

Drug Name		Month Drug was Dispensed	Quantity of Drug Dispensed	Amount the Pharmacy was Reimbursed per Unit or Dosage	Average NADAC for Month		Dispensed Pursuant to State or Local Government Plan	
					Drug was Dispensed	Affiliate Pharmacy	Local Government Plan	
AMBIEN	TAB 10MG	1	30.00	19.91633	18.24464	No	No	
AMBIEN	TAB 10MG	2	30.00	19.91633	18.69050	No	No	
AMBIEN	TAB 10MG	4	30.00	19.91633	18.73130	No	No	
LYRICA	CAP 200MG	2	90.00	7.83100	8.23957	No	No	
LYRICA	CAP 200MG	3	90.00	7.83100	8.23957	No	No	
LYRICA	CAP 200MG	4	90.00	7.83100	8.23957	No	No	
TRAMADOL HCL	TAB 50MG	4	60.00	0.14100	0.02408	No	No	
CLONAZEPAM	TAB 0.5MG	1	120.00	0.10092	0.02521	No	No	
CLONAZEPAM	TAB 0.5MG	2	120.00	0.10092	0.02523	No	No	
CLONAZEPAM	TAB 0.5MG	3	120.00	0.10092	0.02531	No	No	
CLONAZEPAM	TAB 0.5MG	3	120.00	0.10092	0.02531	No	No	
CLONAZEPAM	TAB 0.5MG	4	120.00	0.10092	0.02566	No	No	
MUPIROCIN	OIN 2%	3	22.00	1.15636	0.18428	No	No	
MUPIROCIN	OIN 2%	3	22.00	1.15636	0.18428	No	No	
MUPIROCIN	OIN 2%	3	22.00	1.15636	0.18428	No	No	
MUPIROCIN	OIN 2%	4	22.00	1.15636	0.18214	No	No	
ESOMEPR	MAG CAP 40MG DR	1	30.00	0.25900	0.22695	No	No	
ESOMEPR	MAG CAP 40MG DR	2	30.00	0.25900	0.25331	No	No	
ESOMEPR	MAG CAP 40MG DR	3	30.00	0.28933	0.25958	No	No	
FLUDROCORT	TAB 0.1MG	3	60.00	0.22250	0.50720	No	No	
FLUDROCORT	TAB 0.1MG	4	60.00	0.22250	0.51033	No	No	
LIDOCAINE	OIN 5%	3	35.44	1.43905	0.34810	No	No	
DIAZEPAM	TAB 5MG	2	2.00	0.03000	0.02132	No	No	
DIAZEPAM	TAB 5MG	2	-2.00	0.03000	0.02132	No	No	
BACLOFEN	TAB 20MG	2	180.00	0.19111	0.16378	No	No	
BACLOFEN	TAB 20MG	3	180.00	0.19111	0.15877	No	No	
BACLOFEN	TAB 20MG	4	180.00	0.19878	0.15964	No	No	
TRELEGY	AER ELLIPTA	1	60.00	9.75017	9.40214	No	No	
TRELEGY	AER ELLIPTA	2	60.00	9.75017	9.63146	No	No	
TRELEGY	AER ELLIPTA	3	60.00	9.75017	9.63146	No	No	
TRELEGY	AER ELLIPTA	4	60.00	9.75017	9.63146	No	No	
ETODOLAC	TAB 400MG	1	56.00	0.34286	0.36976	No	No	
ETODOLAC	TAB 400MG	2	56.00	0.34286	0.36204	No	No	
ETODOLAC	TAB 400MG	3	56.00	0.34286	0.35451	No	No	
ETODOLAC	TAB 400MG	4	56.00	0.34286	0.35623	No	No	
MIDODRINE	TAB 2.5MG	1	180.00	0.50322	0.27111	No	No	
MIDODRINE	TAB 2.5MG	2	180.00	0.50322	0.26973	No	No	
MIDODRINE	TAB 5MG	2	90.00	0.40433	0.35618	No	No	

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MIDODRINE TAB 5MG	3	90.00	0.40433	0.35873	No	No	
MIDODRINE TAB 5MG	3	90.00	0.40433	0.35873	No	No	
LUBIPROSTONE CAP 8MCG	4	30.00	5.67733	4.77163	No	No	
LUBIPROSTONE CAP 24MCG	3	60.00	5.67750		No	No	
LUBIPROSTONE CAP 24MCG	4	60.00	5.67750	4.71271	No	No	
ASPIRIN LOW TAB 81MG EC	1	30.00	0.00833		No	No	
ASPIRIN LOW TAB 81MG EC	2	30.00	0.00833		No	No	
ASPIRIN LOW TAB 81MG EC	3	30.00	0.06833		No	No	
ASPIRIN LOW TAB 81MG EC	4	30.00	0.06833		No	No	
FUROSEMIDE TAB 20MG	1	30.00	0.02367	0.02883	No	No	
FUROSEMIDE TAB 20MG	2	30.00	0.02367	0.03053	No	No	
FUROSEMIDE TAB 20MG	3	30.00	0.02367	0.03093	No	No	
FUROSEMIDE TAB 20MG	3	30.00	0.02367	0.03093	No	No	
FUROSEMIDE TAB 20MG	4	30.00	0.02367	0.03063	No	No	
DIAZEPAM TAB 5MG	1	10.00	0.02800	0.02225	No	No	
DIAZEPAM TAB 5MG	2	10.00	0.02800	0.02132	No	No	
DIAZEPAM TAB 5MG	3	10.00	0.02800	0.02174	No	No	
DIAZEPAM TAB 5MG	4	10.00	0.02800	0.02389	No	No	
MIDODRINE TAB 2.5MG	1	90.00	0.36200	0.27111	No	No	
MIDODRINE TAB 2.5MG	2	90.00	0.36200	0.26973	No	No	
MIDODRINE TAB 2.5MG	3	90.00	0.36200	0.25717	No	No	
MIDODRINE TAB 2.5MG	4	90.00	0.36200	0.26038	No	No	
MIDODRINE TAB 5MG	3	90.00	0.40433	0.35873	No	No	
MIDODRINE TAB 5MG	4	90.00	0.40433	0.35158	No	No	
DICLOFEN POT TAB 50MG	1	20.00	0.82100	0.56242	No	No	
DICLOFEN POT TAB 50MG	1	20.00	0.82100	0.56242	No	No	
CITALOPRAM TAB 40MG	1	30.00	0.15067	0.03996	No	No	
CITALOPRAM TAB 40MG	2	30.00	0.15067	0.03948	No	No	
CITALOPRAM TAB 40MG	3	30.00	0.15067	0.03875	No	No	
CITALOPRAM TAB 40MG	4	30.00	0.15067	0.03900	No	No	
FENTANYL DIS 75MCG/HR	1	10.00	11.46000	7.79177	No	No	
FENTANYL DIS 75MCG/HR	2	10.00	11.46000	7.88199	No	No	
FENTANYL DIS 75MCG/HR	3	10.00	11.46000	7.59801	No	No	
FENTANYL DIS 75MCG/HR	4	10.00	11.46000	7.80160	No	No	
HYDROCO/APAP TAB 5-325MG	2	75.00	0.09467	0.09803	No	No	
HYDROCO/APAP TAB 5-325MG	3	75.00	0.09467	0.09760	No	No	
HYDROCO/APAP TAB 7.5-325	3	120.00	0.21950	0.12812	No	No	
HYDROCO/APAP TAB 7.5-325	1	120.00	0.22683	0.12096	No	No	

