



# OptumRx Monthly NADAC Report - Georgia

Pursuant to O.G.C.A. section 33-64-9.1(a)(2)

Report Date: 2/6/2024

Report Period: October 2023

**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	00002143480	TRULICITY	28	\$391.66964	\$448.17115	(10%-25%) Below
N	No	00002411730	ZYPREXA	30	\$25.86567	\$22.71374	10%-25% Above
N	No	00002751001	HUMALOG	1450	\$23.43163	\$26.34870	(10%-25%) Below
N	No	00002771227	HUMALOG KWIKPEN	99	\$57.24677	\$67.85583	(10%-25%) Below
N	No	00002821501	HUMULIN R	570	\$4.06358	\$14.27948	(51%-75%) Below
N	No	00002822827	LYUMJEV KWIKPEN	18	\$53.88833	\$67.62667	(10%-25%) Below
N	No	00002831501	HUMULIN N	1080	\$3.20222	\$14.26509	(76%-100%) Below
N	No	00002871501	HUMULIN 70/30	860	\$3.23106	\$14.28236	(76%-100%) Below
N	No	00002879759	HUMALOG MIX 75/25 KWIKPEN	30	\$23.33733	\$33.88926	(26%-50%) Below
N	No	00002880359	HUMULIN 70/30 KWIKPEN	105	\$9.18819	\$30.17609	(51%-75%) Below
N	No	00002880559	HUMULIN N KWIKPEN	300	\$5.32333	\$30.26216	(76%-100%) Below
N	No	00006007861	JANUMET XR	60	\$6.56633	\$8.75066	(10%-25%) Below
N	No	00006008061	JANUMET XR	60	\$6.56633	\$8.74681	(10%-25%) Below
N	No	00006008061	JANUMET XR	90	\$7.66089	\$8.74812	(10%-25%) Below
N	No	00006008131	JANUMET XR	90	\$13.46111	\$17.50952	(10%-25%) Below
N	No	00006032530	BELSOMRA	30	\$12.02167	\$13.50080	(10%-25%) Below
N	No	00006057561	JANUMET	60	\$6.94950	\$8.76396	(10%-25%) Below
N	No	00006502901	VERQUVO	30	\$16.25800	\$20.58948	(10%-25%) Below
N	No	00009041701	DEPO-TESTOSTERONE	1	\$3.92000	\$11.99828	(51%-75%) Below
N	No	00023320503	LUMIGAN	7.5	\$71.48000	\$91.90400	(10%-25%) Below

**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	00023320505	LUMIGAN	5	\$77.25200	\$91.87389	(10%-25%) Below
N	No	00023320508	LUMIGAN	7.5	\$70.64400	\$91.75935	(10%-25%) Below
N	No	00023650110	UBRELVY	341	\$84.66748	\$94.51007	(10%-25%) Below
N	No	00024414260	MULTAQ	60	\$9.65217	\$12.15076	(10%-25%) Below
N	No	00024576105	SOLIQUA 100/33	6	\$40.72667	\$54.27102	(10%-25%) Below
N	No	00024587102	TOUJEO MAX SOLOSTAR	18	\$69.65278	\$87.07582	(10%-25%) Below
N	No	00024587102	TOUJEO MAX SOLOSTAR	30	\$78.36733	\$87.10855	(10%-25%) Below
N	No	00046110611	PREMPRO	112	\$6.61536	\$8.01799	(10%-25%) Below
N	No	00054001025	FLECAINIDE ACETATE	180	\$0.77711	\$0.12267	200% Above
N	No	00054001121	FLECAINIDE ACETATE	60	\$0.12983	\$0.19885	(26%-50%) Below
N	No	00054001829	PREDNISONE	665	\$0.20420	\$0.08401	101%-200% Above
N	No	00054001829	PREDNISONE	837	\$0.20389	\$0.08601	101%-200% Above
N	No	00054001920	PREDNISONE	10	\$0.29200	\$0.26498	10%-25% Above
N	No	00054001925	PREDNISONE	28	\$0.29893	\$0.25414	10%-25% Above
N	No	00054001925	PREDNISONE	15	\$0.34533	\$0.26498	26%-50% Above
N	No	00054002025	LITHIUM CARBONATE ER	50	\$0.35000	\$0.18956	76%-100% Above
N	No	00054002125	LITHIUM CARBONATE ER	120	\$0.30167	\$0.14668	101%-200% Above
N	No	00054002125	LITHIUM CARBONATE ER	270	\$0.27411	\$0.15196	76%-100% Above
N	No	00054002511	MEFLOQUINE HCL	20	\$9.48400	\$3.81120	101%-200% Above
N	No	00054004544	IPRATROPIUM BROMIDE	60	\$0.98483	\$0.66041	26%-50% Above
N	No	00054004641	IPRATROPIUM BROMIDE	60	\$2.32967	\$1.28908	76%-100% Above
N	No	00054004641	IPRATROPIUM BROMIDE	45	\$1.79733	\$1.33687	26%-50% Above
N	Yes	00054004641	IPRATROPIUM BROMIDE	30	\$2.63600	\$1.28908	101%-200% Above
N	Yes	00054004641	IPRATROPIUM BROMIDE	15	\$3.21267	\$1.33687	101%-200% Above
N	No	00054006447	ONDANSETRON HCL	100	\$1.42140	\$0.24621	200% Above
N	No	00054007928	BALSALAZIDE DISODIUM	720	\$0.38978	\$0.45084	(10%-25%) Below
N	No	00054016325	MYCOPHENOLATE MOFETIL	60	\$0.41500	\$0.17382	101%-200% Above

**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	00054016625	MYCOPHENOLATE MOFETIL	60	\$0.82800	\$0.26815	200% Above
N	No	00054017613	BUPRENORPHINE HCL	84	\$0.70702	\$0.47157	26%-50% Above
N	Yes	00054017613	BUPRENORPHINE HCL	30	\$0.38433	\$0.47157	(10%-25%) Below
N	No	00054017713	BUPRENORPHINE HCL	240	\$1.47471	\$0.87101	51%-75% Above
N	No	00054018913	BUPRENORPHINE HCL/NALOXONE HCL	14	\$3.71929	\$0.92574	200% Above
N	No	00054023525	MORPHINE SULFATE	12	\$0.37500	\$0.26765	26%-50% Above
N	Yes	00054023525	MORPHINE SULFATE	30	\$0.36333	\$0.27634	26%-50% Above
N	No	00054032656	FLUTICASONE PROPIONATE/SALMETEROL	180	\$1.75278	\$1.19550	26%-50% Above
N	No	00054032756	FLUTICASONE PROPIONATE/SALMETEROL	60	\$2.98400	\$1.44836	101%-200% Above
N	Yes	00054033425	CEVIMELINE HYDROCHLORIDE	90	\$1.66556	\$1.17145	26%-50% Above
N	No	00054040013	DESVENLAFAXINE ER	120	\$1.89392	\$0.51733	200% Above
N	No	00054040013	DESVENLAFAXINE ER	30	\$0.27567	\$0.51879	(26%-50%) Below
N	Yes	00054040013	DESVENLAFAXINE ER	30	\$0.31833	\$0.51733	(26%-50%) Below
N	No	00054040022	DESVENLAFAXINE ER	220	\$2.28695	\$0.51733	200% Above
N	No	00054040022	DESVENLAFAXINE ER	180	\$1.16956	\$0.51879	101%-200% Above
N	No	00054040113	DESVENLAFAXINE ER	90	\$1.95989	\$0.50429	200% Above
N	No	00054040122	DESVENLAFAXINE ER	330	\$2.13470	\$0.50429	200% Above
N	No	00054040122	DESVENLAFAXINE ER	90	\$2.28978	\$0.51925	200% Above
N	No	00054060313	DESVENLAFAXINE ER	105	\$1.58533	\$0.45126	200% Above
N	No	00054060313	DESVENLAFAXINE ER	120	\$0.71642	\$0.49405	26%-50% Above
N	No	00054074287	ALBUTEROL SULFATE HFA	93.8	\$4.25704	\$2.91623	26%-50% Above
N	Yes	00054074287	ALBUTEROL SULFATE HFA	6.7	\$1.98955	\$2.91623	(26%-50%) Below
N	Yes	00054074287	ALBUTEROL SULFATE HFA	13.4	\$4.62239	\$2.93319	51%-75% Above
N	No	00054074825	DICYCLOMINE HYDROCHLORIDE	28	\$0.38071	\$0.11422	200% Above
N	No	00054074825	DICYCLOMINE HYDROCHLORIDE	270	\$0.32748	\$0.11782	101%-200% Above
N	No	00054252625	LITHIUM CARBONATE	60	\$0.11733	\$0.09238	26%-50% Above
N	No	00054252725	LITHIUM CARBONATE	277	\$0.05682	\$0.10027	(26%-50%) Below
N	No	00054252725	LITHIUM CARBONATE	90	\$0.04933	\$0.11176	(51%-75%) Below
N	No	00054253125	LITHIUM CARBONATE	60	\$0.19050	\$0.26588	(26%-50%) Below
N	No	00054300001	BUTALBITAL/ACETAMINOPHEN/C AFEINE/CODEINE	60	\$1.00583	\$0.85371	10%-25% Above
N	No	00054317763	DEXAMETHASONE	240	\$0.03279	\$0.02919	10%-25% Above
N	Yes	00054317763	DEXAMETHASONE	50	\$0.03340	\$0.02874	10%-25% Above

**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	00054327099	FLUTICASONE PROPIONATE	912	\$1.62769	\$0.32391	200% Above
N	No	00054327099	FLUTICASONE PROPIONATE	960	\$1.35053	\$0.33808	200% Above
N	Yes	00054327099	FLUTICASONE PROPIONATE	112	\$1.56750	\$0.32391	200% Above
N	Yes	00054327099	FLUTICASONE PROPIONATE	96	\$1.02396	\$0.33808	200% Above
N	No	00054329446	FUROSEMIDE	60	\$0.10617	\$0.08461	26%-50% Above
N	No	00054350049	LIDOCAINE VISCOUS	1100	\$0.11017	\$0.08694	26%-50% Above
N	No	00054350049	LIDOCAINE VISCOUS	1200	\$0.13093	\$0.08893	26%-50% Above
N	No	00054414622	CLOTRIMAZOLE	150	\$0.70313	\$0.37796	76%-100% Above
N	No	00054418025	DEXAMETHASONE	9	\$0.17333	\$0.19453	(10%-25%) Below
N	No	00054418125	DEXAMETHASONE	4	\$0.20750	\$0.23324	(10%-25%) Below
N	No	00054418425	DEXAMETHASONE	42	\$0.52262	\$0.34465	51%-75% Above
N	No	00054418425	DEXAMETHASONE	130	\$0.51208	\$0.38690	26%-50% Above
N	No	00054418625	DEXAMETHASONE	8	\$1.24875	\$1.04047	10%-25% Above
N	No	00054418625	DEXAMETHASONE	5	\$1.24800	\$1.10480	10%-25% Above
N	No	00054429731	FUROSEMIDE	96	\$0.19344	\$0.02683	200% Above
N	No	00054429731	FUROSEMIDE	120	\$0.05067	\$0.02728	76%-100% Above
N	Yes	00054429731	FUROSEMIDE	30	\$0.29367	\$0.02728	200% Above
N	No	00054429931	FUROSEMIDE	120	\$0.10450	\$0.03224	200% Above
N	No	00054429931	FUROSEMIDE	285	\$0.09463	\$0.03347	101%-200% Above
N	Yes	00054429931	FUROSEMIDE	300	\$0.06953	\$0.03224	101%-200% Above
N	Yes	00054429931	FUROSEMIDE	30	\$0.05300	\$0.03347	51%-75% Above
N	No	00054449613	LEUCOVORIN CALCIUM	4	\$0.88000	\$0.48581	76%-100% Above
N	No	00054452725	LITHIUM CARBONATE	60	\$0.45500	\$0.12040	200% Above
N	No	00054458111	MERCAPTOPYRINE	38	\$3.85737	\$0.85860	200% Above
N	No	00054458127	MERCAPTOPYRINE	117	\$1.93145	\$0.85860	101%-200% Above
Y	No	00054458127	MERCAPTOPYRINE	180	\$1.98856	\$0.85860	101%-200% Above
N	No	00054474125	PREDNISONE	120	\$0.07458	\$0.04678	51%-75% Above
N	Yes	00054474225	PREDNISONE	15	\$0.08600	\$0.07720	10%-25% Above
N	No	00054485925	TRIAZOLAM	3	\$0.98000	\$0.72698	26%-50% Above
N	Yes	00054485925	TRIAZOLAM	2	\$0.68500	\$0.59006	10%-25% Above
N	No	00054981725	PREDNISONE	21	\$0.08048	\$0.05744	26%-50% Above
N	No	00054981729	PREDNISONE	455	\$0.09092	\$0.05601	51%-75% Above
N	No	00054981729	PREDNISONE	266	\$0.09090	\$0.05744	51%-75% Above
N	Yes	00054981729	PREDNISONE	30	\$0.16833	\$0.05744	101%-200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	Yes	00054982831	PREDNISONE	21	\$0.03571	\$0.04631	(10%-25%) Below
N	Yes	00054982831	PREDNISONE	60	\$0.05633	\$0.04988	10%-25% Above
N	No	00071036924	DILANTIN	270	\$1.70215	\$1.53698	10%-25% Above
N	No	00078050905	TEGRETOL	540	\$2.26311	\$2.81052	(10%-25%) Below
N	No	00078065920	ENTRESTO	240	\$9.56029	\$10.67754	(10%-25%) Below
N	No	00078069667	ENTRESTO	60	\$11.96100	\$10.67728	10%-25% Above
N	No	00078069667	ENTRESTO	180	\$11.96100	\$10.69382	10%-25% Above
N	No	00078077767	ENTRESTO	30	\$11.96100	\$10.67489	10%-25% Above
N	No	00078077767	ENTRESTO	90	\$11.96100	\$10.68483	10%-25% Above
N	No	00078091112	XIIDRA	540	\$9.79069	\$10.94713	(10%-25%) Below
N	No	00088221905	LANTUS SOLOSTAR	315	\$22.10578	\$28.05030	(10%-25%) Below
N	No	00093005105	CARVEDILOL	60	\$0.32183	\$0.01726	200% Above
N	No	00093005301	BUSPIRONE HYDROCHLORIDE	885	\$0.15205	\$0.02495	200% Above
N	No	00093005301	BUSPIRONE HYDROCHLORIDE	448	\$0.14525	\$0.02497	200% Above
N	Yes	00093005301	BUSPIRONE HYDROCHLORIDE	150	\$0.17193	\$0.02497	200% Above
N	No	00093005305	BUSPIRONE HYDROCHLORIDE	80	\$0.21850	\$0.02495	200% Above
N	No	00093005401	BUSPIRONE HYDROCHLORIDE	930	\$0.20013	\$0.03365	200% Above
N	No	00093005401	BUSPIRONE HYDROCHLORIDE	1050	\$0.17867	\$0.03491	200% Above
N	Yes	00093005401	BUSPIRONE HYDROCHLORIDE	90	\$0.13989	\$0.03365	200% Above
N	Yes	00093005401	BUSPIRONE HYDROCHLORIDE	120	\$0.13325	\$0.03491	200% Above
N	No	00093005405	BUSPIRONE HYDROCHLORIDE	300	\$0.07133	\$0.03365	101%-200% Above
N	No	00093005405	BUSPIRONE HYDROCHLORIDE	450	\$0.10407	\$0.03491	101%-200% Above
N	Yes	00093005405	BUSPIRONE HYDROCHLORIDE	270	\$0.05667	\$0.03365	51%-75% Above
N	Yes	00093005405	BUSPIRONE HYDROCHLORIDE	180	\$0.06667	\$0.03491	76%-100% Above
N	No	00093005801	TRAMADOL HYDROCHLORIDE	972	\$0.06437	\$0.02747	101%-200% Above
N	No	00093005801	TRAMADOL HYDROCHLORIDE	769	\$0.06438	\$0.03046	101%-200% Above
N	No	00093005805	TRAMADOL HYDROCHLORIDE	1078	\$0.22473	\$0.02747	200% Above
N	No	00093005805	TRAMADOL HYDROCHLORIDE	1109	\$0.24599	\$0.03046	200% Above
N	Yes	00093005805	TRAMADOL HYDROCHLORIDE	140	\$0.19300	\$0.02747	200% Above
N	Yes	00093005805	TRAMADOL HYDROCHLORIDE	74	\$0.21757	\$0.03046	200% Above
N	No	00093007401	ZOLPIDEM TARTRATE	60	\$0.54100	\$0.03531	200% Above
N	No	00093007401	ZOLPIDEM TARTRATE	70	\$0.14857	\$0.03648	200% Above
N	Yes	00093007401	ZOLPIDEM TARTRATE	30	\$0.42167	\$0.03648	200% Above

**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	00093026215	FLUOCINONIDE	150	\$1.27387	\$0.45380	101%-200% Above
N	No	00093026492	FLUOCINONIDE	60	\$1.26267	\$0.24824	200% Above
N	No	00093030801	CLEMASTINE FUMARATE	10	\$0.50000	\$0.61366	(10%-25%) Below
N	No	00093031101	LOPERAMIDE HCL	148	\$0.18959	\$0.25127	(10%-25%) Below
N	No	00093031401	KETOROLAC TROMETHAMINE	258	\$0.85318	\$0.51239	51%-75% Above
N	No	00093031401	KETOROLAC TROMETHAMINE	264	\$0.95742	\$0.52799	76%-100% Above
N	Yes	00093031401	KETOROLAC TROMETHAMINE	20	\$0.15200	\$0.51239	(51%-75%) Below
N	No	00093031801	DILTIAZEM HCL	60	\$0.06000	\$0.08433	(26%-50%) Below
N	No	00093032001	DILTIAZEM HCL	120	\$0.30267	\$0.17797	51%-75% Above
N	No	00093057606	LOVASTATIN	30	\$0.51633	\$0.04564	200% Above
N	No	00093057610	LOVASTATIN	60	\$0.41650	\$0.04564	200% Above
N	No	00093057610	LOVASTATIN	90	\$0.42722	\$0.04804	200% Above
N	Yes	00093057610	LOVASTATIN	60	\$0.46050	\$0.04564	200% Above
N	No	00093075210	ATENOLOL	390	\$0.20967	\$0.02594	200% Above
N	No	00093075210	ATENOLOL	180	\$0.23211	\$0.02671	200% Above
N	Yes	00093075210	ATENOLOL	30	\$0.26633	\$0.02671	200% Above
N	No	00093075305	ATENOLOL	90	\$0.18667	\$0.03851	200% Above
Y	No	00093077110	PRAVASTATIN SODIUM	90	\$0.30578	\$0.06309	200% Above
Y	No	00093077110	PRAVASTATIN SODIUM	90	\$0.17111	\$0.06348	101%-200% Above
N	No	00093077198	PRAVASTATIN SODIUM	120	\$0.43542	\$0.06309	200% Above
N	No	00093077198	PRAVASTATIN SODIUM	90	\$0.31556	\$0.06348	200% Above
N	No	00093078701	ATENOLOL	30	\$0.03900	\$0.02262	51%-75% Above
N	No	00093078710	ATENOLOL	270	\$0.31844	\$0.02194	200% Above
N	No	00093078710	ATENOLOL	570	\$0.20089	\$0.02262	200% Above
N	Yes	00093078710	ATENOLOL	30	\$0.23967	\$0.02194	200% Above
N	Yes	00093078710	ATENOLOL	30	\$0.01667	\$0.02262	(26%-50%) Below
N	No	00093081001	NORTRIPTYLINE HYDROCHLORIDE	160	\$0.22488	\$0.06636	200% Above
N	No	00093081001	NORTRIPTYLINE HYDROCHLORIDE	130	\$0.17685	\$0.07243	101%-200% Above
N	No	00093081101	NORTRIPTYLINE HCL	30	\$0.24000	\$0.08791	101%-200% Above
N	No	00093081101	NORTRIPTYLINE HCL	150	\$0.40487	\$0.08841	200% Above
N	No	00093081105	NORTRIPTYLINE HCL	90	\$0.57944	\$0.08791	200% Above
N	No	00093081201	NORTRIPTYLINE HYDROCHLORIDE	120	\$0.61258	\$0.11501	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	00093081201	NORTRIPTYLINE HYDROCHLORIDE	330	\$0.42452	\$0.11792	200% Above
N	No	00093081205	NORTRIPTYLINE HYDROCHLORIDE	30	\$0.52600	\$0.11501	200% Above
N	No	00093083201	CLONAZEPAM	320	\$0.11206	\$0.02623	200% Above
N	No	00093083201	CLONAZEPAM	324	\$0.18917	\$0.02643	200% Above
N	Yes	00093083201	CLONAZEPAM	60	\$0.25950	\$0.02643	200% Above
N	No	00093083205	CLONAZEPAM	1944	\$0.20554	\$0.02623	200% Above
N	No	00093083205	CLONAZEPAM	1326	\$0.26548	\$0.02643	200% Above
N	Yes	00093083205	CLONAZEPAM	195	\$0.11764	\$0.02623	200% Above
N	Yes	00093083205	CLONAZEPAM	191	\$0.23272	\$0.02643	200% Above
N	No	00093092606	LOVASTATIN	30	\$0.33300	\$0.04377	200% Above
N	No	00093092810	LOVASTATIN	90	\$0.29111	\$0.05275	200% Above
N	No	00093092810	LOVASTATIN	60	\$0.68833	\$0.05699	200% Above
N	Yes	00093092810	LOVASTATIN	120	\$0.39558	\$0.05699	200% Above
N	No	00093094801	DICLOFENAC POTASSIUM	90	\$0.99489	\$0.18203	200% Above
N	No	00093098301	NYSTATIN	30	\$0.97000	\$0.40895	101%-200% Above
N	No	00093100301	BUSPIRONE HCL	330	\$0.34624	\$0.04764	200% Above
N	No	00093100301	BUSPIRONE HCL	1310	\$0.27397	\$0.04868	200% Above
N	Yes	00093100301	BUSPIRONE HCL	30	\$0.34367	\$0.04868	200% Above
N	No	00093100305	BUSPIRONE HCL	30	\$0.03467	\$0.04764	(26%-50%) Below
N	No	00093100305	BUSPIRONE HCL	90	\$0.15833	\$0.04868	200% Above
N	Yes	00093100305	BUSPIRONE HCL	90	\$0.03467	\$0.04764	(26%-50%) Below
N	No	00093101042	MUPIROCIN	682	\$1.01858	\$0.17256	200% Above
N	No	00093101042	MUPIROCIN	462	\$0.94511	\$0.18483	200% Above
N	Yes	00093101042	MUPIROCIN	176	\$1.08386	\$0.17256	200% Above
N	Yes	00093101042	MUPIROCIN	22	\$0.95909	\$0.18483	200% Above
N	No	00093106001	SOTALOL HCL	60	\$0.25000	\$0.09834	101%-200% Above
N	No	00093106101	SOTALOL HCL	60	\$0.24483	\$0.07836	200% Above
N	No	00093106101	SOTALOL HCL	120	\$0.24558	\$0.08098	200% Above
N	No	00093117410	PENICILLIN V POTASSIUM	112	\$0.55839	\$0.09821	200% Above
N	No	00093117410	PENICILLIN V POTASSIUM	118	\$0.65780	\$0.10591	200% Above
N	No	00093117701	NEOMYCIN SULFATE	4	\$0.05500	\$0.93481	(76%-100%) Below
N	No	00093117701	NEOMYCIN SULFATE	6	\$1.32500	\$0.97871	26%-50% Above
N	No	00093171801	WARFARIN SODIUM	102	\$0.66373	\$0.13168	200% Above
N	No	00093172101	WARFARIN SODIUM	60	\$0.15617	\$0.09211	51%-75% Above
N	No	00093172101	WARFARIN SODIUM	83	\$0.23313	\$0.09880	101%-200% Above

**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	00093172110	WARFARIN SODIUM	198	\$0.06667	\$0.09211	(26%-50%) Below
N	No	00093172110	WARFARIN SODIUM	295	\$0.06668	\$0.09880	(26%-50%) Below
N	No	00093172301	WARFARIN SODIUM	30	\$0.61633	\$0.09804	200% Above
N	No	00093202623	AZITHROMYCIN	60	\$0.74867	\$0.40201	76%-100% Above
N	No	00093202623	AZITHROMYCIN	15	\$0.58933	\$0.42703	26%-50% Above
N	No	00093202631	AZITHROMYCIN	30	\$0.39067	\$0.25715	51%-75% Above
N	No	00093202631	AZITHROMYCIN	60	\$0.77383	\$0.26320	101%-200% Above
N	No	00093202694	AZITHROMYCIN	112.5	\$0.79689	\$0.31550	101%-200% Above
N	No	00093202723	AZITHROMYCIN	30	\$0.66667	\$0.48763	26%-50% Above
N	No	00093206301	QUETIAPINE FUMARATE	30	\$0.23000	\$0.03177	200% Above
N	No	00093206301	QUETIAPINE FUMARATE	30	\$0.23000	\$0.03234	200% Above
N	No	00093206506	CILOSTAZOL	120	\$0.30975	\$0.12970	101%-200% Above
N	No	00093206801	DOXAZOSIN MESYLATE	180	\$0.34594	\$0.09672	200% Above
N	No	00093206801	DOXAZOSIN MESYLATE	90	\$0.09222	\$0.10556	(10%-25%) Below
N	No	00093214062	TRI-LO-SPRINTEC	448	\$0.22768	\$0.12940	76%-100% Above
N	No	00093214062	TRI-LO-SPRINTEC	252	\$0.31698	\$0.13423	101%-200% Above
N	No	00093216568	NALOXONE HYDROCHLORIDE	4	\$33.13750	\$37.86097	(10%-25%) Below
N	No	00093217901	LIOTHYRONINE SODIUM	120	\$0.36233	\$0.32396	10%-25% Above
N	No	00093220301	METOCLOPRAMIDE HYDROCHLORIDE	352	\$0.07449	\$0.04904	51%-75% Above
N	No	00093220301	METOCLOPRAMIDE HYDROCHLORIDE	166	\$0.08012	\$0.05026	51%-75% Above
N	Yes	00093220301	METOCLOPRAMIDE HYDROCHLORIDE	28	\$0.03857	\$0.04904	(10%-25%) Below
N	No	00093220305	METOCLOPRAMIDE HYDROCHLORIDE	260	\$0.06631	\$0.04904	26%-50% Above
N	No	00093220305	METOCLOPRAMIDE HYDROCHLORIDE	129	\$0.14016	\$0.05026	101%-200% Above
N	Yes	00093220305	METOCLOPRAMIDE HYDROCHLORIDE	20	\$0.08800	\$0.04904	76%-100% Above
N	No	00093220310	METOCLOPRAMIDE HYDROCHLORIDE	120	\$0.10742	\$0.05026	101%-200% Above
N	No	00093220401	METOCLOPRAMIDE HCL	150	\$0.09873	\$0.04378	101%-200% Above
N	No	00093220401	METOCLOPRAMIDE HCL	177	\$0.13124	\$0.04450	101%-200% Above
N	No	00093220405	METOCLOPRAMIDE HCL	60	\$0.06700	\$0.04378	51%-75% Above



