14	0.08280	51%-75% Above	No	No
65862024708	LEVETIRACETAM 750 MG TABLET	11	120.00	28.82	0.09537	101%-200% Above	No	No
65862025047	LEVETIRACETAM 100 MG/ML SOLN	11	630.00	22.74	0.02483	26%-50% Above	Yes	No
65862029390	ROSUVASTATIN CALCIUM 5 MG TAB	9	90.00	154.82	0.04144	200% Above	No	No
65862029390	ROSUVASTATIN CALCIUM 5 MG TAB	10	90.00	154.82	0.03931	200% Above	No	No
65862029390	ROSUVASTATIN CALCIUM 5 MG TAB	11	90.00	154.82	0.03414	200% Above	No	No
65862029390	ROSUVASTATIN CALCIUM 5 MG TAB	12	90.00	154.82	0.03621	200% Above	No	No
65862029490	ROSUVASTATIN CALCIUM 10 MG TAB	8	30.00	50.49	0.04784	200% Above	No	No
65862029490	ROSUVASTATIN CALCIUM 10 MG TAB	9	30.00	51.46	0.04583	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862029490	ROSUVASTATIN CALCIUM 10 MG TAB	9	90.00	154.37	0.04583	200% Above	No	No
65862029490	ROSUVASTATIN CALCIUM 10 MG TAB	10	30.00	51.46	0.04305	200% Above	No	No
65862029490	ROSUVASTATIN CALCIUM 10 MG TAB	10	90.00	154.37	0.04305	200% Above	No	No
65862029490	ROSUVASTATIN CALCIUM 10 MG TAB	11	90.00	154.37	0.03593	200% Above	No	No
65862029490	ROSUVASTATIN CALCIUM 10 MG TAB	12	90.00	154.37	0.03956	200% Above	No	No
65862029590	ROSUVASTATIN CALCIUM 20 MG TAB	9	90.00	154.00	0.06488	200% Above	No	No
65862029590	ROSUVASTATIN CALCIUM 20 MG TAB	10	90.00	154.00	0.06305	200% Above	No	No
65862029599	ROSUVASTATIN CALCIUM 20 MG TAB	8	90.00	151.09	0.06656	200% Above	Yes	No
65862029599	ROSUVASTATIN CALCIUM 20 MG TAB	10	90.00	140.05	0.06305	200% Above	Yes	No
65862029690	ROSUVASTATIN CALCIUM 40 MG TAB	8	90.00	153.94	0.10013	200% Above	No	No
65862029690	ROSUVASTATIN CALCIUM 40 MG TAB	9	30.00	51.31	0.10260	200% Above	No	No
65862029690	ROSUVASTATIN CALCIUM 40 MG TAB	10	30.00	51.31	0.10013	200% Above	No	No
65862029690	ROSUVASTATIN CALCIUM 40 MG TAB	11	90.00	153.94	0.07740	200% Above	No	No
65862031560	LEVETIRACETAM 1,000 MG TABLET	9	180.00	48.29	0.17939	26%-50% Above	No	No
65862032904	ALENDRONATE SODIUM 70 MG TAB	9	12.00	6.09	0.26249	76%-100% Above	Yes	No
65862032904	ALENDRONATE SODIUM 70 MG TAB	9	12.00	9.42	0.26249	101%-200% Above	Yes	No
65862032904	ALENDRONATE SODIUM 70 MG TAB	11	12.00	9.07	0.21712	200% Above	Yes	No
65862032904	ALENDRONATE SODIUM 70 MG TAB	11	12.00	9.42	0.21712	200% Above	Yes	No
65862032904	ALENDRONATE SODIUM 70 MG TAB	12	12.00	9.42	0.24598	200% Above	Yes	No
65862035705	CLOPIDOGREL 75 MG TABLET	11	30.00	1.76	0.05149	10%-25% Above	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	11	90.00	5.27	0.05149	10%-25% Above	No	No
65862035790	CLOPIDOGREL 75 MG TABLET	10	90.00	5.07	0.06314	10%-25% Below	Yes	No
65862035790	CLOPIDOGREL 75 MG TABLET	11	90.00	5.27	0.05149	10%-25% Above	Yes	No
65862037301	ESCITALOPRAM 5 MG TABLET	8	30.00	5.04	0.04607	200% Above	No	No
65862037301	ESCITALOPRAM 5 MG TABLET	10	30.00	5.04	0.04506	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862037401	ESCITALOPRAM 10 MG TABLET	8	30.00	2.20	0.04767	51%-75% Above	No	No
65862037401	ESCITALOPRAM 10 MG TABLET	10	30.00	2.20	0.04925	26%-50% Above	No	No
65862037401	ESCITALOPRAM 10 MG TABLET	10	90.00	6.60	0.04925	26%-50% Above	No	No
65862037401	ESCITALOPRAM 10 MG TABLET	11	30.00	2.20	0.03451	101%-200% Above	No	No
65862037401	ESCITALOPRAM 10 MG TABLET	11	45.00	3.30	0.03451	101%-200% Above	No	No
65862037401	ESCITALOPRAM 10 MG TABLET	12	30.00	2.20	0.04069	76%-100% Above	No	No
65862037405	ESCITALOPRAM 10 MG TABLET	10	30.00	2.20	0.04925	26%-50% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	8	12.00	1.25	0.18951	26%-50% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	8	18.00	1.88	0.18951	26%-50% Below	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	8	18.00	1.88	0.18951	26%-50% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	8	18.00	2.07	0.18951	26%-50% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	9	6.00	0.63	0.20107	26%-50% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	9	10.00	1.05	0.20107	26%-50% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	9	12.00	1.25	0.20107	26%-50% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	9	18.00	1.88	0.20107	26%-50% Below	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	9	18.00	1.88	0.20107	26%-50% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	10	4.00	0.42	0.18178	26%-50% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	10	9.00	0.94	0.18178	26%-50% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	10	12.00	1.25	0.18178	26%-50% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	10	15.00	1.57	0.18178	26%-50% Below	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	10	15.00	1.57	0.18178	26%-50% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	10	18.00	1.88	0.18178	26%-50% Below	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	10	18.00	1.88	0.18178	26%-50% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	11	4.00	0.42	0.12428	10%-25% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	11	10.00	1.05	0.12428	10%-25% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862039010	ONDANSETRON ODT 4 MG TABLET	11	15.00	1.57	0.12428	10%-25% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	11	18.00	1.88	0.12428	10%-25% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	12	15.00	1.57	0.15648	26%-50% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	12	18.00	1.88	0.15648	26%-50% Below	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	12	18.00	1.88	0.15648	26%-50% Below	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	8	18.00	1.92	0.19390	26%-50% Below	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	8	18.00	1.92	0.19390	26%-50% Below	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	8	18.00	2.32	0.19390	26%-50% Below	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	9	10.00	1.07	0.21305	26%-50% Below	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	9	12.00	1.28	0.21305	26%-50% Below	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	9	15.00	1.60	0.21305	26%-50% Below	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	9	15.00	1.60	0.21305	26%-50% Below	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	9	18.00	1.92	0.21305	26%-50% Below	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	9	18.00	1.92	0.21305	26%-50% Below	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	10	15.00	1.60	0.20135	26%-50% Below	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	10	18.00	1.92	0.20135	26%-50% Below	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	10	18.00	1.92	0.20135	26%-50% Below	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	11	18.00	1.92	0.15290	26%-50% Below	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	12	18.00	1.92	0.17064	26%-50% Below	Yes	No
65862041901	SULFAMETHOXAZOLE-TMP SS TABLET	8	24.00	0.36	0.05289	51%-75% Below	Yes	No
65862041901	SULFAMETHOXAZOLE-TMP SS TABLET	10	14.00	0.34	0.04615	26%-50% Below	Yes	No
65862041901	SULFAMETHOXAZOLE-TMP SS TABLET	12	16.00	0.24	0.04088	51%-75% Below	Yes	No
65862042001	SULFAMETHOXAZOLE-TMP DS TABLET	9	20.00	0.58	0.06419	51%-75% Below	No	No
65862042001	SULFAMETHOXAZOLE-TMP DS TABLET	9	28.00	0.81	0.06419	51%-75% Below	No	No
65862042001	SULFAMETHOXAZOLE-TMP DS TABLET	9	30.00	0.86	0.06419	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862042001	SULFAMETHOXAZOLE-TMP DS TABLET	10	20.00	0.58	0.06049	51%-75% Below	No	No
65862042001	SULFAMETHOXAZOLE-TMP DS TABLET	10	30.00	0.86	0.06049	51%-75% Below	No	No
65862042001	SULFAMETHOXAZOLE-TMP DS TABLET	11	20.00	0.58	0.04587	26%-50% Below	No	No
65862042001	SULFAMETHOXAZOLE-TMP DS TABLET	11	30.00	0.86	0.04587	26%-50% Below	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	8	14.00	0.40	0.06019	51%-75% Below	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	8	14.00	0.40	0.06019	51%-75% Below	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	8	20.00	0.58	0.06019	51%-75% Below	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	8	20.00	0.68	0.06019	26%-50% Below	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	8	28.00	0.81	0.06019	51%-75% Below	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	9	10.00	0.29	0.06419	51%-75% Below	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	9	14.00	0.40	0.06419	51%-75% Below	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	9	14.00	0.40	0.06419	51%-75% Below	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	9	20.00	0.58	0.06419	51%-75% Below	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	9	20.00	0.58	0.06419	51%-75% Below	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	9	28.00	0.81	0.06419	51%-75% Below	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	10	6.00	0.17	0.06049	51%-75% Below	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	10	6.00	0.17	0.06049	51%-75% Below	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	10	10.00	0.29	0.06049	51%-75% Below	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	10	14.00	0.40	0.06049	51%-75% Below	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	10	14.00	0.40	0.06049	51%-75% Below	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	10	20.00	0.58	0.06049	51%-75% Below	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	11	6.00	0.17	0.04587	26%-50% Below	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	11	12.00	0.35	0.04587	26%-50% Below	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	11	13.00	0.37	0.04587	26%-50% Below	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	11	14.00	0.40	0.04587	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	11	20.00	0.58	0.04587	26%-50% Below	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	11	20.00	0.58	0.04587	26%-50% Below	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	12	10.00	0.29	0.05210	26%-50% Below	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	12	12.00	0.35	0.05210	26%-50% Below	Yes	No
65862044830	VALACYCLOVIR HCL 500 MG TABLET	8	30.00	6.32	0.27158	10%-25% Below	No	No
65862044830	VALACYCLOVIR HCL 500 MG TABLET	9	30.00	6.32	0.27153	10%-25% Below	No	No
65862044830	VALACYCLOVIR HCL 500 MG TABLET	10	28.00	5.89	0.26279	10%-25% Below	No	No
65862044830	VALACYCLOVIR HCL 500 MG TABLET	10	30.00	6.32	0.26279	10%-25% Below	No	No
65862044830	VALACYCLOVIR HCL 500 MG TABLET	12	30.00	6.32	0.23739	10%-25% Below	No	No
65862044890	VALACYCLOVIR HCL 500 MG TABLET	9	90.00	18.95	0.27153	10%-25% Below	No	No
65862044890	VALACYCLOVIR HCL 500 MG TABLET	12	90.00	18.95	0.23739	10%-25% Below	No	No
65862045460	ALPRAZOLAM ER 0.5 MG TABLET	8	60.00	19.37	0.19488	51%-75% Above	No	No
65862045560	ALPRAZOLAM ER 1 MG TABLET	12	10.00	3.55	0.15735	101%-200% Above	Yes	No
65862046830	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	10	30.00	11.02	0.08077	200% Above	No	No
65862046890	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	9	90.00	33.06	0.08845	200% Above	No	No
65862046890	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	10	90.00	33.06	0.08077	200% Above	No	No
65862046890	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	11	90.00	33.06	0.06268	200% Above	No	No
65862046890	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	12	90.00	33.06	0.06902	200% Above	No	No
65862046990	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	9	90.00	45.04	0.10245	200% Above	No	No
65862046990	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	10	30.00	15.01	0.09935	200% Above	No	No
65862046990	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	10	90.00	45.04	0.09935	200% Above	No	No
65862046990	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	11	90.00	45.04	0.07463	200% Above	No	No
65862046990	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	12	90.00	45.04	0.08662	200% Above	No	No
65862047030	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	11	30.00	15.01	0.07800	200% Above	No	No
65862047030	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	11	90.00	45.04	0.07800	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862047090	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	10	90.00	45.04	0.10472	200% Above	No	No
65862047090	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	11	90.00	45.04	0.07800	200% Above	No	No
65862047090	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	12	90.00	45.04	0.08665	200% Above	No	No
65862047099	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	8	30.00	15.01	0.10510	200% Above	No	No
65862047099	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	11	30.00	15.01	0.07800	200% Above	No	No
65862047099	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	11	90.00	45.04	0.07800	200% Above	No	No
65862047501	RAMIPRIL 2.5 MG CAPSULE	9	90.00	4.98	0.06166	10%-25% Below	No	No
65862047501	RAMIPRIL 2.5 MG CAPSULE	11	90.00	4.98	0.04932	10%-25% Above	No	No
65862049101	QUETIAPINE FUMARATE 100 MG TAB	10	30.00	2.38	0.05484	26%-50% Above	Yes	No
65862049647	SULFAMETHOXAZOLE-TMP SUSP	8	105.00	3.15	0.06263	51%-75% Below	Yes	No
65862049647	SULFAMETHOXAZOLE-TMP SUSP	10	50.00	1.50	0.06378	51%-75% Below	No	No
65862049647	SULFAMETHOXAZOLE-TMP SUSP	11	400.00	12.00	0.04485	26%-50% Below	No	No
65862050220	AMOX-CLAV 500-125 MG TABLET	8	14.00	3.49	0.31734	10%-25% Below	Yes	No
65862050220	AMOX-CLAV 500-125 MG TABLET	9	14.00	3.49	0.32486	10%-25% Below	Yes	No
65862050220	AMOX-CLAV 500-125 MG TABLET	9	20.00	4.99	0.32486	10%-25% Below	Yes	No
65862050220	AMOX-CLAV 500-125 MG TABLET	10	20.00	4.99	0.31272	10%-25% Below	No	No
65862050220	AMOX-CLAV 500-125 MG TABLET	12	10.00	2.49	0.28168	10%-25% Below	Yes	No
65862050301	AMOX-CLAV 875-125 MG TABLET	8	20.00	4.63	0.28836	10%-25% Below	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	9	20.00	4.63	0.28945	10%-25% Below	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	10	14.00	3.24	0.27807	10%-25% Below	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	10	20.00	4.63	0.27807	10%-25% Below	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	10	28.00	6.48	0.27807	10%-25% Below	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	11	14.00	3.24	0.26312	10%-25% Below	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	11	20.00	4.63	0.26312	10%-25% Below	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	12	20.00	4.63	0.27322	10%-25% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862050320	AMOX-CLAV 875-125 MG TABLET	7	20.00	4.98	0.34409	26%-50% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	8	14.00	3.24	0.28836	10%-25% Below	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	8	14.00	3.24	0.28836	10%-25% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	8	20.00	4.63	0.28836	10%-25% Below	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	8	20.00	4.63	0.28836	10%-25% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	8	30.00	6.94	0.28836	10%-25% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	9	4.00	0.93	0.28945	10%-25% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	9	10.00	2.31	0.28945	10%-25% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	9	14.00	3.24	0.28945	10%-25% Below	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	9	14.00	3.24	0.28945	10%-25% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	9	20.00	4.63	0.28945	10%-25% Below	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	9	20.00	4.63	0.28945	10%-25% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	9	28.00	6.48	0.28945	10%-25% Below	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	9	28.00	6.48	0.28945	10%-25% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	10	3.00	0.69	0.27807	10%-25% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	10	14.00	3.24	0.27807	10%-25% Below	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	10	14.00	3.24	0.27807	10%-25% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	10	20.00	4.63	0.27807	10%-25% Below	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	10	20.00	4.63	0.27807	10%-25% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	11	10.00	2.31	0.26312	10%-25% Below	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	11	10.00	2.31	0.26312	10%-25% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	11	14.00	3.24	0.26312	10%-25% Below	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	11	14.00	3.24	0.26312	10%-25% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	11	20.00	4.63	0.26312	10%-25% Below	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	11	20.00	4.63	0.26312	10%-25% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862050320	AMOX-CLAV 875-125 MG TABLET	12	10.00	2.31	0.27322	10%-25% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	12	14.00	3.24	0.27322	10%-25% Below	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	12	14.00	3.24	0.27322	10%-25% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	12	20.00	4.63	0.27322	10%-25% Below	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	12	20.00	4.63	0.27322	10%-25% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	12	28.00	6.48	0.27322	10%-25% Below	No	No
65862051330	PIOGLITAZONE HCL 30 MG TABLET	9	90.00	11.96	0.10703	10%-25% Above	No	No
65862051601	NAPROXEN SODIUM 550 MG TAB	11	20.00	17.99	0.19325	200% Above	No	No
65862052305	GABAPENTIN 600 MG TABLET	8	90.00	1.76	0.09237	76%-100% Below	No	No
65862052305	GABAPENTIN 600 MG TABLET	8	90.00	3.17	0.09237	51%-75% Below	No	No
65862052305	GABAPENTIN 600 MG TABLET	9	90.00	1.76	0.09645	76%-100% Below	No	No
65862052305	GABAPENTIN 600 MG TABLET	10	90.00	1.76	0.09506	76%-100% Below	No	No
65862052305	GABAPENTIN 600 MG TABLET	11	90.00	1.76	0.06016	51%-75% Below	No	No
65862052305	GABAPENTIN 600 MG TABLET	11	405.00	7.94	0.06016	51%-75% Below	No	No
65862052790	VENLAFAXINE HCL ER 37.5 MG CAP	11	30.00	2.70	0.07117	26%-50% Above	No	No
65862052790	VENLAFAXINE HCL ER 37.5 MG CAP	12	30.00	2.70	0.08146	10%-25% Above	No	No
65862052790	VENLAFAXINE HCL ER 37.5 MG CAP	12	90.00	8.10	0.08146	10%-25% Above	No	No
65862052799	VENLAFAXINE HCL ER 37.5 MG CAP	11	90.00	8.10	0.07117	26%-50% Above	No	No
65862052830	VENLAFAXINE HCL ER 75 MG CAP	11	30.00	2.65	0.07585	10%-25% Above	No	No
65862052830	VENLAFAXINE HCL ER 75 MG CAP	11	90.00	7.96	0.07585	10%-25% Above	No	No
65862052890	VENLAFAXINE HCL ER 75 MG CAP	8	30.00	2.65	0.10144	10%-25% Below	No	No
65862052890	VENLAFAXINE HCL ER 75 MG CAP	11	30.00	2.65	0.07585	10%-25% Above	No	No
65862052899	VENLAFAXINE HCL ER 75 MG CAP	8	30.00	2.65	0.10144	10%-25% Below	No	No
65862052899	VENLAFAXINE HCL ER 75 MG CAP	8	90.00	7.80	0.10144	10%-25% Below	No	No
65862052899	VENLAFAXINE HCL ER 75 MG CAP	8	90.00	7.96	0.10144	10%-25% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862052899	VENLAFAXINE HCL ER 75 MG CAP	9	30.00	2.65	0.09975	10%-25% Below	No	No
65862052899	VENLAFAXINE HCL ER 75 MG CAP	9	90.00	7.96	0.09975	10%-25% Below	No	No
65862052899	VENLAFAXINE HCL ER 75 MG CAP	11	30.00	2.65	0.07585	10%-25% Above	No	No
65862052899	VENLAFAXINE HCL ER 75 MG CAP	11	90.00	7.96	0.07585	10%-25% Above	No	No
65862053401	AMOX-CLAV 400-57 MG/5 ML SUSP	8	150.00	28.64	0.06869	101%-200% Above	No	No
65862053401	AMOX-CLAV 400-57 MG/5 ML SUSP	9	100.00	19.09	0.06559	101%-200% Above	No	No
65862053401	AMOX-CLAV 400-57 MG/5 ML SUSP	11	100.00	19.09	0.05459	200% Above	No	No
65862053475	AMOX-CLAV 400-57 MG/5 ML SUSP	8	100.00	19.09	0.07143	101%-200% Above	No	No
65862053475	AMOX-CLAV 400-57 MG/5 ML SUSP	10	150.00	28.64	0.07286	101%-200% Above	No	No
65862053475	AMOX-CLAV 400-57 MG/5 ML SUSP	11	300.00	57.27	0.05240	200% Above	No	No
65862053502	AMOX-CLAV 600-42.9 MG/5 ML SUS	10	200.00	10.68	0.07040	10%-25% Below	No	No
65862053513	AMOX-CLAV 600-42.9 MG/5 ML SUS	8	125.00	6.68	0.07482	26%-50% Below	No	No
65862053513	AMOX-CLAV 600-42.9 MG/5 ML SUS	10	125.00	6.68	0.07326	26%-50% Below	No	No
65862053513	AMOX-CLAV 600-42.9 MG/5 ML SUS	12	125.00	6.68	0.06265	10%-25% Below	No	No
65862053575	AMOX-CLAV 600-42.9 MG/5 ML SUS	9	75.00	4.01	0.08511	26%-50% Below	No	No
65862053575	AMOX-CLAV 600-42.9 MG/5 ML SUS	9	150.00	8.01	0.08511	26%-50% Below	No	No
65862053575	AMOX-CLAV 600-42.9 MG/5 ML SUS	11	75.00	4.01	0.07242	26%-50% Below	No	No
65862053575	AMOX-CLAV 600-42.9 MG/5 ML SUS	11	150.00	8.01	0.07242	26%-50% Below	No	No
65862053820	LEVOFLOXACIN 750 MG TABLET	10	7.00	1.14	0.29231	26%-50% Below	No	No
65862055990	PANTOPRAZOLE SOD DR 20 MG TAB	8	30.00	6.46	0.04842	200% Above	No	No
65862055990	PANTOPRAZOLE SOD DR 20 MG TAB	9	30.00	6.46	0.04741	200% Above	No	No
65862055990	PANTOPRAZOLE SOD DR 20 MG TAB	10	30.00	6.46	0.04709	200% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.00	2.22	0.05115	26%-50% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	8	90.00	6.66	0.05115	26%-50% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	9	30.00	2.22	0.05198	26%-50% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	9	90.00	6.66	0.05198	26%-50% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	10	30.00	2.22	0.05478	26%-50% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	11	30.00	2.22	0.03310	101%-200% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	11	30.00	16.99	0.03310	200% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	11	90.00	6.66	0.03310	101%-200% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	12	30.00	2.22	0.04069	76%-100% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	12	90.00	6.66	0.04069	76%-100% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.00	2.22	0.05115	26%-50% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	8	90.00	6.53	0.05115	26%-50% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	8	90.00	6.66	0.05115	26%-50% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	9	30.00	2.22	0.05198	26%-50% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	9	30.00	2.22	0.05198	26%-50% Above	Yes	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	9	90.00	6.66	0.05198	26%-50% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	10	15.00	1.11	0.05478	26%-50% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	10	30.00	2.22	0.05478	26%-50% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	10	30.00	2.22	0.05478	26%-50% Above	Yes	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	10	90.00	6.66	0.05478	26%-50% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	11	30.00	2.22	0.03310	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	11	90.00	6.66	0.03310	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	12	30.00	2.22	0.04069	76%-100% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	12	90.00	6.66	0.04069	76%-100% Above	No	No
65862056890	MONTELUKAST SOD 5 MG TAB CHEW	10	90.00	12.54	0.07001	76%-100% Above	Yes	No
65862056890	MONTELUKAST SOD 5 MG TAB CHEW	11	30.00	4.18	0.05998	101%-200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	8	30.00	2.36	0.05683	26%-50% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	8	90.00	6.82	0.05683	26%-50% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862057490	MONTELUKAST SOD 10 MG TABLET	8	90.00	7.09	0.05683	26%-50% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	9	30.00	2.36	0.05752	26%-50% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	9	90.00	6.82	0.05752	26%-50% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	9	90.00	7.09	0.05752	26%-50% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	9	90.00	18.27	0.05752	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	10	30.00	2.36	0.06104	26%-50% Above	No	No
65862057490	MONTELUKAST SOD 10 MG TABLET	10	30.00	2.36	0.06104	26%-50% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	10	60.00	4.73	0.06104	26%-50% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	10	90.00	6.82	0.06104	10%-25% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	10	90.00	7.09	0.06104	26%-50% Above	No	No
65862057490	MONTELUKAST SOD 10 MG TABLET	10	90.00	7.09	0.06104	26%-50% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	11	30.00	2.36	0.04225	76%-100% Above	No	No
65862057490	MONTELUKAST SOD 10 MG TABLET	11	90.00	6.82	0.04225	76%-100% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	11	90.00	7.09	0.04225	76%-100% Above	No	No
65862057490	MONTELUKAST SOD 10 MG TABLET	11	90.00	7.09	0.04225	76%-100% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	12	30.00	2.36	0.04984	51%-75% Above	No	No
65862057490	MONTELUKAST SOD 10 MG TABLET	12	30.00	2.36	0.04984	51%-75% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	12	90.00	6.82	0.04984	51%-75% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	12	90.00	7.09	0.04984	51%-75% Above	No	No
65862057490	MONTELUKAST SOD 10 MG TABLET	12	90.00	7.09	0.04984	51%-75% Above	Yes	No
65862058301	AMLODIPINE-BENAZEPRIL 5-10 MG	10	90.00	4.14	0.10271	51%-75% Below	No	No
65862058601	AMLODIPINE-BENAZEPRIL 10-20 MG	11	90.00	29.07	0.10723	200% Above	No	No
65862059401	DIVALPROEX SOD ER 250 MG TAB	9	30.00	20.21	0.15846	200% Above	Yes	No
65862059401	DIVALPROEX SOD ER 250 MG TAB	10	30.00	20.21	0.17341	200% Above	Yes	No
65862059401	DIVALPROEX SOD ER 250 MG TAB	12	90.00	60.62	0.14095	200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862059501	DIVALPROEX SOD ER 500 MG TAB	8	60.00	26.57	0.19354	101%-200% Above	Yes	No
65862059501	DIVALPROEX SOD ER 500 MG TAB	9	60.00	27.09	0.19604	101%-200% Above	Yes	No
65862059501	DIVALPROEX SOD ER 500 MG TAB	10	60.00	27.09	0.19845	101%-200% Above	Yes	No
65862059501	DIVALPROEX SOD ER 500 MG TAB	11	180.00	81.27	0.15077	101%-200% Above	Yes	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	8	30.00	3.73	0.05466	101%-200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	8	60.00	7.46	0.05466	101%-200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	8	90.00	10.97	0.05466	101%-200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	9	30.00	3.73	0.05451	101%-200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	10	30.00	3.73	0.05146	101%-200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	10	60.00	7.46	0.05146	101%-200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	10	90.00	10.76	0.05146	101%-200% Above	Yes	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	10	90.00	11.19	0.05146	101%-200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	10	180.00	22.37	0.05146	101%-200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	11	30.00	3.73	0.04345	101%-200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	11	60.00	7.46	0.04345	101%-200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	12	90.00	11.19	0.04665	101%-200% Above	No	No
65862060012	RIZATRIPTAN 10 MG TABLET	9	10.00	8.01	0.38826	101%-200% Above	No	No
65862060012	RIZATRIPTAN 10 MG TABLET	11	12.00	9.61	0.33156	101%-200% Above	No	No
65862060130	MODAFINIL 100 MG TABLET	11	180.00	270.41	0.17266	200% Above	No	No
65862060130	MODAFINIL 100 MG TABLET	12	60.00	90.14	0.24096	200% Above	No	No
65862062405	GEMFIBROZIL 600 MG TABLET	11	90.00	6.08	0.08709	10%-25% Below	Yes	No
65862062690	RIZATRIPTAN 10 MG ODT	12	24.00	21.37	0.48675	76%-100% Above	No	No
65862064130	AZITHROMYCIN 250 MG TABLET	11	6.00	1.25	0.25633	10%-25% Below	No	No
65862064130	AZITHROMYCIN 250 MG TABLET	12	6.00	1.25	0.32433	26%-50% Below	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	8	6.00	1.23	0.35296	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862064163	AZITHROMYCIN 250 MG TABLET	8	6.00	1.25	0.35296	26%-50% Below	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	9	6.00	1.25	0.39593	26%-50% Below	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	10	6.00	1.25	0.39779	26%-50% Below	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	11	6.00	1.25	0.25633	10%-25% Below	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	12	6.00	1.25	0.32433	26%-50% Below	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	8	6.00	1.23	0.35296	26%-50% Below	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	8	6.00	1.25	0.35296	26%-50% Below	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	9	6.00	1.25	0.39593	26%-50% Below	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	10	6.00	1.25	0.39779	26%-50% Below	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	10	6.00	2.97	0.39779	10%-25% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	11	6.00	1.25	0.25633	10%-25% Below	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	12	6.00	1.25	0.32433	26%-50% Below	No	No
65862064230	AZITHROMYCIN 500 MG TABLET	10	2.00	1.06	0.68453	10%-25% Below	No	No
65862066130	ARIPIPRAZOLE 2 MG TABLET	8	30.00	117.50	0.13807	200% Above	No	No
65862066230	ARIPIPRAZOLE 5 MG TABLET	10	30.00	117.50	0.11468	200% Above	No	No
65862066230	ARIPIPRAZOLE 5 MG TABLET	11	30.00	117.50	0.08850	200% Above	No	No
65862067601	ALPRAZOLAM 0.25 MG TABLET	8	20.00	0.25	0.02369	26%-50% Below	No	No
65862067601	ALPRAZOLAM 0.25 MG TABLET	8	60.00	0.75	0.02369	26%-50% Below	No	No
65862067601	ALPRAZOLAM 0.25 MG TABLET	9	180.00	2.25	0.02342	26%-50% Below	No	No
65862067601	ALPRAZOLAM 0.25 MG TABLET	10	20.00	0.25	0.02328	26%-50% Below	No	No
65862067601	ALPRAZOLAM 0.25 MG TABLET	11	20.00	0.25	0.01801	26%-50% Below	No	No
65862067605	ALPRAZOLAM 0.25 MG TABLET	8	30.00	0.38	0.02369	26%-50% Below	No	No
65862067605	ALPRAZOLAM 0.25 MG TABLET	10	30.00	0.38	0.02328	26%-50% Below	No	No
65862067605	ALPRAZOLAM 0.25 MG TABLET	10	60.00	0.75	0.02328	26%-50% Below	No	No
65862067699	ALPRAZOLAM 0.25 MG TABLET	9	30.00	0.38	0.02342	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862067699	ALPRAZOLAM 0.25 MG TABLET	10	25.00	0.75	0.02328	26%-50% Above	No	No
65862067699	ALPRAZOLAM 0.25 MG TABLET	10	30.00	0.38	0.02328	26%-50% Below	No	No
65862067699	ALPRAZOLAM 0.25 MG TABLET	11	30.00	0.38	0.01801	26%-50% Below	No	No
65862067699	ALPRAZOLAM 0.25 MG TABLET	12	30.00	0.38	0.02002	26%-50% Below	No	No
65862067701	ALPRAZOLAM 0.5 MG TABLET	9	60.00	0.64	0.02477	51%-75% Below	No	No
65862067701	ALPRAZOLAM 0.5 MG TABLET	10	60.00	0.64	0.02342	51%-75% Below	No	No
65862067701	ALPRAZOLAM 0.5 MG TABLET	11	60.00	0.64	0.01867	26%-50% Below	No	No
65862067701	ALPRAZOLAM 0.5 MG TABLET	12	180.00	1.91	0.02038	26%-50% Below	No	No
65862067705	ALPRAZOLAM 0.5 MG TABLET	9	25.00	0.27	0.02477	51%-75% Below	No	No
65862067705	ALPRAZOLAM 0.5 MG TABLET	11	30.00	0.32	0.01867	26%-50% Below	No	No
65862067799	ALPRAZOLAM 0.5 MG TABLET	8	30.00	0.32	0.02338	51%-75% Below	No	No
65862067799	ALPRAZOLAM 0.5 MG TABLET	9	15.00	0.16	0.02477	51%-75% Below	No	No
65862067799	ALPRAZOLAM 0.5 MG TABLET	9	30.00	0.32	0.02477	51%-75% Below	No	No
65862067799	ALPRAZOLAM 0.5 MG TABLET	10	30.00	0.32	0.02342	51%-75% Below	No	No
65862067799	ALPRAZOLAM 0.5 MG TABLET	10	60.00	0.64	0.02342	51%-75% Below	No	No
65862067799	ALPRAZOLAM 0.5 MG TABLET	11	30.00	0.32	0.01867	26%-50% Below	No	No
65862067799	ALPRAZOLAM 0.5 MG TABLET	11	60.00	0.64	0.01867	26%-50% Below	No	No
65862067799	ALPRAZOLAM 0.5 MG TABLET	12	30.00	0.32	0.02038	26%-50% Below	No	No
65862067799	ALPRAZOLAM 0.5 MG TABLET	12	60.00	0.64	0.02038	26%-50% Below	No	No
65862067799	ALPRAZOLAM 0.5 MG TABLET	12	90.00	0.95	0.02038	26%-50% Below	No	No
65862067801	ALPRAZOLAM 1 MG TABLET	11	30.00	0.35	0.02224	26%-50% Below	No	No
65862067801	ALPRAZOLAM 1 MG TABLET	12	30.00	0.35	0.02389	51%-75% Below	No	No
65862067805	ALPRAZOLAM 1 MG TABLET	8	60.00	0.70	0.02722	51%-75% Below	No	No
65862067805	ALPRAZOLAM 1 MG TABLET	9	45.00	0.52	0.02913	51%-75% Below	No	No
65862067805	ALPRAZOLAM 1 MG TABLET	9	60.00	0.70	0.02913	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862067805	ALPRAZOLAM 1 MG TABLET	9	90.00	1.04	0.02913	51%-75% Below	Yes	No
65862067805	ALPRAZOLAM 1 MG TABLET	10	60.00	0.70	0.02762	51%-75% Below	No	No
65862067805	ALPRAZOLAM 1 MG TABLET	11	45.00	0.52	0.02224	26%-50% Below	No	No
65862067899	ALPRAZOLAM 1 MG TABLET	11	60.00	0.70	0.02224	26%-50% Below	No	No
65862069705	VENLAFAXINE HCL ER 150 MG CAP	8	90.00	17.41	0.13538	26%-50% Above	No	No
65862069705	VENLAFAXINE HCL ER 150 MG CAP	9	30.00	2.46	0.14127	26%-50% Below	No	No
65862069705	VENLAFAXINE HCL ER 150 MG CAP	9	90.00	7.38	0.14127	26%-50% Below	No	No
65862069705	VENLAFAXINE HCL ER 150 MG CAP	10	30.00	2.46	0.13389	26%-50% Below	No	No
65862069705	VENLAFAXINE HCL ER 150 MG CAP	10	90.00	7.38	0.13389	26%-50% Below	No	No
65862069705	VENLAFAXINE HCL ER 150 MG CAP	11	30.00	2.46	0.10567	10%-25% Below	No	No
65862069705	VENLAFAXINE HCL ER 150 MG CAP	11	90.00	7.38	0.10567	10%-25% Below	No	No
65862069705	VENLAFAXINE HCL ER 150 MG CAP	12	30.00	2.46	0.11715	26%-50% Below	No	No
65862069790	VENLAFAXINE HCL ER 150 MG CAP	8	90.00	7.38	0.13538	26%-50% Below	No	No
65862069790	VENLAFAXINE HCL ER 150 MG CAP	9	30.00	2.46	0.14127	26%-50% Below	No	No
65862069790	VENLAFAXINE HCL ER 150 MG CAP	10	30.00	2.46	0.13389	26%-50% Below	No	No
65862069790	VENLAFAXINE HCL ER 150 MG CAP	10	90.00	7.38	0.13389	26%-50% Below	No	No
65862069790	VENLAFAXINE HCL ER 150 MG CAP	11	30.00	2.46	0.10567	10%-25% Below	No	No
65862069790	VENLAFAXINE HCL ER 150 MG CAP	11	90.00	7.38	0.10567	10%-25% Below	No	No
65862069790	VENLAFAXINE HCL ER 150 MG CAP	12	30.00	2.46	0.11715	26%-50% Below	No	No
65862069790	VENLAFAXINE HCL ER 150 MG CAP	12	90.00	7.38	0.11715	26%-50% Below	No	No
65862069960	CEFUROXIME AXETIL 250 MG TAB	11	20.00	14.23	0.22596	200% Above	No	No
65862070701	AMOXICILLIN 250 MG/5 ML SUSP	9	100.00	3.49	0.02737	26%-50% Above	No	No
65862073205	AMIODARONE HCL 200 MG TABLET	11	90.00	14.93	0.09886	51%-75% Above	Yes	No
65862073260	AMIODARONE HCL 200 MG TABLET	11	90.00	15.52	0.09886	51%-75% Above	No	No
65862073260	AMIODARONE HCL 200 MG TABLET	11	100.00	17.24	0.09886	51%-75% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862076090	PREGABALIN 75 MG CAPSULE	12	60.00	1.49	0.05396	51%-75% Below	No	No
65862076190	PREGABALIN 100 MG CAPSULE	11	60.00	1.91	0.04279	10%-25% Below	No	No
65862076290	PREGABALIN 150 MG CAPSULE	9	30.00	0.84	0.07225	51%-75% Below	No	No
65862077685	MILI 0.25-0.035 MG TABLET	8	84.00	17.35	0.12931	51%-75% Above	No	No
65862077685	MILI 0.25-0.035 MG TABLET	11	84.00	17.35	0.10106	101%-200% Above	No	No
65862077885	TRI-LO-MILI TABLET	9	84.00	46.22	0.12834	200% Above	No	No
65862077885	TRI-LO-MILI TABLET	10	84.00	46.22	0.11947	200% Above	No	No
65862077885	TRI-LO-MILI TABLET	11	28.00	15.41	0.09034	200% Above	No	No
65862077885	TRI-LO-MILI TABLET	11	84.00	46.22	0.09034	200% Above	No	No
65862077885	TRI-LO-MILI TABLET	12	84.00	46.22	0.10073	200% Above	No	No
65862078030	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	12	30.00	39.19	0.21560	200% Above	No	No
65862078330	ESOMEPRAZOLE MAG DR 20 MG CAP	9	30.00	42.94	0.18797	200% Above	No	No
65862078330	ESOMEPRAZOLE MAG DR 20 MG CAP	10	30.00	42.94	0.18032	200% Above	No	No
65862078330	ESOMEPRAZOLE MAG DR 20 MG CAP	11	30.00	42.94	0.13071	200% Above	No	No
65862078490	ESOMEPRAZOLE MAG DR 40 MG CAP	9	90.00	128.82	0.16104	200% Above	No	No
65862078490	ESOMEPRAZOLE MAG DR 40 MG CAP	11	90.00	128.82	0.11037	200% Above	No	No
65862080630	ARMODAFINIL 150 MG TABLET	8	30.00	85.00	0.81349	200% Above	No	No
65862080630	ARMODAFINIL 150 MG TABLET	8	30.00	85.00	0.81349	200% Above	Yes	No
65862080630	ARMODAFINIL 150 MG TABLET	9	30.00	85.00	0.70696	200% Above	No	No
65862080630	ARMODAFINIL 150 MG TABLET	9	30.00	85.00	0.70696	200% Above	Yes	No
65862080630	ARMODAFINIL 150 MG TABLET	10	30.00	85.00	0.59126	200% Above	No	No
65862080630	ARMODAFINIL 150 MG TABLET	11	30.00	85.00	0.53522	200% Above	No	No
65862080630	ARMODAFINIL 150 MG TABLET	11	30.00	85.00	0.53522	200% Above	Yes	No
65862080730	ARMODAFINIL 250 MG TABLET	9	30.00	85.00	0.82515	200% Above	No	No
65862080730	ARMODAFINIL 250 MG TABLET	9	30.00	85.00	0.82515	200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862080730	ARMODAFINIL 250 MG TABLET	10	30.00	85.00	0.78506	200% Above	Yes	No
65862080730	ARMODAFINIL 250 MG TABLET	11	30.00	85.00	0.63249	200% Above	Yes	No
65862080730	ARMODAFINIL 250 MG TABLET	12	30.00	85.00	0.69998	200% Above	No	No
65862083030	PRASUGREL 10 MG TABLET	11	90.00	211.67	0.23119	200% Above	No	No
65862083030	PRASUGREL 10 MG TABLET	12	30.00	70.56	0.26802	200% Above	No	No
65862085901	FAMOTIDINE 20 MG TABLET	8	5.00	0.12	0.03445	26%-50% Below	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	8	30.00	0.71	0.03445	26%-50% Below	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	8	60.00	1.41	0.03445	26%-50% Below	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	8	90.00	2.12	0.03445	26%-50% Below	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	9	180.00	4.07	0.03493	26%-50% Below	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	10	30.00	0.71	0.03333	26%-50% Below	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	10	60.00	1.41	0.03333	26%-50% Below	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	10	90.00	2.12	0.03333	26%-50% Below	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	10	180.00	4.23	0.03333	26%-50% Below	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	12	60.00	1.41	0.02888	10%-25% Below	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	12	180.00	4.23	0.02888	10%-25% Below	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	8	90.00	7.92	0.05569	51%-75% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	8	90.00	8.24	0.05569	51%-75% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	8	90.00	11.22	0.05569	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	8	180.00	16.16	0.05569	51%-75% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	9	30.00	2.75	0.05768	51%-75% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	9	90.00	7.92	0.05768	51%-75% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	9	90.00	8.24	0.05768	51%-75% Above	No	No
65862086001	FAMOTIDINE 40 MG TABLET	9	90.00	8.24	0.05768	51%-75% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	10	30.00	2.75	0.05934	51%-75% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862086001	FAMOTIDINE 40 MG TABLET	10	90.00	7.92	0.05934	26%-50% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	10	90.00	8.24	0.05934	51%-75% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	10	270.00	24.71	0.05934	51%-75% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	11	90.00	7.92	0.04746	76%-100% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	11	90.00	8.24	0.04746	76%-100% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	11	180.00	16.47	0.04746	76%-100% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	12	90.00	8.24	0.05230	51%-75% Above	Yes	No
65862086099	FAMOTIDINE 40 MG TABLET	11	60.00	5.49	0.04746	76%-100% Above	No	No
65862086495	SIMPESSE 0.15-0.03-0.01 MG TAB	11	91.00	100.66	0.22042	200% Above	No	No
65862087830	SOLIFENACIN 5 MG TABLET	9	30.00	60.68	0.20204	200% Above	Yes	No
65862087830	SOLIFENACIN 5 MG TABLET	11	90.00	182.03	0.14766	200% Above	Yes	No
65862087930	SOLIFENACIN 10 MG TABLET	11	30.00	60.68	0.14356	200% Above	Yes	No
65862090901	CELECOXIB 200 MG CAPSULE	8	28.00	12.04	0.11151	200% Above	No	No
65862090901	CELECOXIB 200 MG CAPSULE	8	90.00	38.70	0.11151	200% Above	No	No
65862090901	CELECOXIB 200 MG CAPSULE	9	16.00	6.88	0.10706	200% Above	No	No
65862090901	CELECOXIB 200 MG CAPSULE	9	30.00	12.90	0.10706	200% Above	No	No
65862090901	CELECOXIB 200 MG CAPSULE	10	28.00	12.04	0.09547	200% Above	No	No
65862090901	CELECOXIB 200 MG CAPSULE	10	30.00	12.90	0.09547	200% Above	No	No
65862090905	CELECOXIB 200 MG CAPSULE	9	90.00	37.24	0.10706	200% Above	Yes	No
65862090905	CELECOXIB 200 MG CAPSULE	12	90.00	37.24	0.08533	200% Above	Yes	No
65862092585	INCASSIA 0.35 MG TABLET	8	84.00	6.20	0.10821	26%-50% Below	Yes	No
65862092585	INCASSIA 0.35 MG TABLET	9	28.00	2.15	0.10642	26%-50% Below	Yes	No
65862092585	INCASSIA 0.35 MG TABLET	10	28.00	2.15	0.08950	10%-25% Below	Yes	No
65862092585	INCASSIA 0.35 MG TABLET	11	28.00	2.15	0.06909	10%-25% Above	Yes	No
65862092730	FINASTERIDE 1 MG TABLET	8	90.00	35.53	0.04640	200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862092730	FINASTERIDE 1 MG TABLET	11	90.00	36.22	0.03364	200% Above	Yes	No
65862092901	NITROFURANTOIN MONO-MCR 100 MG	8	6.00	0.99	0.50287	51%-75% Below	No	No
65862092901	NITROFURANTOIN MONO-MCR 100 MG	8	14.00	9.18	0.50287	26%-50% Above	No	No
65862092901	NITROFURANTOIN MONO-MCR 100 MG	11	14.00	9.18	0.25614	101%-200% Above	No	No
65862093488	AUROVELA 24 FE 1 MG-20 MCG TAB	8	28.00	33.18	0.25354	200% Above	No	No
65862093488	AUROVELA 24 FE 1 MG-20 MCG TAB	8	28.00	33.82	0.25354	200% Above	No	No
65862093488	AUROVELA 24 FE 1 MG-20 MCG TAB	8	84.00	101.46	0.25354	200% Above	No	No
65862093488	AUROVELA 24 FE 1 MG-20 MCG TAB	10	28.00	33.82	0.22172	200% Above	No	No
65862093488	AUROVELA 24 FE 1 MG-20 MCG TAB	11	28.00	33.82	0.19432	200% Above	No	No
65862093574	AUROVELA 21 1.5-30 TABLET	11	21.00	9.62	0.32562	26%-50% Above	Yes	No
65862093988	AUROVELA 1 MG-20 MCG TABLET	9	21.00	4.38	0.23387	10%-25% Below	Yes	No
65862093988	AUROVELA 1 MG-20 MCG TABLET	11	21.00	4.38	0.16192	26%-50% Above	Yes	No
65862094601	DORZOLAMIDE-TIMOLOL EYE DROPS	10	10.00	13.08	1.05634	10%-25% Above	Yes	No
65862094601	DORZOLAMIDE-TIMOLOL EYE DROPS	12	10.00	13.08	1.03405	26%-50% Above	Yes	No
65862096701	ESZOPICLONE 1 MG TABLET	11	30.00	11.50	0.10879	200% Above	Yes	No
65862096801	ESZOPICLONE 2 MG TABLET	8	90.00	36.22	0.10451	200% Above	Yes	No
65862096801	ESZOPICLONE 2 MG TABLET	10	30.00	12.07	0.12885	200% Above	Yes	No
65862096801	ESZOPICLONE 2 MG TABLET	11	90.00	36.22	0.08307	200% Above	Yes	No
65862096901	ESZOPICLONE 3 MG TABLET	9	7.00	2.82	0.11487	200% Above	No	No
65862096901	ESZOPICLONE 3 MG TABLET	9	30.00	12.07	0.11487	200% Above	No	No
65862096901	ESZOPICLONE 3 MG TABLET	9	30.00	12.07	0.11487	200% Above	Yes	No
65862096901	ESZOPICLONE 3 MG TABLET	10	14.00	5.63	0.12836	200% Above	No	No
65862096901	ESZOPICLONE 3 MG TABLET	10	30.00	12.07	0.12836	200% Above	Yes	No
65862096901	ESZOPICLONE 3 MG TABLET	11	30.00	12.07	0.08536	200% Above	Yes	No
65862097703	TELMISARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TB	11	30.00	58.95	0.48399	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862098601	POTASSIUM CL ER 8 MEQ TABLET	9	30.00	5.40	0.13041	26%-50% Above	No	No
65862098601	POTASSIUM CL ER 8 MEQ TABLET	10	30.00	5.40	0.13478	26%-50% Above	No	No
65862098601	POTASSIUM CL ER 8 MEQ TABLET	11	30.00	5.40	0.10819	51%-75% Above	No	No
65862098799	POTASSIUM CL ER 10 MEQ TABLET	9	90.00	2.86	0.13065	51%-75% Below	Yes	No
65862098799	POTASSIUM CL ER 10 MEQ TABLET	10	90.00	2.86	0.11624	51%-75% Below	Yes	No
65862098799	POTASSIUM CL ER 10 MEQ TABLET	12	90.00	4.58	0.10167	26%-50% Below	Yes	No
65862099830	ARMODAFINIL 200 MG TABLET	9	30.00	83.35	0.74996	200% Above	No	No
65862099830	ARMODAFINIL 200 MG TABLET	10	30.00	83.35	0.66029	200% Above	No	No