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HYDROCO/APAP TAB 7.5-325	1	60.00	0.19883	0.12096	No	No	
HYDROCO/APAP TAB 7.5-325	2	60.00	0.19883	0.12266	No	No	
HYDROCO/APAP TAB 7.5-325	3	60.00	0.19883	0.12812	No	No	
HYDROCO/APAP TAB 7.5-325	4	60.00	0.19883	0.12830	No	No	
HYDROCO/APAP TAB 10-325MG	1	90.00	0.29100	0.13011	No	No	
HYDROCO/APAP TAB 10-325MG	2	90.00	0.29100	0.13262	No	No	
HYDROCO/APAP TAB 10-325MG	3	90.00	0.29100	0.13475	No	No	
HYDROCO/APAP TAB 10-325MG	1	120.00	0.29100	0.13011	No	No	
HYDROCO/APAP TAB 10-325MG	3	120.00	0.19108	0.13475	No	No	
HYDROCO/APAP TAB 10-325MG	4	120.00	0.19108	0.13041	No	No	
OXYCOD/APAP TAB 7.5-325	1	90.00	0.80789	0.12208	No	No	
OXYCOD/APAP TAB 7.5-325	3	90.00	0.80789	0.13201	No	No	
OXYCOD/APAP TAB 7.5-325	4	90.00	0.80789	0.13711	No	No	
OXYCODONE TAB 5MG	3	90.00	0.12544	0.06831	No	No	
MORPHINE SUL TAB 15MG ER	1	60.00	0.26733	0.19305	No	No	
MORPHINE SUL TAB 15MG ER	2	60.00	0.26733	0.20049	No	No	
MORPHINE SUL TAB 15MG ER	3	60.00	0.26733	0.20332	No	No	
MORPHINE SUL TAB 15MG ER	4	60.00	0.26733	0.19839	No	No	
OXYCODONE TAB 15MG	1	60.00	0.15133	0.11715	No	No	
OXYCODONE TAB 15MG	3	60.00	0.15133	0.11756	No	No	
OXYCODONE TAB 15MG	3	60.00	0.15133	0.11756	No	No	
OXYCODONE TAB 15MG	4	60.00	0.15133	0.11822	No	No	
FENTANYL DIS 25MCG/HR	3	10.00	3.37600	3.11472	No	No	
IPRATROPIUM/ SOL ALBUTER	4	90.00	0.07856	0.05995	No	No	
BACLOFEN TAB 20MG	4	150.00	0.18033	0.15964	No	No	
BACLOFEN TAB 20MG	1	150.00	0.18033	0.16884	No	No	
BACLOFEN TAB 20MG	2	150.00	0.18033	0.16378	No	No	
BACLOFEN TAB 20MG	3	150.00	0.18033	0.15877	No	No	
BACLOFEN TAB 20MG	4	150.00	0.18033	0.15964	No	No	
LEVOTHYROXIN TAB 50MCG	1	30.00	0.19600	0.22397	No	No	
LEVOTHYROXIN TAB 50MCG	2	30.00	0.19600	0.22365	No	No	
LEVOTHYROXIN TAB 50MCG	3	30.00	0.19600	0.21576	No	No	
LEVOTHYROXIN TAB 50MCG	3	30.00	0.18133	0.21576	No	No	
LEVOTHYROXIN TAB 50MCG	4	30.00	0.18133	0.21573	No	No	
B COMPLEX CAP	1	15.00	0.02000		No	No	
B COMPLEX CAP	3	15.00	0.02000		No	No	
B COMPLEX CAP	3	15.00	0.02000		No	No	
B COMPLEX CAP	4	15.00	0.02000		No	No	

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FLUDROCORT TAB 0.1MG	1	60.00	0.23600	0.50396	No	No
FLUDROCORT TAB 0.1MG	2	60.00	0.23600	0.51034	No	No
NEXIUM 24HR TAB 20MG	1	56.00	0.62143		No	No
NEXIUM 24HR TAB 20MG	2	56.00	0.62143		No	No
NEXIUM 24HR TAB 20MG	3	56.00	0.62143		No	No
TESTOST CYP INJ 200MG/ML	2	4.00	9.98750	15.21982	No	No
TESTOST CYP INJ 200MG/ML	3	4.00	9.98750	15.26398	No	No
TESTOST CYP INJ 200MG/ML	3	4.00	9.98750	15.26398	No	No
TESTOST CYP INJ 200MG/ML	4	4.00	9.98750	14.84316	No	No
NYSTOP POW 100000	1	60.00	0.47533	0.27638	No	No
LEVALBUTEROL AER 45/ACT	3	15.00	3.66600	3.70972	No	No
LEVALBUTEROL AER 45/ACT	3	15.00	3.66600	3.70972	No	No
LEVALBUTEROL AER 45/ACT	4	15.00	3.66600	3.68736	No	No
LIDOCAINE PAD 5%	1	90.00	1.59122	2.22932	No	No
LIDOCAINE PAD 5%	2	90.00	1.59122	2.22464	No	No
LIDOCAINE PAD 5%	3	90.00	1.59122	2.22573	No	No
LIDOCAINE PAD 5%	4	90.00	1.59122	2.16394	No	No
LIDOCAINE PAD 5%	1	60.00	2.07817	2.22932	No	No
LIDOCAINE PAD 5%	1	30.00	2.07800	2.22932	No	No
LIDOCAINE PAD 5%	1	30.00	2.78467	2.22932	No	No
LIDOCAINE PAD 5%	2	56.00	2.07804	2.22464	No	No
LIDOCAINE PAD 5%	2	30.00	2.78467	2.22464	No	No
LIDOCAINE PAD 5%	3	60.00	2.07817	2.22573	No	No
LIDOCAINE PAD 5%	3	30.00	2.78467	2.22573	No	No
LIDOCAINE PAD 5%	4	60.00	1.78567	2.16394	No	No
LIDOCAINE PAD 5%	4	30.00	2.78467	2.16394	No	No
NABUMETONE TAB 750MG	4	60.00	0.29583	0.33475	No	No
NABUMETONE TAB 750MG	4	60.00	0.45567	0.33475	No	No
CYCLOBENZAPR TAB 10MG	1	90.00	0.11033	0.02574	No	No
CYCLOBENZAPR TAB 10MG	2	90.00	0.11033	0.02481	No	No
CYCLOBENZAPR TAB 10MG	3	90.00	0.11033	0.02405	No	No
CYCLOBENZAPR TAB 10MG	4	90.00	0.11033	0.02456	No	No
LIDOCAINE PAD 5%	3	60.00	2.07817	2.22573	No	No
BACITRACIN OIN 500/GM	2	28.40	0.09155	0.06977	No	No
BACITRACIN OIN 500/GM	3	28.40	0.09155	0.06861	No	No
BETAMETH VAL CRE 0.1%	1	90.00	0.65667	0.54956	No	No
BETAMETH VAL CRE 0.1%	2	90.00	0.65667	0.55186	No	No
BETAMETH VAL CRE 0.1%	3	90.00	0.65667	0.57311	No	No