**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	00093220405	METOCLOPRAMIDE HCL	60	\$0.03233	\$0.04450	(26%-50%) Below
N	No	00093221001	SUCRALFATE	775	\$0.31462	\$0.20116	51%-75% Above
N	No	00093221001	SUCRALFATE	351	\$0.39473	\$0.21098	76%-100% Above
N	Yes	00093221005	SUCRALFATE	56	\$0.34643	\$0.20116	51%-75% Above
N	No	00093224001	CEPHALEXIN	105	\$3.92857	\$1.99818	76%-100% Above
N	No	00093226301	AMOXICILLIN	202	\$0.24054	\$0.10617	101%-200% Above
N	No	00093226301	AMOXICILLIN	163	\$0.29288	\$0.12790	101%-200% Above
N	No	00093226801	AMOXICILLIN	40	\$0.18750	\$0.29350	(26%-50%) Below
N	No	00093227434	AMOXICILLIN/CLAVULANATE POTASSIUM	20	\$0.15600	\$0.26999	(26%-50%) Below
N	No	00093227534	AMOXICILLIN/CLAVULANATE POTASSIUM	118	\$0.99068	\$0.29889	200% Above
N	No	00093227534	AMOXICILLIN/CLAVULANATE POTASSIUM	74	\$0.81797	\$0.33189	101%-200% Above
N	Yes	00093227534	AMOXICILLIN/CLAVULANATE POTASSIUM	20	\$0.27100	\$0.33189	(10%-25%) Below
N	No	00093309256	ARMODAFINIL	30	\$1.00867	\$0.90544	10%-25% Above
N	No	00093309456	ARMODAFINIL	60	\$3.31133	\$0.77186	200% Above
N	No	00093309456	ARMODAFINIL	30	\$4.76200	\$0.79224	200% Above
N	Yes	00093309456	ARMODAFINIL	30	\$0.70833	\$0.79224	(10%-25%) Below
N	No	00093310905	AMOXICILLIN	1318	\$0.18084	\$0.09333	76%-100% Above
N	No	00093310905	AMOXICILLIN	1058	\$0.18405	\$0.10233	76%-100% Above
N	No	00093312501	DICLOXACILLIN SODIUM	28	\$1.23821	\$1.04777	10%-25% Above
N	No	00093312501	DICLOXACILLIN SODIUM	28	\$1.33536	\$1.17465	10%-25% Above
N	No	00093314505	CEPHALEXIN	120	\$0.34692	\$0.08774	200% Above
N	No	00093314505	CEPHALEXIN	10	\$0.43700	\$0.09099	200% Above
N	No	00093314701	CEPHALEXIN	29	\$0.46069	\$0.13417	200% Above
N	No	00093314701	CEPHALEXIN	149	\$0.32638	\$0.14194	101%-200% Above
N	No	00093314705	CEPHALEXIN	126	\$0.40238	\$0.13417	101%-200% Above
N	No	00093314705	CEPHALEXIN	79	\$0.50684	\$0.14194	200% Above
N	Yes	00093314705	CEPHALEXIN	20	\$0.55800	\$0.13417	200% Above
N	No	00093317431	ALBUTEROL SULFATE HFA	637.5	\$4.24276	\$2.62769	51%-75% Above
N	No	00093317431	ALBUTEROL SULFATE HFA	714	\$4.10004	\$2.85179	26%-50% Above
N	Yes	00093317431	ALBUTEROL SULFATE HFA	42.5	\$4.16400	\$2.62769	51%-75% Above
N	Yes	00093317431	ALBUTEROL SULFATE HFA	85	\$3.66024	\$2.85179	26%-50% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	00093319601	CEFADROXIL	14	\$1.46357	\$0.30590	200% Above
N	No	00093319601	CEFADROXIL	10	\$1.28500	\$0.31385	200% Above
N	No	00093321201	CLONAZEPAM	157	\$0.23694	\$0.03142	200% Above
N	No	00093321201	CLONAZEPAM	205	\$0.13283	\$0.03178	200% Above
N	Yes	00093321201	CLONAZEPAM	60	\$0.28433	\$0.03142	200% Above
Y	No	00093321201	CLONAZEPAM	10	\$0.19500	\$0.03178	200% Above
N	No	00093321205	CLONAZEPAM	1865	\$0.24976	\$0.03142	200% Above
N	No	00093321205	CLONAZEPAM	1459	\$0.24692	\$0.03178	200% Above
N	No	00093321301	CLONAZEPAM	165	\$0.30242	\$0.03843	200% Above
N	Yes	00093321301	CLONAZEPAM	30	\$0.03233	\$0.03883	(10%-25%) Below
N	No	00093321305	CLONAZEPAM	30	\$0.44900	\$0.03843	200% Above
N	No	00093321305	CLONAZEPAM	360	\$0.31506	\$0.03883	200% Above
N	Yes	00093321305	CLONAZEPAM	30	\$0.03233	\$0.03883	(10%-25%) Below
N	No	00093321915	KETOCONAZOLE	45	\$1.15044	\$0.26576	200% Above
N	Yes	00093321915	KETOCONAZOLE	30	\$1.44200	\$0.26576	200% Above
N	No	00093321930	KETOCONAZOLE	270	\$0.98822	\$0.26224	200% Above
N	No	00093321930	KETOCONAZOLE	180	\$1.03939	\$0.27239	200% Above
N	Yes	00093321930	KETOCONAZOLE	30	\$1.21600	\$0.26224	200% Above
N	No	00093321992	KETOCONAZOLE	120	\$0.56683	\$0.20280	101%-200% Above
N	No	00093321992	KETOCONAZOLE	120	\$0.92300	\$0.24138	200% Above
N	No	00093322308	ESTRADIOL	8	\$11.94000	\$7.27243	51%-75% Above
N	Yes	00093322308	ESTRADIOL	8	\$8.77375	\$7.75199	10%-25% Above
Y	No	00093322308	ESTRADIOL	24	\$9.31208	\$7.27243	26%-50% Above
Y	No	00093322308	ESTRADIOL	24	\$10.09708	\$7.75199	26%-50% Above
N	No	00093322397	ESTRADIOL	16	\$10.05250	\$7.27243	26%-50% Above
N	No	00093323401	SULFASALAZINE	60	\$0.17850	\$0.16040	10%-25% Above
N	No	00093342001	CYCLOBENZAPRINE HYDROCHLORIDE	69	\$0.31043	\$0.02198	200% Above
N	No	00093342001	CYCLOBENZAPRINE HYDROCHLORIDE	60	\$0.20267	\$0.02249	200% Above
N	No	00093342101	CYCLOBENZAPRINE HYDROCHLORIDE	60	\$2.83083	\$0.33922	200% Above
N	No	00093342210	CYCLOBENZAPRINE HYDROCHLORIDE	207	\$0.37884	\$0.02251	200% Above
N	No	00093342210	CYCLOBENZAPRINE HYDROCHLORIDE	577	\$0.30210	\$0.02342	200% Above
N	No	00093342501	LORAZEPAM	14	\$0.05143	\$0.04018	26%-50% Above
N	No	00093342501	LORAZEPAM	121	\$0.05124	\$0.04039	26%-50% Above
N	No	00093342505	LORAZEPAM	120	\$0.23700	\$0.04018	200% Above
N	No	00093342505	LORAZEPAM	120	\$0.27375	\$0.04039	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	00093342510	LORAZEPAM	149	\$0.06846	\$0.04018	51%-75% Above
N	No	00093342510	LORAZEPAM	59	\$0.20390	\$0.04039	200% Above
N	No	00093342601	LORAZEPAM	143	\$0.14944	\$0.03788	200% Above
N	No	00093342601	LORAZEPAM	103	\$0.05971	\$0.04298	26%-50% Above
N	No	00093342605	LORAZEPAM	222	\$0.22437	\$0.03788	200% Above
N	No	00093342605	LORAZEPAM	145	\$0.15566	\$0.04298	200% Above
N	Yes	00093342605	LORAZEPAM	90	\$0.14200	\$0.03788	200% Above
N	No	00093342701	LORAZEPAM	30	\$0.30333	\$0.06680	200% Above
N	No	00093342701	LORAZEPAM	32	\$0.16250	\$0.07530	101%-200% Above
N	No	00093342705	LORAZEPAM	30	\$0.19000	\$0.06680	101%-200% Above
N	No	00093342710	LORAZEPAM	1	\$0.43000	\$0.06680	200% Above
N	No	00093354143	ESTRADIOL	212.5	\$1.69125	\$0.54128	200% Above
N	No	00093354143	ESTRADIOL	85	\$1.25659	\$0.55577	101%-200% Above
N	No	00093354256	ATOMOXETINE	30	\$0.43800	\$0.54777	(10%-25%) Below
N	No	00093354456	ATOMOXETINE	30	\$3.39867	\$0.48329	200% Above
N	No	00093354756	ATOMOXETINE	60	\$4.68700	\$0.66564	200% Above
N	No	00093356026	PEG-3350/SODIUM SULF/NACL POTASSIUM CL/NA ASCORBATE/ASCORBIC	1	\$49.35000	\$81.97500	(26%-50%) Below
N	No	00093360882	FLUTICASONE PROPIONATE/SALMETEROL	1	\$119.99000	\$107.31375	10%-25% Above
N	No	00093360982	FLUTICASONE PROPIONATE/SALMETEROL	1	\$119.99000	\$102.74344	10%-25% Above
N	No	00093372755	DICLOFENAC EPOLAMINE	60	\$11.33817	\$5.87928	76%-100% Above
N	No	00093406701	PRAZOSIN HYDROCHLORIDE	90	\$0.45533	\$0.16669	101%-200% Above
N	No	00093406801	PRAZOSIN HYDROCHLORIDE	30	\$0.06767	\$0.19922	(51%-75%) Below
N	No	00093412573	PENICILLIN V POTASSIUM	300	\$0.24380	\$0.07140	200% Above
N	No	00093412773	PENICILLIN V POTASSIUM	100	\$0.04580	\$0.07823	(26%-50%) Below
N	No	00093413664	CEFDINIR	60	\$0.31067	\$0.13140	101%-200% Above
N	No	00093413764	CEFDINIR	120	\$0.18650	\$0.16885	10%-25% Above
N	No	00093413773	CEFDINIR	200	\$0.18640	\$0.16924	10%-25% Above
N	No	00093415573	AMOXICILLIN	500	\$0.04228	\$0.02494	51%-75% Above
N	No	00093415573	AMOXICILLIN	400	\$0.03425	\$0.02725	26%-50% Above
N	No	00093415580	AMOXICILLIN	750	\$0.02723	\$0.02322	10%-25% Above
N	No	00093416173	AMOXICILLIN	4000	\$0.06077	\$0.02892	101%-200% Above

**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	00093416173	AMOXICILLIN	1500	\$0.07023	\$0.02951	101%-200% Above
N	No	00093416178	AMOXICILLIN	750	\$0.06840	\$0.03045	101%-200% Above
N	No	00093416178	AMOXICILLIN	675	\$0.06840	\$0.03190	101%-200% Above
N	Yes	00093416178	AMOXICILLIN	225	\$0.06840	\$0.03190	101%-200% Above
N	No	00093417773	CEPHALEXIN	300	\$0.19600	\$0.07874	101%-200% Above
N	No	00093417774	CEPHALEXIN	400	\$0.15718	\$0.07406	101%-200% Above
N	No	00093417774	CEPHALEXIN	1000	\$0.10600	\$0.07549	26%-50% Above
N	Yes	00093417774	CEPHALEXIN	400	\$0.15218	\$0.07406	101%-200% Above
N	No	00093500256	OLMESARTAN MEDOXOMIL/AMLODIPINE/HYDR OCHLOROTHIAZIDE	90	\$1.98422	\$1.27522	51%-75% Above
N	No	00093500456	OLMESARTAN MEDOXOMIL/AMLODIPINE/HYDR OCHLOROTHIAZIDE	30	\$2.01900	\$1.22629	51%-75% Above
N	No	00093500656	OLMESARTAN MEDOXOMIL/AMLODIPINE/HYDR OCHLOROTHIAZIDE	120	\$6.54967	\$1.11033	200% Above
N	No	00093504501	DEXMETHYLPHENIDATE HCL ER	30	\$0.97267	\$2.19763	(51%-75%) Below
N	No	00093505698	ATORVASTATIN CALCIUM	270	\$0.47319	\$0.03066	200% Above
N	No	00093505698	ATORVASTATIN CALCIUM	375	\$0.52331	\$0.03114	200% Above
N	Yes	00093505698	ATORVASTATIN CALCIUM	90	\$0.30044	\$0.03114	200% Above
N	No	00093505705	ATORVASTATIN CALCIUM	30	\$0.72533	\$0.08531	200% Above
N	No	00093505798	ATORVASTATIN CALCIUM	120	\$0.26458	\$0.08531	200% Above
N	No	00093505798	ATORVASTATIN CALCIUM	390	\$1.08777	\$0.09096	200% Above
N	Yes	00093505798	ATORVASTATIN CALCIUM	90	\$0.37944	\$0.08531	200% Above
N	Yes	00093505798	ATORVASTATIN CALCIUM	135	\$0.61733	\$0.09096	200% Above
N	No	00093505898	ATORVASTATIN CALCIUM	420	\$0.57367	\$0.05376	200% Above
N	No	00093505898	ATORVASTATIN CALCIUM	614	\$0.59156	\$0.05653	200% Above
N	Yes	00093505898	ATORVASTATIN CALCIUM	30	\$0.28700	\$0.05376	200% Above
N	Yes	00093505898	ATORVASTATIN CALCIUM	60	\$0.43483	\$0.05653	200% Above
N	No	00093505998	ATORVASTATIN CALCIUM	506	\$0.41140	\$0.03755	200% Above
N	No	00093505998	ATORVASTATIN CALCIUM	780	\$0.57756	\$0.04061	200% Above
N	Yes	00093505998	ATORVASTATIN CALCIUM	60	\$0.28600	\$0.03755	200% Above
N	Yes	00093505998	ATORVASTATIN CALCIUM	30	\$0.39433	\$0.04061	200% Above
N	No	00093506001	HYDROXYZINE HYDROCHLORIDE	490	\$0.09500	\$0.03609	101%-200% Above
N	No	00093506005	HYDROXYZINE HYDROCHLORIDE	270	\$0.06148	\$0.03609	51%-75% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	00093506101	HYDROXYZINE HYDROCHLORIDE	90	\$0.42522	\$0.04130	200% Above
N	No	00093506101	HYDROXYZINE HYDROCHLORIDE	517	\$0.29540	\$0.04383	200% Above
N	Yes	00093506101	HYDROXYZINE HYDROCHLORIDE	60	\$0.49950	\$0.04130	200% Above
N	Yes	00093506101	HYDROXYZINE HYDROCHLORIDE	180	\$0.39967	\$0.04383	200% Above
N	No	00093506105	HYDROXYZINE HYDROCHLORIDE	270	\$0.30267	\$0.04130	200% Above
N	No	00093506105	HYDROXYZINE HYDROCHLORIDE	51	\$0.23020	\$0.04383	200% Above
N	No	00093506110	HYDROXYZINE HYDROCHLORIDE	1435	\$0.09528	\$0.04130	101%-200% Above
N	No	00093506110	HYDROXYZINE HYDROCHLORIDE	1696	\$0.09130	\$0.04383	101%-200% Above
N	Yes	00093506110	HYDROXYZINE HYDROCHLORIDE	12	\$0.27167	\$0.04383	200% Above
N	No	00093506201	HYDROXYZINE HCL	345	\$0.18455	\$0.06546	101%-200% Above
N	No	00093506201	HYDROXYZINE HCL	285	\$0.16284	\$0.06934	101%-200% Above
N	Yes	00093506201	HYDROXYZINE HCL	30	\$0.55400	\$0.06546	200% Above
N	Yes	00093506201	HYDROXYZINE HCL	90	\$0.44311	\$0.06934	200% Above
N	No	00093520005	BUSPIRONE HYDROCHLORIDE	60	\$0.16333	\$0.11924	26%-50% Above
N	No	00093520006	BUSPIRONE HYDROCHLORIDE	120	\$0.71625	\$0.11771	200% Above
N	No	00093532862	JUNEL FE 24	644	\$1.06823	\$0.30728	200% Above
N	No	00093532862	JUNEL FE 24	364	\$0.70225	\$0.31164	101%-200% Above
N	No	00093534301	SILDENAFIL CITRATE	6	\$0.91333	\$0.20939	200% Above
N	No	00093534356	SILDENAFIL CITRATE	6	\$0.91333	\$0.20939	200% Above
N	No	00093542088	CABERGOLINE	4	\$15.52500	\$1.72579	200% Above
N	No	00093545528	MIMVEY	28	\$1.35000	\$0.74027	76%-100% Above
N	No	00093545528	MIMVEY	84	\$2.06476	\$0.88518	101%-200% Above
N	No	00093545542	MIMVEY	28	\$2.83250	\$0.74027	200% Above
N	No	00093545542	MIMVEY	84	\$0.52940	\$0.88518	(26%-50%) Below
N	No	00093553756	ESZOPICLONE	30	\$0.79833	\$0.18673	200% Above
N	No	00093553801	ESZOPICLONE	120	\$0.51533	\$0.10290	200% Above
N	No	00093553801	ESZOPICLONE	15	\$0.63267	\$0.10777	200% Above
N	No	00093553901	ESZOPICLONE	330	\$0.89991	\$0.09650	200% Above
N	No	00093553901	ESZOPICLONE	270	\$1.17363	\$0.09837	200% Above
N	Yes	00093553901	ESZOPICLONE	60	\$1.02633	\$0.09837	200% Above
N	No	00093555101	DEXMETHYLPHENIDATE HCL ER	60	\$0.65683	\$1.27970	(26%-50%) Below
N	No	00093557256	ERYTHROMYCIN	21	\$2.37048	\$8.03328	(51%-75%) Below
N	No	00093598627	EPINEPHRINE	10	\$118.55300	\$135.67911	(10%-25%) Below

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
Y	No	00093598627	EPINEPHRINE	2	\$256.01500	\$135.67911	76%-100% Above
N	No	00093614882	CAMRESE LO	91	\$0.18495	\$0.21189	(10%-25%) Below
N	No	00093681573	BUDESONIDE	60	\$2.24983	\$1.10635	101%-200% Above
N	No	00093681673	BUDESONIDE	60	\$2.57650	\$0.74334	200% Above
N	No	00093681773	BUDESONIDE	60	\$2.16100	\$3.59538	(26%-50%) Below
N	No	00093719801	FLUOXETINE HYDROCHLORIDE	420	\$0.44564	\$0.06988	200% Above
N	No	00093719801	FLUOXETINE HYDROCHLORIDE	780	\$0.43497	\$0.07364	200% Above
N	Yes	00093719801	FLUOXETINE HYDROCHLORIDE	90	\$0.31978	\$0.07364	200% Above
N	No	00093719805	FLUOXETINE HYDROCHLORIDE	840	\$0.06619	\$0.07364	(10%-25%) Below
N	No	00093720110	PRAVASTATIN SODIUM	360	\$0.44394	\$0.05865	200% Above
N	No	00093720110	PRAVASTATIN SODIUM	450	\$0.45362	\$0.06851	200% Above
N	Yes	00093720110	PRAVASTATIN SODIUM	60	\$0.04900	\$0.06851	(26%-50%) Below
Y	No	00093720110	PRAVASTATIN SODIUM	360	\$0.24725	\$0.05865	200% Above
N	No	00093720198	PRAVASTATIN SODIUM	90	\$0.66100	\$0.05865	200% Above
N	No	00093720198	PRAVASTATIN SODIUM	60	\$0.66100	\$0.06851	200% Above
N	Yes	00093720198	PRAVASTATIN SODIUM	15	\$0.49867	\$0.06851	200% Above
N	No	00093720210	PRAVASTATIN SODIUM	180	\$0.32028	\$0.08261	200% Above
N	No	00093720210	PRAVASTATIN SODIUM	120	\$0.64733	\$0.08636	200% Above
N	Yes	00093720210	PRAVASTATIN SODIUM	60	\$0.35200	\$0.08261	200% Above
N	Yes	00093720210	PRAVASTATIN SODIUM	30	\$0.65167	\$0.08636	200% Above
Y	No	00093720210	PRAVASTATIN SODIUM	90	\$0.31811	\$0.08261	200% Above
Y	Yes	00093720210	PRAVASTATIN SODIUM	90	\$0.42556	\$0.08261	200% Above
N	No	00093720298	PRAVASTATIN SODIUM	420	\$0.71795	\$0.08261	200% Above
N	No	00093720298	PRAVASTATIN SODIUM	480	\$0.44196	\$0.08636	200% Above
N	Yes	00093720298	PRAVASTATIN SODIUM	120	\$0.45517	\$0.08636	200% Above
N	No	00093727156	PIOGLITAZONE HYDROCHLORIDE	90	\$0.51989	\$0.07523	200% Above
N	No	00093727156	PIOGLITAZONE HYDROCHLORIDE	60	\$0.36067	\$0.08212	200% Above
N	No	00093727198	PIOGLITAZONE HYDROCHLORIDE	90	\$0.58622	\$0.07523	200% Above
N	No	00093727198	PIOGLITAZONE HYDROCHLORIDE	150	\$0.59853	\$0.08212	200% Above
N	No	00093727298	PIOGLITAZONE HYDROCHLORIDE	30	\$0.81633	\$0.10586	200% Above
N	No	00093727398	PIOGLITAZONE HCL	30	\$0.88567	\$0.13503	200% Above
N	No	00093729605	CARVEDILOL	60	\$0.22083	\$0.03132	200% Above
N	No	00093729605	CARVEDILOL	120	\$0.27883	\$0.03239	200% Above
N	No	00093733401	MYCOPHENOLATE MOFETIL	60	\$0.88017	\$0.17382	200% Above
N	No	00093733401	MYCOPHENOLATE MOFETIL	60	\$0.88017	\$0.17968	200% Above
N	No	00093735201	CALCITRIOL	226	\$0.33987	\$0.17006	76%-100% Above

**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	00093735201	CALCITRIOL	126	\$0.30079	\$0.17397	51%-75% Above
N	Yes	00093736810	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	30	\$0.11300	\$0.13402	(10%-25%) Below
N	No	00093736898	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	30	\$0.69400	\$0.12695	200% Above
N	No	00093738498	VENLAFAXINE HYDROCHLORIDE ER	30	\$0.42200	\$0.09889	200% Above
N	No	00093738498	VENLAFAXINE HYDROCHLORIDE ER	30	\$0.44900	\$0.10056	200% Above
N	No	00093738598	VENLAFAXINE HYDROCHLORIDE ER	30	\$0.41433	\$0.10313	200% Above
N	No	00093762056	LETROZOLE	30	\$0.60833	\$0.11304	200% Above
N	No	00093762056	LETROZOLE	50	\$0.69980	\$0.11509	200% Above
N	No	00093767902	ETONOGESTREL/ETHINYL ESTRADIOL	27	\$105.92296	\$73.35953	26%-50% Above
N	No	00093767902	ETONOGESTREL/ETHINYL ESTRADIOL	19	\$113.92105	\$74.95745	51%-75% Above
N	No	00093770198	LEVOCETIRIZINE DIHYDROCHLORIDE	60	\$0.04083	\$0.07596	(26%-50%) Below
N	Yes	00093770198	LEVOCETIRIZINE DIHYDROCHLORIDE	30	\$0.30667	\$0.07596	200% Above
N	No	00093770456	EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE	600	\$3.77328	\$0.55160	200% Above
N	No	00093807316	KELNOR 1/50	168	\$0.61881	\$0.69434	(10%-25%) Below
N	No	00093811856	FAMCICLOVIR	30	\$1.59467	\$0.41140	200% Above
N	No	00093811956	FAMCICLOVIR	21	\$3.47095	\$0.81684	200% Above
N	No	00093821062	FINZALA	84	\$1.21869	\$0.16016	200% Above
N	No	00093823898	IRBESARTAN/HYDROCHLOROTHIAZIDE	30	\$0.52633	\$0.17411	200% Above
N	No	00093830501	CIMETIDINE	90	\$0.37733	\$0.94609	(51%-75%) Below
N	No	00093831018	ELETRIPTAN HYDROBROMIDE	12	\$5.30500	\$3.77500	26%-50% Above
N	No	00093831118	ELETRIPTAN HYDROBROMIDE	6	\$1.66667	\$2.39121	(26%-50%) Below
N	No	00093834401	GLYBURIDE	120	\$0.22892	\$0.06178	200% Above
N	No	00093834410	GLYBURIDE	30	\$0.23333	\$0.05548	200% Above
N	No	00093901965	CYCLOSPORINE MODIFIED	60	\$0.72000	\$1.00383	(26%-50%) Below
N	No	00093902065	CYCLOSPORINE MODIFIED	30	\$2.96767	\$1.57689	76%-100% Above
N	Yes	00093902065	CYCLOSPORINE MODIFIED	60	\$2.32350	\$1.88693	10%-25% Above
N	No	00093914801	VENLAFAXINE HYDROCHLORIDE	30	\$0.56933	\$0.06162	200% Above
N	No	00093915701	VENLAFAXINE HYDROCHLORIDE	86	\$0.56070	\$0.07010	200% Above
N	No	00093915701	VENLAFAXINE HYDROCHLORIDE	60	\$0.56067	\$0.07446	200% Above

**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	Yes	00093915701	VENLAFAXINE HYDROCHLORIDE	30	\$0.24000	\$0.07446	200% Above
N	Yes	00093970205	CARBIDOPA/LEVODOPA	60	\$0.05833	\$0.09607	(26%-50%) Below
N	No	00115148701	AMPHETAMINE/DEXTROAMPHETAMINE	30	\$0.84000	\$0.60532	26%-50% Above
N	No	00115148801	AMPHETAMINE/DEXTROAMPHETAMINE	30	\$0.84000	\$0.60399	26%-50% Above
N	No	00115148901	AMPHETAMINE/DEXTROAMPHETAMINE	30	\$0.73233	\$0.60480	10%-25% Above
N	No	00115149001	AMPHETAMINE/DEXTROAMPHETAMINE	30	\$0.84000	\$0.61559	26%-50% Above
N	No	00115164501	NITROFURANTOIN MACROCRYSTALS	68	\$1.48162	\$0.40590	200% Above
N	No	00115168974	BUDESONIDE	180	\$1.80617	\$0.74334	101%-200% Above
N	No	00115169449	EPINEPHRINE	44	\$59.92500	\$115.33852	(26%-50%) Below
N	No	00115169449	EPINEPHRINE	59	\$62.65949	\$117.83500	(26%-50%) Below
N	Yes	00115169449	EPINEPHRINE	2	\$149.62500	\$115.33852	26%-50% Above
N	Yes	00115169449	EPINEPHRINE	2	\$149.62500	\$117.83500	26%-50% Above
N	No	00115169549	EPINEPHRINE	6	\$65.25167	\$113.96462	(26%-50%) Below
N	No	00115169549	EPINEPHRINE	12	\$59.26500	\$115.23667	(26%-50%) Below
N	No	00115169606	HYDROCORTISONE	60	\$0.15767	\$0.21162	(26%-50%) Below
N	No	00115170901	DEXMETHYLPHENIDATE HCL ER	30	\$3.40633	\$2.22721	51%-75% Above
N	No	00115175701	CYPROHEPTADINE HYDROCHLORIDE	350	\$0.22574	\$0.08471	101%-200% Above
N	No	00115175701	CYPROHEPTADINE HYDROCHLORIDE	390	\$0.30108	\$0.08720	200% Above
N	No	00115180101	METHYLPHENIDATE HYDROCHLORIDE	60	\$0.16667	\$0.11912	26%-50% Above
N	Yes	00115180101	METHYLPHENIDATE HYDROCHLORIDE	60	\$0.70017	\$0.14999	200% Above
N	No	00115180301	HYDROXYZINE PAMOATE	490	\$0.12794	\$0.06740	76%-100% Above
N	No	00115180301	HYDROXYZINE PAMOATE	445	\$0.15231	\$0.07212	101%-200% Above
N	Yes	00115180301	HYDROXYZINE PAMOATE	60	\$0.14417	\$0.06740	101%-200% Above
N	Yes	00115180301	HYDROXYZINE PAMOATE	120	\$0.14417	\$0.07212	76%-100% Above
N	No	00115180302	HYDROXYZINE PAMOATE	45	\$0.17089	\$0.06740	101%-200% Above
N	No	00115180401	HYDROXYZINE PAMOATE	689	\$0.17103	\$0.08633	76%-100% Above



Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	00115180401	HYDROXYZINE PAMOATE	240	\$0.13542	\$0.09847	26%-50% Above
N	No	00115351101	PYRIDOSTIGMINE BROMIDE	120	\$0.13300	\$0.21535	(26%-50%) Below
N	No	00115351101	PYRIDOSTIGMINE BROMIDE	210	\$0.34310	\$0.22442	51%-75% Above
N	No	00115441101	DANTROLENE SODIUM	180	\$0.74850	\$0.42826	51%-75% Above
N	No	00115521116	COLESTIPOL HCL	90	\$0.86644	\$0.73187	10%-25% Above
N	No	00115521116	COLESTIPOL HCL	150	\$0.74007	\$0.84631	(10%-25%) Below
N	Yes	00115552210	FENOFIBRATE	30	\$0.04100	\$0.15036	(51%-75%) Below
N	No	00115703301	FLUDROCORTISONE ACETATE	210	\$0.46929	\$0.40018	10%-25% Above
N	No	00115703301	FLUDROCORTISONE ACETATE	120	\$0.49083	\$0.42777	10%-25% Above
N	No	00115991801	DEXMETHYLPHENIDATE HCL ER	30	\$4.49233	\$1.02974	200% Above
N	No	00115991901	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	30	\$3.20633	\$1.27970	101%-200% Above
N	No	00115992101	DEXMETHYLPHENIDATE HCL ER	60	\$3.45700	\$1.73901	76%-100% Above
N	No	00115992101	DEXMETHYLPHENIDATE HCL ER	70	\$3.56500	\$1.81754	76%-100% Above
N	No	00115992201	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	30	\$1.23333	\$1.71041	(26%-50%) Below
N	No	00115993178	LEVALBUTEROL HYDROCHLORIDE	75	\$1.10960	\$0.23939	200% Above
N	No	00115993278	LEVALBUTEROL HYDROCHLORIDE	75	\$0.92320	\$0.26476	200% Above
N	No	00116200116	CHLORHEXIDINE GLUCONATE	7596	\$0.01152	\$0.00519	101%-200% Above
N	No	00116200116	CHLORHEXIDINE GLUCONATE	18934	\$0.01278	\$0.00524	101%-200% Above
N	Yes	00116200116	CHLORHEXIDINE GLUCONATE	946	\$0.00999	\$0.00519	76%-100% Above
N	Yes	00116200116	CHLORHEXIDINE GLUCONATE	1419	\$0.01554	\$0.00524	101%-200% Above
N	No	00121050416	ACETAMINOPHEN/CODEINE	240	\$0.02775	\$0.01449	76%-100% Above
N	No	00121057616	METOCLOPRAMIDE HYDROCHLORIDE	600	\$0.05238	\$0.03818	26%-50% Above
N	No	00121064616	AMANTADINE HCL	600	\$0.07573	\$0.02287	200% Above
N	No	00121067016	ETHOSUXIMIDE	360	\$0.22128	\$0.08640	101%-200% Above
N	No	00121067585	VALPROIC ACID	330	\$0.01921	\$0.02709	(26%-50%) Below
N	No	00121075908	PREDNISOLONE SODIUM PHOSPHATE	2022.7	\$0.20426	\$0.12612	51%-75% Above
N	No	00121075908	PREDNISOLONE SODIUM PHOSPHATE	1923.5	\$0.18428	\$0.13993	26%-50% Above
N	Yes	00121075908	PREDNISOLONE SODIUM PHOSPHATE	60	\$0.16733	\$0.12612	26%-50% Above

**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	Yes	00121075908	PREDNISOLONE SODIUM PHOSPHATE	65	\$0.16092	\$0.13993	10%-25% Above
N	No	00121077216	HYDROCODONE BITARTRATE/ACETAMINOPHEN	1043	\$0.69849	\$0.06206	200% Above
N	No	00121077504	GUAIFENESIN/CODEINE	826	\$0.09856	\$0.05036	76%-100% Above
N	No	00121077504	GUAIFENESIN/CODEINE	1516	\$0.09856	\$0.05155	76%-100% Above
N	No	00121077516	GUAIFENESIN/CODEINE	1258	\$0.03796	\$0.03138	10%-25% Above
N	Yes	00121077516	GUAIFENESIN/CODEINE	350	\$0.02706	\$0.03138	(10%-25%) Below
N	Yes	00121077516	GUAIFENESIN/CODEINE	120	\$0.02200	\$0.03165	(26%-50%) Below
N	No	00121086802	NYSTATIN	270	\$0.09589	\$0.12102	(10%-25%) Below
N	No	00121086816	NYSTATIN	880	\$0.08150	\$0.04781	51%-75% Above
N	Yes	00121086816	NYSTATIN	140	\$0.12271	\$0.04574	101%-200% Above
N	No	00121087316	LACTULOSE	1419	\$0.03150	\$0.01231	101%-200% Above
N	No	00121087316	LACTULOSE	2192	\$0.03095	\$0.01271	101%-200% Above
N	No	00121087332	LACTULOSE	900	\$0.01832	\$0.01139	51%-75% Above
N	No	00121089316	CHLORHEXIDINE GLUCONATE	5203	\$0.01333	\$0.00519	101%-200% Above
N	No	00121089316	CHLORHEXIDINE GLUCONATE	4730	\$0.01105	\$0.00524	101%-200% Above
N	No	00121092716	PROMETHAZINE HYDROCHLORIDE PLAIN	560	\$0.05541	\$0.02822	76%-100% Above
N	Yes	00121092816	PROMETHAZINE/CODEINE	120	\$0.03150	\$0.03959	(10%-25%) Below
N	No	00121093316	BROMPHEN/PSEUDOEPHEDRINE HCL/DEXTROMETHORPHAN HYDROBROMIDE	600	\$0.12445	\$0.06538	76%-100% Above
N	No	00121093316	BROMPHEN/PSEUDOEPHEDRINE HCL/DEXTROMETHORPHAN HYDROBROMIDE	120	\$0.13067	\$0.06604	76%-100% Above
N	No	00143122701	DICYCLOMINE HYDROCHLORIDE	562	\$0.27528	\$0.13751	101%-200% Above
N	No	00143122701	DICYCLOMINE HYDROCHLORIDE	474	\$0.28665	\$0.14040	101%-200% Above
N	No	00143122710	DICYCLOMINE HYDROCHLORIDE	20	\$0.46450	\$0.13751	200% Above
N	No	00143145505	PHENOBARBITAL	60	\$0.18483	\$0.22342	(10%-25%) Below
N	Yes	00143145505	PHENOBARBITAL	90	\$0.18478	\$0.22342	(10%-25%) Below
N	No	00143211205	DOXYCYCLINE HYCLATE	65	\$1.41600	\$0.13569	200% Above
N	No	00143211205	DOXYCYCLINE HYCLATE	20	\$0.42150	\$0.13760	200% Above

**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	00143211250	DOXYCYCLINE HYCLATE	14	\$0.55000	\$0.13760	200% Above
N	No	00143301801	COLCHICINE	10	\$6.22300	\$4.36513	26%-50% Above
N	No	00143924920	AMOXICILLIN/CLAVULANATE POTASSIUM	134	\$1.67836	\$0.29889	200% Above
N	No	00143924920	AMOXICILLIN/CLAVULANATE POTASSIUM	186	\$1.10425	\$0.33189	200% Above
N	Yes	00143924920	AMOXICILLIN/CLAVULANATE POTASSIUM	34	\$0.67912	\$0.29889	101%-200% Above
N	No	00143928501	AMOXICILLIN	142	\$0.39479	\$0.15668	101%-200% Above
N	No	00143928501	AMOXICILLIN	226	\$0.44708	\$0.17141	101%-200% Above
N	Yes	00143928501	AMOXICILLIN	54	\$0.37648	\$0.15668	101%-200% Above
N	Yes	00143928501	AMOXICILLIN	26	\$0.56692	\$0.17141	200% Above
Y	No	00143951910	METHOTREXATE	24	\$1.49125	\$1.35175	10%-25% Above
N	No	00143959721	ABIRATERONE ACETATE	120	\$1.22342	\$0.91973	26%-50% Above
N	No	00143962010	CYANOCOBALAMIN	1	\$3.62000	\$1.11425	200% Above
N	No	00143962125	CYANOCOBALAMIN	24	\$2.85625	\$2.58423	10%-25% Above
N	No	00143962125	CYANOCOBALAMIN	24	\$3.75542	\$2.70995	26%-50% Above
N	Yes	00143962125	CYANOCOBALAMIN	4	\$3.44500	\$2.58423	26%-50% Above
N	Yes	00143962125	CYANOCOBALAMIN	1	\$4.92000	\$2.70995	76%-100% Above
N	No	00143965901	TESTOSTERONE CYPIONATE	134	\$11.62119	\$13.13104	(10%-25%) Below
N	No	00143965901	TESTOSTERONE CYPIONATE	188	\$10.99676	\$13.66959	(10%-25%) Below
N	Yes	00143965901	TESTOSTERONE CYPIONATE	13	\$9.33308	\$13.13104	(26%-50%) Below
N	Yes	00143965901	TESTOSTERONE CYPIONATE	15	\$9.84067	\$13.66959	(26%-50%) Below
Y	No	00143965901	TESTOSTERONE CYPIONATE	2	\$2.18500	\$13.13104	(76%-100%) Below
Y	Yes	00143965901	TESTOSTERONE CYPIONATE	12	\$2.18583	\$13.13104	(76%-100%) Below
Y	Yes	00143965901	TESTOSTERONE CYPIONATE	7	\$2.42857	\$13.66959	(76%-100%) Below
N	No	00143972601	TESTOSTERONE CYPIONATE	12	\$7.90000	\$4.02857	76%-100% Above
N	No	00143972601	TESTOSTERONE CYPIONATE	10	\$7.90000	\$4.12354	76%-100% Above
N	Yes	00143972601	TESTOSTERONE CYPIONATE	10	\$7.90000	\$4.12354	76%-100% Above
N	No	00143980305	DOXYCYCLINE HYCLATE	408	\$1.11390	\$0.12965	200% Above
N	No	00143980305	DOXYCYCLINE HYCLATE	336	\$0.94964	\$0.13081	200% Above
Y	No	00143980305	DOXYCYCLINE HYCLATE	30	\$0.81533	\$0.13081	200% Above