65862099830	ARMODAFINIL 200 MG TABLET	11	30.00	83.35	0.51721	200% Above	No	No
66689030516	SUCRALFATE 1 GM/10 ML SUSP	12	1200.00	159.36	0.25047	26%-50% Below	No	No
66993000210	ESTRADIOL 0.01% CREAM	8	42.50	111.99	0.53656	200% Above	Yes	No
66993000210	ESTRADIOL 0.01% CREAM	8	42.50	115.59	0.53656	200% Above	No	No
66993000210	ESTRADIOL 0.01% CREAM	9	42.50	111.23	0.49266	200% Above	Yes	No
66993000210	ESTRADIOL 0.01% CREAM	10	42.50	111.99	0.48729	200% Above	Yes	No
66993000210	ESTRADIOL 0.01% CREAM	11	42.50	115.59	0.36924	200% Above	No	No
66993000210	ESTRADIOL 0.01% CREAM	12	42.50	111.99	0.42505	200% Above	Yes	No
66993000210	ESTRADIOL 0.01% CREAM	12	42.50	115.59	0.42505	200% Above	No	No
66993007896	FLUTICASONE PROPIONATE HFA 44 MCG INHALER	11	10.60	132.91	10.90104	10%-25% Above	No	No
66993007896	FLUTICASONE PROPIONATE HFA 44 MCG INHALER	12	10.60	132.91	11.16443	10%-25% Above	No	No
66993013597	FLUTICASONE-VILANTEROL 100-25	9	60.00	249.42	3.75531	10%-25% Above	No	No
66993037083	MEDROXYPROGESTERONE 150 MG/ML	9	1.00	12.97	23.79558	26%-50% Below	No	No
66993037083	MEDROXYPROGESTERONE 150 MG/ML	10	1.00	12.97	24.09613	26%-50% Below	Yes	No
66993037083	MEDROXYPROGESTERONE 150 MG/ML	12	1.00	12.97	20.79526	26%-50% Below	No	No
66993037179	MEDROXYPROGESTERONE 150 MG/ML	8	1.00	26.11	42.07124	26%-50% Below	No	No
66993037179	MEDROXYPROGESTERONE 150 MG/ML	9	1.00	26.11	40.33359	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
66993037179	MEDROXYPROGESTERONE 150 MG/ML	9	1.00	26.11	40.33359	26%-50% Below	Yes	No
66993037179	MEDROXYPROGESTERONE 150 MG/ML	10	1.00	26.11	39.92563	26%-50% Below	Yes	No
66993037179	MEDROXYPROGESTERONE 150 MG/ML	11	1.00	26.11	31.65571	10%-25% Below	No	No
66993037179	MEDROXYPROGESTERONE 150 MG/ML	12	1.00	26.11	34.27934	10%-25% Below	No	No
66993042930	TAFLUPROST 0.0015% EYE DROP	10	30.00	64.34	3.67618	26%-50% Below	No	No
66993060536	ETONOGESTREL-EE VAGINAL RING	11	1.00	63.65	42.53705	26%-50% Above	No	No
66993060604	MIRTAZAPINE 7.5 MG TABLET	8	30.00	29.48	0.41502	101%-200% Above	No	No
66993072757	SULFAMETHOXAZOLE-TMP SUSP	10	240.00	7.20	0.06378	51%-75% Below	Yes	No
66993086948	ADAPALENE-BNZYL PEROX 0.1-2.5%	8	45.00	11.45	0.54151	51%-75% Below	Yes	No
66993096045	METRONIDAZOLE 0.75% CREAM	8	45.00	50.70	0.34472	200% Above	Yes	No
66993096045	METRONIDAZOLE 0.75% CREAM	11	45.00	50.70	0.21836	200% Above	Yes	No
67108356509	MESNEX TAB 400MG	9	12.00	680.13	.		No	No
67877012450	SILVER SULFADIAZINE 1% CREAM	10	50.00	3.07	0.13427	51%-75% Below	No	No
67877014601	TEMAZEPAM 15 MG CAPSULE	10	30.00	1.17	0.07806	26%-50% Below	No	No
67877014701	TEMAZEPAM 30 MG CAPSULE	10	30.00	1.24	0.09113	51%-75% Below	No	No
67877014705	TEMAZEPAM 30 MG CAPSULE	8	30.00	1.24	0.08991	51%-75% Below	No	No
67877014705	TEMAZEPAM 30 MG CAPSULE	9	30.00	1.24	0.09652	51%-75% Below	No	No
67877014705	TEMAZEPAM 30 MG CAPSULE	10	30.00	1.24	0.09113	51%-75% Below	No	No
67877014705	TEMAZEPAM 30 MG CAPSULE	11	30.00	1.24	0.07255	26%-50% Below	No	No
67877015905	METFORMIN HCL ER 500 MG TABLET	10	90.00	2.12	0.03136	10%-25% Below	Yes	No
67877019705	AMLODIPINE BESYLATE 2.5 MG TAB	8	30.00	1.36	0.01207	200% Above	No	No
67877019710	AMLODIPINE BESYLATE 2.5 MG TAB	9	30.00	1.36	0.01096	200% Above	No	No
67877019710	AMLODIPINE BESYLATE 2.5 MG TAB	10	30.00	1.36	0.01089	200% Above	No	No
67877019710	AMLODIPINE BESYLATE 2.5 MG TAB	11	30.00	1.36	0.00854	200% Above	No	No
67877019710	AMLODIPINE BESYLATE 2.5 MG TAB	12	30.00	1.36	0.00985	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
67877019805	AMLODIPINE BESYLATE 5 MG TAB	8	28.00	0.35	0.01080	10%-25% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	8	30.00	0.37	0.01080	10%-25% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	11	30.00	0.37	0.00946	26%-50% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	11	90.00	1.12	0.00946	26%-50% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	12	90.00	1.12	0.01040	10%-25% Above	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	9	28.00	0.35	0.01133	10%-25% Above	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	11	28.00	0.35	0.00946	26%-50% Above	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	11	30.00	0.37	0.00946	26%-50% Above	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	11	60.00	0.74	0.00946	26%-50% Above	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	11	90.00	1.12	0.00946	26%-50% Above	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	12	30.00	0.37	0.01040	10%-25% Above	No	No
67877019890	AMLODIPINE BESYLATE 5 MG TAB	11	90.00	1.12	0.00946	26%-50% Above	No	No
67877019905	AMLODIPINE BESYLATE 10 MG TAB	11	90.00	1.54	0.01322	26%-50% Above	No	No
67877019905	AMLODIPINE BESYLATE 10 MG TAB	12	90.00	1.54	0.01544	10%-25% Above	No	No
67877019910	AMLODIPINE BESYLATE 10 MG TAB	11	30.00	0.51	0.01322	26%-50% Above	No	No
67877019910	AMLODIPINE BESYLATE 10 MG TAB	12	90.00	1.54	0.01544	10%-25% Above	No	No
67877021560	CEFUROXIME AXETIL 250 MG TAB	10	30.00	21.35	0.30850	101%-200% Above	Yes	No
67877021560	CEFUROXIME AXETIL 250 MG TAB	12	30.00	21.35	0.25674	101%-200% Above	No	No
67877021660	CEFUROXIME AXETIL 500 MG TAB	8	20.00	22.02	0.47325	101%-200% Above	Yes	No
67877021660	CEFUROXIME AXETIL 500 MG TAB	10	14.00	15.41	0.45700	101%-200% Above	Yes	No
67877021660	CEFUROXIME AXETIL 500 MG TAB	11	14.00	15.41	0.34319	200% Above	No	No
67877021660	CEFUROXIME AXETIL 500 MG TAB	12	14.00	15.41	0.39693	101%-200% Above	Yes	No
67877021901	CEPHALEXIN 500 MG CAPSULE	9	20.00	1.28	0.13137	51%-75% Below	No	No
67877021901	CEPHALEXIN 500 MG CAPSULE	9	30.00	1.92	0.13137	51%-75% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	8	28.00	1.79	0.13335	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
67877021905	CEPHALEXIN 500 MG CAPSULE	8	30.00	1.92	0.13335	51%-75% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	8	30.00	2.09	0.13335	26%-50% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	9	14.00	0.90	0.13137	51%-75% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	9	21.00	1.35	0.13137	51%-75% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	10	14.00	0.90	0.12863	26%-50% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	10	20.00	1.28	0.12863	26%-50% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	10	28.00	1.79	0.12863	26%-50% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	11	14.00	0.90	0.08973	26%-50% Below	No	No
67877022201	GABAPENTIN 100 MG CAPSULE	8	90.00	0.73	0.02479	51%-75% Below	No	No
67877022201	GABAPENTIN 100 MG CAPSULE	9	45.00	0.36	0.02416	51%-75% Below	No	No
67877022201	GABAPENTIN 100 MG CAPSULE	9	60.00	0.49	0.02416	51%-75% Below	No	No
67877022201	GABAPENTIN 100 MG CAPSULE	10	60.00	0.49	0.02305	51%-75% Below	No	No
67877022201	GABAPENTIN 100 MG CAPSULE	10	180.00	1.46	0.02305	51%-75% Below	No	No
67877022201	GABAPENTIN 100 MG CAPSULE	11	60.00	0.49	0.01864	51%-75% Below	No	No
67877022201	GABAPENTIN 100 MG CAPSULE	11	180.00	1.46	0.01864	51%-75% Below	No	No
67877022205	GABAPENTIN 100 MG CAPSULE	9	30.00	0.24	0.02416	51%-75% Below	No	No
67877022205	GABAPENTIN 100 MG CAPSULE	11	90.00	0.73	0.01864	51%-75% Below	No	No
67877022205	GABAPENTIN 100 MG CAPSULE	12	90.00	0.73	0.02070	51%-75% Below	No	No
67877022301	GABAPENTIN 300 MG CAPSULE	9	360.00	7.52	0.03917	26%-50% Below	No	No
67877022301	GABAPENTIN 300 MG CAPSULE	10	30.00	0.63	0.03775	26%-50% Below	No	No
67877022301	GABAPENTIN 300 MG CAPSULE	10	60.00	1.25	0.03775	26%-50% Below	No	No
67877022301	GABAPENTIN 300 MG CAPSULE	10	180.00	3.76	0.03775	26%-50% Below	No	No
67877022301	GABAPENTIN 300 MG CAPSULE	12	60.00	1.25	0.03474	26%-50% Below	No	No
67877022305	GABAPENTIN 300 MG CAPSULE	9	30.00	0.63	0.03917	26%-50% Below	No	No
67877022305	GABAPENTIN 300 MG CAPSULE	10	90.00	1.88	0.03775	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
67877022305	GABAPENTIN 300 MG CAPSULE	11	270.00	5.64	0.03133	26%-50% Below	No	No
67877022305	GABAPENTIN 300 MG CAPSULE	12	60.00	1.25	0.03474	26%-50% Below	No	No
67877022310	GABAPENTIN 300 MG CAPSULE	8	90.00	1.88	0.04036	26%-50% Below	No	No
67877022310	GABAPENTIN 300 MG CAPSULE	10	30.00	0.63	0.03775	26%-50% Below	No	No
67877022310	GABAPENTIN 300 MG CAPSULE	10	60.00	1.25	0.03775	26%-50% Below	No	No
67877022310	GABAPENTIN 300 MG CAPSULE	10	270.00	5.64	0.03775	26%-50% Below	No	No
67877022310	GABAPENTIN 300 MG CAPSULE	10	360.00	7.52	0.03775	26%-50% Below	No	No
67877022310	GABAPENTIN 300 MG CAPSULE	11	30.00	0.63	0.03133	26%-50% Below	No	No
67877022310	GABAPENTIN 300 MG CAPSULE	11	60.00	1.25	0.03133	26%-50% Below	No	No
67877022310	GABAPENTIN 300 MG CAPSULE	11	90.00	1.88	0.03133	26%-50% Below	No	No
67877024201	QUETIAPINE FUMARATE 25 MG TAB	8	60.00	3.95	0.03282	76%-100% Above	No	No
67877024201	QUETIAPINE FUMARATE 25 MG TAB	9	60.00	3.95	0.03315	76%-100% Above	No	No
67877024201	QUETIAPINE FUMARATE 25 MG TAB	10	60.00	3.95	0.03263	101%-200% Above	No	No
67877024201	QUETIAPINE FUMARATE 25 MG TAB	11	60.00	3.95	0.02508	101%-200% Above	No	No
67877024201	QUETIAPINE FUMARATE 25 MG TAB	12	60.00	3.95	0.02796	101%-200% Above	No	No
67877024760	QUETIAPINE FUMARATE 300 MG TAB	12	90.00	16.68	0.13053	26%-50% Above	No	No
67877024901	QUETIAPINE FUMARATE 50 MG TAB	9	30.00	2.17	0.04457	51%-75% Above	No	No
67877024901	QUETIAPINE FUMARATE 50 MG TAB	10	30.00	2.17	0.04627	51%-75% Above	No	No
67877024901	QUETIAPINE FUMARATE 50 MG TAB	11	30.00	2.17	0.02775	101%-200% Above	No	No
67877024901	QUETIAPINE FUMARATE 50 MG TAB	12	30.00	2.17	0.03439	101%-200% Above	No	No
67877025010	QUETIAPINE FUMARATE 100 MG TAB	8	30.00	2.38	0.05784	26%-50% Above	No	No
67877025010	QUETIAPINE FUMARATE 100 MG TAB	9	30.00	2.38	0.05787	26%-50% Above	No	No
67877025010	QUETIAPINE FUMARATE 100 MG TAB	10	30.00	2.38	0.05484	26%-50% Above	No	No
67877025010	QUETIAPINE FUMARATE 100 MG TAB	11	30.00	2.38	0.03940	101%-200% Above	No	No
67877025115	TRIAMCINOLONE 0.1% CREAM	8	15.00	1.80	0.15420	10%-25% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
67877025130	TRIAMCINOLONE 0.1% CREAM	11	30.00	3.41	0.09301	10%-25% Above	Yes	No
67877025130	TRIAMCINOLONE 0.1% CREAM	11	90.00	10.22	0.09301	10%-25% Above	Yes	No
67877025130	TRIAMCINOLONE 0.1% CREAM	12	60.00	6.81	0.10154	10%-25% Above	Yes	No
67877025180	TRIAMCINOLONE 0.1% CREAM	8	80.00	8.29	0.04826	101%-200% Above	No	No
67877025180	TRIAMCINOLONE 0.1% CREAM	10	80.00	8.29	0.06000	51%-75% Above	No	No
67877025180	TRIAMCINOLONE 0.1% CREAM	10	320.00	33.17	0.06000	51%-75% Above	No	No
67877025180	TRIAMCINOLONE 0.1% CREAM	11	80.00	8.29	0.04476	101%-200% Above	No	No
67877026218	RIZATRIPTAN 10 MG TABLET	8	18.00	14.41	0.36186	101%-200% Above	Yes	No
67877026218	RIZATRIPTAN 10 MG TABLET	9	10.00	8.01	0.38826	101%-200% Above	No	No
67877026218	RIZATRIPTAN 10 MG TABLET	9	18.00	14.41	0.38826	101%-200% Above	Yes	No
67877029505	IBUPROFEN TAB 600MG	10	20.00	0.34	.		No	No
67877032001	IBUPROFEN 600 MG TABLET	8	30.00	0.50	0.05190	51%-75% Below	No	No
67877032001	IBUPROFEN 600 MG TABLET	10	20.00	0.34	0.05150	51%-75% Below	No	No
67877032005	IBUPROFEN 600 MG TABLET	9	30.00	0.50	0.05173	51%-75% Below	No	No
67877032005	IBUPROFEN 600 MG TABLET	10	30.00	0.50	0.05150	51%-75% Below	No	No
67877032005	IBUPROFEN 600 MG TABLET	11	16.00	0.27	0.04638	51%-75% Below	No	No
67877032005	IBUPROFEN 600 MG TABLET	11	40.00	0.67	0.04638	51%-75% Below	No	No
67877032101	IBUPROFEN 800 MG TABLET	9	30.00	0.56	0.06409	51%-75% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	8	90.00	1.67	0.06511	51%-75% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	9	30.00	0.56	0.06409	51%-75% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	10	30.00	0.56	0.06215	51%-75% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	10	90.00	1.67	0.06215	51%-75% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	11	40.00	0.74	0.05111	51%-75% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	12	30.00	0.56	0.05567	51%-75% Below	No	No
67877041301	METFORMIN HCL ER 500 MG TABLET	10	90.00	2.20	0.03136	10%-25% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
67877041401	METFORMIN HCL ER 750 MG TABLET	11	30.00	2.03	0.05697	10%-25% Above	No	No
67877041890	VALSARTAN 320 MG TABLET	9	90.00	25.19	0.23003	10%-25% Above	Yes	No
67877041890	VALSARTAN 320 MG TABLET	12	90.00	25.19	0.19675	26%-50% Above	Yes	No
67877043003	ARIPIPRAZOLE 2 MG TABLET	8	30.00	117.50	0.13807	200% Above	No	No
67877043003	ARIPIPRAZOLE 2 MG TABLET	9	30.00	117.50	0.13120	200% Above	No	No
67877043103	ARIPIPRAZOLE 5 MG TABLET	10	30.00	117.50	0.11468	200% Above	No	No
67877043103	ARIPIPRAZOLE 5 MG TABLET	11	30.00	117.50	0.08850	200% Above	No	No
67877043103	ARIPIPRAZOLE 5 MG TABLET	12	30.00	117.50	0.10120	200% Above	No	No
67877044730	OLMESARTAN MEDOXOMIL 40 MG TAB	12	45.00	56.53	0.12121	200% Above	Yes	No
67877044790	OLMESARTAN MEDOXOMIL 40 MG TAB	8	90.00	117.50	0.13148	200% Above	No	No
67877044790	OLMESARTAN MEDOXOMIL 40 MG TAB	9	90.00	117.50	0.13402	200% Above	No	No
67877044790	OLMESARTAN MEDOXOMIL 40 MG TAB	10	30.00	39.17	0.12906	200% Above	No	No
67877044790	OLMESARTAN MEDOXOMIL 40 MG TAB	11	90.00	117.50	0.11134	200% Above	No	No
67877045590	FINASTERIDE 1 MG TABLET	11	30.00	12.07	0.03364	200% Above	No	No
67877046505	PREGABALIN 100 MG CAPSULE	12	120.00	3.82	0.05338	26%-50% Below	No	No
67877048330	TELMISARTAN 40 MG TABLET	8	90.00	29.53	0.20956	51%-75% Above	Yes	No
67877048330	TELMISARTAN 40 MG TABLET	11	90.00	28.96	0.12744	101%-200% Above	Yes	No
67877048430	TELMISARTAN 80 MG TABLET	8	14.00	3.50	0.18583	26%-50% Above	No	No
67877048430	TELMISARTAN 80 MG TABLET	8	90.00	22.53	0.18583	26%-50% Above	Yes	No
67877048430	TELMISARTAN 80 MG TABLET	9	14.00	3.50	0.17482	26%-50% Above	No	No
67877048430	TELMISARTAN 80 MG TABLET	9	30.00	7.51	0.17482	26%-50% Above	No	No
67877048430	TELMISARTAN 80 MG TABLET	9	90.00	21.67	0.17482	26%-50% Above	Yes	No
67877048430	TELMISARTAN 80 MG TABLET	9	90.00	22.53	0.17482	26%-50% Above	No	No
67877048430	TELMISARTAN 80 MG TABLET	10	14.00	3.50	0.15723	51%-75% Above	No	No
67877048430	TELMISARTAN 80 MG TABLET	10	90.00	22.53	0.15723	51%-75% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
67877048430	TELMISARTAN 80 MG TABLET	11	14.00	3.50	0.14422	51%-75% Above	No	No
67877048430	TELMISARTAN 80 MG TABLET	11	30.00	7.51	0.14422	51%-75% Above	No	No
67877048430	TELMISARTAN 80 MG TABLET	11	90.00	22.53	0.14422	51%-75% Above	Yes	No
67877048430	TELMISARTAN 80 MG TABLET	12	90.00	21.67	0.14734	51%-75% Above	Yes	No
67877048430	TELMISARTAN 80 MG TABLET	12	90.00	22.53	0.14734	51%-75% Above	No	No
67877049090	EZETIMIBE 10 MG TABLET	10	90.00	119.79	0.08203	200% Above	No	No
67877049090	EZETIMIBE 10 MG TABLET	10	90.00	119.79	0.08203	200% Above	Yes	No
67877049090	EZETIMIBE 10 MG TABLET	11	30.00	39.93	0.07249	200% Above	Yes	No
67877049090	EZETIMIBE 10 MG TABLET	11	90.00	115.27	0.07249	200% Above	Yes	No
67877049090	EZETIMIBE 10 MG TABLET	12	30.00	39.93	0.07518	200% Above	Yes	No
67877049090	EZETIMIBE 10 MG TABLET	12	90.00	115.27	0.07518	200% Above	Yes	No
67877050830	EZETIMIBE-SIMVASTATIN 10-20 MG	8	30.00	59.32	0.38890	200% Above	No	No
67877050830	EZETIMIBE-SIMVASTATIN 10-20 MG	10	30.00	59.32	0.41504	200% Above	No	No
67877050830	EZETIMIBE-SIMVASTATIN 10-20 MG	11	30.00	59.32	0.30754	200% Above	No	No
67877051190	ATORVASTATIN 10 MG TABLET	10	90.00	7.20	0.02960	101%-200% Above	No	No
67877051290	ATORVASTATIN 20 MG TABLET	10	90.00	8.88	0.03564	101%-200% Above	No	No
67877051310	ATORVASTATIN 40 MG TABLET	10	90.00	8.58	0.05228	76%-100% Above	Yes	No
67877051390	ATORVASTATIN 40 MG TABLET	9	90.00	8.92	0.05122	76%-100% Above	No	No
67877051390	ATORVASTATIN 40 MG TABLET	11	90.00	8.92	0.04382	101%-200% Above	No	No
67877051390	ATORVASTATIN 40 MG TABLET	12	90.00	8.92	0.04678	101%-200% Above	No	No
67877051490	ATORVASTATIN 80 MG TABLET	10	90.00	10.29	0.08395	26%-50% Above	No	No
67877052330	COLESEVELAM HCL 3.75 G PACKET	11	30.00	232.18	3.14812	101%-200% Above	No	No
67877052330	COLESEVELAM HCL 3.75 G PACKET	12	90.00	696.53	3.15814	101%-200% Above	No	No
67877052660	RANOLAZINE ER 1,000 MG TABLET	9	180.00	244.60	0.32377	200% Above	Yes	No
67877052660	RANOLAZINE ER 1,000 MG TABLET	12	180.00	244.60	0.29901	200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
67877052730	SOLIFENACIN 5 MG TABLET	9	30.00	60.68	0.20204	200% Above	No	No
67877052790	SOLIFENACIN 5 MG TABLET	10	30.00	60.68	0.21419	200% Above	No	No
67877052790	SOLIFENACIN 5 MG TABLET	11	30.00	60.68	0.14766	200% Above	No	No
67877054360	CEFDINIR 300 MG CAPSULE	8	14.00	4.96	0.50505	26%-50% Below	No	No
67877054360	CEFDINIR 300 MG CAPSULE	8	20.00	2.64	0.50505	51%-75% Below	No	No
67877054360	CEFDINIR 300 MG CAPSULE	8	20.00	7.09	0.50505	26%-50% Below	No	No
67877054360	CEFDINIR 300 MG CAPSULE	9	20.00	7.09	0.48292	26%-50% Below	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	10	14.00	4.96	0.47051	10%-25% Below	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	10	20.00	7.09	0.47051	10%-25% Below	No	No
67877054360	CEFDINIR 300 MG CAPSULE	10	20.00	7.09	0.47051	10%-25% Below	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	12	10.00	3.54	0.41004	10%-25% Below	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	12	14.00	4.96	0.41004	10%-25% Below	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	12	20.00	7.09	0.41004	10%-25% Below	No	No
67877054360	CEFDINIR 300 MG CAPSULE	12	20.00	7.09	0.41004	10%-25% Below	Yes	No
67877054588	CEPHALEXIN 250 MG/5 ML SUSP	9	100.00	11.41	0.09187	10%-25% Above	No	No
67877054888	CEFDINIR 250 MG/5 ML SUSP	11	100.00	63.88	0.11267	200% Above	No	No
67877054898	CEFDINIR 250 MG/5 ML SUSP	2	60.00	19.89	0.19870	51%-75% Above	No	No
67877054898	CEFDINIR 250 MG/5 ML SUSP	10	60.00	40.34	0.15123	200% Above	No	No
67877054898	CEFDINIR 250 MG/5 ML SUSP	11	60.00	40.34	0.11481	200% Above	No	No
67877054898	CEFDINIR 250 MG/5 ML SUSP	12	60.00	40.34	0.13268	200% Above	No	No
67877056110	METFORMIN HCL 500 MG TABLET	8	60.00	0.64	0.01492	26%-50% Below	No	No
67877056110	METFORMIN HCL 500 MG TABLET	8	180.00	1.93	0.01492	26%-50% Below	No	No
67877056110	METFORMIN HCL 500 MG TABLET	8	180.00	1.93	0.01492	26%-50% Below	Yes	No
67877056110	METFORMIN HCL 500 MG TABLET	8	328.00	3.51	0.01492	26%-50% Below	Yes	No
67877056110	METFORMIN HCL 500 MG TABLET	9	60.00	0.64	0.01490	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
67877056110	METFORMIN HCL 500 MG TABLET	9	225.00	2.41	0.01490	26%-50% Below	Yes	No
67877056110	METFORMIN HCL 500 MG TABLET	10	180.00	1.85	0.01413	26%-50% Below	Yes	No
67877056110	METFORMIN HCL 500 MG TABLET	10	180.00	1.93	0.01413	10%-25% Below	No	No
67877056110	METFORMIN HCL 500 MG TABLET	10	180.00	1.93	0.01413	10%-25% Below	Yes	No
67877056110	METFORMIN HCL 500 MG TABLET	10	360.00	3.71	0.01413	26%-50% Below	Yes	No
67877056110	METFORMIN HCL 500 MG TABLET	11	180.00	1.85	0.01225	10%-25% Below	Yes	No
67877056110	METFORMIN HCL 500 MG TABLET	11	180.00	1.93	0.01225	10%-25% Below	No	No
67877056110	METFORMIN HCL 500 MG TABLET	11	180.00	1.93	0.01225	10%-25% Below	Yes	No
67877056110	METFORMIN HCL 500 MG TABLET	11	360.00	3.85	0.01225	10%-25% Below	Yes	No
67877056110	METFORMIN HCL 500 MG TABLET	12	225.00	2.41	0.01304	10%-25% Below	Yes	No
67877056205	METFORMIN HCL 850 MG TABLET	8	60.00	1.22	0.02391	10%-25% Below	Yes	No
67877056205	METFORMIN HCL 850 MG TABLET	9	60.00	1.22	0.02443	10%-25% Below	Yes	No
67877056205	METFORMIN HCL 850 MG TABLET	10	180.00	3.67	0.02528	10%-25% Below	Yes	No
67877056310	METFORMIN HCL 1,000 MG TABLET	8	180.00	3.38	0.02473	10%-25% Below	Yes	No
67877056310	METFORMIN HCL 1,000 MG TABLET	9	60.00	1.18	0.02514	10%-25% Below	Yes	No
67877056310	METFORMIN HCL 1,000 MG TABLET	10	60.00	1.18	0.02422	10%-25% Below	Yes	No
67877056310	METFORMIN HCL 1,000 MG TABLET	10	180.00	3.38	0.02422	10%-25% Below	Yes	No
67877056310	METFORMIN HCL 1,000 MG TABLET	10	180.00	3.53	0.02422	10%-25% Below	Yes	No
67877056310	METFORMIN HCL 1,000 MG TABLET	12	180.00	3.38	0.02204	10%-25% Below	Yes	No
67877058901	COLCHICINE 0.6 MG TABLET	9	60.00	142.01	0.19706	200% Above	No	No
67877058901	COLCHICINE 0.6 MG TABLET	10	30.00	71.01	0.21336	200% Above	No	No
67877059001	METOPROLOL SUCC ER 25 MG TAB	10	30.00	3.93	0.06120	101%-200% Above	No	No
67877059001	METOPROLOL SUCC ER 25 MG TAB	11	30.00	3.93	0.05080	101%-200% Above	No	No
67877059001	METOPROLOL SUCC ER 25 MG TAB	12	30.00	3.93	0.05304	101%-200% Above	No	No
67877059101	METOPROLOL SUCC ER 50 MG TAB	8	135.00	17.70	0.06643	76%-100% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
67877059101	METOPROLOL SUCC ER 50 MG TAB	9	90.00	11.80	0.06663	76%-100% Above	No	No
67877059101	METOPROLOL SUCC ER 50 MG TAB	10	90.00	11.80	0.05759	101%-200% Above	No	No
67877059105	METOPROLOL SUCC ER 50 MG TAB	10	90.00	11.80	0.05759	101%-200% Above	No	No
67877059201	METOPROLOL SUCC ER 100 MG TAB	11	90.00	20.26	0.10390	101%-200% Above	No	No
67877069601	CHLORTHALIDONE 25 MG TABLET	9	15.00	6.23	0.09323	200% Above	No	No
67877069601	CHLORTHALIDONE 25 MG TABLET	9	30.00	12.47	0.09323	200% Above	No	No
67877069601	CHLORTHALIDONE 25 MG TABLET	10	15.00	6.23	0.09145	200% Above	No	No
67877069601	CHLORTHALIDONE 25 MG TABLET	10	30.00	12.47	0.09145	200% Above	No	No
67877069601	CHLORTHALIDONE 25 MG TABLET	10	90.00	37.40	0.09145	200% Above	No	No
67877069601	CHLORTHALIDONE 25 MG TABLET	11	15.00	6.23	0.07302	200% Above	No	No
67877069601	CHLORTHALIDONE 25 MG TABLET	11	30.00	12.47	0.07302	200% Above	No	No
67877069601	CHLORTHALIDONE 25 MG TABLET	11	45.00	13.50	0.07302	200% Above	No	No
67877069601	CHLORTHALIDONE 25 MG TABLET	11	90.00	24.00	0.07302	200% Above	No	No
67877069610	CHLORTHALIDONE 25 MG TABLET	8	15.00	6.23	0.09195	200% Above	No	No
67877069610	CHLORTHALIDONE 25 MG TABLET	10	15.00	6.23	0.09145	200% Above	No	No
67877069610	CHLORTHALIDONE 25 MG TABLET	11	15.00	6.23	0.07302	200% Above	No	No
67877074495	VARENICLINE 1 MG TABLET	9	56.00	170.14	1.21088	101%-200% Above	No	No
67877074495	VARENICLINE 1 MG TABLET	10	56.00	170.14	1.06327	101%-200% Above	No	No
67877074495	VARENICLINE 1 MG TABLET	11	56.00	170.14	0.52150	200% Above	No	No
67877075701	NIFEDIPINE ER 30 MG TABLET	10	30.00	4.00	0.11639	10%-25% Above	No	No
67877075701	NIFEDIPINE ER 30 MG TABLET	11	30.00	4.00	0.09413	26%-50% Above	No	No
67877084210	FAMOTIDINE 20 MG TABLET	8	28.00	0.66	0.03445	26%-50% Below	No	No
67877084210	FAMOTIDINE 20 MG TABLET	8	30.00	0.71	0.03445	26%-50% Below	No	No
67877084210	FAMOTIDINE 20 MG TABLET	9	28.00	0.66	0.03493	26%-50% Below	No	No
67877084210	FAMOTIDINE 20 MG TABLET	9	30.00	0.71	0.03493	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
67877084210	FAMOTIDINE 20 MG TABLET	10	28.00	0.66	0.03333	26%-50% Below	No	No
67877084210	FAMOTIDINE 20 MG TABLET	10	30.00	0.71	0.03333	26%-50% Below	No	No
67877087820	CEFPODOXIME 100 MG TABLET	10	14.00	34.79	1.27058	76%-100% Above	Yes	No
68001000501	METHYLPREDNISOLONE 4 MG DOSEPK	8	21.00	6.38	0.13227	101%-200% Above	No	No
68001000501	METHYLPREDNISOLONE 4 MG DOSEPK	9	21.00	6.38	0.15189	76%-100% Above	No	No
68001000501	METHYLPREDNISOLONE 4 MG DOSEPK	10	21.00	6.38	0.14027	101%-200% Above	No	No
68001000501	METHYLPREDNISOLONE 4 MG DOSEPK	11	21.00	6.38	0.09618	200% Above	No	No
68001000501	METHYLPREDNISOLONE 4 MG DOSEPK	12	21.00	6.38	0.11746	101%-200% Above	No	No
68001013100	AMLODIPINE-BENAZEPRIL 10-40 MG	11	90.00	30.29	0.10807	200% Above	No	No
68001013400	AMLODIPINE-BENAZEPRIL 5-20 MG	8	30.00	7.88	0.12071	101%-200% Above	No	No
68001013400	AMLODIPINE-BENAZEPRIL 5-20 MG	9	30.00	7.88	0.11667	101%-200% Above	No	No
68001013400	AMLODIPINE-BENAZEPRIL 5-20 MG	10	30.00	7.88	0.11755	101%-200% Above	No	No
68001013400	AMLODIPINE-BENAZEPRIL 5-20 MG	11	30.00	7.88	0.08871	101%-200% Above	No	No
68001015203	CARVEDILOL 25 MG TABLET	9	90.00	3.16	0.02984	10%-25% Above	No	No
68001015203	CARVEDILOL 25 MG TABLET	12	90.00	3.16	0.02816	10%-25% Above	No	No
68001015303	CARVEDILOL 3.125 MG TABLET	8	60.00	2.18	0.01694	101%-200% Above	No	No
68001015303	CARVEDILOL 3.125 MG TABLET	10	56.00	2.04	0.01707	101%-200% Above	No	No
68001015303	CARVEDILOL 3.125 MG TABLET	10	60.00	2.18	0.01707	101%-200% Above	No	No
68001015303	CARVEDILOL 3.125 MG TABLET	11	56.00	2.04	0.01328	101%-200% Above	No	No
68001015303	CARVEDILOL 3.125 MG TABLET	12	60.00	2.18	0.01527	101%-200% Above	No	No
68001015403	CARVEDILOL 6.25 MG TABLET	9	60.00	1.87	0.01929	51%-75% Above	No	No
68001015403	CARVEDILOL 6.25 MG TABLET	10	60.00	1.87	0.01972	51%-75% Above	No	No
68001015403	CARVEDILOL 6.25 MG TABLET	11	60.00	1.87	0.01554	76%-100% Above	No	No
68001016200	PROMETHAZINE 25 MG TABLET	11	20.00	0.52	0.03165	10%-25% Below	No	No
68001016203	PROMETHAZINE 25 MG TABLET	8	60.00	1.92	0.04819	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68001016203	PROMETHAZINE 25 MG TABLET	9	90.00	2.35	0.04820	26%-50% Below	No	No
68001016203	PROMETHAZINE 25 MG TABLET	10	2.00	0.05	0.04881	26%-50% Below	No	No
68001016203	PROMETHAZINE 25 MG TABLET	10	12.00	0.31	0.04881	26%-50% Below	No	No
68001016203	PROMETHAZINE 25 MG TABLET	10	20.00	0.52	0.04881	26%-50% Below	No	No
68001016203	PROMETHAZINE 25 MG TABLET	10	180.00	4.70	0.04881	26%-50% Below	No	No
68001016203	PROMETHAZINE 25 MG TABLET	11	20.00	0.52	0.03165	10%-25% Below	No	No
68001016203	PROMETHAZINE 25 MG TABLET	11	30.00	0.78	0.03165	10%-25% Below	No	No
68001016203	PROMETHAZINE 25 MG TABLET	11	60.00	1.57	0.03165	10%-25% Below	No	No
68001016203	PROMETHAZINE 25 MG TABLET	12	12.00	0.31	0.03896	26%-50% Below	No	No
68001016203	PROMETHAZINE 25 MG TABLET	12	30.00	0.78	0.03896	26%-50% Below	No	No
68001016203	PROMETHAZINE 25 MG TABLET	12	270.00	7.05	0.03896	26%-50% Below	No	No
68001018008	QUETIAPINE FUMARATE 50 MG TAB	11	30.00	2.17	0.02775	101%-200% Above	No	No
68001018008	QUETIAPINE FUMARATE 50 MG TAB	12	30.00	2.17	0.03439	101%-200% Above	No	No
68001018203	QUETIAPINE FUMARATE 200 MG TAB	8	30.00	2.59	0.11797	26%-50% Below	No	No
68001018203	QUETIAPINE FUMARATE 200 MG TAB	9	30.00	2.59	0.11098	10%-25% Below	No	No
68001018203	QUETIAPINE FUMARATE 200 MG TAB	10	30.00	2.59	0.11300	10%-25% Below	No	No
68001018306	QUETIAPINE FUMARATE 300 MG TAB	9	60.00	11.12	0.15649	10%-25% Above	No	No
68001018306	QUETIAPINE FUMARATE 300 MG TAB	10	60.00	11.12	0.15499	10%-25% Above	No	No
68001018306	QUETIAPINE FUMARATE 300 MG TAB	11	60.00	11.12	0.11359	51%-75% Above	No	No
68001018408	QUETIAPINE FUMARATE 100 MG TAB	9	90.00	7.13	0.05787	26%-50% Above	No	No
68001018408	QUETIAPINE FUMARATE 100 MG TAB	10	90.00	7.13	0.05484	26%-50% Above	No	No
68001018408	QUETIAPINE FUMARATE 100 MG TAB	11	90.00	7.13	0.03940	101%-200% Above	No	No
68001018408	QUETIAPINE FUMARATE 100 MG TAB	12	90.00	7.13	0.04549	51%-75% Above	No	No
68001018500	QUETIAPINE FUMARATE 25 MG TAB	10	45.00	2.96	0.03263	101%-200% Above	No	No
68001018500	QUETIAPINE FUMARATE 25 MG TAB	11	45.00	2.96	0.02508	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68001018508	QUETIAPINE FUMARATE 25 MG TAB	10	30.00	1.97	0.03263	101%-200% Above	No	No
68001018508	QUETIAPINE FUMARATE 25 MG TAB	11	30.00	1.97	0.02508	101%-200% Above	No	No
68001018508	QUETIAPINE FUMARATE 25 MG TAB	12	30.00	1.97	0.02796	101%-200% Above	No	No
68001023703	CLONIDINE HCL 0.1 MG TABLET	8	30.00	0.36	0.02712	51%-75% Below	No	No
68001023703	CLONIDINE HCL 0.1 MG TABLET	8	90.00	1.07	0.02712	51%-75% Below	No	No
68001023703	CLONIDINE HCL 0.1 MG TABLET	9	30.00	0.36	0.02647	51%-75% Below	No	No
68001023703	CLONIDINE HCL 0.1 MG TABLET	10	30.00	0.36	0.02587	51%-75% Below	No	No
68001023703	CLONIDINE HCL 0.1 MG TABLET	11	30.00	0.36	0.02022	26%-50% Below	No	No
68001023703	CLONIDINE HCL 0.1 MG TABLET	12	30.00	0.36	0.02290	26%-50% Below	No	No
68001023803	CLONIDINE HCL 0.2 MG TABLET	11	60.00	0.98	0.02870	26%-50% Below	No	No
68001024604	ONDANSETRON ODT 4 MG TABLET	8	18.00	1.88	0.18951	26%-50% Below	No	No
68001024604	ONDANSETRON ODT 4 MG TABLET	10	1.00	0.10	0.18178	26%-50% Below	No	No
68001024604	ONDANSETRON ODT 4 MG TABLET	10	10.00	1.05	0.18178	26%-50% Below	No	No
68001024604	ONDANSETRON ODT 4 MG TABLET	11	9.00	0.94	0.12428	10%-25% Below	No	No
68001024604	ONDANSETRON ODT 4 MG TABLET	12	18.00	1.88	0.15648	26%-50% Below	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	9	12.00	1.25	0.20107	26%-50% Below	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	9	18.00	1.88	0.20107	26%-50% Below	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	10	15.00	1.57	0.18178	26%-50% Below	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	10	18.00	1.88	0.18178	26%-50% Below	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	11	10.00	1.05	0.12428	10%-25% Below	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	11	15.00	1.57	0.12428	10%-25% Below	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	11	18.00	1.88	0.12428	10%-25% Below	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	12	12.00	1.25	0.15648	26%-50% Below	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	12	18.00	1.88	0.15648	26%-50% Below	No	No
68001024704	ONDANSETRON ODT 8 MG TABLET	9	18.00	1.92	0.21305	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68001024717	ONDANSETRON ODT 8 MG TABLET	8	15.00	1.60	0.19390	26%-50% Below	No	No
68001024717	ONDANSETRON ODT 8 MG TABLET	8	18.00	1.92	0.19390	26%-50% Below	No	No
68001024717	ONDANSETRON ODT 8 MG TABLET	9	18.00	1.92	0.21305	26%-50% Below	No	No
68001024717	ONDANSETRON ODT 8 MG TABLET	10	18.00	1.92	0.20135	26%-50% Below	No	No
68001024717	ONDANSETRON ODT 8 MG TABLET	11	14.00	1.49	0.15290	26%-50% Below	No	No
68001024717	ONDANSETRON ODT 8 MG TABLET	11	18.00	1.92	0.15290	26%-50% Below	No	No
68001024717	ONDANSETRON ODT 8 MG TABLET	12	18.00	1.92	0.17064	26%-50% Below	No	No
68001024901	ZOLMITRIPTAN 2.5 MG TABLET	11	10.00	53.33	1.01887	200% Above	No	No
68001025001	ZOLMITRIPTAN 5 MG TABLET	10	9.00	53.05	1.47295	200% Above	No	No
68001025204	FLUCONAZOLE 100 MG TABLET	8	4.00	0.46	0.28130	51%-75% Below	No	No
68001025204	FLUCONAZOLE 100 MG TABLET	9	5.00	0.57	0.30155	51%-75% Below	No	No
68001025204	FLUCONAZOLE 100 MG TABLET	11	5.00	0.57	0.21140	26%-50% Below	No	No
68001025204	FLUCONAZOLE 100 MG TABLET	11	7.00	0.80	0.21140	26%-50% Below	No	No
68001025317	FLUCONAZOLE 150 MG TABLET	9	3.00	2.67	0.63093	26%-50% Above	No	No
68001025317	FLUCONAZOLE 150 MG TABLET	10	1.00	0.89	0.58816	51%-75% Above	No	No
68001025317	FLUCONAZOLE 150 MG TABLET	10	3.00	2.67	0.58816	51%-75% Above	No	No
68001025317	FLUCONAZOLE 150 MG TABLET	10	10.00	8.91	0.58816	51%-75% Above	No	No
68001025317	FLUCONAZOLE 150 MG TABLET	11	1.00	0.89	0.49094	76%-100% Above	No	No
68001025404	FLUCONAZOLE 200 MG TABLET	9	3.00	0.73	0.47979	26%-50% Below	No	No
68001028100	DICLOFENAC SOD DR 75 MG TAB	8	60.00	3.48	0.09691	26%-50% Below	No	No
68001028100	DICLOFENAC SOD DR 75 MG TAB	9	60.00	3.48	0.09778	26%-50% Below	No	No
68001028100	DICLOFENAC SOD DR 75 MG TAB	10	60.00	3.48	0.09797	26%-50% Below	No	No
68001028100	DICLOFENAC SOD DR 75 MG TAB	11	30.00	1.74	0.07204	10%-25% Below	No	No
68001028100	DICLOFENAC SOD DR 75 MG TAB	11	60.00	3.48	0.07204	10%-25% Below	No	No
68001028103	DICLOFENAC SOD DR 75 MG TAB	9	30.00	1.74	0.09778	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68001030900	BUPROPION HCL 100 MG TABLET	8	60.00	20.27	0.13158	101%-200% Above	No	No
68001030900	BUPROPION HCL 100 MG TABLET	10	45.00	15.21	0.13642	101%-200% Above	No	No
68001030900	BUPROPION HCL 100 MG TABLET	10	60.00	20.27	0.13642	101%-200% Above	No	No
68001030900	BUPROPION HCL 100 MG TABLET	11	45.00	15.21	0.10350	200% Above	No	No
68001030900	BUPROPION HCL 100 MG TABLET	11	60.00	20.27	0.10350	200% Above	No	No
68001031500	LOVASTATIN 20 MG TABLET	8	30.00	2.97	0.05023	76%-100% Above	No	No
68001031500	LOVASTATIN 20 MG TABLET	8	90.00	8.92	0.05023	76%-100% Above	No	No
68001031500	LOVASTATIN 20 MG TABLET	9	30.00	2.97	0.04699	101%-200% Above	No	No
68001031500	LOVASTATIN 20 MG TABLET	10	30.00	2.97	0.04372	101%-200% Above	No	No
68001031500	LOVASTATIN 20 MG TABLET	11	30.00	2.97	0.03704	101%-200% Above	No	No
68001031500	LOVASTATIN 20 MG TABLET	11	90.00	8.92	0.03704	101%-200% Above	No	No
68001031608	LOVASTATIN 40 MG TABLET	8	90.00	6.89	0.05737	26%-50% Above	No	No
68001031608	LOVASTATIN 40 MG TABLET	11	90.00	6.89	0.04774	51%-75% Above	No	No
68001032703	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	10	90.00	12.72	0.10159	26%-50% Above	No	No
68001033200	LISINOPRIL 2.5 MG TABLET	8	30.00	0.30	0.01494	26%-50% Below	No	No
68001033200	LISINOPRIL 2.5 MG TABLET	9	30.00	0.30	0.01458	26%-50% Below	No	No
68001033200	LISINOPRIL 2.5 MG TABLET	10	30.00	0.30	0.01473	26%-50% Below	No	No
68001033200	LISINOPRIL 2.5 MG TABLET	11	90.00	0.89	0.01267	10%-25% Below	No	No
68001033203	LISINOPRIL 2.5 MG TABLET	9	90.00	0.89	0.01458	26%-50% Below	No	No
68001033308	LISINOPRIL 5 MG TABLET	9	30.00	0.31	0.01466	26%-50% Below	No	No
68001033308	LISINOPRIL 5 MG TABLET	10	30.00	0.31	0.01521	26%-50% Below	No	No
68001033308	LISINOPRIL 5 MG TABLET	11	90.00	0.93	0.01316	10%-25% Below	No	No
68001033408	LISINOPRIL 10 MG TABLET	8	30.00	0.39	0.01808	26%-50% Below	No	No
68001033408	LISINOPRIL 10 MG TABLET	9	30.00	0.39	0.01835	26%-50% Below	No	No
68001033408	LISINOPRIL 10 MG TABLET	9	90.00	1.17	0.01835	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68001033408	LISINOPRIL 10 MG TABLET	10	30.00	0.39	0.01805	26%-50% Below	No	No
68001033408	LISINOPRIL 10 MG TABLET	10	90.00	1.17	0.01805	26%-50% Below	No	No
68001033408	LISINOPRIL 10 MG TABLET	11	30.00	0.39	0.01685	10%-25% Below	No	No
68001033408	LISINOPRIL 10 MG TABLET	12	30.00	0.39	0.01707	10%-25% Below	No	No
68001033408	LISINOPRIL 10 MG TABLET	12	90.00	1.17	0.01707	10%-25% Below	No	No
68001033508	LISINOPRIL 20 MG TABLET	8	30.00	0.56	0.02566	26%-50% Below	No	No
68001033508	LISINOPRIL 20 MG TABLET	8	90.00	1.68	0.02566	26%-50% Below	No	No
68001033508	LISINOPRIL 20 MG TABLET	9	30.00	0.56	0.02630	26%-50% Below	No	No
68001033508	LISINOPRIL 20 MG TABLET	9	90.00	1.68	0.02630	26%-50% Below	No	No
68001033508	LISINOPRIL 20 MG TABLET	10	30.00	0.56	0.02586	26%-50% Below	No	No
68001033508	LISINOPRIL 20 MG TABLET	10	90.00	1.68	0.02586	26%-50% Below	No	No
68001033508	LISINOPRIL 20 MG TABLET	11	30.00	0.56	0.02222	10%-25% Below	No	No
68001033508	LISINOPRIL 20 MG TABLET	11	90.00	1.68	0.02222	10%-25% Below	No	No
68001033508	LISINOPRIL 20 MG TABLET	12	30.00	0.56	0.02387	10%-25% Below	No	No
68001033508	LISINOPRIL 20 MG TABLET	12	90.00	1.68	0.02387	10%-25% Below	No	No
68001033600	LISINOPRIL 30 MG TABLET	8	30.00	1.31	0.05495	10%-25% Below	No	No
68001033600	LISINOPRIL 30 MG TABLET	8	90.00	3.94	0.05495	10%-25% Below	No	No
68001033600	LISINOPRIL 30 MG TABLET	10	30.00	1.31	0.05594	10%-25% Below	No	No
68001035603	METOPROLOL SUCC ER 25 MG TAB	8	30.00	7.64	0.06453	200% Above	No	No
68001035603	METOPROLOL SUCC ER 25 MG TAB	8	45.00	5.90	0.06453	101%-200% Above	No	No
68001035603	METOPROLOL SUCC ER 25 MG TAB	8	90.00	11.80	0.06453	101%-200% Above	No	No
68001035603	METOPROLOL SUCC ER 25 MG TAB	9	30.00	3.93	0.06385	101%-200% Above	No	No
68001035603	METOPROLOL SUCC ER 25 MG TAB	9	90.00	11.80	0.06385	101%-200% Above	No	No
68001035603	METOPROLOL SUCC ER 25 MG TAB	10	30.00	3.93	0.06120	101%-200% Above	No	No
68001035603	METOPROLOL SUCC ER 25 MG TAB	10	180.00	23.60	0.06120	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68001035603	METOPROLOL SUCC ER 25 MG TAB	11	30.00	3.93	0.05080	101%-200% Above	No	No
68001035603	METOPROLOL SUCC ER 25 MG TAB	11	45.00	5.90	0.05080	101%-200% Above	No	No
68001035603	METOPROLOL SUCC ER 25 MG TAB	11	60.00	7.87	0.05080	101%-200% Above	No	No
68001035603	METOPROLOL SUCC ER 25 MG TAB	11	90.00	11.80	0.05080	101%-200% Above	No	No
68001036103	MONTELUKAST SOD 10 MG TABLET	8	30.00	2.36	0.05683	26%-50% Above	No	No
68001036103	MONTELUKAST SOD 10 MG TABLET	9	30.00	2.36	0.05752	26%-50% Above	No	No
68001036103	MONTELUKAST SOD 10 MG TABLET	9	90.00	7.09	0.05752	26%-50% Above	No	No
68001036103	MONTELUKAST SOD 10 MG TABLET	10	30.00	2.36	0.06104	26%-50% Above	No	No
68001036103	MONTELUKAST SOD 10 MG TABLET	10	90.00	7.09	0.06104	26%-50% Above	No	No
68001036103	MONTELUKAST SOD 10 MG TABLET	11	30.00	2.36	0.04225	76%-100% Above	No	No
68001036103	MONTELUKAST SOD 10 MG TABLET	11	90.00	7.09	0.04225	76%-100% Above	No	No
68001036103	MONTELUKAST SOD 10 MG TABLET	12	30.00	2.36	0.04984	51%-75% Above	No	No
68001036103	MONTELUKAST SOD 10 MG TABLET	12	90.00	7.09	0.04984	51%-75% Above	No	No
68001036206	CEFDINIR 300 MG CAPSULE	9	20.00	7.09	0.48292	26%-50% Below	No	No
68001036503	METRONIDAZOLE 500 MG TABLET	8	4.00	0.75	0.11407	51%-75% Above	No	No
68001036503	METRONIDAZOLE 500 MG TABLET	8	14.00	2.63	0.11407	51%-75% Above	No	No
68001036503	METRONIDAZOLE 500 MG TABLET	8	30.00	5.54	0.11407	51%-75% Above	No	No
68001036503	METRONIDAZOLE 500 MG TABLET	9	14.00	2.63	0.12154	51%-75% Above	No	No
68001036503	METRONIDAZOLE 500 MG TABLET	11	14.00	2.63	0.07972	101%-200% Above	No	No
68001038103	LABETALOL HCL 100 MG TABLET	9	60.00	12.92	0.10845	76%-100% Above	No	No
68001038203	LABETALOL HCL 200 MG TABLET	11	60.00	14.97	0.12225	101%-200% Above	No	No
68001039708	FAMOTIDINE 20 MG TABLET	8	60.00	1.41	0.03445	26%-50% Below	No	No
68001039708	FAMOTIDINE 20 MG TABLET	8	180.00	4.23	0.03445	26%-50% Below	No	No
68001039708	FAMOTIDINE 20 MG TABLET	9	60.00	1.41	0.03493	26%-50% Below	No	No
68001039708	FAMOTIDINE 20 MG TABLET	10	60.00	1.41	0.03333	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68001039708	FAMOTIDINE 20 MG TABLET	12	30.00	0.71	0.02888	10%-25% Below	No	No
68001039803	FAMOTIDINE 40 MG TABLET	8	30.00	2.75	0.05569	51%-75% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	8	60.00	5.49	0.05569	51%-75% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	9	30.00	2.75	0.05768	51%-75% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	9	60.00	5.49	0.05768	51%-75% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	9	90.00	8.24	0.05768	51%-75% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	10	30.00	2.75	0.05934	51%-75% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	10	60.00	5.49	0.05934	51%-75% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	10	90.00	8.24	0.05934	51%-75% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	11	30.00	2.75	0.04746	76%-100% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	11	60.00	5.49	0.04746	76%-100% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	11	90.00	8.24	0.04746	76%-100% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	11	180.00	16.47	0.04746	76%-100% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	12	30.00	2.75	0.05230	51%-75% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	12	60.00	5.49	0.05230	51%-75% Above	No	No
68001039908	FLUOXETINE HCL 10 MG CAPSULE	8	90.00	4.72	0.03313	51%-75% Above	No	No
68001039908	FLUOXETINE HCL 10 MG CAPSULE	10	90.00	4.72	0.03413	51%-75% Above	No	No
68001039908	FLUOXETINE HCL 10 MG CAPSULE	11	90.00	4.72	0.02827	76%-100% Above	No	No
68001040008	FLUOXETINE HCL 20 MG CAPSULE	8	30.00	0.37	0.03183	51%-75% Below	No	No
68001040008	FLUOXETINE HCL 20 MG CAPSULE	8	90.00	1.14	0.03183	51%-75% Below	No	No
68001040008	FLUOXETINE HCL 20 MG CAPSULE	9	30.00	0.37	0.03236	51%-75% Below	No	No
68001040008	FLUOXETINE HCL 20 MG CAPSULE	9	90.00	1.10	0.03236	51%-75% Below	No	No
68001040008	FLUOXETINE HCL 20 MG CAPSULE	10	30.00	0.37	0.03238	51%-75% Below	No	No
68001040008	FLUOXETINE HCL 20 MG CAPSULE	10	90.00	1.10	0.03238	51%-75% Below	No	No
68001040008	FLUOXETINE HCL 20 MG CAPSULE	11	30.00	0.37	0.02788	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68001040008	FLUOXETINE HCL 20 MG CAPSULE	11	90.00	1.10	0.02788	51%-75% Below	No	No
68001040008	FLUOXETINE HCL 20 MG CAPSULE	12	30.00	0.37	0.02969	51%-75% Below	No	No
68001040008	FLUOXETINE HCL 20 MG CAPSULE	12	90.00	1.10	0.02969	51%-75% Below	No	No
68001040103	FLUOXETINE HCL 40 MG CAPSULE	9	30.00	2.72	0.06911	26%-50% Above	No	No
68001040103	FLUOXETINE HCL 40 MG CAPSULE	10	30.00	2.72	0.07068	26%-50% Above	No	No
68001040103	FLUOXETINE HCL 40 MG CAPSULE	11	30.00	2.72	0.04534	76%-100% Above	No	No
68001040103	FLUOXETINE HCL 40 MG CAPSULE	12	90.00	8.15	0.05938	51%-75% Above	No	No
68001040303	LEVETIRACETAM 500 MG TABLET	9	60.00	8.14	0.08403	51%-75% Above	No	No
68001040303	LEVETIRACETAM 500 MG TABLET	10	180.00	24.41	0.08280	51%-75% Above	No	No
68001041103	GABAPENTIN 600 MG TABLET	10	135.00	2.65	0.09506	76%-100% Below	No	No
68001041203	GABAPENTIN 800 MG TABLET	8	120.00	3.34	0.11425	51%-75% Below	No	No
68001041203	GABAPENTIN 800 MG TABLET	9	120.00	3.34	0.11004	51%-75% Below	No	No
68001041203	GABAPENTIN 800 MG TABLET	10	120.00	3.34	0.10955	51%-75% Below	No	No
68001041203	GABAPENTIN 800 MG TABLET	11	120.00	3.34	0.07994	51%-75% Below	No	No
68001043000	RAMIPRIL 5 MG CAPSULE	10	90.00	5.06	0.04953	10%-25% Above	No	No
68001043697	CETIRIZINE HCL 10 MG TABLET	9	30.00	1.16	0.06437	26%-50% Below	No	No
68001043697	CETIRIZINE HCL 10 MG TABLET	9	60.00	2.31	0.06437	26%-50% Below	No	No
68001043697	CETIRIZINE HCL 10 MG TABLET	10	30.00	1.16	0.06288	26%-50% Below	No	No
68001043697	CETIRIZINE HCL 10 MG TABLET	10	60.00	2.31	0.06288	26%-50% Below	No	No
68001043697	CETIRIZINE HCL 10 MG TABLET	11	30.00	1.16	0.06069	26%-50% Below	No	No
68001043697	CETIRIZINE HCL 10 MG TABLET	11	60.00	2.31	0.06069	26%-50% Below	No	No
68001043697	CETIRIZINE HCL 10 MG TABLET	12	30.00	1.16	0.06035	26%-50% Below	No	No
68001043697	CETIRIZINE HCL 10 MG TABLET	12	60.00	2.31	0.06035	26%-50% Below	No	No
68001043897	LORATADINE 10 MG TABLET	10	30.00	0.75	0.05795	51%-75% Below	No	No
68001043897	LORATADINE 10 MG TABLET	10	90.00	2.26	0.05795	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68001044000	FEXOFENADINE HCL 180 MG TABLET	9	30.00	4.56	0.26347	26%-50% Below	No	No
68001044000	FEXOFENADINE HCL 180 MG TABLET	10	30.00	4.56	0.27376	26%-50% Below	No	No
68001044000	FEXOFENADINE HCL 180 MG TABLET	11	30.00	4.56	0.20794	26%-50% Below	No	No
68001046908	METOPROLOL SUCC ER 50 MG TAB	8	90.00	11.80	0.06643	76%-100% Above	No	No
68001046908	METOPROLOL SUCC ER 50 MG TAB	11	30.00	3.93	0.06035	101%-200% Above	No	No
68001046908	METOPROLOL SUCC ER 50 MG TAB	12	90.00	11.80	0.05663	101%-200% Above	No	No
68001047008	METOPROLOL SUCC ER 100 MG TAB	11	90.00	20.26	0.10390	101%-200% Above	No	No
68001048608	LISINOPRIL 40 MG TABLET	8	30.00	1.04	0.04503	10%-25% Below	No	No
68001048608	LISINOPRIL 40 MG TABLET	9	30.00	1.04	0.04510	10%-25% Below	No	No
68001048608	LISINOPRIL 40 MG TABLET	9	90.00	3.11	0.04510	10%-25% Below	No	No
68001048608	LISINOPRIL 40 MG TABLET	10	30.00	1.04	0.04670	10%-25% Below	No	No
68001048608	LISINOPRIL 40 MG TABLET	10	90.00	3.11	0.04670	26%-50% Below	No	No
68001048608	LISINOPRIL 40 MG TABLET	11	30.00	1.04	0.03918	10%-25% Below	No	No