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BETAMETH VAL CRE 0.1%	4	90.00	0.65667	0.55046	No	No	
CRANBERRY CAP 250MG	1	30.00	0.04500		No	No	
CRANBERRY CAP 250MG	2	30.00	0.04500		No	No	
CRANBERRY CAP 250MG	3	30.00	0.04500		No	No	
CRANBERRY CAP 250MG	3	30.00	0.04500		No	No	
PROZAC CAP 20MG	1	60.00	17.12583	15.83812	No	No	
PROZAC CAP 20MG	2	60.00	17.12583	16.07264	No	No	
ALPRAZOLAM TAB 0.5MG	2	120.00	0.02442	0.02494	No	No	
OMEPRAZOLE CAP 40MG	4	90.00	0.20011	0.06237	No	No	
ZOLPIDEM TAB 10MG	1	30.00	0.15800	0.03693	No	No	
POT CL MICRO TAB 20MEQ ER	1	30.00	0.19867	0.25082	No	No	
POT CL MICRO TAB 20MEQ ER	2	30.00	0.18667	0.24544	No	No	
POT CL MICRO TAB 20MEQ ER	3	30.00	0.18667	0.24004	No	No	
POT CL MICRO TAB 20MEQ ER	4	30.00	0.18667	0.23652	No	No	
SUDOGEST TAB 30MG	4	30.00	0.02367	0.04977	No	No	
MI-ACID GAS CHW 80MG	3	120.00	0.03342	0.02375	No	No	
DOK CAP 100MG	1	60.00	0.01850	0.02396	No	No	
DOK CAP 100MG	2	60.00	0.01850	0.02397	No	No	
DOK CAP 100MG	3	60.00	0.01850	0.02353	No	No	
DOK CAP 100MG	3	60.00	0.01850	0.02353	No	No	
DOK CAP 100MG	4	60.00	0.01850	0.02499	No	No	
FLORASTOR CAP 250MG	1	30.00	0.64167		No	No	
FLORASTOR CAP 250MG	2	30.00	0.64167		No	No	
FLORASTOR CAP 250MG	3	30.00	0.64167		No	No	
FLORASTOR CAP 250MG	4	30.00	0.64167		No	No	
TRANSDERM-SC DIS 1MG/3DAY	1	10.00	20.70000	20.43134	No	No	
TRANSDERM-SC DIS 1MG/3DAY	2	10.00	20.70000	20.43134	No	No	
TRANSDERM-SC DIS 1MG/3DAY	3	10.00	20.70000	20.43134	No	No	
TRANSDERM-SC DIS 1MG/3DAY	3	10.00	20.70000	20.43134	No	No	
TRANSDERM-SC DIS 1MG/3DAY	4	10.00	20.70000	20.43134	No	No	
SOOTHE DRO HYDRATIO	4	15.00	0.12867		No	No	
OXYCODONE TAB 5MG	4	84.00	0.12536	0.06816	No	No	
OXYCODONE TAB 10MG	1	90.00	0.12744	0.12172	No	No	
OXYCODONE TAB 10MG	2	90.00	0.12744	0.12635	No	No	
OXYCODONE TAB 10MG	3	90.00	0.12744	0.12679	No	No	
OXYCODONE TAB 10MG	4	90.00	0.12744	0.12279	No	No	
OXYCODONE TAB 10MG	1	20.00	0.12750	0.12172	No	No	
OXYCODONE TAB 10MG	1	60.00	0.12733	0.12172	No	No	

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OXYCODONE TAB 10MG	2	60.00	0.12733	0.12635	No	No	
OXYCODONE TAB 10MG	3	60.00	0.12733	0.12679	No	No	
VITAMIN C TAB 500MG	1	30.00	0.01033		No	No	
VITAMIN C TAB 500MG	2	30.00	0.01033		No	No	
VITAMIN C TAB 500MG	3	30.00	0.01033		No	No	
VITAMIN C TAB 500MG	4	30.00	0.01033		No	No	
FIBER SELECT CHW GUMMIES	1	90.00	0.04956		No	No	
FIBER SELECT CHW GUMMIES	2	90.00	0.04956		No	No	
FIBER SELECT CHW GUMMIES	3	90.00	0.04956		No	No	
FIBER SELECT CHW GUMMIES	3	-90.00	0.04956		No	No	
FIBER SELECT CHW GUMMIES	4	90.00	0.04956		No	No	
MEDICATED PAD WIPES	1	96.00	0.04021		No	No	
MEDICATED PAD WIPES	2	96.00	0.04021		No	No	
MEDICATED PAD WIPES	3	96.00	0.04021		No	No	
ALOE VERA LIQ JUICE	1	3840.00	0.00101		No	No	
ALOE VERA LIQ JUICE	2	3840.00	0.00101		No	No	
ALOE VERA LIQ JUICE	3	3840.00	0.00101		No	No	
CALCIUM+D3 TAB 600-400	1	60.00	0.02533		No	No	
CALCIUM+D3 TAB 600-400	2	60.00	0.02533		No	No	
CALCIUM+D3 TAB 600-400	3	60.00	0.02533		No	No	
CITALOPRAM TAB 20MG	1	30.00	0.13600	0.03038	No	No	
CITALOPRAM TAB 20MG	2	30.00	0.13600	0.02980	No	No	
CITALOPRAM TAB 20MG	3	30.00	0.13600	0.02927	No	No	
CITALOPRAM TAB 20MG	4	30.00	0.13600	0.02951	No	No	
ESOMEPRAMAG CAP 40MG DR	4	30.00	0.25600	0.24516	No	No	
BACLOFEN TAB 20MG	1	90.00	0.18033	0.16884	No	No	
BACLOFEN TAB 20MG	2	90.00	0.18033	0.16378	No	No	
BACLOFEN TAB 20MG	3	90.00	0.18033	0.15877	No	No	
BACLOFEN TAB 20MG	4	90.00	0.18033	0.15964	No	No	
GABAPENTIN TAB 600MG	1	90.00	0.13900	0.10248	No	No	
GABAPENTIN TAB 600MG	2	90.00	0.13900	0.10317	No	No	
GABAPENTIN TAB 600MG	3	90.00	0.13900	0.10098	No	No	
GABAPENTIN TAB 600MG	4	90.00	0.13900	0.10050	No	No	
LEVETIRACETA TAB 1000MG	1	60.00	0.28617		No	No	
LEVETIRACETA TAB 1000MG	2	60.00	0.28617		No	No	
LEVETIRACETA TAB 1000MG	3	60.00	0.28617		No	No	
LEVETIRACETA TAB 1000MG	4	60.00	0.28617		No	No	
GABAPENTIN CAP 300MG	1	90.00	0.08900	0.05061	No	No	