**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	00143980350	DOXYCYCLINE HYCLATE	186	\$0.30231	\$0.12965	101%-200% Above
N	No	00143980350	DOXYCYCLINE HYCLATE	132	\$0.50841	\$0.13081	200% Above
N	No	00143983601	PENICILLIN V POTASSIUM	40	\$0.13475	\$0.10591	26%-50% Above
N	No	00143983610	PENICILLIN V POTASSIUM	20	\$0.51750	\$0.09821	200% Above
N	No	00143985316	AMOXICILLIN/CLAVULANATE POTASSIUM	900	\$0.20524	\$0.06244	200% Above
N	No	00143985316	AMOXICILLIN/CLAVULANATE POTASSIUM	1125	\$0.21516	\$0.06362	200% Above
N	No	00143985324	AMOXICILLIN/CLAVULANATE POTASSIUM	200	\$0.16800	\$0.05694	101%-200% Above
N	No	00143985324	AMOXICILLIN/CLAVULANATE POTASSIUM	400	\$0.13400	\$0.06548	101%-200% Above
N	No	00143985375	AMOXICILLIN/CLAVULANATE POTASSIUM	825	\$0.14463	\$0.08291	51%-75% Above
N	No	00143985375	AMOXICILLIN/CLAVULANATE POTASSIUM	375	\$0.18333	\$0.10807	51%-75% Above
N	No	00143988701	AMOXICILLIN	3400	\$0.06242	\$0.02892	101%-200% Above
N	No	00143988701	AMOXICILLIN	3600	\$0.06373	\$0.02951	101%-200% Above
N	Yes	00143988701	AMOXICILLIN	200	\$0.06050	\$0.02892	101%-200% Above
N	Yes	00143988701	AMOXICILLIN	400	\$0.05955	\$0.02951	101%-200% Above
N	No	00143988775	AMOXICILLIN	2325	\$0.06093	\$0.03045	101%-200% Above
N	No	00143988775	AMOXICILLIN	1425	\$0.06230	\$0.03190	76%-100% Above
N	Yes	00143988775	AMOXICILLIN	150	\$0.01713	\$0.03045	(26%-50%) Below
N	Yes	00143988775	AMOXICILLIN	150	\$0.06840	\$0.03190	101%-200% Above
N	No	00143988801	AMOXICILLIN	100	\$0.02490	\$0.01872	26%-50% Above
N	No	00143988801	AMOXICILLIN	200	\$0.02490	\$0.02056	10%-25% Above
N	No	00143988901	AMOXICILLIN	200	\$0.03960	\$0.02494	51%-75% Above
N	No	00143988915	AMOXICILLIN	1050	\$0.02589	\$0.02322	10%-25% Above
N	No	00143988915	AMOXICILLIN	400	\$0.04200	\$0.02693	51%-75% Above
N	No	00143992701	CIPROFLOXACIN HYDROCHLORIDE	62	\$0.70516	\$0.09769	200% Above
N	No	00143992701	CIPROFLOXACIN HYDROCHLORIDE	12	\$1.05417	\$0.09801	200% Above
N	No	00143992801	CIPROFLOXACIN HYDROCHLORIDE	146	\$0.78548	\$0.15205	200% Above
N	No	00143992801	CIPROFLOXACIN HYDROCHLORIDE	118	\$0.76127	\$0.15515	200% Above

**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	Yes	00143993905	AMOXICILLIN	28	\$0.05357	\$0.10233	(26%-50%) Below
N	No	00143998175	AMOXICILLIN/CLAVULANATE POTASSIUM	75	\$0.21227	\$0.05852	200% Above
N	No	00143998201	AMOXICILLIN/CLAVULANATE POTASSIUM	800	\$0.19384	\$0.05882	200% Above
N	No	00143998201	AMOXICILLIN/CLAVULANATE POTASSIUM	400	\$0.22213	\$0.05966	200% Above
N	No	00143998250	AMOXICILLIN/CLAVULANATE POTASSIUM	200	\$0.23700	\$0.08823	101%-200% Above
N	No	00143998250	AMOXICILLIN/CLAVULANATE POTASSIUM	750	\$0.26208	\$0.09354	101%-200% Above
N	No	00143998275	AMOXICILLIN/CLAVULANATE POTASSIUM	300	\$0.26053	\$0.06769	200% Above
N	No	00143998275	AMOXICILLIN/CLAVULANATE POTASSIUM	150	\$0.28400	\$0.06903	200% Above
N	No	00168000215	TRIAMCINOLONE ACETONIDE	60	\$0.51800	\$0.24231	101%-200% Above
N	No	00168000380	TRIAMCINOLONE ACETONIDE	160	\$0.06506	\$0.05627	10%-25% Above
N	No	00168000380	TRIAMCINOLONE ACETONIDE	80	\$0.03250	\$0.06135	(26%-50%) Below
N	No	00168000480	TRIAMCINOLONE ACETONIDE	240	\$0.07350	\$0.05458	26%-50% Above
N	Yes	00168000480	TRIAMCINOLONE ACETONIDE	80	\$0.04713	\$0.05495	(10%-25%) Below
N	No	00168000615	TRIAMCINOLONE ACETONIDE	30	\$0.22967	\$0.14069	51%-75% Above
N	No	00168000680	TRIAMCINOLONE ACETONIDE	400	\$0.09240	\$0.06958	26%-50% Above
N	No	00168000680	TRIAMCINOLONE ACETONIDE	80	\$0.09925	\$0.07019	26%-50% Above
N	No	00168000715	NYSTATIN	15	\$0.54533	\$0.29472	76%-100% Above
N	No	00168003315	BETAMETHASONE VALERATE	60	\$0.77367	\$0.67417	10%-25% Above
N	No	00168003346	BETAMETHASONE VALERATE	45	\$0.64600	\$0.55338	10%-25% Above
N	No	00168004160	BETAMETHASONE VALERATE	120	\$0.35758	\$0.45186	(10%-25%) Below
N	Yes	00168005760	BETAMETHASONE DIPROPIONATE	60	\$0.49750	\$0.34483	26%-50% Above
N	Yes	00168005760	BETAMETHASONE DIPROPIONATE	60	\$0.52233	\$0.35735	26%-50% Above
N	No	00168008031	HYDROCORTISONE	60	\$0.25667	\$0.08138	200% Above
N	No	00168008031	HYDROCORTISONE	120	\$0.21483	\$0.08239	101%-200% Above
N	Yes	00168008031	HYDROCORTISONE	30	\$0.25667	\$0.08239	200% Above
N	No	00168009915	KETOCONAZOLE	405	\$0.46405	\$0.26576	51%-75% Above
N	No	00168009915	KETOCONAZOLE	150	\$0.38800	\$0.28592	26%-50% Above
N	No	00168009930	KETOCONAZOLE	360	\$0.83317	\$0.26224	200% Above
N	No	00168009930	KETOCONAZOLE	300	\$0.59990	\$0.27239	101%-200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	Yes	00168009930	KETOCONAZOLE	60	\$1.21600	\$0.26224	200% Above
N	Yes	00168009930	KETOCONAZOLE	90	\$0.99000	\$0.27239	200% Above
N	No	00168009960	KETOCONAZOLE	300	\$0.38083	\$0.20280	76%-100% Above
N	No	00168009960	KETOCONAZOLE	240	\$0.38783	\$0.24138	51%-75% Above
N	No	00168013460	FLUOCINONIDE	60	\$0.12767	\$0.21145	(26%-50%) Below
N	No	00168014630	HYDROCORTISONE	567	\$0.23795	\$0.09483	101%-200% Above
N	No	00168014630	HYDROCORTISONE	510.3	\$0.24421	\$0.09598	101%-200% Above
N	Yes	00168014630	HYDROCORTISONE	28.35	\$0.26208	\$0.09483	101%-200% Above
N	No	00168020360	CLINDAMYCIN PHOSPHATE	120	\$0.93450	\$0.35456	101%-200% Above
N	No	00168020360	CLINDAMYCIN PHOSPHATE	120	\$0.73775	\$0.36505	101%-200% Above
N	No	00168025815	CLOTRIMAZOLE/BETAMETHASONE DIPROPIONATE	165	\$0.38867	\$0.22205	76%-100% Above
N	No	00168025815	CLOTRIMAZOLE/BETAMETHASONE DIPROPIONATE	45	\$0.37600	\$0.22521	51%-75% Above
N	No	00168025846	CLOTRIMAZOLE/BETAMETHASONE DIPROPIONATE	45	\$0.67756	\$0.14945	200% Above
N	No	00168025846	CLOTRIMAZOLE/BETAMETHASONE DIPROPIONATE	135	\$0.57207	\$0.17157	200% Above
N	No	00168026345	ALCLOMETASONE DIPROPIONATE	45	\$0.23822	\$0.53521	(51%-75%) Below
N	No	00168026815	BETAMETHASONE DIPROPIONATE AUGMENTED	15	\$1.09133	\$0.84309	26%-50% Above
N	No	00168026850	BETAMETHASONE DIPROPIONATE AUGMENTED	50	\$0.64660	\$0.54259	10%-25% Above
N	No	00168026950	CLOBETASOL PROPIONATE	210	\$1.12538	\$0.22392	200% Above
N	No	00168026950	CLOBETASOL PROPIONATE	150	\$0.89373	\$0.23272	200% Above
N	No	00168027740	CLINDAMYCIN PHOSPHATE	40	\$2.03500	\$1.80285	10%-25% Above
N	No	00168027740	CLINDAMYCIN PHOSPHATE	40	\$2.16325	\$1.82261	10%-25% Above
N	No	00168032346	METRONIDAZOLE	180	\$0.33194	\$0.52363	(26%-50%) Below
N	No	00168032346	METRONIDAZOLE	180	\$0.69928	\$0.53078	26%-50% Above
N	Yes	00168032346	METRONIDAZOLE	45	\$0.71200	\$0.52363	26%-50% Above
N	No	00168033215	FLUTICASONE PROPIONATE	45	\$1.03511	\$0.41820	101%-200% Above
N	No	00168033260	FLUTICASONE PROPIONATE	180	\$0.62867	\$0.21913	101%-200% Above
N	No	00168034720	TERCONAZOLE	40	\$1.71650	\$1.11379	51%-75% Above
N	No	00168034720	TERCONAZOLE	40	\$1.71650	\$1.25426	26%-50% Above
N	No	00168035730	LIDOCAINE/PRILOCAINE	210	\$0.40352	\$0.60011	(26%-50%) Below

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	Yes	00168035730	LIDOCAINE/PRILOCAINE	90	\$0.35244	\$0.60011	(26%-50%) Below
N	No	00168041730	TACROLIMUS	30	\$0.91533	\$1.62654	(26%-50%) Below
N	No	00169430730	RYBELSUS	450	\$26.72076	\$30.02422	(10%-25%) Below
N	No	00172208360	HYDROCHLOROTHIAZIDE	30	\$0.05933	\$0.01291	200% Above
N	No	00172208380	HYDROCHLOROTHIAZIDE	4290	\$0.06339	\$0.01291	200% Above
N	No	00172208380	HYDROCHLOROTHIAZIDE	4515	\$0.06114	\$0.01295	200% Above
N	Yes	00172208380	HYDROCHLOROTHIAZIDE	465	\$0.03022	\$0.01291	101%-200% Above
N	Yes	00172208380	HYDROCHLOROTHIAZIDE	360	\$0.02608	\$0.01295	101%-200% Above
N	No	00172208960	HYDROCHLOROTHIAZIDE	30	\$0.00867	\$0.03426	(51%-75%) Below
N	Yes	00172208960	HYDROCHLOROTHIAZIDE	30	\$0.11533	\$0.03426	200% Above
N	Yes	00172208960	HYDROCHLOROTHIAZIDE	30	\$0.05433	\$0.03431	51%-75% Above
N	No	00172208980	HYDROCHLOROTHIAZIDE	135	\$0.06667	\$0.03431	76%-100% Above
N	No	00172392560	DIAZEPAM	30	\$0.08767	\$0.02236	200% Above
N	No	00172392560	DIAZEPAM	64	\$0.06047	\$0.02264	101%-200% Above
N	No	00172392570	DIAZEPAM	62	\$0.08774	\$0.02236	200% Above
N	No	00172392570	DIAZEPAM	2	\$0.09000	\$0.02264	200% Above
N	No	00172392660	DIAZEPAM	91	\$0.01802	\$0.02861	(26%-50%) Below
N	No	00172392660	DIAZEPAM	23	\$0.04304	\$0.03022	26%-50% Above
N	Yes	00172392660	DIAZEPAM	4	\$0.06000	\$0.02861	101%-200% Above
N	Yes	00172392660	DIAZEPAM	2	\$0.02500	\$0.03022	(10%-25%) Below
N	No	00172392670	DIAZEPAM	244	\$0.10963	\$0.02861	200% Above
N	No	00172392670	DIAZEPAM	335	\$0.07887	\$0.03022	101%-200% Above
N	Yes	00172392670	DIAZEPAM	60	\$0.04800	\$0.03022	51%-75% Above
N	No	00172392680	DIAZEPAM	110	\$0.03373	\$0.02861	10%-25% Above
N	No	00172392680	DIAZEPAM	12	\$0.11917	\$0.03022	200% Above
N	Yes	00172392680	DIAZEPAM	1	\$0.09000	\$0.02861	200% Above
N	Yes	00172392680	DIAZEPAM	30	\$0.01700	\$0.03022	(26%-50%) Below
N	No	00172392760	DIAZEPAM	221	\$0.19548	\$0.03013	200% Above
N	No	00172392760	DIAZEPAM	31	\$0.02452	\$0.03065	(10%-25%) Below
N	Yes	00172392760	DIAZEPAM	4	\$0.05500	\$0.03065	76%-100% Above
N	No	00172392770	DIAZEPAM	165	\$0.15170	\$0.03013	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	00172392770	DIAZEPAM	128	\$0.12422	\$0.03065	200% Above
N	Yes	00172392770	DIAZEPAM	2	\$0.06500	\$0.03065	101%-200% Above
N	No	00172392780	DIAZEPAM	60	\$0.01850	\$0.03013	(26%-50%) Below
N	No	00172392780	DIAZEPAM	30	\$0.19667	\$0.03065	200% Above
N	No	00172409660	BACLOFEN	30	\$0.43633	\$0.04653	200% Above
N	No	00172409680	BACLOFEN	30	\$0.25133	\$0.04653	200% Above
N	No	00172409680	BACLOFEN	90	\$0.43633	\$0.04809	200% Above
N	No	00172572860	FAMOTIDINE	360	\$0.19886	\$0.03019	200% Above
N	No	00172572860	FAMOTIDINE	180	\$0.20067	\$0.03150	200% Above
N	No	00172572870	FAMOTIDINE	60	\$0.18567	\$0.03019	200% Above
N	No	00172572880	FAMOTIDINE	30	\$0.29700	\$0.03150	200% Above
N	Yes	00172572880	FAMOTIDINE	60	\$0.02517	\$0.03150	(10%-25%) Below
N	No	00172572960	FAMOTIDINE	570	\$0.43242	\$0.05666	200% Above
N	No	00172572960	FAMOTIDINE	300	\$0.51347	\$0.05845	200% Above
N	No	00173064460	LAMICTAL	180	\$16.79106	\$20.85373	(10%-25%) Below
N	No	00173075700	LAMICTAL XR	30	\$21.10667	\$30.76117	(26%-50%) Below
N	No	00185012201	NITROFURANTOIN MONOHYDRATE	286	\$1.72098	\$0.49864	200% Above
N	No	00185012201	NITROFURANTOIN MONOHYDRATE	266	\$1.70568	\$0.52826	200% Above
N	Yes	00185012201	NITROFURANTOIN MONOHYDRATE	34	\$1.68647	\$0.52826	200% Above
N	No	00185012210	NITROFURANTOIN MONOHYDRATE	14	\$1.30357	\$0.49864	101%-200% Above
N	No	00185021101	BENAZEPRIL HYDROCHLORIDE/HYDROCHLOROTHIAZIDE	45	\$0.18644	\$0.29558	(26%-50%) Below
N	No	00185027701	BENAZEPRIL HYDROCHLORIDE/HYDROCHLOROTHIAZIDE	60	\$0.83000	\$0.39582	101%-200% Above
N	No	00185027701	BENAZEPRIL HYDROCHLORIDE/HYDROCHLOROTHIAZIDE	30	\$1.27867	\$0.40576	200% Above
N	No	00185032501	BENAZEPRIL HYDROCHLORIDE/HYDROCHLOROTHIAZIDE	90	\$0.90478	\$0.19568	200% Above
N	No	00185067401	HYDROXYZINE PAMOATE	714	\$0.19983	\$0.06740	101%-200% Above
N	No	00185067401	HYDROXYZINE PAMOATE	340	\$0.20665	\$0.07212	101%-200% Above
N	Yes	00185067401	HYDROXYZINE PAMOATE	120	\$0.17350	\$0.06740	101%-200% Above



**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	00185067405	HYDROXYZINE PAMOATE	240	\$0.13150	\$0.06740	76%-100% Above
N	No	00185067405	HYDROXYZINE PAMOATE	220	\$0.12300	\$0.07212	51%-75% Above
N	No	00185067601	HYDROXYZINE PAMOATE	60	\$0.06850	\$0.08633	(10%-25%) Below
N	No	00185067605	HYDROXYZINE PAMOATE	360	\$0.21467	\$0.08633	101%-200% Above
N	No	00185067605	HYDROXYZINE PAMOATE	300	\$0.21390	\$0.09847	101%-200% Above
N	Yes	00185067605	HYDROXYZINE PAMOATE	60	\$0.18950	\$0.09847	76%-100% Above
N	Yes	00185084201	AMPHETAMINE/DEXTROAMPHETAMINE	60	\$0.46167	\$0.25211	76%-100% Above
N	No	00185085301	AMPHETAMINE/DEXTROAMPHETAMINE	180	\$0.39322	\$0.34453	10%-25% Above
N	Yes	00185085301	AMPHETAMINE/DEXTROAMPHETAMINE	60	\$0.21983	\$0.34453	(26%-50%) Below
N	No	00185209801	AMPHETAMINE/DEXTROAMPHETAMINE	224	\$0.79871	\$0.29595	101%-200% Above
N	No	00185209801	AMPHETAMINE/DEXTROAMPHETAMINE	180	\$0.75672	\$0.31901	101%-200% Above
N	No	00185209901	AMPHETAMINE/DEXTROAMPHETAMINE	480	\$0.49813	\$0.32698	51%-75% Above
N	No	00185209901	AMPHETAMINE/DEXTROAMPHETAMINE	765	\$0.49352	\$0.34408	26%-50% Above
N	Yes	00185209901	AMPHETAMINE/DEXTROAMPHETAMINE	30	\$0.49900	\$0.32698	51%-75% Above
N	No	00186037020	SYMBICORT	163.2	\$31.84075	\$36.70663	(10%-25%) Below
N	No	00186037220	SYMBICORT	30.6	\$28.31405	\$32.12677	(10%-25%) Below
N	No	00187516020	RETIN-A	880	\$0.24477	\$0.72088	(51%-75%) Below
N	No	00187516220	RETIN-A	540	\$0.26194	\$0.72274	(51%-75%) Below
N	No	00187516420	RETIN-A	300	\$0.48150	\$0.95950	(26%-50%) Below
N	No	00187517015	RETIN-A	30	\$0.24867	\$0.96000	(51%-75%) Below
N	No	00228143503	LAMOTRIGINE ER	30	\$6.06133	\$1.02465	200% Above
N	No	00228145303	LAMOTRIGINE ER	30	\$1.09367	\$0.90222	10%-25% Above
N	No	00228145303	LAMOTRIGINE ER	30	\$1.09367	\$0.96209	10%-25% Above
N	No	00228163803	LAMOTRIGINE ER	180	\$5.07367	\$2.87673	76%-100% Above
N	No	00228202710	ALPRAZOLAM	259	\$0.07494	\$0.02256	200% Above
N	No	00228202710	ALPRAZOLAM	770	\$0.11138	\$0.02365	200% Above
N	No	00228202750	ALPRAZOLAM	304	\$0.15273	\$0.02256	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	00228202750	ALPRAZOLAM	435	\$0.33370	\$0.02365	200% Above
N	No	00228202796	ALPRAZOLAM	30	\$0.08500	\$0.02256	200% Above
N	No	00228202796	ALPRAZOLAM	30	\$0.34467	\$0.02365	200% Above
N	No	00228202910	ALPRAZOLAM	630	\$0.04605	\$0.02409	76%-100% Above
N	No	00228202910	ALPRAZOLAM	594	\$0.07290	\$0.02451	101%-200% Above
N	No	00228202950	ALPRAZOLAM	742	\$0.25600	\$0.02409	200% Above
N	No	00228202950	ALPRAZOLAM	1208	\$0.20706	\$0.02451	200% Above
N	Yes	00228202950	ALPRAZOLAM	210	\$0.22119	\$0.02409	200% Above
N	No	00228202996	ALPRAZOLAM	271	\$0.06827	\$0.02409	101%-200% Above
N	No	00228202996	ALPRAZOLAM	342	\$0.12509	\$0.02451	200% Above
N	Yes	00228202996	ALPRAZOLAM	60	\$0.00700	\$0.02409	(51%-75%) Below
N	Yes	00228202996	ALPRAZOLAM	60	\$0.00667	\$0.02451	(51%-75%) Below
N	No	00228203110	ALPRAZOLAM	630	\$0.08211	\$0.02545	200% Above
N	No	00228203110	ALPRAZOLAM	498	\$0.08624	\$0.02567	200% Above
N	No	00228203150	ALPRAZOLAM	62	\$0.27274	\$0.02545	200% Above
N	No	00228203150	ALPRAZOLAM	250	\$0.15456	\$0.02567	200% Above
N	No	00228203196	ALPRAZOLAM	244	\$0.19303	\$0.02545	200% Above
N	No	00228203196	ALPRAZOLAM	180	\$0.10106	\$0.02567	200% Above
N	Yes	00228203196	ALPRAZOLAM	180	\$0.08050	\$0.02545	200% Above
N	Yes	00228203196	ALPRAZOLAM	120	\$0.01342	\$0.02567	(26%-50%) Below
N	No	00228203910	ALPRAZOLAM	140	\$0.43279	\$0.05021	200% Above
N	No	00228203910	ALPRAZOLAM	324	\$0.25127	\$0.05477	200% Above
N	No	00228207610	TEMAZEPAM	30	\$0.18767	\$0.07307	101%-200% Above
N	No	00228207650	TEMAZEPAM	90	\$0.36689	\$0.07429	200% Above
N	No	00228207710	TEMAZEPAM	50	\$0.23040	\$0.08219	101%-200% Above
N	No	00228207710	TEMAZEPAM	30	\$0.35100	\$0.09045	200% Above
N	No	00228207750	TEMAZEPAM	60	\$0.47450	\$0.08219	200% Above
N	No	00228207750	TEMAZEPAM	90	\$0.52722	\$0.09045	200% Above
N	No	00228212710	CLONIDINE HYDROCHLORIDE	90	\$0.03278	\$0.02694	10%-25% Above
N	No	00228212710	CLONIDINE HYDROCHLORIDE	60	\$0.18133	\$0.02738	200% Above
N	No	00228212750	CLONIDINE HYDROCHLORIDE	90	\$0.07922	\$0.02694	101%-200% Above
N	No	00228212750	CLONIDINE HYDROCHLORIDE	30	\$0.17767	\$0.02738	200% Above
N	No	00228212810	CLONIDINE HYDROCHLORIDE	180	\$0.22356	\$0.03694	200% Above
Y	No	00228212850	CLONIDINE HYDROCHLORIDE	30	\$0.25767	\$0.03694	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	00228212910	CLONIDINE HYDROCHLORIDE	30	\$0.23067	\$0.04032	200% Above
N	No	00228254010	CARBIDOPA/LEVODOPA	120	\$0.16667	\$0.13979	10%-25% Above
N	No	00228257111	INDAPAMIDE	30	\$0.26800	\$0.12272	101%-200% Above
N	No	00228257111	INDAPAMIDE	30	\$0.26800	\$0.13028	101%-200% Above
N	Yes	00228257111	INDAPAMIDE	30	\$0.32700	\$0.12272	101%-200% Above
N	No	00228259711	INDAPAMIDE	60	\$0.30450	\$0.12090	101%-200% Above
N	No	00228259711	INDAPAMIDE	90	\$0.33333	\$0.12211	101%-200% Above
N	No	00228277811	PROPRANOLOL HYDROCHLORIDE ER	75	\$0.89720	\$0.17971	200% Above
N	No	00228277811	PROPRANOLOL HYDROCHLORIDE ER	210	\$0.97819	\$0.19356	200% Above
N	Yes	00228277811	PROPRANOLOL HYDROCHLORIDE ER	30	\$1.19167	\$0.17971	200% Above
N	No	00228277911	PROPRANOLOL HYDROCHLORIDE ER	90	\$1.08356	\$0.21116	200% Above
N	No	00228277911	PROPRANOLOL HYDROCHLORIDE ER	30	\$1.14900	\$0.21614	200% Above
N	No	00228278011	PROPRANOLOL HCL ER	30	\$1.51100	\$0.24540	200% Above
N	No	00228282011	HYDROCHLOROTHIAZIDE	1950	\$0.11710	\$0.04841	101%-200% Above
N	No	00228282011	HYDROCHLOROTHIAZIDE	2850	\$0.16705	\$0.04848	200% Above
N	Yes	00228282011	HYDROCHLOROTHIAZIDE	150	\$0.23767	\$0.04841	200% Above
N	Yes	00228282011	HYDROCHLOROTHIAZIDE	120	\$0.16183	\$0.04848	200% Above
N	Yes	00228284803	FLUVOXAMINE MALEATE ER	30	\$7.12867	\$5.62137	26%-50% Above
N	No	00228284903	FLUVOXAMINE MALEATE ER	180	\$3.71944	\$6.21941	(26%-50%) Below
N	No	00228284903	FLUVOXAMINE MALEATE ER	30	\$7.65033	\$6.71369	10%-25% Above
N	No	00228285011	GUANFACINE ER	90	\$1.60856	\$0.18803	200% Above
N	No	00228285011	GUANFACINE ER	30	\$0.60467	\$0.22154	101%-200% Above
N	No	00228285111	GUANFACINE ER	30	\$1.12500	\$0.23039	200% Above
N	No	00228285311	GUANFACINE ER	30	\$0.00500	\$0.20707	(76%-100%) Below
N	No	00228285311	GUANFACINE ER	90	\$0.68522	\$0.21085	200% Above
N	Yes	00228285311	GUANFACINE ER	30	\$0.12733	\$0.21085	(26%-50%) Below
N	No	00228305911	AMPHETAMINE/DEXTROAMPHETAMINE	90	\$0.84000	\$0.56921	26%-50% Above
N	No	00228305911	AMPHETAMINE/DEXTROAMPHETAMINE	90	\$0.84000	\$0.60532	26%-50% Above
N	No	00228306011	AMPHETAMINE/DEXTROAMPHETAMINE	240	\$0.84000	\$0.60480	26%-50% Above

**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	00228306011	AMPHETAMINE/DEXTROAMPHETAMINE	150	\$0.84000	\$0.61509	26%-50% Above
N	No	00228306111	AMPHETAMINE/DEXTROAMPHETAMINE	150	\$0.78860	\$0.65912	10%-25% Above
N	No	00228306111	AMPHETAMINE/DEXTROAMPHETAMINE	270	\$0.84000	\$0.66060	26%-50% Above
N	No	00228306211	AMPHETAMINE/DEXTROAMPHETAMINE	30	\$0.84000	\$0.55836	51%-75% Above
N	No	00228306211	AMPHETAMINE/DEXTROAMPHETAMINE	30	\$1.86100	\$0.90969	101%-200% Above
N	No	00228306311	AMPHETAMINE/DEXTROAMPHETAMINE	120	\$0.84000	\$0.60399	26%-50% Above
N	No	00228306411	AMPHETAMINE/DEXTROAMPHETAMINE	60	\$0.84000	\$0.56816	26%-50% Above
N	No	00228306411	AMPHETAMINE/DEXTROAMPHETAMINE	60	\$0.74283	\$0.61559	10%-25% Above
N	No	00228315303	BUPRENORPHINE HCL	90	\$0.05556	\$0.81201	(76%-100%) Below
N	No	00228315303	BUPRENORPHINE HCL	186	\$1.25478	\$0.87101	26%-50% Above
N	No	00228315603	BUPRENORPHINE HCL	56	\$2.23089	\$0.47157	200% Above
N	No	00228315603	BUPRENORPHINE HCL	15	\$2.21467	\$0.62457	200% Above
N	No	00228424106	CLONIDINE HCL ER	120	\$0.67192	\$0.24046	101%-200% Above
N	No	00228424106	CLONIDINE HCL ER	90	\$0.64856	\$0.28345	101%-200% Above
N	No	00245007111	POTASSIUM CITRATE ER	60	\$1.39317	\$0.24565	200% Above
N	No	00245021111	MIDODRINE HCL	120	\$0.46375	\$0.11184	200% Above
N	No	00245021111	MIDODRINE HCL	270	\$0.59481	\$0.16766	200% Above
N	No	00245021211	MIDODRINE HCL	180	\$0.90267	\$0.16120	200% Above
N	No	00245021211	MIDODRINE HCL	735	\$0.71997	\$0.19216	200% Above
N	Yes	00245021211	MIDODRINE HCL	90	\$0.57333	\$0.19216	101%-200% Above
N	No	00245021311	MIDODRINE HCL	90	\$0.46189	\$0.28886	51%-75% Above
N	Yes	00245036001	KLOR-CON	30	\$4.32567	\$0.70547	200% Above
N	No	00245057301	ISOTRETINOIN	60	\$7.22300	\$16.92763	(51%-75%) Below
N	No	00245086070	VANAZOLE	140	\$0.11814	\$0.65092	(76%-100%) Below
N	No	00245086070	VANAZOLE	140	\$0.11814	\$0.78533	(76%-100%) Below
N	No	00245531911	KLOR-CON M20	240	\$0.27458	\$0.13181	101%-200% Above
N	Yes	00245531911	KLOR-CON M20	90	\$0.18478	\$0.13181	26%-50% Above
N	No	00245531915	KLOR-CON M20	126	\$0.52325	\$0.13181	200% Above
N	Yes	00245531915	KLOR-CON M20	120	\$0.30333	\$0.13181	101%-200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	00254302802	LUBIPROSTONE	60	\$4.67550	\$1.58902	101%-200% Above
N	No	00254302802	LUBIPROSTONE	30	\$4.67567	\$1.84865	101%-200% Above
N	No	00254302902	LUBIPROSTONE	120	\$0.82608	\$1.51553	(26%-50%) Below
N	No	00254302902	LUBIPROSTONE	60	\$4.67550	\$1.74844	101%-200% Above
N	No	00310620530	FARXIGA	180	\$15.41289	\$18.07518	(10%-25%) Below
N	No	00310627030	XIGDUO XR	30	\$16.05433	\$18.11856	(10%-25%) Below
N	No	00310654004	BYDUREON BCISE	3.4	\$179.33529	\$227.23279	(10%-25%) Below
N	No	00310737020	BUDESONIDE/FORMOTEROL FUMARATE DIHYDRATE	91.8	\$18.11242	\$22.98329	(10%-25%) Below
N	No	00310737220	BUDESONIDE/FORMOTEROL FUMARATE DIHYDRATE	40.8	\$22.34191	\$20.02462	10%-25% Above
N	No	00378001401	METHOTREXATE SODIUM	92	\$1.61457	\$0.22665	200% Above
N	No	00378001401	METHOTREXATE SODIUM	124	\$0.85669	\$0.23874	200% Above
N	No	00378001805	METOPROLOL TARTRATE	242	\$0.07872	\$0.01788	200% Above
N	No	00378001805	METOPROLOL TARTRATE	600	\$0.13000	\$0.01833	200% Above
N	Yes	00378001805	METOPROLOL TARTRATE	375	\$0.04989	\$0.01788	101%-200% Above
N	Yes	00378001805	METOPROLOL TARTRATE	180	\$0.05689	\$0.01833	200% Above
N	No	00378003210	METOPROLOL TARTRATE	150	\$0.28860	\$0.02059	200% Above
N	No	00378003210	METOPROLOL TARTRATE	270	\$0.03552	\$0.02218	51%-75% Above
N	No	00378004701	METOPROLOL TARTRATE	60	\$0.15417	\$0.02694	200% Above
N	No	00378004710	METOPROLOL TARTRATE	120	\$0.19875	\$0.02694	200% Above
N	No	00378004710	METOPROLOL TARTRATE	60	\$0.30250	\$0.02852	200% Above
N	No	00378005301	CIMETIDINE	60	\$0.19267	\$0.33312	(26%-50%) Below
N	No	00378013710	ALLOPURINOL	150	\$0.26053	\$0.04922	200% Above
N	No	00378013710	ALLOPURINOL	90	\$0.19044	\$0.05071	200% Above
N	Yes	00378013710	ALLOPURINOL	30	\$0.19400	\$0.04922	200% Above
N	Yes	00378013710	ALLOPURINOL	30	\$0.15000	\$0.05071	101%-200% Above
N	No	00378018105	ALLOPURINOL	30	\$0.23167	\$0.07133	200% Above
N	No	00378018105	ALLOPURINOL	60	\$0.47500	\$0.07487	200% Above
N	No	00378021610	FUROSEMIDE	30	\$0.07133	\$0.03224	101%-200% Above
N	No	00378027101	DIAZEPAM	90	\$0.05467	\$0.02264	101%-200% Above
Y	No	00378027493	TAMOXIFEN CITRATE	90	\$0.94311	\$0.33590	101%-200% Above
N	No	00378034505	DIAZEPAM	135	\$0.09622	\$0.02861	200% Above