68001048608	LISINOPRIL 40 MG TABLET	11	90.00	3.11	0.03918	10%-25% Below	No	No
68001050103	METOPROLOL SUCC ER 50 MG TAB	9	30.00	3.93	0.06663	76%-100% Above	No	No
68001050103	METOPROLOL SUCC ER 50 MG TAB	10	30.00	3.93	0.05759	101%-200% Above	No	No
68001050103	METOPROLOL SUCC ER 50 MG TAB	11	30.00	3.93	0.06035	101%-200% Above	No	No
68001050203	METOPROLOL SUCC ER 100 MG TAB	11	15.00	3.38	0.10390	101%-200% Above	No	No
68001051808	POTASSIUM CL ER 10 MEQ TABLET	8	30.00	1.53	0.12497	51%-75% Below	No	No
68001051808	POTASSIUM CL ER 10 MEQ TABLET	9	30.00	1.53	0.13065	51%-75% Below	No	No
68001051808	POTASSIUM CL ER 10 MEQ TABLET	10	30.00	1.53	0.11624	51%-75% Below	No	No
68001051808	POTASSIUM CL ER 10 MEQ TABLET	11	14.00	0.71	0.08940	26%-50% Below	No	No
68001051808	POTASSIUM CL ER 10 MEQ TABLET	11	30.00	1.53	0.08940	26%-50% Below	No	No
68001051808	POTASSIUM CL ER 10 MEQ TABLET	12	30.00	1.53	0.10167	26%-50% Below	No	No
68001056703	POTASSIUM CL ER 20 MEQ TABLET	8	30.00	3.43	0.14324	10%-25% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68001056703	POTASSIUM CL ER 20 MEQ TABLET	10	60.00	6.86	0.14095	10%-25% Below	No	No
68001056703	POTASSIUM CL ER 20 MEQ TABLET	10	90.00	10.29	0.14095	10%-25% Below	No	No
68001056703	POTASSIUM CL ER 20 MEQ TABLET	12	60.00	6.86	0.14755	10%-25% Below	No	No
68001058503	GLIMEPIRIDE 2 MG TABLET	9	180.00	15.44	0.03224	101%-200% Above	No	No
68001058603	GLIMEPIRIDE 4 MG TABLET	10	90.00	12.50	0.03689	200% Above	No	No
68001059100	ESCITALOPRAM 5 MG TABLET	10	30.00	5.04	0.04506	200% Above	No	No
68001059100	ESCITALOPRAM 5 MG TABLET	10	90.00	15.11	0.04506	200% Above	No	No
68001059100	ESCITALOPRAM 5 MG TABLET	11	30.00	5.04	0.03275	200% Above	No	No
68001059200	ESCITALOPRAM 10 MG TABLET	8	30.00	2.20	0.04767	51%-75% Above	No	No
68001059200	ESCITALOPRAM 10 MG TABLET	10	30.00	2.20	0.04925	26%-50% Above	No	No
68001059208	ESCITALOPRAM 10 MG TABLET	8	30.00	2.20	0.04767	51%-75% Above	No	No
68001059208	ESCITALOPRAM 10 MG TABLET	8	60.00	4.40	0.04767	51%-75% Above	No	No
68001059208	ESCITALOPRAM 10 MG TABLET	8	90.00	6.60	0.04767	51%-75% Above	No	No
68001059208	ESCITALOPRAM 10 MG TABLET	9	30.00	2.20	0.04904	26%-50% Above	No	No
68001059208	ESCITALOPRAM 10 MG TABLET	9	90.00	6.60	0.04904	26%-50% Above	No	No
68001059208	ESCITALOPRAM 10 MG TABLET	10	30.00	2.20	0.04925	26%-50% Above	No	No
68001059208	ESCITALOPRAM 10 MG TABLET	10	60.00	4.40	0.04925	26%-50% Above	No	No
68001059208	ESCITALOPRAM 10 MG TABLET	10	90.00	6.60	0.04925	26%-50% Above	No	No
68001059208	ESCITALOPRAM 10 MG TABLET	11	30.00	2.20	0.03451	101%-200% Above	No	No
68001059208	ESCITALOPRAM 10 MG TABLET	11	90.00	6.60	0.03451	101%-200% Above	No	No
68001059300	ESCITALOPRAM 20 MG TABLET	12	90.00	7.49	0.06471	26%-50% Above	No	No
68001059308	ESCITALOPRAM 20 MG TABLET	11	30.00	2.50	0.05483	51%-75% Above	No	No
68001059308	ESCITALOPRAM 20 MG TABLET	11	45.00	3.74	0.05483	51%-75% Above	No	No
68001059308	ESCITALOPRAM 20 MG TABLET	11	60.00	4.99	0.05483	51%-75% Above	No	No
68001059308	ESCITALOPRAM 20 MG TABLET	11	90.00	7.49	0.05483	51%-75% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68001059308	ESCITALOPRAM 20 MG TABLET	12	30.00	2.50	0.06471	26%-50% Above	No	No
68001059508	DULOXETINE HCL DR 30 MG CAP	11	90.00	17.19	0.06996	101%-200% Above	No	No
68001059608	DULOXETINE HCL DR 60 MG CAP	9	30.00	5.68	0.10997	51%-75% Above	No	No
68001059608	DULOXETINE HCL DR 60 MG CAP	10	30.00	5.68	0.10279	76%-100% Above	No	No
68001059608	DULOXETINE HCL DR 60 MG CAP	11	60.00	11.36	0.08403	101%-200% Above	No	No
68001059608	DULOXETINE HCL DR 60 MG CAP	12	30.00	5.68	0.09160	101%-200% Above	No	No
68001060400	NITROFURANTOIN MCR 50 MG CAP	12	30.00	3.17	0.18767	26%-50% Below	No	No
68001060600	NITROFURANTOIN MONO-MCR 100 MG	8	10.00	6.56	0.50287	26%-50% Above	No	No
68001060600	NITROFURANTOIN MONO-MCR 100 MG	9	14.00	9.18	0.45600	26%-50% Above	No	No
68001060600	NITROFURANTOIN MONO-MCR 100 MG	9	20.00	13.11	0.45600	26%-50% Above	No	No
68001060600	NITROFURANTOIN MONO-MCR 100 MG	10	20.00	13.11	0.34915	76%-100% Above	No	No
68001060600	NITROFURANTOIN MONO-MCR 100 MG	11	10.00	6.56	0.25614	101%-200% Above	No	No
68001060600	NITROFURANTOIN MONO-MCR 100 MG	11	20.00	13.11	0.25614	101%-200% Above	No	No
68001060600	NITROFURANTOIN MONO-MCR 100 MG	12	20.00	13.11	0.28685	101%-200% Above	No	No
68001061200	DICLOFENAC SOD ER 100 MG TAB	12	30.00	13.01	0.57030	10%-25% Below	No	No
68001061303	BUPROPION HCL XL 150 MG TABLET	10	60.00	13.88	0.10682	101%-200% Above	No	No
68001061303	BUPROPION HCL XL 150 MG TABLET	11	60.00	13.88	0.07445	200% Above	No	No
68001061303	BUPROPION HCL XL 150 MG TABLET	11	69.00	15.97	0.07445	200% Above	No	No
68001061303	BUPROPION HCL XL 150 MG TABLET	12	30.00	6.94	0.08952	101%-200% Above	No	No
68001061403	BUPROPION HCL XL 300 MG TABLET	9	90.00	26.02	0.16645	51%-75% Above	No	No
68001061403	BUPROPION HCL XL 300 MG TABLET	10	60.00	17.35	0.15150	76%-100% Above	No	No
68001061403	BUPROPION HCL XL 300 MG TABLET	11	30.00	8.67	0.11564	101%-200% Above	No	No
68094079930	AZITHROMYCIN 500 MG TABLET	9	13.00	6.21	0.66740	26%-50% Below	No	No
68094079930	AZITHROMYCIN 500 MG TABLET	10	13.00	6.21	0.68453	26%-50% Below	No	No
68094080450	METFORMIN HCL ER 750 MG TABLET	12	60.00	2.93	0.06044	10%-25% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68094090006	AZITHROMYCIN 250 MG TABLET	9	6.00	1.25	0.39593	26%-50% Below	No	No
68094090006	AZITHROMYCIN 250 MG TABLET	12	6.00	1.25	0.32433	26%-50% Below	No	No
68094090030	AZITHROMYCIN 250 MG TABLET	8	14.00	2.92	0.35296	26%-50% Below	No	No
68094090030	AZITHROMYCIN 250 MG TABLET	12	6.00	1.25	0.32433	26%-50% Below	No	No
68094090610	CHOLESTYRAM POW 4GM LITE	12	201.60	43.63	.		No	No
68094090930	NALTREXONE 50 MG TABLET	9	15.00	7.45	1.08122	51%-75% Below	No	No
68094090950	NALTREXONE 50 MG TABLET	11	30.00	14.90	1.02137	51%-75% Below	No	No
68094090950	NALTREXONE 50 MG TABLET	12	30.00	14.90	0.98488	26%-50% Below	No	No
68180011707	LEVETIRACETAM ER 500 MG TABLET	9	630.00	176.34	0.20399	26%-50% Above	Yes	No
68180012101	CEPHALEXIN 250 MG CAPSULE	11	15.00	0.91	0.07576	10%-25% Below	Yes	No
68180012101	CEPHALEXIN 250 MG CAPSULE	12	60.00	3.64	0.07970	10%-25% Below	No	No
68180012201	CEPHALEXIN 500 MG CAPSULE	10	20.00	1.28	0.12863	26%-50% Below	No	No
68180012201	CEPHALEXIN 500 MG CAPSULE	11	30.00	1.92	0.08973	26%-50% Below	No	No
68180012202	CEPHALEXIN 500 MG CAPSULE	8	14.00	0.90	0.13335	51%-75% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	8	56.00	3.59	0.13335	51%-75% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	9	6.00	0.38	0.13137	51%-75% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	9	28.00	1.79	0.13137	51%-75% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	10	15.00	0.96	0.12863	26%-50% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	10	21.00	1.35	0.12863	26%-50% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	10	30.00	1.92	0.12863	26%-50% Below	No	No
68180012202	CEPHALEXIN 500 MG CAPSULE	10	56.00	3.59	0.12863	26%-50% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	11	14.00	0.90	0.08973	26%-50% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	11	20.00	1.28	0.08973	26%-50% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	11	21.00	1.35	0.08973	26%-50% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	11	28.00	1.79	0.08973	26%-50% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180012202	CEPHALEXIN 500 MG CAPSULE	12	20.00	1.28	0.10778	26%-50% Below	Yes	No
68180015001	FAMOTIDINE 40 MG/5 ML SUSP	8	50.00	12.41	0.49502	26%-50% Below	No	No
68180015001	FAMOTIDINE 40 MG/5 ML SUSP	9	150.00	37.22	0.41562	26%-50% Below	No	No
68180015001	FAMOTIDINE 40 MG/5 ML SUSP	10	100.00	24.81	0.36190	26%-50% Below	No	No
68180016613	VANCOMYCIN HCL 125 MG CAPSULE	9	13.00	8.09	1.44672	51%-75% Below	No	No
68180021709	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	11	90.00	45.04	0.07800	200% Above	No	No
68180023301	AMLODIPINE BESYLATE 2.5 MG TAB	9	30.00	1.36	0.01096	200% Above	Yes	No
68180023301	AMLODIPINE BESYLATE 2.5 MG TAB	9	90.00	3.92	0.01096	200% Above	Yes	No
68180023301	AMLODIPINE BESYLATE 2.5 MG TAB	9	90.00	4.08	0.01096	200% Above	Yes	No
68180023301	AMLODIPINE BESYLATE 2.5 MG TAB	10	30.00	1.36	0.01089	200% Above	Yes	No
68180029503	DULOXETINE HCL DR 30 MG CAP	8	60.00	11.46	0.08280	101%-200% Above	No	No
68180029603	DULOXETINE HCL DR 60 MG CAP	9	30.00	5.68	0.10997	51%-75% Above	No	No
68180029603	DULOXETINE HCL DR 60 MG CAP	10	30.00	5.68	0.10279	76%-100% Above	No	No
68180029603	DULOXETINE HCL DR 60 MG CAP	11	30.00	5.68	0.08403	101%-200% Above	No	No
68180029606	DULOXETINE HCL DR 60 MG CAP	8	90.00	17.05	0.10721	76%-100% Above	Yes	No
68180031902	BUPROPION HCL XL 150 MG TABLET	8	30.00	6.81	0.10757	101%-200% Above	No	No
68180031902	BUPROPION HCL XL 150 MG TABLET	9	30.00	6.94	0.10981	101%-200% Above	No	No
68180031902	BUPROPION HCL XL 150 MG TABLET	9	90.00	20.83	0.10981	101%-200% Above	No	No
68180031902	BUPROPION HCL XL 150 MG TABLET	11	30.00	6.94	0.07445	200% Above	No	No
68180031909	BUPROPION HCL XL 150 MG TABLET	8	30.00	6.81	0.10757	101%-200% Above	No	No
68180031909	BUPROPION HCL XL 150 MG TABLET	9	30.00	6.94	0.10981	101%-200% Above	No	No
68180031909	BUPROPION HCL XL 150 MG TABLET	9	30.00	15.39	0.10981	200% Above	No	No
68180031909	BUPROPION HCL XL 150 MG TABLET	9	90.00	20.83	0.10981	101%-200% Above	No	No
68180031909	BUPROPION HCL XL 150 MG TABLET	10	30.00	6.94	0.10682	101%-200% Above	No	No
68180031909	BUPROPION HCL XL 150 MG TABLET	10	90.00	20.83	0.10682	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180031909	BUPROPION HCL XL 150 MG TABLET	11	30.00	6.94	0.07445	200% Above	No	No
68180031909	BUPROPION HCL XL 150 MG TABLET	11	90.00	20.83	0.07445	200% Above	No	No
68180031909	BUPROPION HCL XL 150 MG TABLET	12	30.00	6.94	0.08952	101%-200% Above	No	No
68180032002	BUPROPION HCL XL 300 MG TABLET	10	90.00	26.02	0.15150	76%-100% Above	No	No
68180032002	BUPROPION HCL XL 300 MG TABLET	11	30.00	8.67	0.11564	101%-200% Above	No	No
68180032006	BUPROPION HCL XL 300 MG TABLET	8	90.00	26.02	0.15709	76%-100% Above	No	No
68180032006	BUPROPION HCL XL 300 MG TABLET	9	30.00	8.67	0.16645	51%-75% Above	No	No
68180032006	BUPROPION HCL XL 300 MG TABLET	11	30.00	8.67	0.11564	101%-200% Above	No	No
68180032009	BUPROPION HCL XL 300 MG TABLET	9	90.00	26.02	0.16645	51%-75% Above	No	No
68180032009	BUPROPION HCL XL 300 MG TABLET	11	90.00	26.02	0.11564	101%-200% Above	No	No
68180035103	SERTRALINE HCL 25 MG TABLET	9	30.00	1.80	0.03674	51%-75% Above	No	No
68180035103	SERTRALINE HCL 25 MG TABLET	10	30.00	1.80	0.03785	51%-75% Above	No	No
68180035103	SERTRALINE HCL 25 MG TABLET	11	30.00	1.80	0.02846	101%-200% Above	No	No
68180035109	SERTRALINE HCL 25 MG TABLET	10	90.00	5.41	0.03785	51%-75% Above	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	8	30.00	0.94	0.03849	10%-25% Below	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	8	45.00	1.41	0.03849	10%-25% Below	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	8	90.00	2.83	0.03849	10%-25% Below	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	9	30.00	0.94	0.03856	10%-25% Below	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	9	45.00	1.41	0.03856	10%-25% Below	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	9	90.00	2.83	0.03856	10%-25% Below	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	10	30.00	0.94	0.03957	10%-25% Below	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	10	45.00	1.41	0.03957	10%-25% Below	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	10	90.00	2.83	0.03957	10%-25% Below	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	10	135.00	4.24	0.03957	10%-25% Below	No	No
68180035209	SERTRALINE HCL 50 MG TABLET	9	30.00	0.94	0.03856	10%-25% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180035209	SERTRALINE HCL 50 MG TABLET	10	30.00	0.94	0.03957	10%-25% Below	No	No
68180035209	SERTRALINE HCL 50 MG TABLET	10	90.00	2.72	0.03957	10%-25% Below	Yes	No
68180035302	SERTRALINE HCL 100 MG TABLET	11	30.00	1.63	0.04138	26%-50% Above	No	No
68180035302	SERTRALINE HCL 100 MG TABLET	12	90.00	4.89	0.04769	10%-25% Above	No	No
68180035309	SERTRALINE HCL 100 MG TABLET	11	90.00	4.89	0.04138	26%-50% Above	No	No
68180035309	SERTRALINE HCL 100 MG TABLET	11	135.00	7.33	0.04138	26%-50% Above	No	No
68180035309	SERTRALINE HCL 100 MG TABLET	12	180.00	9.77	0.04769	10%-25% Above	No	No
68180037609	LOSARTAN POTASSIUM 25 MG TAB	9	90.00	7.89	0.02956	101%-200% Above	No	No
68180037809	LOSARTAN POTASSIUM 100 MG TAB	9	90.00	8.39	0.05475	51%-75% Above	No	No
68180038809	FENOFIBRATE 48 MG TABLET	10	90.00	16.30	0.10424	51%-75% Above	Yes	No
68180038809	FENOFIBRATE 48 MG TABLET	11	90.00	16.94	0.08920	101%-200% Above	Yes	No
68180042201	MOXIFLOXACIN 0.5% EYE DROPS	9	3.00	23.03	2.61894	101%-200% Above	Yes	No
68180042201	MOXIFLOXACIN 0.5% EYE DROPS	10	3.00	23.03	2.52289	200% Above	Yes	No
68180042201	MOXIFLOXACIN 0.5% EYE DROPS	11	3.00	23.03	1.75059	200% Above	No	No
68180042201	MOXIFLOXACIN 0.5% EYE DROPS	12	3.00	23.03	2.04701	200% Above	No	No
68180042308	CEFIXIME 400 MG CAPSULE	8	2.00	12.06	9.23066	26%-50% Below	Yes	No
68180044001	CEPHALEXIN 125 MG/5 ML SUSP	10	200.00	18.86	0.06259	26%-50% Above	Yes	No
68180044001	CEPHALEXIN 125 MG/5 ML SUSP	11	100.00	9.43	0.05257	76%-100% Above	No	No
68180044101	CEPHALEXIN 250 MG/5 ML SUSP	9	100.00	11.41	0.09187	10%-25% Above	Yes	No
68180044101	CEPHALEXIN 250 MG/5 ML SUSP	10	300.00	34.23	0.08870	26%-50% Above	Yes	No
68180044101	CEPHALEXIN 250 MG/5 ML SUSP	11	100.00	11.41	0.05802	76%-100% Above	No	No
68180044101	CEPHALEXIN 250 MG/5 ML SUSP	11	300.00	34.23	0.05802	76%-100% Above	No	No
68180044102	CEPHALEXIN 250 MG/5 ML SUSP	11	200.00	20.36	0.04229	101%-200% Above	Yes	No
68180044102	CEPHALEXIN 250 MG/5 ML SUSP	11	400.00	36.00	0.04229	101%-200% Above	No	No
68180044501	QUETIAPINE FUMARATE 25 MG TAB	8	30.00	1.97	0.03282	76%-100% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180044501	QUETIAPINE FUMARATE 25 MG TAB	9	30.00	1.97	0.03315	76%-100% Above	No	No
68180044601	QUETIAPINE FUMARATE 50 MG TAB	10	90.00	6.52	0.04627	51%-75% Above	No	No
68180044701	QUETIAPINE FUMARATE 100 MG TAB	9	90.00	7.13	0.05787	26%-50% Above	No	No
68180044701	QUETIAPINE FUMARATE 100 MG TAB	11	30.00	2.38	0.03940	101%-200% Above	No	No
68180044701	QUETIAPINE FUMARATE 100 MG TAB	11	90.00	7.13	0.03940	101%-200% Above	No	No
68180045502	AMLODIPINE BESYLATE 5 MG TAB	8	30.00	0.37	0.01080	10%-25% Above	No	No
68180045502	AMLODIPINE BESYLATE 5 MG TAB	11	30.00	0.37	0.00946	26%-50% Above	Yes	No
68180045502	AMLODIPINE BESYLATE 5 MG TAB	11	90.00	1.07	0.00946	10%-25% Above	Yes	No
68180045502	AMLODIPINE BESYLATE 5 MG TAB	11	90.00	1.12	0.00946	26%-50% Above	Yes	No
68180046403	SIMVASTATIN 40 MG TABLET	8	30.00	0.85	0.06641	51%-75% Below	No	No
68180046403	SIMVASTATIN 40 MG TABLET	8	90.00	2.54	0.06641	51%-75% Below	No	No
68180046403	SIMVASTATIN 40 MG TABLET	9	30.00	0.85	0.06269	51%-75% Below	No	No
68180046403	SIMVASTATIN 40 MG TABLET	10	30.00	0.85	0.05558	26%-50% Below	No	No
68180046403	SIMVASTATIN 40 MG TABLET	11	30.00	0.85	0.04755	26%-50% Below	No	No
68180046403	SIMVASTATIN 40 MG TABLET	11	90.00	2.54	0.04755	26%-50% Below	No	No
68180046403	SIMVASTATIN 40 MG TABLET	12	30.00	0.85	0.05128	26%-50% Below	No	No
68180046707	LOVASTATIN 10 MG TABLET	8	90.00	6.53	0.04426	51%-75% Above	No	No
68180046903	LOVASTATIN 40 MG TABLET	9	180.00	13.77	0.05833	26%-50% Above	No	No
68180046907	LOVASTATIN 40 MG TABLET	10	90.00	6.89	0.05919	26%-50% Above	Yes	No
68180047803	SIMVASTATIN 10 MG TABLET	8	90.00	5.96	0.03486	76%-100% Above	No	No
68180047803	SIMVASTATIN 10 MG TABLET	9	90.00	5.96	0.03367	76%-100% Above	No	No
68180047803	SIMVASTATIN 10 MG TABLET	10	90.00	5.96	0.03159	101%-200% Above	No	No
68180047803	SIMVASTATIN 10 MG TABLET	11	90.00	5.96	0.02517	101%-200% Above	No	No
68180047803	SIMVASTATIN 10 MG TABLET	12	90.00	5.96	0.02777	101%-200% Above	No	No
68180047902	SIMVASTATIN 20 MG TABLET	10	90.00	1.40	0.03213	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180047903	SIMVASTATIN 20 MG TABLET	8	30.00	0.47	0.03598	51%-75% Below	No	No
68180047903	SIMVASTATIN 20 MG TABLET	8	90.00	1.40	0.03598	51%-75% Below	No	No
68180047903	SIMVASTATIN 20 MG TABLET	9	30.00	0.47	0.03257	51%-75% Below	No	No
68180047903	SIMVASTATIN 20 MG TABLET	9	90.00	1.40	0.03257	51%-75% Below	No	No
68180047903	SIMVASTATIN 20 MG TABLET	10	30.00	0.47	0.03213	51%-75% Below	No	No
68180047903	SIMVASTATIN 20 MG TABLET	10	90.00	1.40	0.03213	51%-75% Below	No	No
68180047903	SIMVASTATIN 20 MG TABLET	11	30.00	0.47	0.02714	26%-50% Below	No	No
68180047903	SIMVASTATIN 20 MG TABLET	11	90.00	1.40	0.02714	26%-50% Below	No	No
68180047903	SIMVASTATIN 20 MG TABLET	12	30.00	0.47	0.02917	26%-50% Below	No	No
68180051201	LISINOPRIL 2.5 MG TABLET	8	90.00	0.86	0.01494	26%-50% Below	Yes	No
68180051202	LISINOPRIL 2.5 MG TABLET	12	90.00	0.89	0.01341	26%-50% Below	No	No
68180051301	LISINOPRIL 5 MG TABLET	10	90.00	0.93	0.01521	26%-50% Below	No	No
68180051303	LISINOPRIL 5 MG TABLET	9	90.00	0.93	0.01466	26%-50% Below	Yes	No
68180051303	LISINOPRIL 5 MG TABLET	10	23.00	0.24	0.01521	26%-50% Below	Yes	No
68180051303	LISINOPRIL 5 MG TABLET	10	30.00	0.31	0.01521	26%-50% Below	Yes	No
68180051303	LISINOPRIL 5 MG TABLET	10	90.00	0.93	0.01521	26%-50% Below	No	No
68180051303	LISINOPRIL 5 MG TABLET	10	90.00	0.93	0.01521	26%-50% Below	Yes	No
68180051303	LISINOPRIL 5 MG TABLET	11	30.00	0.31	0.01316	10%-25% Below	Yes	No
68180051303	LISINOPRIL 5 MG TABLET	11	90.00	0.93	0.01316	10%-25% Below	No	No
68180051303	LISINOPRIL 5 MG TABLET	11	90.00	0.93	0.01316	10%-25% Below	Yes	No
68180051303	LISINOPRIL 5 MG TABLET	12	30.00	0.31	0.01375	10%-25% Below	Yes	No
68180051303	LISINOPRIL 5 MG TABLET	12	90.00	0.93	0.01375	10%-25% Below	No	No
68180051303	LISINOPRIL 5 MG TABLET	12	90.00	0.93	0.01375	10%-25% Below	Yes	No
68180051801	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	8	90.00	1.30	0.03342	51%-75% Below	No	No
68180051801	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	9	90.00	1.30	0.03193	51%-75% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180051801	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	10	90.00	1.04	0.03233	51%-75% Below	Yes	No
68180051801	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	10	90.00	1.30	0.03233	51%-75% Below	No	No
68180051801	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	11	60.00	0.86	0.02411	26%-50% Below	No	No
68180051801	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	11	90.00	1.30	0.02411	26%-50% Below	Yes	No
68180051802	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	8	90.00	1.30	0.03342	51%-75% Below	No	No
68180051802	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	9	30.00	0.43	0.03193	51%-75% Below	No	No
68180051802	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	10	30.00	0.43	0.03233	51%-75% Below	No	No
68180051802	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	10	90.00	1.30	0.03233	51%-75% Below	No	No
68180051802	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	11	30.00	0.43	0.02411	26%-50% Below	No	No
68180051802	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	11	90.00	1.30	0.02411	26%-50% Below	No	No
68180051802	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	12	30.00	0.43	0.02785	26%-50% Below	No	No
68180051901	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	8	90.00	1.95	0.04697	51%-75% Below	Yes	No
68180051901	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	9	30.00	0.65	0.04300	26%-50% Below	No	No
68180051901	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	9	90.00	1.95	0.04300	26%-50% Below	Yes	No
68180051901	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	10	90.00	1.95	0.04372	26%-50% Below	Yes	No
68180051901	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	11	90.00	1.95	0.03106	26%-50% Below	Yes	No
68180051901	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	12	90.00	1.95	0.03740	26%-50% Below	Yes	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	8	90.00	1.95	0.04697	51%-75% Below	No	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	8	180.00	3.91	0.04697	51%-75% Below	No	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	10	30.00	0.65	0.04372	26%-50% Below	No	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	10	90.00	1.95	0.04372	26%-50% Below	No	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	11	90.00	1.95	0.03106	26%-50% Below	No	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	11	180.00	3.91	0.03106	26%-50% Below	No	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	9	30.00	0.65	0.04589	51%-75% Below	Yes	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	9	90.00	1.96	0.04589	51%-75% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	10	30.00	0.65	0.04531	51%-75% Below	Yes	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	11	90.00	1.89	0.03338	26%-50% Below	Yes	No
68180052002	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	8	30.00	0.68	0.04844	51%-75% Below	No	No
68180052002	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	9	30.00	0.65	0.04589	51%-75% Below	No	No
68180052002	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	10	30.00	0.65	0.04531	51%-75% Below	No	No
68180052002	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	11	30.00	0.65	0.03338	26%-50% Below	No	No
68180052002	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	12	30.00	0.65	0.03868	26%-50% Below	No	No
68180058901	RAMIPRIL 2.5 MG CAPSULE	11	30.00	1.66	0.04932	10%-25% Above	No	No
68180058901	RAMIPRIL 2.5 MG CAPSULE	12	30.00	1.66	0.04947	10%-25% Above	No	No
68180059306	DESVENLAFAXINE SUCCNT ER 100 MG	9	90.00	149.03	0.47716	200% Above	Yes	No
68180059306	DESVENLAFAXINE SUCCNT ER 100 MG	11	30.00	51.62	0.35582	200% Above	No	No
68180059306	DESVENLAFAXINE SUCCNT ER 100 MG	12	30.00	51.62	0.41149	200% Above	No	No
68180060406	DESVENLAFAXINE SUCCNT ER 25 MG	10	30.00	51.27	0.46960	200% Above	No	No
68180060406	DESVENLAFAXINE SUCCNT ER 25 MG	11	30.00	51.27	0.35651	200% Above	No	No
68180065001	DOXYCYCLINE MONO 50 MG CAP	10	30.00	5.65	0.16700	10%-25% Above	Yes	No
68180065208	DOXYCYCLINE MONO 100 MG CAP	9	14.00	3.17	0.26359	10%-25% Below	Yes	No
68180065208	DOXYCYCLINE MONO 100 MG CAP	9	20.00	4.53	0.26359	10%-25% Below	Yes	No
68180065208	DOXYCYCLINE MONO 100 MG CAP	11	20.00	4.53	0.16237	26%-50% Above	Yes	No
68180065208	DOXYCYCLINE MONO 100 MG CAP	11	30.00	6.80	0.16237	26%-50% Above	Yes	No
68180067106	LURASIDONE HCL 40 MG TABLET	10	30.00	210.77	0.30743	200% Above	Yes	No
68180067711	OSELTAMIVIR PHOS 75 MG CAPSULE	10	10.00	18.95	1.01298	76%-100% Above	No	No
68180067801	OSELTAMIVIR 6 MG/ML SUSPENSION	9	10.00	3.43	0.22081	51%-75% Above	No	No
68180067801	OSELTAMIVIR 6 MG/ML SUSPENSION	11	60.00	20.60	0.12711	101%-200% Above	No	No
68180069806	TRAMADOL HCL ER 200 MG TABLET	8	30.00	28.26	1.82002	26%-50% Below	No	No
68180069806	TRAMADOL HCL ER 200 MG TABLET	9	30.00	25.14	1.76897	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180069806	TRAMADOL HCL ER 200 MG TABLET	10	30.00	25.14	1.94695	51%-75% Below	No	No
68180069806	TRAMADOL HCL ER 200 MG TABLET	11	30.00	25.14	1.64914	26%-50% Below	No	No
68180071160	CEFDINIR 300 MG CAPSULE	9	20.00	7.09	0.48292	26%-50% Below	No	No
68180071160	CEFDINIR 300 MG CAPSULE	10	16.00	5.67	0.47051	10%-25% Below	No	No
68180071160	CEFDINIR 300 MG CAPSULE	10	20.00	7.09	0.47051	10%-25% Below	No	No
68180071160	CEFDINIR 300 MG CAPSULE	12	14.00	4.96	0.41004	10%-25% Below	No	No
68180071160	CEFDINIR 300 MG CAPSULE	12	20.00	7.09	0.41004	10%-25% Below	No	No
68180071909	AMLODIPINE BESYLATE 2.5 MG TAB	10	90.00	4.08	0.01089	200% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	8	30.00	0.37	0.01080	10%-25% Above	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	8	30.00	0.37	0.01080	10%-25% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	8	30.00	0.85	0.01080	101%-200% Above	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	8	90.00	1.09	0.01080	10%-25% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	8	90.00	1.12	0.01080	10%-25% Above	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	8	90.00	1.12	0.01080	10%-25% Above	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	11	30.00	0.51	0.01322	26%-50% Above	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	11	90.00	1.54	0.01322	26%-50% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	11	90.00	1.54	0.01322	26%-50% Above	Yes	No
68180072109	AMLODIPINE BESYLATE 10 MG TAB	11	30.00	0.51	0.01322	26%-50% Above	No	No
68180072204	CEFDINIR 125 MG/5 ML SUSP	9	60.00	20.68	0.16425	101%-200% Above	No	No
68180072204	CEFDINIR 125 MG/5 ML SUSP	11	60.00	19.87	0.12139	101%-200% Above	No	No
68180072205	CEFDINIR 125 MG/5 ML SUSP	11	100.00	21.52	0.09723	101%-200% Above	No	No
68180072304	CEFDINIR 250 MG/5 ML SUSP	9	60.00	21.00	0.16754	101%-200% Above	No	No
68180072304	CEFDINIR 250 MG/5 ML SUSP	10	60.00	40.34	0.15123	200% Above	No	No
68180072304	CEFDINIR 250 MG/5 ML SUSP	11	60.00	40.34	0.11481	200% Above	No	No
68180072304	CEFDINIR 250 MG/5 ML SUSP	12	120.00	80.68	0.13268	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180072305	CEFDINIR 250 MG/5 ML SUSP	10	100.00	49.56	0.14375	200% Above	No	No
68180074109	SILODOSIN 8 MG CAPSULE	8	90.00	115.04	0.59776	101%-200% Above	Yes	No
68180077904	ZOLPIDEM TART ER 6.25 MG TAB	9	10.00	12.26	0.14001	200% Above	No	No
68180078004	ZOLPIDEM TART ER 12.5 MG TAB	9	30.00	24.29	0.14410	200% Above	No	No
68180078004	ZOLPIDEM TART ER 12.5 MG TAB	10	30.00	24.29	0.13409	200% Above	No	No
68180078004	ZOLPIDEM TART ER 12.5 MG TAB	11	30.00	24.29	0.08932	200% Above	No	No
68180083773	TRI-LO-MARZIA TABLET	9	84.00	46.22	0.12834	200% Above	No	No
68180083773	TRI-LO-MARZIA TABLET	10	84.00	46.22	0.11947	200% Above	Yes	No
68180084073	NORG-ETHIN ESTRA 0.25-0.035 MG	11	28.00	5.78	0.10106	101%-200% Above	No	No
68180084613	DAYSEE 0.15-0.03-0.01 MG TAB	8	91.00	100.66	0.14990	200% Above	No	No
68180084613	DAYSEE 0.15-0.03-0.01 MG TAB	11	91.00	100.66	0.22042	200% Above	No	No
68180086106	AZITHROMYCIN 250 MG TABLET	8	6.00	1.25	0.35296	26%-50% Below	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	8	6.00	1.25	0.35296	26%-50% Below	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	9	6.00	1.25	0.39593	26%-50% Below	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	10	6.00	1.25	0.39779	26%-50% Below	No	No
68180086111	AZITHROMYCIN 250 MG TABLET	10	6.00	1.25	0.39779	26%-50% Below	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	11	6.00	1.25	0.25633	10%-25% Below	No	No
68180086111	AZITHROMYCIN 250 MG TABLET	11	6.00	1.25	0.25633	10%-25% Below	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	11	14.00	2.92	0.25633	10%-25% Below	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	12	6.00	1.25	0.32433	26%-50% Below	No	No
68180086111	AZITHROMYCIN 250 MG TABLET	12	6.00	1.25	0.32433	26%-50% Below	Yes	No
68180086206	AZITHROMYCIN 500 MG TABLET	9	5.00	2.65	0.66740	10%-25% Below	Yes	No
68180086206	AZITHROMYCIN 500 MG TABLET	10	2.00	1.06	0.68453	10%-25% Below	Yes	No
68180086473	BLISOVI 24 FE TABLET	10	28.00	33.82	0.22172	200% Above	No	No
68180086473	BLISOVI 24 FE TABLET	11	28.00	33.82	0.19432	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180086573	BLISOVI FE 1-20 TABLET	8	28.00	10.83	0.15076	101%-200% Above	No	No
68180086573	BLISOVI FE 1-20 TABLET	8	84.00	16.49	0.15076	26%-50% Above	No	No
68180086573	BLISOVI FE 1-20 TABLET	10	28.00	10.83	0.14056	101%-200% Above	No	No
68180086573	BLISOVI FE 1-20 TABLET	10	84.00	16.49	0.14056	26%-50% Above	No	No
68180086573	BLISOVI FE 1-20 TABLET	11	84.00	16.49	0.12217	51%-75% Above	No	No
68180087673	NORETHINDRONE 0.35 MG TABLET	8	28.00	2.15	0.10821	26%-50% Below	No	No
68180087673	NORETHINDRONE 0.35 MG TABLET	9	28.00	2.15	0.10642	26%-50% Below	No	No
68180087673	NORETHINDRONE 0.35 MG TABLET	10	28.00	2.15	0.08950	10%-25% Below	No	No
68180087673	NORETHINDRONE 0.35 MG TABLET	11	28.00	2.15	0.06909	10%-25% Above	No	No
68180087773	JENCYCLA 0.35 MG TABLET	9	84.00	6.44	0.10642	26%-50% Below	No	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	10	28.00	26.35	0.18818	200% Above	No	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	10	84.00	76.07	0.18818	200% Above	Yes	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	10	84.00	79.05	0.18818	200% Above	No	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	10	84.00	79.05	0.18818	200% Above	Yes	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	11	28.00	26.35	0.12780	200% Above	No	No
68180089513	TURQOZ-28 TABLET	10	28.00	11.76	0.37622	10%-25% Above	No	No
68180089513	TURQOZ-28 TABLET	11	28.00	11.76	0.31912	26%-50% Above	No	No
68180089513	TURQOZ-28 TABLET	12	28.00	11.76	0.34661	10%-25% Above	No	No
68180094111	TESTOSTERONE 1.62% GEL PUMP	9	75.00	99.86	0.55104	101%-200% Above	Yes	No
68180094111	TESTOSTERONE 1.62% GEL PUMP	10	75.00	99.86	0.55527	101%-200% Above	Yes	No
68180094111	TESTOSTERONE 1.62% GEL PUMP	11	75.00	99.86	0.34357	200% Above	Yes	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	3	8.50	21.05	2.85830	10%-25% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	8	8.50	9.72	2.70117	51%-75% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	8	8.50	15.90	2.70117	26%-50% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	9	8.50	9.72	2.62873	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180096301	ALBUTEROL HFA 90 MCG INHALER	10	8.50	9.72	2.53560	51%-75% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	10	17.00	19.45	2.53560	51%-75% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	10	18.00	19.45	2.53560	51%-75% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	11	8.50	9.72	2.02335	26%-50% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	11	17.00	19.45	2.02335	26%-50% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	12	8.50	9.72	2.32051	26%-50% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	12	25.50	29.17	2.32051	26%-50% Below	No	No
68180096501	LEVOTHYROXINE 25 MCG TABLET	12	90.00	2.30	0.04342	26%-50% Below	No	No
68180096503	LEVOTHYROXINE 25 MCG TABLET	8	30.00	0.92	0.04904	26%-50% Below	No	No
68180096503	LEVOTHYROXINE 25 MCG TABLET	8	90.00	2.30	0.04904	26%-50% Below	No	No
68180096503	LEVOTHYROXINE 25 MCG TABLET	9	30.00	0.77	0.04890	26%-50% Below	No	No
68180096503	LEVOTHYROXINE 25 MCG TABLET	10	30.00	0.77	0.04764	26%-50% Below	No	No
68180096503	LEVOTHYROXINE 25 MCG TABLET	11	30.00	0.77	0.04351	26%-50% Below	No	No
68180096503	LEVOTHYROXINE 25 MCG TABLET	11	90.00	2.30	0.04351	26%-50% Below	No	No
68180096503	LEVOTHYROXINE 25 MCG TABLET	12	30.00	0.77	0.04342	26%-50% Below	No	No
68180096509	LEVOTHYROXINE 25 MCG TABLET	9	45.00	1.15	0.04890	26%-50% Below	No	No
68180096509	LEVOTHYROXINE 25 MCG TABLET	10	45.00	1.15	0.04764	26%-50% Below	No	No
68180096509	LEVOTHYROXINE 25 MCG TABLET	10	90.00	2.30	0.04764	26%-50% Below	No	No
68180096509	LEVOTHYROXINE 25 MCG TABLET	11	30.00	0.77	0.04351	26%-50% Below	No	No
68180096509	LEVOTHYROXINE 25 MCG TABLET	11	45.00	1.15	0.04351	26%-50% Below	No	No
68180096509	LEVOTHYROXINE 25 MCG TABLET	12	90.00	2.30	0.04342	26%-50% Below	No	No
68180096603	LEVOTHYROXINE 50 MCG TABLET	8	30.00	1.23	0.05616	26%-50% Below	No	No
68180096603	LEVOTHYROXINE 50 MCG TABLET	9	30.00	0.97	0.05924	26%-50% Below	No	No
68180096603	LEVOTHYROXINE 50 MCG TABLET	9	90.00	2.91	0.05924	26%-50% Below	No	No
68180096603	LEVOTHYROXINE 50 MCG TABLET	10	30.00	0.97	0.05707	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180096603	LEVOTHYROXINE 50 MCG TABLET	10	90.00	2.91	0.05707	26%-50% Below	No	No
68180096603	LEVOTHYROXINE 50 MCG TABLET	11	90.00	2.91	0.04701	26%-50% Below	No	No
68180096603	LEVOTHYROXINE 50 MCG TABLET	12	30.00	0.97	0.05170	26%-50% Below	No	No
68180096609	LEVOTHYROXINE 50 MCG TABLET	8	90.00	2.91	0.05616	26%-50% Below	No	No
68180096609	LEVOTHYROXINE 50 MCG TABLET	9	30.00	0.97	0.05924	26%-50% Below	No	No
68180096609	LEVOTHYROXINE 50 MCG TABLET	10	30.00	0.97	0.05707	26%-50% Below	No	No
68180096609	LEVOTHYROXINE 50 MCG TABLET	10	90.00	2.91	0.05707	26%-50% Below	No	No
68180096609	LEVOTHYROXINE 50 MCG TABLET	11	30.00	0.97	0.04701	26%-50% Below	No	No
68180096609	LEVOTHYROXINE 50 MCG TABLET	11	90.00	2.91	0.04701	26%-50% Below	No	No
68180096609	LEVOTHYROXINE 50 MCG TABLET	12	30.00	0.97	0.05170	26%-50% Below	No	No
68180096703	LEVOTHYROXINE 75 MCG TABLET	8	30.00	0.83	0.05861	51%-75% Below	No	No
68180096703	LEVOTHYROXINE 75 MCG TABLET	9	90.00	2.50	0.06556	51%-75% Below	No	No
68180096703	LEVOTHYROXINE 75 MCG TABLET	10	30.00	0.83	0.06368	51%-75% Below	No	No
68180096703	LEVOTHYROXINE 75 MCG TABLET	11	30.00	0.83	0.04574	26%-50% Below	No	No
68180096709	LEVOTHYROXINE 75 MCG TABLET	11	90.00	2.50	0.04574	26%-50% Below	No	No
68180096801	LEVOTHYROXINE 88 MCG TABLET	9	90.00	3.24	0.06280	26%-50% Below	No	No
68180096801	LEVOTHYROXINE 88 MCG TABLET	11	90.00	3.24	0.05266	26%-50% Below	No	No
68180096803	LEVOTHYROXINE 88 MCG TABLET	9	90.00	3.24	0.06280	26%-50% Below	No	No
68180096803	LEVOTHYROXINE 88 MCG TABLET	11	90.00	3.24	0.05266	26%-50% Below	No	No
68180096809	LEVOTHYROXINE 88 MCG TABLET	10	90.00	3.24	0.06490	26%-50% Below	No	No
68180096903	LEVOTHYROXINE 100 MCG TABLET	10	90.00	2.33	0.05884	51%-75% Below	No	No
68180096903	LEVOTHYROXINE 100 MCG TABLET	11	90.00	2.33	0.05406	51%-75% Below	No	No
68180097001	LEVOTHYROXINE 112 MCG TABLET	11	180.00	6.48	0.06343	26%-50% Below	No	No
68180097003	LEVOTHYROXINE 112 MCG TABLET	9	90.00	3.24	0.07652	51%-75% Below	No	No
68180097101	LEVOTHYROXINE 125 MCG TABLET	8	90.00	4.37	0.07629	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180097101	LEVOTHYROXINE 125 MCG TABLET	9	180.00	8.75	0.09546	26%-50% Below	No	No
68180097101	LEVOTHYROXINE 125 MCG TABLET	11	30.00	1.46	0.06910	26%-50% Below	No	No
68180097103	LEVOTHYROXINE 125 MCG TABLET	10	90.00	4.37	0.08172	26%-50% Below	No	No
68180097103	LEVOTHYROXINE 125 MCG TABLET	12	90.00	4.37	0.07177	26%-50% Below	No	No
68180097201	LEVOTHYROXINE 137 MCG TABLET	11	90.00	3.63	0.06675	26%-50% Below	Yes	No
68180097209	LEVOTHYROXINE 137 MCG TABLET	9	30.00	1.21	0.08220	26%-50% Below	No	No
68180097209	LEVOTHYROXINE 137 MCG TABLET	10	30.00	1.21	0.08202	26%-50% Below	No	No
68180097209	LEVOTHYROXINE 137 MCG TABLET	10	90.00	3.63	0.08202	26%-50% Below	No	No
68180097209	LEVOTHYROXINE 137 MCG TABLET	12	30.00	1.21	0.07359	26%-50% Below	No	No
68180097301	LEVOTHYROXINE 150 MCG TABLET	11	90.00	4.10	0.05947	10%-25% Below	No	No
68180097303	LEVOTHYROXINE 150 MCG TABLET	9	30.00	1.37	0.08214	26%-50% Below	No	No
68180097303	LEVOTHYROXINE 150 MCG TABLET	10	30.00	1.37	0.08291	26%-50% Below	No	No
68180097303	LEVOTHYROXINE 150 MCG TABLET	10	90.00	4.10	0.08291	26%-50% Below	No	No
68180097303	LEVOTHYROXINE 150 MCG TABLET	11	30.00	1.37	0.05947	10%-25% Below	No	No
68180097303	LEVOTHYROXINE 150 MCG TABLET	12	90.00	4.10	0.07092	26%-50% Below	No	No
68180097401	LEVOTHYROXINE 175 MCG TABLET	9	30.00	1.33	0.11444	51%-75% Below	No	No
68180097401	LEVOTHYROXINE 175 MCG TABLET	10	30.00	1.33	0.11300	51%-75% Below	No	No
68180097401	LEVOTHYROXINE 175 MCG TABLET	11	30.00	1.33	0.07319	26%-50% Below	No	No
68180097509	LEVOTHYROXINE 200 MCG TABLET	8	30.00	2.06	0.10984	26%-50% Below	No	No
68180097509	LEVOTHYROXINE 200 MCG TABLET	9	30.00	1.65	0.10161	26%-50% Below	No	No
68180097509	LEVOTHYROXINE 200 MCG TABLET	10	30.00	1.65	0.10759	26%-50% Below	No	No
68180097509	LEVOTHYROXINE 200 MCG TABLET	11	30.00	1.65	0.07779	26%-50% Below	No	No
68180097901	LISINOPRIL 40 MG TABLET	9	30.00	1.04	0.04510	10%-25% Below	No	No
68180097903	LISINOPRIL 40 MG TABLET	9	90.00	3.11	0.04510	10%-25% Below	No	No
68180097903	LISINOPRIL 40 MG TABLET	10	90.00	3.11	0.04670	26%-50% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180097903	LISINOPRIL 40 MG TABLET	11	90.00	3.11	0.03918	10%-25% Below	No	No
68180097903	LISINOPRIL 40 MG TABLET	12	90.00	3.11	0.04222	10%-25% Below	No	No
68180098001	LISINOPRIL 10 MG TABLET	9	90.00	1.17	0.01835	26%-50% Below	No	No
68180098003	LISINOPRIL 10 MG TABLET	8	30.00	0.38	0.01808	26%-50% Below	No	No
68180098003	LISINOPRIL 10 MG TABLET	8	30.00	0.39	0.01808	26%-50% Below	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	8	90.00	1.17	0.01808	26%-50% Below	No	No
68180098003	LISINOPRIL 10 MG TABLET	9	30.00	0.39	0.01835	26%-50% Below	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	9	90.00	1.13	0.01835	26%-50% Below	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	9	90.00	1.17	0.01835	26%-50% Below	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	10	30.00	0.39	0.01805	26%-50% Below	No	No
68180098003	LISINOPRIL 10 MG TABLET	10	90.00	1.13	0.01805	26%-50% Below	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	10	90.00	1.17	0.01805	26%-50% Below	No	No
68180098003	LISINOPRIL 10 MG TABLET	10	90.00	1.17	0.01805	26%-50% Below	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	10	180.00	2.34	0.01805	26%-50% Below	No	No
68180098003	LISINOPRIL 10 MG TABLET	11	30.00	0.39	0.01685	10%-25% Below	No	No
68180098003	LISINOPRIL 10 MG TABLET	11	30.00	0.39	0.01685	10%-25% Below	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	11	90.00	1.17	0.01685	10%-25% Below	No	No
68180098003	LISINOPRIL 10 MG TABLET	11	90.00	1.17	0.01685	10%-25% Below	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	12	30.00	0.39	0.01707	10%-25% Below	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	12	90.00	1.13	0.01707	26%-50% Below	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	12	90.00	1.17	0.01707	10%-25% Below	No	No
68180098003	LISINOPRIL 10 MG TABLET	12	90.00	1.17	0.01707	10%-25% Below	Yes	No
68180098101	LISINOPRIL 20 MG TABLET	9	90.00	1.68	0.02630	26%-50% Below	No	No
68180098101	LISINOPRIL 20 MG TABLET	10	180.00	3.37	0.02586	26%-50% Below	No	No
68180098101	LISINOPRIL 20 MG TABLET	11	90.00	1.68	0.02222	10%-25% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180098103	LISINOPRIL 20 MG TABLET	8	90.00	1.62	0.02566	26%-50% Below	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	8	90.00	1.68	0.02566	26%-50% Below	No	No
68180098103	LISINOPRIL 20 MG TABLET	9	30.00	0.56	0.02630	26%-50% Below	No	No
68180098103	LISINOPRIL 20 MG TABLET	9	30.00	0.56	0.02630	26%-50% Below	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	9	90.00	1.62	0.02630	26%-50% Below	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	9	90.00	1.68	0.02630	26%-50% Below	No	No
68180098103	LISINOPRIL 20 MG TABLET	9	90.00	1.68	0.02630	26%-50% Below	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	10	30.00	0.56	0.02586	26%-50% Below	No	No
68180098103	LISINOPRIL 20 MG TABLET	10	90.00	1.68	0.02586	26%-50% Below	No	No
68180098103	LISINOPRIL 20 MG TABLET	10	90.00	1.68	0.02586	26%-50% Below	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	10	135.00	2.43	0.02586	26%-50% Below	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	11	30.00	0.56	0.02222	10%-25% Below	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	11	90.00	1.62	0.02222	10%-25% Below	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	11	90.00	1.68	0.02222	10%-25% Below	No	No
68180098103	LISINOPRIL 20 MG TABLET	11	90.00	1.68	0.02222	10%-25% Below	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	11	180.00	3.37	0.02222	10%-25% Below	No	No
68180098103	LISINOPRIL 20 MG TABLET	12	5.00	0.09	0.02387	10%-25% Below	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	12	90.00	1.62	0.02387	10%-25% Below	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	12	90.00	1.68	0.02387	10%-25% Below	No	No
68180098103	LISINOPRIL 20 MG TABLET	12	90.00	1.68	0.02387	10%-25% Below	Yes	No
68180098201	LISINOPRIL 30 MG TABLET	9	90.00	5.82	0.05521	10%-25% Above	Yes	No
68308015260	NYSTATIN 100,000 UNIT/GM POWD	9	60.00	9.05	0.26268	26%-50% Below	No	No
68308070645	ADAPALENE 0.1% CREAM	9	45.00	66.58	2.40614	26%-50% Below	No	No
68382000105	PAROXETINE HCL 40 MG TABLET	8	30.00	2.55	0.12909	26%-50% Below	No	No
68382000105	PAROXETINE HCL 40 MG TABLET	9	30.00	2.55	0.11753	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68382000105	PAROXETINE HCL 40 MG TABLET	10	30.00	2.55	0.11036	10%-25% Below	No	No
68382000105	PAROXETINE HCL 40 MG TABLET	12	30.00	2.55	0.10369	10%-25% Below	No	No
68382000106	PAROXETINE HCL 40 MG TABLET	9	90.00	7.65	0.11753	26%-50% Below	No	No
68382000106	PAROXETINE HCL 40 MG TABLET	10	90.00	7.65	0.11036	10%-25% Below	No	No
68382000301	AZATHIOPRINE 50 MG TABLET	12	30.00	9.93	0.13884	101%-200% Above	No	No
68382000610	LAMOTRIGINE 25 MG TABLET	8	60.00	2.94	0.03044	51%-75% Above	No	No
68382000610	LAMOTRIGINE 25 MG TABLET	9	60.00	2.94	0.03197	51%-75% Above	No	No
68382000801	LAMOTRIGINE 100 MG TABLET	10	60.00	3.46	0.04956	10%-25% Above	No	No
68382000801	LAMOTRIGINE 100 MG TABLET	12	60.00	3.46	0.04236	26%-50% Above	No	No
68382002201	ATENOLOL 25 MG TABLET	10	180.00	5.35	0.02340	26%-50% Above	Yes	No
68382002210	ATENOLOL 25 MG TABLET	10	90.00	2.78	0.02340	26%-50% Above	Yes	No
68382002310	ATENOLOL 50 MG TABLET	10	90.00	2.66	0.02580	10%-25% Above	Yes	No
68382002310	ATENOLOL 50 MG TABLET	11	45.00	1.38	0.02063	26%-50% Above	Yes	No
68382002310	ATENOLOL 50 MG TABLET	12	30.00	0.92	0.02288	26%-50% Above	No	No
68382002401	ATENOLOL 100 MG TABLET	10	90.00	4.51	0.03893	26%-50% Above	No	No
68382002410	ATENOLOL 100 MG TABLET	10	90.00	4.51	0.03893	26%-50% Above	No	No
68382004001	PROMETHAZINE 12.5 MG TABLET	9	60.00	1.26	0.05633	51%-75% Below	No	No
68382004001	PROMETHAZINE 12.5 MG TABLET	10	120.00	2.52	0.04992	51%-75% Below	No	No
68382004001	PROMETHAZINE 12.5 MG TABLET	11	30.00	0.63	0.03122	26%-50% Below	No	No
68382004101	PROMETHAZINE 25 MG TABLET	8	28.00	0.73	0.04819	26%-50% Below	No	No
68382004101	PROMETHAZINE 25 MG TABLET	8	40.00	1.08	0.04819	26%-50% Below	No	No
68382004101	PROMETHAZINE 25 MG TABLET	9	16.00	0.42	0.04820	26%-50% Below	No	No
68382004101	PROMETHAZINE 25 MG TABLET	9	30.00	0.78	0.04820	26%-50% Below	No	No
68382004101	PROMETHAZINE 25 MG TABLET	10	8.00	0.21	0.04881	26%-50% Below	No	No
68382004101	PROMETHAZINE 25 MG TABLET	10	10.00	0.26	0.04881	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68382004101	PROMETHAZINE 25 MG TABLET	10	12.00	0.31	0.04881	26%-50% Below	No	No
68382004101	PROMETHAZINE 25 MG TABLET	10	15.00	0.39	0.04881	26%-50% Below	No	No
68382004101	PROMETHAZINE 25 MG TABLET	11	2.00	0.05	0.03165	10%-25% Below	No	No
68382004101	PROMETHAZINE 25 MG TABLET	11	16.00	0.42	0.03165	10%-25% Below	No	No
68382004101	PROMETHAZINE 25 MG TABLET	11	60.00	1.57	0.03165	10%-25% Below	No	No