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GABAPENTIN CAP 300MG	4	90.00	0.08900	0.04965	No	No	No
CELECOXIB CAP 200MG	1	30.00	0.23400	0.16647	No	No	No
CELECOXIB CAP 200MG	2	30.00	0.23400	0.16578	No	No	No
CELECOXIB CAP 200MG	3	30.00	0.23400	0.16147	No	No	No
CELECOXIB CAP 200MG	4	30.00	0.23400	0.16207	No	No	No
CETIRIZINE TAB 10MG	1	30.00	0.05800	0.07189	No	No	No
CETIRIZINE TAB 10MG	2	30.00	0.05800	0.06958	No	No	No
CETIRIZINE TAB 10MG	3	30.00	0.05800	0.07125	No	No	No
CETIRIZINE TAB 10MG	4	30.00	0.05133	0.07084	No	No	No
ESOMEPRAMAG CAP 20MG DR	1	30.00	0.30600	0.29780	No	No	No
ESOMEPRAMAG CAP 20MG DR	2	30.00	0.30600	0.28523	No	No	No
ESOMEPRAMAG CAP 20MG DR	3	30.00	0.28167	0.27586	No	No	No
ESOMEPRAMAG CAP 20MG DR	4	30.00	0.28167	0.27435	No	No	No
CLONAZEPAM TAB 1MG	1	60.00	0.03217	0.03183	No	No	No
CLONAZEPAM TAB 1MG	2	60.00	0.03217	0.03221	No	No	No
CLONAZEPAM TAB 1MG	3	60.00	0.03217	0.03292	No	No	No
CLONAZEPAM TAB 1MG	4	60.00	0.03217	0.03323	No	No	No
AMITRIPTYLIN TAB 25MG	1	30.00	0.09100	0.09212	No	No	No
AMITRIPTYLIN TAB 25MG	2	30.00	0.09100	0.08772	No	No	No
AMITRIPTYLIN TAB 25MG	3	30.00	0.09100	0.08997	No	No	No
AMITRIPTYLIN TAB 25MG	3	30.00	0.08400	0.08997	No	No	No
AMITRIPTYLIN TAB 25MG	4	30.00	0.09033	0.09355	No	No	No
AMITRIPTYLIN TAB 75MG	1	30.00	0.55933	0.35156	No	No	No
AMITRIPTYLIN TAB 75MG	2	30.00	0.55933	0.32278	No	No	No
AMITRIPTYLIN TAB 75MG	3	30.00	0.55933	0.29438	No	No	No
BUSPIRONE TAB 10MG	1	180.00	0.10050	0.04214	No	No	No
BUSPIRONE TAB 10MG	2	180.00	0.10050	0.04055	No	No	No
BUSPIRONE TAB 10MG	3	180.00	0.10050	0.04091	No	No	No
BUSPIRONE TAB 10MG	3	180.00	0.09461	0.04091	No	No	No
ENEMEEZ MINI ENE	1	300.00	0.51400		No	No	No
ENEMEEZ MINI ENE	2	300.00	0.51400		No	No	No
ENEMEEZ MINI ENE	3	300.00	0.51400		No	No	No
ENEMEEZ MINI ENE	4	300.00	0.51400		No	No	No
ENEMEEZ MINI ENE	4	300.00	0.51400		No	No	No
ENEMEEZ PLUS ENE 20-283	1	450.00	0.53309		No	No	No
ENEMEEZ PLUS ENE 20-283	2	450.00	0.53309		No	No	No
ENEMEEZ PLUS ENE 20-283	3	450.00	0.53309		No	No	No
ENEMEEZ PLUS ENE 20-283	4	450.00	0.53309		No	No	No

Drug Name	Month Drug was	Quantity of Drug	Amount the Pharmacy was	Average NADAC for Month		Dispensed Pursuant to State or	
	Dispensed	Dispensed	Reimbursed per Unit or Dosage	Drug was Dispensed	Affiliate Pharmacy	Local Government Plan	
DICLOFENAC GEL 1%	1	100.00	0.13170	0.13633	No	No	
DICLOFENAC GEL 1%	4	100.00	0.12290	0.12780	No	No	
HYDROXYZ HCL TAB 50MG	1	60.00	0.15133	0.08297	No	No	
DULOXETINE CAP 60MG	1	60.00	2.33583	0.15918	No	No	
DULOXETINE CAP 60MG	1	30.00	0.22933	0.15918	No	No	
DULOXETINE CAP 60MG	2	30.00	0.22933	0.14940	No	No	
DULOXETINE CAP 60MG	3	30.00	0.22933	0.13505	No	No	
DULOXETINE CAP 60MG	4	30.00	0.22933	0.12981	No	No	
DULOXETINE CAP 60MG	1	30.00	0.22933	0.15918	No	No	
DULOXETINE CAP 60MG	2	30.00	0.22933	0.14940	No	No	
DULOXETINE CAP 60MG	3	30.00	0.22933	0.13505	No	No	
HYDROCO/APAP TAB 5-325MG	1	75.00	0.09467	0.09781	No	No	
HYDROCO/APAP TAB 7.5-325	1	56.00	0.19893	0.12096	No	No	
HYDROCO/APAP TAB 7.5-325	2	90.00	0.19889	0.12266	No	No	
HYDROCO/APAP TAB 7.5-325	3	90.00	0.19889	0.12812	No	No	
HYDROCO/APAP TAB 7.5-325	4	90.00	0.19889	0.12830	No	No	
HYDROCO/APAP TAB 7.5-325	2	84.00	0.19893	0.12266	No	No	
HYDROCO/APAP TAB 7.5-325	3	84.00	0.19893	0.12812	No	No	
MELOXICAM TAB 7.5MG	1	30.00	0.10500	0.01972	No	No	
MELOXICAM TAB 7.5MG	2	30.00	0.10500	0.02044	No	No	
MELOXICAM TAB 7.5MG	3	30.00	0.10500	0.02045	No	No	
MELOXICAM TAB 7.5MG	4	30.00	0.10500	0.02050	No	No	
MEMANTINE TAB HCL 5MG	3	60.00	0.15033	0.09280	No	No	
MEMANTINE TAB HCL 5MG	4	60.00	0.15033	0.09192	No	No	
VITAMIN D CAP 2000UNIT	1	30.00	0.02400		No	No	
VITAMIN D CAP 2000UNIT	2	30.00	0.02400		No	No	
VITAMIN D CAP 2000UNIT	3	30.00	0.02400		No	No	
VITAMIN D CAP 2000UNIT	4	30.00	0.02400		No	No	
TADALAFIL TAB 10MG	1	20.00	0.68650	0.50467	No	No	
TADALAFIL TAB 10MG	1	20.00	0.68650	0.50467	No	No	
TADALAFIL TAB 10MG	4	20.00	0.68650	0.50821	No	No	
SILDENAFIL TAB 100MG	1	6.00	11.29833	0.35793	No	No	
SILDENAFIL TAB 100MG	3	6.00	11.29833	0.33948	No	No	
SILDENAFIL TAB 100MG	4	6.00	11.29833	0.33025	No	No	
GABAPENTIN POW	1	240.00	2.00000		No	No	
GABAPENTIN POW	2	240.00	10.64592		No	No	
GABAPENTIN POW	3	240.00	10.64592		No	No	
GABAPENTIN POW	4	240.00	10.55350		No	No	