**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	00378034505	DIAZEPAM	3	\$0.04667	\$0.03022	51%-75% Above
N	Yes	00378034505	DIAZEPAM	20	\$0.09250	\$0.02861	200% Above
N	No	00378040301	SPIRONOLACTONE/HYDROCHLOROTHIAZIDE	60	\$0.16667	\$0.61434	(51%-75%) Below
N	No	00378040301	SPIRONOLACTONE/HYDROCHLOROTHIAZIDE	90	\$0.68778	\$0.62516	10%-25% Above
N	No	00378047701	DIAZEPAM	61	\$0.01852	\$0.03013	(26%-50%) Below
N	No	00378047705	DIAZEPAM	32	\$0.11125	\$0.03013	200% Above
Y	No	00378050101	BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE	90	\$1.01800	\$0.22374	200% Above
N	Yes	00378050301	BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE	30	\$0.21100	\$0.23736	(10%-25%) Below
Y	No	00378050301	BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE	90	\$1.01800	\$0.24919	200% Above
N	No	00378064010	PREDNISONE	175	\$0.13537	\$0.04631	101%-200% Above
N	No	00378064010	PREDNISONE	422	\$0.08701	\$0.04988	51%-75% Above
N	Yes	00378064010	PREDNISONE	90	\$0.12289	\$0.04988	101%-200% Above
N	No	00378064110	PREDNISONE	174	\$0.14195	\$0.05601	101%-200% Above
N	No	00378064110	PREDNISONE	475	\$0.14579	\$0.05744	101%-200% Above
N	No	00378064205	PREDNISONE	167	\$0.15371	\$0.08401	76%-100% Above
N	No	00378064205	PREDNISONE	103	\$0.15515	\$0.08601	76%-100% Above
N	Yes	00378064205	PREDNISONE	15	\$0.15533	\$0.08601	76%-100% Above
N	No	00378064210	PREDNISONE	39	\$0.15667	\$0.08401	76%-100% Above
N	No	00378064210	PREDNISONE	20	\$0.14700	\$0.08601	51%-75% Above
N	No	00378104901	DOXEPIN HCL	120	\$0.16475	\$0.10128	51%-75% Above
N	No	00378104901	DOXEPIN HCL	222	\$0.15090	\$0.13551	10%-25% Above
N	No	00378108601	COLCHICINE	10	\$2.04200	\$0.28534	200% Above
N	No	00378113401	KETOROLAC TROMETHAMINE	123	\$0.96333	\$0.51239	76%-100% Above
N	No	00378113401	KETOROLAC TROMETHAMINE	165	\$1.00552	\$0.52799	76%-100% Above
N	No	00378130001	LITHIUM CARBONATE ER	90	\$0.05522	\$0.14668	(51%-75%) Below
Y	No	00378130005	LITHIUM CARBONATE ER	360	\$0.16731	\$0.14668	10%-25% Above
N	No	00378137578	MESALAMINE ER	120	\$2.96683	\$0.91416	200% Above

**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	00378140496	RIZATRIPTAN BENZOATE	43	\$3.07721	\$0.34033	200% Above
N	No	00378140496	RIZATRIPTAN BENZOATE	18	\$2.15000	\$0.35836	200% Above
N	No	00378145001	LITHIUM CARBONATE ER	90	\$0.23878	\$0.18956	26%-50% Above
N	No	00378172193	AMLODIPINE BESYLATE/VALSARTAN	60	\$1.48867	\$0.49289	200% Above
N	No	00378172193	AMLODIPINE BESYLATE/VALSARTAN	30	\$1.41333	\$0.50059	101%-200% Above
N	No	00378172293	AMLODIPINE BESYLATE/VALSARTAN	180	\$1.30350	\$0.54063	101%-200% Above
N	No	00378172393	AMLODIPINE BESYLATE/VALSARTAN	30	\$3.00733	\$0.54099	200% Above
N	No	00378172393	AMLODIPINE BESYLATE/VALSARTAN	60	\$1.81867	\$0.60663	101%-200% Above
N	No	00378172493	AMLODIPINE BESYLATE/VALSARTAN	150	\$1.43800	\$0.67391	101%-200% Above
N	No	00378172493	AMLODIPINE BESYLATE/VALSARTAN	30	\$0.87667	\$0.69981	26%-50% Above
N	No	00378180010	LEVOTHYROXINE SODIUM	368	\$0.20003	\$0.05364	200% Above
N	No	00378180010	LEVOTHYROXINE SODIUM	1065	\$0.23626	\$0.06114	200% Above
Y	No	00378180010	LEVOTHYROXINE SODIUM	90	\$0.07167	\$0.05364	26%-50% Above
N	No	00378180077	LEVOTHYROXINE SODIUM	30	\$0.34967	\$0.05364	200% Above
N	No	00378180310	LEVOTHYROXINE SODIUM	1587	\$0.22957	\$0.06006	200% Above
N	No	00378180310	LEVOTHYROXINE SODIUM	1590	\$0.23588	\$0.06726	200% Above
N	No	00378180377	LEVOTHYROXINE SODIUM	30	\$0.23333	\$0.06726	200% Above
N	No	00378180510	LEVOTHYROXINE SODIUM	975	\$0.16629	\$0.06241	101%-200% Above
N	No	00378180510	LEVOTHYROXINE SODIUM	1725	\$0.22123	\$0.07394	101%-200% Above
N	No	00378180710	LEVOTHYROXINE SODIUM	1080	\$0.20613	\$0.07739	101%-200% Above
N	No	00378180710	LEVOTHYROXINE SODIUM	1050	\$0.27017	\$0.07908	200% Above
N	No	00378180910	LEVOTHYROXINE SODIUM	1005	\$0.20890	\$0.07388	101%-200% Above
N	No	00378180910	LEVOTHYROXINE SODIUM	930	\$0.23756	\$0.07548	200% Above
N	Yes	00378180910	LEVOTHYROXINE SODIUM	90	\$0.20689	\$0.07548	101%-200% Above
N	No	00378180977	LEVOTHYROXINE SODIUM	30	\$0.09300	\$0.07548	10%-25% Above
N	No	00378181110	LEVOTHYROXINE SODIUM	468	\$0.23577	\$0.07846	200% Above
N	No	00378181110	LEVOTHYROXINE SODIUM	765	\$0.27336	\$0.09370	101%-200% Above
N	Yes	00378181110	LEVOTHYROXINE SODIUM	60	\$0.41533	\$0.09370	200% Above
N	No	00378181310	LEVOTHYROXINE SODIUM	132	\$0.13841	\$0.08924	51%-75% Above
N	No	00378181310	LEVOTHYROXINE SODIUM	435	\$0.15485	\$0.09987	51%-75% Above
N	No	00378181377	LEVOTHYROXINE SODIUM	180	\$0.28606	\$0.08924	200% Above
N	No	00378181377	LEVOTHYROXINE SODIUM	255	\$0.43557	\$0.09987	200% Above

**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	00378181510	LEVOTHYROXINE SODIUM	390	\$0.29515	\$0.07754	200% Above
N	No	00378181510	LEVOTHYROXINE SODIUM	497	\$0.24909	\$0.08440	101%-200% Above
N	Yes	00378181510	LEVOTHYROXINE SODIUM	30	\$0.29400	\$0.07754	200% Above
N	No	00378181710	LEVOTHYROXINE SODIUM	120	\$0.27533	\$0.11548	101%-200% Above
N	No	00378181777	LEVOTHYROXINE SODIUM	300	\$0.13843	\$0.10356	26%-50% Above
N	No	00378181977	LEVOTHYROXINE SODIUM	210	\$0.28795	\$0.10336	101%-200% Above
N	No	00378181977	LEVOTHYROXINE SODIUM	482	\$0.23068	\$0.11267	101%-200% Above
N	No	00378182177	LEVOTHYROXINE SODIUM	150	\$0.65707	\$0.11341	200% Above
N	No	00378182377	LEVOTHYROXINE SODIUM	360	\$0.12300	\$0.08199	51%-75% Above
N	No	00378182377	LEVOTHYROXINE SODIUM	272	\$0.23217	\$0.08830	101%-200% Above
N	Yes	00378182377	LEVOTHYROXINE SODIUM	90	\$0.23144	\$0.08199	101%-200% Above
Y	No	00378182377	LEVOTHYROXINE SODIUM	90	\$0.15111	\$0.08199	76%-100% Above
N	No	00378214605	SPIRONOLACTONE	30	\$0.21533	\$0.05314	200% Above
N	No	00378214605	SPIRONOLACTONE	30	\$0.30533	\$0.05414	200% Above
N	No	00378240201	TRIFLUOPERAZINE HCL	30	\$0.90200	\$0.70077	26%-50% Above
N	No	00378292177	TELMISARTAN	60	\$1.66817	\$0.24114	200% Above
N	No	00378292293	TELMISARTAN	30	\$0.50000	\$0.16269	200% Above
N	No	00378306577	FENOFIBRATE	30	\$0.50000	\$0.10436	200% Above
N	Yes	00378306577	FENOFIBRATE	30	\$1.06067	\$0.10436	200% Above
N	No	00378306605	FENOFIBRATE	150	\$0.44013	\$0.12785	200% Above
N	No	00378306605	FENOFIBRATE	90	\$0.46467	\$0.16054	101%-200% Above
N	Yes	00378306605	FENOFIBRATE	30	\$0.16833	\$0.12785	26%-50% Above
N	No	00378306677	FENOFIBRATE	60	\$0.57800	\$0.12785	200% Above
N	Yes	00378306677	FENOFIBRATE	30	\$1.08767	\$0.12785	200% Above
N	Yes	00378306677	FENOFIBRATE	90	\$0.46389	\$0.16054	101%-200% Above
N	No	00378323277	CANDESARTAN CILEXETIL	30	\$1.71667	\$0.95986	76%-100% Above
N	No	00378334053	XULANE	45	\$33.29844	\$37.89820	(10%-25%) Below
N	No	00378334053	XULANE	60	\$33.04333	\$38.02923	(10%-25%) Below
N	No	00378335099	ESTRADIOL	12	\$19.42250	\$11.95238	51%-75% Above
N	No	00378335099	ESTRADIOL	36	\$17.17611	\$12.26106	26%-50% Above
N	No	00378335199	ESTRADIOL	4	\$16.24500	\$13.01021	10%-25% Above
N	No	00378335199	ESTRADIOL	16	\$16.24500	\$14.71350	10%-25% Above



Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	00378335299	ESTRADIOL	20	\$19.42250	\$12.09121	51%-75% Above
N	No	00378335299	ESTRADIOL	16	\$16.24500	\$12.17494	26%-50% Above
N	No	00378395005	ATORVASTATIN CALCIUM	240	\$0.10708	\$0.03066	200% Above
N	No	00378395005	ATORVASTATIN CALCIUM	60	\$0.41967	\$0.03114	200% Above
N	Yes	00378395005	ATORVASTATIN CALCIUM	90	\$0.23700	\$0.03066	200% Above
N	No	00378395105	ATORVASTATIN CALCIUM	210	\$0.39629	\$0.03755	200% Above
N	No	00378395105	ATORVASTATIN CALCIUM	390	\$0.38603	\$0.04061	200% Above
N	Yes	00378395105	ATORVASTATIN CALCIUM	180	\$0.28322	\$0.03755	200% Above
N	No	00378395205	ATORVASTATIN CALCIUM	300	\$0.42423	\$0.05376	200% Above
N	No	00378395205	ATORVASTATIN CALCIUM	300	\$0.42400	\$0.05653	200% Above
N	Yes	00378395205	ATORVASTATIN CALCIUM	180	\$0.39289	\$0.05653	200% Above
N	No	00378395277	ATORVASTATIN CALCIUM	30	\$0.54367	\$0.05376	200% Above
N	No	00378395305	ATORVASTATIN CALCIUM	150	\$0.30533	\$0.08531	200% Above
N	No	00378395305	ATORVASTATIN CALCIUM	240	\$0.58338	\$0.09096	200% Above
N	Yes	00378395305	ATORVASTATIN CALCIUM	30	\$0.65733	\$0.09096	200% Above
N	No	00378416201	ATOVAQUONE/PROGUANIL HCL	30	\$1.16667	\$2.29877	(26%-50%) Below
N	No	00378427577	VALACYCLOVIR HYDROCHLORIDE	122	\$1.76574	\$0.28541	200% Above
N	Yes	00378427577	VALACYCLOVIR HYDROCHLORIDE	30	\$0.66733	\$0.28806	101%-200% Above
N	No	00378427593	VALACYCLOVIR HYDROCHLORIDE	30	\$0.50767	\$0.28541	76%-100% Above
N	No	00378427677	VALACYCLOVIR HYDROCHLORIDE	232	\$1.78039	\$0.48253	200% Above
N	No	00378427677	VALACYCLOVIR HYDROCHLORIDE	105	\$2.99867	\$0.50396	200% Above
N	Yes	00378427677	VALACYCLOVIR HYDROCHLORIDE	25	\$2.18320	\$0.48253	200% Above
N	No	00378428785	ELETRIPTAN HYDROBROMIDE	4	\$20.00750	\$3.77500	200% Above
N	No	00378456105	POTASSIUM CHLORIDE ER	120	\$0.29392	\$0.12498	101%-200% Above
N	No	00378456105	POTASSIUM CHLORIDE ER	30	\$0.37667	\$0.12918	101%-200% Above
N	Yes	00378456105	POTASSIUM CHLORIDE ER	30	\$0.14800	\$0.12498	10%-25% Above
N	Yes	00378456105	POTASSIUM CHLORIDE ER	60	\$0.07883	\$0.12918	(26%-50%) Below
N	No	00378459610	METOPROLOL SUCCINATE ER	30	\$0.57767	\$0.07734	200% Above
N	Yes	00378459677	METOPROLOL SUCCINATE ER	30	\$0.57767	\$0.07734	200% Above
N	Yes	00378459777	METOPROLOL SUCCINATE ER	15	\$0.04867	\$0.13342	(51%-75%) Below
N	No	00378461926	ESTRADIOL	8	\$9.93875	\$6.09510	51%-75% Above
N	No	00378462126	ESTRADIOL	8	\$9.85375	\$6.68694	26%-50% Above
N	No	00378462226	ESTRADIOL	48	\$14.22292	\$6.57103	101%-200% Above
N	No	00378464026	ESTRADIOL	48	\$7.96688	\$6.59294	10%-25% Above
N	No	00378464026	ESTRADIOL	24	\$7.94750	\$6.61093	10%-25% Above

**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	00378464126	ESTRADIOL	40	\$7.83025	\$6.57103	10%-25% Above
N	No	00378464126	ESTRADIOL	40	\$7.94400	\$6.70115	10%-25% Above
N	Yes	00378464126	ESTRADIOL	8	\$7.94375	\$6.70115	10%-25% Above
N	No	00378464226	ESTRADIOL	64	\$4.46531	\$6.49694	(26%-50%) Below
N	No	00378464226	ESTRADIOL	40	\$7.59525	\$6.68694	10%-25% Above
N	No	00378464326	ESTRADIOL	24	\$7.74125	\$6.70119	10%-25% Above
N	Yes	00378464326	ESTRADIOL	8	\$7.93000	\$7.16703	10%-25% Above
N	No	00378464426	ESTRADIOL	32	\$7.92906	\$6.09510	26%-50% Above
N	No	00378483060	DAPSONE	60	\$3.39333	\$2.44267	26%-50% Above
N	No	00378518693	PRASUGREL	30	\$2.11800	\$0.31543	200% Above
N	No	00378518693	PRASUGREL	30	\$2.11800	\$0.33391	200% Above
N	No	00378581377	VALSARTAN	90	\$1.04711	\$0.14293	200% Above
N	No	00378581477	VALSARTAN	225	\$0.49964	\$0.18107	101%-200% Above
N	No	00378581477	VALSARTAN	120	\$0.64617	\$0.18210	200% Above
N	No	00378581577	VALSARTAN	120	\$0.51533	\$0.22157	101%-200% Above
N	No	00378581577	VALSARTAN	180	\$0.63156	\$0.24086	101%-200% Above
N	No	00378623101	CITALOPRAM HYDROBROMIDE	30	\$0.48167	\$0.02608	200% Above
N	No	00378623105	CITALOPRAM HYDROBROMIDE	360	\$0.27642	\$0.02608	200% Above
N	No	00378623105	CITALOPRAM HYDROBROMIDE	464	\$0.32269	\$0.02621	200% Above
N	No	00378623201	CITALOPRAM HYDROBROMIDE	90	\$0.32378	\$0.03155	200% Above
N	No	00378623201	CITALOPRAM HYDROBROMIDE	30	\$0.02400	\$0.03240	(26%-50%) Below
N	Yes	00378623201	CITALOPRAM HYDROBROMIDE	30	\$0.02400	\$0.03240	(26%-50%) Below
N	No	00378623205	CITALOPRAM HYDROBROMIDE	1110	\$0.27332	\$0.03155	200% Above
N	No	00378623205	CITALOPRAM HYDROBROMIDE	1050	\$0.25725	\$0.03240	200% Above
N	Yes	00378623205	CITALOPRAM HYDROBROMIDE	45	\$0.40311	\$0.03155	200% Above
N	No	00378623301	CITALOPRAM HYDROBROMIDE	90	\$0.25789	\$0.04380	200% Above
N	No	00378623301	CITALOPRAM HYDROBROMIDE	270	\$0.06667	\$0.04499	26%-50% Above
N	No	00378623305	CITALOPRAM HYDROBROMIDE	435	\$0.43598	\$0.04380	200% Above
N	No	00378623305	CITALOPRAM HYDROBROMIDE	795	\$0.30382	\$0.04499	200% Above
N	Yes	00378623305	CITALOPRAM HYDROBROMIDE	30	\$0.44900	\$0.04380	200% Above
N	No	00378632177	VALSARTAN/HYDROCHLOROTHIA ZIDE	30	\$1.49133	\$0.18162	200% Above
N	No	00378632177	VALSARTAN/HYDROCHLOROTHIA ZIDE	60	\$1.49133	\$0.18357	200% Above
N	No	00378632277	VALSARTAN/HYDROCHLOROTHIA ZIDE	60	\$0.55967	\$0.18775	101%-200% Above
N	No	00378632277	VALSARTAN/HYDROCHLOROTHIA ZIDE	150	\$0.99493	\$0.21262	200% Above

**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	Yes	00378632277	VALSARTAN/HYDROCHLOROTHIA ZIDE	60	\$0.58583	\$0.18775	200% Above
N	Yes	00378632277	VALSARTAN/HYDROCHLOROTHIA ZIDE	90	\$0.59800	\$0.21262	101%-200% Above
Y	No	00378632277	VALSARTAN/HYDROCHLOROTHIA ZIDE	90	\$1.29378	\$0.18775	200% Above
N	No	00378632377	VALSARTAN/HYDROCHLOROTHIA ZIDE	30	\$0.27833	\$0.21320	26%-50% Above
N	Yes	00378632377	VALSARTAN/HYDROCHLOROTHIA ZIDE	30	\$0.19600	\$0.21941	(10%-25%) Below
Y	No	00378632377	VALSARTAN/HYDROCHLOROTHIA ZIDE	90	\$1.07944	\$0.21320	200% Above
Y	No	00378632377	VALSARTAN/HYDROCHLOROTHIA ZIDE	90	\$0.97156	\$0.21941	200% Above
N	No	00378632477	VALSARTAN/HYDROCHLOROTHIA ZIDE	15	\$2.32000	\$0.26702	200% Above
N	No	00378632477	VALSARTAN/HYDROCHLOROTHIA ZIDE	75	\$1.14107	\$0.31012	200% Above
N	Yes	00378632477	VALSARTAN/HYDROCHLOROTHIA ZIDE	30	\$0.30133	\$0.26702	10%-25% Above
N	No	00378632577	VALSARTAN/HYDROCHLOROTHIA ZIDE	270	\$0.60107	\$0.25390	101%-200% Above
N	No	00378632577	VALSARTAN/HYDROCHLOROTHIA ZIDE	600	\$1.07160	\$0.29620	200% Above
N	Yes	00378632577	VALSARTAN/HYDROCHLOROTHIA ZIDE	60	\$1.44600	\$0.25390	200% Above
N	Yes	00378632577	VALSARTAN/HYDROCHLOROTHIA ZIDE	120	\$1.65383	\$0.29620	200% Above
N	No	00378647097	SCOPOLAMINE	1	\$12.15000	\$8.38324	26%-50% Above
N	Yes	00378647099	SCOPOLAMINE	4	\$10.96500	\$8.38324	26%-50% Above
N	No	00378668877	PANTOPRAZOLE SODIUM	692	\$0.46426	\$0.04781	200% Above
N	No	00378668877	PANTOPRAZOLE SODIUM	360	\$0.54239	\$0.04925	200% Above
N	No	00378668910	PANTOPRAZOLE SODIUM	3462	\$0.54421	\$0.05326	200% Above
N	No	00378668910	PANTOPRAZOLE SODIUM	3548	\$0.56192	\$0.05797	200% Above
N	Yes	00378668910	PANTOPRAZOLE SODIUM	210	\$0.55219	\$0.05326	200% Above
N	Yes	00378668910	PANTOPRAZOLE SODIUM	720	\$0.41560	\$0.05797	200% Above
N	No	00378668977	PANTOPRAZOLE SODIUM	780	\$0.52333	\$0.05326	200% Above
N	No	00378668977	PANTOPRAZOLE SODIUM	1837	\$0.40764	\$0.05797	200% Above
N	Yes	00378668977	PANTOPRAZOLE SODIUM	90	\$0.35411	\$0.05326	200% Above
N	No	00378685577	LISDEXAMFETAMINE DIMESYLATE	30	\$6.03833	\$3.27697	76%-100% Above
N	No	00378685677	LISDEXAMFETAMINE DIMESYLATE	120	\$2.86158	\$3.94412	(26%-50%) Below
N	No	00378685877	LISDEXAMFETAMINE DIMESYLATE	120	\$6.98492	\$3.31215	101%-200% Above
N	Yes	00378685877	LISDEXAMFETAMINE DIMESYLATE	30	\$1.78767	\$3.31215	(26%-50%) Below

**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	00378685977	LISDEXAMFETAMINE DIMESYLATE	30	\$6.03833	\$3.16068	76%-100% Above
N	No	00378686077	LISDEXAMFETAMINE DIMESYLATE	30	\$1.55367	\$3.25036	(51%-75%) Below
N	No	00378705752	ALBUTEROL SULFATE	75	\$0.08707	\$0.17916	(51%-75%) Below
N	No	00378705852	ALBUTEROL SULFATE	150	\$0.26060	\$0.20644	26%-50% Above
N	No	00378705852	ALBUTEROL SULFATE	150	\$0.36147	\$0.20839	51%-75% Above
N	No	00378718505	METFORMIN HYDROCHLORIDE	1530	\$0.11916	\$0.01613	200% Above
N	No	00378718505	METFORMIN HYDROCHLORIDE	2070	\$0.13003	\$0.01678	200% Above
N	No	00378718605	METFORMIN HYDROCHLORIDE	360	\$0.19508	\$0.02646	200% Above
N	No	00378718705	METFORMIN HYDROCHLORIDE	1290	\$0.17675	\$0.02637	200% Above
N	No	00378718705	METFORMIN HYDROCHLORIDE	960	\$0.16007	\$0.02691	200% Above
N	No	00378727253	NORETHINDRONE	280	\$0.20461	\$0.12021	51%-75% Above
N	No	00378727253	NORETHINDRONE	392	\$0.49704	\$0.12141	200% Above
N	Yes	00378727253	NORETHINDRONE	84	\$0.42905	\$0.12021	200% Above
N	No	00378728153	LEVONORGESTREL/ETHINYL ESTRADIOL	91	\$0.68132	\$0.18229	200% Above
N	No	00378728353	NORETHINDRONE ACETATE/ETHINYL ESTRADIOL/FERROUS FUMARATE	812	\$0.28675	\$0.15303	76%-100% Above
N	No	00378728353	NORETHINDRONE ACETATE/ETHINYL ESTRADIOL/FERROUS FUMARATE	616	\$0.30032	\$0.16004	76%-100% Above
N	No	00378728490	LEVONORGESTREL AND ETHINYL ESTRADIOL	91	\$0.74187	\$0.15817	200% Above
N	No	00378728753	LEVONORGESTREL/ETHINYL ESTRADIOL	56	\$0.25911	\$0.19249	26%-50% Above
N	No	00378728853	NORETHINDRONE ACETATE/ETHINYL ESTRADIOL/FERROUS FUMARATE	84	\$0.53440	\$0.16365	200% Above
N	No	00378729189	NORETHINDRONE ACETATE	58	\$0.68310	\$0.31686	101%-200% Above
N	No	00378729189	NORETHINDRONE ACETATE	88	\$0.87955	\$0.31787	101%-200% Above
N	No	00378729253	NORETHINDRONE	28	\$0.02000	\$0.12021	(76%-100%) Below
N	No	00378729453	ESTRADIOL/NORETHINDRONE ACETATE	56	\$1.74893	\$0.73228	101%-200% Above
N	No	00378729553	ESTRADIOL/NORETHINDRONE ACETATE	140	\$1.19414	\$0.74027	51%-75% Above
N	No	00378729553	ESTRADIOL/NORETHINDRONE ACETATE	140	\$1.03521	\$0.88518	10%-25% Above
N	No	00378729653	DESOGESTREL/ETHINYL ESTRADIOL	28	\$1.08964	\$0.18010	200% Above
N	No	00378729653	DESOGESTREL/ETHINYL ESTRADIOL	196	\$1.08735	\$0.20424	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	00378729953	DROSPIRENONE/ETHINYL ESTRADIOL	84	\$1.67619	\$0.25336	200% Above
N	No	00378729985	DROSPIRENONE/ETHINYL ESTRADIOL	84	\$0.70000	\$0.25331	101%-200% Above
N	No	00378730053	DROSPIRENONE/ETHINYL ESTRADIOL	84	\$0.60000	\$0.19229	200% Above
N	No	00378808220	TRETINOIN	80	\$1.70338	\$1.17578	26%-50% Above
N	No	00378808220	TRETINOIN	60	\$1.76983	\$1.28580	26%-50% Above
N	No	00378808320	TRETINOIN	20	\$2.44650	\$1.82609	26%-50% Above
N	No	00378808320	TRETINOIN	80	\$2.67450	\$1.84166	26%-50% Above
N	No	00378808345	TRETINOIN	180	\$0.77217	\$1.53277	(26%-50%) Below
N	No	00378827052	ALBUTEROL SULFATE	2250	\$0.09480	\$0.06318	51%-75% Above
N	No	00378827052	ALBUTEROL SULFATE	2175	\$0.08940	\$0.06618	26%-50% Above
N	No	00378827055	ALBUTEROL SULFATE	90	\$0.05689	\$0.06389	(10%-25%) Below
N	No	00378827091	ALBUTEROL SULFATE	180	\$0.10511	\$0.05464	76%-100% Above
N	No	00378827091	ALBUTEROL SULFATE	180	\$0.10511	\$0.06039	51%-75% Above
N	No	00378827093	ALBUTEROL SULFATE	90	\$0.09111	\$0.06345	26%-50% Above
N	No	00378827093	ALBUTEROL SULFATE	180	\$0.28833	\$0.06389	200% Above
N	No	00378868835	CLINDAMYCIN/BENZOYL PEROXIDE	25	\$0.77760	\$0.98010	(10%-25%) Below
N	No	00378870006	ACYCLOVIR	15	\$3.07333	\$0.73295	200% Above
N	No	00378876793	BUPRENORPHINE HYDROCHLORIDE/NALOXONE HYDROCHLORIDE	100	\$3.57380	\$3.06899	10%-25% Above
N	No	00378877035	ESTRADIOL	42.5	\$1.69294	\$0.54128	200% Above
N	No	00378912198	FENTANYL	20	\$6.94950	\$5.48694	26%-50% Above
N	No	00378912198	FENTANYL	25	\$6.87320	\$5.68063	10%-25% Above
N	No	00378912398	FENTANYL	10	\$21.29300	\$12.64446	51%-75% Above
N	No	00378932132	WIXELA INHUB	960	\$1.62572	\$1.44836	10%-25% Above
N	No	00378932132	WIXELA INHUB	2160	\$1.70156	\$1.50899	10%-25% Above
N	No	00378932232	WIXELA INHUB	1620	\$1.98280	\$2.71767	(26%-50%) Below
N	No	00378932232	WIXELA INHUB	960	\$1.82883	\$2.80148	(26%-50%) Below
N	No	00378967160	IPRATROPIUM BROMIDE/ALBUTEROL SULFATE	360	\$0.19297	\$0.07320	101%-200% Above
N	No	00378967160	IPRATROPIUM BROMIDE/ALBUTEROL SULFATE	90	\$0.10889	\$0.07857	26%-50% Above
N	No	00378967193	IPRATROPIUM BROMIDE/ALBUTEROL SULFATE	180	\$0.30767	\$0.09974	200% Above
N	No	00406012301	HYDROCODONE BITARTRATE/ACETAMINOPHEN	1088	\$0.23430	\$0.12534	76%-100% Above