68382004101	PROMETHAZINE 25 MG TABLET	12	12.00	0.31	0.03896	26%-50% Below	No	No
68382004101	PROMETHAZINE 25 MG TABLET	12	15.00	0.39	0.03896	26%-50% Below	No	No
68382004101	PROMETHAZINE 25 MG TABLET	12	30.00	0.78	0.03896	26%-50% Below	No	No
68382004105	PROMETHAZINE 25 MG TABLET	11	2.00	0.05	0.03165	10%-25% Below	No	No
68382004105	PROMETHAZINE 25 MG TABLET	11	30.00	0.78	0.03165	10%-25% Below	No	No
68382004105	PROMETHAZINE 25 MG TABLET	12	30.00	0.78	0.03896	26%-50% Below	No	No
68382005001	MELOXICAM 7.5 MG TABLET	9	30.00	1.71	0.01854	200% Above	No	No
68382005001	MELOXICAM 7.5 MG TABLET	10	30.00	1.71	0.01827	200% Above	No	No
68382005001	MELOXICAM 7.5 MG TABLET	12	60.00	3.43	0.01557	200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	8	15.00	0.86	0.01844	200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	8	90.00	5.14	0.01844	200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	9	30.00	1.71	0.01854	200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	10	28.00	1.60	0.01827	200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	10	30.00	1.71	0.01827	200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	10	60.00	3.43	0.01827	200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	11	30.00	1.71	0.01382	200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	11	90.00	5.14	0.01382	200% Above	No	No
68382005101	MELOXICAM 15 MG TABLET	8	90.00	2.28	0.02088	10%-25% Above	No	No
68382005101	MELOXICAM 15 MG TABLET	9	90.00	2.32	0.02082	10%-25% Above	No	No
68382005101	MELOXICAM 15 MG TABLET	10	30.00	0.77	0.02086	10%-25% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68382005101	MELOXICAM 15 MG TABLET	10	90.00	2.32	0.02086	10%-25% Above	No	No
68382005101	MELOXICAM 15 MG TABLET	11	90.00	2.32	0.01729	26%-50% Above	No	No
68382005101	MELOXICAM 15 MG TABLET	12	30.00	0.77	0.01840	26%-50% Above	No	No
68382005101	MELOXICAM 15 MG TABLET	12	90.00	2.32	0.01840	26%-50% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	8	30.00	0.76	0.02088	10%-25% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	8	30.00	0.77	0.02088	10%-25% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	8	90.00	2.32	0.02088	10%-25% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	9	21.00	0.54	0.02082	10%-25% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	9	30.00	0.77	0.02082	10%-25% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	9	90.00	2.32	0.02082	10%-25% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	10	30.00	0.77	0.02086	10%-25% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	10	90.00	2.32	0.02086	10%-25% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	11	7.00	0.18	0.01729	26%-50% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	11	10.00	0.26	0.01729	26%-50% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	11	15.00	0.39	0.01729	26%-50% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	11	30.00	0.77	0.01729	26%-50% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	11	45.00	1.16	0.01729	26%-50% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	11	90.00	2.32	0.01729	26%-50% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	12	30.00	0.77	0.01840	26%-50% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	12	90.00	2.32	0.01840	26%-50% Above	No	No
68382009101	BENZONATATE 200 MG CAPSULE	8	30.00	1.89	0.11875	26%-50% Below	No	No
68382009201	CARVEDILOL 3.125 MG TABLET	9	60.00	2.18	0.01698	101%-200% Above	No	No
68382009201	CARVEDILOL 3.125 MG TABLET	10	38.00	1.38	0.01707	101%-200% Above	No	No
68382009201	CARVEDILOL 3.125 MG TABLET	10	60.00	2.18	0.01707	101%-200% Above	No	No
68382009201	CARVEDILOL 3.125 MG TABLET	11	60.00	2.18	0.01328	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68382009205	CARVEDILOL 3.125 MG TABLET	9	180.00	6.55	0.01698	101%-200% Above	No	No
68382009205	CARVEDILOL 3.125 MG TABLET	11	60.00	2.18	0.01328	101%-200% Above	No	No
68382009205	CARVEDILOL 3.125 MG TABLET	12	60.00	2.18	0.01527	101%-200% Above	No	No
68382009301	CARVEDILOL 6.25 MG TABLET	8	180.00	5.60	0.01942	51%-75% Above	No	No
68382009305	CARVEDILOL 6.25 MG TABLET	9	60.00	1.87	0.01929	51%-75% Above	No	No
68382009305	CARVEDILOL 6.25 MG TABLET	9	180.00	5.60	0.01929	51%-75% Above	No	No
68382009305	CARVEDILOL 6.25 MG TABLET	10	60.00	1.87	0.01972	51%-75% Above	No	No
68382009305	CARVEDILOL 6.25 MG TABLET	10	180.00	5.60	0.01972	51%-75% Above	No	No
68382009305	CARVEDILOL 6.25 MG TABLET	12	180.00	5.60	0.01738	76%-100% Above	No	No
68382009405	CARVEDILOL 12.5 MG TABLET	8	180.00	6.55	0.02281	51%-75% Above	No	No
68382009405	CARVEDILOL 12.5 MG TABLET	9	180.00	6.55	0.02288	51%-75% Above	No	No
68382009405	CARVEDILOL 12.5 MG TABLET	10	180.00	6.55	0.02242	51%-75% Above	No	No
68382009405	CARVEDILOL 12.5 MG TABLET	12	180.00	6.55	0.02040	76%-100% Above	No	No
68382009501	CARVEDILOL 25 MG TABLET	11	180.00	6.32	0.02553	26%-50% Above	No	No
68382009505	CARVEDILOL 25 MG TABLET	9	180.00	6.32	0.02984	10%-25% Above	No	No
68382009505	CARVEDILOL 25 MG TABLET	10	60.00	2.11	0.03109	10%-25% Above	No	No
68382009505	CARVEDILOL 25 MG TABLET	10	180.00	6.32	0.03109	10%-25% Above	No	No
68382009505	CARVEDILOL 25 MG TABLET	11	60.00	2.11	0.02553	26%-50% Above	No	No
68382009505	CARVEDILOL 25 MG TABLET	11	180.00	6.32	0.02553	26%-50% Above	No	No
68382009505	CARVEDILOL 25 MG TABLET	12	60.00	2.11	0.02816	10%-25% Above	No	No
68382009601	HYDROXYCHLOROQUINE 200 MG TAB	9	90.00	67.58	0.17945	200% Above	No	No
68382009605	HYDROXYCHLOROQUINE 200 MG TAB	8	60.00	45.05	0.18175	200% Above	No	No
68382009605	HYDROXYCHLOROQUINE 200 MG TAB	9	30.00	22.53	0.17945	200% Above	No	No
68382009605	HYDROXYCHLOROQUINE 200 MG TAB	9	60.00	45.05	0.17945	200% Above	No	No
68382009605	HYDROXYCHLOROQUINE 200 MG TAB	10	30.00	22.53	0.17583	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68382009605	HYDROXYCHLOROQUINE 200 MG TAB	10	60.00	45.05	0.17583	200% Above	No	No
68382009605	HYDROXYCHLOROQUINE 200 MG TAB	11	30.00	22.53	0.13986	200% Above	No	No
68382009605	HYDROXYCHLOROQUINE 200 MG TAB	11	60.00	45.05	0.13986	200% Above	No	No
68382009605	HYDROXYCHLOROQUINE 200 MG TAB	12	30.00	22.53	0.15462	200% Above	No	No
68382009605	HYDROXYCHLOROQUINE 200 MG TAB	12	60.00	45.05	0.15462	200% Above	No	No
68382009705	PAROXETINE HCL 10 MG TABLET	9	90.00	10.12	0.06795	51%-75% Above	No	No
68382009706	PAROXETINE HCL 10 MG TABLET	11	30.00	3.37	0.05294	101%-200% Above	No	No
68382009716	PAROXETINE HCL 10 MG TABLET	11	90.00	10.12	0.05294	101%-200% Above	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	8	30.00	4.11	0.07122	76%-100% Above	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	9	30.00	4.11	0.06983	76%-100% Above	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	9	60.00	8.00	0.06983	76%-100% Above	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	10	30.00	4.11	0.07038	76%-100% Above	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	10	90.00	10.00	0.07038	51%-75% Above	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	10	90.00	12.33	0.07038	76%-100% Above	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	11	30.00	4.11	0.05972	101%-200% Above	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	12	30.00	4.11	0.06720	101%-200% Above	No	No
68382011414	RISPERIDONE 1 MG TABLET	8	30.00	0.61	0.04122	26%-50% Below	No	No
68382011414	RISPERIDONE 1 MG TABLET	10	30.00	0.61	0.04046	26%-50% Below	No	No
68382011414	RISPERIDONE 1 MG TABLET	11	30.00	0.61	0.03832	26%-50% Below	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	8	30.00	3.95	0.05466	101%-200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	8	90.00	11.19	0.05466	101%-200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	9	90.00	11.19	0.05451	101%-200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	10	30.00	3.73	0.05146	101%-200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	10	30.00	3.95	0.05146	101%-200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	10	60.00	7.46	0.05146	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	10	90.00	11.19	0.05146	101%-200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	11	7.00	0.87	0.04345	101%-200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	11	30.00	3.95	0.04345	200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	11	90.00	11.19	0.04345	101%-200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	12	30.00	3.73	0.04665	101%-200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	12	90.00	11.19	0.04665	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	8	28.00	3.48	0.05466	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	8	30.00	3.73	0.05466	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	8	90.00	11.19	0.05466	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	9	30.00	3.73	0.05451	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	9	60.00	7.46	0.05451	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	9	90.00	11.19	0.05451	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	9	180.00	22.37	0.05451	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	10	28.00	3.48	0.05146	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	10	30.00	3.73	0.05146	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	10	60.00	7.46	0.05146	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	10	90.00	11.19	0.05146	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	11	30.00	3.73	0.04345	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	11	60.00	7.46	0.04345	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	11	90.00	11.19	0.04345	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	11	180.00	22.37	0.04345	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	12	30.00	3.73	0.04665	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	12	90.00	11.19	0.04665	101%-200% Above	No	No
68382013506	LOSARTAN POTASSIUM 25 MG TAB	9	30.00	2.63	0.02956	101%-200% Above	No	No
68382013506	LOSARTAN POTASSIUM 25 MG TAB	10	90.00	7.89	0.02989	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68382013516	LOSARTAN POTASSIUM 25 MG TAB	8	90.00	7.89	0.03210	101%-200% Above	Yes	No
68382013716	LOSARTAN POTASSIUM 100 MG TAB	11	90.00	8.07	0.04224	101%-200% Above	Yes	No
68382013805	TOPIRAMATE 25 MG TABLET	8	30.00	1.70	0.02815	101%-200% Above	No	No
68382013805	TOPIRAMATE 25 MG TABLET	8	90.00	5.09	0.02815	76%-100% Above	No	No
68382013805	TOPIRAMATE 25 MG TABLET	9	30.00	1.70	0.02972	76%-100% Above	No	No
68382013805	TOPIRAMATE 25 MG TABLET	9	90.00	5.09	0.02972	76%-100% Above	No	No
68382013805	TOPIRAMATE 25 MG TABLET	10	30.00	1.70	0.02990	76%-100% Above	No	No
68382013805	TOPIRAMATE 25 MG TABLET	10	60.00	3.40	0.02990	76%-100% Above	No	No
68382013805	TOPIRAMATE 25 MG TABLET	10	90.00	5.09	0.02990	76%-100% Above	No	No
68382013805	TOPIRAMATE 25 MG TABLET	11	30.00	1.70	0.02349	101%-200% Above	No	No
68382013805	TOPIRAMATE 25 MG TABLET	11	90.00	5.09	0.02349	101%-200% Above	No	No
68382013805	TOPIRAMATE 25 MG TABLET	12	60.00	3.40	0.02572	101%-200% Above	No	No
68382013814	TOPIRAMATE 25 MG TABLET	10	90.00	5.09	0.02990	76%-100% Above	No	No
68382013814	TOPIRAMATE 25 MG TABLET	11	30.00	1.70	0.02349	101%-200% Above	No	No
68382013814	TOPIRAMATE 25 MG TABLET	12	30.00	1.70	0.02572	101%-200% Above	No	No
68382013905	TOPIRAMATE 50 MG TABLET	9	90.00	5.36	0.04101	26%-50% Above	No	No
68382013905	TOPIRAMATE 50 MG TABLET	9	180.00	10.73	0.04101	26%-50% Above	No	No
68382013914	TOPIRAMATE 50 MG TABLET	8	30.00	1.79	0.04223	26%-50% Above	No	No
68382013914	TOPIRAMATE 50 MG TABLET	9	30.00	1.79	0.04101	26%-50% Above	No	No
68382013914	TOPIRAMATE 50 MG TABLET	10	30.00	1.79	0.04087	26%-50% Above	No	No
68382013914	TOPIRAMATE 50 MG TABLET	11	30.00	1.79	0.03188	76%-100% Above	No	No
68382013914	TOPIRAMATE 50 MG TABLET	12	30.00	1.79	0.03634	51%-75% Above	No	No
68382014005	TOPIRAMATE 100 MG TABLET	8	90.00	6.81	0.06478	10%-25% Above	No	No
68382014005	TOPIRAMATE 100 MG TABLET	9	60.00	4.54	0.06592	10%-25% Above	No	No
68382014005	TOPIRAMATE 100 MG TABLET	10	60.00	4.54	0.06444	10%-25% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68382014005	TOPIRAMATE 100 MG TABLET	11	60.00	4.54	0.04865	51%-75% Above	No	No
68382014014	TOPIRAMATE 100 MG TABLET	8	60.00	4.54	0.06478	10%-25% Above	No	No
68382014014	TOPIRAMATE 100 MG TABLET	9	30.00	2.27	0.06592	10%-25% Above	No	No
68382014014	TOPIRAMATE 100 MG TABLET	10	30.00	2.27	0.06444	10%-25% Above	No	No
68382014014	TOPIRAMATE 100 MG TABLET	10	60.00	4.54	0.06444	10%-25% Above	No	No
68382014014	TOPIRAMATE 100 MG TABLET	11	30.00	2.27	0.04865	51%-75% Above	No	No
68382014014	TOPIRAMATE 100 MG TABLET	11	60.00	4.54	0.04865	51%-75% Above	No	No
68382014014	TOPIRAMATE 100 MG TABLET	11	180.00	13.63	0.04865	51%-75% Above	No	No
68382014014	TOPIRAMATE 100 MG TABLET	12	30.00	2.27	0.05653	26%-50% Above	No	No
68382014501	RAMIPRIL 2.5 MG CAPSULE	10	30.00	1.66	0.04880	10%-25% Above	No	No
68382014501	RAMIPRIL 2.5 MG CAPSULE	11	90.00	4.98	0.04932	10%-25% Above	No	No
68382018105	BUSPIRONE HCL 10 MG TABLET	8	60.00	4.83	0.03458	101%-200% Above	No	No
68382018205	BUSPIRONE HCL 15 MG TABLET	9	120.00	7.22	0.05068	10%-25% Above	No	No
68382020906	ANASTROZOLE 1 MG TABLET	9	90.00	7.33	0.16529	26%-50% Below	No	No
68382020906	ANASTROZOLE 1 MG TABLET	9	90.00	7.33	0.16529	26%-50% Below	Yes	No
68382020906	ANASTROZOLE 1 MG TABLET	10	12.00	0.84	0.15652	51%-75% Below	Yes	No
68382020906	ANASTROZOLE 1 MG TABLET	10	23.00	1.61	0.15652	51%-75% Below	Yes	No
68382024705	BENZONATATE 100 MG CAPSULE	11	30.00	4.44	0.05222	101%-200% Above	No	No
68382025110	ATORVASTATIN 40 MG TABLET	9	90.00	8.58	0.05122	76%-100% Above	Yes	No
68382025501	OXYBUTYNIN CL ER 5 MG TABLET	8	30.00	15.03	0.10286	200% Above	No	No
68382025501	OXYBUTYNIN CL ER 5 MG TABLET	9	30.00	15.03	0.10749	200% Above	No	No
68382025501	OXYBUTYNIN CL ER 5 MG TABLET	10	30.00	15.03	0.10018	200% Above	No	No
68382025501	OXYBUTYNIN CL ER 5 MG TABLET	11	30.00	15.03	0.07652	200% Above	No	No
68382031818	MINOCYCLINE 100 MG CAPSULE	8	30.00	5.60	0.35206	26%-50% Below	Yes	No
68382031818	MINOCYCLINE 100 MG CAPSULE	11	30.00	5.60	0.28520	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68382037001	NYSTATIN 100,000 UNIT/GM POWD	8	15.00	2.42	0.37835	51%-75% Below	No	No
68382037001	NYSTATIN 100,000 UNIT/GM POWD	9	15.00	2.59	0.38543	51%-75% Below	Yes	No
68382037003	NYSTATIN 100,000 UNIT/GM POWD	9	60.00	9.05	0.26268	26%-50% Below	No	No
68382050001	OMEPRAZOLE DR 40 MG CAPSULE	9	90.00	5.81	0.05326	10%-25% Above	Yes	No
68382050001	OMEPRAZOLE DR 40 MG CAPSULE	10	90.00	5.81	0.05462	10%-25% Above	Yes	No
68382050001	OMEPRAZOLE DR 40 MG CAPSULE	12	90.00	5.81	0.04805	26%-50% Above	Yes	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	8	30.00	2.01	0.05154	26%-50% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	8	90.00	5.92	0.05154	26%-50% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	9	90.00	6.04	0.05326	26%-50% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	10	30.00	2.01	0.05462	10%-25% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	10	60.00	4.03	0.05462	10%-25% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	10	90.00	6.04	0.05462	10%-25% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	11	30.00	2.01	0.04298	51%-75% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	11	90.00	6.04	0.04298	51%-75% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	12	30.00	2.01	0.04805	26%-50% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	12	90.00	6.04	0.04805	26%-50% Above	No	No
68382053701	POTASSIUM CITRATE ER 10 MEQ TB	10	180.00	161.44	0.20284	200% Above	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	9	90.00	11.80	0.06385	101%-200% Above	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	10	30.00	3.93	0.06120	101%-200% Above	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	10	90.00	11.80	0.06120	101%-200% Above	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	11	90.00	11.80	0.05080	101%-200% Above	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	11	135.00	17.70	0.05080	101%-200% Above	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	11	180.00	23.60	0.05080	101%-200% Above	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	12	90.00	11.80	0.05304	101%-200% Above	No	No
68382056410	METOPROLOL SUCC ER 25 MG TAB	8	30.00	3.86	0.06453	76%-100% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68382056410	METOPROLOL SUCC ER 25 MG TAB	8	30.00	3.93	0.06453	101%-200% Above	No	No
68382056410	METOPROLOL SUCC ER 25 MG TAB	8	90.00	11.80	0.06453	101%-200% Above	No	No
68382056410	METOPROLOL SUCC ER 25 MG TAB	8	135.00	17.70	0.06453	101%-200% Above	No	No
68382056410	METOPROLOL SUCC ER 25 MG TAB	9	30.00	3.93	0.06385	101%-200% Above	No	No
68382056410	METOPROLOL SUCC ER 25 MG TAB	9	90.00	11.80	0.06385	101%-200% Above	No	No
68382056410	METOPROLOL SUCC ER 25 MG TAB	10	45.00	5.90	0.06120	101%-200% Above	No	No
68382056410	METOPROLOL SUCC ER 25 MG TAB	10	60.00	7.87	0.06120	101%-200% Above	No	No
68382056410	METOPROLOL SUCC ER 25 MG TAB	10	90.00	11.80	0.06120	101%-200% Above	No	No
68382056410	METOPROLOL SUCC ER 25 MG TAB	11	30.00	3.93	0.05080	101%-200% Above	No	No
68382056410	METOPROLOL SUCC ER 25 MG TAB	11	90.00	11.80	0.05080	101%-200% Above	No	No
68382056410	METOPROLOL SUCC ER 25 MG TAB	12	45.00	5.90	0.05304	101%-200% Above	No	No
68382056501	METOPROLOL SUCC ER 50 MG TAB	11	90.00	11.80	0.06035	101%-200% Above	No	No
68382056501	METOPROLOL SUCC ER 50 MG TAB	12	30.00	3.93	0.05663	101%-200% Above	No	No
68382056510	METOPROLOL SUCC ER 50 MG TAB	8	30.00	3.93	0.06643	76%-100% Above	No	No
68382056510	METOPROLOL SUCC ER 50 MG TAB	8	90.00	11.80	0.06643	76%-100% Above	No	No
68382056510	METOPROLOL SUCC ER 50 MG TAB	9	90.00	11.80	0.06663	76%-100% Above	No	No
68382056510	METOPROLOL SUCC ER 50 MG TAB	11	30.00	3.93	0.06035	101%-200% Above	No	No
68382056510	METOPROLOL SUCC ER 50 MG TAB	11	90.00	11.80	0.06035	101%-200% Above	No	No
68382056601	METOPROLOL SUCC ER 100 MG TAB	11	180.00	40.52	0.10390	101%-200% Above	No	No
68382056610	METOPROLOL SUCC ER 100 MG TAB	9	30.00	6.75	0.10118	101%-200% Above	No	No
68382056610	METOPROLOL SUCC ER 100 MG TAB	9	90.00	20.26	0.10118	101%-200% Above	No	No
68382056610	METOPROLOL SUCC ER 100 MG TAB	10	30.00	6.75	0.09544	101%-200% Above	No	No
68382056610	METOPROLOL SUCC ER 100 MG TAB	10	60.00	13.51	0.09544	101%-200% Above	No	No
68382056610	METOPROLOL SUCC ER 100 MG TAB	10	90.00	20.26	0.09544	101%-200% Above	No	No
68382056610	METOPROLOL SUCC ER 100 MG TAB	11	90.00	20.26	0.10390	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68382056610	METOPROLOL SUCC ER 100 MG TAB	12	90.00	20.26	0.09765	101%-200% Above	No	No
68382056701	METOPROLOL SUCC ER 200 MG TAB	8	30.00	19.76	0.17736	200% Above	No	No
68382056701	METOPROLOL SUCC ER 200 MG TAB	10	90.00	59.27	0.17307	200% Above	No	No
68382058201	LIOTHYRONINE SOD 5 MCG TAB	11	90.00	32.28	0.18980	76%-100% Above	No	No
68382062301	BUSPIRONE HCL 7.5 MG TABLET	8	60.00	32.55	0.12039	200% Above	No	No
68382062301	BUSPIRONE HCL 7.5 MG TABLET	9	60.00	32.55	0.12783	200% Above	No	No
68382064006	DUTASTERIDE-TAMSULOSIN 0.5-0.4	8	90.00	200.16	1.79459	10%-25% Above	Yes	No
68382064006	DUTASTERIDE-TAMSULOSIN 0.5-0.4	11	90.00	200.16	1.77717	10%-25% Above	Yes	No
68382066001	SPIRONOLACTONE 25 MG TABLET	12	45.00	1.38	0.04561	26%-50% Below	No	No
68382066010	SPIRONOLACTONE 25 MG TABLET	8	15.00	0.46	0.05267	26%-50% Below	No	No
68382066010	SPIRONOLACTONE 25 MG TABLET	9	15.00	0.46	0.05390	26%-50% Below	No	No
68382066010	SPIRONOLACTONE 25 MG TABLET	10	15.00	0.46	0.05177	26%-50% Below	No	No
68382066010	SPIRONOLACTONE 25 MG TABLET	10	90.00	2.76	0.05177	26%-50% Below	No	No
68382066010	SPIRONOLACTONE 25 MG TABLET	11	15.00	0.46	0.04096	10%-25% Below	No	No
68382066105	SPIRONOLACTONE 50 MG TABLET	11	90.00	9.68	0.07660	26%-50% Above	No	No
68382066201	SPIRONOLACTONE 100 MG TABLET	11	30.00	6.26	0.13586	51%-75% Above	No	No
68382070718	DOXYCYCLINE MONO 100 MG CAP	9	14.00	3.17	0.26359	10%-25% Below	No	No
68382070718	DOXYCYCLINE MONO 100 MG CAP	11	20.00	4.53	0.16237	26%-50% Above	No	No
68382074916	TIADYLT ER 360 MG CAPSULE	11	90.00	70.97	0.49870	51%-75% Above	Yes	No
68382077305	EZETIMIBE 10 MG TABLET	9	30.00	39.93	0.08895	200% Above	No	No
68382077501	METHOTREXATE 2.5 MG TABLET	10	96.00	70.37	0.17412	200% Above	No	No
68382078501	DOXAZOSIN MESYLATE 4 MG TAB	10	90.00	38.58	0.09336	200% Above	Yes	No
68382079101	ACYCLOVIR 400 MG TABLET	9	60.00	4.49	0.09589	10%-25% Below	Yes	No
68382079101	ACYCLOVIR 400 MG TABLET	10	60.00	4.49	0.09651	10%-25% Below	Yes	No
68382079201	ACYCLOVIR 800 MG TABLET	8	21.00	3.11	0.18022	10%-25% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68382080501	TRAZODONE 50 MG TABLET	10	30.00	0.87	0.03619	10%-25% Below	No	No
68382080501	TRAZODONE 50 MG TABLET	10	90.00	2.62	0.03619	10%-25% Below	No	No
68382080505	TRAZODONE 50 MG TABLET	8	30.00	0.86	0.03489	10%-25% Below	No	No
68382080510	TRAZODONE 50 MG TABLET	9	28.00	0.81	0.03509	10%-25% Below	No	No
68382080510	TRAZODONE 50 MG TABLET	9	30.00	0.87	0.03509	10%-25% Below	No	No
68382080510	TRAZODONE 50 MG TABLET	10	28.00	0.81	0.03619	10%-25% Below	No	No
68382080601	TRAZODONE 100 MG TABLET	11	30.00	1.91	0.04600	26%-50% Above	No	No
68382080601	TRAZODONE 100 MG TABLET	11	60.00	3.81	0.04600	26%-50% Above	No	No
68382080601	TRAZODONE 100 MG TABLET	11	135.00	8.57	0.04600	26%-50% Above	No	No
68382080601	TRAZODONE 100 MG TABLET	11	180.00	11.43	0.04600	26%-50% Above	No	No
68382080601	TRAZODONE 100 MG TABLET	12	90.00	5.72	0.05221	10%-25% Above	No	No
68382080601	TRAZODONE 100 MG TABLET	12	135.00	8.57	0.05221	10%-25% Above	No	No
68382080601	TRAZODONE 100 MG TABLET	12	180.00	11.43	0.05221	10%-25% Above	No	No
68382080605	TRAZODONE 100 MG TABLET	11	60.00	3.81	0.04600	26%-50% Above	No	No
68382080610	TRAZODONE 100 MG TABLET	11	30.00	1.91	0.04600	26%-50% Above	No	No
68382080610	TRAZODONE 100 MG TABLET	12	90.00	5.72	0.05221	10%-25% Above	No	No
68382080701	TRAZODONE 150 MG TABLET	8	30.00	5.21	0.11606	26%-50% Above	No	No
68382080701	TRAZODONE 150 MG TABLET	9	30.00	5.30	0.12058	26%-50% Above	No	No
68382080701	TRAZODONE 150 MG TABLET	10	30.00	5.30	0.12040	26%-50% Above	No	No
68382080701	TRAZODONE 150 MG TABLET	11	90.00	10.00	0.09401	10%-25% Above	No	No
68382080705	TRAZODONE 150 MG TABLET	10	60.00	10.61	0.12040	26%-50% Above	No	No
68382080705	TRAZODONE 150 MG TABLET	11	60.00	10.61	0.09401	76%-100% Above	No	No
68382085701	TRIAMTERENE-HYDROCHLOROTHIAZIDE 75-50 MG TAB	10	90.00	14.36	0.11441	26%-50% Above	No	No
68382091634	METHYLPREDNISOLONE 4 MG DOSEPK	9	21.00	6.38	0.15189	76%-100% Above	No	No
68382091634	METHYLPREDNISOLONE 4 MG DOSEPK	12	21.00	6.38	0.11746	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68382097001	CHLORTHALIDONE 25 MG TABLET	10	30.00	12.47	0.09145	200% Above	Yes	No
68382097001	CHLORTHALIDONE 25 MG TABLET	10	90.00	37.40	0.09145	200% Above	Yes	No
68382098106	LAMOTRIGINE ER 100 MG TABLET	9	90.00	338.00	0.79281	200% Above	No	No
68382098106	LAMOTRIGINE ER 100 MG TABLET	12	90.00	338.00	0.70630	200% Above	No	No
68462010230	FLUCONAZOLE 100 MG TABLET	8	5.00	0.57	0.28130	51%-75% Below	No	No
68462010230	FLUCONAZOLE 100 MG TABLET	9	7.00	0.80	0.30155	51%-75% Below	No	No
68462010230	FLUCONAZOLE 100 MG TABLET	10	5.00	0.57	0.26547	51%-75% Below	No	No
68462010430	FLUCONAZOLE 200 MG TABLET	10	4.00	0.98	0.47784	26%-50% Below	No	No
68462010530	ONDANSETRON HCL 4 MG TABLET	8	12.00	0.37	0.07058	51%-75% Below	Yes	No
68462010530	ONDANSETRON HCL 4 MG TABLET	9	15.00	0.46	0.07210	51%-75% Below	Yes	No
68462010530	ONDANSETRON HCL 4 MG TABLET	9	18.00	0.55	0.07210	51%-75% Below	Yes	No
68462010530	ONDANSETRON HCL 4 MG TABLET	10	9.00	0.27	0.06864	51%-75% Below	Yes	No
68462010530	ONDANSETRON HCL 4 MG TABLET	10	18.00	0.55	0.06864	51%-75% Below	Yes	No
68462010530	ONDANSETRON HCL 4 MG TABLET	11	10.00	0.31	0.05748	26%-50% Below	No	No
68462010530	ONDANSETRON HCL 4 MG TABLET	11	12.00	0.37	0.05748	26%-50% Below	Yes	No
68462010530	ONDANSETRON HCL 4 MG TABLET	11	18.00	0.55	0.05748	26%-50% Below	Yes	No
68462010630	ONDANSETRON HCL 8 MG TABLET	11	18.00	0.95	0.07148	26%-50% Below	Yes	No
68462010905	TOPIRAMATE 100 MG TABLET	9	90.00	6.81	0.06592	10%-25% Above	No	No
68462010910	TOPIRAMATE 100 MG TABLET	11	180.00	13.63	0.04865	51%-75% Above	Yes	No
68462010960	TOPIRAMATE 100 MG TABLET	8	60.00	4.54	0.06478	10%-25% Above	No	No
68462011944	FLUCONAZOLE 150 MG TABLET	8	2.00	1.78	0.60820	26%-50% Above	No	No
68462011944	FLUCONAZOLE 150 MG TABLET	8	3.00	2.67	0.60820	26%-50% Above	No	No
68462011944	FLUCONAZOLE 150 MG TABLET	10	8.00	7.13	0.58816	51%-75% Above	No	No
68462011944	FLUCONAZOLE 150 MG TABLET	12	2.00	1.78	0.51642	51%-75% Above	No	No
68462011944	FLUCONAZOLE 150 MG TABLET	12	3.00	2.67	0.51642	51%-75% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68462012605	GABAPENTIN 600 MG TABLET	8	90.00	11.86	0.09237	26%-50% Above	No	No
68462012605	GABAPENTIN 600 MG TABLET	10	60.00	1.18	0.09506	76%-100% Below	No	No
68462012605	GABAPENTIN 600 MG TABLET	10	90.00	11.86	0.09506	26%-50% Above	No	No
68462012605	GABAPENTIN 600 MG TABLET	11	60.00	1.18	0.06016	51%-75% Below	No	No
68462012605	GABAPENTIN 600 MG TABLET	11	90.00	11.86	0.06016	101%-200% Above	No	No
68462012605	GABAPENTIN 600 MG TABLET	12	60.00	1.18	0.07351	51%-75% Below	No	No
68462012705	GABAPENTIN 800 MG TABLET	9	45.00	1.25	0.11004	51%-75% Below	No	No
68462013281	NORETHIND-ETH ESTRAD 1-0.02 MG	1	21.00	4.30	0.23946	10%-25% Below	No	No
68462013281	NORETHIND-ETH ESTRAD 1-0.02 MG	8	21.00	4.38	0.23194	10%-25% Below	No	No
68462013281	NORETHIND-ETH ESTRAD 1-0.02 MG	9	21.00	4.38	0.23387	10%-25% Below	No	No
68462013281	NORETHIND-ETH ESTRAD 1-0.02 MG	9	84.00	17.54	0.23387	10%-25% Below	No	No
68462013281	NORETHIND-ETH ESTRAD 1-0.02 MG	11	21.00	4.38	0.16192	26%-50% Above	No	No
68462013281	NORETHIND-ETH ESTRAD 1-0.02 MG	11	84.00	17.54	0.16192	26%-50% Above	No	No
68462013281	NORETHIND-ETH ESTRAD 1-0.02 MG	12	21.00	4.38	0.18230	10%-25% Above	No	No
68462013701	OXCARBAZEPINE 150 MG TABLET	9	60.00	4.61	0.13490	26%-50% Below	No	No
68462013801	OXCARBAZEPINE 300 MG TABLET	11	60.00	5.84	0.14545	26%-50% Below	No	No
68462013901	OXCARBAZEPINE 600 MG TABLET	8	60.00	11.95	0.37351	26%-50% Below	No	No
68462013901	OXCARBAZEPINE 600 MG TABLET	9	60.00	11.95	0.37805	26%-50% Below	No	No
68462013901	OXCARBAZEPINE 600 MG TABLET	10	60.00	11.95	0.37824	26%-50% Below	No	No
68462013901	OXCARBAZEPINE 600 MG TABLET	11	60.00	11.95	0.28726	26%-50% Below	No	No
68462014301	CLINDAMYCIN HCL 150 MG CAPSULE	11	15.00	0.69	0.07602	26%-50% Below	No	No
68462014401	CLINDAMYCIN HCL 300 MG CAPSULE	8	30.00	5.15	0.22801	10%-25% Below	No	No
68462014401	CLINDAMYCIN HCL 300 MG CAPSULE	9	30.00	5.15	0.21995	10%-25% Below	No	No
68462014401	CLINDAMYCIN HCL 300 MG CAPSULE	10	30.00	5.15	0.20853	10%-25% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	8	6.00	0.63	0.18951	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68462015713	ONDANSETRON ODT 4 MG TABLET	8	12.00	1.25	0.18951	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	8	12.00	29.82	0.18951	200% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	9	4.00	0.42	0.20107	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	9	6.00	0.63	0.20107	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	9	10.00	1.05	0.20107	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	9	12.00	1.25	0.20107	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	9	18.00	1.88	0.20107	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	10	6.00	0.63	0.18178	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	10	12.00	1.25	0.18178	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	10	18.00	1.88	0.18178	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	11	9.00	0.94	0.12428	10%-25% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	11	16.00	1.67	0.12428	10%-25% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	11	18.00	1.88	0.12428	10%-25% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	12	12.00	1.25	0.15648	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	12	18.00	1.88	0.15648	26%-50% Below	No	No
68462015811	ONDANSETRON ODT 8 MG TABLET	10	18.00	1.92	0.20135	26%-50% Below	No	No
68462015813	ONDANSETRON ODT 8 MG TABLET	8	10.00	1.07	0.19390	26%-50% Below	No	No
68462015813	ONDANSETRON ODT 8 MG TABLET	8	15.00	1.60	0.19390	26%-50% Below	No	No
68462015813	ONDANSETRON ODT 8 MG TABLET	9	15.00	1.60	0.21305	26%-50% Below	No	No
68462015813	ONDANSETRON ODT 8 MG TABLET	11	18.00	1.92	0.15290	26%-50% Below	No	No
68462016205	CARVEDILOL 3.125 MG TABLET	9	180.00	6.55	0.01698	101%-200% Above	No	No
68462016301	CARVEDILOL 6.25 MG TABLET	10	180.00	5.38	0.01972	51%-75% Above	Yes	No
68462016301	CARVEDILOL 6.25 MG TABLET	11	180.00	5.38	0.01554	76%-100% Above	Yes	No
68462016305	CARVEDILOL 6.25 MG TABLET	8	180.00	5.60	0.01942	51%-75% Above	No	No
68462016305	CARVEDILOL 6.25 MG TABLET	10	60.00	1.87	0.01972	51%-75% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68462016305	CARVEDILOL 6.25 MG TABLET	10	180.00	5.60	0.01972	51%-75% Above	No	No
68462016305	CARVEDILOL 6.25 MG TABLET	11	180.00	5.60	0.01554	76%-100% Above	No	No
68462016405	CARVEDILOL 12.5 MG TABLET	9	180.00	6.55	0.02288	51%-75% Above	No	No
68462016505	CARVEDILOL 25 MG TABLET	10	180.00	6.32	0.03109	10%-25% Above	No	No
68462018022	MUPIROCIN 2% OINTMENT	8	22.00	2.90	0.17871	26%-50% Below	No	No
68462018022	MUPIROCIN 2% OINTMENT	9	22.00	2.90	0.16996	10%-25% Below	No	No
68462018022	MUPIROCIN 2% OINTMENT	9	22.00	2.90	0.16996	10%-25% Below	Yes	No
68462018022	MUPIROCIN 2% OINTMENT	10	22.00	2.90	0.16065	10%-25% Below	No	No
68462018022	MUPIROCIN 2% OINTMENT	10	22.00	2.90	0.16065	10%-25% Below	Yes	No
68462018022	MUPIROCIN 2% OINTMENT	12	22.00	2.90	0.15681	10%-25% Below	No	No
68462018135	CLOTRIMAZOLE 1% TOPICAL CREAM	10	30.00	13.08	0.15804	101%-200% Above	Yes	No
68462018135	CLOTRIMAZOLE 1% TOPICAL CREAM	11	30.00	13.08	0.14679	101%-200% Above	Yes	No
68462019005	NAPROXEN 500 MG TABLET	10	21.00	0.38	0.06397	51%-75% Below	No	No
68462019005	NAPROXEN 500 MG TABLET	11	10.00	0.18	0.05042	51%-75% Below	No	No
68462019005	NAPROXEN 500 MG TABLET	11	60.00	1.07	0.05042	51%-75% Below	No	No
68462020030	TELMISARTAN 40 MG TABLET	9	15.00	5.02	0.20306	51%-75% Above	No	No
68462020030	TELMISARTAN 40 MG TABLET	9	30.00	10.03	0.20306	51%-75% Above	No	No
68462020030	TELMISARTAN 40 MG TABLET	9	90.00	30.10	0.20306	51%-75% Above	No	No
68462020030	TELMISARTAN 40 MG TABLET	10	15.00	5.02	0.19029	51%-75% Above	No	No
68462020030	TELMISARTAN 40 MG TABLET	11	15.00	5.02	0.12744	101%-200% Above	No	No
68462020030	TELMISARTAN 40 MG TABLET	12	15.00	5.02	0.15018	101%-200% Above	No	No
68462020130	TELMISARTAN 80 MG TABLET	8	90.00	22.53	0.18583	26%-50% Above	No	No
68462022301	LITHIUM CARBONATE ER 300 MG TB	10	90.00	13.50	0.22707	26%-50% Below	No	No
68462022301	LITHIUM CARBONATE ER 300 MG TB	10	180.00	28.84	0.22707	26%-50% Below	No	No
68462022401	LITHIUM CARBONATE ER 450 MG TB	10	180.00	36.47	0.26368	10%-25% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68462022605	EZETIMIBE 10 MG TABLET	8	90.00	119.79	0.09557	200% Above	No	No
68462022605	EZETIMIBE 10 MG TABLET	9	90.00	119.79	0.08895	200% Above	No	No
68462022605	EZETIMIBE 10 MG TABLET	12	90.00	119.79	0.07518	200% Above	No	No
68462025301	ROPINIROLE HCL 0.25 MG TABLET	8	30.00	0.66	0.04837	51%-75% Below	No	No
68462025301	ROPINIROLE HCL 0.25 MG TABLET	10	30.00	0.66	0.04851	51%-75% Below	No	No
68462025301	ROPINIROLE HCL 0.25 MG TABLET	11	30.00	0.66	0.03474	26%-50% Below	No	No
68462025401	ROPINIROLE HCL 0.5 MG TABLET	9	30.00	0.67	0.04980	51%-75% Below	No	No
68462025401	ROPINIROLE HCL 0.5 MG TABLET	10	180.00	4.01	0.04618	51%-75% Below	No	No
68462025401	ROPINIROLE HCL 0.5 MG TABLET	11	30.00	0.67	0.03471	26%-50% Below	No	No
68462025401	ROPINIROLE HCL 0.5 MG TABLET	11	180.00	4.01	0.03471	26%-50% Below	No	No
68462025401	ROPINIROLE HCL 0.5 MG TABLET	12	180.00	4.01	0.03962	26%-50% Below	No	No
68462025501	ROPINIROLE HCL 1 MG TABLET	11	30.00	0.56	0.03980	51%-75% Below	No	No
68462025501	ROPINIROLE HCL 1 MG TABLET	12	30.00	0.56	0.04694	51%-75% Below	No	No
68462025501	ROPINIROLE HCL 1 MG TABLET	12	90.00	1.67	0.04694	51%-75% Below	No	No
68462025601	ROPINIROLE HCL 2 MG TABLET	9	60.00	1.85	0.06345	51%-75% Below	No	No
68462025601	ROPINIROLE HCL 2 MG TABLET	10	60.00	1.85	0.06135	26%-50% Below	No	No
68462025601	ROPINIROLE HCL 2 MG TABLET	11	60.00	1.85	0.04964	26%-50% Below	No	No
68462025601	ROPINIROLE HCL 2 MG TABLET	12	30.00	0.93	0.05503	26%-50% Below	No	No
68462025601	ROPINIROLE HCL 2 MG TABLET	12	90.00	2.78	0.05503	26%-50% Below	No	No
68462026190	ROSUVASTATIN CALCIUM 5 MG TAB	9	90.00	154.82	0.04144	200% Above	No	No
68462026190	ROSUVASTATIN CALCIUM 5 MG TAB	10	90.00	154.82	0.03931	200% Above	No	No
68462026210	ROSUVASTATIN CALCIUM 10 MG TAB	9	90.00	154.37	0.04583	200% Above	No	No
68462026290	ROSUVASTATIN CALCIUM 10 MG TAB	8	30.00	51.46	0.04784	200% Above	No	No
68462026290	ROSUVASTATIN CALCIUM 10 MG TAB	9	30.00	51.46	0.04583	200% Above	No	No
68462026290	ROSUVASTATIN CALCIUM 10 MG TAB	10	30.00	51.46	0.04305	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68462026290	ROSUVASTATIN CALCIUM 10 MG TAB	11	30.00	51.46	0.03593	200% Above	No	No
68462026290	ROSUVASTATIN CALCIUM 10 MG TAB	11	90.00	154.37	0.03593	200% Above	No	No
68462026290	ROSUVASTATIN CALCIUM 10 MG TAB	12	90.00	154.37	0.03956	200% Above	No	No
68462026390	ROSUVASTATIN CALCIUM 20 MG TAB	9	90.00	154.00	0.06488	200% Above	No	No
68462026390	ROSUVASTATIN CALCIUM 20 MG TAB	11	90.00	154.00	0.05010	200% Above	No	No
68462026405	ROSUVASTATIN CALCIUM 40 MG TAB	9	30.00	51.31	0.10260	200% Above	No	No
68462026405	ROSUVASTATIN CALCIUM 40 MG TAB	10	14.00	23.95	0.10013	200% Above	No	No
68462026405	ROSUVASTATIN CALCIUM 40 MG TAB	10	90.00	148.13	0.10013	200% Above	Yes	No
68462026405	ROSUVASTATIN CALCIUM 40 MG TAB	11	90.00	153.94	0.07740	200% Above	No	No
68462026430	ROSUVASTATIN CALCIUM 40 MG TAB	9	90.00	153.94	0.10260	200% Above	No	No
68462026430	ROSUVASTATIN CALCIUM 40 MG TAB	10	90.00	153.94	0.10013	200% Above	No	No
68462026430	ROSUVASTATIN CALCIUM 40 MG TAB	11	90.00	153.94	0.07740	200% Above	No	No
68462030201	INDOMETHACIN 50 MG CAPSULE	11	20.00	2.48	0.10044	10%-25% Above	No	No
68462030201	INDOMETHACIN 50 MG CAPSULE	11	90.00	11.17	0.10044	10%-25% Above	No	No
68462030329	HEATHER 0.35 MG TABLET	9	28.00	2.15	0.10642	26%-50% Below	No	No
68462030329	HEATHER 0.35 MG TABLET	9	84.00	6.44	0.10642	26%-50% Below	No	No
68462030450	NORETHINDRONE 5 MG TABLET	9	60.00	58.18	0.35044	101%-200% Above	No	No
68462030450	NORETHINDRONE 5 MG TABLET	10	30.00	29.09	0.31799	200% Above	No	No
68462030450	NORETHINDRONE 5 MG TABLET	11	30.00	29.09	0.21352	200% Above	Yes	No
68462030450	NORETHINDRONE 5 MG TABLET	11	60.00	58.18	0.21352	200% Above	No	No
68462030450	NORETHINDRONE 5 MG TABLET	12	60.00	58.18	0.25963	200% Above	Yes	No
68462030450	NORETHINDRONE 5 MG TABLET	12	90.00	87.27	0.25963	200% Above	No	No
68462030529	NORETHINDRONE 0.35 MG TABLET	6	28.00	3.04	0.14915	26%-50% Below	Yes	No
68462030529	NORETHINDRONE 0.35 MG TABLET	7	28.00	3.86	0.21571	26%-50% Below	Yes	No
68462030529	NORETHINDRONE 0.35 MG TABLET	8	28.00	2.15	0.10821	26%-50% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68462030529	NORETHINDRONE 0.35 MG TABLET	8	84.00	6.44	0.10821	26%-50% Below	Yes	No
68462030529	NORETHINDRONE 0.35 MG TABLET	9	28.00	2.15	0.10642	26%-50% Below	Yes	No
68462030529	NORETHINDRONE 0.35 MG TABLET	9	84.00	6.44	0.10642	26%-50% Below	Yes	No
68462030529	NORETHINDRONE 0.35 MG TABLET	10	28.00	2.15	0.08950	10%-25% Below	Yes	No
68462030529	NORETHINDRONE 0.35 MG TABLET	10	84.00	6.44	0.08950	10%-25% Below	Yes	No
68462030529	NORETHINDRONE 0.35 MG TABLET	11	84.00	6.44	0.06909	10%-25% Above	Yes	No
68462030929	NORG-ETHIN ESTRA 0.25-0.035 MG	9	84.00	16.70	0.13232	26%-50% Above	Yes	No
68462030929	NORG-ETHIN ESTRA 0.25-0.035 MG	10	28.00	5.78	0.12935	51%-75% Above	No	No
68462030929	NORG-ETHIN ESTRA 0.25-0.035 MG	10	84.00	17.35	0.12935	51%-75% Above	Yes	No
68462030929	NORG-ETHIN ESTRA 0.25-0.035 MG	11	28.00	5.78	0.10106	101%-200% Above	No	No
68462030929	NORG-ETHIN ESTRA 0.25-0.035 MG	11	28.00	5.78	0.10106	101%-200% Above	Yes	No
68462030929	NORG-ETHIN ESTRA 0.25-0.035 MG	11	84.00	16.70	0.10106	76%-100% Above	Yes	No
68462030929	NORG-ETHIN ESTRA 0.25-0.035 MG	12	28.00	5.78	0.11128	76%-100% Above	Yes	No
68462030929	NORG-ETHIN ESTRA 0.25-0.035 MG	12	84.00	16.70	0.11128	76%-100% Above	Yes	No
68462030929	NORG-ETHIN ESTRA 0.25-0.035 MG	12	84.00	17.35	0.11128	76%-100% Above	Yes	No
68462031829	VIORELE 28 DAY TABLET	8	28.00	15.07	0.19983	101%-200% Above	No	No
68462031829	VIORELE 28 DAY TABLET	9	28.00	15.07	0.19599	101%-200% Above	No	No
68462031829	VIORELE 28 DAY TABLET	10	28.00	15.07	0.20807	101%-200% Above	No	No
68462031829	VIORELE 28 DAY TABLET	11	28.00	15.07	0.15631	200% Above	No	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	8	90.00	11.23	0.06921	76%-100% Above	Yes	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	8	90.00	23.31	0.06921	200% Above	Yes	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	9	10.00	1.25	0.06780	76%-100% Above	Yes	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	9	20.00	2.50	0.06780	76%-100% Above	Yes	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	9	30.00	3.74	0.06780	76%-100% Above	Yes	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	9	90.00	10.81	0.06780	76%-100% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68462034690	LEVOCETIRIZINE 5 MG TABLET	10	10.00	1.25	0.06457	76%-100% Above	Yes	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	10	30.00	3.74	0.06457	76%-100% Above	Yes	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	10	90.00	11.23	0.06457	76%-100% Above	No	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	10	90.00	11.23	0.06457	76%-100% Above	Yes	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	11	30.00	3.74	0.05856	101%-200% Above	No	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	11	90.00	10.81	0.05856	101%-200% Above	Yes	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	11	90.00	11.23	0.05856	101%-200% Above	Yes	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	12	90.00	11.23	0.05912	101%-200% Above	Yes	No
68462038301	ESZOPICLONE 2 MG TABLET	8	30.00	12.07	0.10451	200% Above	No	No
68462038301	ESZOPICLONE 2 MG TABLET	10	30.00	12.07	0.12885	200% Above	No	No
68462038301	ESZOPICLONE 2 MG TABLET	11	30.00	12.07	0.08307	200% Above	No	No
68462038630	SOLIFENACIN 5 MG TABLET	9	30.00	60.68	0.20204	200% Above	No	No
68462038630	SOLIFENACIN 5 MG TABLET	10	30.00	60.68	0.21419	200% Above	No	No
68462039501	OMEPRAZOLE DR 10 MG CAPSULE	8	15.00	1.97	0.08501	51%-75% Above	No	No
68462039501	OMEPRAZOLE DR 10 MG CAPSULE	8	30.00	3.94	0.08501	51%-75% Above	No	No
68462039501	OMEPRAZOLE DR 10 MG CAPSULE	9	15.00	1.97	0.08378	51%-75% Above	No	No
68462039501	OMEPRAZOLE DR 10 MG CAPSULE	9	30.00	3.94	0.08378	51%-75% Above	No	No
68462039501	OMEPRAZOLE DR 10 MG CAPSULE	10	30.00	3.94	0.07385	76%-100% Above	No	No
68462039501	OMEPRAZOLE DR 10 MG CAPSULE	11	30.00	3.94	0.06603	76%-100% Above	No	No
68462039501	OMEPRAZOLE DR 10 MG CAPSULE	12	30.00	3.94	0.07099	76%-100% Above	No	No
68462039601	OMEPRAZOLE DR 20 MG CAPSULE	11	30.00	1.14	0.02654	26%-50% Above	No	No
68462039601	OMEPRAZOLE DR 20 MG CAPSULE	12	30.00	1.14	0.03019	10%-25% Above	No	No
68462039610	OMEPRAZOLE DR 20 MG CAPSULE	9	30.00	1.14	0.03431	10%-25% Above	No	No
68462039610	OMEPRAZOLE DR 20 MG CAPSULE	9	90.00	3.41	0.03431	10%-25% Above	No	No
68462039610	OMEPRAZOLE DR 20 MG CAPSULE	10	30.00	1.14	0.03368	10%-25% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68462039610	OMEPRAZOLE DR 20 MG CAPSULE	10	90.00	3.41	0.03368	10%-25% Above	No	No
68462039610	OMEPRAZOLE DR 20 MG CAPSULE	11	30.00	1.14	0.02654	26%-50% Above	No	No
68462039610	OMEPRAZOLE DR 20 MG CAPSULE	11	90.00	3.41	0.02654	26%-50% Above	No	No
68462039610	OMEPRAZOLE DR 20 MG CAPSULE	12	90.00	3.41	0.03019	10%-25% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	8	28.00	1.88	0.05154	26%-50% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	8	30.00	2.01	0.05154	26%-50% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	8	90.00	6.04	0.05154	26%-50% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	9	28.00	1.88	0.05326	26%-50% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	9	30.00	2.01	0.05326	10%-25% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	9	90.00	6.04	0.05326	26%-50% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	10	28.00	1.88	0.05462	10%-25% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	10	30.00	2.01	0.05462	10%-25% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	10	90.00	6.04	0.05462	10%-25% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	11	30.00	2.01	0.04298	51%-75% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	11	90.00	6.04	0.04298	51%-75% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	12	28.00	1.88	0.04805	26%-50% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	12	30.00	2.01	0.04805	26%-50% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	12	90.00	6.04	0.04805	26%-50% Above	No	No
68462041929	HAILEY FE 1-20 TABLET	8	84.00	32.48	0.15076	101%-200% Above	No	No
68462041929	HAILEY FE 1-20 TABLET	11	84.00	32.48	0.12217	200% Above	No	No
68462043630	OLMESARTAN MEDOXOMIL 5 MG TAB	9	90.00	68.49	0.07632	200% Above	No	No
68462043790	OLMESARTAN MEDOXOMIL 20 MG TAB	10	90.00	23.44	0.08841	101%-200% Above	No	No
68462043790	OLMESARTAN MEDOXOMIL 20 MG TAB	10	90.00	76.28	0.08841	200% Above	Yes	No
68462043790	OLMESARTAN MEDOXOMIL 20 MG TAB	11	30.00	27.96	0.07048	200% Above	No	No
68462043790	OLMESARTAN MEDOXOMIL 20 MG TAB	11	90.00	83.88	0.07048	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68462043830	OLMESARTAN MEDOXOMIL 40 MG TAB	10	90.00	117.50	0.12906	200% Above	No	No
68462043890	OLMESARTAN MEDOXOMIL 40 MG TAB	8	30.00	39.17	0.13148	200% Above	No	No
68462043890	OLMESARTAN MEDOXOMIL 40 MG TAB	9	30.00	39.17	0.13402	200% Above	No	No
68462043890	OLMESARTAN MEDOXOMIL 40 MG TAB	10	30.00	39.17	0.12906	200% Above	No	No
68462043890	OLMESARTAN MEDOXOMIL 40 MG TAB	11	30.00	39.17	0.11134	200% Above	No	No
68462043890	OLMESARTAN MEDOXOMIL 40 MG TAB	11	90.00	117.50	0.11134	200% Above	No	No
68462043890	OLMESARTAN MEDOXOMIL 40 MG TAB	12	30.00	39.17	0.12121	200% Above	No	No
68462048627	CLINDAMYCIN-BENZOYL PEROX 1-5%	11	50.00	13.11	0.42116	26%-50% Below	Yes	No
68462048627	CLINDAMYCIN-BENZOYL PEROX 1-5%	12	50.00	13.11	0.48506	26%-50% Below	Yes	No