Drug Name		Month Drug was Dispensed	Quantity of Drug Dispensed	Amount the Pharmacy was Reimbursed per Unit or Dosage	Average NADAC for Month Drug was Dispensed	Affiliate Pharmacy	Dispensed Pursuant to State or Local Government Plan
HYSEPT	SOL 0.25%	2	473.00	0.02211		No	No
HYSEPT	SOL 0.25%	3	473.00	0.02211		No	No
MIRALAX	POW 3350 NF	1	1020.00	0.03346		No	No
MIRALAX	POW 3350 NF	2	1020.00	0.03346		No	No
MIRALAX	POW 3350 NF	3	1020.00	0.03346		No	No
MIRALAX	POW 3350 NF	4	1020.00	0.03346		No	No
HYOSCYAMINE	TAB 0.125MG	4	360.00	0.25289	0.18289	No	No
HYOSCYAMINE	SUB 0.125MG	3	120.00	0.25292	0.14677	No	No
HYOSCYAMINE	SUB 0.125MG	4	120.00	0.25292	0.14954	No	No
METHYLPRED	TAB 4MG	2	21.00	0.39571	0.19149	No	No
METHYLPRED	TAB 4MG	2	-21.00	0.39571	0.19149	No	No
METHYLPRED	TAB 4MG	2	21.00	0.39571	0.19149	No	No
OXYCODONE	TAB 15MG	1	120.00	0.02650	0.11715	No	No
OXYCODONE	TAB 15MG	2	120.00	0.02650	0.11764	No	No
OXYCODONE	TAB 15MG	3	120.00	0.02650	0.11756	No	No
OXYCODONE	TAB 15MG	4	120.00	0.02650	0.11822	No	No
OXYCOD/APAP	TAB 10-325MG	1	30.00	0.32600	0.18873	No	No
OXYCOD/APAP	TAB 10-325MG	2	30.00	0.32600	0.19828	No	No
OXYCOD/APAP	TAB 10-325MG	4	30.00	0.32600	0.19404	No	No
OXYCOD/APAP	TAB 10-325MG	1	120.00	0.32608	0.18873	No	No
OXYCOD/APAP	TAB 10-325MG	2	120.00	0.32608	0.19828	No	No
OXYCOD/APAP	TAB 10-325MG	3	120.00	0.32608	0.19467	No	No
OXYCOD/APAP	TAB 10-325MG	4	120.00	0.32608	0.19404	No	No
LIDOCAINE	PAD 5%	1	60.00	2.07817	2.22932	No	No
LIDOCAINE	PAD 5%	2	60.00	2.07817	2.22464	No	No
LIDOCAINE	PAD 5%	4	60.00	1.71200	2.16394	No	No
MORPHINE SUL	TAB 30MG ER	1	20.00	0.40850	0.32422	No	No
MORPHINE SUL	TAB 30MG ER	1	60.00	0.37883	0.32422	No	No
MORPHINE SUL	TAB 30MG ER	2	60.00	0.37883	0.32282	No	No
MORPHINE SUL	TAB 30MG ER	3	60.00	0.37883	0.33806	No	No
BUPRENORPHIN DIS	20MCG/HR	1	4.00	118.74000	135.79438	No	No
BUPRENORPHIN DIS	20MCG/HR	2	4.00	118.74000	136.27192	No	No
BUPRENORPHIN DIS	20MCG/HR	3	4.00	118.74000	129.34684	No	No
BUPRENORPHIN DIS	20MCG/HR	4	4.00	118.74000	124.53803	No	No
HYOSCYAMINE	SUB 0.125MG	2	120.00	0.25292	0.14543	No	No
HYDROCO/APAP	TAB 7.5-325	4	120.00	0.21950	0.12830	No	No
CLONAZEPAM	TAB 0.5MG	2	30.00	0.10700	0.02523	No	No
CLONAZEPAM	TAB 0.5MG	3	30.00	0.10700	0.02531	No	No

Drug Name	Month Drug was	Quantity of Drug	Amount the Pharmacy was	Average NADAC for Month		Dispensed Pursuant to State or
	Dispensed	Dispensed	Reimbursed per Unit or Dosage	Drug was Dispensed	Affiliate Pharmacy	Local Government Plan
CLONAZEPAM TAB 0.5MG	4	30.00	0.11133	0.02566	No	No
PREGABALIN CAP 25MG	1	30.00	2.40167	0.10208	No	No
PREGABALIN CAP 25MG	2	30.00	2.40167	0.10630	No	No
PREGABALIN CAP 25MG	3	30.00	2.40167	0.10601	No	No
PREGABALIN CAP 25MG	4	30.00	2.40167	0.10519	No	No
PREGABALIN CAP 50MG	1	30.00	2.40167	0.09517	No	No
PREGABALIN CAP 50MG	2	30.00	2.40167	0.09634	No	No
PREGABALIN CAP 50MG	3	30.00	2.40167	0.09547	No	No
PREGABALIN CAP 50MG	4	30.00	2.40167	0.09907	No	No
TRIAMCINOLON OIN 0.1%	3	80.00	0.04713	0.06907	No	No
HC PRAMOXINE CRE 2.5-1%	1	336.00	1.36080		No	No
HC PRAMOXINE CRE 2.5-1%	2	336.00	1.36080		No	No
HC PRAMOXINE CRE 2.5-1%	3	336.00	1.36080		No	No
HC PRAMOXINE CRE 2.5-1%	4	336.00	1.36080		No	No
DESIPRAMINE TAB 10MG	4	90.00	0.33756	0.26416	No	No
DESIPRAMINE TAB 10MG	4	270.00	0.33748	0.26416	No	No
NAPROXEN SOD TAB 750MG ER	4	60.00	18.74017		No	No
FENTANYL DIS 25MCG/HR	2	10.00	3.58100	3.11242	No	No
FENTANYL DIS 25MCG/HR	4	10.00	3.37600	3.14583	No	No
FENTANYL DIS 50MCG/HR	1	10.00	5.57900	5.38763	No	No
IBUPROFEN TAB 800MG	2	90.00	0.23767	0.08035	No	No
GABAPENTIN TAB 600MG	1	90.00	0.42833	0.10248	No	No
GABAPENTIN TAB 600MG	2	90.00	0.42833	0.10317	No	No
KEPPRA TAB 1000MG	1	60.00	16.51867	15.75560	No	No
KEPPRA TAB 1000MG	2	60.00	16.51867	15.68026	No	No
KEPPRA TAB 1000MG	3	60.00	16.51867	15.68026	No	No
KEPPRA TAB 1000MG	4	60.00	16.51867	15.68026	No	No
AZITHROMYCIN TAB 500MG	1	30.00	4.63133	1.07958	No	No
AZITHROMYCIN TAB 500MG	2	30.00	4.63133	1.01625	No	No
AZITHROMYCIN TAB 500MG	3	30.00	4.63133	0.98010	No	No
AZITHROMYCIN TAB 500MG	4	30.00	4.63133	1.02937	No	No
AZELASTINE SPR 0.1%	2	30.00	0.44300	0.32360	No	No
LIDOCAINE OIN 5%	3	240.00	2.26654	0.34810	No	No
NORTRIPTYLIN CAP 25MG	1	60.00	0.19183	0.11329	No	No
NORTRIPTYLIN CAP 25MG	2	60.00	0.19183	0.11252	No	No
NORTRIPTYLIN CAP 25MG	3	60.00	0.18050	0.11190	No	No
NORTRIPTYLIN CAP 25MG	4	60.00	0.18050	0.10637	No	No
BACLOFEN TAB 10MG	1	150.00	0.12973	0.07715	No	No