**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	00406012301	HYDROCODONE BITARTRATE/ACETAMINOPHEN	1678	\$0.23274	\$0.13129	76%-100% Above
N	Yes	00406012301	HYDROCODONE BITARTRATE/ACETAMINOPHEN	60	\$0.06200	\$0.12534	(51%-75%) Below
N	No	00406012305	HYDROCODONE BITARTRATE/ACETAMINOPHEN	401	\$0.34803	\$0.12534	101%-200% Above
N	No	00406012305	HYDROCODONE BITARTRATE/ACETAMINOPHEN	1001	\$0.24105	\$0.13129	76%-100% Above
N	Yes	00406012305	HYDROCODONE BITARTRATE/ACETAMINOPHEN	54	\$0.13889	\$0.12534	10%-25% Above
N	Yes	00406012305	HYDROCODONE BITARTRATE/ACETAMINOPHEN	71	\$0.16268	\$0.13129	10%-25% Above
N	No	00406012310	HYDROCODONE BITARTRATE/ACETAMINOPHEN	265	\$0.39898	\$0.13129	200% Above
N	Yes	00406012310	HYDROCODONE BITARTRATE/ACETAMINOPHEN	10	\$0.35300	\$0.12534	101%-200% Above
N	No	00406012401	HYDROCODONE/ACETAMINOPHE N	238	\$0.29092	\$0.12669	101%-200% Above
N	No	00406012401	HYDROCODONE/ACETAMINOPHE N	602	\$0.28613	\$0.12826	101%-200% Above
N	No	00406012405	HYDROCODONE/ACETAMINOPHE N	414	\$0.37502	\$0.12669	101%-200% Above
N	No	00406012405	HYDROCODONE/ACETAMINOPHE N	734	\$0.34271	\$0.12826	101%-200% Above
N	Yes	00406012405	HYDROCODONE/ACETAMINOPHE N	60	\$0.21833	\$0.12669	51%-75% Above
N	Yes	00406012405	HYDROCODONE/ACETAMINOPHE N	196	\$0.17561	\$0.12826	26%-50% Above
N	No	00406012410	HYDROCODONE/ACETAMINOPHE N	200	\$0.35920	\$0.12669	101%-200% Above
N	No	00406012410	HYDROCODONE/ACETAMINOPHE N	331	\$0.28006	\$0.12826	101%-200% Above
N	Yes	00406012410	HYDROCODONE/ACETAMINOPHE N	116	\$0.18767	\$0.12669	26%-50% Above
N	Yes	00406012410	HYDROCODONE/ACETAMINOPHE N	10	\$0.21300	\$0.12826	51%-75% Above
N	No	00406012501	HYDROCODONE BITARTRATE/ACETAMINOPHEN	259	\$0.22598	\$0.13510	51%-75% Above
N	No	00406012501	HYDROCODONE BITARTRATE/ACETAMINOPHEN	726	\$0.21850	\$0.13512	51%-75% Above
N	No	00406012505	HYDROCODONE BITARTRATE/ACETAMINOPHEN	617	\$0.25502	\$0.13510	76%-100% Above
N	No	00406012505	HYDROCODONE BITARTRATE/ACETAMINOPHEN	238	\$0.30122	\$0.13512	101%-200% Above
N	Yes	00406012505	HYDROCODONE BITARTRATE/ACETAMINOPHEN	120	\$0.11967	\$0.13510	(10%-25%) Below
N	Yes	00406012505	HYDROCODONE BITARTRATE/ACETAMINOPHEN	232	\$0.28060	\$0.13512	101%-200% Above

**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	00406012510	HYDROCODONE BITARTRATE/ACETAMINOPHEN	548	\$0.16960	\$0.13510	26%-50% Above
N	No	00406012510	HYDROCODONE BITARTRATE/ACETAMINOPHEN	454	\$0.25782	\$0.13512	76%-100% Above
N	Yes	00406012510	HYDROCODONE BITARTRATE/ACETAMINOPHEN	210	\$0.10348	\$0.13510	(10%-25%) Below
N	No	00406012701	METHYLPHENIDATE HYDROCHLORIDE ER	30	\$4.17067	\$0.70317	200% Above
N	No	00406013601	METHYLPHENIDATE HYDROCHLORIDE ER	30	\$4.60500	\$0.78729	200% Above
N	No	00406013601	METHYLPHENIDATE HYDROCHLORIDE ER	30	\$4.60500	\$0.94315	200% Above
N	No	00406048301	ACETAMINOPHEN/CODEINE	12	\$0.10000	\$0.21442	(51%-75%) Below
N	No	00406048401	ACETAMINOPHEN/CODEINE	556	\$0.35493	\$0.18990	76%-100% Above
N	No	00406048401	ACETAMINOPHEN/CODEINE	646	\$0.41975	\$0.19768	101%-200% Above
N	Yes	00406048401	ACETAMINOPHEN/CODEINE	39	\$0.44154	\$0.18990	101%-200% Above
N	Yes	00406048401	ACETAMINOPHEN/CODEINE	60	\$0.48600	\$0.19768	101%-200% Above
N	No	00406048410	ACETAMINOPHEN/CODEINE	128	\$0.50820	\$0.18990	101%-200% Above
N	No	00406048410	ACETAMINOPHEN/CODEINE	102	\$0.37049	\$0.19768	76%-100% Above
N	Yes	00406048410	ACETAMINOPHEN/CODEINE	60	\$0.10633	\$0.18990	(26%-50%) Below
N	No	00406048501	ACETAMINOPHEN/CODEINE	74	\$0.40905	\$0.34172	10%-25% Above
N	No	00406048501	ACETAMINOPHEN/CODEINE	66	\$0.61939	\$0.37606	51%-75% Above
N	No	00406048505	ACETAMINOPHEN/CODEINE	90	\$0.60889	\$0.34172	76%-100% Above
N	No	00406051201	OXYCODONE/ACETAMINOPHEN	750	\$0.29553	\$0.10648	101%-200% Above
N	No	00406051201	OXYCODONE/ACETAMINOPHEN	455	\$0.30936	\$0.10891	101%-200% Above
N	Yes	00406051201	OXYCODONE/ACETAMINOPHEN	18	\$0.67722	\$0.10648	200% Above
N	Yes	00406051201	OXYCODONE/ACETAMINOPHEN	70	\$0.64914	\$0.10891	200% Above
N	No	00406051205	OXYCODONE/ACETAMINOPHEN	897	\$0.37482	\$0.10648	200% Above
N	No	00406051205	OXYCODONE/ACETAMINOPHEN	539	\$0.56557	\$0.10891	200% Above
N	Yes	00406051205	OXYCODONE/ACETAMINOPHEN	37	\$0.67676	\$0.10648	200% Above
N	Yes	00406051205	OXYCODONE/ACETAMINOPHEN	68	\$0.72632	\$0.10891	200% Above
N	No	00406052201	OXYCODONE/ACETAMINOPHEN	245	\$0.23665	\$0.16055	26%-50% Above
N	No	00406052201	OXYCODONE/ACETAMINOPHEN	439	\$0.41387	\$0.18630	101%-200% Above
N	Yes	00406052201	OXYCODONE/ACETAMINOPHEN	12	\$0.59500	\$0.18630	200% Above
N	No	00406052205	OXYCODONE/ACETAMINOPHEN	150	\$0.21333	\$0.16055	26%-50% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	00406052205	OXYCODONE/ACETAMINOPHEN	128	\$0.33609	\$0.18630	76%-100% Above
N	No	00406052301	OXYCODONE/ACETAMINOPHEN	1170	\$0.36518	\$0.20499	76%-100% Above
N	No	00406052301	OXYCODONE/ACETAMINOPHEN	1122	\$0.38461	\$0.21159	76%-100% Above
N	Yes	00406052301	OXYCODONE/ACETAMINOPHEN	30	\$0.83900	\$0.20499	200% Above
N	Yes	00406052301	OXYCODONE/ACETAMINOPHEN	30	\$0.75233	\$0.21159	200% Above
N	No	00406052305	OXYCODONE/ACETAMINOPHEN	126	\$0.39333	\$0.20499	76%-100% Above
N	No	00406052305	OXYCODONE/ACETAMINOPHEN	171	\$0.37942	\$0.21159	76%-100% Above
N	No	00406055201	OXYCODONE HYDROCHLORIDE	370	\$0.35338	\$0.08639	200% Above
N	No	00406055201	OXYCODONE HYDROCHLORIDE	203	\$0.25823	\$0.09121	101%-200% Above
N	Yes	00406055201	OXYCODONE HYDROCHLORIDE	20	\$0.05800	\$0.08639	(26%-50%) Below
N	Yes	00406055201	OXYCODONE HYDROCHLORIDE	30	\$0.33333	\$0.09121	200% Above
N	No	00406114201	METHYLPHENIDATE HYDROCHLORIDE	120	\$0.20875	\$0.09515	101%-200% Above
N	No	00406114201	METHYLPHENIDATE HYDROCHLORIDE	225	\$0.28293	\$0.11071	101%-200% Above
N	No	00406114401	METHYLPHENIDATE HYDROCHLORIDE	270	\$0.20322	\$0.11912	51%-75% Above
N	No	00406114401	METHYLPHENIDATE HYDROCHLORIDE	255	\$0.26298	\$0.14999	76%-100% Above
N	No	00406114601	METHYLPHENIDATE HYDROCHLORIDE	285	\$0.40530	\$0.17475	101%-200% Above
N	No	00406114601	METHYLPHENIDATE HYDROCHLORIDE	120	\$0.38875	\$0.24688	51%-75% Above
N	No	00406117003	NALTREXONE HCL	220	\$2.28636	\$0.75460	200% Above
N	No	00406117003	NALTREXONE HCL	30	\$2.84367	\$0.75591	200% Above
N	No	00406123601	DIPHENOXYLATE HYDROCHLORIDE/ATROPINE SULFATE	370	\$0.24478	\$0.17648	26%-50% Above
N	No	00406181001	METHYLPHENIDATE HYDROCHLORIDE ER	90	\$2.23689	\$1.17358	76%-100% Above
N	No	00406181001	METHYLPHENIDATE HYDROCHLORIDE ER	60	\$1.57217	\$1.37438	10%-25% Above
N	No	00406183001	METHYLPHENIDATE HYDROCHLORIDE ER	30	\$2.50867	\$1.60859	51%-75% Above
N	No	00406184001	METHYLPHENIDATE HYDROCHLORIDE ER	30	\$2.45233	\$1.79103	26%-50% Above
N	No	00406184001	METHYLPHENIDATE HYDROCHLORIDE ER	30	\$2.15067	\$1.82550	10%-25% Above
N	Yes	00406184001	METHYLPHENIDATE HYDROCHLORIDE ER	30	\$3.63800	\$1.82550	76%-100% Above



**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	00406186001	METHYLPHENIDATE HYDROCHLORIDE ER	30	\$1.07667	\$2.05167	(26%-50%) Below
N	No	00406324301	HYDROMORPHONE HCL	41	\$0.28659	\$0.10562	101%-200% Above
N	No	00406324301	HYDROMORPHONE HCL	37	\$0.27459	\$0.11776	101%-200% Above
N	No	00406324401	HYDROMORPHONE HCL	60	\$0.22517	\$0.12458	76%-100% Above
N	Yes	00406324401	HYDROMORPHONE HCL	140	\$0.37021	\$0.11569	200% Above
N	No	00406511201	LISDEXAMFETAMINE DIMESYLATE	90	\$0.87933	\$3.27697	(51%-75%) Below
N	No	00406511301	LISDEXAMFETAMINE DIMESYLATE	180	\$1.63150	\$3.94412	(51%-75%) Below
N	Yes	00406511301	LISDEXAMFETAMINE DIMESYLATE	30	\$1.80267	\$3.94412	(51%-75%) Below
N	No	00406511401	LISDEXAMFETAMINE DIMESYLATE	180	\$1.57389	\$3.33140	(51%-75%) Below
N	No	00406511601	LISDEXAMFETAMINE DIMESYLATE	30	\$8.07833	\$3.16068	101%-200% Above
N	No	00406511701	LISDEXAMFETAMINE DIMESYLATE	150	\$2.58993	\$3.25036	(10%-25%) Below
N	No	00406577101	METHADONE HCL	60	\$0.33700	\$0.15544	101%-200% Above
N	No	00406802003	BUPRENORPHINE HCL/NALOXONE HCL	90	\$2.50022	\$0.92574	101%-200% Above
N	No	00406802003	BUPRENORPHINE HCL/NALOXONE HCL	210	\$2.50019	\$0.92882	101%-200% Above
N	No	00406831501	MORPHINE SULFATE ER	60	\$0.28567	\$0.17152	51%-75% Above
N	No	00406831501	MORPHINE SULFATE ER	60	\$0.30683	\$0.18449	51%-75% Above
N	No	00406833001	MORPHINE SULFATE ER	30	\$0.35933	\$0.31085	10%-25% Above
N	No	00406851001	OXYCODONE HYDROCHLORIDE	120	\$0.30533	\$0.11816	101%-200% Above
N	No	00406851001	OXYCODONE HYDROCHLORIDE	120	\$0.30533	\$0.11919	101%-200% Above
N	No	00406851501	OXYCODONE HYDROCHLORIDE	60	\$0.39417	\$0.16215	101%-200% Above
N	No	00406853001	OXYCODONE HYDROCHLORIDE	56	\$1.02036	\$0.23239	200% Above
N	Yes	00406853001	OXYCODONE HYDROCHLORIDE	90	\$1.03767	\$0.23331	200% Above
N	Yes	00406888401	AMPHETAMINE/DEXTROAMPHETAMINE	30	\$0.99600	\$0.55155	76%-100% Above
N	No	00406888501	AMPHETAMINE/DEXTROAMPHETAMINE	270	\$0.25763	\$0.30533	(10%-25%) Below
N	No	00406888501	AMPHETAMINE/DEXTROAMPHETAMINE	300	\$0.44167	\$0.31218	26%-50% Above
N	Yes	00406888501	AMPHETAMINE/DEXTROAMPHETAMINE	60	\$0.51883	\$0.31218	51%-75% Above
N	No	00406889101	AMPHETAMINE/DEXTROAMPHETAMINE	210	\$0.56205	\$0.29595	76%-100% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	Yes	00406889101	AMPHETAMINE/DEXTROAMPHETAMINE	60	\$0.16733	\$0.29595	(26%-50%) Below
N	No	00406889201	AMPHETAMINE/DEXTROAMPHETAMINE	450	\$0.60949	\$0.25211	101%-200% Above
N	No	00406889201	AMPHETAMINE/DEXTROAMPHETAMINE	681	\$0.76921	\$0.28807	101%-200% Above
N	No	00406889301	AMPHETAMINE/DEXTROAMPHETAMINE	525	\$0.61461	\$0.30315	101%-200% Above
N	No	00406889301	AMPHETAMINE/DEXTROAMPHETAMINE	300	\$0.70463	\$0.34453	101%-200% Above
N	No	00406889401	AMPHETAMINE/DEXTROAMPHETAMINE	60	\$0.19283	\$0.32698	(26%-50%) Below
N	Yes	00406889401	AMPHETAMINE/DEXTROAMPHETAMINE	30	\$0.20267	\$0.32698	(26%-50%) Below
N	Yes	00406889401	AMPHETAMINE/DEXTROAMPHETAMINE	45	\$0.22311	\$0.34408	(26%-50%) Below
N	No	00406895201	AMPHETAMINE/DEXTROAMPHETAMINE	90	\$0.84000	\$0.56921	26%-50% Above
N	No	00406895201	AMPHETAMINE/DEXTROAMPHETAMINE	90	\$0.84000	\$0.60532	26%-50% Above
N	No	00406895301	AMPHETAMINE/DEXTROAMPHETAMINE	90	\$1.17856	\$0.60399	76%-100% Above
N	No	00406895401	AMPHETAMINE/DEXTROAMPHETAMINE	60	\$0.84000	\$0.60480	26%-50% Above
N	No	00406895401	AMPHETAMINE/DEXTROAMPHETAMINE	270	\$0.80411	\$0.61509	26%-50% Above
N	No	00406895501	AMPHETAMINE/DEXTROAMPHETAMINE	30	\$0.84000	\$0.56816	26%-50% Above
N	No	00406895501	AMPHETAMINE/DEXTROAMPHETAMINE	30	\$0.84000	\$0.61559	26%-50% Above
N	No	00406895601	AMPHETAMINE/DEXTROAMPHETAMINE	180	\$0.78083	\$0.65912	10%-25% Above
N	No	00406895601	AMPHETAMINE/DEXTROAMPHETAMINE	120	\$0.84000	\$0.66060	26%-50% Above
N	No	00406895901	DEXTROAMPHETAMINE SULFATE	180	\$0.63011	\$0.37151	51%-75% Above
N	No	00406895901	DEXTROAMPHETAMINE SULFATE	480	\$0.96842	\$0.37293	101%-200% Above
N	No	00406896001	DEXTROAMPHETAMINE SULFATE ER	30	\$0.58400	\$1.51885	(51%-75%) Below
N	No	00406896101	DEXTROAMPHETAMINE SULFATE ER	30	\$0.51000	\$1.33780	(51%-75%) Below
N	No	00406911276	FENTANYL	25	\$12.82680	\$9.41853	26%-50% Above
N	No	00406996001	TEMAZEPAM	50	\$1.88080	\$1.39950	26%-50% Above
N	No	00406996101	TEMAZEPAM	30	\$0.25000	\$0.07307	200% Above
N	No	00406996101	TEMAZEPAM	30	\$0.20067	\$0.07429	101%-200% Above
N	No	00406996201	TEMAZEPAM	120	\$0.36242	\$0.09045	200% Above
N	Yes	00406996201	TEMAZEPAM	30	\$0.62967	\$0.08219	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	Yes	00406996201	TEMAZEPAM	30	\$0.07833	\$0.09045	(10%-25%) Below
N	No	00409656201	TESTOSTERONE CYPIONATE	20	\$10.56450	\$13.13104	(10%-25%) Below
N	No	00409656201	TESTOSTERONE CYPIONATE	21	\$6.78000	\$13.66959	(51%-75%) Below
N	Yes	00409656201	TESTOSTERONE CYPIONATE	10	\$7.18200	\$13.66959	(26%-50%) Below
N	Yes	00409656220	TESTOSTERONE CYPIONATE	10	\$2.10300	\$4.12354	(26%-50%) Below
N	No	00456120230	LINZESS	240	\$14.26988	\$16.47612	(10%-25%) Below
N	No	00469260230	MYRBETRIQ	390	\$11.55064	\$14.28525	(10%-25%) Below
N	No	00472011720	TRETINOIN	180	\$1.55300	\$1.17578	26%-50% Above
N	No	00472011720	TRETINOIN	240	\$1.53679	\$1.28580	10%-25% Above
N	No	00472011745	TRETINOIN	90	\$1.17878	\$0.90397	26%-50% Above
N	No	00472011745	TRETINOIN	45	\$1.77756	\$1.11031	51%-75% Above
N	No	00472016615	NYSTATIN	15	\$0.17600	\$0.29472	(26%-50%) Below
N	No	00472016630	NYSTATIN	30	\$0.50867	\$0.23883	101%-200% Above
N	No	00472024260	PERMETHRIN	60	\$0.47833	\$0.28440	51%-75% Above
N	No	00472033720	HYDROCORTISONE	80	\$0.23913	\$0.13831	51%-75% Above
N	No	00472037915	CLOTRIMAZOLE/BETAMETHASONE DIPROPIONATE	75	\$0.80773	\$0.22205	200% Above
N	No	00472037915	CLOTRIMAZOLE/BETAMETHASONE DIPROPIONATE	45	\$0.39178	\$0.22521	51%-75% Above
N	No	00472037945	CLOTRIMAZOLE/BETAMETHASONE DIPROPIONATE	45	\$0.50622	\$0.17157	101%-200% Above
N	No	00472038115	BETAMETHASONE DIPROPIONATE	15	\$1.57000	\$0.94978	51%-75% Above
N	No	00472038245	BETAMETHASONE DIPROPIONATE AUGMENTED	45	\$1.98667	\$1.60082	10%-25% Above
N	No	00472040494	CLOBETASOL PROPIONATE	118	\$1.94195	\$0.46714	200% Above
N	No	00472080415	DESONIDE	15	\$2.31800	\$0.34073	200% Above
N	No	00472103016	HYDROMET	450	\$0.10000	\$0.05564	76%-100% Above
N	No	00472103016	HYDROMET	500	\$0.09004	\$0.06548	26%-50% Above
N	No	00480012789	ICOSAPENT ETHYL	120	\$0.32933	\$1.29658	(51%-75%) Below
N	No	00480204356	VILAZODONE HYDROCHLORIDE	30	\$6.79500	\$1.50373	200% Above
N	No	00480204456	VILAZODONE HYDROCHLORIDE	90	\$3.93189	\$1.32426	101%-200% Above
N	No	00480204456	VILAZODONE HYDROCHLORIDE	60	\$6.88333	\$1.41595	200% Above
N	No	00480204556	VILAZODONE HYDROCHLORIDE	30	\$6.96633	\$1.23778	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	00480204556	VILAZODONE HYDROCHLORIDE	30	\$0.49333	\$1.32864	(51%-75%) Below
N	No	00480727098	PRAVASTATIN SODIUM	90	\$0.74856	\$0.16702	200% Above
N	No	00480727098	PRAVASTATIN SODIUM	90	\$0.59400	\$0.17749	200% Above
N	Yes	00480727098	PRAVASTATIN SODIUM	90	\$0.70633	\$0.17749	200% Above
N	Yes	00480868710	LEVOTHYROXINE SODIUM	30	\$0.05833	\$0.06726	(10%-25%) Below
N	No	00480869010	LEVOTHYROXINE SODIUM	30	\$0.11467	\$0.06241	76%-100% Above
N	No	00480870710	LEVOTHYROXINE SODIUM	30	\$0.49800	\$0.08924	200% Above
N	Yes	00480871598	LEVOTHYROXINE SODIUM	30	\$0.06267	\$0.07754	(10%-25%) Below
N	Yes	00480871810	LEVOTHYROXINE SODIUM	30	\$0.08667	\$0.10356	(10%-25%) Below
N	No	00487020103	IPRATROPIUM BROMIDE/ALBUTEROL SULFATE	180	\$0.11139	\$0.09741	10%-25% Above
N	No	00487020103	IPRATROPIUM BROMIDE/ALBUTEROL SULFATE	270	\$0.08333	\$0.09974	(10%-25%) Below
N	Yes	00487020103	IPRATROPIUM BROMIDE/ALBUTEROL SULFATE	360	\$0.04556	\$0.09974	(51%-75%) Below
N	No	00487030101	ALBUTEROL SULFATE	90	\$0.08389	\$0.27191	(51%-75%) Below
N	Yes	00487030101	ALBUTEROL SULFATE	90	\$0.30189	\$0.26103	10%-25% Above
N	No	00487950101	ALBUTEROL SULFATE	180	\$0.07983	\$0.06389	10%-25% Above
N	No	00487950103	ALBUTEROL SULFATE	90	\$0.17633	\$0.06345	101%-200% Above
N	No	00487950103	ALBUTEROL SULFATE	450	\$0.08382	\$0.06389	26%-50% Above
N	Yes	00487950103	ALBUTEROL SULFATE	90	\$0.12378	\$0.06345	76%-100% Above
N	No	00487950125	ALBUTEROL SULFATE	975	\$0.13191	\$0.06318	101%-200% Above
N	No	00487950125	ALBUTEROL SULFATE	1500	\$0.13682	\$0.06618	101%-200% Above
N	No	00487950160	ALBUTEROL SULFATE	180	\$0.10511	\$0.06039	51%-75% Above
N	No	00487970101	BUDESONIDE	120	\$1.16000	\$0.73710	51%-75% Above
N	No	00487970130	BUDESONIDE	120	\$1.18383	\$0.73710	51%-75% Above
N	No	00487980130	IPRATROPIUM BROMIDE	62.5	\$0.21600	\$0.07886	101%-200% Above
N	No	00487990425	ALBUTEROL SULFATE	75	\$0.36333	\$0.20839	51%-75% Above
N	No	00517003125	CYANOCOBALAMIN	5	\$6.11800	\$2.58423	101%-200% Above
N	No	00517003125	CYANOCOBALAMIN	8	\$6.35750	\$2.70995	101%-200% Above
N	Yes	00517013001	CYANOCOBALAMIN	2	\$0.45000	\$0.98640	(51%-75%) Below
N	No	00517042001	ESTRADIOL VALERATE	5	\$21.36200	\$18.73817	10%-25% Above

**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	00527058601	DICYCLOMINE HYDROCHLORIDE	210	\$0.22733	\$0.11422	76%-100% Above
N	No	00527058601	DICYCLOMINE HYDROCHLORIDE	116	\$0.17043	\$0.11782	26%-50% Above
N	Yes	00527058601	DICYCLOMINE HYDROCHLORIDE	60	\$0.31450	\$0.11422	101%-200% Above
N	Yes	00527058601	DICYCLOMINE HYDROCHLORIDE	180	\$0.26306	\$0.11782	101%-200% Above
N	No	00527076037	AMPHETAMINE/DEXTROAMPHETAMINE	30	\$0.87067	\$0.29595	101%-200% Above
N	No	00527076037	AMPHETAMINE/DEXTROAMPHETAMINE	60	\$0.76067	\$0.31901	101%-200% Above
N	No	00527076237	AMPHETAMINE/DEXTROAMPHETAMINE	300	\$1.05610	\$0.25211	200% Above
N	No	00527076237	AMPHETAMINE/DEXTROAMPHETAMINE	570	\$0.75677	\$0.28807	101%-200% Above
N	No	00527076537	AMPHETAMINE/DEXTROAMPHETAMINE	525	\$0.88577	\$0.30315	101%-200% Above
N	No	00527076637	AMPHETAMINE/DEXTROAMPHETAMINE	375	\$0.49917	\$0.32698	51%-75% Above
N	No	00527076637	AMPHETAMINE/DEXTROAMPHETAMINE	420	\$0.48210	\$0.34408	26%-50% Above
N	No	00527128201	DICYCLOMINE HYDROCHLORIDE	152	\$0.25566	\$0.13751	76%-100% Above
N	No	00527128201	DICYCLOMINE HYDROCHLORIDE	115	\$0.28191	\$0.14040	101%-200% Above
N	No	00527128210	DICYCLOMINE HYDROCHLORIDE	50	\$0.28900	\$0.13751	101%-200% Above
N	No	00527128210	DICYCLOMINE HYDROCHLORIDE	230	\$0.28148	\$0.14040	101%-200% Above
N	No	00527130101	PRIMIDONE	30	\$0.16667	\$0.14095	10%-25% Above
N	Yes	00527130101	PRIMIDONE	30	\$0.24633	\$0.14095	51%-75% Above
N	No	00527131301	PILOCARPINE HYDROCHLORIDE	270	\$0.85100	\$0.18318	200% Above
N	No	00527131301	PILOCARPINE HYDROCHLORIDE	270	\$0.59178	\$0.18880	200% Above
N	No	00527136701	PROBENECID	5	\$0.61400	\$0.95530	(26%-50%) Below
N	No	00527143501	METAXALONE	42	\$2.57214	\$0.52732	200% Above
N	No	00527150037	AMPHETAMINE/DEXTROAMPHETAMINE	30	\$0.71133	\$0.31901	101%-200% Above
N	No	00527150437	AMPHETAMINE/DEXTROAMPHETAMINE	60	\$0.17533	\$0.31218	(26%-50%) Below
N	No	00527150537	AMPHETAMINE/DEXTROAMPHETAMINE	150	\$0.82333	\$0.34453	101%-200% Above
N	No	00527150637	AMPHETAMINE/DEXTROAMPHETAMINE	90	\$0.73056	\$0.32698	101%-200% Above
N	No	00527155201	BUTALBITAL/ASPIRIN/CAFFEINE	30	\$1.11433	\$0.65403	51%-75% Above
N	No	00527155201	BUTALBITAL/ASPIRIN/CAFFEINE	54	\$0.92926	\$0.68088	26%-50% Above
N	Yes	00527155201	BUTALBITAL/ASPIRIN/CAFFEINE	120	\$1.11425	\$0.65403	51%-75% Above

**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	Yes	00527155201	BUTALBITAL/ASPIRIN/CAFFEINE	120	\$1.18992	\$0.68088	51%-75% Above
N	No	00527163201	TRIAMTERENE/HYDROCHLOROT HIAZIDE	30	\$0.08300	\$0.12645	(26%-50%) Below
N	No	00527169501	BUTALBITAL/ACETAMINOPHEN/C AFFEINE	42	\$0.67571	\$0.15181	200% Above
N	No	00527169501	BUTALBITAL/ACETAMINOPHEN/C AFFEINE	94	\$0.73830	\$0.15359	200% Above
N	Yes	00527169501	BUTALBITAL/ACETAMINOPHEN/C AFFEINE	120	\$0.89950	\$0.15181	200% Above
N	No	00527169505	BUTALBITAL/ACETAMINOPHEN/C AFFEINE	30	\$0.87667	\$0.15359	200% Above
N	No	00527185943	SUMATRIPTAN	6	\$27.57667	\$17.43208	51%-75% Above
N	No	00527185943	SUMATRIPTAN	6	\$48.81000	\$18.43224	101%-200% Above
N	No	00527193206	CLARITHROMYCIN	28	\$0.26786	\$0.46711	(26%-50%) Below
N	No	00527239532	AZITHROMYCIN	2	\$2.66000	\$0.59415	200% Above
N	No	00527252537	AMPHETAMINE SULFATE	45	\$2.82156	\$0.73578	200% Above
N	No	00527252537	AMPHETAMINE SULFATE	120	\$2.82150	\$0.78833	200% Above
N	No	00527260337	METOPROLOL SUCCINATE ER	30	\$0.29633	\$0.17498	51%-75% Above
N	No	00527328043	LEVOTHYROXINE SODIUM	30	\$0.17067	\$0.05364	200% Above
N	No	00527328043	LEVOTHYROXINE SODIUM	60	\$0.10683	\$0.06114	51%-75% Above
N	No	00527328046	LEVOTHYROXINE SODIUM	30	\$0.31867	\$0.06114	200% Above
N	No	00527328143	LEVOTHYROXINE SODIUM	60	\$0.20850	\$0.06726	200% Above
N	Yes	00527328143	LEVOTHYROXINE SODIUM	30	\$0.28233	\$0.06006	200% Above
N	No	00527328243	LEVOTHYROXINE SODIUM	30	\$0.07167	\$0.06241	10%-25% Above
N	No	00527328243	LEVOTHYROXINE SODIUM	30	\$0.39967	\$0.07394	200% Above
N	No	00527328246	LEVOTHYROXINE SODIUM	30	\$0.28833	\$0.06241	200% Above
N	No	00527328246	LEVOTHYROXINE SODIUM	30	\$0.39967	\$0.07394	200% Above
N	No	00527328343	LEVOTHYROXINE SODIUM	16	\$0.37875	\$0.07908	200% Above
N	No	00527328443	LEVOTHYROXINE SODIUM	60	\$0.24067	\$0.07388	200% Above
N	No	00527328443	LEVOTHYROXINE SODIUM	150	\$0.12653	\$0.07548	51%-75% Above
N	No	00527328546	LEVOTHYROXINE SODIUM	45	\$0.46289	\$0.07846	200% Above
N	No	00527328546	LEVOTHYROXINE SODIUM	30	\$0.44133	\$0.09370	200% Above
N	No	00527328743	LEVOTHYROXINE SODIUM	30	\$0.21867	\$0.08830	101%-200% Above
N	No	00527328843	LEVOTHYROXINE SODIUM	30	\$0.45900	\$0.07754	200% Above
N	No	00527328843	LEVOTHYROXINE SODIUM	30	\$0.45900	\$0.08440	200% Above
N	No	00527328846	LEVOTHYROXINE SODIUM	8	\$0.06000	\$0.07754	(10%-25%) Below
N	No	00527328946	LEVOTHYROXINE SODIUM	30	\$0.09100	\$0.10356	(10%-25%) Below
N	No	00527328946	LEVOTHYROXINE SODIUM	20	\$0.08250	\$0.11548	(26%-50%) Below