68462050329	HAILEY FE 1.5-30 TABLET	10	84.00	28.31	0.15365	101%-200% Above	Yes	No
68462050481	HAILEY 21 1.5 MG-30 MCG TAB	8	21.00	9.62	0.51301	10%-25% Below	No	No
68462056529	NORG-EE 0.18-0.215-0.25/0.035	11	28.00	5.62	0.11796	51%-75% Above	No	No
68462057901	BENAZEPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	10	90.00	76.49	0.24276	200% Above	No	No
68462058101	FENOFIBRATE 134 MG CAPSULE	8	90.00	58.92	0.14368	200% Above	No	No
68462058340	APREPITANT 40 MG CAPSULE	9	1.00	23.75	56.60510	51%-75% Below	No	No
68462063945	NITROGLYCERIN 0.4 MG TABLET SL	8	25.00	1.97	0.25434	51%-75% Below	No	No
68462063945	NITROGLYCERIN 0.4 MG TABLET SL	9	25.00	1.97	0.23929	51%-75% Below	No	No
68462067295	LEVONORGESTREL-ETH ESTRAD 0.15 MG-0.03 MG TABLET	9	91.00	52.81	0.22081	101%-200% Above	No	No
68462067960	LACOSAMIDE 100 MG TABLET	11	180.00	350.60	0.19504	200% Above	Yes	No
68462068160	LACOSAMIDE 200 MG TABLET	8	60.00	113.04	0.39988	200% Above	Yes	No
68462068160	LACOSAMIDE 200 MG TABLET	9	60.00	113.04	0.38774	200% Above	Yes	No
68462068160	LACOSAMIDE 200 MG TABLET	11	60.00	113.04	0.25314	200% Above	Yes	No
68462068160	LACOSAMIDE 200 MG TABLET	12	60.00	113.04	0.30397	200% Above	Yes	No
68462072029	DROSPIRENONE-EE 3-0.02 MG TAB	10	84.00	79.05	0.18818	200% Above	No	No
68462073129	HAILEY 24 FE 1 MG-20 MCG TAB	9	84.00	97.62	0.25585	200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68462073129	HAILEY 24 FE 1 MG-20 MCG TAB	10	84.00	101.46	0.22172	200% Above	No	No
68462073129	HAILEY 24 FE 1 MG-20 MCG TAB	11	84.00	97.62	0.19432	200% Above	Yes	No
68462073329	DROSPIRENONE-EE 3-0.03 MG TAB	8	28.00	26.05	0.19154	200% Above	No	No
68462073329	DROSPIRENONE-EE 3-0.03 MG TAB	9	28.00	26.05	0.17726	200% Above	No	No
68462073329	DROSPIRENONE-EE 3-0.03 MG TAB	10	28.00	26.05	0.17569	200% Above	No	No
68462073329	DROSPIRENONE-EE 3-0.03 MG TAB	11	28.00	26.05	0.15775	200% Above	No	No
68462073329	DROSPIRENONE-EE 3-0.03 MG TAB	12	28.00	26.05	0.15661	200% Above	No	No
68462074635	ACYCLOVIR 5% OINTMENT	11	30.00	76.32	0.38836	200% Above	Yes	No
68462087905	BISOPROLOL-HYDROCHLOROTHIAZIDE 5-6.25 MG TAB	10	30.00	7.39	0.21607	10%-25% Above	No	No
68462087905	BISOPROLOL-HYDROCHLOROTHIAZIDE 5-6.25 MG TAB	11	30.00	7.39	0.14665	51%-75% Above	No	No
68462087930	BISOPROLOL-HYDROCHLOROTHIAZIDE 5-6.25 MG TAB	12	90.00	22.17	0.17451	26%-50% Above	No	No
68462089456	VARENICLINE 1 MG TABLET	9	60.00	182.29	1.21088	101%-200% Above	No	No
68462089456	VARENICLINE 1 MG TABLET	10	60.00	182.29	1.06327	101%-200% Above	No	No
68462089456	VARENICLINE 1 MG TABLET	12	30.00	91.15	0.73271	200% Above	No	No
68645013054	FLUOXETINE HCL 20 MG CAPSULE	8	30.00	0.37	0.03183	51%-75% Below	No	No
68645013054	FLUOXETINE HCL 20 MG CAPSULE	9	30.00	0.37	0.03236	51%-75% Below	No	No
68645013054	FLUOXETINE HCL 20 MG CAPSULE	10	30.00	0.37	0.03238	51%-75% Below	No	No
68645013054	FLUOXETINE HCL 20 MG CAPSULE	11	30.00	0.37	0.02788	51%-75% Below	No	No
68645019159	METOPROLOL TARTRATE 100 MG TAB	10	180.00	8.66	0.02921	51%-75% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	8	30.00	0.80	0.01339	76%-100% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	8	90.00	2.39	0.01339	76%-100% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	9	30.00	0.80	0.01297	101%-200% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	9	90.00	2.39	0.01297	101%-200% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	10	30.00	0.80	0.01232	101%-200% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	11	90.00	2.39	0.00955	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	12	90.00	2.39	0.01079	101%-200% Above	No	No
68645051954	ESCITALOPRAM 10 MG TABLET	8	30.00	2.20	0.04767	51%-75% Above	No	No
68645051954	ESCITALOPRAM 10 MG TABLET	8	90.00	6.60	0.04767	51%-75% Above	No	No
68645051954	ESCITALOPRAM 10 MG TABLET	9	30.00	2.20	0.04904	26%-50% Above	No	No
68645051954	ESCITALOPRAM 10 MG TABLET	10	30.00	2.20	0.04925	26%-50% Above	No	No
68645051954	ESCITALOPRAM 10 MG TABLET	10	90.00	6.60	0.04925	26%-50% Above	No	No
68645051954	ESCITALOPRAM 10 MG TABLET	11	30.00	2.20	0.03451	101%-200% Above	No	No
68645051954	ESCITALOPRAM 10 MG TABLET	11	90.00	6.60	0.03451	101%-200% Above	No	No
68645051954	ESCITALOPRAM 10 MG TABLET	12	30.00	2.20	0.04069	76%-100% Above	No	No
68645051954	ESCITALOPRAM 10 MG TABLET	12	90.00	6.60	0.04069	76%-100% Above	No	No
68645052054	ESCITALOPRAM 20 MG TABLET	11	30.00	2.50	0.05483	51%-75% Above	No	No
68645052154	SERTRALINE HCL 25 MG TABLET	8	30.00	1.77	0.03975	26%-50% Above	No	No
68645052154	SERTRALINE HCL 25 MG TABLET	9	30.00	1.80	0.03674	51%-75% Above	No	No
68645052154	SERTRALINE HCL 25 MG TABLET	10	30.00	1.80	0.03785	51%-75% Above	No	No
68645052154	SERTRALINE HCL 25 MG TABLET	11	30.00	1.80	0.02846	101%-200% Above	No	No
68645052154	SERTRALINE HCL 25 MG TABLET	12	30.00	1.80	0.03225	76%-100% Above	No	No
68645052254	SERTRALINE HCL 50 MG TABLET	9	90.00	2.83	0.03856	10%-25% Below	No	No
68645052254	SERTRALINE HCL 50 MG TABLET	9	135.00	4.24	0.03856	10%-25% Below	No	No
68645052254	SERTRALINE HCL 50 MG TABLET	10	30.00	0.94	0.03957	10%-25% Below	No	No
68645052254	SERTRALINE HCL 50 MG TABLET	10	90.00	2.83	0.03957	10%-25% Below	No	No
68645052354	SERTRALINE HCL 100 MG TABLET	12	180.00	9.77	0.04769	10%-25% Above	No	No
68645055654	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	9	90.00	1.30	0.03193	51%-75% Below	No	No
68645055654	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	12	90.00	1.30	0.02785	26%-50% Below	No	No
68645055754	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	11	180.00	3.91	0.03106	26%-50% Below	No	No
68645055854	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	10	90.00	1.96	0.04531	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68645056259	IBUPROFEN 600 MG TABLET	9	30.00	0.50	0.05173	51%-75% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	8	21.00	0.39	0.06511	51%-75% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	8	30.00	0.56	0.06511	51%-75% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	8	40.00	0.74	0.06511	51%-75% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	8	42.00	0.78	0.06511	51%-75% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	8	90.00	1.67	0.06511	51%-75% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	9	20.00	0.37	0.06409	51%-75% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	9	60.00	1.12	0.06409	51%-75% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	9	90.00	1.67	0.06409	51%-75% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	10	16.00	0.30	0.06215	51%-75% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	10	30.00	0.56	0.06215	51%-75% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	10	90.00	1.67	0.06215	51%-75% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	10	270.00	5.02	0.06215	51%-75% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	11	20.00	0.37	0.05111	51%-75% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	11	60.00	1.12	0.05111	51%-75% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	12	30.00	0.56	0.05567	51%-75% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	12	90.00	1.67	0.05567	51%-75% Below	No	No
68645057454	GLIPIZIDE 5 MG TABLET	8	90.00	2.20	0.03398	26%-50% Below	No	No
68645057559	GLIPIZIDE 10 MG TABLET	9	10.00	0.40	0.04775	10%-25% Below	No	No
68645057559	GLIPIZIDE 10 MG TABLET	9	180.00	7.25	0.04775	10%-25% Below	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	11	30.00	0.51	0.01322	26%-50% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	11	90.00	1.54	0.01322	26%-50% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	12	7.00	0.12	0.01544	10%-25% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	12	90.00	1.54	0.01544	10%-25% Above	No	No
68645058259	METFORMIN HCL 500 MG TABLET	8	90.00	0.96	0.01492	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68645058259	METFORMIN HCL 500 MG TABLET	8	180.00	1.89	0.01492	26%-50% Below	No	No
68645058259	METFORMIN HCL 500 MG TABLET	8	180.00	1.93	0.01492	26%-50% Below	No	No
68645058259	METFORMIN HCL 500 MG TABLET	10	60.00	0.64	0.01413	10%-25% Below	No	No
68645058259	METFORMIN HCL 500 MG TABLET	10	180.00	1.93	0.01413	10%-25% Below	No	No
68645058259	METFORMIN HCL 500 MG TABLET	11	180.00	1.93	0.01225	10%-25% Below	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	8	180.00	3.53	0.02473	10%-25% Below	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	9	10.00	0.20	0.02514	10%-25% Below	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	9	60.00	1.18	0.02514	10%-25% Below	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	9	90.00	1.76	0.02514	10%-25% Below	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	9	180.00	3.53	0.02514	10%-25% Below	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	10	60.00	1.18	0.02422	10%-25% Below	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	10	180.00	3.53	0.02422	10%-25% Below	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	12	90.00	1.76	0.02204	10%-25% Below	No	No
68645059090	CLOPIDOGREL 75 MG TABLET	11	30.00	1.76	0.05149	10%-25% Above	No	No
68645059090	CLOPIDOGREL 75 MG TABLET	11	90.00	5.27	0.05149	10%-25% Above	No	No
68645059559	METFORMIN HCL ER 500 MG TABLET	8	30.00	0.73	0.03174	10%-25% Below	No	No
68645059559	METFORMIN HCL ER 500 MG TABLET	8	60.00	1.46	0.03174	10%-25% Below	No	No
68645059559	METFORMIN HCL ER 500 MG TABLET	8	120.00	2.93	0.03174	10%-25% Below	No	No
68645059559	METFORMIN HCL ER 500 MG TABLET	9	30.00	0.73	0.03219	10%-25% Below	No	No
68645059559	METFORMIN HCL ER 500 MG TABLET	9	120.00	2.93	0.03219	10%-25% Below	No	No
68645059559	METFORMIN HCL ER 500 MG TABLET	9	180.00	4.39	0.03219	10%-25% Below	No	No
68645059559	METFORMIN HCL ER 500 MG TABLET	10	90.00	2.20	0.03136	10%-25% Below	No	No
68645059559	METFORMIN HCL ER 500 MG TABLET	10	120.00	2.93	0.03136	10%-25% Below	No	No
68645059559	METFORMIN HCL ER 500 MG TABLET	10	180.00	4.39	0.03136	10%-25% Below	No	No
68645060790	ENALAPRIL MALEATE 20 MG TAB	8	90.00	24.00	0.10593	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68645060790	ENALAPRIL MALEATE 20 MG TAB	11	90.00	24.00	0.10077	101%-200% Above	No	No
68645060890	LISINOPRIL 2.5 MG TABLET	9	90.00	0.89	0.01458	26%-50% Below	No	No
68645060890	LISINOPRIL 2.5 MG TABLET	10	90.00	0.89	0.01473	26%-50% Below	No	No
68645060990	LISINOPRIL 5 MG TABLET	9	90.00	0.93	0.01466	26%-50% Below	No	No
68645060990	LISINOPRIL 5 MG TABLET	10	30.00	0.31	0.01521	26%-50% Below	No	No
68645061090	LISINOPRIL 10 MG TABLET	8	30.00	0.39	0.01808	26%-50% Below	No	No
68645061090	LISINOPRIL 10 MG TABLET	9	90.00	1.17	0.01835	26%-50% Below	No	No
68645061090	LISINOPRIL 10 MG TABLET	10	90.00	1.17	0.01805	26%-50% Below	No	No
68645061090	LISINOPRIL 10 MG TABLET	12	90.00	1.17	0.01707	10%-25% Below	No	No
68645061190	LISINOPRIL 20 MG TABLET	8	90.00	1.68	0.02566	26%-50% Below	No	No
68645061190	LISINOPRIL 20 MG TABLET	9	90.00	1.68	0.02630	26%-50% Below	No	No
68645061190	LISINOPRIL 20 MG TABLET	10	90.00	1.68	0.02586	26%-50% Below	No	No
68645061190	LISINOPRIL 20 MG TABLET	11	30.00	0.56	0.02222	10%-25% Below	No	No
68645061190	LISINOPRIL 20 MG TABLET	11	90.00	1.68	0.02222	10%-25% Below	No	No
68645061190	LISINOPRIL 20 MG TABLET	12	90.00	1.68	0.02387	10%-25% Below	No	No
68645061390	LISINOPRIL 40 MG TABLET	8	90.00	3.11	0.04503	10%-25% Below	No	No
68645061390	LISINOPRIL 40 MG TABLET	9	30.00	1.04	0.04510	10%-25% Below	No	No
68645061390	LISINOPRIL 40 MG TABLET	9	90.00	3.11	0.04510	10%-25% Below	No	No
68645061390	LISINOPRIL 40 MG TABLET	10	30.00	1.04	0.04670	10%-25% Below	No	No
68645061390	LISINOPRIL 40 MG TABLET	11	30.00	1.04	0.03918	10%-25% Below	No	No
68645061390	LISINOPRIL 40 MG TABLET	11	90.00	3.11	0.03918	10%-25% Below	No	No
68645061390	LISINOPRIL 40 MG TABLET	12	90.00	3.11	0.04222	10%-25% Below	No	No
68682010301	DICLOFENAC SOD ER 100 MG TAB	11	30.00	13.01	0.54253	10%-25% Below	No	No
68682010510	NIFEDIPINE ER 30 MG TABLET	10	90.00	18.50	0.09684	101%-200% Above	No	No
68682010610	NIFEDIPINE ER 60 MG TABLET	8	30.00	9.05	0.13285	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68682010610	NIFEDIPINE ER 60 MG TABLET	9	30.00	9.05	0.14875	101%-200% Above	No	No
68682010610	NIFEDIPINE ER 60 MG TABLET	10	30.00	9.05	0.15015	76%-100% Above	No	No
68682010610	NIFEDIPINE ER 60 MG TABLET	11	30.00	9.05	0.11563	101%-200% Above	No	No
68682010610	NIFEDIPINE ER 60 MG TABLET	11	90.00	27.15	0.11563	101%-200% Above	No	No
68682010610	NIFEDIPINE ER 60 MG TABLET	12	30.00	9.05	0.13335	101%-200% Above	No	No
68682011001	PIMECROLIMUS 1% CREAM	4	30.00	54.61	2.77758	26%-50% Below	No	No
68682011102	PIMECROLIMUS 1% CREAM	11	60.00	102.05	2.09619	10%-25% Below	No	No
68682029905	LOTEPREDNOL ETABONATE 0.5% DRP	9	5.00	84.32	24.86305	26%-50% Below	Yes	No
68682029905	LOTEPREDNOL ETABONATE 0.5% DRP	10	5.00	84.32	23.15021	26%-50% Below	Yes	No
68682029910	LOTEPREDNOL ETABONATE 0.5% DRP	9	10.00	171.60	19.50630	10%-25% Below	Yes	No
68682099398	DILTIAZEM 24H ER(CD) 120 MG CP	9	90.00	13.83	0.18057	10%-25% Below	No	No
69097007112	BUPROPION HCL XL 150 MG TABLET	8	90.00	20.04	0.10757	101%-200% Above	Yes	No
69097007112	BUPROPION HCL XL 150 MG TABLET	9	90.00	20.04	0.10981	101%-200% Above	Yes	No
69097007112	BUPROPION HCL XL 150 MG TABLET	9	90.00	20.83	0.10981	101%-200% Above	No	No
69097007112	BUPROPION HCL XL 150 MG TABLET	9	90.00	20.83	0.10981	101%-200% Above	Yes	No
69097007112	BUPROPION HCL XL 150 MG TABLET	10	30.00	6.94	0.10682	101%-200% Above	Yes	No
69097007112	BUPROPION HCL XL 150 MG TABLET	10	90.00	20.04	0.10682	101%-200% Above	Yes	No
69097007112	BUPROPION HCL XL 150 MG TABLET	10	90.00	20.83	0.10682	101%-200% Above	Yes	No
69097007112	BUPROPION HCL XL 150 MG TABLET	11	30.00	6.94	0.07445	200% Above	Yes	No
69097007112	BUPROPION HCL XL 150 MG TABLET	11	90.00	20.04	0.07445	101%-200% Above	Yes	No
69097007112	BUPROPION HCL XL 150 MG TABLET	11	90.00	20.83	0.07445	200% Above	Yes	No
69097007112	BUPROPION HCL XL 150 MG TABLET	12	30.00	6.94	0.08952	101%-200% Above	Yes	No
69097007112	BUPROPION HCL XL 150 MG TABLET	12	90.00	20.04	0.08952	101%-200% Above	Yes	No
69097007212	BUPROPION HCL XL 300 MG TABLET	8	30.00	8.67	0.15709	76%-100% Above	Yes	No
69097007212	BUPROPION HCL XL 300 MG TABLET	8	90.00	25.04	0.15709	76%-100% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69097007212	BUPROPION HCL XL 300 MG TABLET	8	90.00	26.02	0.15709	76%-100% Above	Yes	No
69097007212	BUPROPION HCL XL 300 MG TABLET	9	30.00	8.67	0.16645	51%-75% Above	Yes	No
69097007212	BUPROPION HCL XL 300 MG TABLET	9	90.00	25.04	0.16645	51%-75% Above	Yes	No
69097007212	BUPROPION HCL XL 300 MG TABLET	9	90.00	26.02	0.16645	51%-75% Above	Yes	No
69097007212	BUPROPION HCL XL 300 MG TABLET	10	90.00	25.04	0.15150	76%-100% Above	Yes	No
69097007212	BUPROPION HCL XL 300 MG TABLET	10	90.00	26.02	0.15150	76%-100% Above	Yes	No
69097007212	BUPROPION HCL XL 300 MG TABLET	11	90.00	25.04	0.11564	101%-200% Above	Yes	No
69097007212	BUPROPION HCL XL 300 MG TABLET	11	90.00	26.02	0.11564	101%-200% Above	Yes	No
69097007212	BUPROPION HCL XL 300 MG TABLET	12	90.00	25.04	0.13055	101%-200% Above	Yes	No
69097012203	TOPIRAMATE 25 MG TABLET	8	90.00	4.90	0.02815	76%-100% Above	Yes	No
69097012203	TOPIRAMATE 25 MG TABLET	9	30.00	1.70	0.02972	76%-100% Above	No	No
69097012203	TOPIRAMATE 25 MG TABLET	9	60.00	3.40	0.02972	76%-100% Above	Yes	No
69097012203	TOPIRAMATE 25 MG TABLET	10	90.00	5.09	0.02990	76%-100% Above	Yes	No
69097012203	TOPIRAMATE 25 MG TABLET	11	90.00	4.90	0.02349	101%-200% Above	Yes	No
69097012212	TOPIRAMATE 25 MG TABLET	9	30.00	1.70	0.02972	76%-100% Above	No	No
69097012303	TOPIRAMATE 50 MG TABLET	8	60.00	3.58	0.04223	26%-50% Above	Yes	No
69097012303	TOPIRAMATE 50 MG TABLET	8	180.00	10.53	0.04223	26%-50% Above	Yes	No
69097012303	TOPIRAMATE 50 MG TABLET	10	60.00	3.58	0.04087	26%-50% Above	No	No
69097012303	TOPIRAMATE 50 MG TABLET	10	60.00	3.58	0.04087	26%-50% Above	Yes	No
69097012303	TOPIRAMATE 50 MG TABLET	10	90.00	5.36	0.04087	26%-50% Above	Yes	No
69097012303	TOPIRAMATE 50 MG TABLET	10	180.00	10.73	0.04087	26%-50% Above	No	No
69097012303	TOPIRAMATE 50 MG TABLET	11	30.00	1.79	0.03188	76%-100% Above	No	No
69097012303	TOPIRAMATE 50 MG TABLET	11	60.00	3.58	0.03188	76%-100% Above	No	No
69097012303	TOPIRAMATE 50 MG TABLET	11	180.00	10.73	0.03188	76%-100% Above	Yes	No
69097012303	TOPIRAMATE 50 MG TABLET	12	180.00	10.73	0.03634	51%-75% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69097012315	TOPIRAMATE 50 MG TABLET	10	90.00	5.36	0.04087	26%-50% Above	No	No
69097012403	TOPIRAMATE 100 MG TABLET	10	60.00	4.54	0.06444	10%-25% Above	Yes	No
69097012403	TOPIRAMATE 100 MG TABLET	10	180.00	13.63	0.06444	10%-25% Above	Yes	No
69097012403	TOPIRAMATE 100 MG TABLET	11	60.00	4.54	0.04865	51%-75% Above	Yes	No
69097012403	TOPIRAMATE 100 MG TABLET	12	60.00	4.54	0.05653	26%-50% Above	Yes	No
69097012415	TOPIRAMATE 100 MG TABLET	8	30.00	2.27	0.06478	10%-25% Above	No	No
69097012512	TOPIRAMATE 200 MG TABLET	8	90.00	10.63	0.10494	10%-25% Above	No	No
69097012605	AMLODIPINE BESYLATE 2.5 MG TAB	8	90.00	4.08	0.01207	200% Above	No	No
69097012605	AMLODIPINE BESYLATE 2.5 MG TAB	11	90.00	4.08	0.00854	200% Above	No	No
69097012705	AMLODIPINE BESYLATE 5 MG TAB	8	30.00	0.37	0.01080	10%-25% Above	No	No
69097012705	AMLODIPINE BESYLATE 5 MG TAB	11	30.00	0.37	0.00946	26%-50% Above	No	No
69097012705	AMLODIPINE BESYLATE 5 MG TAB	11	90.00	1.12	0.00946	26%-50% Above	No	No
69097012715	AMLODIPINE BESYLATE 5 MG TAB	8	30.00	0.85	0.01080	101%-200% Above	No	No
69097012715	AMLODIPINE BESYLATE 5 MG TAB	8	90.00	1.09	0.01080	10%-25% Above	No	No
69097012715	AMLODIPINE BESYLATE 5 MG TAB	11	90.00	1.12	0.00946	26%-50% Above	No	No
69097012715	AMLODIPINE BESYLATE 5 MG TAB	12	30.00	0.37	0.01040	10%-25% Above	No	No
69097012715	AMLODIPINE BESYLATE 5 MG TAB	12	90.00	1.12	0.01040	10%-25% Above	No	No
69097012805	AMLODIPINE BESYLATE 10 MG TAB	11	30.00	0.51	0.01322	26%-50% Above	No	No
69097012805	AMLODIPINE BESYLATE 10 MG TAB	11	90.00	1.48	0.01322	10%-25% Above	Yes	No
69097012805	AMLODIPINE BESYLATE 10 MG TAB	12	30.00	0.51	0.01544	10%-25% Above	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	11	90.00	1.54	0.01322	26%-50% Above	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	8	6.70	7.66	2.81588	51%-75% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	8	6.70	7.66	2.81588	51%-75% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	8	6.70	11.85	2.81588	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	8	13.40	15.33	2.81588	51%-75% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69097014260	ALBUTEROL HFA 90 MCG INHALER	9	6.70	7.66	2.78457	51%-75% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	9	6.70	7.66	2.78457	51%-75% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	9	13.40	15.33	2.78457	51%-75% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	10	6.70	7.66	2.61978	51%-75% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	10	6.70	7.66	2.61978	51%-75% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	10	13.40	15.33	2.61978	51%-75% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	10	20.10	18.14	2.61978	51%-75% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	10	20.10	22.99	2.61978	51%-75% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	11	6.70	7.66	2.04805	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	11	6.70	7.66	2.04805	26%-50% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	12	6.70	7.66	2.36448	51%-75% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	12	6.70	7.66	2.36448	51%-75% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	12	13.40	15.33	2.36448	51%-75% Below	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	8	30.00	1.71	0.01844	200% Above	No	No
69097015807	MELOXICAM 7.5 MG TABLET	8	30.00	1.71	0.01844	200% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	8	60.00	3.43	0.01844	200% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	8	90.00	5.14	0.01844	200% Above	No	No
69097015807	MELOXICAM 7.5 MG TABLET	9	30.00	1.71	0.01854	200% Above	No	No
69097015807	MELOXICAM 7.5 MG TABLET	9	30.00	1.71	0.01854	200% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	9	60.00	3.43	0.01854	200% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	10	10.00	0.57	0.01827	200% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	10	30.00	1.71	0.01827	200% Above	No	No
69097015807	MELOXICAM 7.5 MG TABLET	10	30.00	1.71	0.01827	200% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	10	60.00	3.43	0.01827	200% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	11	30.00	1.71	0.01382	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69097015807	MELOXICAM 7.5 MG TABLET	11	30.00	1.71	0.01382	200% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	11	60.00	3.43	0.01382	200% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	11	90.00	5.14	0.01382	200% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	12	30.00	1.71	0.01557	200% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	12	60.00	3.43	0.01557	200% Above	Yes	No
69097015812	MELOXICAM 7.5 MG TABLET	8	30.00	1.71	0.01844	200% Above	No	No
69097015907	MELOXICAM 15 MG TABLET	8	30.00	0.76	0.02088	10%-25% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	8	30.00	0.77	0.02088	10%-25% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	8	45.00	1.12	0.02088	10%-25% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	8	90.00	2.32	0.02088	10%-25% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	9	14.00	0.36	0.02082	10%-25% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	9	30.00	0.77	0.02082	10%-25% Above	No	No
69097015907	MELOXICAM 15 MG TABLET	9	30.00	0.77	0.02082	10%-25% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	9	60.00	1.55	0.02082	10%-25% Above	No	No
69097015907	MELOXICAM 15 MG TABLET	9	90.00	2.23	0.02082	10%-25% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	10	30.00	0.77	0.02086	10%-25% Above	No	No
69097015907	MELOXICAM 15 MG TABLET	10	30.00	0.77	0.02086	10%-25% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	10	60.00	1.55	0.02086	10%-25% Above	No	No
69097015907	MELOXICAM 15 MG TABLET	10	90.00	2.32	0.02086	10%-25% Above	No	No
69097015907	MELOXICAM 15 MG TABLET	10	90.00	2.32	0.02086	10%-25% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	11	30.00	0.77	0.01729	26%-50% Above	No	No
69097015907	MELOXICAM 15 MG TABLET	11	30.00	0.77	0.01729	26%-50% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	11	45.00	1.12	0.01729	26%-50% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	11	90.00	2.23	0.01729	26%-50% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	11	90.00	2.32	0.01729	26%-50% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69097015907	MELOXICAM 15 MG TABLET	12	5.00	0.13	0.01840	26%-50% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	12	30.00	0.77	0.01840	26%-50% Above	No	No
69097015907	MELOXICAM 15 MG TABLET	12	30.00	0.77	0.01840	26%-50% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	12	90.00	2.23	0.01840	26%-50% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	12	90.00	2.32	0.01840	26%-50% Above	No	No
69097015912	MELOXICAM 15 MG TABLET	12	90.00	2.32	0.01840	26%-50% Above	No	No
69097015915	MELOXICAM 15 MG TABLET	8	30.00	0.76	0.02088	10%-25% Above	No	No
69097015915	MELOXICAM 15 MG TABLET	9	30.00	0.77	0.02082	10%-25% Above	No	No
69097015915	MELOXICAM 15 MG TABLET	10	30.00	0.77	0.02086	10%-25% Above	No	No
69097015915	MELOXICAM 15 MG TABLET	11	30.00	0.77	0.01729	26%-50% Above	No	No
69097015915	MELOXICAM 15 MG TABLET	11	90.00	2.32	0.01729	26%-50% Above	No	No
69097015915	MELOXICAM 15 MG TABLET	12	30.00	0.77	0.01840	26%-50% Above	No	No
69097015915	MELOXICAM 15 MG TABLET	12	90.00	2.32	0.01840	26%-50% Above	No	No
69097022416	ALENDRONATE SODIUM 70 MG TAB	10	4.00	3.14	0.25923	200% Above	No	No
69097022416	ALENDRONATE SODIUM 70 MG TAB	11	4.00	3.14	0.21712	200% Above	No	No
69097031987	BUDESONIDE 0.5 MG/2 ML SUSP	12	120.00	44.75	0.73176	26%-50% Below	No	No
69097032187	BUDESONIDE 1 MG/2 ML INH SUSP	9	60.00	100.17	3.75346	51%-75% Below	No	No
69097040815	METOPROLOL SUCC ER 100 MG TAB	9	90.00	20.26	0.10118	101%-200% Above	No	No
69097042107	CELECOXIB 200 MG CAPSULE	12	180.00	77.40	0.08533	200% Above	No	No
69097042112	CELECOXIB 200 MG CAPSULE	8	20.00	8.60	0.11151	200% Above	No	No
69097042112	CELECOXIB 200 MG CAPSULE	8	180.00	77.40	0.11151	200% Above	No	No
69097042112	CELECOXIB 200 MG CAPSULE	10	30.00	12.90	0.09547	200% Above	No	No
69097042112	CELECOXIB 200 MG CAPSULE	11	30.00	12.90	0.07576	200% Above	No	No
69097042112	CELECOXIB 200 MG CAPSULE	11	60.00	25.80	0.07576	200% Above	No	No
69097042112	CELECOXIB 200 MG CAPSULE	11	180.00	77.40	0.07576	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69097042207	CELECOXIB 100 MG CAPSULE	8	60.00	17.53	0.08434	200% Above	No	No
69097042207	CELECOXIB 100 MG CAPSULE	10	60.00	17.53	0.08319	200% Above	No	No
69097042207	CELECOXIB 100 MG CAPSULE	11	180.00	52.58	0.05806	200% Above	No	No
69097042207	CELECOXIB 100 MG CAPSULE	12	60.00	17.53	0.06829	200% Above	No	No
69097045805	FENOFIBRATE 145 MG TABLET	9	30.00	9.29	0.13807	101%-200% Above	No	No
69097045805	FENOFIBRATE 145 MG TABLET	10	30.00	9.29	0.13704	101%-200% Above	No	No
69097053731	TESTOSTERONE CYP 200 MG/ML	10	2.00	15.70	13.41177	26%-50% Below	No	No
69097053731	TESTOSTERONE CYP 200 MG/ML	11	2.00	15.70	10.77328	26%-50% Below	No	No
69097080232	TESTOSTERONE CYP 200 MG/ML	8	2.00	15.70	14.12238	26%-50% Below	Yes	No
69097080232	TESTOSTERONE CYP 200 MG/ML	8	3.00	23.11	14.12238	26%-50% Below	Yes	No
69097080232	TESTOSTERONE CYP 200 MG/ML	8	12.00	90.65	14.12238	26%-50% Below	Yes	No
69097080232	TESTOSTERONE CYP 200 MG/ML	10	2.00	15.70	13.41177	26%-50% Below	Yes	No
69097080232	TESTOSTERONE CYP 200 MG/ML	10	5.00	39.25	13.41177	26%-50% Below	No	No
69097080232	TESTOSTERONE CYP 200 MG/ML	11	2.00	15.70	10.77328	26%-50% Below	Yes	No
69097081307	GABAPENTIN 100 MG CAPSULE	10	90.00	0.73	0.02305	51%-75% Below	No	No
69097081312	GABAPENTIN 100 MG CAPSULE	8	30.00	0.24	0.02479	51%-75% Below	No	No
69097081312	GABAPENTIN 100 MG CAPSULE	9	90.00	0.73	0.02416	51%-75% Below	No	No
69097081312	GABAPENTIN 100 MG CAPSULE	9	180.00	1.46	0.02416	51%-75% Below	No	No
69097082103	GEMFIBROZIL 600 MG TABLET	8	60.00	4.21	0.10965	26%-50% Below	No	No
69097082103	GEMFIBROZIL 600 MG TABLET	11	60.00	4.21	0.08709	10%-25% Below	No	No
69097082103	GEMFIBROZIL 600 MG TABLET	12	60.00	4.21	0.09561	26%-50% Below	No	No
69097082112	GEMFIBROZIL 600 MG TABLET	9	60.00	4.21	0.10959	26%-50% Below	No	No
69097082112	GEMFIBROZIL 600 MG TABLET	11	60.00	4.21	0.08709	10%-25% Below	No	No
69097082112	GEMFIBROZIL 600 MG TABLET	12	360.00	25.24	0.09561	26%-50% Below	No	No
69097082312	CITALOPRAM HBR 20 MG TABLET	8	30.00	0.65	0.03259	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69097082312	CITALOPRAM HBR 20 MG TABLET	9	30.00	0.65	0.03199	26%-50% Below	No	No
69097082312	CITALOPRAM HBR 20 MG TABLET	9	90.00	1.94	0.03199	26%-50% Below	No	No
69097082312	CITALOPRAM HBR 20 MG TABLET	10	30.00	0.65	0.03057	26%-50% Below	No	No
69097082312	CITALOPRAM HBR 20 MG TABLET	11	30.00	0.65	0.02445	10%-25% Below	No	No
69097083305	SERTRALINE HCL 25 MG TABLET	9	30.00	1.80	0.03674	51%-75% Above	Yes	No
69097083305	SERTRALINE HCL 25 MG TABLET	9	45.00	2.60	0.03674	51%-75% Above	Yes	No
69097083305	SERTRALINE HCL 25 MG TABLET	9	90.00	5.20	0.03674	51%-75% Above	Yes	No
69097083305	SERTRALINE HCL 25 MG TABLET	9	135.00	7.80	0.03674	51%-75% Above	Yes	No
69097083305	SERTRALINE HCL 25 MG TABLET	10	30.00	1.80	0.03785	51%-75% Above	Yes	No
69097083305	SERTRALINE HCL 25 MG TABLET	10	45.00	2.70	0.03785	51%-75% Above	Yes	No
69097083305	SERTRALINE HCL 25 MG TABLET	10	90.00	5.20	0.03785	51%-75% Above	Yes	No
69097083305	SERTRALINE HCL 25 MG TABLET	10	90.00	5.41	0.03785	51%-75% Above	Yes	No
69097083305	SERTRALINE HCL 25 MG TABLET	11	30.00	1.80	0.02846	101%-200% Above	Yes	No
69097083305	SERTRALINE HCL 25 MG TABLET	11	45.00	2.70	0.02846	101%-200% Above	Yes	No
69097083305	SERTRALINE HCL 25 MG TABLET	11	90.00	5.41	0.02846	101%-200% Above	Yes	No
69097083305	SERTRALINE HCL 25 MG TABLET	12	30.00	1.80	0.03225	76%-100% Above	Yes	No
69097083305	SERTRALINE HCL 25 MG TABLET	12	90.00	5.20	0.03225	76%-100% Above	Yes	No
69097083305	SERTRALINE HCL 25 MG TABLET	12	90.00	5.41	0.03225	76%-100% Above	Yes	No
69097083312	SERTRALINE HCL 25 MG TABLET	8	30.00	1.80	0.03975	26%-50% Above	No	No
69097083312	SERTRALINE HCL 25 MG TABLET	9	15.00	0.90	0.03674	51%-75% Above	No	No
69097083312	SERTRALINE HCL 25 MG TABLET	9	90.00	5.41	0.03674	51%-75% Above	No	No
69097083312	SERTRALINE HCL 25 MG TABLET	10	15.00	0.90	0.03785	51%-75% Above	No	No
69097083312	SERTRALINE HCL 25 MG TABLET	11	15.00	0.90	0.02846	101%-200% Above	No	No
69097083312	SERTRALINE HCL 25 MG TABLET	12	30.00	1.80	0.03225	76%-100% Above	No	No
69097083412	SERTRALINE HCL 50 MG TABLET	8	30.00	0.94	0.03849	10%-25% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69097083412	SERTRALINE HCL 50 MG TABLET	8	90.00	2.83	0.03849	10%-25% Below	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	9	30.00	0.94	0.03856	10%-25% Below	No	No
69097083412	SERTRALINE HCL 50 MG TABLET	9	30.00	0.94	0.03856	10%-25% Below	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	9	90.00	2.72	0.03856	10%-25% Below	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	9	90.00	2.83	0.03856	10%-25% Below	No	No
69097083412	SERTRALINE HCL 50 MG TABLET	9	90.00	2.83	0.03856	10%-25% Below	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	10	14.00	0.44	0.03957	10%-25% Below	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	10	30.00	0.94	0.03957	10%-25% Below	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	10	90.00	2.72	0.03957	10%-25% Below	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	10	90.00	2.83	0.03957	10%-25% Below	No	No
69097083412	SERTRALINE HCL 50 MG TABLET	10	90.00	2.83	0.03957	10%-25% Below	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	10	135.00	4.24	0.03957	10%-25% Below	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	11	30.00	1.63	0.04138	26%-50% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	11	60.00	3.26	0.04138	26%-50% Above	No	No
69097083512	SERTRALINE HCL 100 MG TABLET	11	90.00	4.71	0.04138	26%-50% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	11	90.00	4.89	0.04138	26%-50% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	11	135.00	7.33	0.04138	26%-50% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	12	30.00	1.63	0.04769	10%-25% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	12	45.00	2.44	0.04769	10%-25% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	12	60.00	3.26	0.04769	10%-25% Above	No	No
69097083512	SERTRALINE HCL 100 MG TABLET	12	180.00	9.77	0.04769	10%-25% Above	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	8	20.00	0.24	0.02274	26%-50% Below	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	8	21.00	0.25	0.02274	26%-50% Below	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	8	30.00	0.36	0.02274	26%-50% Below	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	9	30.00	0.36	0.02306	26%-50% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69097084507	CYCLOBENZAPRINE 5 MG TABLET	10	30.00	0.36	0.02316	26%-50% Below	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	10	45.00	0.54	0.02316	26%-50% Below	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	11	30.00	0.36	0.01572	10%-25% Below	Yes	No
69097084805	ESCITALOPRAM 10 MG TABLET	10	90.00	6.60	0.04925	26%-50% Above	No	No
69097084905	ESCITALOPRAM 20 MG TABLET	11	90.00	7.21	0.05483	26%-50% Above	Yes	No
69097096512	NABUMETONE 500 MG TABLET	8	60.00	3.80	0.13467	51%-75% Below	No	No
69097096512	NABUMETONE 500 MG TABLET	10	30.00	1.90	0.13218	51%-75% Below	No	No
69097096512	NABUMETONE 500 MG TABLET	10	60.00	3.80	0.13218	51%-75% Below	No	No
69097096512	NABUMETONE 500 MG TABLET	11	60.00	3.80	0.10232	26%-50% Below	No	No
69230030001	ALLERGY RELIEF 180 MG TABLET	10	10.00	1.52	0.27376	26%-50% Below	No	No
69230030001	ALLERGY RELIEF 180 MG TABLET	11	90.00	13.68	0.20794	26%-50% Below	No	No
69230030005	ALLERGY RELIEF 180 MG TABLET	9	30.00	4.56	0.26347	26%-50% Below	No	No
69230030005	ALLERGY RELIEF 180 MG TABLET	9	180.00	27.36	0.26347	26%-50% Below	No	No
69230032133	LEVOCETIRIZINE 5 MG TABLET	10	90.00	11.23	0.17311	26%-50% Below	No	No
69230032133	LEVOCETIRIZINE 5 MG TABLET	11	30.00	3.74	0.17690	26%-50% Below	No	No
69238106507	POTASSIUM CL ER 10 MEQ TABLET	11	60.00	9.02	0.09507	51%-75% Above	No	No
69238106901	POTASSIUM CL ER 20 MEQ TABLET	9	90.00	10.29	0.14828	10%-25% Below	No	No
69238106901	POTASSIUM CL ER 20 MEQ TABLET	9	120.00	13.72	0.14828	10%-25% Below	No	No
69238106901	POTASSIUM CL ER 20 MEQ TABLET	10	120.00	13.72	0.14095	10%-25% Below	No	No
69238115403	EZETIMIBE 10 MG TABLET	8	30.00	39.18	0.09557	200% Above	No	No
69238115403	EZETIMIBE 10 MG TABLET	9	30.00	39.93	0.08895	200% Above	No	No
69238115403	EZETIMIBE 10 MG TABLET	10	30.00	39.93	0.08203	200% Above	No	No
69238115403	EZETIMIBE 10 MG TABLET	10	90.00	119.79	0.08203	200% Above	No	No
69238115403	EZETIMIBE 10 MG TABLET	11	30.00	39.93	0.07249	200% Above	No	No
69238115409	EZETIMIBE 10 MG TABLET	8	30.00	39.93	0.09557	200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69238115409	EZETIMIBE 10 MG TABLET	8	90.00	115.27	0.09557	200% Above	Yes	No
69238115409	EZETIMIBE 10 MG TABLET	9	30.00	39.93	0.08895	200% Above	Yes	No
69238115409	EZETIMIBE 10 MG TABLET	9	90.00	119.79	0.08895	200% Above	Yes	No
69238115409	EZETIMIBE 10 MG TABLET	10	30.00	39.93	0.08203	200% Above	Yes	No
69238117603	ISOTRETINOIN 40 MG CAPSULE	9	30.00	39.25	2.49678	26%-50% Below	No	No
69238120202	BUPRENORPHINE 5 MCG/HR PATCH	9	4.00	54.90	23.32385	26%-50% Below	Yes	No
69238131009	PREGABALIN 25 MG CAPSULE	9	30.00	1.19	0.05794	26%-50% Below	No	No
69238131009	PREGABALIN 25 MG CAPSULE	10	30.00	0.81	0.06126	51%-75% Below	No	No
69238131109	PREGABALIN 50 MG CAPSULE	9	60.00	1.70	0.06171	51%-75% Below	No	No
69238131109	PREGABALIN 50 MG CAPSULE	10	60.00	1.70	0.06373	51%-75% Below	No	No
69238131109	PREGABALIN 50 MG CAPSULE	10	90.00	2.55	0.06373	51%-75% Below	No	No
69238131209	PREGABALIN 75 MG CAPSULE	8	180.00	6.97	0.06321	26%-50% Below	No	No
69238131209	PREGABALIN 75 MG CAPSULE	10	60.00	1.49	0.06661	51%-75% Below	No	No
69238131209	PREGABALIN 75 MG CAPSULE	11	180.00	4.48	0.04335	26%-50% Below	No	No
69238131309	PREGABALIN 100 MG CAPSULE	8	90.00	2.86	0.05613	26%-50% Below	No	No
69238131309	PREGABALIN 100 MG CAPSULE	9	90.00	2.86	0.06249	26%-50% Below	No	No
69238131309	PREGABALIN 100 MG CAPSULE	10	90.00	2.86	0.06605	51%-75% Below	No	No
69238131309	PREGABALIN 100 MG CAPSULE	11	90.00	2.86	0.04279	10%-25% Below	No	No
69238131309	PREGABALIN 100 MG CAPSULE	12	90.00	2.86	0.05338	26%-50% Below	No	No
69238131409	PREGABALIN 150 MG CAPSULE	9	180.00	5.02	0.07225	51%-75% Below	No	No
69238131409	PREGABALIN 150 MG CAPSULE	12	180.00	5.02	0.05914	51%-75% Below	No	No
69238142301	METHOTREXATE 2.5 MG TABLET	8	80.00	58.64	0.17286	200% Above	No	No
69238149005	BUMETANIDE 1 MG TABLET	10	210.00	93.05	0.17164	101%-200% Above	No	No
69238149005	BUMETANIDE 1 MG TABLET	11	210.00	93.05	0.12470	200% Above	No	No
69238161503	OFLOXACIN 0.3% EAR DROPS	10	5.00	53.52	1.44915	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69238161606	OFLOXACIN 0.3% EAR DROPS	12	10.00	97.91	1.23423	200% Above	No	No
69238183007	LEVOTHYROXINE 25 MCG TABLET	10	30.00	0.77	0.04764	26%-50% Below	No	No
69238183107	LEVOTHYROXINE 50 MCG TABLET	8	30.00	0.97	0.05616	26%-50% Below	No	No
69238183107	LEVOTHYROXINE 50 MCG TABLET	8	90.00	3.70	0.05616	26%-50% Below	No	No
69238183107	LEVOTHYROXINE 50 MCG TABLET	9	30.00	0.97	0.05924	26%-50% Below	No	No
69238183107	LEVOTHYROXINE 50 MCG TABLET	10	30.00	0.97	0.05707	26%-50% Below	No	No
69238183107	LEVOTHYROXINE 50 MCG TABLET	10	90.00	2.91	0.05707	26%-50% Below	No	No
69238183107	LEVOTHYROXINE 50 MCG TABLET	10	135.00	4.36	0.05707	26%-50% Below	No	No
69238183107	LEVOTHYROXINE 50 MCG TABLET	11	30.00	0.97	0.04701	26%-50% Below	Yes	No
69238183107	LEVOTHYROXINE 50 MCG TABLET	11	90.00	1.89	0.04701	51%-75% Below	No	No
69238183107	LEVOTHYROXINE 50 MCG TABLET	11	90.00	1.89	0.04701	51%-75% Below	Yes	No
69238183107	LEVOTHYROXINE 50 MCG TABLET	12	30.00	0.97	0.05170	26%-50% Below	No	No
69238183207	LEVOTHYROXINE 75 MCG TABLET	10	90.00	2.50	0.06368	51%-75% Below	No	No
69238183207	LEVOTHYROXINE 75 MCG TABLET	11	90.00	2.50	0.04574	26%-50% Below	No	No
69238183301	LEVOTHYROXINE 88 MCG TABLET	9	90.00	3.24	0.06280	26%-50% Below	No	No
69238183301	LEVOTHYROXINE 88 MCG TABLET	12	90.00	3.24	0.05732	26%-50% Below	No	No
69238183307	LEVOTHYROXINE 88 MCG TABLET	10	90.00	3.24	0.06490	26%-50% Below	No	No
69238183307	LEVOTHYROXINE 88 MCG TABLET	11	90.00	3.24	0.05266	26%-50% Below	No	No
69238183407	LEVOTHYROXINE 100 MCG TABLET	8	90.00	2.33	0.06293	51%-75% Below	No	No
69238183407	LEVOTHYROXINE 100 MCG TABLET	10	90.00	2.33	0.05884	51%-75% Below	No	No
69238183407	LEVOTHYROXINE 100 MCG TABLET	11	90.00	2.33	0.05406	51%-75% Below	No	No
69238183601	LEVOTHYROXINE 125 MCG TABLET	12	90.00	4.37	0.07177	26%-50% Below	Yes	No
69238183607	LEVOTHYROXINE 125 MCG TABLET	9	90.00	4.37	0.09546	26%-50% Below	No	No
69238183701	LEVOTHYROXINE 137 MCG TABLET	9	90.00	3.63	0.08220	26%-50% Below	No	No
69238183707	LEVOTHYROXINE 137 MCG TABLET	10	90.00	3.63	0.08202	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69238183807	LEVOTHYROXINE 150 MCG TABLET	9	30.00	1.37	0.08214	26%-50% Below	No	No
69238183807	LEVOTHYROXINE 150 MCG TABLET	9	90.00	4.10	0.08214	26%-50% Below	No	No
69238183807	LEVOTHYROXINE 150 MCG TABLET	10	30.00	1.37	0.08291	26%-50% Below	No	No
69238183807	LEVOTHYROXINE 150 MCG TABLET	11	30.00	1.37	0.05947	10%-25% Below	No	No
69238183901	LEVOTHYROXINE 175 MCG TABLET	11	90.00	4.00	0.07319	26%-50% Below	No	No
69238183907	LEVOTHYROXINE 175 MCG TABLET	12	90.00	4.00	0.09137	51%-75% Below	No	No
69238184001	LEVOTHYROXINE 200 MCG TABLET	8	90.00	4.95	0.10984	26%-50% Below	No	No
69238184001	LEVOTHYROXINE 200 MCG TABLET	10	60.00	3.30	0.10759	26%-50% Below	No	No
69238184001	LEVOTHYROXINE 200 MCG TABLET	12	10.00	0.55	0.09085	26%-50% Below	No	No
69238184001	LEVOTHYROXINE 200 MCG TABLET	12	30.00	1.65	0.09085	26%-50% Below	No	No
69238207701	PROPRANOLOL 10 MG TABLET	8	30.00	1.31	0.05590	10%-25% Below	No	No
69238207701	PROPRANOLOL 10 MG TABLET	8	60.00	8.89	0.05590	101%-200% Above	No	No
69238207701	PROPRANOLOL 10 MG TABLET	9	30.00	1.31	0.05812	10%-25% Below	No	No
69238207701	PROPRANOLOL 10 MG TABLET	9	60.00	8.89	0.05812	101%-200% Above	No	No
69238207701	PROPRANOLOL 10 MG TABLET	9	180.00	26.66	0.05812	101%-200% Above	No	No
69238207701	PROPRANOLOL 10 MG TABLET	10	30.00	1.31	0.05759	10%-25% Below	No	No
69238207701	PROPRANOLOL 10 MG TABLET	10	30.00	4.44	0.05759	101%-200% Above	No	No
69238207701	PROPRANOLOL 10 MG TABLET	10	60.00	8.89	0.05759	101%-200% Above	No	No
69238207701	PROPRANOLOL 10 MG TABLET	10	180.00	26.66	0.05759	101%-200% Above	No	No
69238207701	PROPRANOLOL 10 MG TABLET	11	30.00	1.31	0.05353	10%-25% Below	No	No
69238207701	PROPRANOLOL 10 MG TABLET	11	60.00	8.89	0.05353	101%-200% Above	No	No
69238207701	PROPRANOLOL 10 MG TABLET	11	90.00	13.33	0.05353	101%-200% Above	No	No
69238207701	PROPRANOLOL 10 MG TABLET	11	270.00	39.99	0.05353	101%-200% Above	No	No
69238207701	PROPRANOLOL 10 MG TABLET	12	60.00	8.89	0.05529	101%-200% Above	No	No
69238207707	PROPRANOLOL 10 MG TABLET	8	60.00	8.89	0.05590	101%-200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69238207707	PROPRANOLOL 10 MG TABLET	9	60.00	8.89	0.05812	101%-200% Above	Yes	No
69238207707	PROPRANOLOL 10 MG TABLET	10	30.00	4.44	0.05759	101%-200% Above	Yes	No
69238207707	PROPRANOLOL 10 MG TABLET	10	180.00	26.66	0.05759	101%-200% Above	Yes	No
69238207707	PROPRANOLOL 10 MG TABLET	11	30.00	4.44	0.05353	101%-200% Above	No	No
69238207707	PROPRANOLOL 10 MG TABLET	11	30.00	4.44	0.05353	101%-200% Above	Yes	No
69238207707	PROPRANOLOL 10 MG TABLET	11	60.00	8.89	0.05353	101%-200% Above	Yes	No
69238207707	PROPRANOLOL 10 MG TABLET	11	120.00	17.77	0.05353	101%-200% Above	Yes	No
69238207801	PROPRANOLOL 20 MG TABLET	9	30.00	5.55	0.06207	101%-200% Above	No	No
69238207801	PROPRANOLOL 20 MG TABLET	10	30.00	5.55	0.06325	101%-200% Above	No	No
69238207801	PROPRANOLOL 20 MG TABLET	10	60.00	11.11	0.06325	101%-200% Above	No	No
69238207801	PROPRANOLOL 20 MG TABLET	12	30.00	5.55	0.05935	200% Above	No	No
69238207807	PROPRANOLOL 20 MG TABLET	8	180.00	32.06	0.05872	200% Above	Yes	No
69238207807	PROPRANOLOL 20 MG TABLET	9	30.00	5.55	0.06207	101%-200% Above	No	No
69238207807	PROPRANOLOL 20 MG TABLET	10	180.00	32.06	0.06325	101%-200% Above	Yes	No
69238212209	PREDNISOLONE 15 MG/5 ML SOLN	9	10.00	0.90	0.12174	26%-50% Below	No	No
69238212209	PREDNISOLONE 15 MG/5 ML SOLN	10	25.00	2.26	0.12637	26%-50% Below	No	No
69238212209	PREDNISOLONE 15 MG/5 ML SOLN	10	30.00	2.71	0.12637	26%-50% Below	No	No
69292053010	PROPRANOLOL 10 MG TABLET	9	60.00	8.89	0.05812	101%-200% Above	No	No
69292053010	PROPRANOLOL 10 MG TABLET	10	60.00	8.89	0.05759	101%-200% Above	No	No
69292053010	PROPRANOLOL 10 MG TABLET	11	120.00	17.77	0.05353	101%-200% Above	No	No
69315011610	FUROSEMIDE 20 MG TABLET	8	60.00	1.12	0.02687	26%-50% Below	No	No
69315011610	FUROSEMIDE 20 MG TABLET	9	30.00	0.56	0.02725	26%-50% Below	No	No
69315011610	FUROSEMIDE 20 MG TABLET	10	60.00	1.12	0.02766	26%-50% Below	No	No
69315011710	FUROSEMIDE 40 MG TABLET	9	30.00	0.74	0.03330	10%-25% Below	No	No
69315011710	FUROSEMIDE 40 MG TABLET	10	30.00	0.74	0.03311	10%-25% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69315011710	FUROSEMIDE 40 MG TABLET	12	30.00	0.74	0.02872	10%-25% Below	No	No
69315012701	FOLIC ACID 1 MG TABLET	10	90.00	1.08	0.02434	26%-50% Below	No	No
69315012710	FOLIC ACID 1 MG TABLET	8	30.00	0.36	0.02343	26%-50% Below	Yes	No
69315012710	FOLIC ACID 1 MG TABLET	8	90.00	1.08	0.02343	26%-50% Below	Yes	No
69315012710	FOLIC ACID 1 MG TABLET	8	90.00	1.09	0.02343	26%-50% Below	Yes	No
69315012710	FOLIC ACID 1 MG TABLET	9	30.00	0.36	0.02221	26%-50% Below	Yes	No
69315012710	FOLIC ACID 1 MG TABLET	9	60.00	0.72	0.02221	26%-50% Below	No	No
69315012710	FOLIC ACID 1 MG TABLET	9	90.00	1.08	0.02221	26%-50% Below	Yes	No
69315012710	FOLIC ACID 1 MG TABLET	10	30.00	0.36	0.02434	26%-50% Below	Yes	No
69315012710	FOLIC ACID 1 MG TABLET	10	60.00	0.72	0.02434	26%-50% Below	No	No
69315012710	FOLIC ACID 1 MG TABLET	10	90.00	1.08	0.02434	26%-50% Below	No	No
69315012710	FOLIC ACID 1 MG TABLET	10	90.00	1.08	0.02434	26%-50% Below	Yes	No