Drug Name	Month Drug was	Quantity of Drug	Amount the Pharmacy was	Average NADAC for Month		Dispensed Pursuant to State or	
	Dispensed	Dispensed	Reimbursed per Unit or Dosage	Drug was Dispensed	Affiliate Pharmacy	Local Government Plan	
BACLOFEN TAB 10MG	2	150.00	0.12973	0.07544	No	No	No
BACLOFEN TAB 20MG	3	90.00	0.18033	0.15877	No	No	No
BACLOFEN TAB 20MG	4	90.00	0.18033	0.15964	No	No	No
MOTEGRITY TAB 2MG	1	30.00	15.73567	14.41291	No	No	No
MOTEGRITY TAB 2MG	2	30.00	15.73567	14.83277	No	No	No
MOTEGRITY TAB 2MG	2	-30.00	15.73567	14.83277	No	No	No
MOTEGRITY TAB 2MG	3	30.00	15.73567	14.83277	No	No	No
MOTEGRITY TAB 2MG	3	30.00	15.73567	14.83277	No	No	No
MOTEGRITY TAB 2MG	4	30.00	15.73567	14.83277	No	No	No
ANALPRM SNGL CRE HC 2.5-1	1	240.00	3.61233		No	No	No
ANALPRM SNGL CRE HC 2.5-1	2	240.00	3.61233		No	No	No
ANALPRM SNGL CRE HC 2.5-1	4	240.00	3.61233		No	No	No
ANALPRM SNGL CRE HC 2.5-1	4	240.00	3.61233		No	No	No
TIZANIDINE TAB 2MG	1	90.00	0.36356	0.07251	No	No	No
TIZANIDINE TAB 2MG	3	90.00	0.36356	0.05857	No	No	No
TIZANIDINE TAB 2MG	4	90.00	0.36356	0.05810	No	No	No
TIZANIDINE TAB 4MG	1	84.00	0.11452	0.05161	No	No	No
TIZANIDINE TAB 4MG	2	84.00	0.11452	0.05123	No	No	No
TIZANIDINE TAB 4MG	3	84.00	0.10869	0.04862	No	No	No
TIZANIDINE TAB 4MG	4	84.00	0.10869	0.04885	No	No	No
FEXOFENADINE TAB 180MG	4	30.00	0.39067	0.29022	No	No	No
DULOXETINE CAP 60MG	4	30.00	0.22933	0.12981	No	No	No
DULOXETINE CAP 60MG	2	60.00	0.24300	0.14940	No	No	No
DULOXETINE CAP 60MG	3	60.00	0.24300	0.13505	No	No	No
DULOXETINE CAP 60MG	4	60.00	0.25283	0.12981	No	No	No
MODAFINIL TAB 100MG	1	30.00	0.51867	0.42310	No	No	No
TRAMADOL HCL TAB 50MG	1	60.00	0.14233	0.02370	No	No	No
TRAMADOL HCL TAB 50MG	2	60.00	0.13883	0.02409	No	No	No
MOVANTIK TAB 25MG	1	30.00	11.85833	11.66994	No	No	No
MOVANTIK TAB 25MG	1	30.00	11.93167	11.66994	No	No	No
MOVANTIK TAB 25MG	2	30.00	11.85833	11.66994	No	No	No
MOVANTIK TAB 25MG	3	30.00	11.85833	11.66994	No	No	No
MOVANTIK TAB 25MG	3	30.00	12.40733	11.66994	No	No	No
MOVANTIK TAB 25MG	3	30.00	11.93167	11.66994	No	No	No
MOVANTIK TAB 25MG	4	30.00	11.93167	11.66994	No	No	No
MOVANTIK TAB 25MG	4	30.00	11.93167	11.66994	No	No	No
MOVANTIK TAB 25MG	4	-30.00	11.93167	11.66994	No	No	No
POLYETH GLYC POW 3350 NF	1	510.00	0.00665		No	No	No