**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	00527409437	BUTALBITAL/ACETAMINOPHEN/C AFFEINE	60	\$3.33767	\$2.45219	26%-50% Above
N	No	00527409437	BUTALBITAL/ACETAMINOPHEN/C AFFEINE	30	\$3.33767	\$2.73080	10%-25% Above
N	No	00527409537	BUTALBITAL/ACETAMINOPHEN/C AFFEINE	100	\$0.69420	\$0.59828	10%-25% Above
N	Yes	00527409537	BUTALBITAL/ACETAMINOPHEN/C AFFEINE	30	\$2.05567	\$0.59828	200% Above
N	No	00527411637	PROPRANOLOL HYDROCHLORIDE ER	270	\$0.94263	\$0.17971	200% Above
N	No	00527411637	PROPRANOLOL HYDROCHLORIDE ER	270	\$0.96411	\$0.19356	200% Above
N	Yes	00527411637	PROPRANOLOL HYDROCHLORIDE ER	30	\$1.02233	\$0.17971	200% Above
N	No	00527411737	PROPRANOLOL HYDROCHLORIDE ER	60	\$1.06700	\$0.21116	200% Above
N	No	00527411737	PROPRANOLOL HYDROCHLORIDE ER	210	\$0.83352	\$0.21614	200% Above
Y	No	00527411737	PROPRANOLOL HYDROCHLORIDE ER	90	\$0.80089	\$0.21116	200% Above
N	No	00527411837	PROPRANOLOL HYDROCHLORIDE ER	60	\$1.67233	\$0.24540	200% Above
N	Yes	00527411837	PROPRANOLOL HYDROCHLORIDE ER	30	\$0.60633	\$0.19945	200% Above
N	No	00527458137	METHYLPHENIDATE HYDROCHLORIDE CD	30	\$3.45367	\$1.60859	101%-200% Above
N	No	00527458337	METHYLPHENIDATE HYDROCHLORIDE CD	30	\$4.07800	\$1.68024	101%-200% Above
N	No	00527466437	LISDEXAMFETAMINE DIMESYLATE	60	\$1.68050	\$3.33140	(26%-50%) Below
N	No	00527495432	LEVOTHYROXINE SODIUM	16	\$4.31313	\$3.89261	10%-25% Above
N	No	00527512570	LACTULOSE	1800	\$0.02748	\$0.01231	101%-200% Above
N	No	00527512570	LACTULOSE	300	\$0.02197	\$0.01271	51%-75% Above
N	No	00527551037	AMPHETAMINE/DEXTROAMPHET AMINE	30	\$0.66267	\$0.90969	(26%-50%) Below
N	No	00527810637	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	61	\$1.74033	\$1.02974	51%-75% Above
N	No	00527810637	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	88	\$1.69614	\$1.35438	26%-50% Above
N	No	00527810737	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	117	\$3.44803	\$1.27970	101%-200% Above
N	No	00527810737	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	120	\$1.64442	\$1.33873	10%-25% Above
N	No	00527810837	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	240	\$2.58117	\$0.71307	200% Above
N	No	00527810937	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	207	\$3.25947	\$1.73901	76%-100% Above

**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	00527810937	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	30	\$0.40800	\$1.81754	(76%-100%) Below
N	Yes	00527810937	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	30	\$3.60233	\$1.81754	76%-100% Above
N	No	00527811037	DEXMETHYLPHENIDATE HYDROCHLORIDE	30	\$4.38633	\$2.19763	76%-100% Above
N	No	00527811037	DEXMETHYLPHENIDATE HYDROCHLORIDE	30	\$1.45367	\$2.22721	(26%-50%) Below
N	Yes	00536100836	ASPIRIN	30	\$0.00567	\$0.02701	(76%-100%) Below
N	No	00536105224	PEG3350	238	\$0.01529	\$0.02465	(26%-50%) Below
N	No	00536123441	ASPIRIN LOW DOSE	30	\$0.00800	\$0.01437	(26%-50%) Below
N	No	00536123441	ASPIRIN LOW DOSE	60	\$0.00750	\$0.01521	(51%-75%) Below
N	No	00536129901	MECLIZINE HYDROCHLORIDE	9	\$0.06111	\$0.03270	76%-100% Above
N	Yes	00536589588	NICOTINE TRANSDERMAL SYSTEM	56	\$1.39893	\$1.65529	(10%-25%) Below
N	No	00536589653	NICOTINE TRANSDERMAL SYSTEM	30	\$1.33833	\$1.63698	(10%-25%) Below
N	No	00548540000	MEDROXYPROGESTERONE ACETATE	1	\$37.80000	\$26.65587	26%-50% Above
N	No	00555003302	CHLORDIAZEPOXIDE HCL	30	\$0.27833	\$0.13925	76%-100% Above
N	No	00555017178	MEFLOQUINE HCL	1	\$6.05000	\$3.81120	51%-75% Above
N	No	00555021110	NORETHINDRONE ACETATE	30	\$0.53600	\$0.31686	51%-75% Above
N	No	00555021110	NORETHINDRONE ACETATE	155	\$0.44245	\$0.31787	26%-50% Above
N	Yes	00555030202	HYDROXYZINE PAMOATE	60	\$0.06850	\$0.09847	(26%-50%) Below
N	Yes	00555030204	HYDROXYZINE PAMOATE	30	\$0.07200	\$0.09847	(26%-50%) Below
Y	No	00555030204	HYDROXYZINE PAMOATE	180	\$0.07556	\$0.09847	(10%-25%) Below
N	No	00555057202	METHOTREXATE SODIUM	260	\$0.35850	\$0.22665	51%-75% Above
N	No	00555057202	METHOTREXATE SODIUM	506	\$0.50830	\$0.23874	101%-200% Above
N	Yes	00555057202	METHOTREXATE SODIUM	30	\$0.62233	\$0.22665	101%-200% Above
N	No	00555060602	MEGESTROL ACETATE	30	\$0.69533	\$0.14180	200% Above
N	No	00555071102	TRAZODONE HYDROCHLORIDE	30	\$3.19733	\$1.00273	200% Above
N	No	00555071102	TRAZODONE HYDROCHLORIDE	90	\$0.57433	\$1.28982	(51%-75%) Below
N	No	00555077602	AMPHETAMINE/DEXTROAMPHETAMINE	60	\$0.43317	\$0.52230	(10%-25%) Below
N	No	00555077702	AMPHETAMINE/DEXTROAMPHETAMINE	90	\$0.26667	\$0.30533	(10%-25%) Below



Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	00555077902	MEDROXYPROGESTERONE ACETATE	301	\$0.31558	\$0.14326	101%-200% Above
N	No	00555077902	MEDROXYPROGESTERONE ACETATE	311	\$0.25608	\$0.14650	51%-75% Above
N	Yes	00555077902	MEDROXYPROGESTERONE ACETATE	10	\$0.22000	\$0.14326	51%-75% Above
N	Yes	00555077902	MEDROXYPROGESTERONE ACETATE	60	\$0.18333	\$0.14650	26%-50% Above
N	No	00555087202	MEDROXYPROGESTERONE ACETATE	420	\$0.17540	\$0.10697	51%-75% Above
N	Yes	00555087202	MEDROXYPROGESTERONE ACETATE	30	\$0.21900	\$0.10733	101%-200% Above
N	No	00555087204	MEDROXYPROGESTERONE ACETATE	90	\$0.08267	\$0.10697	(10%-25%) Below
N	No	00555087302	MEDROXYPROGESTERONE ACETATE	280	\$0.27879	\$0.14683	76%-100% Above
N	No	00555087302	MEDROXYPROGESTERONE ACETATE	50	\$0.19920	\$0.14717	26%-50% Above
N	No	00555088602	ESTRADIOL	1050	\$0.26856	\$0.07970	200% Above
N	No	00555088602	ESTRADIOL	1095	\$0.29337	\$0.08215	200% Above
N	Yes	00555088602	ESTRADIOL	90	\$0.20367	\$0.07970	101%-200% Above
N	Yes	00555088602	ESTRADIOL	330	\$0.26076	\$0.08215	200% Above
N	No	00555088604	ESTRADIOL	300	\$0.27707	\$0.07970	200% Above
N	No	00555088604	ESTRADIOL	405	\$0.19138	\$0.08215	101%-200% Above
Y	Yes	00555088604	ESTRADIOL	90	\$0.23722	\$0.07970	101%-200% Above
N	No	00555088702	ESTRADIOL	1355	\$0.22828	\$0.11148	101%-200% Above
N	No	00555088702	ESTRADIOL	1938	\$0.22310	\$0.11459	76%-100% Above
N	Yes	00555088702	ESTRADIOL	150	\$0.36260	\$0.11459	200% Above
N	No	00555088704	ESTRADIOL	270	\$0.16696	\$0.11148	26%-50% Above
N	No	00555088704	ESTRADIOL	286	\$0.21077	\$0.11459	76%-100% Above
N	Yes	00555088704	ESTRADIOL	30	\$0.06300	\$0.11148	(26%-50%) Below
Y	No	00555088704	ESTRADIOL	90	\$0.13400	\$0.11148	10%-25% Above
Y	No	00555088704	ESTRADIOL	90	\$0.26111	\$0.11459	101%-200% Above
N	No	00555089902	ESTRADIOL	1227	\$0.20732	\$0.07050	101%-200% Above
N	No	00555089902	ESTRADIOL	690	\$0.20712	\$0.07227	101%-200% Above
N	Yes	00555089902	ESTRADIOL	44	\$0.11705	\$0.07050	51%-75% Above
N	Yes	00555089902	ESTRADIOL	30	\$0.27900	\$0.07227	200% Above

**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	00555095202	DEXTROAMPHETAMINE SULFATE	51	\$1.16020	\$0.59492	76%-100% Above
N	No	00555097102	AMPHETAMINE/DEXTROAMPHETAMINE	375	\$0.48933	\$0.29595	51%-75% Above
N	No	00555097102	AMPHETAMINE/DEXTROAMPHETAMINE	230	\$0.52339	\$0.31901	51%-75% Above
N	No	00555097202	AMPHETAMINE/DEXTROAMPHETAMINE	1845	\$0.44879	\$0.25211	76%-100% Above
N	No	00555097202	AMPHETAMINE/DEXTROAMPHETAMINE	1978	\$0.54076	\$0.28807	76%-100% Above
N	Yes	00555097202	AMPHETAMINE/DEXTROAMPHETAMINE	60	\$1.06950	\$0.25211	200% Above
N	No	00555097302	AMPHETAMINE/DEXTROAMPHETAMINE	1830	\$0.55664	\$0.30315	76%-100% Above
N	No	00555097302	AMPHETAMINE/DEXTROAMPHETAMINE	1485	\$0.54800	\$0.34453	51%-75% Above
N	Yes	00555097302	AMPHETAMINE/DEXTROAMPHETAMINE	150	\$0.42987	\$0.30315	26%-50% Above
N	Yes	00555097302	AMPHETAMINE/DEXTROAMPHETAMINE	30	\$0.58900	\$0.34453	51%-75% Above
Y	No	00555097302	AMPHETAMINE/DEXTROAMPHETAMINE	30	\$0.44300	\$0.34453	26%-50% Above
N	No	00555097402	AMPHETAMINE/DEXTROAMPHETAMINE	1695	\$0.43490	\$0.32698	26%-50% Above
N	No	00555097402	AMPHETAMINE/DEXTROAMPHETAMINE	1905	\$0.43932	\$0.34408	26%-50% Above
N	Yes	00555097402	AMPHETAMINE/DEXTROAMPHETAMINE	90	\$0.39711	\$0.32698	10%-25% Above
N	Yes	00555097402	AMPHETAMINE/DEXTROAMPHETAMINE	120	\$0.39933	\$0.34408	10%-25% Above
N	No	00555099702	FLUDROCORTISONE ACETATE	90	\$0.11111	\$0.40018	(51%-75%) Below
N	No	00555105586	CLARAVIS	30	\$4.23467	\$2.66481	51%-75% Above
N	No	00555105586	CLARAVIS	30	\$5.88333	\$2.77444	101%-200% Above
N	No	00555105686	CLARAVIS	120	\$6.23158	\$2.97116	101%-200% Above
N	No	00555105686	CLARAVIS	210	\$3.70014	\$3.31692	10%-25% Above
N	No	00555105786	CLARAVIS	330	\$2.05518	\$2.91957	(26%-50%) Below
N	No	00555105786	CLARAVIS	150	\$4.55447	\$2.93217	51%-75% Above
N	No	00555900867	NORTREL 0.5/35 (28)	112	\$0.71714	\$0.51266	26%-50% Above
N	No	00555901058	NORTREL 1/35	252	\$0.54524	\$0.29071	76%-100% Above
N	No	00555901258	NORTREL 7/7/7	112	\$0.48554	\$0.35121	26%-50% Above
N	No	00555901467	LESSINA	112	\$0.77768	\$0.17927	200% Above
N	No	00555901467	LESSINA	28	\$0.75500	\$0.19249	200% Above

**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	00555901658	SPRINTEC 28	1652	\$0.32011	\$0.12270	101%-200% Above
N	No	00555901658	SPRINTEC 28	2548	\$0.29672	\$0.12775	101%-200% Above
N	Yes	00555901658	SPRINTEC 28	28	\$0.27571	\$0.12270	101%-200% Above
N	Yes	00555901658	SPRINTEC 28	252	\$0.42052	\$0.12775	200% Above
N	No	00555901858	TRI-SPRINTEC	1515	\$0.38809	\$0.13593	101%-200% Above
N	No	00555901858	TRI-SPRINTEC	1372	\$0.32008	\$0.14130	101%-200% Above
N	Yes	00555901858	TRI-SPRINTEC	28	\$0.33464	\$0.13593	101%-200% Above
N	Yes	00555901858	TRI-SPRINTEC	168	\$0.40774	\$0.14130	101%-200% Above
N	No	00555902058	PORTIA-28	112	\$0.20286	\$0.15097	26%-50% Above
N	No	00555902058	PORTIA-28	56	\$0.22268	\$0.16711	26%-50% Above
N	No	00555902542	JUNEL 1/20	336	\$0.80693	\$0.21992	200% Above
N	No	00555902542	JUNEL 1/20	1008	\$0.74385	\$0.22692	200% Above
N	No	00555902658	JUNEL FE 1/20	3640	\$0.31559	\$0.15303	101%-200% Above
N	No	00555902658	JUNEL FE 1/20	5264	\$0.30922	\$0.16004	76%-100% Above
Y	No	00555902658	JUNEL FE 1/20	84	\$0.23893	\$0.16004	26%-50% Above
N	No	00555902742	JUNEL 1.5/30	462	\$0.69976	\$0.49976	26%-50% Above
N	No	00555902742	JUNEL 1.5/30	84	\$0.79012	\$0.50322	51%-75% Above
N	No	00555902858	JUNEL FE 1.5/30	2156	\$0.38153	\$0.16186	101%-200% Above
N	No	00555902858	JUNEL FE 1.5/30	1428	\$0.36636	\$0.16365	101%-200% Above
N	No	00555903270	TRI-LEGEST FE	28	\$1.42893	\$1.14289	26%-50% Above
N	No	00555903458	BALZIVA	28	\$0.67357	\$0.40095	51%-75% Above
N	No	00555904358	APRI	308	\$0.54263	\$0.15085	200% Above
N	No	00555904358	APRI	560	\$0.54638	\$0.15560	200% Above
N	No	00555904558	AVIANE	364	\$0.45261	\$0.17927	101%-200% Above
N	No	00555904558	AVIANE	140	\$0.46743	\$0.19249	101%-200% Above
N	No	00555904958	CRYSSELLE-28	308	\$0.54932	\$0.39872	26%-50% Above
N	No	00555904979	CRYSSELLE-28	84	\$0.69964	\$0.39872	76%-100% Above
N	No	00555905058	KARIVA	196	\$1.07633	\$0.18010	200% Above
N	No	00555905058	KARIVA	112	\$0.71902	\$0.20424	200% Above
N	No	00555906458	KELNOR 1/35	140	\$0.45914	\$0.34215	26%-50% Above
N	No	00555906458	KELNOR 1/35	112	\$0.68009	\$0.35177	76%-100% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	00555912366	JOLESSA	91	\$0.68132	\$0.16388	200% Above
N	No	00555912366	JOLESSA	91	\$1.53484	\$0.18229	200% Above
N	No	00555913167	OCELLA	84	\$0.77333	\$0.18195	200% Above
N	No	00574010603	BROMOCRIPTINE MESYLATE	90	\$0.43689	\$1.72863	(51%-75%) Below
N	No	00574010770	CLOTRIMAZOLE	70	\$0.50429	\$0.37796	26%-50% Above
N	No	00574022901	BENAZEPRIL HYDROCHLORIDE/HYDROCHLOROTHIAZIDE	30	\$0.41667	\$0.29558	26%-50% Above
N	No	00574061105	PODOFILOX	3.5	\$21.02000	\$13.78571	51%-75% Above
N	No	00574082001	TESTOSTERONE CYPIONATE	23	\$10.96217	\$13.13104	(10%-25%) Below
N	No	00574082001	TESTOSTERONE CYPIONATE	33	\$11.87636	\$13.66959	(10%-25%) Below
N	Yes	00574082001	TESTOSTERONE CYPIONATE	8	\$7.74250	\$13.13104	(26%-50%) Below
N	Yes	00574082001	TESTOSTERONE CYPIONATE	6	\$10.86000	\$13.66959	(10%-25%) Below
N	No	00574082701	TESTOSTERONE CYPIONATE	14	\$8.62929	\$13.66959	(26%-50%) Below
N	No	00574110404	BROMPHEN/PSEUDOEPHEDRINE HCL/DEXTROMETHORPHAN HBR	1860	\$0.10559	\$0.06394	51%-75% Above
N	No	00574110404	BROMPHEN/PSEUDOEPHEDRINE HCL/DEXTROMETHORPHAN HBR	845	\$0.11148	\$0.07451	26%-50% Above
N	Yes	00574110404	BROMPHEN/PSEUDOEPHEDRINE HCL/DEXTROMETHORPHAN HBR	70	\$0.12443	\$0.07451	51%-75% Above
N	No	00574110416	BROMPHEN/PSEUDOEPHEDRINE HCL/DEXTROMETHORPHAN HBR	780	\$0.09324	\$0.06538	26%-50% Above
N	Yes	00574110416	BROMPHEN/PSEUDOEPHEDRINE HCL/DEXTROMETHORPHAN HBR	240	\$0.09954	\$0.06538	51%-75% Above
N	No	00574200802	NYSTOP	60	\$0.16667	\$0.26915	(26%-50%) Below
N	No	00574206145	CICLOPIROX	45	\$1.53978	\$1.12207	26%-50% Above
N	No	00574220120	TRETINOIN	100	\$3.60940	\$2.11501	51%-75% Above
N	No	00574220120	TRETINOIN	20	\$3.57150	\$2.24696	51%-75% Above
N	No	00574220520	TRETINOIN	140	\$2.11557	\$1.84166	10%-25% Above
N	No	00574220545	TRETINOIN	90	\$1.27856	\$1.53277	(10%-25%) Below
N	No	00574222520	TRETINOIN	60	\$1.98767	\$1.17578	51%-75% Above
N	No	00574222520	TRETINOIN	160	\$1.92588	\$1.28580	26%-50% Above
N	Yes	00574222520	TRETINOIN	20	\$0.38400	\$1.28580	(51%-75%) Below
N	No	00574222545	TRETINOIN	45	\$0.33333	\$0.90397	(51%-75%) Below
N	No	00574402435	ERYTHROMYCIN	28	\$3.10214	\$2.29884	26%-50% Above
N	No	00574402435	ERYTHROMYCIN	28	\$3.37357	\$2.62918	26%-50% Above

**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	Yes	00574402435	ERYTHROMYCIN	7	\$3.58429	\$2.29884	51%-75% Above
N	No	00574403105	TOBRAMYCIN/DEXAMETHASONE	30	\$11.47133	\$5.13618	101%-200% Above
N	No	00574403105	TOBRAMYCIN/DEXAMETHASONE	45	\$7.88489	\$5.40536	26%-50% Above
N	Yes	00574403110	TOBRAMYCIN/DEXAMETHASONE	10	\$12.77700	\$6.47617	76%-100% Above
N	No	00574403125	TOBRAMYCIN/DEXAMETHASONE	7.5	\$10.14667	\$6.83793	26%-50% Above
N	No	00574403125	TOBRAMYCIN/DEXAMETHASONE	2.5	\$3.81200	\$7.60039	(26%-50%) Below
N	Yes	00574403125	TOBRAMYCIN/DEXAMETHASONE	2.5	\$11.83600	\$6.83793	51%-75% Above
N	Yes	00574403125	TOBRAMYCIN/DEXAMETHASONE	7.5	\$9.84400	\$7.60039	26%-50% Above
N	No	00574985510	BUDESONIDE	84	\$0.82929	\$0.61745	26%-50% Above
N	No	00591034301	VERAPAMIL HCL	60	\$0.28317	\$0.05662	200% Above
N	No	00591034301	VERAPAMIL HCL	30	\$0.04533	\$0.05858	(10%-25%) Below
N	No	00591034501	VERAPAMIL HYDROCHLORIDE	180	\$0.11900	\$0.06996	51%-75% Above
N	No	00591034705	HYDROCHLOROTHIAZIDE	150	\$0.20300	\$0.03133	200% Above
N	No	00591034705	HYDROCHLOROTHIAZIDE	180	\$0.13928	\$0.03188	200% Above
N	No	00591034801	TRIAMTERENE/HYDROCHLOROT HIAZIDE	90	\$0.06667	\$0.11540	(26%-50%) Below
N	No	00591034805	TRIAMTERENE/HYDROCHLOROT HIAZIDE	225	\$0.06667	\$0.11497	(26%-50%) Below
N	No	00591034805	TRIAMTERENE/HYDROCHLOROT HIAZIDE	270	\$0.06667	\$0.11540	(26%-50%) Below
N	No	00591042401	TRIAMTERENE/HYDROCHLOROT HIAZIDE	537	\$0.03333	\$0.08630	(51%-75%) Below
N	No	00591042401	TRIAMTERENE/HYDROCHLOROT HIAZIDE	480	\$0.03460	\$0.09131	(51%-75%) Below
N	No	00591042405	TRIAMTERENE/HYDROCHLOROT HIAZIDE	150	\$0.19353	\$0.08630	101%-200% Above
N	No	00591042405	TRIAMTERENE/HYDROCHLOROT HIAZIDE	150	\$0.03613	\$0.09131	(51%-75%) Below
N	Yes	00591042405	TRIAMTERENE/HYDROCHLOROT HIAZIDE	30	\$0.06000	\$0.08630	(26%-50%) Below
N	No	00591044401	GUANFACINE HYDROCHLORIDE	135	\$0.44081	\$0.33409	26%-50% Above
N	No	00591044401	GUANFACINE HYDROCHLORIDE	220	\$0.29005	\$0.34831	(10%-25%) Below
N	No	00591046001	GLIPIZIDE	240	\$0.11633	\$0.03442	200% Above
N	No	00591046005	GLIPIZIDE	150	\$0.07540	\$0.03357	101%-200% Above
N	No	00591046005	GLIPIZIDE	60	\$0.25067	\$0.03442	200% Above
N	Yes	00591046005	GLIPIZIDE	180	\$0.13189	\$0.03357	200% Above
N	No	00591046010	GLIPIZIDE	60	\$0.13967	\$0.03442	200% Above
N	Yes	00591046010	GLIPIZIDE	60	\$0.02183	\$0.03442	(26%-50%) Below
N	No	00591046105	GLIPIZIDE	30	\$0.35900	\$0.04908	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	00591046105	GLIPIZIDE	360	\$0.23967	\$0.04934	200% Above
N	Yes	00591046105	GLIPIZIDE	30	\$0.35900	\$0.04908	200% Above
N	No	00591046110	GLIPIZIDE	180	\$0.16394	\$0.04908	200% Above
N	No	00591046110	GLIPIZIDE	60	\$0.37767	\$0.04934	200% Above
N	No	00591079401	DICYCLOMINE HYDROCHLORIDE	180	\$0.38089	\$0.11422	200% Above
N	No	00591079401	DICYCLOMINE HYDROCHLORIDE	118	\$0.25737	\$0.11782	101%-200% Above
N	Yes	00591079410	DICYCLOMINE HYDROCHLORIDE	28	\$0.35036	\$0.11422	200% Above
N	Yes	00591084510	GLIPIZIDE ER	60	\$0.21250	\$0.16903	26%-50% Above
N	Yes	00591090030	GLIPIZIDE ER	30	\$0.27233	\$0.14139	76%-100% Above
N	No	00591215990	CICLOPIROX	120	\$0.36208	\$0.22655	51%-75% Above
N	No	00591225879	SCOPOLAMINE	12	\$16.01583	\$7.55811	101%-200% Above
N	No	00591225879	SCOPOLAMINE	8	\$9.82500	\$8.38324	10%-25% Above
N	No	00591242226	BRIMONIDINE TARTRATE/TIMOLOL MALEATE	5	\$8.96000	\$13.97866	(26%-50%) Below
N	No	00591247319	TAMOXIFEN CITRATE	30	\$0.12800	\$0.33590	(51%-75%) Below
N	Yes	00591247501	TETRACYCLINE HYDROCHLORIDE	8	\$1.95625	\$0.92940	101%-200% Above
N	No	00591256230	COLCHICINE	60	\$0.50250	\$0.28534	76%-100% Above
N	No	00591264001	BUTALBITAL/ACETAMINOPHEN/C AFEINE	30	\$2.05567	\$0.59828	200% Above
N	No	00591288401	VERAPAMIL HCL SR	180	\$0.41728	\$1.37664	(51%-75%) Below
N	No	00591292630	TESTOSTERONE	75	\$6.23493	\$3.08480	101%-200% Above
N	No	00591294430	PIMECROLIMUS	30	\$7.50433	\$3.75375	76%-100% Above
N	No	00591320413	PODOFILOX	3.5	\$10.84286	\$13.78571	(10%-25%) Below
N	No	00591322001	BUTALBITAL/ACETAMINOPHEN/C AFEINE/CODEINE	60	\$1.04300	\$0.85371	10%-25% Above
N	No	00591322001	BUTALBITAL/ACETAMINOPHEN/C AFEINE/CODEINE	30	\$1.04300	\$0.89934	10%-25% Above
N	No	00591333130	BUPROPION HYDROCHLORIDE ER (XL)	30	\$0.16667	\$0.10476	51%-75% Above
N	No	00591350804	CLONIDINE HCL	4	\$13.93500	\$7.50716	76%-100% Above
N	No	00591351004	CLONIDINE HCL	16	\$30.40500	\$14.51201	101%-200% Above
N	No	00591352430	TESTOSTERONE	300	\$1.65390	\$0.81459	101%-200% Above
N	No	00591352430	TESTOSTERONE	150	\$2.60213	\$0.83502	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	00591352530	LIDOCAINE	14	\$3.94714	\$1.87727	101%-200% Above
N	No	00591352530	LIDOCAINE	60	\$0.25000	\$1.91381	(76%-100%) Below
Y	No	00591352530	LIDOCAINE	90	\$6.90789	\$1.91381	200% Above
N	No	00591354060	BUPROPION HYDROCHLORIDE ER (SR)	60	\$0.32983	\$0.10569	200% Above
N	No	00591354160	BUPROPION HYDROCHLORIDE ER (SR)	60	\$0.27617	\$0.08414	200% Above
N	No	00591367001	NABUMETONE	60	\$0.10983	\$0.13296	(10%-25%) Below
N	No	00591372030	TRANEXAMIC ACID	60	\$2.69567	\$1.40290	76%-100% Above
N	No	00591372030	TRANEXAMIC ACID	30	\$2.69567	\$1.44249	76%-100% Above
N	No	00591505210	PREDNISONE	74	\$0.12986	\$0.04631	101%-200% Above
N	No	00591505210	PREDNISONE	322	\$0.12680	\$0.04988	101%-200% Above
N	Yes	00591505210	PREDNISONE	30	\$0.15367	\$0.04631	200% Above
N	No	00591505221	PREDNISONE	21	\$0.56286	\$0.40394	26%-50% Above
N	No	00591530710	PROMETHAZINE HYDROCHLORIDE	30	\$0.04033	\$0.04767	(10%-25%) Below
N	No	00591530710	PROMETHAZINE HYDROCHLORIDE	2	\$0.33500	\$0.04910	200% Above
N	No	00591532501	PROBENECID/COLCHICINE	90	\$0.67756	\$1.03716	(26%-50%) Below
N	No	00591544205	PREDNISONE	46	\$0.16826	\$0.05601	200% Above
N	No	00591544210	PREDNISONE	107	\$0.10570	\$0.05601	76%-100% Above
N	No	00591544210	PREDNISONE	65	\$0.15138	\$0.05744	101%-200% Above
N	Yes	00591544210	PREDNISONE	15	\$0.16333	\$0.05744	101%-200% Above
N	No	00591544221	PREDNISONE	42	\$0.97143	\$0.51552	76%-100% Above
N	No	00591544221	PREDNISONE	21	\$0.97143	\$0.54033	76%-100% Above
N	Yes	00591544221	PREDNISONE	21	\$0.85714	\$0.51552	51%-75% Above
N	No	00591544310	PREDNISONE	45	\$0.09556	\$0.08401	10%-25% Above
N	No	00591554401	ALLOPURINOL	30	\$0.47500	\$0.07133	200% Above
N	No	00591554401	ALLOPURINOL	90	\$0.39789	\$0.07487	200% Above
N	No	00591555401	PROPRANOLOL HYDROCHLORIDE	120	\$0.21225	\$0.06415	200% Above
N	No	00591555410	PROPRANOLOL HYDROCHLORIDE	290	\$0.08817	\$0.05377	51%-75% Above
N	No	00591555410	PROPRANOLOL HYDROCHLORIDE	790	\$0.08970	\$0.06415	26%-50% Above
N	No	00591555510	PROPRANOLOL HYDROCHLORIDE	270	\$0.12263	\$0.07036	51%-75% Above

**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	00591555610	PROPRANOLOL HCL	60	\$0.29083	\$0.08826	200% Above
N	No	00591555701	PROPRANOLOL HYDROCHLORIDE	180	\$0.12072	\$0.17832	(26%-50%) Below
N	No	00591564201	MINOXIDIL	202	\$0.37228	\$0.08877	200% Above
N	No	00591564201	MINOXIDIL	270	\$0.30078	\$0.10366	101%-200% Above
N	Yes	00591564201	MINOXIDIL	180	\$0.16939	\$0.10366	51%-75% Above
N	Yes	00591564301	MINOXIDIL	30	\$0.50833	\$0.16740	200% Above
N	No	00591569550	MINOCYCLINE HYDROCHLORIDE	60	\$0.93167	\$0.36954	101%-200% Above
N	No	00591569550	MINOCYCLINE HYDROCHLORIDE	30	\$1.57267	\$0.37035	200% Above
N	No	00591578201	ATENOLOL/CHLORTHALIDONE	30	\$0.51633	\$0.32083	51%-75% Above
N	No	00597014090	TRADJENTA	120	\$12.28692	\$16.78513	(26%-50%) Below
N	No	00597016061	SPIRIVA RESPIMAT	8	\$100.61375	\$122.48396	(10%-25%) Below
N	No	00597016430	GLYXAMBI	120	\$16.34417	\$18.90241	(10%-25%) Below
N	No	00597029588	SYNJARDY XR	120	\$14.16508	\$18.93766	(26%-50%) Below
N	No	00597036055	PRADAXA	3480	\$1.56638	\$3.15014	(51%-75%) Below
N	No	00603155416	POTASSIUM CHLORIDE	30	\$5.48167	\$1.36849	200% Above
N	No	00603188016	LIDOCAINE	30	\$4.44600	\$1.87727	101%-200% Above
N	No	00603188016	LIDOCAINE	105	\$3.79019	\$1.91381	76%-100% Above
N	No	00603211532	ALLOPURINOL	120	\$0.17617	\$0.04922	200% Above
N	No	00603211532	ALLOPURINOL	30	\$0.30533	\$0.05071	200% Above
N	No	00603211632	ALLOPURINOL	143	\$0.31056	\$0.07487	200% Above
N	Yes	00603243321	BENZTROPINE MESYLATE	60	\$0.25817	\$0.08130	200% Above
N	No	00603243421	BENZTROPINE MESYLATE	30	\$0.18700	\$0.07779	101%-200% Above
N	No	00603243421	BENZTROPINE MESYLATE	30	\$0.28600	\$0.08352	200% Above
N	Yes	00603358221	FELODIPINE ER	30	\$0.10500	\$0.18758	(26%-50%) Below
N	No	00603459315	METHYLPREDNISOLONE DOSE PACK	21	\$0.20381	\$0.14299	26%-50% Above
N	No	00603459315	METHYLPREDNISOLONE DOSE PACK	84	\$0.72583	\$0.14829	200% Above
N	No	00603459321	METHYLPREDNISOLONE	9	\$1.00000	\$0.16424	200% Above
N	No	00603459321	METHYLPREDNISOLONE	100	\$0.83590	\$0.17524	200% Above
N	No	00603516621	PHENOBARBITAL	120	\$0.08333	\$0.21817	(51%-75%) Below
N	No	00603533621	PREDNISONE	78	\$0.13769	\$0.08002	51%-75% Above
N	Yes	00603533621	PREDNISONE	30	\$0.10767	\$0.08002	26%-50% Above



Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	00603533715	PREDNISONE	147	\$0.55565	\$0.35767	51%-75% Above
N	No	00603533715	PREDNISONE	63	\$0.53825	\$0.40394	26%-50% Above
N	No	00603533815	PREDNISONE	420	\$0.91340	\$0.51552	76%-100% Above
N	No	00603533815	PREDNISONE	315	\$0.84616	\$0.54033	51%-75% Above
N	Yes	00603533815	PREDNISONE	21	\$0.97143	\$0.54033	76%-100% Above
N	No	00603533831	PREDNISONE	48	\$0.60375	\$0.54033	10%-25% Above
N	No	00603548221	PROPRANOLOL HYDROCHLORIDE	90	\$0.26044	\$0.05377	200% Above
N	No	00603548221	PROPRANOLOL HYDROCHLORIDE	330	\$0.12858	\$0.06415	101%-200% Above
N	Yes	00603548221	PROPRANOLOL HYDROCHLORIDE	30	\$0.26000	\$0.05377	200% Above
N	No	00603548232	PROPRANOLOL HYDROCHLORIDE	450	\$0.20771	\$0.05377	200% Above
N	No	00603548232	PROPRANOLOL HYDROCHLORIDE	600	\$0.25437	\$0.06415	200% Above
N	Yes	00603548232	PROPRANOLOL HYDROCHLORIDE	120	\$0.16933	\$0.06415	101%-200% Above
N	No	00603548321	PROPRANOLOL HYDROCHLORIDE	150	\$0.36047	\$0.06374	200% Above
N	No	00603548321	PROPRANOLOL HYDROCHLORIDE	270	\$0.28800	\$0.07036	200% Above
N	No	00603548332	PROPRANOLOL HYDROCHLORIDE	300	\$0.33713	\$0.06374	200% Above
N	No	00603548332	PROPRANOLOL HYDROCHLORIDE	240	\$0.35125	\$0.07036	200% Above
N	No	00603548421	PROPRANOLOL HCL	120	\$0.40250	\$0.08826	200% Above
N	No	00603548421	PROPRANOLOL HCL	120	\$0.15308	\$0.09150	51%-75% Above
N	No	00603548432	PROPRANOLOL HCL	30	\$0.50133	\$0.08826	200% Above
N	No	00603548432	PROPRANOLOL HCL	200	\$0.40460	\$0.09150	200% Above
N	Yes	00603548432	PROPRANOLOL HCL	180	\$0.17067	\$0.08826	76%-100% Above
N	Yes	00603548432	PROPRANOLOL HCL	90	\$0.42967	\$0.09150	200% Above
N	No	00603548621	PROPRANOLOL HYDROCHLORIDE	30	\$0.35533	\$0.17832	76%-100% Above
N	No	00642747101	TYBLUME	56	\$0.26250	\$0.75012	(51%-75%) Below
N	No	00703367101	METHOTREXATE SODIUM	8	\$4.34750	\$1.27200	200% Above
N	No	00713022315	FLUOCINOLONE ACETONIDE	15	\$1.32267	\$2.45733	(26%-50%) Below
N	No	00713022515	TRIAMCINOLONE ACETONIDE	60	\$0.21633	\$0.14654	26%-50% Above
N	No	00713022580	TRIAMCINOLONE ACETONIDE	160	\$0.08781	\$0.05458	51%-75% Above
N	No	00713022580	TRIAMCINOLONE ACETONIDE	80	\$0.11013	\$0.05495	101%-200% Above
N	No	00713022615	TRIAMCINOLONE ACETONIDE	30	\$0.03267	\$0.12955	(51%-75%) Below
N	No	00713022615	TRIAMCINOLONE ACETONIDE	15	\$0.03267	\$0.13363	(76%-100%) Below
N	No	00713022815	TRIAMCINOLONE ACETONIDE	120	\$0.22967	\$0.14069	51%-75% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	00713022815	TRIAMCINOLONE ACETONIDE	30	\$0.09933	\$0.14382	(26%-50%) Below
N	No	00713022880	TRIAMCINOLONE ACETONIDE	80	\$0.07938	\$0.06958	10%-25% Above
N	No	00713022880	TRIAMCINOLONE ACETONIDE	160	\$0.10513	\$0.07019	26%-50% Above
N	Yes	00713022880	TRIAMCINOLONE ACETONIDE	80	\$0.07938	\$0.06958	10%-25% Above
N	No	00713031853	CALCIPOTRIENE	60	\$1.07767	\$0.95500	10%-25% Above
N	No	00713033915	HALOBETASOL PROPIONATE	30	\$0.51200	\$1.33472	(51%-75%) Below
N	No	00713052612	PROMETHEGAN	14	\$2.40286	\$2.79675	(10%-25%) Below
N	No	00713052612	PROMETHEGAN	12	\$7.68083	\$2.88080	101%-200% Above
N	Yes	00713052612	PROMETHEGAN	12	\$6.94750	\$2.79675	101%-200% Above
N	Yes	00713053612	PROMETHEGAN	12	\$6.84083	\$3.94058	51%-75% Above
N	No	00713055273	TERCONAZOLE	9	\$30.10889	\$18.86000	51%-75% Above
N	No	00713057293	DOXYCYCLINE MONOHYDRATE	58	\$0.41052	\$0.23785	51%-75% Above
N	No	00713057293	DOXYCYCLINE MONOHYDRATE	66	\$0.42091	\$0.24059	51%-75% Above
N	No	00713057571	METRONIDAZOLE VAGINAL	70	\$0.15457	\$0.46594	(51%-75%) Below
N	No	00713063337	METRONIDAZOLE	90	\$0.96544	\$0.52363	76%-100% Above
N	No	00713063337	METRONIDAZOLE	135	\$1.53578	\$0.53078	101%-200% Above
Y	No	00713063337	METRONIDAZOLE	45	\$1.34867	\$0.52363	101%-200% Above
N	No	00713063415	MOMETASONE FUROATE	75	\$0.91747	\$0.39330	101%-200% Above
N	No	00713063415	MOMETASONE FUROATE	285	\$0.73768	\$0.43253	51%-75% Above
N	No	00713063437	MOMETASONE FUROATE	270	\$0.63019	\$0.28762	101%-200% Above
N	No	00713063437	MOMETASONE FUROATE	135	\$0.82311	\$0.31910	101%-200% Above
N	No	00713063515	MOMETASONE FUROATE	60	\$0.30100	\$0.34182	(10%-25%) Below
N	No	00713063515	MOMETASONE FUROATE	15	\$0.87667	\$0.35650	101%-200% Above
N	Yes	00713063537	MOMETASONE FUROATE	45	\$0.33333	\$0.23710	26%-50% Above
N	No	00713063737	METRONIDAZOLE	45	\$0.61111	\$0.29613	101%-200% Above
N	No	00713063831	CICLOPIROX OLAMINE	30	\$0.61800	\$0.20638	101%-200% Above
N	No	00713064015	HALOBETASOL PROPIONATE	45	\$1.00422	\$0.71990	26%-50% Above
N	No	00713065615	CLOBETASOL PROPIONATE	15	\$1.30867	\$0.21323	200% Above
N	No	00713065631	CLOBETASOL PROPIONATE	30	\$1.25400	\$0.19154	200% Above

**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	00713065660	CLOBETASOL PROPIONATE	120	\$0.30700	\$0.14691	101%-200% Above
N	No	00713065915	BETAMETHASONE DIPROPIONATE	45	\$1.72222	\$0.74579	101%-200% Above
N	No	00713065937	BETAMETHASONE DIPROPIONATE	135	\$1.05496	\$0.53648	76%-100% Above
N	No	00713067815	NYSTATIN	30	\$0.16733	\$0.20746	(10%-25%) Below
N	No	00713067815	NYSTATIN	30	\$0.33333	\$0.22213	51%-75% Above
N	No	00713067831	NYSTATIN	60	\$0.24667	\$0.14363	51%-75% Above
N	No	00713067831	NYSTATIN	90	\$0.39589	\$0.14872	101%-200% Above
N	No	00713068215	GENTAMICIN SULFATE	30	\$2.30433	\$1.32154	51%-75% Above
N	No	00713068615	NYSTATIN	45	\$0.31022	\$0.27327	10%-25% Above
N	No	00713080753	BETAMETHASONE DIPROPIONATE	60	\$0.60950	\$0.35735	51%-75% Above
N	No	00713093681	COLESEVELAM HYDROCHLORIDE	720	\$1.56281	\$0.23905	200% Above
N	No	00713093681	COLESEVELAM HYDROCHLORIDE	240	\$1.43525	\$0.28745	200% Above
N	Yes	00713093681	COLESEVELAM HYDROCHLORIDE	540	\$1.98596	\$0.23905	200% Above
N	No	00713093701	CEVIMELINE HYDROCHLORIDE	90	\$1.37667	\$1.17145	10%-25% Above
N	No	00781106105	ALPRAZOLAM	60	\$0.01950	\$0.02365	(10%-25%) Below
N	Yes	00781106105	ALPRAZOLAM	30	\$0.35867	\$0.02256	200% Above
N	No	00781106110	ALPRAZOLAM	195	\$0.14267	\$0.02256	200% Above
N	No	00781106110	ALPRAZOLAM	139	\$0.32777	\$0.02365	200% Above
N	Yes	00781106110	ALPRAZOLAM	30	\$0.20700	\$0.02365	200% Above
N	No	00781107701	ALPRAZOLAM	60	\$0.28367	\$0.02451	200% Above
N	Yes	00781107701	ALPRAZOLAM	60	\$0.00700	\$0.02451	(51%-75%) Below
N	No	00781107705	ALPRAZOLAM	15	\$0.20600	\$0.02451	200% Above
N	No	00781107710	ALPRAZOLAM	585	\$0.16562	\$0.02409	200% Above
N	No	00781107710	ALPRAZOLAM	395	\$0.15397	\$0.02451	200% Above
N	Yes	00781107710	ALPRAZOLAM	210	\$0.22467	\$0.02409	200% Above
N	Yes	00781107710	ALPRAZOLAM	30	\$0.20567	\$0.02451	200% Above
N	No	00781107905	ALPRAZOLAM	1384	\$0.15395	\$0.02545	200% Above
N	No	00781107905	ALPRAZOLAM	1225	\$0.24699	\$0.02567	200% Above
N	Yes	00781107905	ALPRAZOLAM	60	\$0.21017	\$0.02545	200% Above
N	Yes	00781107905	ALPRAZOLAM	120	\$0.23192	\$0.02567	200% Above
N	No	00781107910	ALPRAZOLAM	120	\$0.10075	\$0.02545	200% Above
N	No	00781107910	ALPRAZOLAM	20	\$0.14500	\$0.02567	200% Above
N	No	00781108901	ALPRAZOLAM	240	\$0.32108	\$0.05477	200% Above
N	No	00781108905	ALPRAZOLAM	60	\$0.56783	\$0.05021	200% Above
N	No	00781108905	ALPRAZOLAM	150	\$0.51140	\$0.05477	200% Above

**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	Yes	00781108905	ALPRAZOLAM	90	\$0.38556	\$0.05477	200% Above
N	No	00781148610	AMITRIPTYLINE HYDROCHLORIDE	30	\$0.08400	\$0.04195	101%-200% Above
N	No	00781148710	AMITRIPTYLINE HCL	90	\$0.11111	\$0.06226	76%-100% Above
N	No	00781183101	AMOXICILLIN/CLAVULANATE POTASSIUM	14	\$0.50071	\$0.26999	76%-100% Above
N	No	00781183101	AMOXICILLIN/CLAVULANATE POTASSIUM	34	\$0.50088	\$0.28556	76%-100% Above
N	No	00781183120	AMOXICILLIN/CLAVULANATE POTASSIUM	10	\$1.24500	\$0.28556	200% Above
N	No	00781185201	AMOXICILLIN/CLAVULANATE POTASSIUM	1166	\$0.61391	\$0.29889	101%-200% Above
N	No	00781185201	AMOXICILLIN/CLAVULANATE POTASSIUM	970	\$0.74184	\$0.33189	101%-200% Above
N	No	00781185220	AMOXICILLIN/CLAVULANATE POTASSIUM	14	\$0.45500	\$0.29889	51%-75% Above
N	No	00781185220	AMOXICILLIN/CLAVULANATE POTASSIUM	40	\$0.62025	\$0.33189	76%-100% Above
N	Yes	00781185220	AMOXICILLIN/CLAVULANATE POTASSIUM	14	\$0.28429	\$0.33189	(10%-25%) Below
N	No	00781196260	CLARITHROMYCIN	20	\$0.34700	\$0.46711	(26%-50%) Below
N	No	00781196260	CLARITHROMYCIN	84	\$0.59440	\$0.46850	26%-50% Above
N	No	00781202001	AMOXICILLIN	40	\$0.16175	\$0.06895	101%-200% Above
N	No	00781206701	MYCOPHENOLATE MOFETIL	540	\$0.22930	\$0.17382	26%-50% Above
N	No	00781207401	TRIAMTERENE/HYDROCHLOROT HIAZIDE	90	\$0.11111	\$0.12645	(10%-25%) Below
N	No	00781207410	TRIAMTERENE/HYDROCHLOROT HIAZIDE	30	\$0.24367	\$0.12021	101%-200% Above
N	No	00781207410	TRIAMTERENE/HYDROCHLOROT HIAZIDE	90	\$0.25244	\$0.12645	76%-100% Above
Y	No	00781207410	TRIAMTERENE/HYDROCHLOROT HIAZIDE	90	\$0.10889	\$0.12645	(10%-25%) Below
N	No	00781207601	TAMSULOSIN HYDROCHLORIDE	30	\$0.07267	\$0.05642	26%-50% Above
N	No	00781210301	TACROLIMUS	720	\$0.35269	\$0.20469	51%-75% Above
N	Yes	00781210301	TACROLIMUS	120	\$1.28150	\$0.20469	200% Above
N	No	00781214501	AMPICILLIN	41	\$0.43659	\$0.49823	(10%-25%) Below
N	No	00781223410	OMEPRAZOLE	150	\$0.73107	\$0.05410	200% Above
N	No	00781223410	OMEPRAZOLE	90	\$0.06833	\$0.05567	10%-25% Above
N	Yes	00781223410	OMEPRAZOLE	60	\$0.06600	\$0.05410	10%-25% Above
N	Yes	00781223410	OMEPRAZOLE	60	\$0.37600	\$0.05567	200% Above
N	No	00781233501	AMPHETAMINE/DEXTROAMPHETAMINE	90	\$1.04422	\$0.56921	76%-100% Above

**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	00781233501	AMPHETAMINE/DEXTROAMPHETAMINE	30	\$1.50633	\$0.60532	101%-200% Above
N	No	00781234301	AMPHETAMINE/DEXTROAMPHETAMINE	90	\$1.03522	\$0.60399	51%-75% Above
N	No	00781235201	AMPHETAMINE/DEXTROAMPHETAMINE	120	\$1.09383	\$0.60480	76%-100% Above
N	No	00781235201	AMPHETAMINE/DEXTROAMPHETAMINE	240	\$0.79954	\$0.61509	26%-50% Above
N	No	00781236101	METHYLPHENIDATE HYDROCHLORIDE ER	30	\$0.99733	\$3.15677	(51%-75%) Below
N	No	00781236301	METHYLPHENIDATE HYDROCHLORIDE ER	30	\$4.06233	\$3.44323	10%-25% Above
N	No	00781236401	METHYLPHENIDATE HYDROCHLORIDE ER	90	\$4.17533	\$2.28143	76%-100% Above
N	No	00781236401	METHYLPHENIDATE HYDROCHLORIDE ER	30	\$4.17533	\$3.07843	26%-50% Above
N	No	00781236801	AMPHETAMINE/DEXTROAMPHETAMINE	30	\$0.84000	\$0.56816	26%-50% Above
N	No	00781236801	AMPHETAMINE/DEXTROAMPHETAMINE	60	\$0.84000	\$0.61559	26%-50% Above
N	No	00781237101	AMPHETAMINE/DEXTROAMPHETAMINE	300	\$0.96253	\$0.65912	26%-50% Above
N	No	00781237101	AMPHETAMINE/DEXTROAMPHETAMINE	240	\$0.91658	\$0.66060	26%-50% Above
N	No	00781261301	AMOXICILLIN	30	\$0.30367	\$0.09333	200% Above
N	No	00781261301	AMOXICILLIN	42	\$0.18595	\$0.10233	76%-100% Above
N	No	00781261305	AMOXICILLIN	1946	\$0.24737	\$0.09333	101%-200% Above
N	No	00781261305	AMOXICILLIN	1759	\$0.24442	\$0.10233	101%-200% Above
N	Yes	00781261305	AMOXICILLIN	86	\$0.06256	\$0.09333	(26%-50%) Below
N	Yes	00781261305	AMOXICILLIN	42	\$0.18310	\$0.10233	76%-100% Above
N	No	00781286810	OMEPRAZOLE	448	\$0.23621	\$0.03293	200% Above
N	No	00781286810	OMEPRAZOLE	510	\$0.30386	\$0.03461	200% Above
N	Yes	00781286810	OMEPRAZOLE	30	\$0.03100	\$0.03461	(10%-25%) Below
Y	No	00781286810	OMEPRAZOLE	360	\$0.21217	\$0.03293	200% Above
Y	No	00781286810	OMEPRAZOLE	450	\$0.21509	\$0.03461	200% Above
Y	Yes	00781286810	OMEPRAZOLE	90	\$0.28778	\$0.03461	200% Above
N	No	00781323863	ENOXAPARIN SODIUM	1.5	\$16.30000	\$13.71949	10%-25% Above
N	No	00781324664	ENOXAPARIN SODIUM	12.4	\$13.87500	\$12.42253	10%-25% Above
N	No	00781502207	METHYLPREDNISOLONE DOSE PACK	63	\$0.52016	\$0.14299	200% Above
N	No	00781517501	MYCOPHENOLATE MOFETIL	60	\$0.41633	\$0.26815	51%-75% Above

**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	00781517501	MYCOPHENOLATE MOFETIL	720	\$0.41629	\$0.28356	26%-50% Above
N	No	00781531601	ZOLPIDEM TARTRATE ER	60	\$0.00000	\$0.15857	(76%-100%) Below
N	No	00781531601	ZOLPIDEM TARTRATE ER	30	\$0.00000	\$0.15992	(76%-100%) Below
N	No	00781531701	ZOLPIDEM TARTRATE	207	\$0.05594	\$0.03309	51%-75% Above
N	No	00781531701	ZOLPIDEM TARTRATE	118	\$0.05593	\$0.03355	51%-75% Above
N	No	00781531710	ZOLPIDEM TARTRATE	30	\$0.27600	\$0.03309	200% Above
N	No	00781531710	ZOLPIDEM TARTRATE	90	\$0.31489	\$0.03355	200% Above
N	No	00781531801	ZOLPIDEM TARTRATE	60	\$0.18100	\$0.03531	200% Above
N	No	00781531801	ZOLPIDEM TARTRATE	224	\$0.13161	\$0.03648	200% Above
N	No	00781531810	ZOLPIDEM TARTRATE	30	\$0.03167	\$0.03531	(10%-25%) Below
N	Yes	00781531810	ZOLPIDEM TARTRATE	30	\$0.33600	\$0.03531	200% Above
N	No	00781532531	BROMOCRIPTINE MESYLATE	30	\$0.88333	\$1.70335	(26%-50%) Below
N	No	00781551501	GRISEOFULVIN MICROSIZED	14	\$6.54571	\$7.55636	(10%-25%) Below
N	No	00781604146	AMOXICILLIN	200	\$0.04265	\$0.02494	51%-75% Above
N	No	00781604146	AMOXICILLIN	200	\$0.04265	\$0.02725	51%-75% Above
N	No	00781613948	AMOXICILLIN/CLAVULANATE POTASSIUM	200	\$0.10315	\$0.05694	76%-100% Above
N	No	00781613948	AMOXICILLIN/CLAVULANATE POTASSIUM	200	\$0.32485	\$0.06548	200% Above
N	No	00781613954	AMOXICILLIN/CLAVULANATE POTASSIUM	875	\$0.14920	\$0.06244	101%-200% Above
N	No	00781613954	AMOXICILLIN/CLAVULANATE POTASSIUM	750	\$0.21856	\$0.06362	200% Above
N	No	00781613957	AMOXICILLIN/CLAVULANATE POTASSIUM	375	\$0.12779	\$0.08291	51%-75% Above
N	No	00781613957	AMOXICILLIN/CLAVULANATE POTASSIUM	675	\$0.12317	\$0.10807	10%-25% Above
N	No	00781615746	AMOXICILLIN	1700	\$0.05356	\$0.02892	76%-100% Above
N	No	00781615746	AMOXICILLIN	3500	\$0.05354	\$0.02951	76%-100% Above
N	Yes	00781615746	AMOXICILLIN	200	\$0.06865	\$0.02951	101%-200% Above
N	No	00781615752	AMOXICILLIN	400	\$0.06860	\$0.04527	51%-75% Above
N	Yes	00781615752	AMOXICILLIN	150	\$0.06860	\$0.04671	26%-50% Above
N	No	00781615757	AMOXICILLIN	1425	\$0.06011	\$0.03045	76%-100% Above
N	No	00781615757	AMOXICILLIN	1575	\$0.05920	\$0.03190	76%-100% Above
N	No	00781618667	CIPROFLOXACIN/DEXAMETHASONE	22.5	\$11.13911	\$17.55452	(26%-50%) Below

**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	00781620675	BIMATOPROST	5	\$24.00400	\$19.78282	10%-25% Above
N	No	00781707787	METRONIDAZOLE VAGINAL	70	\$0.06857	\$0.51470	(76%-100%) Below
N	No	00781710454	ESTRADIOL	24	\$8.51250	\$12.09121	(26%-50%) Below
N	No	00781710454	ESTRADIOL	4	\$16.24500	\$12.17494	26%-50% Above
N	Yes	00781710454	ESTRADIOL	4	\$15.01500	\$12.09121	10%-25% Above
N	No	00781711954	ESTRADIOL	4	\$15.58500	\$13.29755	10%-25% Above
N	No	00781711954	ESTRADIOL	4	\$15.89250	\$13.42321	10%-25% Above
N	No	00781712254	ESTRADIOL	4	\$16.24500	\$11.38690	26%-50% Above
N	No	00781712983	ESTRADIOL	8	\$7.95250	\$6.48798	10%-25% Above
N	No	00781713354	ESTRADIOL	32	\$7.97719	\$11.95238	(26%-50%) Below
N	No	00781713354	ESTRADIOL	4	\$16.24500	\$12.26106	26%-50% Above
N	No	00781713454	ESTRADIOL	4	\$9.98000	\$11.41136	(10%-25%) Below
N	No	00781713883	ESTRADIOL	16	\$9.04188	\$6.70119	26%-50% Above
N	No	00781713883	ESTRADIOL	32	\$8.58063	\$7.16703	10%-25% Above
N	No	00781714483	ESTRADIOL	56	\$9.16643	\$6.49694	26%-50% Above
N	No	00781714483	ESTRADIOL	32	\$9.31594	\$6.68694	26%-50% Above
N	Yes	00781714483	ESTRADIOL	8	\$9.22875	\$6.49694	26%-50% Above
N	Yes	00781714483	ESTRADIOL	8	\$8.48500	\$6.68694	26%-50% Above
N	No	00781715683	ESTRADIOL	8	\$8.51750	\$6.70115	26%-50% Above
N	No	00781716783	ESTRADIOL	24	\$8.85000	\$6.59294	26%-50% Above
N	No	00781716783	ESTRADIOL	48	\$7.41833	\$6.61093	10%-25% Above
N	No	00781717250	AZELAIC ACID	200	\$1.37970	\$0.84066	51%-75% Above
N	No	00781729685	ALBUTEROL SULFATE HFA	1051.9	\$1.95487	\$2.91623	(26%-50%) Below
N	No	00781729685	ALBUTEROL SULFATE HFA	1092.1	\$2.05750	\$2.93319	(26%-50%) Below
N	Yes	00781729685	ALBUTEROL SULFATE HFA	13.4	\$4.70000	\$2.91623	51%-75% Above
N	No	00781808926	AZITHROMYCIN	276	\$2.01402	\$0.33112	200% Above
N	No	00781808926	AZITHROMYCIN	222	\$2.04590	\$0.35827	200% Above
N	Yes	00781808926	AZITHROMYCIN	18	\$0.63389	\$0.33112	76%-100% Above
N	Yes	00781808926	AZITHROMYCIN	18	\$1.44056	\$0.35827	200% Above
N	No	00781808931	AZITHROMYCIN	12	\$1.22083	\$0.33112	200% Above
N	No	00781808931	AZITHROMYCIN	6	\$2.27167	\$0.35827	200% Above
N	Yes	00781808931	AZITHROMYCIN	6	\$0.17000	\$0.35827	(51%-75%) Below
N	No	00832003800	OXYBUTYNIN CHLORIDE	30	\$0.26500	\$0.06077	200% Above
N	Yes	00832003800	OXYBUTYNIN CHLORIDE	90	\$0.04800	\$0.06077	(10%-25%) Below

**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	Yes	00832003800	OXYBUTYNIN CHLORIDE	60	\$0.21917	\$0.06198	200% Above
N	No	00832003810	OXYBUTYNIN CHLORIDE	150	\$0.26040	\$0.06198	200% Above
N	No	00832011100	AMANTADINE HCL	30	\$1.01600	\$0.47191	101%-200% Above
N	No	00832011100	AMANTADINE HCL	15	\$0.89533	\$0.50826	76%-100% Above
N	No	00832027311	MORPHINE SULFATE	9	\$0.22444	\$0.26765	(10%-25%) Below
N	Yes	00832027311	MORPHINE SULFATE	90	\$0.34478	\$0.26765	26%-50% Above
N	No	00832046515	NYAMYC	15	\$1.02267	\$0.35488	101%-200% Above
N	No	00832051200	BETHANECHOL CHLORIDE	90	\$0.98433	\$0.24443	200% Above
N	Yes	00832054111	BUMETANIDE	60	\$0.26567	\$0.18579	26%-50% Above
N	No	00832059530	EXEMESTANE	12	\$4.65333	\$0.88988	200% Above
N	No	00832059530	EXEMESTANE	34	\$1.05941	\$0.90395	10%-25% Above
N	No	00832105410	BACLOFEN	620	\$0.34563	\$0.04653	200% Above
N	No	00832105410	BACLOFEN	705	\$0.36275	\$0.04809	200% Above
N	No	00832105415	BACLOFEN	150	\$0.25853	\$0.04653	200% Above
N	No	00832105415	BACLOFEN	30	\$0.36233	\$0.04809	200% Above
N	No	00832105515	BACLOFEN	30	\$0.41700	\$0.07312	200% Above
N	No	00832105515	BACLOFEN	120	\$0.48342	\$0.07868	200% Above
N	No	00832112005	TESTOSTERONE	300	\$1.92713	\$0.83502	101%-200% Above
N	Yes	00832125030	RAMELTEON	30	\$6.89000	\$0.97498	200% Above
N	No	00832141003	MOXIFLOXACIN HYDROCHLORIDE	6	\$10.38000	\$2.44541	200% Above
N	No	00832141003	MOXIFLOXACIN HYDROCHLORIDE	9	\$7.14111	\$2.68570	101%-200% Above
N	Yes	00832167011	FLUVOXAMINE MALEATE	60	\$0.99567	\$0.23685	200% Above
N	No	00832167111	FLUVOXAMINE MALEATE	120	\$0.77658	\$0.28221	101%-200% Above
N	No	00832167211	FLUVOXAMINE MALEATE	120	\$0.91217	\$0.27456	200% Above
N	No	00832167211	FLUVOXAMINE MALEATE	30	\$1.40700	\$0.29001	200% Above
N	Yes	00832532310	POTASSIUM CHLORIDE ER	30	\$0.07500	\$0.12498	(26%-50%) Below
N	No	00832532311	POTASSIUM CHLORIDE ER	120	\$0.07508	\$0.12498	(26%-50%) Below
N	No	00832532311	POTASSIUM CHLORIDE ER	30	\$0.36200	\$0.12918	101%-200% Above
N	No	00832532411	POTASSIUM CHLORIDE ER	30	\$0.36733	\$0.13658	101%-200% Above
N	No	00832532510	POTASSIUM CHLORIDE ER	30	\$0.13133	\$0.14873	(10%-25%) Below
N	No	00832532511	POTASSIUM CHLORIDE ER	120	\$0.35675	\$0.14873	101%-200% Above
N	No	00832532511	POTASSIUM CHLORIDE ER	5	\$0.60600	\$0.17134	200% Above



**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	Yes	00832532515	POTASSIUM CHLORIDE ER	30	\$0.12500	\$0.14873	(10%-25%) Below
Y	No	00832532515	POTASSIUM CHLORIDE ER	180	\$0.46294	\$0.14873	200% Above
Y	No	00832532515	POTASSIUM CHLORIDE ER	90	\$0.38900	\$0.17134	101%-200% Above
N	No	00832602311	CARBAMAZEPINE ER	90	\$0.06411	\$0.53157	(76%-100%) Below
N	No	00832602311	CARBAMAZEPINE ER	40	\$0.42150	\$0.53448	(10%-25%) Below
N	No	00832605210	DICYCLOMINE HYDROCHLORIDE	295	\$0.24254	\$0.14040	51%-75% Above
N	Yes	00832605210	DICYCLOMINE HYDROCHLORIDE	90	\$0.36911	\$0.13751	101%-200% Above
N	No	00832605211	DICYCLOMINE HYDROCHLORIDE	328	\$0.40348	\$0.13751	101%-200% Above
N	No	00832605211	DICYCLOMINE HYDROCHLORIDE	150	\$0.25027	\$0.14040	76%-100% Above
N	Yes	00832605211	DICYCLOMINE HYDROCHLORIDE	20	\$0.36900	\$0.13751	101%-200% Above
N	Yes	00832605211	DICYCLOMINE HYDROCHLORIDE	20	\$0.46150	\$0.14040	200% Above
N	No	00832605310	DICYCLOMINE HYDROCHLORIDE	60	\$0.18333	\$0.11422	51%-75% Above
N	No	00832605310	DICYCLOMINE HYDROCHLORIDE	180	\$0.18339	\$0.11782	51%-75% Above
N	No	00832605311	DICYCLOMINE HYDROCHLORIDE	90	\$0.18333	\$0.11782	51%-75% Above
N	No	00832712415	DIVALPROEX SODIUM DR	60	\$0.69967	\$0.15880	200% Above
N	No	00832830330	ISOTRETINOIN	60	\$7.59483	\$2.97116	101%-200% Above
N	No	00904404073	ASPIRIN	120	\$0.00608	\$0.02881	(76%-100%) Below
N	Yes	00904404073	ASPIRIN	30	\$0.00933	\$0.02701	(51%-75%) Below
N	No	00904530760	BANOPHEN	1	\$0.02000	\$0.02505	(10%-25%) Below
N	No	00904585540	IBUPROFEN	90	\$0.12333	\$0.06514	76%-100% Above
N	No	00904600860	LORAZEPAM	1	\$0.06000	\$0.03788	51%-75% Above
N	Yes	00904640180	TAMSULOSIN HYDROCHLORIDE	60	\$0.04650	\$0.05878	(10%-25%) Below
N	No	00904671786	CETIRIZINE HYDROCHLORIDE	90	\$0.20756	\$0.06548	200% Above
N	No	00904674860	BISACODYL EC	4	\$0.01250	\$0.05037	(76%-100%) Below
N	Yes	00904674860	BISACODYL EC	4	\$0.01000	\$0.04180	(76%-100%) Below
N	No	00904674880	BISACODYL EC	4	\$0.00500	\$0.04180	(76%-100%) Below
N	No	00904675180	ASPIRIN LOW DOSE	180	\$0.00689	\$0.01437	(51%-75%) Below
N	No	00904675180	ASPIRIN LOW DOSE	240	\$0.00604	\$0.01521	(51%-75%) Below