69315012710	FOLIC ACID 1 MG TABLET	11	30.00	0.36	0.01730	26%-50% Below	Yes	No
69315012710	FOLIC ACID 1 MG TABLET	11	60.00	0.72	0.01730	26%-50% Below	No	No
69315012710	FOLIC ACID 1 MG TABLET	11	90.00	1.08	0.01730	26%-50% Below	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	9	90.00	8.62	0.04755	101%-200% Above	No	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	9	90.00	8.62	0.04755	101%-200% Above	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	10	30.00	2.87	0.04815	76%-100% Above	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	10	90.00	8.62	0.04815	76%-100% Above	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	11	30.00	2.87	0.03452	101%-200% Above	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	12	90.00	8.62	0.04193	101%-200% Above	Yes	No
69315015510	HYDROCHLOROTHIAZIDE 12.5 MG TB	9	30.00	2.87	0.04755	101%-200% Above	No	No
69315015510	HYDROCHLOROTHIAZIDE 12.5 MG TB	12	30.00	2.87	0.04193	101%-200% Above	No	No
69315021101	NIFEDIPINE 10 MG CAPSULE	11	180.00	67.70	0.22116	51%-75% Above	No	No
69315021201	NIFEDIPINE 20 MG CAPSULE	8	60.00	26.53	0.69000	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69315021201	NIFEDIPINE 20 MG CAPSULE	9	60.00	26.53	0.61332	26%-50% Below	No	No
69315021201	NIFEDIPINE 20 MG CAPSULE	10	60.00	26.53	0.55291	10%-25% Below	No	No
69315028209	FENOFIBRIC ACID DR 135 MG CAP	9	90.00	51.30	0.46105	10%-25% Above	No	No
69315028209	FENOFIBRIC ACID DR 135 MG CAP	12	90.00	51.30	0.36118	51%-75% Above	No	No
69315028401	ESTROG/MTEST TAB 1.25-2.5	11	30.00	61.43	.		No	No
69315030615	NYSTATIN 100,000 UNIT/GM POWD	11	60.00	10.36	0.30617	26%-50% Below	No	No
69315030660	NYSTATIN 100,000 UNIT/GM POWD	8	60.00	9.47	0.26012	26%-50% Below	No	No
69315030805	CIPROFLOXACIN 0.3% EYE DROP	8	5.00	6.08	1.87278	26%-50% Below	Yes	No
69315030805	CIPROFLOXACIN 0.3% EYE DROP	10	5.00	6.08	1.71162	26%-50% Below	Yes	No
69315031228	PROCTO-MED HC 2.5% CREAM	8	28.00	4.49	0.26647	26%-50% Below	No	No
69315032005	OFLOXACIN 0.3% EAR DROPS	9	5.00	10.26	1.62493	26%-50% Above	No	No
69315032005	OFLOXACIN 0.3% EAR DROPS	11	5.00	10.26	1.20605	51%-75% Above	No	No
69315032005	OFLOXACIN 0.3% EAR DROPS	12	5.00	10.26	1.32007	51%-75% Above	No	No
69315032205	KETOROLAC SOL 0.5% OP	8	5.00	10.37	.		No	No
69315050447	NYSTATIN 100,000 UNIT/ML SUSP	11	40.00	1.26	0.05126	26%-50% Below	No	No
69315050460	NYSTATIN 100,000 UNIT/ML SUSP	10	60.00	1.95	0.17415	76%-100% Below	Yes	No
69315050460	NYSTATIN 100,000 UNIT/ML SUSP	11	60.00	1.95	0.13618	76%-100% Below	Yes	No
69315050460	NYSTATIN 100,000 UNIT/ML SUSP	11	120.00	3.90	0.13618	76%-100% Below	Yes	No
69315090405	LORAZEPAM 0.5 MG TABLET	10	20.00	0.53	0.04305	26%-50% Below	No	No
69315090410	LORAZEPAM 0.5 MG TABLET	11	30.00	0.79	0.03148	10%-25% Below	No	No
69315090505	LORAZEPAM 1 MG TABLET	8	48.00	1.23	0.05326	51%-75% Below	No	No
69315090505	LORAZEPAM 1 MG TABLET	8	60.00	1.43	0.05326	51%-75% Below	No	No
69315090505	LORAZEPAM 1 MG TABLET	9	44.00	1.05	0.05249	51%-75% Below	No	No
69315090505	LORAZEPAM 1 MG TABLET	10	10.00	0.24	0.05036	51%-75% Below	No	No
69315090505	LORAZEPAM 1 MG TABLET	10	60.00	1.43	0.05036	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69315090505	LORAZEPAM 1 MG TABLET	11	2.00	0.05	0.03406	26%-50% Below	No	No
69315090505	LORAZEPAM 1 MG TABLET	11	30.00	0.71	0.03406	26%-50% Below	No	No
69315090505	LORAZEPAM 1 MG TABLET	11	44.00	1.05	0.03406	26%-50% Below	No	No
69315090505	LORAZEPAM 1 MG TABLET	12	60.00	1.43	0.04211	26%-50% Below	No	No
69315090605	LORAZEPAM 2 MG TABLET	10	10.00	0.36	0.07574	51%-75% Below	No	No
69367013406	GABAPENTIN 600 MG TABLET	12	90.00	1.76	0.07351	51%-75% Below	No	No
69367016504	FERROUS GLUC TAB 324MG	10	30.00	6.49	.		No	No
69367016504	FERROUS GLUC TAB 324MG	11	30.00	6.49	.		No	No
69367022001	SOD CHLORIDE TAB 1GM	8	180.00	19.63	.		No	No
69367024324	HYDROCORT AC SUP 25MG	9	28.00	291.90	.		No	No
69367026209	VALACYCLOVIR HCL 500 MG TABLET	9	30.00	6.32	0.27153	10%-25% Below	No	No
69367026209	VALACYCLOVIR HCL 500 MG TABLET	10	30.00	6.32	0.26279	10%-25% Below	No	No
69367026209	VALACYCLOVIR HCL 500 MG TABLET	12	10.00	2.11	0.23739	10%-25% Below	No	No
69367026209	VALACYCLOVIR HCL 500 MG TABLET	12	30.00	6.32	0.23739	10%-25% Below	No	No
69367026309	VALACYCLOVIR HCL 1 GRAM TABLET	11	14.00	6.60	0.37188	26%-50% Above	No	No
69367026309	VALACYCLOVIR HCL 1 GRAM TABLET	11	60.00	28.29	0.37188	26%-50% Above	No	No
69367027204	CODEINE-GUAIFEN 10-100 MG/5 ML	8	120.00	4.21	0.06158	26%-50% Below	No	No
69367027204	CODEINE-GUAIFEN 10-100 MG/5 ML	8	300.00	10.53	0.06158	26%-50% Below	No	No
69367027204	CODEINE-GUAIFEN 10-100 MG/5 ML	11	200.00	7.02	0.04445	10%-25% Below	No	No
69367027204	CODEINE-GUAIFEN 10-100 MG/5 ML	12	118.00	4.14	0.05334	26%-50% Below	No	No
69367030105	CELECOXIB 100 MG CAPSULE	8	60.00	17.20	0.08434	200% Above	No	No
69367030105	CELECOXIB 100 MG CAPSULE	12	60.00	17.53	0.06829	200% Above	No	No
69367030205	CELECOXIB 200 MG CAPSULE	9	30.00	12.90	0.10706	200% Above	No	No
69367030205	CELECOXIB 200 MG CAPSULE	10	30.00	12.90	0.09547	200% Above	No	No
69367030205	CELECOXIB 200 MG CAPSULE	11	30.00	12.90	0.07576	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69367030205	CELECOXIB 200 MG CAPSULE	11	60.00	25.80	0.07576	200% Above	No	No
69367030205	CELECOXIB 200 MG CAPSULE	12	30.00	12.90	0.08533	200% Above	No	No
69367030951	SODIUM FLUORIDE 5000 PLUS CRM	8	51.00	10.09	0.07783	101%-200% Above	No	No
69367035410	METOPROLOL TARTRATE 50 MG TAB	11	60.00	1.82	0.01546	76%-100% Above	No	No
69367035410	METOPROLOL TARTRATE 50 MG TAB	12	60.00	1.82	0.01920	51%-75% Above	No	No
69367061101	PHENAZOPYRIDINE 100 MG TAB	10	6.00	9.23	0.17904	200% Above	No	No
69367061201	PHENAZOPYRIDINE 200 MG TAB	9	6.00	13.68	0.19877	200% Above	No	No
69452014330	BENZONATATE 100 MG CAPSULE	9	20.00	2.96	0.08001	76%-100% Above	No	No
69452014330	BENZONATATE 100 MG CAPSULE	9	30.00	4.44	0.08001	76%-100% Above	No	No
69452014330	BENZONATATE 100 MG CAPSULE	9	42.00	6.22	0.08001	76%-100% Above	No	No
69452014330	BENZONATATE 100 MG CAPSULE	9	45.00	6.66	0.08001	76%-100% Above	No	No
69452014330	BENZONATATE 100 MG CAPSULE	10	30.00	4.44	0.07580	76%-100% Above	No	No
69452014330	BENZONATATE 100 MG CAPSULE	11	20.00	2.96	0.05222	101%-200% Above	No	No
69452014330	BENZONATATE 100 MG CAPSULE	11	30.00	4.44	0.05222	101%-200% Above	No	No
69452014330	BENZONATATE 100 MG CAPSULE	12	30.00	4.44	0.06223	101%-200% Above	No	No
69452014430	BENZONATATE 200 MG CAPSULE	8	20.00	1.26	0.11875	26%-50% Below	No	No
69452014430	BENZONATATE 200 MG CAPSULE	8	30.00	1.89	0.11875	26%-50% Below	No	No
69452014430	BENZONATATE 200 MG CAPSULE	8	31.00	1.96	0.11875	26%-50% Below	No	No
69452014430	BENZONATATE 200 MG CAPSULE	9	30.00	1.89	0.11717	26%-50% Below	No	No
69452014430	BENZONATATE 200 MG CAPSULE	11	21.00	1.33	0.08295	10%-25% Below	No	No
69452014430	BENZONATATE 200 MG CAPSULE	11	30.00	1.89	0.08295	10%-25% Below	No	No
69452014430	BENZONATATE 200 MG CAPSULE	11	90.00	5.68	0.08295	10%-25% Below	No	No
69452014430	BENZONATATE 200 MG CAPSULE	12	30.00	1.89	0.09845	26%-50% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	8	2.00	0.13	0.12755	26%-50% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	8	3.00	0.20	0.12755	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	8	4.00	0.26	0.12755	26%-50% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	8	4.00	0.29	0.12755	26%-50% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	8	12.00	0.79	0.12755	26%-50% Below	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	9	1.00	0.07	0.12521	26%-50% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	9	4.00	0.26	0.12521	26%-50% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	9	4.00	0.26	0.12521	26%-50% Below	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	9	5.00	0.33	0.12521	26%-50% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	9	8.00	0.53	0.12521	26%-50% Below	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	9	12.00	0.49	0.12521	51%-75% Below	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	9	12.00	0.79	0.12521	26%-50% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	9	12.00	0.79	0.12521	26%-50% Below	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	9	13.00	0.86	0.12521	26%-50% Below	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	10	1.00	0.07	0.12245	26%-50% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	10	3.00	0.20	0.12245	26%-50% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	10	4.00	0.26	0.12245	26%-50% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	10	4.00	0.26	0.12245	26%-50% Below	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	10	12.00	0.79	0.12245	26%-50% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	10	12.00	0.79	0.12245	26%-50% Below	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	11	1.00	0.07	0.09043	10%-25% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	11	4.00	0.26	0.09043	26%-50% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	11	4.00	0.26	0.09043	26%-50% Below	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	11	7.00	0.46	0.09043	26%-50% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	11	8.00	0.53	0.09043	26%-50% Below	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	11	12.00	0.79	0.09043	26%-50% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	11	12.00	0.79	0.09043	26%-50% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	12	4.00	0.26	0.10563	26%-50% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	12	12.00	0.79	0.10563	26%-50% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	12	12.00	0.79	0.10563	26%-50% Below	Yes	No
69452015773	RIZATRIPTAN 10 MG ODT	8	9.00	8.02	0.63200	26%-50% Above	No	No
69452015773	RIZATRIPTAN 10 MG ODT	8	9.00	11.46	0.63200	101%-200% Above	Yes	No
69452015773	RIZATRIPTAN 10 MG ODT	9	10.00	8.91	0.65688	26%-50% Above	No	No
69452015773	RIZATRIPTAN 10 MG ODT	10	9.00	8.02	0.60543	26%-50% Above	Yes	No
69452015773	RIZATRIPTAN 10 MG ODT	11	9.00	8.02	0.41446	101%-200% Above	Yes	No
69452017173	AZITHROMYCIN 250 MG TABLET	12	6.00	1.25	0.32433	26%-50% Below	No	No
69452023320	PROGESTERONE 100 MG CAPSULE	11	45.00	27.73	0.17972	200% Above	No	No
69452023420	PROGESTERONE 200 MG CAPSULE	9	90.00	83.32	0.41005	101%-200% Above	No	No
69452023420	PROGESTERONE 200 MG CAPSULE	9	180.00	166.64	0.41005	101%-200% Above	No	No
69452023420	PROGESTERONE 200 MG CAPSULE	11	30.00	27.77	0.29461	200% Above	No	No
69452023420	PROGESTERONE 200 MG CAPSULE	11	90.00	83.32	0.29461	200% Above	No	No
69452023420	PROGESTERONE 200 MG CAPSULE	12	90.00	83.32	0.34434	101%-200% Above	No	No
69452027520	KETOROLAC 10 MG TABLET	8	20.00	5.93	0.39516	10%-25% Below	No	No
69452027520	KETOROLAC 10 MG TABLET	9	10.00	2.96	0.40372	26%-50% Below	No	No
69452027520	KETOROLAC 10 MG TABLET	9	20.00	5.93	0.40372	26%-50% Below	No	No
69452027520	KETOROLAC 10 MG TABLET	10	20.00	5.93	0.40997	26%-50% Below	No	No
69452027520	KETOROLAC 10 MG TABLET	10	40.00	11.86	0.40997	26%-50% Below	No	No
69452027720	DEXAMETHASONE 4 MG TABLET	8	2.00	0.44	0.33084	26%-50% Below	No	No
69452027820	DEXAMETHASONE 6 MG TABLET	12	8.00	2.28	0.62703	51%-75% Below	No	No
69452031020	PROCHLORPERAZINE 10 MG TAB	8	30.00	4.37	0.28596	26%-50% Below	No	No
69452031020	PROCHLORPERAZINE 10 MG TAB	9	30.00	4.37	0.27716	26%-50% Below	No	No
69452031020	PROCHLORPERAZINE 10 MG TAB	10	30.00	4.37	0.25285	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69452031120	DICYCLOMINE 20 MG TABLET	10	120.00	14.08	0.10405	10%-25% Above	No	No
69452034472	SUMATRIPTAN SUCC 25 MG TABLET	9	10.00	4.83	0.38009	26%-50% Above	Yes	No
69452034472	SUMATRIPTAN SUCC 25 MG TABLET	12	9.00	4.35	0.28551	51%-75% Above	No	No
69452034572	SUMATRIPTAN SUCC 50 MG TABLET	11	12.00	4.44	0.30289	10%-25% Above	Yes	No
69452034672	SUMATRIPTAN SUCC 100 MG TABLET	10	9.00	3.88	0.48521	10%-25% Below	Yes	No
69452034672	SUMATRIPTAN SUCC 100 MG TABLET	11	9.00	3.88	0.37205	10%-25% Above	Yes	No
69452034820	ESZOPICLONE 2 MG TABLET	8	30.00	12.07	0.10451	200% Above	No	No
69452034820	ESZOPICLONE 2 MG TABLET	11	30.00	12.07	0.08307	200% Above	No	No
69452035620	ROPINIROLE HCL 0.25 MG TABLET	10	270.00	5.94	0.04851	51%-75% Below	No	No
69452035720	ROPINIROLE HCL 0.5 MG TABLET	12	90.00	2.01	0.03962	26%-50% Below	No	No
69452035920	ROPINIROLE HCL 2 MG TABLET	9	270.00	8.34	0.06345	51%-75% Below	No	No
69452036320	DESLORATADINE 5 MG TABLET	11	30.00	9.44	0.24146	26%-50% Above	No	No
69452037874	IBANDRONATE SODIUM 150 MG TAB	10	1.00	22.32	4.36478	200% Above	No	No
69543010710	DESLORATADINE 5 MG TABLET	11	30.00	9.44	0.24146	26%-50% Above	No	No
69543010710	DESLORATADINE 5 MG TABLET	12	30.00	9.44	0.28094	10%-25% Above	No	No
69584011110	CARISOPRODOL 350 MG TABLET	9	60.00	2.53	0.08200	26%-50% Below	No	No
69584011190	CARISOPRODOL 350 MG TABLET	9	180.00	7.58	0.08200	26%-50% Below	No	No
69584011190	CARISOPRODOL 350 MG TABLET	10	180.00	7.58	0.07471	26%-50% Below	No	No
69584011190	CARISOPRODOL 350 MG TABLET	11	180.00	7.58	0.05213	10%-25% Below	No	No
69584068410	PRIMIDONE 50 MG TABLET	9	120.00	18.55	0.13499	10%-25% Above	No	No
69584068410	PRIMIDONE 50 MG TABLET	10	180.00	27.83	0.12814	10%-25% Above	No	No
69584068410	PRIMIDONE 50 MG TABLET	11	180.00	27.83	0.09883	51%-75% Above	No	No
69584085210	SPIRONOLACTONE 25 MG TABLET	11	90.00	2.76	0.04096	10%-25% Below	No	No
69584085250	SPIRONOLACTONE 25 MG TABLET	9	90.00	2.76	0.05390	26%-50% Below	No	No
69584085250	SPIRONOLACTONE 25 MG TABLET	10	90.00	2.76	0.05177	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69584085250	SPIRONOLACTONE 25 MG TABLET	11	30.00	0.92	0.04096	10%-25% Below	No	No
69584085250	SPIRONOLACTONE 25 MG TABLET	11	90.00	2.76	0.04096	10%-25% Below	No	No
69584085290	SPIRONOLACTONE 25 MG TABLET	8	90.00	2.76	0.05267	26%-50% Below	No	No
69584085290	SPIRONOLACTONE 25 MG TABLET	10	90.00	2.76	0.05177	26%-50% Below	No	No
69584085290	SPIRONOLACTONE 25 MG TABLET	11	90.00	2.76	0.04096	10%-25% Below	No	No
69584085350	SPIRONOLACTONE 50 MG TABLET	11	30.00	3.23	0.07660	26%-50% Above	No	No
69680011210	CYANOCOBALAMIN 1,000 MCG/ML VL	11	2.00	2.30	3.20115	51%-75% Below	No	No
69680011210	CYANOCOBALAMIN 1,000 MCG/ML VL	12	2.00	2.30	3.28541	51%-75% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	8	1.00	1.15	2.16891	26%-50% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	8	1.00	1.49	2.16891	26%-50% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	8	3.00	3.44	2.16891	26%-50% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	8	4.00	4.59	2.16891	26%-50% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	9	2.00	2.30	1.84176	26%-50% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	9	2.00	2.30	1.84176	26%-50% Below	Yes	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	9	4.00	4.59	1.84176	26%-50% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	10	1.00	1.15	1.92672	26%-50% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	10	3.00	3.44	1.92672	26%-50% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	10	4.00	4.59	1.92672	26%-50% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	11	1.00	1.15	1.54621	10%-25% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	11	2.00	2.30	1.54621	10%-25% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	11	4.00	4.59	1.54621	10%-25% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	11	6.00	6.89	1.54621	10%-25% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	12	1.00	1.15	1.65534	26%-50% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	12	3.00	3.44	1.65534	26%-50% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	12	4.00	4.59	1.65534	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69842057803	STOOL SOFTNR CAP 100MG	11	60.00	2.79	.		Yes	No
69918030130	TRANEXAMIC ACID 650 MG TABLET	10	12.00	24.30	1.33478	51%-75% Above	No	No
69918030130	TRANEXAMIC ACID 650 MG TABLET	11	12.00	24.30	0.85312	101%-200% Above	No	No
69918060160	TIMOLOL MALEATE 0.5% EYE DROP	10	60.00	115.51	2.72116	26%-50% Below	No	No
70000021306	ALLERGY RELIEF 10 MG TABLET	10	90.00	2.78	0.05795	26%-50% Below	No	No
70010000201	COLCHICINE 0.6 MG TABLET	8	30.00	71.01	0.24124	200% Above	No	No
70010000201	COLCHICINE 0.6 MG TABLET	10	3.00	7.10	0.21336	200% Above	No	No
70010000201	COLCHICINE 0.6 MG TABLET	12	30.00	71.01	0.19012	200% Above	No	No
70010000601	DEXMETHYLPHENIDATE ER 15 MG CP	8	30.00	76.47	1.60950	51%-75% Above	No	No
70010000701	DEXMETHYLPHENIDATE ER 20 MG CP	10	30.00	78.54	1.35075	76%-100% Above	No	No
70010000701	DEXMETHYLPHENIDATE ER 20 MG CP	11	30.00	78.54	1.43141	76%-100% Above	No	No
70010000701	DEXMETHYLPHENIDATE ER 20 MG CP	12	30.00	78.54	1.32412	76%-100% Above	No	No
70010000901	DEXMETHYLPHENIDATE ER 30 MG CP	9	30.00	86.22	2.08681	26%-50% Above	No	No
70010000901	DEXMETHYLPHENIDATE ER 30 MG CP	11	10.00	28.74	1.11130	101%-200% Above	No	No
70010001603	METHYLPHENIDATE LA 60 MG CAP	12	30.00	209.90	9.02746	10%-25% Below	No	No
70010003101	DEXTROAMP-AMPHET ER 15 MG CAP	10	30.00	123.12	0.58911	200% Above	No	No
70010003301	DEXTROAMP-AMPHET ER 25 MG CAP	9	30.00	123.12	0.61942	200% Above	No	No
70010003301	DEXTROAMP-AMPHET ER 25 MG CAP	12	30.00	123.12	0.69015	200% Above	No	No
70010003401	DEXTROAMP-AMPHET ER 30 MG CAP	8	30.00	123.12	0.63536	200% Above	No	No
70010003401	DEXTROAMP-AMPHET ER 30 MG CAP	9	30.00	123.12	0.64541	200% Above	No	No
70010003401	DEXTROAMP-AMPHET ER 30 MG CAP	10	30.00	123.12	0.76715	200% Above	No	No
70010003401	DEXTROAMP-AMPHET ER 30 MG CAP	11	30.00	123.12	0.56014	200% Above	No	No
70010003401	DEXTROAMP-AMPHET ER 30 MG CAP	11	60.00	246.24	0.56014	200% Above	No	No
70010004301	METHYLPHENIDATE ER 20 MG TAB	8	30.00	83.05	0.52314	200% Above	Yes	No
70010006305	METFORMIN HCL 500 MG TABLET	8	30.00	0.32	0.01492	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70010006305	METFORMIN HCL 500 MG TABLET	8	60.00	0.63	0.01492	26%-50% Below	No	No
70010006305	METFORMIN HCL 500 MG TABLET	8	60.00	0.64	0.01492	26%-50% Below	No	No
70010006305	METFORMIN HCL 500 MG TABLET	8	180.00	1.93	0.01492	26%-50% Below	No	No
70010006305	METFORMIN HCL 500 MG TABLET	9	30.00	0.32	0.01490	26%-50% Below	No	No
70010006305	METFORMIN HCL 500 MG TABLET	9	60.00	0.64	0.01490	26%-50% Below	No	No
70010006305	METFORMIN HCL 500 MG TABLET	9	90.00	0.96	0.01490	26%-50% Below	No	No
70010006305	METFORMIN HCL 500 MG TABLET	10	30.00	0.32	0.01413	10%-25% Below	No	No
70010006305	METFORMIN HCL 500 MG TABLET	10	60.00	0.64	0.01413	10%-25% Below	No	No
70010006305	METFORMIN HCL 500 MG TABLET	10	180.00	1.93	0.01413	10%-25% Below	No	No
70010006305	METFORMIN HCL 500 MG TABLET	11	30.00	0.32	0.01225	10%-25% Below	No	No
70010006305	METFORMIN HCL 500 MG TABLET	11	60.00	0.64	0.01225	10%-25% Below	No	No
70010006305	METFORMIN HCL 500 MG TABLET	11	180.00	1.93	0.01225	10%-25% Below	No	No
70010006309	METFORMIN HCL 500 MG TABLET	9	60.00	0.64	0.01490	26%-50% Below	No	No
70010006309	METFORMIN HCL 500 MG TABLET	10	60.00	0.64	0.01413	10%-25% Below	No	No
70010006309	METFORMIN HCL 500 MG TABLET	11	180.00	1.93	0.01225	10%-25% Below	No	No
70010006310	METFORMIN HCL 500 MG TABLET	8	60.00	0.64	0.01492	26%-50% Below	No	No
70010006310	METFORMIN HCL 500 MG TABLET	9	60.00	0.64	0.01490	26%-50% Below	No	No
70010006310	METFORMIN HCL 500 MG TABLET	9	180.00	1.93	0.01490	26%-50% Below	No	No
70010006310	METFORMIN HCL 500 MG TABLET	10	60.00	0.64	0.01413	10%-25% Below	No	No
70010006310	METFORMIN HCL 500 MG TABLET	11	60.00	0.64	0.01225	10%-25% Below	No	No
70010006310	METFORMIN HCL 500 MG TABLET	12	60.00	0.64	0.01304	10%-25% Below	No	No
70010006310	METFORMIN HCL 500 MG TABLET	12	180.00	1.93	0.01304	10%-25% Below	No	No
70010006405	METFORMIN HCL 850 MG TABLET	10	180.00	3.67	0.02528	10%-25% Below	No	No
70010006501	METFORMIN HCL 1,000 MG TABLET	9	180.00	3.53	0.02514	10%-25% Below	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	8	60.00	7.91	0.02473	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70010006505	METFORMIN HCL 1,000 MG TABLET	9	60.00	1.18	0.02514	10%-25% Below	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	9	180.00	3.53	0.02514	10%-25% Below	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	10	60.00	7.91	0.02422	200% Above	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	10	180.00	3.53	0.02422	10%-25% Below	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	12	180.00	3.53	0.02204	10%-25% Below	No	No
70010006599	METFORMIN HCL 1,000 MG TABLET	8	60.00	1.18	0.02473	10%-25% Below	No	No
70010006599	METFORMIN HCL 1,000 MG TABLET	9	180.00	3.53	0.02514	10%-25% Below	No	No
70010006599	METFORMIN HCL 1,000 MG TABLET	10	60.00	1.18	0.02422	10%-25% Below	No	No
70010006599	METFORMIN HCL 1,000 MG TABLET	10	180.00	3.53	0.02422	10%-25% Below	No	No
70010006599	METFORMIN HCL 1,000 MG TABLET	12	180.00	3.53	0.02204	10%-25% Below	No	No
70010013501	POTASSIUM CL ER 20 MEQ TABLET	9	60.00	6.86	0.14828	10%-25% Below	No	No
70010013501	POTASSIUM CL ER 20 MEQ TABLET	10	60.00	6.86	0.14095	10%-25% Below	No	No
70010013501	POTASSIUM CL ER 20 MEQ TABLET	11	3.00	0.34	0.16035	26%-50% Below	No	No
70010013501	POTASSIUM CL ER 20 MEQ TABLET	11	14.00	1.60	0.16035	26%-50% Below	No	No
70010013505	POTASSIUM CL ER 20 MEQ TABLET	8	30.00	3.36	0.14324	10%-25% Below	No	No
70010013505	POTASSIUM CL ER 20 MEQ TABLET	8	30.00	3.43	0.14324	10%-25% Below	No	No
70010013505	POTASSIUM CL ER 20 MEQ TABLET	9	60.00	6.86	0.14828	10%-25% Below	No	No
70010013505	POTASSIUM CL ER 20 MEQ TABLET	10	30.00	3.43	0.14095	10%-25% Below	No	No
70010013505	POTASSIUM CL ER 20 MEQ TABLET	10	38.00	4.34	0.14095	10%-25% Below	No	No
70010013505	POTASSIUM CL ER 20 MEQ TABLET	11	30.00	3.43	0.16035	26%-50% Below	No	No
70010013505	POTASSIUM CL ER 20 MEQ TABLET	11	56.00	6.40	0.16035	26%-50% Below	No	No
70010013505	POTASSIUM CL ER 20 MEQ TABLET	12	30.00	3.43	0.14755	10%-25% Below	No	No
70010013505	POTASSIUM CL ER 20 MEQ TABLET	12	90.00	10.29	0.14755	10%-25% Below	No	No
70010013510	POTASSIUM CL ER 20 MEQ TABLET	9	60.00	6.86	0.14828	10%-25% Below	No	No
70010013510	POTASSIUM CL ER 20 MEQ TABLET	10	60.00	6.86	0.14095	10%-25% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70010013510	POTASSIUM CL ER 20 MEQ TABLET	11	30.00	3.43	0.16035	26%-50% Below	No	No
70010013510	POTASSIUM CL ER 20 MEQ TABLET	11	90.00	10.29	0.16035	26%-50% Below	No	No
70010013601	POTASSIUM CL ER 10 MEQ TABLET	12	20.00	3.01	0.10991	26%-50% Above	No	No
70010013905	NAPROXEN 500 MG TABLET	9	10.00	0.18	0.06467	51%-75% Below	No	No
70010013905	NAPROXEN 500 MG TABLET	9	20.00	0.36	0.06467	51%-75% Below	No	No
70010013905	NAPROXEN 500 MG TABLET	11	60.00	1.07	0.05042	51%-75% Below	No	No
70010014701	POTASSIUM CL ER 8 MEQ CAPSULE	9	90.00	29.86	0.17172	76%-100% Above	No	No
70010014701	POTASSIUM CL ER 8 MEQ CAPSULE	12	90.00	29.86	0.14317	101%-200% Above	No	No
70010014805	POTASSIUM CL ER 10 MEQ CAPSULE	8	90.00	32.20	0.11874	200% Above	No	No
70010014805	POTASSIUM CL ER 10 MEQ CAPSULE	11	180.00	61.97	0.10790	200% Above	Yes	No
70010014901	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	8	20.00	1.58	0.16119	26%-50% Below	No	No
70010014901	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	10	60.00	4.73	0.16553	51%-75% Below	No	No
70010014901	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	11	20.00	1.58	0.11121	26%-50% Below	No	No
70010014905	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	10	15.00	1.18	0.16553	51%-75% Below	No	No
70010014905	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	10	30.00	2.37	0.16553	51%-75% Below	Yes	No
70010014905	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	11	30.00	2.37	0.11121	26%-50% Below	No	No
70010016201	LORATADINE 10 MG TABLET	9	90.00	2.78	0.05832	26%-50% Below	No	No
70010016201	LORATADINE 10 MG TABLET	11	90.00	2.78	0.04667	26%-50% Below	No	No
70010016234	LORATADINE 10 MG TABLET	11	30.00	0.93	0.04667	26%-50% Below	No	No
70010016305	CETIRIZINE HCL 10 MG TABLET	10	90.00	1.76	0.06288	51%-75% Below	Yes	No
70010016305	CETIRIZINE HCL 10 MG TABLET	11	90.00	1.76	0.06069	51%-75% Below	Yes	No
70010020305	SERTRALINE HCL 25 MG TABLET	11	30.00	1.80	0.02846	101%-200% Above	No	No
70010020405	SERTRALINE HCL 50 MG TABLET	9	30.00	0.94	0.03856	10%-25% Below	No	No
70010020405	SERTRALINE HCL 50 MG TABLET	10	30.00	0.94	0.03957	10%-25% Below	No	No
70010022705	GABAPENTIN 600 MG TABLET	9	90.00	1.76	0.09645	76%-100% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70010022705	GABAPENTIN 600 MG TABLET	12	90.00	1.76	0.07351	51%-75% Below	Yes	No
70010049101	METFORMIN HCL ER 500 MG TABLET	10	30.00	0.73	0.03136	10%-25% Below	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	8	60.00	1.46	0.03174	10%-25% Below	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	8	90.00	2.20	0.03174	10%-25% Below	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	8	120.00	2.93	0.03174	10%-25% Below	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	8	360.00	8.78	0.03174	10%-25% Below	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	9	30.00	1.27	0.03219	26%-50% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	9	60.00	1.46	0.03219	10%-25% Below	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	9	90.00	2.20	0.03219	10%-25% Below	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	9	120.00	2.93	0.03219	10%-25% Below	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	9	360.00	8.78	0.03219	10%-25% Below	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	10	30.00	0.73	0.03136	10%-25% Below	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	10	60.00	1.46	0.03136	10%-25% Below	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	10	90.00	2.20	0.03136	10%-25% Below	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	12	30.00	0.73	0.02708	10%-25% Below	No	No
70010049109	METFORMIN HCL ER 500 MG TABLET	9	180.00	4.23	0.03219	26%-50% Below	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	8	30.00	0.73	0.03174	10%-25% Below	No	No
70010049110	METFORMIN HCL ER 500 MG TABLET	8	90.00	2.12	0.03174	10%-25% Below	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	8	90.00	2.16	0.03174	10%-25% Below	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	8	120.00	2.93	0.03174	10%-25% Below	No	No
70010049110	METFORMIN HCL ER 500 MG TABLET	8	180.00	4.23	0.03174	10%-25% Below	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	8	180.00	4.39	0.03174	10%-25% Below	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	8	360.00	8.64	0.03174	10%-25% Below	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	9	60.00	1.46	0.03219	10%-25% Below	No	No
70010049110	METFORMIN HCL ER 500 MG TABLET	9	90.00	2.12	0.03219	26%-50% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70010049110	METFORMIN HCL ER 500 MG TABLET	9	90.00	2.20	0.03219	10%-25% Below	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	9	180.00	4.23	0.03219	26%-50% Below	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	9	180.00	4.39	0.03219	10%-25% Below	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	9	360.00	8.46	0.03219	26%-50% Below	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	10	30.00	0.73	0.03136	10%-25% Below	No	No
70010049110	METFORMIN HCL ER 500 MG TABLET	10	30.00	0.73	0.03136	10%-25% Below	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	10	60.00	1.46	0.03136	10%-25% Below	No	No
70010049110	METFORMIN HCL ER 500 MG TABLET	10	90.00	2.12	0.03136	10%-25% Below	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	10	90.00	2.20	0.03136	10%-25% Below	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	10	120.00	2.93	0.03136	10%-25% Below	No	No
70010049110	METFORMIN HCL ER 500 MG TABLET	10	180.00	4.23	0.03136	10%-25% Below	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	10	180.00	4.39	0.03136	10%-25% Below	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	10	270.00	6.59	0.03136	10%-25% Below	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	12	90.00	2.12	0.02708	10%-25% Below	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	12	180.00	4.23	0.02708	10%-25% Below	Yes	No
70010049201	METFORMIN HCL ER 750 MG TABLET	9	90.00	5.84	0.07312	10%-25% Below	Yes	No
70010049201	METFORMIN HCL ER 750 MG TABLET	11	30.00	2.03	0.05697	10%-25% Above	No	No
70010049201	METFORMIN HCL ER 750 MG TABLET	11	60.00	4.05	0.05697	10%-25% Above	No	No
70010049201	METFORMIN HCL ER 750 MG TABLET	12	30.00	2.03	0.06044	10%-25% Above	Yes	No
70010049201	METFORMIN HCL ER 750 MG TABLET	12	90.00	6.00	0.06044	10%-25% Above	No	No
70010049201	METFORMIN HCL ER 750 MG TABLET	12	90.00	6.08	0.06044	10%-25% Above	Yes	No
70010075401	METHOCARBAMOL 500 MG TABLET	11	20.00	1.45	0.02811	101%-200% Above	No	No
70010075405	METHOCARBAMOL 500 MG TABLET	9	30.00	2.18	0.04058	76%-100% Above	Yes	No
70010075405	METHOCARBAMOL 500 MG TABLET	10	30.00	2.18	0.03742	76%-100% Above	No	No
70010075405	METHOCARBAMOL 500 MG TABLET	11	40.00	2.91	0.02811	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70010077001	METHOCARBAMOL 750 MG TABLET	8	30.00	0.57	0.04653	51%-75% Below	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	9	30.00	0.57	0.04588	51%-75% Below	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	11	42.00	0.80	0.03481	26%-50% Below	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	11	60.00	1.14	0.03481	26%-50% Below	No	No
70010077005	METHOCARBAMOL 750 MG TABLET	8	90.00	1.71	0.04653	51%-75% Below	No	No
70010077005	METHOCARBAMOL 750 MG TABLET	9	14.00	0.27	0.04588	51%-75% Below	No	No
70010077005	METHOCARBAMOL 750 MG TABLET	9	30.00	0.57	0.04588	51%-75% Below	No	No
70010077005	METHOCARBAMOL 750 MG TABLET	9	180.00	3.42	0.04588	51%-75% Below	No	No
70010077005	METHOCARBAMOL 750 MG TABLET	10	45.00	0.86	0.04594	51%-75% Below	No	No
70010077005	METHOCARBAMOL 750 MG TABLET	12	180.00	3.42	0.03852	26%-50% Below	No	No
70010078001	METOPROLOL SUCC ER 25 MG TAB	11	90.00	11.80	0.05080	101%-200% Above	No	No
70010078005	METOPROLOL SUCC ER 25 MG TAB	8	30.00	3.93	0.06453	101%-200% Above	No	No
70010078005	METOPROLOL SUCC ER 25 MG TAB	9	90.00	11.80	0.06385	101%-200% Above	No	No
70010078005	METOPROLOL SUCC ER 25 MG TAB	10	30.00	3.93	0.06120	101%-200% Above	No	No
70010078005	METOPROLOL SUCC ER 25 MG TAB	11	30.00	3.93	0.05080	101%-200% Above	No	No
70010078105	METOPROLOL SUCC ER 50 MG TAB	10	30.00	3.93	0.05759	101%-200% Above	No	No
70010078105	METOPROLOL SUCC ER 50 MG TAB	10	90.00	11.80	0.05759	101%-200% Above	No	No
70010078105	METOPROLOL SUCC ER 50 MG TAB	11	30.00	3.93	0.06035	101%-200% Above	No	No
70010078110	METOPROLOL SUCC ER 50 MG TAB	10	30.00	3.93	0.05759	101%-200% Above	No	No
70010078110	METOPROLOL SUCC ER 50 MG TAB	11	30.00	3.93	0.06035	101%-200% Above	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	8	1.00	1.15	2.16891	26%-50% Below	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	8	4.00	4.59	2.16891	26%-50% Below	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	9	1.00	1.15	1.84176	26%-50% Below	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	9	3.00	3.44	1.84176	26%-50% Below	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	9	4.00	4.59	1.84176	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	10	1.00	1.15	1.92672	26%-50% Below	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	11	1.00	1.15	1.54621	10%-25% Below	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	12	4.00	4.59	1.65534	26%-50% Below	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	12	12.00	13.77	1.65534	26%-50% Below	No	No
70069013101	TOBRAMYCIN 0.3% EYE DROP	8	5.00	3.56	1.16588	26%-50% Below	No	No
70069013101	TOBRAMYCIN 0.3% EYE DROP	11	5.00	3.56	0.90968	10%-25% Below	No	No
70069017210	CYANOCOBALAMIN 10,000 MCG/10 ML	8	10.00	5.00	1.00603	26%-50% Below	No	No
70069023301	BRIMONIDINE 0.2% EYE DROP	10	15.00	6.40	0.54161	10%-25% Below	No	No
70069040301	BIMATOPROST 0.03% EYE DROPS	12	7.50	131.82	27.13136	26%-50% Below	Yes	No
70069042101	LATANOPROST 0.005% EYE DROPS	8	2.50	3.52	1.77056	10%-25% Below	No	No
70069042101	LATANOPROST 0.005% EYE DROPS	9	2.50	3.52	1.73373	10%-25% Below	No	No
70069042101	LATANOPROST 0.005% EYE DROPS	10	2.50	3.52	1.82469	10%-25% Below	No	No
70121146702	MEDROXYPROGESTERONE 150 MG/ML	8	1.00	12.97	24.39028	26%-50% Below	No	No
70377000114	SIMVASTATIN 5 MG TABLET	9	90.00	5.70	0.03461	76%-100% Above	Yes	No
70377000114	SIMVASTATIN 5 MG TABLET	11	90.00	5.70	0.02988	101%-200% Above	Yes	No
70377000215	SIMVASTATIN 10 MG TABLET	9	90.00	5.96	0.03367	76%-100% Above	Yes	No
70377000315	SIMVASTATIN 20 MG TABLET	8	82.00	1.27	0.03598	51%-75% Below	Yes	No
70377000315	SIMVASTATIN 20 MG TABLET	8	90.00	1.40	0.03598	51%-75% Below	Yes	No
70377000315	SIMVASTATIN 20 MG TABLET	9	30.00	0.47	0.03257	51%-75% Below	Yes	No
70377000315	SIMVASTATIN 20 MG TABLET	9	90.00	1.40	0.03257	51%-75% Below	Yes	No
70377000315	SIMVASTATIN 20 MG TABLET	10	30.00	0.47	0.03213	51%-75% Below	Yes	No
70377000315	SIMVASTATIN 20 MG TABLET	10	90.00	1.40	0.03213	51%-75% Below	Yes	No
70377000315	SIMVASTATIN 20 MG TABLET	11	30.00	0.47	0.02714	26%-50% Below	Yes	No
70377000315	SIMVASTATIN 20 MG TABLET	11	90.00	1.40	0.02714	26%-50% Below	Yes	No
70377000315	SIMVASTATIN 20 MG TABLET	12	30.00	0.47	0.02917	26%-50% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70377000315	SIMVASTATIN 20 MG TABLET	12	90.00	1.40	0.02917	26%-50% Below	No	No
70377000414	SIMVASTATIN 40 MG TABLET	11	90.00	2.54	0.04755	26%-50% Below	No	No
70377000415	SIMVASTATIN 40 MG TABLET	9	90.00	2.54	0.06269	51%-75% Below	Yes	No
70377000415	SIMVASTATIN 40 MG TABLET	11	90.00	2.54	0.04755	26%-50% Below	Yes	No
70377000415	SIMVASTATIN 40 MG TABLET	12	90.00	2.54	0.05128	26%-50% Below	Yes	No
70377000612	ROSUVASTATIN CALCIUM 5 MG TAB	9	90.00	148.98	0.04144	200% Above	Yes	No
70377000613	ROSUVASTATIN CALCIUM 5 MG TAB	8	30.00	50.63	0.04264	200% Above	Yes	No
70377000613	ROSUVASTATIN CALCIUM 5 MG TAB	9	30.00	51.61	0.04144	200% Above	Yes	No
70377000613	ROSUVASTATIN CALCIUM 5 MG TAB	9	90.00	148.98	0.04144	200% Above	Yes	No
70377000613	ROSUVASTATIN CALCIUM 5 MG TAB	9	90.00	154.82	0.04144	200% Above	Yes	No
70377000613	ROSUVASTATIN CALCIUM 5 MG TAB	10	30.00	51.61	0.03931	200% Above	Yes	No
70377000613	ROSUVASTATIN CALCIUM 5 MG TAB	10	90.00	154.82	0.03931	200% Above	Yes	No
70377000613	ROSUVASTATIN CALCIUM 5 MG TAB	11	30.00	51.61	0.03414	200% Above	Yes	No
70377000613	ROSUVASTATIN CALCIUM 5 MG TAB	11	90.00	154.82	0.03414	200% Above	Yes	No
70377000613	ROSUVASTATIN CALCIUM 5 MG TAB	12	90.00	154.82	0.03621	200% Above	Yes	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	8	30.00	51.46	0.04784	200% Above	No	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	8	90.00	151.46	0.04784	200% Above	No	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	9	90.00	148.55	0.04583	200% Above	Yes	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	11	90.00	148.55	0.03593	200% Above	Yes	No
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	8	30.00	51.46	0.04784	200% Above	Yes	No
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	8	90.00	148.55	0.04784	200% Above	Yes	No
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	8	90.00	154.37	0.04784	200% Above	Yes	No
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	9	90.00	2.61	0.04583	26%-50% Below	Yes	No
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	9	90.00	154.37	0.04583	200% Above	Yes	No
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	10	30.00	51.46	0.04305	200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	10	69.00	118.35	0.04305	200% Above	Yes	No
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	10	90.00	154.37	0.04305	200% Above	Yes	No
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	11	30.00	51.46	0.03593	200% Above	Yes	No
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	11	90.00	154.37	0.03593	200% Above	Yes	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	8	30.00	38.99	0.06656	200% Above	No	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	8	90.00	108.78	0.06656	200% Above	No	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	9	30.00	38.99	0.06488	200% Above	No	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	9	90.00	108.78	0.06488	200% Above	No	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	10	30.00	38.99	0.06305	200% Above	No	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	10	90.00	108.78	0.06305	200% Above	No	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	10	90.00	116.97	0.06305	200% Above	No	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	11	90.00	108.78	0.05010	200% Above	No	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	11	90.00	148.19	0.05010	200% Above	Yes	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	12	30.00	38.99	0.05663	200% Above	No	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	8	90.00	154.00	0.06656	200% Above	Yes	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	9	90.00	154.00	0.06488	200% Above	Yes	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	10	90.00	148.19	0.06305	200% Above	Yes	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	11	90.00	148.19	0.05010	200% Above	Yes	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	11	90.00	154.00	0.05010	200% Above	Yes	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	12	90.00	148.19	0.05663	200% Above	Yes	No
70377000911	ROSUVASTATIN CALCIUM 40 MG TAB	9	90.00	126.69	0.10260	200% Above	No	No
70377000911	ROSUVASTATIN CALCIUM 40 MG TAB	10	90.00	148.13	0.10013	200% Above	Yes	No
70377000911	ROSUVASTATIN CALCIUM 40 MG TAB	12	90.00	148.13	0.09086	200% Above	Yes	No
70377000913	ROSUVASTATIN CALCIUM 40 MG TAB	8	90.00	153.94	0.10013	200% Above	Yes	No
70377000913	ROSUVASTATIN CALCIUM 40 MG TAB	9	90.00	153.94	0.10260	200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70377000913	ROSUVASTATIN CALCIUM 40 MG TAB	10	90.00	153.94	0.10013	200% Above	Yes	No
70377000913	ROSUVASTATIN CALCIUM 40 MG TAB	11	67.00	114.60	0.07740	200% Above	Yes	No
70377000913	ROSUVASTATIN CALCIUM 40 MG TAB	11	90.00	153.94	0.07740	200% Above	Yes	No
70377004612	PRAVASTATIN SODIUM 20 MG TAB	10	90.00	9.76	0.06240	51%-75% Above	No	No
70377004813	PRAVASTATIN SODIUM 80 MG TAB	11	30.00	5.60	0.11666	51%-75% Above	No	No
70377005612	ESOMEPRAZOLE MAG DR 40 MG CAP	8	90.00	128.82	0.15754	200% Above	No	No
70377005612	ESOMEPRAZOLE MAG DR 40 MG CAP	11	90.00	128.82	0.11037	200% Above	No	No
70377005613	ESOMEPRAZOLE MAG DR 40 MG CAP	8	30.00	42.94	0.15754	200% Above	No	No
70377005613	ESOMEPRAZOLE MAG DR 40 MG CAP	8	90.00	128.82	0.15754	200% Above	Yes	No
70377005613	ESOMEPRAZOLE MAG DR 40 MG CAP	9	90.00	123.96	0.16104	200% Above	Yes	No
70377005613	ESOMEPRAZOLE MAG DR 40 MG CAP	9	90.00	128.82	0.16104	200% Above	No	No
70377005613	ESOMEPRAZOLE MAG DR 40 MG CAP	10	90.00	123.96	0.15336	200% Above	Yes	No
70377005613	ESOMEPRAZOLE MAG DR 40 MG CAP	11	90.00	123.96	0.11037	200% Above	Yes	No
70377005613	ESOMEPRAZOLE MAG DR 40 MG CAP	11	90.00	128.82	0.11037	200% Above	Yes	No
70377005613	ESOMEPRAZOLE MAG DR 40 MG CAP	12	90.00	123.96	0.13123	200% Above	Yes	No
70377006012	LABETALOL HCL 100 MG TABLET	10	60.00	12.92	0.10493	101%-200% Above	No	No
70377006013	LABETALOL HCL 100 MG TABLET	12	180.00	37.30	0.09123	101%-200% Above	Yes	No
70377006212	LABETALOL HCL 300 MG TABLET	9	60.00	22.78	0.21622	51%-75% Above	No	No
70377006711	PRAZOSIN 2 MG CAPSULE	11	360.00	105.30	0.10215	101%-200% Above	No	No
70377007713	ATORVASTATIN 10 MG TABLET	8	30.00	2.40	0.02937	101%-200% Above	Yes	No
70377007713	ATORVASTATIN 10 MG TABLET	8	90.00	6.93	0.02937	101%-200% Above	Yes	No
70377007713	ATORVASTATIN 10 MG TABLET	8	90.00	7.07	0.02937	101%-200% Above	Yes	No
70377007713	ATORVASTATIN 10 MG TABLET	8	90.00	7.20	0.02937	101%-200% Above	Yes	No
70377007713	ATORVASTATIN 10 MG TABLET	9	30.00	2.40	0.03016	101%-200% Above	Yes	No
70377007713	ATORVASTATIN 10 MG TABLET	9	90.00	7.20	0.03016	101%-200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70377007713	ATORVASTATIN 10 MG TABLET	10	30.00	2.40	0.02960	101%-200% Above	Yes	No
70377007713	ATORVASTATIN 10 MG TABLET	10	90.00	6.93	0.02960	101%-200% Above	Yes	No
70377007713	ATORVASTATIN 10 MG TABLET	10	90.00	7.20	0.02960	101%-200% Above	Yes	No
70377007713	ATORVASTATIN 10 MG TABLET	11	30.00	2.40	0.02244	200% Above	Yes	No
70377007713	ATORVASTATIN 10 MG TABLET	11	90.00	6.93	0.02244	200% Above	Yes	No
70377007713	ATORVASTATIN 10 MG TABLET	11	90.00	7.20	0.02244	200% Above	Yes	No
70377007713	ATORVASTATIN 10 MG TABLET	12	90.00	7.20	0.02573	200% Above	Yes	No
70377007813	ATORVASTATIN 20 MG TABLET	8	90.00	8.55	0.03985	101%-200% Above	Yes	No
70377007813	ATORVASTATIN 20 MG TABLET	8	90.00	8.88	0.03985	101%-200% Above	Yes	No
70377007813	ATORVASTATIN 20 MG TABLET	9	9.00	0.89	0.03661	101%-200% Above	Yes	No
70377007813	ATORVASTATIN 20 MG TABLET	9	30.00	2.96	0.03661	101%-200% Above	Yes	No
70377007813	ATORVASTATIN 20 MG TABLET	9	90.00	8.55	0.03661	101%-200% Above	Yes	No
70377007813	ATORVASTATIN 20 MG TABLET	9	90.00	8.88	0.03661	101%-200% Above	Yes	No
70377007813	ATORVASTATIN 20 MG TABLET	10	30.00	2.96	0.03564	101%-200% Above	Yes	No
70377007813	ATORVASTATIN 20 MG TABLET	10	90.00	8.55	0.03564	101%-200% Above	Yes	No
70377007813	ATORVASTATIN 20 MG TABLET	10	90.00	8.88	0.03564	101%-200% Above	Yes	No
70377007813	ATORVASTATIN 20 MG TABLET	11	30.00	2.96	0.02772	200% Above	Yes	No
70377007813	ATORVASTATIN 20 MG TABLET	11	90.00	8.55	0.02772	200% Above	Yes	No
70377007813	ATORVASTATIN 20 MG TABLET	11	90.00	8.88	0.02772	200% Above	Yes	No
70377007813	ATORVASTATIN 20 MG TABLET	12	90.00	8.55	0.03166	200% Above	Yes	No
70377007813	ATORVASTATIN 20 MG TABLET	12	90.00	8.88	0.03166	200% Above	Yes	No
70377007913	ATORVASTATIN 40 MG TABLET	8	30.00	2.92	0.05515	76%-100% Above	Yes	No
70377007913	ATORVASTATIN 40 MG TABLET	8	90.00	8.92	0.05515	76%-100% Above	Yes	No
70377007913	ATORVASTATIN 40 MG TABLET	9	90.00	8.58	0.05122	76%-100% Above	Yes	No
70377007913	ATORVASTATIN 40 MG TABLET	9	90.00	8.92	0.05122	76%-100% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70377007913	ATORVASTATIN 40 MG TABLET	10	90.00	8.92	0.05228	76%-100% Above	Yes	No
70377007913	ATORVASTATIN 40 MG TABLET	11	30.00	2.97	0.04382	101%-200% Above	Yes	No
70377007913	ATORVASTATIN 40 MG TABLET	11	90.00	8.58	0.04382	101%-200% Above	Yes	No
70377007913	ATORVASTATIN 40 MG TABLET	11	90.00	8.92	0.04382	101%-200% Above	Yes	No
70377007913	ATORVASTATIN 40 MG TABLET	12	11.00	1.09	0.04678	101%-200% Above	Yes	No
70377007913	ATORVASTATIN 40 MG TABLET	12	90.00	8.92	0.04678	101%-200% Above	Yes	No
70377008013	ATORVASTATIN 80 MG TABLET	8	90.00	9.90	0.07930	26%-50% Above	Yes	No
70377008013	ATORVASTATIN 80 MG TABLET	9	90.00	9.90	0.08427	26%-50% Above	Yes	No