Drug Name	Month Drug was	Quantity of Drug	Amount the Pharmacy was	Average NADAC for Month		Dispensed Pursuant to State or	
	Dispensed	Dispensed	Reimbursed per Unit or Dosage	Drug was Dispensed	Affiliate Pharmacy	Local Government Plan	
POLYETH GLYC POW 3350 NF	2	1020.00	0.00665		No	No	
POLYETH GLYC POW 3350 NF	3	1020.00	0.00665		No	No	
POLYETH GLYC POW 3350 NF	4	1020.00	0.00665		No	No	
OXYCONTIN TAB 10MG CR	1	60.00	4.33950	4.25865	No	No	
OXYCONTIN TAB 10MG CR	2	60.00	4.33950	4.25865	No	No	
OXYCONTIN TAB 10MG CR	3	60.00	4.33950	4.25865	No	No	
OXYCONTIN TAB 10MG CR	4	60.00	4.33950	4.25865	No	No	
MESALAMINE SUP 1000MG	3	30.00	11.36333		No	No	
MESALAMINE SUP 1000MG	3	-30.00	11.36333		No	No	
ALPRAZOLAM TAB 0.5MG	3	120.00	0.02442	0.02470	No	No	
ALPRAZOLAM TAB 0.5MG	3	120.00	0.02442	0.02470	No	No	
JUVEN POW GRAPE	3	60.00	2.29317		No	No	
DESMOPRESSIN TAB 0.2MG	1	30.00	0.56867	0.51024	No	No	
DESMOPRESSIN TAB 0.2MG	2	30.00	0.53433	0.49089	No	No	
DESMOPRESSIN TAB 0.2MG	3	30.00	0.53433	0.48759	No	No	
DESMOPRESSIN TAB 0.2MG	3	30.00	0.49367	0.48759	No	No	
DICLOFENAC TAB 75MG DR	3	60.00	0.16733	0.10769	No	No	
DICLOFENAC TAB 75MG DR	1	60.00	0.16733	0.11093	No	No	
DICLOFENAC TAB 75MG DR	2	60.00	0.16733	0.10923	No	No	
ASPIRIN LOW TAB 81MG EC	1	30.00	0.01333	0.01471	No	No	
ASPIRIN LOW TAB 81MG EC	2	30.00	0.01333	0.01476	No	No	
ASPIRIN LOW TAB 81MG EC	3	30.00	0.01333	0.01429	No	No	
ASPIRIN LOW TAB 81MG EC	4	30.00	0.01333	0.01396	No	No	
PANTOPRAZOLE TAB 40MG	1	30.00	0.16100	0.05955	No	No	
PANTOPRAZOLE TAB 40MG	2	30.00	0.16100	0.05958	No	No	
PANTOPRAZOLE TAB 40MG	4	30.00	0.16100	0.06537	No	No	
FAMOTIDINE TAB 40MG	1	30.00	1.03300	0.10127	No	No	
FAMOTIDINE TAB 40MG	2	30.00	1.03300	0.10079	No	No	
TEMAZEPAM CAP 15MG	1	30.00	0.19767	0.07834	No	No	
TEMAZEPAM CAP 15MG	2	30.00	0.19767	0.07865	No	No	
TEMAZEPAM CAP 15MG	3	30.00	0.19767	0.07910	No	No	
TEMAZEPAM CAP 15MG	4	30.00	0.19767	0.07956	No	No	
TESTOST CYP INJ 200MG/ML	1	4.00	9.98750	14.84222	No	No	
TESTOST CYP INJ 200MG/ML	1	2.00	3.93500	14.84222	No	No	
TESTOST CYP INJ 200MG/ML	3	2.00	3.93500	15.26398	No	No	
TESTOST CYP INJ 200MG/ML	4	2.00	3.93500	14.84316	No	No	
ARICEPT TAB 10MG	1	30.00	17.20733		No	No	
ARICEPT TAB 10MG	2	30.00	17.20733		No	No	

Drug Name		Month Drug was Dispensed	Quantity of Drug Dispensed	Amount the Pharmacy was Reimbursed per Unit or Dosage	Average NADAC for Month Drug was Dispensed	Affiliate Pharmacy	Dispensed Pursuant to State or Local Government Plan
ARICEPT	TAB 10MG	2	-30.00	17.20733		No	No
ARICEPT	TAB 10MG	2	30.00	17.20733		No	No
ARICEPT	TAB 10MG	3	30.00	17.20733		No	No
MUCINEX	TAB 600MG ER	4	60.00	0.35567	0.45763	No	No
AMITIZA	CAP 24MCG	2	60.00	6.01183	5.93313	No	No
AMITIZA	CAP 24MCG	1	60.00	6.30867	5.93313	No	No
RISAQUAD-2	CAP	1	60.00	1.10217		No	No
RISAQUAD-2	CAP	2	60.00	1.10217		No	No
RISAQUAD-2	CAP	3	60.00	1.10217		No	No
RISAQUAD-2	CAP	4	60.00	1.10217		No	No
METAXALONE	TAB 800MG	2	90.00	1.70700	0.81002	No	No
METAXALONE	TAB 800MG	3	90.00	1.70700	0.77163	No	No
METAXALONE	TAB 800MG	4	90.00	1.70700	0.77786	No	No
DICLOFENAC	GEL 1%	1	100.00	0.13170	0.13633	No	No
DICLOFENAC	GEL 1%	1	200.00	0.13170	0.13633	No	No
DICLOFENAC	GEL 1%	1	100.00	0.13170	0.13633	No	No
DICLOFENAC	GEL 1%	2	200.00	0.13170	0.13680	No	No
DICLOFENAC	GEL 1%	3	100.00	0.13170	0.13216	No	No
DICLOFENAC	GEL 1%	3	200.00	0.13170	0.13216	No	No
DICLOFENAC	GEL 1%	3	100.00	0.13170	0.13216	No	No
DICLOFENAC	GEL 1%	4	200.00	0.12290	0.12780	No	No
DICLOFENAC	GEL 1%	4	100.00	0.12290	0.12780	No	No
SERTRALINE	TAB 100MG	1	60.00	0.15783	0.06586	No	No
SERTRALINE	TAB 100MG	2	60.00	0.15783	0.06420	No	No
SERTRALINE	TAB 100MG	3	60.00	0.15783	0.06604	No	No
SERTRALINE	TAB 100MG	4	60.00	0.15783	0.06637	No	No
FLUOXETINE	CAP 10MG	1	30.00	0.13967	0.03795	No	No
FLUOXETINE	CAP 10MG	3	30.00	0.13967	0.03890	No	No
FLUOXETINE	CAP 10MG	4	30.00	0.13967	0.03858	No	No
MODAFINIL	TAB 100MG	2	30.00	0.51867	0.39585	No	No
MODAFINIL	TAB 100MG	3	30.00	0.48533	0.38758	No	No
MODAFINIL	TAB 100MG	4	30.00	0.48533	0.40748	No	No
ALPRAZOLAM	TAB 0.5MG	1	120.00	0.02442	0.02472	No	No
ESOMEPRAMAG	CAP 40MG DR	1	60.00	2.68467	0.22695	No	No
ESOMEPRAMAG	CAP 40MG DR	2	60.00	2.68467	0.25331	No	No
ESOMEPRAMAG	CAP 40MG DR	3	60.00	2.68467	0.25958	No	No
ESOMEPRAMAG	CAP 40MG DR	4	60.00	2.68467	0.24516	No	No
FAMOTIDINE	TAB 40MG	3	30.00	1.03300	0.09149	No	No