70377008013	ATORVASTATIN 80 MG TABLET	9	90.00	10.29	0.08427	26%-50% Above	No	No
70377008013	ATORVASTATIN 80 MG TABLET	10	90.00	10.29	0.08395	26%-50% Above	Yes	No
70377008013	ATORVASTATIN 80 MG TABLET	11	90.00	9.90	0.06626	51%-75% Above	Yes	No
70377008013	ATORVASTATIN 80 MG TABLET	11	90.00	10.29	0.06626	51%-75% Above	Yes	No
70377008013	ATORVASTATIN 80 MG TABLET	12	90.00	9.90	0.07506	26%-50% Above	Yes	No
70377011412	LIOTHYRONINE SOD 5 MCG TAB	9	30.00	10.76	0.26737	26%-50% Above	No	No
70377011412	LIOTHYRONINE SOD 5 MCG TAB	10	30.00	10.76	0.24789	26%-50% Above	No	No
70377011412	LIOTHYRONINE SOD 5 MCG TAB	11	30.00	10.76	0.18980	76%-100% Above	No	No
70436015301	POTASSIUM CL ER 20 MEQ TABLET	9	6.00	1.06	0.22636	10%-25% Below	No	No
70436015541	PROMETHAZINE-DM 6.25-15 MG/5 ML	8	120.00	3.83	0.04188	10%-25% Below	No	No
70436015541	PROMETHAZINE-DM 6.25-15 MG/5 ML	9	120.00	3.83	0.04635	26%-50% Below	No	No
70436015541	PROMETHAZINE-DM 6.25-15 MG/5 ML	9	180.00	5.74	0.04635	26%-50% Below	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	8	120.00	3.83	0.04149	10%-25% Below	Yes	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	8	180.00	5.74	0.04149	10%-25% Below	Yes	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	9	80.00	2.55	0.04318	26%-50% Below	Yes	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	9	118.00	3.76	0.04318	26%-50% Below	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	9	120.00	3.83	0.04318	26%-50% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	9	200.00	6.38	0.04318	26%-50% Below	Yes	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	9	240.00	7.66	0.04318	26%-50% Below	Yes	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	10	120.00	3.83	0.04132	10%-25% Below	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	10	120.00	3.83	0.04132	10%-25% Below	Yes	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	10	140.00	4.47	0.04132	10%-25% Below	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	10	180.00	5.74	0.04132	10%-25% Below	Yes	No
70436019201	DILTIAZEM 24H ER(XR) 180 MG CP	8	90.00	21.03	0.47061	26%-50% Below	No	No
70436020201	METOPROLOL SUCC ER 25 MG TAB	8	30.00	3.93	0.06453	101%-200% Above	No	No
70436020201	METOPROLOL SUCC ER 25 MG TAB	10	30.00	3.93	0.06120	101%-200% Above	No	No
70436020201	METOPROLOL SUCC ER 25 MG TAB	11	30.00	3.93	0.05080	101%-200% Above	No	No
70436020201	METOPROLOL SUCC ER 25 MG TAB	12	30.00	3.93	0.05304	101%-200% Above	No	No
70436020202	METOPROLOL SUCC ER 25 MG TAB	9	30.00	3.93	0.06385	101%-200% Above	No	No
70436020202	METOPROLOL SUCC ER 25 MG TAB	11	30.00	3.93	0.05080	101%-200% Above	No	No
70461002403	FLUAD INJ 2024-25	9	0.50	69.73	.		No	No
70461002403	FLUAD INJ 2024-25	11	0.50	69.73	.		No	No
70461055410	FLUCELVAX INJ 2024-25	10	0.50	30.55	.		No	No
70461065403	FLUCELVAX INJ 2024-25	8	0.50	30.55	.		Yes	No
70461065403	FLUCELVAX INJ 2024-25	9	0.50	30.55	.		Yes	No
70461065403	FLUCELVAX INJ 2024-25	9	0.50	30.78	.		No	No
70461065403	FLUCELVAX INJ 2024-25	9	0.50	30.92	.		No	No
70461065403	FLUCELVAX INJ 2024-25	10	0.50	30.78	.		No	No
70461065403	FLUCELVAX INJ 2024-25	10	0.50	30.92	.		No	No
70461065403	FLUCELVAX INJ 2024-25	11	0.50	30.55	.		Yes	No
70461065403	FLUCELVAX INJ 2024-25	11	0.50	30.78	.		No	No
70461065403	FLUCELVAX INJ 2024-25	12	0.50	30.55	.		Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	8	4.00	4.59	2.16891	26%-50% Below	No	No
70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	8	6.00	6.89	2.16891	26%-50% Below	No	No
70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	9	1.00	1.15	1.84176	26%-50% Below	No	No
70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	9	2.00	2.30	1.84176	26%-50% Below	No	No
70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	9	3.00	3.44	1.84176	26%-50% Below	No	No
70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	10	1.00	1.15	1.92672	26%-50% Below	No	No
70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	10	2.00	2.30	1.92672	26%-50% Below	No	No
70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	10	3.00	3.44	1.92672	26%-50% Below	No	No
70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	10	4.00	4.59	1.92672	26%-50% Below	No	No
70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	10	12.00	13.77	1.92672	26%-50% Below	No	No
70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	10	12.00	13.77	1.92672	26%-50% Below	Yes	No
70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	11	1.00	1.15	1.54621	10%-25% Below	Yes	No
70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	11	3.00	3.44	1.54621	10%-25% Below	No	No
70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	11	12.00	13.25	1.54621	26%-50% Below	Yes	No
70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	12	3.00	3.44	1.65534	26%-50% Below	Yes	No
70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	12	12.00	13.25	1.65534	26%-50% Below	Yes	No
70700010916	CLOBETASOL 0.05% CREAM	11	60.00	169.45	0.11283	200% Above	Yes	No
70700011221	TESTOSTERONE 1.62% GEL PUMP	9	75.00	99.86	0.55104	101%-200% Above	No	No
70700011221	TESTOSTERONE 1.62% GEL PUMP	9	150.00	199.73	0.55104	101%-200% Above	No	No
70700011385	ISIBLOOM 28 DAY TABLET	9	28.00	9.16	0.14367	101%-200% Above	No	No
70700011385	ISIBLOOM 28 DAY TABLET	10	28.00	9.16	0.13567	101%-200% Above	No	No
70700011385	ISIBLOOM 28 DAY TABLET	11	28.00	9.16	0.11113	101%-200% Above	No	No
70700011485	LORYNA 3 MG-0.02 MG TABLET	10	84.00	72.57	0.18818	200% Above	No	No
70700011585	SYEDA 28 TABLET	8	28.00	26.05	0.19154	200% Above	Yes	No
70700011585	SYEDA 28 TABLET	8	84.00	78.16	0.19154	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70700011585	SYEDA 28 TABLET	9	28.00	26.05	0.17726	200% Above	Yes	No
70700011585	SYEDA 28 TABLET	10	84.00	78.16	0.17569	200% Above	Yes	No
70700011585	SYEDA 28 TABLET	11	84.00	78.16	0.15775	200% Above	No	No
70700011585	SYEDA 28 TABLET	12	84.00	78.16	0.15661	200% Above	Yes	No
70700011685	ALTAVERA-28 TABLET	10	84.00	31.95	0.11606	200% Above	No	No
70700011685	ALTAVERA-28 TABLET	12	84.00	31.95	0.09682	200% Above	No	No
70700011884	VIENVA-28 TABLET	10	84.00	18.03	0.15509	26%-50% Above	No	No
70700011885	VIENVA-28 TABLET	9	84.00	18.03	0.19122	10%-25% Above	No	No
70700011885	VIENVA-28 TABLET	10	84.00	18.03	0.15509	26%-50% Above	No	No
70700011985	ESTARYLLA 0.25-0.035 MG TABLET	8	28.00	5.67	0.12931	51%-75% Above	No	No
70700011985	ESTARYLLA 0.25-0.035 MG TABLET	8	28.00	5.78	0.12931	51%-75% Above	No	No
70700011985	ESTARYLLA 0.25-0.035 MG TABLET	9	28.00	5.78	0.13232	51%-75% Above	No	No
70700011985	ESTARYLLA 0.25-0.035 MG TABLET	9	84.00	17.35	0.13232	51%-75% Above	No	No
70700011985	ESTARYLLA 0.25-0.035 MG TABLET	10	28.00	5.78	0.12935	51%-75% Above	No	No
70700011985	ESTARYLLA 0.25-0.035 MG TABLET	10	84.00	17.35	0.12935	51%-75% Above	No	No
70700011985	ESTARYLLA 0.25-0.035 MG TABLET	11	28.00	5.78	0.10106	101%-200% Above	No	No
70700011985	ESTARYLLA 0.25-0.035 MG TABLET	12	28.00	5.78	0.11128	76%-100% Above	No	No
70700011985	ESTARYLLA 0.25-0.035 MG TABLET	12	84.00	17.35	0.11128	76%-100% Above	No	No
70700012085	TRI-LO-ESTARYLLA TABLET	9	28.00	15.41	0.12834	200% Above	No	No
70700012085	TRI-LO-ESTARYLLA TABLET	10	28.00	15.41	0.11947	200% Above	No	No
70700012085	TRI-LO-ESTARYLLA TABLET	11	28.00	15.41	0.09034	200% Above	No	No
70700012185	TRI-ESTARYLLA TABLET	8	28.00	5.62	0.12768	51%-75% Above	Yes	No
70700012185	TRI-ESTARYLLA TABLET	8	84.00	16.22	0.12768	51%-75% Above	Yes	No
70700012185	TRI-ESTARYLLA TABLET	9	28.00	5.62	0.13455	26%-50% Above	Yes	No
70700012185	TRI-ESTARYLLA TABLET	9	84.00	16.22	0.13455	26%-50% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70700012185	TRI-ESTARYLLA TABLET	10	28.00	5.62	0.13732	26%-50% Above	Yes	No
70700012185	TRI-ESTARYLLA TABLET	11	84.00	16.22	0.11796	51%-75% Above	Yes	No
70700012185	TRI-ESTARYLLA TABLET	11	84.00	16.86	0.11796	51%-75% Above	Yes	No
70700012285	VOLNEA 0.15-0.02-0.01 MG TAB	9	84.00	45.21	0.19599	101%-200% Above	No	No
70700012285	VOLNEA 0.15-0.02-0.01 MG TAB	11	84.00	45.21	0.15631	200% Above	No	No
70700014435	ESTRADIOL 0.1% (0.5 MG) GEL PKT	8	30.00	59.04	2.31102	10%-25% Below	Yes	No
70700014435	ESTRADIOL 0.1% (0.5 MG) GEL PKT	9	90.00	135.72	2.08070	26%-50% Below	Yes	No
70700014616	FLUOCINONIDE 0.05% OINTMENT	12	30.00	47.23	0.29964	200% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	9	21.00	0.80	0.03431	10%-25% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	9	30.00	1.14	0.03431	10%-25% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	9	90.00	3.41	0.03431	10%-25% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	9	90.00	3.41	0.03431	10%-25% Above	Yes	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	10	30.00	1.14	0.03368	10%-25% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	10	90.00	3.41	0.03368	10%-25% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	11	30.00	1.14	0.02654	26%-50% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	11	90.00	3.41	0.02654	26%-50% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	12	30.00	1.14	0.03019	10%-25% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	12	90.00	3.41	0.03019	10%-25% Above	No	No
70700015691	ENILLORING VAGINAL RING	12	3.00	190.94	49.58895	26%-50% Above	Yes	No
70700016201	PROGESTERONE 100 MG CAPSULE	8	30.00	18.14	0.24819	101%-200% Above	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	8	90.00	54.41	0.24819	101%-200% Above	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	9	30.00	18.49	0.27102	101%-200% Above	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	9	60.00	36.97	0.27102	101%-200% Above	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	9	75.00	44.48	0.27102	101%-200% Above	Yes	No
70700016201	PROGESTERONE 100 MG CAPSULE	9	90.00	55.46	0.27102	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70700016201	PROGESTERONE 100 MG CAPSULE	9	90.00	55.46	0.27102	101%-200% Above	Yes	No
70700016201	PROGESTERONE 100 MG CAPSULE	10	30.00	18.49	0.25015	101%-200% Above	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	10	90.00	55.46	0.25015	101%-200% Above	Yes	No
70700016201	PROGESTERONE 100 MG CAPSULE	11	30.00	18.49	0.17972	200% Above	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	11	90.00	53.37	0.17972	200% Above	Yes	No
70700016201	PROGESTERONE 100 MG CAPSULE	11	90.00	55.46	0.17972	200% Above	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	11	90.00	55.46	0.17972	200% Above	Yes	No
70700016201	PROGESTERONE 100 MG CAPSULE	12	30.00	18.49	0.21062	101%-200% Above	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	12	90.00	55.46	0.21062	101%-200% Above	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	12	90.00	55.46	0.21062	101%-200% Above	Yes	No
70700016301	PROGESTERONE 200 MG CAPSULE	9	30.00	27.77	0.41005	101%-200% Above	No	No
70700016301	PROGESTERONE 200 MG CAPSULE	10	30.00	27.77	0.39874	101%-200% Above	No	No
70700016301	PROGESTERONE 200 MG CAPSULE	10	30.00	27.77	0.39874	101%-200% Above	Yes	No
70700016301	PROGESTERONE 200 MG CAPSULE	10	90.00	83.32	0.39874	101%-200% Above	No	No
70700016301	PROGESTERONE 200 MG CAPSULE	11	20.00	18.52	0.29461	200% Above	No	No
70700016301	PROGESTERONE 200 MG CAPSULE	11	21.00	19.44	0.29461	200% Above	Yes	No
70700016301	PROGESTERONE 200 MG CAPSULE	11	30.00	27.77	0.29461	200% Above	No	No
70700016301	PROGESTERONE 200 MG CAPSULE	11	30.00	27.77	0.29461	200% Above	Yes	No
70700016301	PROGESTERONE 200 MG CAPSULE	11	90.00	83.32	0.29461	200% Above	No	No
70700016301	PROGESTERONE 200 MG CAPSULE	12	30.00	27.77	0.34434	101%-200% Above	Yes	No
70700016301	PROGESTERONE 200 MG CAPSULE	12	90.00	80.17	0.34434	101%-200% Above	Yes	No
70700016301	PROGESTERONE 200 MG CAPSULE	12	90.00	83.32	0.34434	101%-200% Above	No	No
70700026330	LANSOPRAZOLE DR 30 MG CAPSULE	8	30.00	4.22	0.10927	26%-50% Above	Yes	No
70700026330	LANSOPRAZOLE DR 30 MG CAPSULE	9	30.00	4.22	0.10807	26%-50% Above	Yes	No
70700026330	LANSOPRAZOLE DR 30 MG CAPSULE	10	90.00	12.17	0.10563	26%-50% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70700026330	LANSOPRAZOLE DR 30 MG CAPSULE	10	90.00	12.65	0.10563	26%-50% Above	Yes	No
70710101002	OSELTAMIVIR PHOS 75 MG CAPSULE	10	10.00	18.95	1.01298	76%-100% Above	No	No
70710101002	OSELTAMIVIR PHOS 75 MG CAPSULE	11	10.00	18.95	0.75752	101%-200% Above	No	No
70710104703	ERYTHROMYCIN 250 MG TABLET	9	60.00	272.96	1.62122	101%-200% Above	No	No
70710104703	ERYTHROMYCIN 250 MG TABLET	10	60.00	272.96	1.43429	200% Above	No	No
70710104703	ERYTHROMYCIN 250 MG TABLET	11	60.00	272.96	2.08818	101%-200% Above	No	No
70710104703	ERYTHROMYCIN 250 MG TABLET	12	60.00	272.96	1.89710	101%-200% Above	No	No
70710107003	VARDENAFIL HCL 10 MG TABLET	11	8.00	156.09	3.64412	200% Above	No	No
70710107003	VARDENAFIL HCL 10 MG TABLET	12	10.00	195.11	3.01800	200% Above	No	No
70710107103	VARDENAFIL HCL 20 MG TABLET	12	18.00	351.19	2.27269	200% Above	No	No
70710111001	CYPROHEPTADINE 4 MG TABLET	10	90.00	3.39	0.08326	51%-75% Below	No	No
70710111108	TIZANIDINE HCL 2 MG CAPSULE	10	60.00	49.94	0.10139	200% Above	No	No
70710111208	TIZANIDINE HCL 4 MG CAPSULE	10	30.00	31.17	0.15237	200% Above	No	No
70710111208	TIZANIDINE HCL 4 MG CAPSULE	11	30.00	31.17	0.14022	200% Above	No	No
70710112307	DOXYCYCLINE MONO 100 MG TABLET	11	14.00	5.93	0.19858	101%-200% Above	No	No
70710113801	FLUCONAZOLE 100 MG TABLET	9	7.00	0.80	0.30155	51%-75% Below	No	No
70710113801	FLUCONAZOLE 100 MG TABLET	10	7.00	0.80	0.26547	51%-75% Below	No	No
70710113803	FLUCONAZOLE 100 MG TABLET	8	3.00	0.34	0.28130	51%-75% Below	Yes	No
70710113803	FLUCONAZOLE 100 MG TABLET	9	2.00	0.23	0.30155	51%-75% Below	Yes	No
70710113803	FLUCONAZOLE 100 MG TABLET	11	14.00	1.61	0.21140	26%-50% Below	Yes	No
70710113803	FLUCONAZOLE 100 MG TABLET	12	2.00	0.23	0.22998	26%-50% Below	No	No
70710113803	FLUCONAZOLE 100 MG TABLET	12	7.00	0.80	0.22998	26%-50% Below	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	8	1.00	0.89	0.60820	26%-50% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	8	2.00	1.78	0.60820	26%-50% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	8	3.00	2.67	0.60820	26%-50% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70710113908	FLUCONAZOLE 150 MG TABLET	9	1.00	0.89	0.63093	26%-50% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	9	2.00	1.78	0.63093	26%-50% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	9	3.00	2.67	0.63093	26%-50% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	10	1.00	0.89	0.58816	51%-75% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	10	2.00	1.78	0.58816	51%-75% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	10	3.00	2.67	0.58816	51%-75% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	10	3.00	3.88	0.58816	101%-200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	10	4.00	3.56	0.58816	51%-75% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	11	1.00	0.89	0.49094	76%-100% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	11	2.00	1.78	0.49094	76%-100% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	11	3.00	2.67	0.49094	76%-100% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	11	6.00	5.34	0.49094	76%-100% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	12	1.00	0.89	0.51642	51%-75% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	12	2.00	1.78	0.51642	51%-75% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	12	4.00	3.56	0.51642	51%-75% Above	Yes	No
70710114001	FLUCONAZOLE 200 MG TABLET	11	7.00	1.71	0.34488	26%-50% Below	No	No
70710114003	FLUCONAZOLE 200 MG TABLET	8	4.00	0.98	0.47605	26%-50% Below	Yes	No
70710114003	FLUCONAZOLE 200 MG TABLET	8	7.00	1.71	0.47605	26%-50% Below	Yes	No
70710114003	FLUCONAZOLE 200 MG TABLET	10	7.00	1.71	0.47784	26%-50% Below	No	No
70710114003	FLUCONAZOLE 200 MG TABLET	11	1.00	0.24	0.34488	26%-50% Below	Yes	No
70710114003	FLUCONAZOLE 200 MG TABLET	12	1.00	0.24	0.39654	26%-50% Below	Yes	No
70710114003	FLUCONAZOLE 200 MG TABLET	12	3.00	0.73	0.39654	26%-50% Below	Yes	No
70710114901	ISOSORBIDE DINITRATE 10 MG TAB	10	180.00	70.27	0.23399	51%-75% Above	Yes	No
70710115803	LEFLUNOMIDE 20 MG TABLET	11	90.00	283.48	0.28557	200% Above	Yes	No
70710115903	MIRABEGRON ER 25 MG TABLET	10	30.00	283.36	10.80790	10%-25% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70710116003	MIRABEGRON ER 50 MG TABLET	9	90.00	850.08	11.58381	10%-25% Below	Yes	No
70710116003	MIRABEGRON ER 50 MG TABLET	11	90.00	850.08	10.50888	10%-25% Below	Yes	No
70710116003	MIRABEGRON ER 50 MG TABLET	12	90.00	850.08	10.76234	10%-25% Below	Yes	No
70710116200	MECLIZINE 25 MG TABLET	12	30.00	1.19	0.07745	26%-50% Below	No	No
70710116506	OSELTAMIVIR 6 MG/ML SUSPENSION	8	60.00	20.60	0.20268	51%-75% Above	No	No
70710116506	OSELTAMIVIR 6 MG/ML SUSPENSION	8	120.00	41.21	0.20268	51%-75% Above	No	No
70710116506	OSELTAMIVIR 6 MG/ML SUSPENSION	9	60.00	20.60	0.22081	51%-75% Above	No	No
70710116506	OSELTAMIVIR 6 MG/ML SUSPENSION	10	120.00	41.21	0.19818	51%-75% Above	No	No
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	9	3.00	52.37	37.95816	51%-75% Below	No	No
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	9	3.00	52.37	37.95816	51%-75% Below	Yes	No
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	10	3.00	52.37	37.95816	51%-75% Below	No	No
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	10	3.00	52.37	37.95816	51%-75% Below	Yes	No
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	10	9.00	157.10	37.95816	51%-75% Below	Yes	No
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	11	3.00	52.37	38.08666	51%-75% Below	No	No
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	11	3.00	52.37	38.08666	51%-75% Below	Yes	No
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	12	3.00	52.37	38.03566	51%-75% Below	Yes	No
70710122501	AMITRIPTYLINE HCL 10 MG TAB	9	90.00	7.82	0.03912	101%-200% Above	Yes	No
70710122501	AMITRIPTYLINE HCL 10 MG TAB	9	180.00	15.05	0.03912	101%-200% Above	Yes	No
70710122501	AMITRIPTYLINE HCL 10 MG TAB	10	60.00	5.21	0.03815	101%-200% Above	Yes	No
70710122501	AMITRIPTYLINE HCL 10 MG TAB	10	180.00	15.05	0.03815	101%-200% Above	Yes	No
70710122501	AMITRIPTYLINE HCL 10 MG TAB	11	180.00	15.05	0.02853	101%-200% Above	Yes	No
70710122501	AMITRIPTYLINE HCL 10 MG TAB	12	180.00	15.64	0.03287	101%-200% Above	Yes	No
70710122600	AMITRIPTYLINE HCL 25 MG TAB	10	30.00	6.61	0.05659	200% Above	Yes	No
70710122600	AMITRIPTYLINE HCL 25 MG TAB	10	270.00	44.69	0.05659	101%-200% Above	Yes	No
70710122600	AMITRIPTYLINE HCL 25 MG TAB	11	30.00	4.97	0.04115	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70710122600	AMITRIPTYLINE HCL 25 MG TAB	12	30.00	4.97	0.04736	200% Above	No	No
70710122701	AMITRIPTYLINE HCL 50 MG TAB	9	30.00	9.92	0.09173	200% Above	Yes	No
70710122701	AMITRIPTYLINE HCL 50 MG TAB	10	30.00	9.92	0.08527	200% Above	Yes	No
70710122901	AMITRIPTYLINE HCL 100 MG TAB	10	90.00	58.34	0.14014	200% Above	Yes	No
70710123001	AMITRIPTYLINE HCL 150 MG TAB	9	90.00	85.48	0.19919	200% Above	Yes	No
70710123301	BETAMETHASONE DP 0.05% CRM	10	15.00	17.23	0.64373	76%-100% Above	No	No
70710128403	FLUOCINONIDE 0.05% SOLUTION	10	60.00	43.21	0.20906	200% Above	No	No
70710128500	BACLOFEN 10 MG TABLET	8	90.00	1.54	0.03909	51%-75% Below	No	No
70710128500	BACLOFEN 10 MG TABLET	12	30.00	0.51	0.03422	26%-50% Below	No	No
70710128601	BACLOFEN 20 MG TABLET	11	60.00	2.11	0.04628	10%-25% Below	No	No
70710128601	BACLOFEN 20 MG TABLET	12	60.00	2.11	0.05102	26%-50% Below	No	No
70710128605	BACLOFEN 20 MG TABLET	8	120.00	4.21	0.06906	26%-50% Below	No	No
70710128605	BACLOFEN 20 MG TABLET	9	120.00	4.21	0.06126	26%-50% Below	No	No
70710128605	BACLOFEN 20 MG TABLET	10	120.00	4.21	0.06060	26%-50% Below	No	No
70710128605	BACLOFEN 20 MG TABLET	11	120.00	4.21	0.04628	10%-25% Below	No	No
70710128901	TRIAZOLAM 0.25 MG TABLET	10	2.00	0.46	0.37700	26%-50% Below	No	No
70710128901	TRIAZOLAM 0.25 MG TABLET	12	2.00	0.46	0.28469	10%-25% Below	No	No
70710130207	MESALAMINE 1,000 MG SUPP	11	30.00	14.99	1.23578	51%-75% Below	No	No
70710135103	COLCHICINE 0.6 MG TABLET	11	10.00	23.67	0.18453	200% Above	No	No
70710135103	COLCHICINE 0.6 MG TABLET	11	30.00	71.01	0.18453	200% Above	No	No
70710135103	COLCHICINE 0.6 MG TABLET	11	90.00	213.02	0.18453	200% Above	No	No
70710145701	AZITHROMYCIN 100 MG/5 ML SUSP	9	15.00	12.04	0.41739	76%-100% Above	No	No
70710145701	AZITHROMYCIN 100 MG/5 ML SUSP	10	15.00	12.04	0.41887	76%-100% Above	No	No
70710145701	AZITHROMYCIN 100 MG/5 ML SUSP	11	15.00	12.04	0.31291	101%-200% Above	No	No
70710145802	AZITHROMYCIN 200 MG/5 ML SUSP	8	15.00	8.15	0.38438	26%-50% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70710145802	AZITHROMYCIN 200 MG/5 ML SUSP	10	15.00	8.15	0.32754	51%-75% Above	No	No
70710145802	AZITHROMYCIN 200 MG/5 ML SUSP	11	15.00	8.15	0.27215	76%-100% Above	No	No
70710145802	AZITHROMYCIN 200 MG/5 ML SUSP	12	30.00	16.29	0.29991	76%-100% Above	No	No
70710145902	AZITHROMYCIN 200 MG/5 ML SUSP	11	22.50	12.22	0.19878	101%-200% Above	No	No
70710146002	AZITHROMYCIN 200 MG/5 ML SUSP	9	30.00	16.29	0.25330	101%-200% Above	No	No
70710146002	AZITHROMYCIN 200 MG/5 ML SUSP	10	30.00	16.29	0.23576	101%-200% Above	No	No
70710146002	AZITHROMYCIN 200 MG/5 ML SUSP	11	30.00	16.29	0.18019	200% Above	No	No
70710146002	AZITHROMYCIN 200 MG/5 ML SUSP	12	30.00	16.29	0.20436	101%-200% Above	No	No
70710146707	COLESTIPOL HCL 1 GM TABLET	11	90.00	31.45	0.56350	26%-50% Below	No	No
70710164206	LUBIPROSTONE 24 MCG CAPSULE	8	60.00	105.08	0.88589	76%-100% Above	No	No
70710164206	LUBIPROSTONE 24 MCG CAPSULE	9	60.00	105.08	0.85784	101%-200% Above	No	No
70710168400	FAMOTIDINE 40 MG TABLET	8	90.00	8.24	0.05569	51%-75% Above	No	No
70710168400	FAMOTIDINE 40 MG TABLET	9	30.00	2.75	0.05768	51%-75% Above	No	No
70710168400	FAMOTIDINE 40 MG TABLET	9	60.00	5.49	0.05768	51%-75% Above	No	No
70710168400	FAMOTIDINE 40 MG TABLET	9	90.00	8.24	0.05768	51%-75% Above	No	No
70710168400	FAMOTIDINE 40 MG TABLET	10	30.00	2.75	0.05934	51%-75% Above	No	No
70710168400	FAMOTIDINE 40 MG TABLET	10	60.00	5.49	0.05934	51%-75% Above	No	No
70710168400	FAMOTIDINE 40 MG TABLET	11	30.00	2.75	0.04746	76%-100% Above	No	No
70710168400	FAMOTIDINE 40 MG TABLET	11	60.00	5.49	0.04746	76%-100% Above	No	No
70710168400	FAMOTIDINE 40 MG TABLET	11	90.00	8.24	0.04746	76%-100% Above	No	No
70710169909	VENLAFAXINE HCL ER 75 MG CAP	8	30.00	2.60	0.10144	10%-25% Below	Yes	No
70710169909	VENLAFAXINE HCL ER 75 MG CAP	9	30.00	2.65	0.09975	10%-25% Below	Yes	No
70710169909	VENLAFAXINE HCL ER 75 MG CAP	11	90.00	7.96	0.07585	10%-25% Above	Yes	No
70710170009	VENLAFAXINE HCL ER 150 MG CAP	8	30.00	2.46	0.13538	26%-50% Below	Yes	No
70710170009	VENLAFAXINE HCL ER 150 MG CAP	9	90.00	7.38	0.14127	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70710170009	VENLAFAXINE HCL ER 150 MG CAP	10	30.00	2.46	0.13389	26%-50% Below	Yes	No
70710170009	VENLAFAXINE HCL ER 150 MG CAP	10	90.00	7.10	0.13389	26%-50% Below	Yes	No
70710170009	VENLAFAXINE HCL ER 150 MG CAP	10	90.00	7.38	0.13389	26%-50% Below	Yes	No
70710170009	VENLAFAXINE HCL ER 150 MG CAP	11	90.00	7.10	0.10567	10%-25% Below	Yes	No
70710170009	VENLAFAXINE HCL ER 150 MG CAP	11	90.00	7.38	0.10567	10%-25% Below	Yes	No
70710171001	KETOROLAC 10 MG TABLET	8	20.00	5.92	0.39516	10%-25% Below	Yes	No
70710171001	KETOROLAC 10 MG TABLET	9	1.00	0.30	0.40372	10%-25% Below	Yes	No
70710171001	KETOROLAC 10 MG TABLET	9	20.00	5.93	0.40372	26%-50% Below	No	No
70710171001	KETOROLAC 10 MG TABLET	9	20.00	5.93	0.40372	26%-50% Below	Yes	No
70710171001	KETOROLAC 10 MG TABLET	10	20.00	5.93	0.40997	26%-50% Below	Yes	No
70710175806	ENOXAPARIN 40 MG/0.4 ML SYR	10	5.60	37.02	10.04280	26%-50% Below	Yes	No
70748013006	LEFLUNOMIDE 20 MG TABLET	10	30.00	94.49	0.39522	200% Above	No	No
70748013006	LEFLUNOMIDE 20 MG TABLET	11	30.00	94.49	0.28557	200% Above	No	No
70752010112	CYPROHEPTADINE 2 MG/5 ML SOLN	9	473.00	7.90	0.04122	51%-75% Below	Yes	No
70752010406	CHILD CETIRIZINE HCL 1 MG/ML	11	120.00	4.51	0.02927	26%-50% Above	Yes	No
70752011303	LIDOCAINE 5% OINTMENT	12	35.44	2.77	0.17328	51%-75% Below	No	No
70752020411	FOLIC ACID 1 MG TABLET	9	90.00	1.08	0.02221	26%-50% Below	No	No
70752020411	FOLIC ACID 1 MG TABLET	10	90.00	1.08	0.02434	26%-50% Below	No	No
70752020411	FOLIC ACID 1 MG TABLET	12	90.00	1.08	0.02077	26%-50% Below	No	No
70756001402	NITROGLYCERIN 0.4 MG TABLET SL	12	25.00	1.97	0.18498	51%-75% Below	No	No
70756001912	PANTOPRAZOLE SOD DR 40 MG TAB	9	30.00	2.22	0.05198	26%-50% Above	No	No
70756001912	PANTOPRAZOLE SOD DR 40 MG TAB	9	90.00	6.66	0.05198	26%-50% Above	No	No
70756001912	PANTOPRAZOLE SOD DR 40 MG TAB	10	30.00	2.22	0.05478	26%-50% Above	No	No
70756001912	PANTOPRAZOLE SOD DR 40 MG TAB	10	90.00	6.66	0.05478	26%-50% Above	No	No
70756005212	FAMOTIDINE 40 MG TABLET	8	180.00	16.47	0.05569	51%-75% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70756020211	AMITRIPTYLINE HCL 25 MG TAB	9	30.00	4.97	0.05433	200% Above	No	No
70756020211	AMITRIPTYLINE HCL 25 MG TAB	10	30.00	4.97	0.05659	101%-200% Above	No	No
70756020211	AMITRIPTYLINE HCL 25 MG TAB	11	30.00	4.97	0.04115	200% Above	No	No
70756020211	AMITRIPTYLINE HCL 25 MG TAB	11	90.00	14.90	0.04115	200% Above	No	No
70756020211	AMITRIPTYLINE HCL 25 MG TAB	12	90.00	14.90	0.04736	200% Above	No	No
70756020212	AMITRIPTYLINE HCL 25 MG TAB	11	30.00	4.97	0.04115	200% Above	No	No
70756020311	AMITRIPTYLINE HCL 50 MG TAB	8	30.00	9.92	0.09737	200% Above	No	No
70756020311	AMITRIPTYLINE HCL 50 MG TAB	10	30.00	9.92	0.08527	200% Above	No	No
70756020311	AMITRIPTYLINE HCL 50 MG TAB	11	30.00	9.92	0.06766	200% Above	No	No
70756020312	AMITRIPTYLINE HCL 50 MG TAB	10	90.00	28.63	0.08527	200% Above	Yes	No
70756021490	FENOFIBRATE 54 MG TABLET	12	90.00	24.23	0.07168	200% Above	No	No
70756021551	FENOFIBRATE 160 MG TABLET	11	30.00	13.82	0.10985	200% Above	No	No
70756021551	FENOFIBRATE 160 MG TABLET	11	90.00	41.46	0.10985	200% Above	No	No
70756021590	FENOFIBRATE 160 MG TABLET	9	30.00	13.82	0.10481	200% Above	No	No
70756021590	FENOFIBRATE 160 MG TABLET	10	30.00	13.82	0.13822	200% Above	No	No
70756021590	FENOFIBRATE 160 MG TABLET	11	90.00	41.46	0.10985	200% Above	No	No
70756024912	ATORVASTATIN 40 MG TABLET	9	30.00	2.97	0.05122	76%-100% Above	No	No
70756028912	BACLOFEN 20 MG TABLET	11	60.00	2.11	0.04628	10%-25% Below	No	No
70756040411	NITROFURANTOIN MONO-MCR 100 MG	8	14.00	9.01	0.50287	26%-50% Above	No	No
70756040411	NITROFURANTOIN MONO-MCR 100 MG	8	14.00	9.18	0.50287	26%-50% Above	No	No
70756040411	NITROFURANTOIN MONO-MCR 100 MG	10	14.00	9.18	0.34915	76%-100% Above	No	No
70756040411	NITROFURANTOIN MONO-MCR 100 MG	11	10.00	6.56	0.25614	101%-200% Above	No	No
70756040411	NITROFURANTOIN MONO-MCR 100 MG	11	14.00	9.18	0.25614	101%-200% Above	No	No
70756040411	NITROFURANTOIN MONO-MCR 100 MG	11	20.00	13.11	0.25614	101%-200% Above	No	No
70756040411	NITROFURANTOIN MONO-MCR 100 MG	12	20.00	13.11	0.28685	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70756041211	NITROFURANTOIN MCR 100 MG CAP	11	10.00	9.26	0.30858	200% Above	Yes	No
70756060730	OFLOXACIN 0.3% EYE DROPS	9	5.00	11.24	1.88446	10%-25% Above	No	No
70756060915	OFLOXACIN 0.3% EAR DROPS	8	5.00	53.52	1.62164	200% Above	Yes	No
70756060915	OFLOXACIN 0.3% EAR DROPS	9	5.00	53.52	1.62493	200% Above	Yes	No
70756060915	OFLOXACIN 0.3% EAR DROPS	10	5.00	53.52	1.44915	200% Above	No	No
70756060915	OFLOXACIN 0.3% EAR DROPS	11	5.00	53.52	1.20605	200% Above	Yes	No
70756060915	OFLOXACIN 0.3% EAR DROPS	12	5.00	53.52	1.32007	200% Above	No	No
70756061030	OFLOXACIN 0.3% EAR DROPS	8	10.00	97.91	1.64484	200% Above	Yes	No
70756061030	OFLOXACIN 0.3% EAR DROPS	10	10.00	97.91	1.48592	200% Above	No	No
70756061030	OFLOXACIN 0.3% EAR DROPS	10	10.00	97.91	1.48592	200% Above	Yes	No
70756063525	CYANOCOBALAM INJ 1000MCG	8	12.00	13.25	.		Yes	No
70756063525	CYANOCOBALAMIN 1,000 MCG/ML VL	10	1.00	1.15	1.92672	26%-50% Below	Yes	No
70756063525	CYANOCOBALAMIN 1,000 MCG/ML VL	10	3.00	3.44	1.92672	26%-50% Below	Yes	No
70756063525	CYANOCOBALAMIN 1,000 MCG/ML VL	10	4.00	4.59	1.92672	26%-50% Below	Yes	No
70756063525	CYANOCOBALAMIN 1,000 MCG/ML VL	10	6.00	6.89	1.92672	26%-50% Below	Yes	No
70756063525	CYANOCOBALAMIN 1,000 MCG/ML VL	10	12.00	13.25	1.92672	26%-50% Below	Yes	No
70756063525	CYANOCOBALAMIN 1,000 MCG/ML VL	11	3.00	3.31	1.54621	26%-50% Below	Yes	No
70954000510	OXYBUTYNIN 5 MG TABLET	10	60.00	15.14	0.05141	200% Above	No	No
70954000510	OXYBUTYNIN 5 MG TABLET	12	30.00	6.86	0.04743	200% Above	No	No
70954000520	OXYBUTYNIN 5 MG TABLET	9	270.00	68.12	0.05339	200% Above	No	No
70954002010	PRAZOSIN 2 MG CAPSULE	9	60.00	17.55	0.14726	76%-100% Above	Yes	No
70954002010	PRAZOSIN 2 MG CAPSULE	10	180.00	52.65	0.13386	101%-200% Above	Yes	No
70954005820	PREDNISONE 5 MG TABLET	8	28.00	2.90	0.05430	76%-100% Above	No	No
70954005820	PREDNISONE 5 MG TABLET	9	14.00	1.45	0.04955	101%-200% Above	Yes	No
70954005820	PREDNISONE 5 MG TABLET	10	30.00	3.10	0.05070	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70954005820	PREDNISONE 5 MG TABLET	10	90.00	9.31	0.05070	101%-200% Above	No	No
70954005820	PREDNISONE 5 MG TABLET	11	18.00	1.86	0.03916	101%-200% Above	Yes	No
70954005820	PREDNISONE 5 MG TABLET	11	45.00	4.65	0.03916	101%-200% Above	Yes	No
70954005820	PREDNISONE 5 MG TABLET	12	45.00	4.65	0.04351	101%-200% Above	Yes	No
70954005830	PREDNISONE 5 MG TAB DOSE PACK	9	21.00	5.81	0.36941	10%-25% Below	No	No
70954005830	PREDNISONE 5 MG TAB DOSE PACK	10	21.00	5.81	0.36174	10%-25% Below	No	No
70954005830	PREDNISONE 5 MG TAB DOSE PACK	12	21.00	5.81	0.30794	10%-25% Below	No	No
70954005920	PREDNISONE 10 MG TABLET	8	15.00	1.63	0.05575	76%-100% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	8	30.00	3.32	0.05575	76%-100% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	9	10.00	1.11	0.06166	76%-100% Above	No	No
70954005920	PREDNISONE 10 MG TABLET	9	21.00	2.33	0.06166	76%-100% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	10	12.00	1.33	0.05667	76%-100% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	10	14.00	1.55	0.05667	76%-100% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	10	27.00	2.99	0.05667	76%-100% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	10	30.00	3.32	0.05667	76%-100% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	11	4.00	0.44	0.04042	101%-200% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	11	5.00	0.55	0.04042	101%-200% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	11	10.00	1.11	0.04042	101%-200% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	11	12.00	1.33	0.04042	101%-200% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	11	15.00	1.66	0.04042	101%-200% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	11	21.00	2.33	0.04042	101%-200% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	12	14.00	1.55	0.04665	101%-200% Above	No	No
70954005930	PREDNISONE 10 MG TAB DOSE PACK	8	21.00	10.04	0.54919	10%-25% Below	No	No
70954005930	PREDNISONE 10 MG TAB DOSE PACK	9	21.00	10.04	0.56180	10%-25% Below	No	No
70954005930	PREDNISONE 10 MG TAB DOSE PACK	11	21.00	10.04	0.33044	26%-50% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70954006020	PREDNISONE 20 MG TABLET	8	5.00	0.59	0.08765	26%-50% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	8	7.00	0.83	0.08765	26%-50% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	8	10.00	1.16	0.08765	26%-50% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	8	10.00	1.18	0.08765	26%-50% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	8	10.00	1.18	0.08765	26%-50% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	8	12.00	1.42	0.08765	26%-50% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	9	2.00	0.24	0.08552	26%-50% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	9	5.00	0.59	0.08552	26%-50% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	9	10.00	1.18	0.08552	26%-50% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	9	10.00	1.18	0.08552	26%-50% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	9	13.00	1.54	0.08552	26%-50% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	10	5.00	0.59	0.08070	26%-50% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	10	5.00	0.59	0.08070	26%-50% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	10	6.00	0.71	0.08070	26%-50% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	10	9.00	1.06	0.08070	26%-50% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	10	10.00	1.18	0.08070	26%-50% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	10	10.00	1.18	0.08070	26%-50% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	10	15.00	1.77	0.08070	26%-50% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	11	5.00	0.59	0.06386	76%-100% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	11	5.00	0.59	0.06386	76%-100% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	11	7.00	0.83	0.06386	76%-100% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	11	10.00	1.18	0.06386	76%-100% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	11	10.00	1.18	0.06386	76%-100% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	11	13.00	1.54	0.06386	76%-100% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	11	14.00	1.66	0.06386	76%-100% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70954006020	PREDNISONE 20 MG TABLET	11	14.00	1.66	0.06386	76%-100% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	12	10.00	1.18	0.07170	51%-75% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	12	10.00	1.18	0.07170	51%-75% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	12	13.00	1.54	0.07170	51%-75% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	12	15.00	1.77	0.07170	51%-75% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	12	18.00	2.13	0.07170	51%-75% Above	Yes	No
70954018810	ACYCLOVIR 200 MG/5 ML SUSP	8	100.00	35.80	0.08380	200% Above	Yes	No
70954025220	FLUDROCORTISONE 0.1 MG TABLET	8	45.00	11.06	0.40241	26%-50% Below	No	No
70954025220	FLUDROCORTISONE 0.1 MG TABLET	9	60.00	14.75	0.42273	26%-50% Below	No	No
70954025220	FLUDROCORTISONE 0.1 MG TABLET	10	90.00	22.12	0.40466	26%-50% Below	No	No
70954025810	SULFAMETHOXAZOLE-TMP SUSP	8	50.00	1.94	0.06263	26%-50% Below	No	No
70954025810	SULFAMETHOXAZOLE-TMP SUSP	9	50.00	1.50	0.06578	51%-75% Below	No	No
70954025810	SULFAMETHOXAZOLE-TMP SUSP	9	140.00	4.20	0.06578	51%-75% Below	No	No
70954025810	SULFAMETHOXAZOLE-TMP SUSP	10	50.00	1.50	0.06378	51%-75% Below	No	No
70954031610	FAMOTIDINE 40 MG/5 ML SUSP	12	50.00	12.41	0.31275	10%-25% Below	No	No
70954040210	DEXAMETHASONE 2 MG TABLET	10	30.00	4.63	0.33112	51%-75% Below	No	No
70954040310	DEXAMETHASONE 4 MG TABLET	8	8.00	1.53	0.33084	26%-50% Below	No	No
70954040310	DEXAMETHASONE 4 MG TABLET	8	40.00	7.64	0.33084	26%-50% Below	Yes	No
70954040310	DEXAMETHASONE 4 MG TABLET	9	5.00	0.95	0.32850	26%-50% Below	No	No
70954040310	DEXAMETHASONE 4 MG TABLET	9	8.00	1.53	0.32850	26%-50% Below	No	No
70954040310	DEXAMETHASONE 4 MG TABLET	10	3.00	0.57	0.36137	26%-50% Below	Yes	No
70954040310	DEXAMETHASONE 4 MG TABLET	10	8.00	1.53	0.36137	26%-50% Below	No	No
70954040310	DEXAMETHASONE 4 MG TABLET	11	4.00	0.76	0.24359	10%-25% Below	No	No
70954040310	DEXAMETHASONE 4 MG TABLET	11	7.00	1.34	0.24359	10%-25% Below	Yes	No
70954040310	DEXAMETHASONE 4 MG TABLET	11	8.00	1.53	0.24359	10%-25% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70954040310	DEXAMETHASONE 4 MG TABLET	12	3.00	0.57	0.28001	26%-50% Below	Yes	No
70954040310	DEXAMETHASONE 4 MG TABLET	12	4.00	0.76	0.28001	26%-50% Below	No	No
70954040310	DEXAMETHASONE 4 MG TABLET	12	5.00	0.95	0.28001	26%-50% Below	Yes	No
70954040310	DEXAMETHASONE 4 MG TABLET	12	8.00	1.53	0.28001	26%-50% Below	No	No
70954040410	DEXAMETHASONE 6 MG TABLET	12	14.00	3.99	0.62703	51%-75% Below	Yes	No
70954041230	BISOPROLOL-HYDROCHLOROTHIAZIDE 2.5-6.25 MG TB	12	90.00	21.34	0.20040	10%-25% Above	Yes	No
70954041410	BISOPROLOL-HYDROCHLOROTHIAZIDE 10-6.25 MG TAB	9	90.00	16.73	0.22511	10%-25% Below	Yes	No
70954044310	MISOPROSTOL 100 MCG TABLET	8	2.00	0.46	0.55451	51%-75% Below	No	No
70954044410	MISOPROSTOL 200 MCG TABLET	8	1.00	0.81	0.69899	10%-25% Above	No	No
70954044410	MISOPROSTOL 200 MCG TABLET	11	2.00	1.63	0.60008	26%-50% Above	No	No
70954044420	MISOPROSTOL 200 MCG TABLET	9	1.00	0.81	0.71271	10%-25% Above	No	No
70954056510	ESTRADIOL 1 MG TABLET	8	30.00	3.22	0.07250	26%-50% Above	No	No
70954056510	ESTRADIOL 1 MG TABLET	9	30.00	3.29	0.07130	51%-75% Above	No	No
70954056510	ESTRADIOL 1 MG TABLET	10	30.00	3.29	0.07443	26%-50% Above	No	No
70954056510	ESTRADIOL 1 MG TABLET	10	90.00	9.86	0.07443	26%-50% Above	No	No
70954056510	ESTRADIOL 1 MG TABLET	11	90.00	9.86	0.05642	76%-100% Above	No	No
70954056520	ESTRADIOL 1 MG TABLET	8	30.00	3.29	0.07250	51%-75% Above	No	No
70954056520	ESTRADIOL 1 MG TABLET	9	30.00	3.29	0.07130	51%-75% Above	No	No
70954056520	ESTRADIOL 1 MG TABLET	9	90.00	9.86	0.07130	51%-75% Above	No	No
70954056520	ESTRADIOL 1 MG TABLET	10	30.00	3.29	0.07443	26%-50% Above	No	No
70954056520	ESTRADIOL 1 MG TABLET	11	30.00	3.29	0.05642	76%-100% Above	No	No
70954056610	ESTRADIOL 2 MG TABLET	8	90.00	13.34	0.10199	26%-50% Above	No	No
70954056610	ESTRADIOL 2 MG TABLET	9	30.00	4.45	0.09768	51%-75% Above	No	No
70954056610	ESTRADIOL 2 MG TABLET	9	90.00	13.34	0.09768	51%-75% Above	No	No
70954056610	ESTRADIOL 2 MG TABLET	10	30.00	4.45	0.09619	51%-75% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70954056610	ESTRADIOL 2 MG TABLET	10	90.00	13.34	0.09619	51%-75% Above	No	No
70954056610	ESTRADIOL 2 MG TABLET	11	30.00	4.45	0.07122	101%-200% Above	No	No
70954056610	ESTRADIOL 2 MG TABLET	11	90.00	13.34	0.07122	101%-200% Above	No	No
70954056610	ESTRADIOL 2 MG TABLET	12	30.00	4.45	0.08234	76%-100% Above	No	No
70954060010	FLUOXETINE 20 MG/5 ML SOLUTION	10	120.00	24.62	0.23080	10%-25% Below	No	No
71093011105	GABAPENTIN 600 MG TABLET	10	60.00	1.18	0.09506	76%-100% Below	No	No
71093011906	TRAMADOL HCL 50 MG TABLET	12	30.00	0.46	0.02546	26%-50% Below	No	No
71093012105	GABAPENTIN 300 MG CAPSULE	9	150.00	3.14	0.03917	26%-50% Below	No	No
71093012105	GABAPENTIN 300 MG CAPSULE	10	150.00	3.14	0.03775	26%-50% Below	No	No
71093012105	GABAPENTIN 300 MG CAPSULE	11	30.00	0.63	0.03133	26%-50% Below	No	No
71093012105	GABAPENTIN 300 MG CAPSULE	11	150.00	3.14	0.03133	26%-50% Below	No	No
71093012105	GABAPENTIN 300 MG CAPSULE	12	150.00	3.14	0.03474	26%-50% Below	No	No
71093014005	METHOCARBAMOL 500 MG TABLET	8	56.00	4.07	0.03761	76%-100% Above	No	No
71093014105	METHOCARBAMOL 750 MG TABLET	9	90.00	1.71	0.04588	51%-75% Below	No	No
71093014105	METHOCARBAMOL 750 MG TABLET	10	90.00	1.71	0.04594	51%-75% Below	No	No
71093014105	METHOCARBAMOL 750 MG TABLET	12	90.00	1.71	0.03852	26%-50% Below	No	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	8	1.00	1.15	2.16891	26%-50% Below	Yes	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	8	3.00	3.44	2.16891	26%-50% Below	No	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	8	12.00	13.25	2.16891	26%-50% Below	Yes	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	9	1.00	1.15	1.84176	26%-50% Below	No	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	9	4.00	4.59	1.84176	26%-50% Below	Yes	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	9	12.00	13.25	1.84176	26%-50% Below	Yes	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	10	1.00	1.15	1.92672	26%-50% Below	No	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	10	4.00	4.59	1.92672	26%-50% Below	Yes	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	10	6.00	6.89	1.92672	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	10	12.00	13.77	1.92672	26%-50% Below	No	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	11	1.00	1.15	1.54621	10%-25% Below	No	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	11	2.00	2.30	1.54621	10%-25% Below	No	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	11	3.00	3.44	1.54621	10%-25% Below	No	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	11	4.00	4.59	1.54621	10%-25% Below	No	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	11	12.00	13.77	1.54621	10%-25% Below	No	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	12	6.00	6.89	1.65534	26%-50% Below	No	No
71399862701	ASPIRIN LOW TAB 81MG	8	90.00	0.70	.		No	No
71610006460	ALLOPURINOL TAB 300MG	9	90.00	15.68	.		No	No
71610006760	CARVEDILOL TAB 25MG	8	90.00	3.16	.		No	No
71610017742	JARDIANCE TAB 25MG	10	90.00	181.35	.		No	No
71610034345	POT CL MICRO TAB 20MEQ ER	4	45.00	5.04	.		No	No
71610034345	POT CL MICRO TAB 20MEQ ER	6	45.00	5.04	.		No	No
71610034345	POT CL MICRO TAB 20MEQ ER	9	45.00	5.14	.		No	No
71610034345	POT CL MICRO TAB 20MEQ ER	12	45.00	5.53	.		No	No
71610048860	HYDROCHLOROT TAB 25MG	4	90.00	2.17	.		No	No
71610048860	HYDROCHLOROT TAB 25MG	6	90.00	2.17	.		No	No
71610068260	CHLORTHALID TAB 25MG	8	90.00	25.89	.		No	No
71610073830	TAMSULOSIN CAP 0.4MG	4	30.00	3.66	.		No	No
71610073830	TAMSULOSIN CAP 0.4MG	5	30.00	3.66	.		No	No
71610083530	TAMSULOSIN CAP 0.4MG	8	30.00	3.66	.		No	No
71858003004	TIROSINT CAP 100MCG	10	30.00	136.32	.		No	No
71858003004	TIROSINT CAP 100MCG	11	30.00	136.32	.		No	No
71858011305	TIROSINT-SOL SOL 44MCG/ML	8	30.00	136.60	.		No	No
71858011305	TIROSINT-SOL SOL 44MCG/ML	9	30.00	136.60	.		No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
71858011305	TIROSINT-SOL SOL 44MCG/ML	10	30.00	136.60	.		No	No
71858011305	TIROSINT-SOL SOL 44MCG/ML	11	30.00	136.60	.		No	No
71921024250	ALLOPURINOL 300 MG TABLET	10	90.00	15.68	0.06845	101%-200% Above	No	No
71930002012	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	11	16.00	1.18	0.15186	51%-75% Below	Yes	No
71930002643	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	8	118.00	5.42	0.09186	26%-50% Below	Yes	No
71930002643	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	8	180.00	8.26	0.09186	26%-50% Below	Yes	No
71930002643	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	8	240.00	11.02	0.09186	26%-50% Below	No	No
71930002643	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	8	240.00	11.02	0.09186	26%-50% Below	Yes	No
71930002643	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	9	240.00	11.02	0.09582	51%-75% Below	Yes	No
71930002643	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	10	180.00	8.26	0.10268	51%-75% Below	Yes	No
71930002643	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	10	200.00	9.18	0.10268	51%-75% Below	Yes	No
71930002643	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	11	120.00	5.51	0.10527	51%-75% Below	Yes	No
71930002643	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	11	240.00	11.02	0.10527	51%-75% Below	Yes	No
71930002743	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG/15 ML SOLUTION	9	240.00	34.58	0.34250	51%-75% Below	Yes	No
71930005552	ACETAMINOPHEN-COD #3 TABLET	8	26.00	2.88	0.25507	51%-75% Below	Yes	No
71930005552	ACETAMINOPHEN-COD #3 TABLET	9	20.00	2.22	0.26684	51%-75% Below	Yes	No
71930005552	ACETAMINOPHEN-COD #3 TABLET	10	60.00	6.65	0.26773	51%-75% Below	No	No
71930005552	ACETAMINOPHEN-COD #3 TABLET	12	60.00	6.65	0.23491	51%-75% Below	No	No
72143032130	SULCONAZOLE SOL 1%	9	30.00	237.50	.		No	No
72143032130	SULCONAZOLE SOL 1%	10	30.00	237.50	.		No	No
72205000390	ROSUVASTATIN CALCIUM 10 MG TAB	8	90.00	154.37	0.04784	200% Above	No	No
72205000390	ROSUVASTATIN CALCIUM 10 MG TAB	9	30.00	51.46	0.04583	200% Above	No	No
72205000390	ROSUVASTATIN CALCIUM 10 MG TAB	9	90.00	35.46	0.04583	200% Above	No	No
72205000390	ROSUVASTATIN CALCIUM 10 MG TAB	9	90.00	154.37	0.04583	200% Above	No	No
72205000390	ROSUVASTATIN CALCIUM 10 MG TAB	10	30.00	51.46	0.04305	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72205000390	ROSUVASTATIN CALCIUM 10 MG TAB	10	90.00	154.37	0.04305	200% Above	No	No
72205000390	ROSUVASTATIN CALCIUM 10 MG TAB	11	30.00	51.46	0.03593	200% Above	No	No
72205000390	ROSUVASTATIN CALCIUM 10 MG TAB	11	90.00	154.37	0.03593	200% Above	No	No
72205000390	ROSUVASTATIN CALCIUM 10 MG TAB	12	30.00	51.46	0.03956	200% Above	No	No
72205000399	ROSUVASTATIN CALCIUM 10 MG TAB	8	30.00	51.46	0.04784	200% Above	No	No
72205000399	ROSUVASTATIN CALCIUM 10 MG TAB	9	30.00	51.46	0.04583	200% Above	No	No
72205000399	ROSUVASTATIN CALCIUM 10 MG TAB	10	90.00	154.37	0.04305	200% Above	No	No
72205000399	ROSUVASTATIN CALCIUM 10 MG TAB	11	90.00	154.37	0.03593	200% Above	No	No
72205000490	ROSUVASTATIN CALCIUM 20 MG TAB	11	30.00	51.33	0.05010	200% Above	No	No
72205000530	ROSUVASTATIN CALCIUM 40 MG TAB	8	90.00	126.69	0.10013	200% Above	No	No
72205000530	ROSUVASTATIN CALCIUM 40 MG TAB	9	90.00	126.69	0.10260	200% Above	No	No
72205000530	ROSUVASTATIN CALCIUM 40 MG TAB	11	90.00	126.69	0.07740	200% Above	No	No
72205001290	PREGABALIN 50 MG CAPSULE	9	30.00	0.85	0.06171	51%-75% Below	No	No
72205001290	PREGABALIN 50 MG CAPSULE	11	30.00	0.85	0.03975	26%-50% Below	No	No
72205001290	PREGABALIN 50 MG CAPSULE	11	90.00	2.55	0.03975	26%-50% Below	No	No
72205001290	PREGABALIN 50 MG CAPSULE	12	30.00	0.85	0.05101	26%-50% Below	No	No
72205001390	PREGABALIN 75 MG CAPSULE	8	60.00	1.49	0.06321	51%-75% Below	No	No
72205001390	PREGABALIN 75 MG CAPSULE	8	120.00	2.99	0.06321	51%-75% Below	No	No
72205001390	PREGABALIN 75 MG CAPSULE	9	15.00	0.37	0.06597	51%-75% Below	No	No
72205001390	PREGABALIN 75 MG CAPSULE	9	60.00	1.49	0.06597	51%-75% Below	No	No
72205001390	PREGABALIN 75 MG CAPSULE	9	120.00	2.99	0.06597	51%-75% Below	No	No
72205001390	PREGABALIN 75 MG CAPSULE	10	30.00	0.75	0.06661	51%-75% Below	No	No
72205001390	PREGABALIN 75 MG CAPSULE	10	60.00	1.49	0.06661	51%-75% Below	No	No
72205001390	PREGABALIN 75 MG CAPSULE	11	30.00	0.75	0.04335	26%-50% Below	No	No
72205001390	PREGABALIN 75 MG CAPSULE	11	60.00	1.49	0.04335	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72205001390	PREGABALIN 75 MG CAPSULE	12	30.00	0.75	0.05396	51%-75% Below	No	No
72205001490	PREGABALIN 100 MG CAPSULE	7	90.00	2.41	0.04334	26%-50% Below	No	No
72205001490	PREGABALIN 100 MG CAPSULE	9	90.00	2.86	0.06249	26%-50% Below	No	No
72205001490	PREGABALIN 100 MG CAPSULE	10	90.00	2.86	0.06605	51%-75% Below	No	No
72205001690	PREGABALIN 200 MG CAPSULE	8	90.00	2.76	0.07007	51%-75% Below	No	No
72205001690	PREGABALIN 200 MG CAPSULE	9	90.00	2.76	0.07819	51%-75% Below	No	No
72205001690	PREGABALIN 200 MG CAPSULE	10	60.00	1.84	0.07304	51%-75% Below	No	No
72205001690	PREGABALIN 200 MG CAPSULE	10	90.00	2.76	0.07304	51%-75% Below	No	No
72205001690	PREGABALIN 200 MG CAPSULE	11	60.00	1.84	0.05523	26%-50% Below	No	No
72205001690	PREGABALIN 200 MG CAPSULE	11	90.00	2.76	0.05523	26%-50% Below	No	No
72205001690	PREGABALIN 200 MG CAPSULE	12	60.00	1.84	0.06311	51%-75% Below	No	No
72205001690	PREGABALIN 200 MG CAPSULE	12	90.00	2.76	0.06311	51%-75% Below	No	No
72205002205	ATORVASTATIN 10 MG TABLET	8	30.00	2.40	0.02937	101%-200% Above	No	No
72205002205	ATORVASTATIN 10 MG TABLET	10	30.00	2.40	0.02960	101%-200% Above	No	No
72205002205	ATORVASTATIN 10 MG TABLET	11	30.00	2.40	0.02244	200% Above	No	No
72205002205	ATORVASTATIN 10 MG TABLET	11	90.00	7.20	0.02244	200% Above	No	No
72205002290	ATORVASTATIN 10 MG TABLET	10	90.00	7.20	0.02960	101%-200% Above	No	No
72205002299	ATORVASTATIN 10 MG TABLET	8	90.00	7.20	0.02937	101%-200% Above	No	No
72205002299	ATORVASTATIN 10 MG TABLET	11	90.00	7.20	0.02244	200% Above	No	No
72205002305	ATORVASTATIN 20 MG TABLET	10	90.00	8.88	0.03564	101%-200% Above	No	No
72205002399	ATORVASTATIN 20 MG TABLET	9	90.00	8.88	0.03661	101%-200% Above	No	No
72205002399	ATORVASTATIN 20 MG TABLET	10	90.00	8.88	0.03564	101%-200% Above	No	No
72205002405	ATORVASTATIN 40 MG TABLET	8	30.00	2.92	0.05515	76%-100% Above	No	No
72205002405	ATORVASTATIN 40 MG TABLET	8	30.00	2.97	0.05515	76%-100% Above	No	No
72205002405	ATORVASTATIN 40 MG TABLET	8	90.00	8.92	0.05515	76%-100% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72205002405	ATORVASTATIN 40 MG TABLET	11	90.00	8.92	0.04382	101%-200% Above	No	No
72205002490	ATORVASTATIN 40 MG TABLET	11	90.00	8.92	0.04382	101%-200% Above	No	No
72205002499	ATORVASTATIN 40 MG TABLET	8	90.00	8.92	0.05515	76%-100% Above	No	No
72205002499	ATORVASTATIN 40 MG TABLET	9	30.00	2.97	0.05122	76%-100% Above	No	No
72205002499	ATORVASTATIN 40 MG TABLET	9	90.00	8.92	0.05122	76%-100% Above	No	No
72205002499	ATORVASTATIN 40 MG TABLET	10	30.00	2.97	0.05228	76%-100% Above	No	No
72205002499	ATORVASTATIN 40 MG TABLET	11	90.00	8.92	0.04382	101%-200% Above	No	No
72205002499	ATORVASTATIN 40 MG TABLET	12	30.00	2.97	0.04678	101%-200% Above	No	No
72205002499	ATORVASTATIN 40 MG TABLET	12	90.00	8.92	0.04678	101%-200% Above	No	No
72205002590	ATORVASTATIN 80 MG TABLET	12	30.00	3.43	0.07506	51%-75% Above	No	No
72205002599	ATORVASTATIN 80 MG TABLET	9	30.00	3.43	0.08427	26%-50% Above	No	No
72205002599	ATORVASTATIN 80 MG TABLET	10	30.00	3.43	0.08395	26%-50% Above	No	No
72205002599	ATORVASTATIN 80 MG TABLET	11	30.00	3.43	0.06626	51%-75% Above	No	No
72205002599	ATORVASTATIN 80 MG TABLET	11	90.00	10.29	0.06626	51%-75% Above	No	No
72205002790	ROSUVASTATIN CALCIUM 5 MG TAB	9	90.00	154.82	0.04144	200% Above	No	No
72205002790	ROSUVASTATIN CALCIUM 5 MG TAB	10	90.00	154.82	0.03931	200% Above	No	No
72205002790	ROSUVASTATIN CALCIUM 5 MG TAB	12	7.00	12.04	0.03621	200% Above	No	No
72205002790	ROSUVASTATIN CALCIUM 5 MG TAB	12	90.00	154.82	0.03621	200% Above	No	No
72205004411	OSELTAMIVIR PHOS 75 MG CAPSULE	10	10.00	18.95	1.01298	76%-100% Above	No	No
72205004411	OSELTAMIVIR PHOS 75 MG CAPSULE	11	10.00	18.95	0.75752	101%-200% Above	No	No
72205004411	OSELTAMIVIR PHOS 75 MG CAPSULE	12	10.00	18.95	0.91545	101%-200% Above	No	No
72205008991	DOXEPIN 25 MG CAPSULE	11	30.00	1.58	0.12160	51%-75% Below	No	No
72205008991	DOXEPIN 25 MG CAPSULE	12	30.00	1.58	0.12536	51%-75% Below	No	No
72205014199	LOSARTAN POTASSIUM 25 MG TAB	9	30.00	2.63	0.02956	101%-200% Above	No	No
72205014199	LOSARTAN POTASSIUM 25 MG TAB	9	60.00	5.26	0.02956	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72205014199	LOSARTAN POTASSIUM 25 MG TAB	10	90.00	7.89	0.02989	101%-200% Above	No	No
72205014199	LOSARTAN POTASSIUM 25 MG TAB	11	90.00	7.89	0.02422	200% Above	No	No
72205014199	LOSARTAN POTASSIUM 25 MG TAB	12	180.00	15.79	0.02707	200% Above	No	No
72205014299	LOSARTAN POTASSIUM 50 MG TAB	8	90.00	5.33	0.04351	26%-50% Above	No	No
72205014299	LOSARTAN POTASSIUM 50 MG TAB	9	90.00	5.33	0.04317	26%-50% Above	No	No
72205014299	LOSARTAN POTASSIUM 50 MG TAB	10	90.00	5.33	0.04065	26%-50% Above	No	No
72205014399	LOSARTAN POTASSIUM 100 MG TAB	8	30.00	3.95	0.05455	101%-200% Above	No	No
72205014399	LOSARTAN POTASSIUM 100 MG TAB	10	30.00	3.95	0.05587	101%-200% Above	No	No
72205014399	LOSARTAN POTASSIUM 100 MG TAB	11	30.00	3.95	0.04224	200% Above	No	No
72205020830	LURASIDONE HCL 40 MG TABLET	9	30.00	210.77	0.32778	200% Above	Yes	No
72205026030	VILAZODONE HCL 10 MG TABLET	10	30.00	99.32	1.09371	200% Above	No	No
72205026030	VILAZODONE HCL 10 MG TABLET	11	30.00	99.32	0.84323	200% Above	No	No
72205026030	VILAZODONE HCL 10 MG TABLET	12	7.00	23.17	0.97183	200% Above	No	No
72205026030	VILAZODONE HCL 10 MG TABLET	12	30.00	99.32	0.97183	200% Above	No	No
72205026130	VILAZODONE HCL 20 MG TABLET	12	15.00	49.66	0.84739	200% Above	No	No
72241000811	FLUOXETINE HCL 20 MG CAPSULE	9	90.00	1.10	0.03236	51%-75% Below	No	No
72241000811	FLUOXETINE HCL 20 MG CAPSULE	10	90.00	1.10	0.03238	51%-75% Below	No	No
72241000811	FLUOXETINE HCL 20 MG CAPSULE	11	90.00	1.10	0.02788	51%-75% Below	No	No
72241002410	CELECOXIB 200 MG CAPSULE	9	90.00	38.70	0.10706	200% Above	No	No
72241002410	CELECOXIB 200 MG CAPSULE	11	180.00	77.40	0.07576	200% Above	No	No
72305005030	EUTHYROX 50 MCG TABLET	10	90.00	2.91	0.14176	76%-100% Below	No	No
72485062513	CIPROFLOX-DEXAMETH OTIC SUSP	11	7.50	61.65	10.01002	10%-25% Below	No	No
72485067035	ERYTHROMYCIN 0.5% EYE OINTMENT	11	3.50	8.23	3.09710	10%-25% Below	No	No
72516003001	METOPROLOL SUCC ER 25 MG TAB	11	90.00	11.80	0.05080	101%-200% Above	No	No
72516003010	METOPROLOL SUCC ER 25 MG TAB	8	30.00	3.93	0.06453	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72516003010	METOPROLOL SUCC ER 25 MG TAB	9	30.00	3.93	0.06385	101%-200% Above	No	No
72516003010	METOPROLOL SUCC ER 25 MG TAB	9	60.00	7.87	0.06385	101%-200% Above	No	No
72516003010	METOPROLOL SUCC ER 25 MG TAB	10	30.00	3.93	0.06120	101%-200% Above	No	No
72516003010	METOPROLOL SUCC ER 25 MG TAB	10	60.00	7.87	0.06120	101%-200% Above	No	No
72516003010	METOPROLOL SUCC ER 25 MG TAB	11	30.00	3.93	0.05080	101%-200% Above	No	No
72516003010	METOPROLOL SUCC ER 25 MG TAB	12	30.00	3.93	0.05304	101%-200% Above	No	No
72516003050	METOPROLOL SUCC ER 25 MG TAB	11	30.00	3.93	0.05080	101%-200% Above	No	No
72516003110	METOPROLOL SUCC ER 50 MG TAB	9	30.00	3.93	0.06663	76%-100% Above	No	No
72516003110	METOPROLOL SUCC ER 50 MG TAB	10	30.00	3.93	0.05759	101%-200% Above	No	No
72516003110	METOPROLOL SUCC ER 50 MG TAB	11	30.00	3.93	0.06035	101%-200% Above	No	No
72516003150	METOPROLOL SUCC ER 50 MG TAB	8	30.00	3.86	0.06643	76%-100% Above	No	No
72516003150	METOPROLOL SUCC ER 50 MG TAB	9	30.00	3.93	0.06663	76%-100% Above	No	No
72516003150	METOPROLOL SUCC ER 50 MG TAB	10	90.00	11.80	0.05759	101%-200% Above	No	No
72516003150	METOPROLOL SUCC ER 50 MG TAB	11	30.00	3.93	0.06035	101%-200% Above	No	No
72516003150	METOPROLOL SUCC ER 50 MG TAB	11	90.00	11.80	0.06035	101%-200% Above	No	No
72516003150	METOPROLOL SUCC ER 50 MG TAB	12	30.00	3.93	0.05663	101%-200% Above	No	No
72516003150	METOPROLOL SUCC ER 50 MG TAB	12	90.00	11.80	0.05663	101%-200% Above	No	No
72516003210	METOPROLOL SUCC ER 100 MG TAB	8	15.00	3.38	0.11117	101%-200% Above	No	No
72516003210	METOPROLOL SUCC ER 100 MG TAB	8	30.00	6.75	0.11117	101%-200% Above	No	No
72516003210	METOPROLOL SUCC ER 100 MG TAB	9	15.00	3.38	0.10118	101%-200% Above	No	No
72516003210	METOPROLOL SUCC ER 100 MG TAB	9	30.00	6.75	0.10118	101%-200% Above	No	No
72516003210	METOPROLOL SUCC ER 100 MG TAB	9	90.00	20.26	0.10118	101%-200% Above	Yes	No
72516003210	METOPROLOL SUCC ER 100 MG TAB	10	15.00	3.38	0.09544	101%-200% Above	No	No
72516003210	METOPROLOL SUCC ER 100 MG TAB	11	90.00	20.26	0.10390	101%-200% Above	Yes	No
72516003210	METOPROLOL SUCC ER 100 MG TAB	12	90.00	20.26	0.09765	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72516003250	METOPROLOL SUCC ER 100 MG TAB	10	30.00	6.75	0.09544	101%-200% Above	No	No
72516003250	METOPROLOL SUCC ER 100 MG TAB	11	30.00	6.75	0.10390	101%-200% Above	No	No
72578000201	ACYCLOVIR 200 MG CAPSULE	8	90.00	7.42	0.10578	10%-25% Below	No	No
72578000721	METRONIDAZOLE 250 MG TABLET	12	30.00	3.58	0.09497	10%-25% Above	Yes	No
72578000801	METRONIDAZOLE 500 MG TABLET	9	14.00	2.63	0.12154	51%-75% Above	No	No
72578005505	DOXYCYCLINE HYCLATE 100 MG CAP	10	60.00	75.55	0.12791	200% Above	No	No
72578005505	DOXYCYCLINE HYCLATE 100 MG CAP	12	60.00	75.55	0.10669	200% Above	No	No
72578005518	DOXYCYCLINE HYCLATE 100 MG CAP	8	8.00	6.53	0.13184	200% Above	No	No
72578005518	DOXYCYCLINE HYCLATE 100 MG CAP	8	20.00	16.32	0.13184	200% Above	No	No
72578005518	DOXYCYCLINE HYCLATE 100 MG CAP	8	42.00	52.89	0.13184	200% Above	No	No
72578005518	DOXYCYCLINE HYCLATE 100 MG CAP	9	20.00	16.32	0.13173	200% Above	No	No
72578005518	DOXYCYCLINE HYCLATE 100 MG CAP	9	28.00	22.85	0.13173	200% Above	No	No
72578005518	DOXYCYCLINE HYCLATE 100 MG CAP	11	20.00	16.32	0.08932	200% Above	No	No
72578005518	DOXYCYCLINE HYCLATE 100 MG CAP	12	20.00	16.32	0.10669	200% Above	No	No
72578008602	DESONIDE 0.05% CREAM	9	120.00	277.76	0.29033	200% Above	No	No
72578008602	DESONIDE 0.05% CREAM	11	120.00	277.76	0.21318	200% Above	No	No
72578008901	NYSTATIN 100,000 UNIT/GM OINT	8	15.00	7.57	0.29123	51%-75% Above	Yes	No
72578008904	NYSTATIN 100,000 UNIT/GM OINT	11	30.00	12.59	0.23354	76%-100% Above	No	No
72578009010	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG CP	9	90.00	13.49	0.12009	10%-25% Above	Yes	No
72578009010	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG CP	12	90.00	13.49	0.10182	26%-50% Above	Yes	No
72578009621	TIZANIDINE HCL 2 MG TABLET	8	30.00	0.57	0.03962	51%-75% Below	Yes	No
72578009621	TIZANIDINE HCL 2 MG TABLET	9	60.00	1.14	0.04159	51%-75% Below	Yes	No
72578009621	TIZANIDINE HCL 2 MG TABLET	10	180.00	3.42	0.03692	26%-50% Below	Yes	No
72578009621	TIZANIDINE HCL 2 MG TABLET	11	270.00	5.13	0.03075	26%-50% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	8	60.00	1.06	0.03629	51%-75% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72578009721	TIZANIDINE HCL 4 MG TABLET	8	180.00	3.17	0.03629	51%-75% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	9	30.00	0.53	0.03619	51%-75% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	9	90.00	1.58	0.03619	51%-75% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	9	180.00	2.48	0.03619	51%-75% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	9	270.00	3.73	0.03619	51%-75% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	9	270.00	4.75	0.03619	51%-75% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	10	30.00	0.53	0.03747	51%-75% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	10	60.00	1.06	0.03747	51%-75% Below	No	No
72578009721	TIZANIDINE HCL 4 MG TABLET	10	90.00	1.58	0.03747	51%-75% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	10	270.00	4.75	0.03747	51%-75% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	11	30.00	0.53	0.03732	51%-75% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	11	180.00	3.17	0.03732	51%-75% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	11	270.00	3.73	0.03732	51%-75% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	12	180.00	2.48	0.04042	51%-75% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	12	180.00	3.17	0.04042	51%-75% Below	Yes	No
72578009918	LEVOFLOXACIN 500 MG TABLET	8	7.00	0.58	0.16353	26%-50% Below	No	No
72578009918	LEVOFLOXACIN 500 MG TABLET	9	5.00	0.41	0.15631	26%-50% Below	No	No
72578009918	LEVOFLOXACIN 500 MG TABLET	9	10.00	0.83	0.15631	26%-50% Below	No	No
72578009918	LEVOFLOXACIN 500 MG TABLET	10	7.00	0.58	0.14707	26%-50% Below	No	No
72578009918	LEVOFLOXACIN 500 MG TABLET	11	5.00	0.41	0.11351	26%-50% Below	No	No
72578009918	LEVOFLOXACIN 500 MG TABLET	11	7.00	0.58	0.11351	26%-50% Below	No	No
72578009918	LEVOFLOXACIN 500 MG TABLET	11	10.00	0.83	0.11351	26%-50% Below	No	No
72578010092	LEVOFLOXACIN 750 MG TABLET	8	10.00	1.63	0.29271	26%-50% Below	No	No
72578011101	BISOPROLOL FUMARATE 5 MG TAB	11	30.00	11.43	0.16293	101%-200% Above	Yes	No
72578011106	BISOPROLOL FUMARATE 5 MG TAB	9	15.00	4.50	0.26223	10%-25% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72578011106	BISOPROLOL FUMARATE 5 MG TAB	10	15.00	4.50	0.24073	10%-25% Above	No	No
72578011106	BISOPROLOL FUMARATE 5 MG TAB	11	15.00	4.50	0.16293	76%-100% Above	No	No
72578011201	BISOPROLOL FUMARATE 10 MG TAB	9	90.00	32.78	0.30956	10%-25% Above	No	No
72578011201	BISOPROLOL FUMARATE 10 MG TAB	12	90.00	32.78	0.20751	51%-75% Above	No	No
72578011206	BISOPROLOL FUMARATE 10 MG TAB	11	90.00	32.78	0.14375	101%-200% Above	No	No
72578011801	CLINDAMYCIN PH 1% GEL	11	30.00	24.50	0.15040	200% Above	Yes	No
72578011802	CLINDAMYCIN PH 1% GEL	10	60.00	48.99	0.15449	200% Above	Yes	No
72578013606	FEBUXOSTAT 40 MG TABLET	12	30.00	110.53	0.33182	200% Above	No	No
72578016601	DEXAMETHASONE 1 MG TABLET	10	32.00	3.69	0.22963	26%-50% Below	No	No
72578017201	DEXAMETHASONE 6 MG TABLET	10	10.00	2.85	0.60494	51%-75% Below	No	No
72603011501	TAMSULOSIN HCL 0.4 MG CAPSULE	11	90.00	11.19	0.04345	101%-200% Above	No	No
72603011502	TAMSULOSIN HCL 0.4 MG CAPSULE	8	30.00	3.73	0.05466	101%-200% Above	No	No
72603011502	TAMSULOSIN HCL 0.4 MG CAPSULE	10	30.00	3.73	0.05146	101%-200% Above	No	No
72603011502	TAMSULOSIN HCL 0.4 MG CAPSULE	11	30.00	3.73	0.04345	101%-200% Above	No	No
72603011502	TAMSULOSIN HCL 0.4 MG CAPSULE	12	30.00	3.73	0.04665	101%-200% Above	No	No
72603013402	SPIRONOLACTONE 25 MG TABLET	8	30.00	0.92	0.05267	26%-50% Below	No	No
72603013402	SPIRONOLACTONE 25 MG TABLET	9	30.00	0.92	0.05390	26%-50% Below	No	No
72603013402	SPIRONOLACTONE 25 MG TABLET	11	30.00	0.92	0.04096	10%-25% Below	No	No
72603013402	SPIRONOLACTONE 25 MG TABLET	12	30.00	0.92	0.04561	26%-50% Below	No	No
72603013403	SPIRONOLACTONE 25 MG TABLET	10	90.00	2.76	0.05177	26%-50% Below	No	No
72603013501	SPIRONOLACTONE 50 MG TABLET	12	30.00	3.23	0.08824	10%-25% Above	No	No
72603013502	SPIRONOLACTONE 50 MG TABLET	12	30.00	3.23	0.08824	10%-25% Above	No	No
72603013502	SPIRONOLACTONE 50 MG TABLET	12	180.00	19.35	0.08824	10%-25% Above	No	No
72603014201	METOPROLOL SUCC ER 25 MG TAB	9	45.00	5.90	0.06385	101%-200% Above	No	No
72603014202	METOPROLOL SUCC ER 25 MG TAB	8	30.00	3.93	0.06453	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72603014202	METOPROLOL SUCC ER 25 MG TAB	10	30.00	3.93	0.06120	101%-200% Above	No	No
72603014202	METOPROLOL SUCC ER 25 MG TAB	10	45.00	5.90	0.06120	101%-200% Above	No	No
72603014202	METOPROLOL SUCC ER 25 MG TAB	10	90.00	11.80	0.06120	101%-200% Above	No	No
72603014202	METOPROLOL SUCC ER 25 MG TAB	11	30.00	3.93	0.05080	101%-200% Above	No	No
72603014202	METOPROLOL SUCC ER 25 MG TAB	12	90.00	11.80	0.05304	101%-200% Above	No	No
72603014203	METOPROLOL SUCC ER 25 MG TAB	8	30.00	3.93	0.06453	101%-200% Above	No	No
72603014203	METOPROLOL SUCC ER 25 MG TAB	9	30.00	3.93	0.06385	101%-200% Above	No	No
72603014203	METOPROLOL SUCC ER 25 MG TAB	10	30.00	3.93	0.06120	101%-200% Above	No	No
72603014203	METOPROLOL SUCC ER 25 MG TAB	10	90.00	11.80	0.06120	101%-200% Above	No	No
72603014203	METOPROLOL SUCC ER 25 MG TAB	11	30.00	3.93	0.05080	101%-200% Above	No	No
72603014203	METOPROLOL SUCC ER 25 MG TAB	12	30.00	3.93	0.05304	101%-200% Above	No	No
72603014303	METOPROLOL SUCC ER 50 MG TAB	8	30.00	3.93	0.06643	76%-100% Above	No	No
72603014303	METOPROLOL SUCC ER 50 MG TAB	8	90.00	11.80	0.06643	76%-100% Above	No	No
72603014303	METOPROLOL SUCC ER 50 MG TAB	9	30.00	3.93	0.06663	76%-100% Above	No	No
72603014303	METOPROLOL SUCC ER 50 MG TAB	9	90.00	11.80	0.06663	76%-100% Above	No	No
72603014303	METOPROLOL SUCC ER 50 MG TAB	10	30.00	3.93	0.05759	101%-200% Above	No	No
72603014303	METOPROLOL SUCC ER 50 MG TAB	11	30.00	3.93	0.06035	101%-200% Above	No	No
72603014303	METOPROLOL SUCC ER 50 MG TAB	12	30.00	3.93	0.05663	101%-200% Above	No	No
72603014303	METOPROLOL SUCC ER 50 MG TAB	12	90.00	11.80	0.05663	101%-200% Above	No	No
72603014402	METOPROLOL SUCC ER 100 MG TAB	11	30.00	6.75	0.10390	101%-200% Above	No	No
72603014402	METOPROLOL SUCC ER 100 MG TAB	12	30.00	6.75	0.09765	101%-200% Above	No	No
72603015001	ESCITALOPRAM 10 MG TABLET	9	30.00	2.20	0.04904	26%-50% Above	No	No
72603015001	ESCITALOPRAM 10 MG TABLET	10	30.00	2.20	0.04925	26%-50% Above	No	No
72603015001	ESCITALOPRAM 10 MG TABLET	10	90.00	6.60	0.04925	26%-50% Above	No	No
72603015001	ESCITALOPRAM 10 MG TABLET	12	30.00	2.20	0.04069	76%-100% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72603015101	ESCITALOPRAM 20 MG TABLET	11	45.00	3.74	0.05483	51%-75% Above	No	No
72603015101	ESCITALOPRAM 20 MG TABLET	12	30.00	2.50	0.06471	26%-50% Above	No	No
72603015902	OLANZAPINE 20 MG TABLET	11	30.00	2.82	0.12949	26%-50% Below	No	No
72603017801	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.00	2.22	0.05115	26%-50% Above	No	No
72603017801	PANTOPRAZOLE SOD DR 40 MG TAB	9	30.00	2.22	0.05198	26%-50% Above	No	No
72603017801	PANTOPRAZOLE SOD DR 40 MG TAB	10	30.00	2.22	0.05478	26%-50% Above	No	No
72603017801	PANTOPRAZOLE SOD DR 40 MG TAB	11	30.00	2.22	0.03310	101%-200% Above	No	No
72603018602	OFLOXACIN 0.3% EAR DROPS	11	20.00	195.82	0.99475	200% Above	No	No
72603018901	DEXAMETHASONE 4 MG TABLET	10	6.00	1.15	0.36137	26%-50% Below	No	No
72603018901	DEXAMETHASONE 4 MG TABLET	10	10.00	1.91	0.36137	26%-50% Below	No	No
72603019601	NITROFURANTOIN MONO-MCR 100 MG	9	10.00	6.56	0.45600	26%-50% Above	No	No
72603019601	NITROFURANTOIN MONO-MCR 100 MG	10	10.00	6.56	0.34915	76%-100% Above	No	No
72603019601	NITROFURANTOIN MONO-MCR 100 MG	10	14.00	9.18	0.34915	76%-100% Above	No	No
72603019601	NITROFURANTOIN MONO-MCR 100 MG	12	14.00	9.18	0.28685	101%-200% Above	No	No
72603027301	ESTRADIOL 0.5 MG TABLET	9	30.00	2.80	0.07359	26%-50% Above	No	No
72603027301	ESTRADIOL 0.5 MG TABLET	10	30.00	2.80	0.07682	10%-25% Above	No	No
72603027301	ESTRADIOL 0.5 MG TABLET	11	30.00	2.80	0.05630	51%-75% Above	No	No
72603027401	ESTRADIOL 1 MG TABLET	9	30.00	3.29	0.07130	51%-75% Above	No	No
72603027401	ESTRADIOL 1 MG TABLET	10	30.00	3.29	0.07443	26%-50% Above	No	No
72603027401	ESTRADIOL 1 MG TABLET	11	30.00	3.29	0.05642	76%-100% Above	No	No
72603027401	ESTRADIOL 1 MG TABLET	12	30.00	3.29	0.06241	51%-75% Above	No	No
72603027401	ESTRADIOL TAB 1MG	8	30.00	3.29	.		No	No
72789026195	AMLODIPINE TAB 5MG	11	90.00	1.12	.		No	No
72789026295	AMLODIPINE TAB 10MG	8	90.00	1.54	.		No	No
72789026295	AMLODIPINE TAB 10MG	10	90.00	1.54	.		No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72789026295	AMLODIPINE TAB 10MG	11	90.00	1.54	.		No	No
72865013710	MELOXICAM TAB 7.5MG	9	60.00	2.52	.		No	No
72865013710	MELOXICAM TAB 7.5MG	10	60.00	2.52	.		No	No
72865013710	MELOXICAM TAB 7.5MG	11	60.00	2.52	.		No	No
72865014110	LOSARTAN POT TAB 25MG	11	90.00	7.89	.		No	No
72865014190	LOSARTAN POT TAB 25MG	8	90.00	7.74	.		No	No
72865014210	LOSARTAN POT TAB 50MG	10	180.00	10.66	.		No	No
72865014390	LOSARTAN POT TAB 100MG	1	90.00	8.63	.		No	No
72865014390	LOSARTAN POT TAB 100MG	5	90.00	8.20	.		No	No
72865014390	LOSARTAN POT TAB 100MG	8	90.00	9.03	.		No	No
72865014390	LOSARTAN POT TAB 100MG	11	90.00	9.03	.		No	No
72865023010	PANTOPRAZOLE TAB 40MG	11	90.00	3.50	.		No	No
72865023405	METHOCARBAM TAB 750MG	10	30.00	0.57	.		No	No
72865023405	METHOCARBAM TAB 750MG	11	30.00	0.57	.		No	No
72865025205	GABAPENTIN CAP 100MG	9	90.00	0.73	.		No	No
72888000400	METOPROLOL TARTRATE 25 MG TAB	8	60.00	2.11	0.01688	101%-200% Above	No	No
72888000400	METOPROLOL TARTRATE 25 MG TAB	8	60.00	2.11	0.01688	101%-200% Above	Yes	No
72888000400	METOPROLOL TARTRATE 25 MG TAB	8	90.00	3.16	0.01688	101%-200% Above	No	No
72888000400	METOPROLOL TARTRATE 25 MG TAB	9	60.00	2.11	0.01808	76%-100% Above	No	No
72888000400	METOPROLOL TARTRATE 25 MG TAB	9	90.00	3.16	0.01808	76%-100% Above	No	No
72888000400	METOPROLOL TARTRATE 25 MG TAB	10	30.00	1.05	0.01760	76%-100% Above	Yes	No
72888000400	METOPROLOL TARTRATE 25 MG TAB	10	60.00	2.11	0.01760	76%-100% Above	No	No
72888000400	METOPROLOL TARTRATE 25 MG TAB	10	60.00	2.11	0.01760	76%-100% Above	Yes	No
72888000400	METOPROLOL TARTRATE 25 MG TAB	10	180.00	6.32	0.01760	76%-100% Above	Yes	No
72888000400	METOPROLOL TARTRATE 25 MG TAB	11	30.00	1.05	0.01421	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72888000400	METOPROLOL TARTRATE 25 MG TAB	11	60.00	2.11	0.01421	101%-200% Above	No	No
72888000400	METOPROLOL TARTRATE 25 MG TAB	11	90.00	3.16	0.01421	101%-200% Above	Yes	No
72888000400	METOPROLOL TARTRATE 25 MG TAB	11	180.00	6.08	0.01421	101%-200% Above	Yes	No
72888000400	METOPROLOL TARTRATE 25 MG TAB	11	180.00	6.32	0.01421	101%-200% Above	Yes	No
72888000400	METOPROLOL TARTRATE 25 MG TAB	12	60.00	2.11	0.01555	101%-200% Above	No	No
72888000400	METOPROLOL TARTRATE 25 MG TAB	12	180.00	6.32	0.01555	101%-200% Above	No	No
72888000405	METOPROLOL TARTRATE 25 MG TAB	10	180.00	6.32	0.01760	76%-100% Above	No	No
72888000405	METOPROLOL TARTRATE 25 MG TAB	11	180.00	6.32	0.01421	101%-200% Above	No	No
72888000500	METOPROLOL TARTRATE 50 MG TAB	8	180.00	5.45	0.02233	26%-50% Above	Yes	No
72888000500	METOPROLOL TARTRATE 50 MG TAB	11	90.00	2.73	0.01546	76%-100% Above	Yes	No
72888000500	METOPROLOL TARTRATE 50 MG TAB	11	180.00	5.45	0.01546	76%-100% Above	Yes	No
72888000600	METOPROLOL TARTRATE 100 MG TAB	8	180.00	8.66	0.02814	51%-75% Above	Yes	No
72888000600	METOPROLOL TARTRATE 100 MG TAB	11	180.00	8.66	0.02127	101%-200% Above	Yes	No
72888000901	BACLOFEN 5 MG TABLET	8	30.00	2.52	0.14399	26%-50% Below	No	No
72888001001	BACLOFEN 10 MG TABLET	9	14.00	0.24	0.04050	51%-75% Below	No	No
72888001001	BACLOFEN 10 MG TABLET	10	14.00	0.24	0.04039	51%-75% Below	No	No
72888001001	BACLOFEN 10 MG TABLET	11	28.00	0.48	0.03184	26%-50% Below	No	No
72888001001	BACLOFEN 10 MG TABLET	12	28.00	0.48	0.03422	26%-50% Below	No	No
72888001005	BACLOFEN 10 MG TABLET	10	30.00	0.51	0.04039	51%-75% Below	No	No
72888001201	CYCLOBENZAPRINE 5 MG TABLET	9	30.00	0.36	0.02306	26%-50% Below	No	No
72888001201	CYCLOBENZAPRINE 5 MG TABLET	9	90.00	1.08	0.02306	26%-50% Below	No	No
72888001201	CYCLOBENZAPRINE 5 MG TABLET	10	30.00	0.36	0.02316	26%-50% Below	No	No
72888001201	CYCLOBENZAPRINE 5 MG TABLET	11	30.00	0.36	0.01572	10%-25% Below	No	No
72888001201	CYCLOBENZAPRINE 5 MG TABLET	11	90.00	1.08	0.01572	10%-25% Below	No	No
72888001201	CYCLOBENZAPRINE 5 MG TABLET	12	30.00	0.36	0.01908	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72888001205	CYCLOBENZAPRINE 5 MG TABLET	8	14.00	0.19	0.02274	26%-50% Below	No	No
72888001205	CYCLOBENZAPRINE 5 MG TABLET	10	30.00	0.36	0.02316	26%-50% Below	No	No
72888001205	CYCLOBENZAPRINE 5 MG TABLET	10	90.00	1.08	0.02316	26%-50% Below	No	No
72888001205	CYCLOBENZAPRINE 5 MG TABLET	11	90.00	1.08	0.01572	10%-25% Below	No	No
72888001400	CYCLOBENZAPRINE 10 MG TABLET	9	30.00	0.29	0.01984	51%-75% Below	No	No
72888001400	CYCLOBENZAPRINE 10 MG TABLET	10	15.00	0.15	0.01924	26%-50% Below	No	No
72888001400	CYCLOBENZAPRINE 10 MG TABLET	10	30.00	0.29	0.01924	26%-50% Below	No	No
72888001400	CYCLOBENZAPRINE 10 MG TABLET	10	90.00	0.88	0.01924	26%-50% Below	No	No
72888001400	CYCLOBENZAPRINE 10 MG TABLET	11	30.00	0.29	0.01441	26%-50% Below	No	No
72888001400	CYCLOBENZAPRINE 10 MG TABLET	12	90.00	0.88	0.01633	26%-50% Below	No	No
72888001405	CYCLOBENZAPRINE 10 MG TABLET	11	90.00	0.88	0.01441	26%-50% Below	No	No
72888003405	CARVEDILOL 3.125 MG TABLET	8	60.00	2.18	0.01694	101%-200% Above	No	No
72888003405	CARVEDILOL 3.125 MG TABLET	9	180.00	6.55	0.01698	101%-200% Above	No	No
72888003405	CARVEDILOL 3.125 MG TABLET	10	180.00	6.55	0.01707	101%-200% Above	Yes	No
72888003405	CARVEDILOL 3.125 MG TABLET	12	180.00	6.55	0.01527	101%-200% Above	No	No
72888003505	CARVEDILOL 6.25 MG TABLET	9	180.00	5.38	0.01929	51%-75% Above	Yes	No
72888003605	CARVEDILOL 12.5 MG TABLET	8	60.00	2.18	0.02281	51%-75% Above	Yes	No
72888003605	CARVEDILOL 12.5 MG TABLET	8	180.00	6.55	0.02281	51%-75% Above	Yes	No
72888003605	CARVEDILOL 12.5 MG TABLET	9	60.00	2.18	0.02288	51%-75% Above	Yes	No
72888003605	CARVEDILOL 12.5 MG TABLET	9	180.00	6.55	0.02288	51%-75% Above	No	No
72888003605	CARVEDILOL 12.5 MG TABLET	10	180.00	6.55	0.02242	51%-75% Above	Yes	No
72888003605	CARVEDILOL 12.5 MG TABLET	11	60.00	2.18	0.01836	76%-100% Above	No	No
72888003605	CARVEDILOL 12.5 MG TABLET	11	180.00	6.30	0.01836	76%-100% Above	Yes	No
72888003605	CARVEDILOL 12.5 MG TABLET	11	180.00	6.55	0.01836	76%-100% Above	Yes	No
72888003605	CARVEDILOL 12.5 MG TABLET	12	180.00	6.55	0.02040	76%-100% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72888003705	CARVEDILOL 25 MG TABLET	9	180.00	6.32	0.02984	10%-25% Above	No	No
72888003705	CARVEDILOL 25 MG TABLET	10	180.00	6.32	0.03109	10%-25% Above	No	No
72888003705	CARVEDILOL 25 MG TABLET	10	180.00	6.32	0.03109	10%-25% Above	Yes	No
72888003705	CARVEDILOL 25 MG TABLET	11	180.00	6.32	0.02553	26%-50% Above	No	No
72888006501	BUSPIRONE HCL 15 MG TABLET	9	180.00	10.84	0.05068	10%-25% Above	No	No
72888006501	BUSPIRONE HCL 15 MG TABLET	12	180.00	10.84	0.04321	26%-50% Above	No	No
72888007301	DICLOFENAC POT 50 MG TABLET	9	60.00	4.69	0.17637	51%-75% Below	No	No
72888007305	DICLOFENAC POT 50 MG TABLET	12	15.00	1.17	0.12741	26%-50% Below	No	No
72888007601	POTASSIUM CL ER 20 MEQ TABLET	11	10.00	1.76	0.12895	26%-50% Above	No	No
72888007601	POTASSIUM CL ER 20 MEQ TABLET	12	10.00	1.76	0.15540	10%-25% Above	No	No
72888007601	POTASSIUM CL ER 20 MEQ TABLET	12	360.00	63.36	0.15540	10%-25% Above	No	No
72888008000	TRAMADOL HCL 50 MG TABLET	8	14.00	0.21	0.02799	26%-50% Below	No	No
72888008001	TRAMADOL HCL 50 MG TABLET	9	15.00	0.23	0.03044	26%-50% Below	Yes	No
72888008001	TRAMADOL HCL 50 MG TABLET	9	21.00	0.32	0.03044	26%-50% Below	No	No
72888008001	TRAMADOL HCL 50 MG TABLET	9	120.00	1.82	0.03044	26%-50% Below	No	No
72888008001	TRAMADOL HCL 50 MG TABLET	11	120.00	1.82	0.02194	26%-50% Below	No	No
72888008005	TRAMADOL HCL 50 MG TABLET	9	7.00	0.11	0.03044	26%-50% Below	No	No
72888008005	TRAMADOL HCL 50 MG TABLET	9	30.00	0.46	0.03044	26%-50% Below	No	No
72888008005	TRAMADOL HCL 50 MG TABLET	10	14.00	0.21	0.03195	51%-75% Below	No	No
72888008005	TRAMADOL HCL 50 MG TABLET	10	42.00	0.64	0.03195	51%-75% Below	No	No
72888008005	TRAMADOL HCL 50 MG TABLET	10	60.00	0.91	0.03195	51%-75% Below	No	No
72888008005	TRAMADOL HCL 50 MG TABLET	10	240.00	3.65	0.03195	51%-75% Below	No	No
72888008005	TRAMADOL HCL 50 MG TABLET	12	30.00	0.46	0.02546	26%-50% Below	No	No
72888009405	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	8	30.00	4.24	0.09628	26%-50% Above	No	No
72888009405	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	10	30.00	4.24	0.10159	26%-50% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72888009405	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	11	30.00	4.24	0.07213	76%-100% Above	No	No
72888009405	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	11	90.00	12.72	0.07213	76%-100% Above	No	No
72888009405	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	12	30.00	4.24	0.08119	51%-75% Above	No	No
72888011100	DICLOFENAC SOD DR 75 MG TAB	9	60.00	3.48	0.09778	26%-50% Below	No	No
72888011100	DICLOFENAC SOD DR 75 MG TAB	10	14.00	0.81	0.09797	26%-50% Below	No	No
72888011100	DICLOFENAC SOD DR 75 MG TAB	10	30.00	1.74	0.09797	26%-50% Below	No	No
72888011100	DICLOFENAC SOD DR 75 MG TAB	11	60.00	3.48	0.07204	10%-25% Below	No	No
72888012526	LIDOCAINE 2% VISCOUS SOLN	10	100.00	4.41	0.09884	51%-75% Below	No	No
72888012526	LIDOCAINE 2% VISCOUS SOLN	11	100.00	4.41	0.08480	26%-50% Below	No	No
72888013933	NITROGLYCERIN 0.4 MG TABLET SL	11	75.00	5.90	0.18709	51%-75% Below	No	No
72888014330	DESVENLAFAXINE SUCCNT ER 50 MG	9	30.00	51.62	0.48618	200% Above	No	No
72888014330	DESVENLAFAXINE SUCCNT ER 50 MG	10	30.00	51.62	0.45729	200% Above	No	No
72888014330	DESVENLAFAXINE SUCCNT ER 50 MG	11	30.00	51.62	0.34459	200% Above	No	No
72888015200	CLONAZEPAM 0.5 MG TABLET	9	30.00	0.39	0.02836	51%-75% Below	No	No
72888015200	CLONAZEPAM 0.5 MG TABLET	10	15.00	0.19	0.02647	51%-75% Below	No	No
72888015201	CLONAZEPAM 0.5 MG TABLET	11	90.00	1.16	0.01744	26%-50% Below	No	No
72888015205	CLONAZEPAM 0.5 MG TABLET	10	8.00	0.10	0.02647	51%-75% Below	No	No
72888015205	CLONAZEPAM 0.5 MG TABLET	10	21.00	0.27	0.02647	51%-75% Below	No	No
72888015205	CLONAZEPAM 0.5 MG TABLET	11	21.00	0.27	0.01744	26%-50% Below	No	No
72888015300	CLONAZEPAM 1 MG TABLET	10	60.00	0.88	0.02939	26%-50% Below	No	No
72888015305	CLONAZEPAM 1 MG TABLET	8	30.00	0.44	0.03252	51%-75% Below	No	No
72888015305	CLONAZEPAM 1 MG TABLET	8	90.00	1.32	0.03252	51%-75% Below	No	No
72888015305	CLONAZEPAM 1 MG TABLET	9	30.00	0.44	0.03246	51%-75% Below	No	No
72888015305	CLONAZEPAM 1 MG TABLET	9	90.00	1.32	0.03246	51%-75% Below	No	No
72888015305	CLONAZEPAM 1 MG TABLET	9	120.00	1.76	0.03246	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72888015305	CLONAZEPAM 1 MG TABLET	10	30.00	0.44	0.02939	26%-50% Below	No	No
72888015305	CLONAZEPAM 1 MG TABLET	10	45.00	0.66	0.02939	26%-50% Below	No	No
72888015305	CLONAZEPAM 1 MG TABLET	10	60.00	0.88	0.02939	26%-50% Below	No	No
72888015305	CLONAZEPAM 1 MG TABLET	10	60.00	0.88	0.02939	26%-50% Below	Yes	No
72888015305	CLONAZEPAM 1 MG TABLET	10	90.00	1.32	0.02939	26%-50% Below	No	No
72888015305	CLONAZEPAM 1 MG TABLET	10	120.00	1.76	0.02939	26%-50% Below	No	No
72888015305	CLONAZEPAM 1 MG TABLET	10	180.00	2.65	0.02939	26%-50% Below	No	No
72888015305	CLONAZEPAM 1 MG TABLET	11	30.00	0.44	0.02556	26%-50% Below	No	No
72888015305	CLONAZEPAM 1 MG TABLET	11	30.00	0.44	0.02556	26%-50% Below	Yes	No
72888015305	CLONAZEPAM 1 MG TABLET	11	45.00	0.66	0.02556	26%-50% Below	No	No
72888015305	CLONAZEPAM 1 MG TABLET	11	60.00	0.88	0.02556	26%-50% Below	No	No
72888015305	CLONAZEPAM 1 MG TABLET	11	60.00	0.88	0.02556	26%-50% Below	Yes	No
72888015305	CLONAZEPAM 1 MG TABLET	11	90.00	1.32	0.02556	26%-50% Below	No	No
72888015305	CLONAZEPAM 1 MG TABLET	11	120.00	1.76	0.02556	26%-50% Below	No	No
72888015305	CLONAZEPAM 1 MG TABLET	12	28.00	0.41	0.02722	26%-50% Below	No	No
72888015305	CLONAZEPAM 1 MG TABLET	12	60.00	0.88	0.02722	26%-50% Below	Yes	No
72888015305	CLONAZEPAM 1 MG TABLET	12	90.00	1.32	0.02722	26%-50% Below	No	No
72888015401	CLONAZEPAM 2 MG TABLET	10	60.00	1.09	0.04386	51%-75% Below	No	No
73473030060	CLINDAMYCIN PH 1% GEL	9	60.00	48.99	0.23042	200% Above	Yes	No
75826010700	DIPHENOXYLATE-ATROPINE 2.5-0.025 MG TABLET	10	16.00	1.06	0.20853	51%-75% Below	Yes	No
75826011510	PHENAZOPYRIDINE 200 MG TAB	8	6.00	0.99	0.22497	26%-50% Below	No	No
75826011510	PHENAZOPYRIDINE 200 MG TAB	8	9.00	2.28	0.22497	10%-25% Above	Yes	No
75826011510	PHENAZOPYRIDINE 200 MG TAB	9	6.00	1.52	0.19877	26%-50% Above	Yes	No
75826011510	PHENAZOPYRIDINE 200 MG TAB	10	10.00	2.53	0.21625	10%-25% Above	Yes	No
75826011510	PHENAZOPYRIDINE 200 MG TAB	11	6.00	1.52	0.14020	76%-100% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
75834015801	VERAPAMIL ER 180 MG TABLET	10	90.00	8.47	0.19079	26%-50% Below	No	No
75834015905	VERAPAMIL ER 240 MG TABLET	9	90.00	24.33	0.16547	51%-75% Above	Yes	No
75834015905	VERAPAMIL ER 240 MG TABLET	9	90.00	25.28	0.16547	51%-75% Above	Yes	No
75834022100	CARBAMAZEPINE 200 MG TABLET	10	180.00	56.05	0.19769	51%-75% Above	No	No
75834023805	CELECOXIB 200 MG CAPSULE	11	30.00	12.90	0.07576	200% Above	No	No
75834025701	ATORVASTATIN 40 MG TABLET	9	90.00	8.92	0.05122	76%-100% Above	No	No
75834029205	METOPROLOL SUCC ER 100 MG TAB	9	30.00	6.75	0.10118	101%-200% Above	No	No
75834029205	METOPROLOL SUCC ER 100 MG TAB	10	30.00	6.75	0.09544	101%-200% Above	No	No
75907002348	CLONIDINE 0.1 MG/DAY PATCH	10	12.00	98.17	6.20668	26%-50% Above	No	No
75907009540	FLUOROURACIL 5% CREAM	8	40.00	101.66	0.77230	200% Above	No	No
75907009540	FLUOROURACIL 5% CREAM	9	40.00	103.61	0.72560	200% Above	No	No
76204020025	ALBUTEROL SUL 2.5 MG/3 ML SOLN	8	75.00	2.16	0.06678	51%-75% Below	No	No
76204020025	ALBUTEROL SUL 2.5 MG/3 ML SOLN	10	75.00	2.16	0.06602	51%-75% Below	No	No
76204020025	ALBUTEROL SUL 2.5 MG/3 ML SOLN	10	150.00	4.32	0.06602	51%-75% Below	No	No
76204020025	ALBUTEROL SUL 2.5 MG/3 ML SOLN	11	75.00	2.16	0.05680	26%-50% Below	No	No
76204020025	ALBUTEROL SUL 2.5 MG/3 ML SOLN	11	150.00	4.32	0.05680	26%-50% Below	No	No
76204020025	ALBUTEROL SUL 2.5 MG/3 ML SOLN	12	75.00	2.16	0.06054	51%-75% Below	No	No
76204020030	ALBUTEROL SUL 2.5 MG/3 ML SOLN	10	90.00	2.59	0.05993	51%-75% Below	No	No
76204020030	ALBUTEROL SUL 2.5 MG/3 ML SOLN	11	90.00	2.59	0.05893	51%-75% Below	No	No
76204020060	ALBUTEROL SUL 2.5 MG/3 ML SOLN	8	180.00	5.18	0.06295	51%-75% Below	No	No
76204020060	ALBUTEROL SUL 2.5 MG/3 ML SOLN	8	360.00	10.37	0.06295	51%-75% Below	No	No
76204020060	ALBUTEROL SUL 2.5 MG/3 ML SOLN	9	180.00	5.18	0.06220	51%-75% Below	No	No
76204020060	ALBUTEROL SUL 2.5 MG/3 ML SOLN	10	180.00	5.18	0.05862	26%-50% Below	No	No
76204020060	ALBUTEROL SUL 2.5 MG/3 ML SOLN	11	180.00	5.18	0.05488	26%-50% Below	No	No
76204020060	ALBUTEROL SUL 2.5 MG/3 ML SOLN	12	180.00	5.18	0.05649	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
76204030003	SOD CHLORIDE NEB 0.9% 3ML	9	180.00	11.80	.		No	No
76204060060	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	11	180.00	9.83	0.07425	26%-50% Below	No	No
76282023810	AMLODIPINE BESYLATE 5 MG TAB	11	30.00	0.37	0.00946	26%-50% Above	No	No
76282023890	AMLODIPINE BESYLATE 5 MG TAB	11	90.00	1.12	0.00946	26%-50% Above	No	No
76282024930	ESCITALOPRAM 5 MG TABLET	10	30.00	4.16	0.04506	200% Above	No	No
76282025110	ESCITALOPRAM 20 MG TABLET	4	45.00	3.67	0.06661	10%-25% Above	No	No
76282025110	ESCITALOPRAM 20 MG TABLET	10	45.00	4.03	0.07945	10%-25% Above	No	No
76282056890	PREGABALIN 25 MG CAPSULE	11	90.00	1.48	0.03305	26%-50% Below	No	No
76282067942	ALBUTEROL HFA 90 MCG INHALER	8	6.70	6.16	2.81588	51%-75% Below	No	No
76282067942	ALBUTEROL HFA 90 MCG INHALER	9	6.70	6.16	2.78457	51%-75% Below	No	No
76282067942	ALBUTEROL HFA 90 MCG INHALER	10	6.70	6.16	2.61978	51%-75% Below	No	No
76282067942	ALBUTEROL HFA 90 MCG INHALER	11	6.70	6.16	2.04805	51%-75% Below	No	No
76282071450	IBUPROFEN 800 MG TABLET	10	90.00	1.67	0.06215	51%-75% Below	No	No
76282071450	IBUPROFEN 800 MG TABLET	12	90.00	1.67	0.05567	51%-75% Below	No	No
76282073010	LISINOPRIL 10 MG TABLET	10	90.00	0.79	0.01805	51%-75% Below	No	No
76282073010	LISINOPRIL 10 MG TABLET	11	90.00	0.70	0.01685	51%-75% Below	No	No
76282073310	LISINOPRIL 40 MG TABLET	12	30.00	0.59	0.04222	51%-75% Below	No	No
76385012350	METHOCARBAMOL 500 MG TABLET	8	30.00	2.18	0.03761	76%-100% Above	Yes	No
76385012350	METHOCARBAMOL 500 MG TABLET	9	60.00	4.36	0.04058	76%-100% Above	Yes	No
76385012350	METHOCARBAMOL 500 MG TABLET	9	90.00	6.54	0.04058	76%-100% Above	Yes	No
76385012350	METHOCARBAMOL 500 MG TABLET	10	20.00	1.45	0.03742	76%-100% Above	Yes	No
76385012350	METHOCARBAMOL 500 MG TABLET	10	30.00	2.18	0.03742	76%-100% Above	Yes	No
76385012350	METHOCARBAMOL 500 MG TABLET	11	15.00	1.09	0.02811	101%-200% Above	Yes	No
76385012350	METHOCARBAMOL 500 MG TABLET	11	20.00	1.45	0.02811	101%-200% Above	Yes	No
76385012350	METHOCARBAMOL 500 MG TABLET	11	60.00	4.36	0.02811	101%-200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
76385012350	METHOCARBAMOL 500 MG TABLET	12	90.00	6.54	0.03199	101%-200% Above	Yes	No
76385012450	METHOCARBAMOL 750 MG TABLET	8	12.00	0.23	0.04653	51%-75% Below	Yes	No
76385012450	METHOCARBAMOL 750 MG TABLET	9	30.00	0.57	0.04588	51%-75% Below	Yes	No
76385012450	METHOCARBAMOL 750 MG TABLET	10	30.00	0.57	0.04594	51%-75% Below	Yes	No
76385012450	METHOCARBAMOL 750 MG TABLET	10	60.00	1.14	0.04594	51%-75% Below	Yes	No
76385012450	METHOCARBAMOL 750 MG TABLET	11	30.00	0.57	0.03481	26%-50% Below	Yes	No
76385012450	METHOCARBAMOL 750 MG TABLET	11	60.00	1.14	0.03481	26%-50% Below	Yes	No
76385012450	METHOCARBAMOL 750 MG TABLET	12	30.00	0.57	0.03852	26%-50% Below	Yes	No
77771045205	ATORVASTATIN TAB 20MG	10	90.00	8.88	.		No	No
80681017400	VITAMIN D3 CAP 50000UNT	10	12.00	4.00	.		No	No
80777011096	SPIKEVAX INJ 2024-25	9	0.50	134.00	.		Yes	No
80777011096	SPIKEVAX INJ 2024-25	9	0.50	135.02	.		No	No
80777011096	SPIKEVAX INJ 2024-25	9	0.50	135.62	.		No	No
80777011096	SPIKEVAX INJ 2024-25	9	0.50	136.13	.		No	No
80777011096	SPIKEVAX INJ 2024-25	10	0.50	134.00	.		Yes	No
80777011096	SPIKEVAX INJ 2024-25	10	0.50	136.13	.		No	No
80777011096	SPIKEVAX INJ 2024-25	11	0.50	134.00	.		No	No
80777011096	SPIKEVAX INJ 2024-25	11	0.50	134.00	.		Yes	No
80777011096	SPIKEVAX INJ 2024-25	11	0.50	134.51	.		No	No
80777011096	SPIKEVAX INJ 2024-25	11	0.50	134.73	.		No	No
80777011096	SPIKEVAX INJ 2024-25	11	0.50	135.02	.		No	No
80777011096	SPIKEVAX INJ 2024-25	11	0.50	136.13	.		No	No
80777011096	SPIKEVAX INJ 2024-25	12	0.50	134.00	.		Yes	No
80777011096	SPIKEVAX INJ 2024-25	12	0.50	134.51	.		No	No
80777011096	SPIKEVAX INJ 2024-25	12	0.50	136.13	.		No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
81942012501	XDEMVY DRO 0.25%	9	10.00	1774.08	.		No	No
81942012501	XDEMVY DRO 0.25%	10	10.00	1774.08	.		No	No
81964020351	AMOX-CLAV 600-42.9 MG/5 ML SUS	8	75.00	4.01	0.08113	26%-50% Below	No	No
81964020351	AMOX-CLAV 600-42.9 MG/5 ML SUS	9	75.00	4.01	0.08511	26%-50% Below	No	No
81964020351	AMOX-CLAV 600-42.9 MG/5 ML SUS	9	150.00	8.01	0.08511	26%-50% Below	No	No
81964020351	AMOX-CLAV 600-42.9 MG/5 ML SUS	10	150.00	8.01	0.07801	26%-50% Below	No	No
81964020351	AMOX-CLAV 600-42.9 MG/5 ML SUS	11	75.00	4.01	0.07242	26%-50% Below	No	No
81964020351	AMOX-CLAV 600-42.9 MG/5 ML SUS	11	150.00	8.01	0.07242	26%-50% Below	No	No
81964020369	AMOX-CLAV 600-42.9 MG/5 ML SUS	10	125.00	6.68	0.07326	26%-50% Below	No	No
81964020369	AMOX-CLAV 600-42.9 MG/5 ML SUS	12	125.00	6.68	0.06265	10%-25% Below	No	No
81964020407	AMOX-CLAV 250-62.5 MG/5 ML SUS	8	75.00	27.35	0.44065	10%-25% Below	No	No
81964020505	AMOXICILLIN 500 MG CAPSULE	11	20.00	0.92	0.07085	26%-50% Below	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	8	14.00	3.24	0.28836	10%-25% Below	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	9	10.00	2.31	0.28945	10%-25% Below	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	9	20.00	4.63	0.28945	10%-25% Below	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	9	28.00	6.48	0.28945	10%-25% Below	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	10	14.00	3.24	0.27807	10%-25% Below	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	11	14.00	3.24	0.26312	10%-25% Below	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	11	20.00	4.63	0.26312	10%-25% Below	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	12	20.00	4.63	0.27322	10%-25% Below	No	No
82347050505	LIDOCAINE 5% PATCH	8	60.00	60.48	1.98449	26%-50% Below	No	No
83490030760	SOD CHLORIDE NEB 7%4MLX60	9	240.00	10.26	.		No	No
86227030105	SURE COMFORT LNC 30G	10	100.00	1.52	.		No	No
86227030105	SURE COMFORT LNC 30G	11	100.00	1.52	.		No	No