Drug Name	Month Drug was	Quantity of Drug	Amount the Pharmacy was	Average NADAC for Month		Dispensed Pursuant to State or
	Dispensed	Dispensed	Reimbursed per Unit or Dosage	Drug was Dispensed	Affiliate Pharmacy	Local Government Plan
FAMOTIDINE TAB 40MG	4	30.00	1.03300	0.09280	No	No
CELECOXIB CAP 200MG	1	30.00	2.25533	0.16647	No	No
CELECOXIB CAP 200MG	2	30.00	2.25533	0.16578	No	No
CELECOXIB CAP 200MG	3	30.00	2.25533	0.16147	No	No
PREGABALIN CAP 25MG	1	60.00	0.10550	0.10208	No	No
PREGABALIN CAP 25MG	2	60.00	0.10550	0.10630	No	No
PREGABALIN CAP 25MG	3	60.00	0.10550	0.10601	No	No
PREGABALIN CAP 25MG	4	60.00	0.09733	0.10519	No	No
LANSOPRAZOLE CAP 15MG DR	1	30.00	0.42500	0.31648	No	No
LANSOPRAZOLE CAP 15MG DR	2	30.00	0.42500	0.32901	No	No
LANSOPRAZOLE CAP 15MG DR	3	30.00	0.45700	0.34440	No	No
LANSOPRAZOLE CAP 15MG DR	4	30.00	0.45700	0.33569	No	No
SERTRALINE TAB 100MG	1	60.00	0.15783	0.06586	No	No
SERTRALINE TAB 100MG	2	60.00	0.15783	0.06420	No	No
SERTRALINE TAB 100MG	3	60.00	0.15783	0.06604	No	No
SERTRALINE TAB 100MG	3	60.00	0.15783	0.06604	No	No
NYSTATIN POW 100000	1	60.00	0.28267	0.37840	No	No
NYSTATIN POW 100000	2	60.00	0.28267	0.37491	No	No
NYSTATIN POW 100000	3	60.00	0.28267	0.37149	No	No
VENLAFAXINE CAP 75MG ER	1	90.00	0.00147	9.02463	No	No
VENLAFAXINE CAP 75MG ER	2	90.00	0.00146	9.10462	No	No
VENLAFAXINE CAP 75MG ER	3	90.00	0.00148	8.99712	No	No
VENLAFAXINE CAP 75MG ER	4	90.00	0.00146	9.12925	No	No
TOPIRAMATE TAB 25MG	1	30.00	0.00113	1.48594	No	No
TOPIRAMATE TAB 25MG	2	30.00	0.00114	1.45470	No	No
TOPIRAMATE TAB 25MG	3	30.00	0.00113	1.46986	No	No
TOPIRAMATE TAB 25MG	4	30.00	0.00112	1.49517	No	No
BUSPIRONE TAB 10MG	4	180.00	0.00023	1.29611	No	No
OMEPRAZOLE CAP 40MG	1	60.00	0.00105	34.03450	No	No
OMEPRAZOLE CAP 40MG	2	60.00	0.00103	34.47512	No	No
OMEPRAZOLE CAP 40MG	3	60.00	0.00105	34.03729	No	No
OMEPRAZOLE CAP 40MG	4	60.00	0.00104	34.27604	No	No
MIDODRINE TAB 2.5MG	3	180.00	0.00143	0.39769	No	No
MIDODRINE TAB 2.5MG	4	180.00	0.00145	0.38049	No	No
TRAZODONE TAB 50MG	1	30.00	0.00140	2.09541	No	No
TRAZODONE TAB 50MG	2	30.00	0.00138	2.12375	No	No
TRAZODONE TAB 50MG	3	30.00	0.00137	2.15683	No	No
TRAZODONE TAB 50MG	4	30.00	0.00140	2.09209	No	No

Drug Name	Month Drug was	Quantity of Drug	Amount the Pharmacy was	Average NADAC for Month		Dispensed Pursuant to State or
	Dispensed	Dispensed	Reimbursed per Unit or Dosage	Drug was Dispensed	Affiliate Pharmacy	Local Government Plan
AQUACEL AG PAD EX 4"X5"	2	6.00	0.00000		No	No
AQUACEL AG PAD EX 4"X5"	3	6.00	0.00000		No	No
POT CHLORIDE CAP 10MEQ ER	1	60.00	0.29533	0.16195	No	No
POT CHLORIDE CAP 10MEQ ER	2	60.00	0.29533	0.16003	No	No
POT CHLORIDE CAP 10MEQ ER	3	60.00	0.29533	0.15995	No	No
POT CHLORIDE CAP 10MEQ ER	4	60.00	0.29533	0.15803	No	No
ESZOPICLONE TAB 3MG	2	30.00	0.30733	0.17817	No	No
ESZOPICLONE TAB 3MG	3	30.00	0.30733	0.17925	No	No
ESZOPICLONE TAB 3MG	3	30.00	0.30733	0.17925	No	No
ESZOPICLONE TAB 3MG	4	30.00	0.30733	0.19158	No	No
OMEPRAZOLE CAP 40MG	3	90.00	0.18156	0.06280	No	No
LIDOCAINE OIN 5%	1	106.32	2.65820	0.33757	No	No
LIDOCAINE OIN 5%	2	35.44	0.33380	0.33738	No	No
LIDOCAINE OIN 5%	3	35.44	0.33380	0.34810	No	No
LIDOCAINE OIN 5%	4	141.76	0.34714	0.37269	No	No
DICLOFENAC GEL 1%	3	100.00	0.15660	0.13216	No	No
SERTRALINE TAB 25MG	1	30.00	0.15667	0.07578	No	No
SERTRALINE TAB 25MG	2	30.00	0.15667	0.07427	No	No
SERTRALINE TAB 25MG	3	60.00	0.15650	0.07365	No	No
SERTRALINE TAB 25MG	4	60.00	0.15650	0.07318	No	No
CYCLOBENZAPR TAB 5MG	4	30.00	0.30333	0.03123	No	No
CYCLOBENZAPR TAB 10MG	2	90.00	0.11033	0.02481	No	No
CYCLOBENZAPR TAB 10MG	3	90.00	0.11033	0.02405	No	No
GABAPENTIN CAP 300MG	2	180.00	0.07156	0.04967	No	No
GABAPENTIN CAP 300MG	3	180.00	0.07156	0.04987	No	No
NABUMETONE TAB 750MG	2	60.00	0.44950	0.33783	No	No
FLUCONAZOLE TAB 150MG	3	5.00	3.97200	1.07813	No	No
RAMELTEON TAB 8MG	1	30.00	10.49233	2.92370	No	No
RAMELTEON TAB 8MG	2	30.00	10.49233	2.43333	No	No
RAMELTEON TAB 8MG	3	30.00	10.49233	2.55323	No	No
RAMELTEON TAB 8MG	3	30.00	10.49233	2.55323	No	No
RAMELTEON TAB 8MG	4	30.00	10.49233	2.85920	No	No
GABAPENTIN TAB 800MG	3	120.00	0.11917	0.13213	No	No
GABAPENTIN TAB 800MG	4	120.00	0.16433	0.13247	No	No
ZOLPIDEM TAB 10MG	2	30.00	0.15800	0.03590	No	No
ZOLPIDEM TAB 10MG	3	30.00	0.15800	0.03528	No	No
ZOLPIDEM TAB 10MG	3	30.00	0.15800	0.03528	No	No
ZOLPIDEM TAB 10MG	4	30.00	0.15800	0.03391	No	No

Drug Name	Month Drug was	Quantity of Drug	Amount the Pharmacy was	Average NADAC for Month		Dispensed Pursuant to State or	
	Dispensed	Dispensed	Reimbursed per Unit or Dosage	Drug was Dispensed	Affiliate Pharmacy	Local Government Plan	
PREGABALIN CAP 50MG	1	30.00	0.09933	0.09517	No	No	
PREGABALIN CAP 50MG	2	30.00	0.09933	0.09634	No	No	
PREGABALIN CAP 50MG	3	30.00	0.09400	0.09547	No	No	
PREGABALIN CAP 50MG	4	30.00	0.09400	0.09907	No	No	
DUEXIS TAB 800-26.6	3	90.00	26.80778	26.32554	No	No	
ZINC TAB 50MG	2	90.00	0.00644		No	No	
CALCIUM/D3 TAB 600-400	4	60.00	0.00717		No	No	