**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	Yes	00904675180	ASPIRIN LOW DOSE	30	\$0.00600	\$0.01437	(51%-75%) Below
N	No	00904676620	ACETAMINOPHEN CHILDRENS	354	\$0.00441	\$0.02214	(76%-100%) Below
N	No	00904678370	ASPIRIN ADULT LOW DOSE	60	\$0.00800	\$0.01437	(26%-50%) Below
N	No	00904678370	ASPIRIN ADULT LOW DOSE	120	\$0.00717	\$0.01521	(51%-75%) Below
N	No	00904679480	ASPIRIN LOW DOSE	88	\$0.00727	\$0.02701	(51%-75%) Below
N	No	00904728060	DOCUSATE SODIUM	20	\$0.01200	\$0.02571	(51%-75%) Below
N	No	00955100410	ENOXAPARIN SODIUM	50.8	\$7.22500	\$10.41494	(26%-50%) Below
N	No	00955100810	ENOXAPARIN SODIUM	8	\$7.67500	\$10.69083	(26%-50%) Below
N	No	00955101210	ENOXAPARIN SODIUM	8	\$10.62500	\$16.59685	(26%-50%) Below
N	No	00955104690	IRBESARTAN/HYDROCHLOROTHIAZIDE	30	\$0.51000	\$0.23895	101%-200% Above
N	No	00955104818	SEVELAMER HYDROCHLORIDE	270	\$4.29333	\$2.33331	76%-100% Above
N	No	00955105027	SEVELAMER CARBONATE	60	\$1.06783	\$0.24401	200% Above
N	No	00955170310	ZOLPIDEM TARTRATE ER	30	\$0.63467	\$0.15857	200% Above
N	No	00955170310	ZOLPIDEM TARTRATE ER	120	\$0.68092	\$0.15992	200% Above
N	No	10370010150	BUPROPION HYDROCHLORIDE ER (XL)	60	\$0.56067	\$0.10476	200% Above
N	No	10370010203	BUPROPION HYDROCHLORIDE ER (XL)	60	\$0.59417	\$0.16140	200% Above
N	No	10370010203	BUPROPION HYDROCHLORIDE ER (XL)	180	\$0.52633	\$0.18795	101%-200% Above
N	No	10370010250	BUPROPION HYDROCHLORIDE ER (XL)	90	\$0.47578	\$0.18795	101%-200% Above
N	No	10572001201	SODIUM SULFATE/POTASSIUM SULFATE/MAGNESIUM SULFATE	1416	\$0.17096	\$0.21863	(10%-25%) Below
N	No	10572010001	PEG-3350/ELECTROLYTES	4000	\$0.00169	\$0.00455	(51%-75%) Below
N	No	10572030201	PEG-3350/NACL/NA BICARBONATE/KCL	4000	\$0.00569	\$0.00973	(26%-50%) Below
N	No	10572030201	PEG-3350/NACL/NA BICARBONATE/KCL	4000	\$0.00569	\$0.00977	(26%-50%) Below
N	Yes	10572030201	PEG-3350/NACL/NA BICARBONATE/KCL	4000	\$0.00569	\$0.00973	(26%-50%) Below
N	No	10702000109	LOMAIRA	120	\$0.32225	\$0.54574	(26%-50%) Below
N	No	10702000109	LOMAIRA	120	\$0.42217	\$0.54738	(10%-25%) Below

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	10702000301	PROMETHAZINE HYDROCHLORIDE	30	\$0.04033	\$0.04767	(10%-25%) Below
N	No	10702000301	PROMETHAZINE HYDROCHLORIDE	150	\$0.11667	\$0.04910	101%-200% Above
N	No	10702000310	PROMETHAZINE HYDROCHLORIDE	90	\$0.11889	\$0.04910	101%-200% Above
N	No	10702000350	PROMETHAZINE HYDROCHLORIDE	110	\$0.23155	\$0.04767	200% Above
N	No	10702000350	PROMETHAZINE HYDROCHLORIDE	72	\$0.22000	\$0.04910	200% Above
N	No	10702000601	CYCLOBENZAPRINE HYDROCHLORIDE	90	\$0.20267	\$0.02198	200% Above
N	No	10702000601	CYCLOBENZAPRINE HYDROCHLORIDE	10	\$0.17400	\$0.02249	200% Above
N	No	10702000801	OXYCODONE HYDROCHLORIDE	21	\$0.73333	\$0.16215	200% Above
N	No	10702001001	HYDROXYZINE HYDROCHLORIDE	30	\$0.16533	\$0.03609	200% Above
N	Yes	10702001101	HYDROXYZINE HYDROCHLORIDE	90	\$0.05856	\$0.04383	26%-50% Above
N	No	10702001801	OXYCODONE HYDROCHLORIDE	438	\$0.16384	\$0.08639	76%-100% Above
N	No	10702001801	OXYCODONE HYDROCHLORIDE	298	\$0.21185	\$0.09121	101%-200% Above
N	Yes	10702001801	OXYCODONE HYDROCHLORIDE	15	\$0.27067	\$0.09121	101%-200% Above
N	No	10702001850	OXYCODONE HYDROCHLORIDE	54	\$0.36259	\$0.08639	200% Above
N	No	10702001850	OXYCODONE HYDROCHLORIDE	132	\$0.36894	\$0.09121	200% Above
N	No	10702002501	PHENTERMINE HCL	1500	\$0.14279	\$0.07364	76%-100% Above
N	No	10702002501	PHENTERMINE HCL	1290	\$0.14098	\$0.07482	76%-100% Above
N	No	10702002510	PHENTERMINE HCL	165	\$0.28085	\$0.07364	200% Above
N	No	10702002510	PHENTERMINE HCL	300	\$0.13867	\$0.07482	76%-100% Above
N	No	10702002601	PHENTERMINE HYDROCHLORIDE	30	\$0.20000	\$0.11364	76%-100% Above
N	No	10702002701	PHENTERMINE HYDROCHLORIDE	30	\$0.22133	\$0.13109	51%-75% Above
N	No	10702005501	HYDROCODONE BITARTRATE/HOMATROPINE METHYLBROMIDE	15	\$1.74333	\$0.98525	76%-100% Above
N	No	10702005601	OXYCODONE HYDROCHLORIDE	712	\$0.23086	\$0.11816	76%-100% Above
N	No	10702005601	OXYCODONE HYDROCHLORIDE	500	\$0.21840	\$0.11919	76%-100% Above
N	No	10702010001	METHYLPHENIDATE HYDROCHLORIDE	270	\$0.18011	\$0.09515	76%-100% Above
N	No	10702010001	METHYLPHENIDATE HYDROCHLORIDE	120	\$0.31458	\$0.11071	101%-200% Above
N	No	10702010101	METHYLPHENIDATE HYDROCHLORIDE	291	\$0.61502	\$0.11912	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	10702010101	METHYLPHENIDATE HYDROCHLORIDE	405	\$0.57570	\$0.14999	200% Above
N	Yes	10702010101	METHYLPHENIDATE HYDROCHLORIDE	90	\$0.71956	\$0.14999	200% Above
N	No	10702010201	METHYLPHENIDATE HYDROCHLORIDE	240	\$0.28792	\$0.17475	51%-75% Above
N	No	10702010201	METHYLPHENIDATE HYDROCHLORIDE	105	\$0.43057	\$0.24688	51%-75% Above
N	No	10702010601	DEXMETHYLPHENIDATE HYDROCHLORIDE	50	\$0.47760	\$0.09989	200% Above
N	No	10702010701	DEXMETHYLPHENIDATE HCL	290	\$0.29410	\$0.20073	26%-50% Above
N	No	10702010701	DEXMETHYLPHENIDATE HCL	165	\$0.34691	\$0.24895	26%-50% Above
Y	No	10702010701	DEXMETHYLPHENIDATE HCL	90	\$0.27700	\$0.20073	26%-50% Above
N	No	10702010801	DEXMETHYLPHENIDATE HCL	30	\$0.47400	\$0.30611	51%-75% Above
N	No	10702018701	OXYCODONE/ACETAMINOPHEN	21	\$0.82667	\$0.21159	200% Above
N	No	10702020101	OXYBUTYNIN CHLORIDE	180	\$0.09972	\$0.06077	51%-75% Above
N	No	10702025301	BUTALBITAL/ACETAMINOPHEN/C AFFEINE	30	\$0.47467	\$0.15359	200% Above
N	No	10702025350	BUTALBITAL/ACETAMINOPHEN/C AFFEINE	70	\$0.87671	\$0.15181	200% Above
N	No	10702025350	BUTALBITAL/ACETAMINOPHEN/C AFFEINE	219	\$0.70863	\$0.15359	200% Above
N	No	10702080806	CYCLOSPORINE	480	\$2.33496	\$2.76711	(10%-25%) Below
N	No	10702080806	CYCLOSPORINE	420	\$1.44183	\$2.79388	(26%-50%) Below
N	No	11534015701	PHENTERMINE HYDROCHLORIDE	30	\$0.05800	\$0.11364	(26%-50%) Below
N	No	11534015901	PHENTERMINE HYDROCHLORIDE	30	\$0.17033	\$0.10000	51%-75% Above
N	No	11534016001	PHENTERMINE HCL	240	\$0.13883	\$0.07364	76%-100% Above
N	No	11534016001	PHENTERMINE HCL	285	\$0.13607	\$0.07482	76%-100% Above
N	No	11534016501	FOLIC ACID	28	\$0.01214	\$0.02582	(51%-75%) Below
N	No	11534016503	FOLIC ACID	287	\$0.04279	\$0.02582	51%-75% Above
N	No	11534016503	FOLIC ACID	450	\$0.05047	\$0.02819	76%-100% Above
N	Yes	11534016503	FOLIC ACID	330	\$0.02309	\$0.02582	(10%-25%) Below
N	Yes	11534016503	FOLIC ACID	90	\$0.02511	\$0.02819	(10%-25%) Below
N	No	11534017601	PHENTERMINE HYDROCHLORIDE	90	\$0.09467	\$0.13109	(26%-50%) Below
N	No	11534018701	BUTALBITAL/ACETAMINOPHEN/C AFFEINE	30	\$1.90867	\$0.50332	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	11534018701	BUTALBITAL/ACETAMINOPHEN/C AFFEINE	30	\$1.79867	\$0.59828	200% Above
N	No	11534019601	AMPHETAMINE/DEXTROAMPHET AMINE	60	\$0.84633	\$0.34408	101%-200% Above
N	No	13107000105	MIRTAZAPINE	30	\$0.50167	\$0.56996	(10%-25%) Below
N	No	13107000105	MIRTAZAPINE	30	\$1.84333	\$0.57757	200% Above
N	No	13107000305	MIRTAZAPINE	240	\$0.27908	\$0.08191	200% Above
N	No	13107000305	MIRTAZAPINE	30	\$0.17833	\$0.08352	101%-200% Above
N	No	13107000334	MIRTAZAPINE	60	\$0.58100	\$0.08191	200% Above
N	No	13107000334	MIRTAZAPINE	135	\$0.24385	\$0.08352	101%-200% Above
N	Yes	13107000334	MIRTAZAPINE	30	\$0.34267	\$0.08352	200% Above
Y	No	13107000334	MIRTAZAPINE	30	\$0.50000	\$0.08352	200% Above
N	No	13107001905	HYDROCODONE BITARTRATE/ACETAMINOPHEN	12	\$0.48500	\$0.13129	200% Above
N	No	13107003105	MIRTAZAPINE	420	\$0.31890	\$0.06440	200% Above
N	No	13107003105	MIRTAZAPINE	960	\$0.16157	\$0.06448	101%-200% Above
N	Yes	13107003105	MIRTAZAPINE	30	\$0.31367	\$0.06440	200% Above
Y	No	13107003105	MIRTAZAPINE	30	\$0.05467	\$0.06448	(10%-25%) Below
N	No	13107003134	MIRTAZAPINE	60	\$0.28500	\$0.06440	200% Above
N	No	13107003134	MIRTAZAPINE	255	\$0.36749	\$0.06448	200% Above
N	No	13107003205	MIRTAZAPINE	60	\$0.37967	\$0.11746	200% Above
N	No	13107003205	MIRTAZAPINE	90	\$0.17289	\$0.11931	26%-50% Above
N	Yes	13107003234	MIRTAZAPINE	30	\$0.15767	\$0.11931	26%-50% Above
N	No	13107007001	AMPHETAMINE/DEXTROAMPHET AMINE	45	\$0.66311	\$0.28807	101%-200% Above
N	No	13107007301	AMPHETAMINE/DEXTROAMPHET AMINE	60	\$0.30450	\$0.34453	(10%-25%) Below
N	No	13107007901	TRAZODONE HYDROCHLORIDE	120	\$0.26733	\$0.03522	200% Above
N	No	13107008301	LORAZEPAM	15	\$0.23133	\$0.04039	200% Above
N	No	13107008305	LORAZEPAM	321	\$0.26897	\$0.04018	200% Above
N	No	13107008305	LORAZEPAM	20	\$0.23150	\$0.04039	200% Above
N	Yes	13107008305	LORAZEPAM	90	\$0.26467	\$0.04018	200% Above
N	No	13107008401	LORAZEPAM	80	\$0.22250	\$0.03788	200% Above
N	No	13107008405	LORAZEPAM	175	\$0.23514	\$0.03788	200% Above
N	No	13107008405	LORAZEPAM	200	\$0.27420	\$0.04298	200% Above
N	Yes	13107008405	LORAZEPAM	135	\$0.37763	\$0.03788	200% Above
N	No	13107008501	LORAZEPAM	60	\$0.32033	\$0.06680	200% Above
N	No	13107015405	PAROXETINE HYDROCHLORIDE	90	\$0.27478	\$0.06781	200% Above
N	No	13107015405	PAROXETINE HYDROCHLORIDE	60	\$0.49967	\$0.06971	200% Above

**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	13107015490	PAROXETINE HYDROCHLORIDE	30	\$0.69033	\$0.06781	200% Above
N	No	13107015490	PAROXETINE HYDROCHLORIDE	150	\$0.44000	\$0.06971	200% Above
N	No	13107015530	PAROXETINE HYDROCHLORIDE	30	\$0.36300	\$0.07132	200% Above
N	No	13107015590	PAROXETINE HYDROCHLORIDE	150	\$0.44067	\$0.06934	200% Above
N	No	13107015590	PAROXETINE HYDROCHLORIDE	210	\$0.49557	\$0.07132	200% Above
N	Yes	13107015590	PAROXETINE HYDROCHLORIDE	90	\$0.28600	\$0.06934	200% Above
N	No	13107015599	PAROXETINE HYDROCHLORIDE	30	\$0.36300	\$0.07132	200% Above
N	No	13107015690	PAROXETINE HCL	60	\$0.75567	\$0.09000	200% Above
N	No	13107015690	PAROXETINE HCL	120	\$0.56842	\$0.10571	200% Above
N	No	13107015730	PAROXETINE HCL	30	\$0.80833	\$0.10747	200% Above
N	No	13107015790	PAROXETINE HCL	120	\$0.75025	\$0.11054	200% Above
N	Yes	13107015790	PAROXETINE HCL	90	\$0.55167	\$0.10747	200% Above
N	No	13107015799	PAROXETINE HCL	30	\$0.49767	\$0.10747	200% Above
N	Yes	13107015799	PAROXETINE HCL	30	\$0.07267	\$0.10747	(26%-50%) Below
N	No	13668000701	ZOLPIDEM TARTRATE	170	\$0.43076	\$0.03309	200% Above
N	No	13668000701	ZOLPIDEM TARTRATE	240	\$0.50617	\$0.03355	200% Above
N	Yes	13668000701	ZOLPIDEM TARTRATE	30	\$0.49033	\$0.03309	200% Above
N	Yes	13668000701	ZOLPIDEM TARTRATE	30	\$0.45167	\$0.03355	200% Above
N	No	13668000705	ZOLPIDEM TARTRATE	60	\$0.49033	\$0.03309	200% Above
N	No	13668000705	ZOLPIDEM TARTRATE	155	\$0.46903	\$0.03355	200% Above
N	No	13668000710	ZOLPIDEM TARTRATE	30	\$0.62300	\$0.03355	200% Above
N	No	13668000801	ZOLPIDEM TARTRATE	300	\$0.21760	\$0.03531	200% Above
N	No	13668000801	ZOLPIDEM TARTRATE	418	\$0.26560	\$0.03648	200% Above
N	Yes	13668000801	ZOLPIDEM TARTRATE	30	\$0.03100	\$0.03531	(10%-25%) Below
N	Yes	13668000801	ZOLPIDEM TARTRATE	30	\$0.42167	\$0.03648	200% Above
N	No	13668000805	ZOLPIDEM TARTRATE	1655	\$0.43663	\$0.03531	200% Above
N	No	13668000805	ZOLPIDEM TARTRATE	1402	\$0.46096	\$0.03648	200% Above
N	Yes	13668000805	ZOLPIDEM TARTRATE	60	\$0.49033	\$0.03531	200% Above
N	Yes	13668000805	ZOLPIDEM TARTRATE	30	\$0.19833	\$0.03648	200% Above
N	No	13668000810	ZOLPIDEM TARTRATE	305	\$0.46649	\$0.03531	200% Above
N	No	13668000810	ZOLPIDEM TARTRATE	300	\$0.26100	\$0.03648	200% Above
N	Yes	13668000810	ZOLPIDEM TARTRATE	90	\$0.33600	\$0.03531	200% Above
N	Yes	13668000810	ZOLPIDEM TARTRATE	120	\$0.15642	\$0.03648	200% Above
Y	No	13668000810	ZOLPIDEM TARTRATE	90	\$0.28644	\$0.03648	200% Above
N	No	13668000815	ZOLPIDEM TARTRATE	30	\$0.50700	\$0.03531	200% Above
N	No	13668000815	ZOLPIDEM TARTRATE	30	\$0.50700	\$0.03648	200% Above
N	No	13668000901	CITALOPRAM HYDROBROMIDE	180	\$0.21222	\$0.02608	200% Above
N	No	13668000901	CITALOPRAM HYDROBROMIDE	120	\$0.15842	\$0.02621	200% Above
N	Yes	13668000901	CITALOPRAM HYDROBROMIDE	30	\$0.13333	\$0.02608	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	Yes	13668000901	CITALOPRAM HYDROBROMIDE	30	\$0.12333	\$0.02621	200% Above
N	No	13668000905	CITALOPRAM HYDROBROMIDE	420	\$0.37288	\$0.02608	200% Above
N	No	13668000905	CITALOPRAM HYDROBROMIDE	510	\$0.34747	\$0.02621	200% Above
N	Yes	13668000905	CITALOPRAM HYDROBROMIDE	90	\$0.26133	\$0.02621	200% Above
N	No	13668001001	CITALOPRAM HYDROBROMIDE	210	\$0.18195	\$0.03155	200% Above
N	No	13668001001	CITALOPRAM HYDROBROMIDE	150	\$0.11167	\$0.03240	200% Above
N	Yes	13668001001	CITALOPRAM HYDROBROMIDE	30	\$0.13333	\$0.03155	200% Above
N	Yes	13668001001	CITALOPRAM HYDROBROMIDE	60	\$0.10100	\$0.03240	200% Above
N	No	13668001005	CITALOPRAM HYDROBROMIDE	1035	\$0.43293	\$0.03155	200% Above
N	No	13668001005	CITALOPRAM HYDROBROMIDE	1050	\$0.35699	\$0.03240	200% Above
N	Yes	13668001005	CITALOPRAM HYDROBROMIDE	30	\$0.02400	\$0.03155	(10%-25%) Below
N	Yes	13668001005	CITALOPRAM HYDROBROMIDE	240	\$0.25942	\$0.03240	200% Above
N	No	13668001101	CITALOPRAM HYDROBROMIDE	120	\$0.10767	\$0.04380	101%-200% Above
N	No	13668001101	CITALOPRAM HYDROBROMIDE	60	\$0.12333	\$0.04499	101%-200% Above
N	No	13668001105	CITALOPRAM HYDROBROMIDE	420	\$0.46174	\$0.04380	200% Above
N	No	13668001105	CITALOPRAM HYDROBROMIDE	450	\$0.39869	\$0.04499	200% Above
N	Yes	13668001105	CITALOPRAM HYDROBROMIDE	75	\$0.08693	\$0.04499	76%-100% Above
N	No	13668004501	LAMOTRIGINE	640	\$0.13044	\$0.02964	200% Above
N	No	13668004501	LAMOTRIGINE	667	\$0.24454	\$0.03029	200% Above
N	No	13668004701	LAMOTRIGINE	1132	\$0.21842	\$0.05177	200% Above
N	No	13668004701	LAMOTRIGINE	1117	\$0.33286	\$0.05260	200% Above
N	No	13668004705	LAMOTRIGINE	14	\$0.32000	\$0.05177	200% Above
N	No	13668004860	LAMOTRIGINE	210	\$0.14019	\$0.06863	101%-200% Above
N	No	13668004860	LAMOTRIGINE	60	\$0.14033	\$0.07131	76%-100% Above
N	No	13668004960	LAMOTRIGINE	780	\$0.38310	\$0.07527	200% Above
N	No	13668004960	LAMOTRIGINE	420	\$0.33621	\$0.07961	200% Above
N	Yes	13668004960	LAMOTRIGINE	60	\$0.73267	\$0.07527	200% Above
N	No	13668007905	MONTELUKAST SODIUM	30	\$0.50000	\$0.08320	200% Above
N	No	13668007930	MONTELUKAST SODIUM	30	\$0.74433	\$0.08540	200% Above
N	Yes	13668007990	MONTELUKAST SODIUM	30	\$0.05000	\$0.08320	(26%-50%) Below
N	Yes	13668007990	MONTELUKAST SODIUM	30	\$0.05000	\$0.08540	(26%-50%) Below
N	No	13668008005	MONTELUKAST SODIUM	90	\$0.22244	\$0.07589	101%-200% Above
N	No	13668008005	MONTELUKAST SODIUM	30	\$0.35833	\$0.08388	200% Above
N	No	13668008105	MONTELUKAST SODIUM	30	\$0.77667	\$0.06484	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	Yes	13668008105	MONTELUKAST SODIUM	30	\$0.05767	\$0.06442	(10%-25%) Below
Y	No	13668008105	MONTELUKAST SODIUM	180	\$0.27961	\$0.06442	200% Above
Y	No	13668008105	MONTELUKAST SODIUM	300	\$0.17417	\$0.06484	101%-200% Above
Y	Yes	13668008105	MONTELUKAST SODIUM	90	\$0.38156	\$0.06484	200% Above
N	No	13668008130	MONTELUKAST SODIUM	30	\$0.05767	\$0.06442	(10%-25%) Below
N	No	13668008130	MONTELUKAST SODIUM	30	\$0.05767	\$0.06484	(10%-25%) Below
N	No	13668008190	MONTELUKAST SODIUM	90	\$0.11111	\$0.06484	51%-75% Above
N	No	13668009190	PRAMIPEXOLE DIHYDROCHLORIDE	7	\$0.34571	\$0.04546	200% Above
N	No	13668009190	PRAMIPEXOLE DIHYDROCHLORIDE	127	\$0.29803	\$0.04668	200% Above
N	No	13668009290	PRAMIPEXOLE DIHYDROCHLORIDE	30	\$0.57367	\$0.04642	200% Above
N	No	13668009290	PRAMIPEXOLE DIHYDROCHLORIDE	90	\$0.57367	\$0.04875	200% Above
N	Yes	13668009290	PRAMIPEXOLE DIHYDROCHLORIDE	90	\$0.42556	\$0.04875	200% Above
N	No	13668009390	PRAMIPEXOLE DIHYDROCHLORIDE	30	\$0.32067	\$0.05209	200% Above
N	Yes	13668009390	PRAMIPEXOLE DIHYDROCHLORIDE	30	\$0.30000	\$0.05209	200% Above
Y	No	13668009390	PRAMIPEXOLE DIHYDROCHLORIDE	270	\$0.34270	\$0.05181	200% Above
Y	No	13668009390	PRAMIPEXOLE DIHYDROCHLORIDE	180	\$0.37706	\$0.05209	200% Above
N	No	13668009490	PRAMIPEXOLE DIHYDROCHLORIDE	51	\$0.48137	\$0.05804	200% Above
N	No	13668009490	PRAMIPEXOLE DIHYDROCHLORIDE	129	\$0.42271	\$0.05817	200% Above
N	Yes	13668009490	PRAMIPEXOLE DIHYDROCHLORIDE	60	\$0.05117	\$0.05817	(10%-25%) Below
N	No	13668010401	ISOSORBIDE MONONITRATE ER	225	\$0.20404	\$0.07693	101%-200% Above
N	No	13668010401	ISOSORBIDE MONONITRATE ER	210	\$0.39224	\$0.08392	200% Above
N	No	13668010410	ISOSORBIDE MONONITRATE ER	30	\$0.31533	\$0.07693	200% Above
N	No	13668010410	ISOSORBIDE MONONITRATE ER	150	\$0.30947	\$0.08392	200% Above
N	Yes	13668010501	ISOSORBIDE MONONITRATE ER	60	\$0.28900	\$0.10920	101%-200% Above
N	Yes	13668010501	ISOSORBIDE MONONITRATE ER	30	\$0.28900	\$0.11236	101%-200% Above
N	No	13668010601	ISOSORBIDE MONONITRATE ER	30	\$1.38500	\$0.23935	200% Above
N	No	13668010601	ISOSORBIDE MONONITRATE ER	30	\$0.84633	\$0.27457	200% Above
N	No	13668010790	RABEPRAZOLE SODIUM	30	\$0.98900	\$0.18699	200% Above



**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	13668011105	DULOXETINE HYDROCHLORIDE	30	\$0.43467	\$0.11250	200% Above
N	No	13668011810	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	30	\$1.17067	\$0.12695	200% Above
N	No	13668013501	ESCITALOPRAM OXALATE	1142	\$0.40952	\$0.04488	200% Above
N	No	13668013501	ESCITALOPRAM OXALATE	821	\$0.45258	\$0.04702	200% Above
N	Yes	13668013501	ESCITALOPRAM OXALATE	30	\$0.22867	\$0.04488	200% Above
N	No	13668013601	ESCITALOPRAM OXALATE	1405	\$0.50714	\$0.04783	200% Above
N	No	13668013601	ESCITALOPRAM OXALATE	3251	\$0.46017	\$0.04847	200% Above
N	Yes	13668013601	ESCITALOPRAM OXALATE	180	\$0.27222	\$0.04783	200% Above
N	Yes	13668013601	ESCITALOPRAM OXALATE	90	\$0.30256	\$0.04847	200% Above
N	No	13668013605	ESCITALOPRAM OXALATE	60	\$0.48567	\$0.04783	200% Above
N	No	13668013605	ESCITALOPRAM OXALATE	30	\$0.59000	\$0.04847	200% Above
N	No	13668013610	ESCITALOPRAM OXALATE	2452	\$0.44566	\$0.04783	200% Above
N	No	13668013610	ESCITALOPRAM OXALATE	3301	\$0.45907	\$0.04847	200% Above
N	Yes	13668013610	ESCITALOPRAM OXALATE	120	\$0.41933	\$0.04783	200% Above
N	Yes	13668013610	ESCITALOPRAM OXALATE	150	\$0.35067	\$0.04847	200% Above
N	No	13668013701	ESCITALOPRAM OXALATE	960	\$0.56114	\$0.07945	200% Above
N	No	13668013701	ESCITALOPRAM OXALATE	780	\$0.51638	\$0.08426	200% Above
N	Yes	13668013701	ESCITALOPRAM OXALATE	30	\$0.54933	\$0.07945	200% Above
N	Yes	13668013701	ESCITALOPRAM OXALATE	30	\$0.54933	\$0.08426	200% Above
N	No	13668013705	ESCITALOPRAM OXALATE	255	\$0.46773	\$0.07945	200% Above
N	No	13668013705	ESCITALOPRAM OXALATE	90	\$0.47711	\$0.08426	200% Above
N	No	13668013710	ESCITALOPRAM OXALATE	240	\$0.55775	\$0.07945	200% Above
N	No	13668013710	ESCITALOPRAM OXALATE	390	\$0.54400	\$0.08426	200% Above
N	No	13668018005	ROSUVASTATIN CALCIUM	390	\$0.56695	\$0.04990	200% Above
N	No	13668018005	ROSUVASTATIN CALCIUM	60	\$0.68500	\$0.05258	200% Above
N	No	13668018090	ROSUVASTATIN CALCIUM	30	\$0.03767	\$0.05258	(26%-50%) Below
N	No	13668018105	ROSUVASTATIN CALCIUM	240	\$0.47958	\$0.06569	200% Above
N	No	13668018105	ROSUVASTATIN CALCIUM	90	\$0.14222	\$0.07194	76%-100% Above
N	No	13668018190	ROSUVASTATIN CALCIUM	30	\$0.49067	\$0.06569	200% Above
N	No	13668018205	ROSUVASTATIN CALCIUM	90	\$0.73511	\$0.10464	200% Above
N	Yes	13668018701	SILDENAFIL CITRATE	15	\$0.08200	\$0.20633	(51%-75%) Below
N	Yes	13668018801	SILDENAFIL CITRATE	12	\$0.13417	\$0.20455	(26%-50%) Below
N	No	13668018930	TOLTERODINE TARTRATE ER	30	\$1.77200	\$0.46380	200% Above
N	No	13668019090	TOLTERODINE TARTRATE ER	90	\$1.95044	\$0.56231	200% Above
N	No	13668019090	TOLTERODINE TARTRATE ER	90	\$0.40200	\$0.56488	(26%-50%) Below

**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	13668021630	ARIPIRAZOLE	30	\$0.96233	\$0.12925	200% Above
N	No	13668021630	ARIPIRAZOLE	30	\$1.20300	\$0.13222	200% Above
N	No	13668021690	ARIPIRAZOLE	90	\$0.76344	\$0.12925	200% Above
N	No	13668021690	ARIPIRAZOLE	90	\$1.17500	\$0.13222	200% Above
N	No	13668021705	ARIPIRAZOLE	60	\$1.19667	\$0.12060	200% Above
N	No	13668021705	ARIPIRAZOLE	30	\$0.10767	\$0.14416	(26%-50%) Below
N	No	13668021730	ARIPIRAZOLE	90	\$0.81856	\$0.12060	200% Above
N	No	13668021730	ARIPIRAZOLE	30	\$6.48867	\$0.14416	200% Above
N	No	13668021790	ARIPIRAZOLE	120	\$0.78350	\$0.12060	200% Above
N	No	13668021790	ARIPIRAZOLE	60	\$0.71683	\$0.14416	200% Above
N	No	13668021805	ARIPIRAZOLE	30	\$0.68733	\$0.13140	200% Above
N	No	13668021890	ARIPIRAZOLE	60	\$0.65450	\$0.13140	200% Above
N	No	13668021930	ARIPIRAZOLE	90	\$1.21233	\$0.19686	200% Above
N	No	13668021990	ARIPIRAZOLE	30	\$0.85833	\$0.19686	200% Above
N	No	13668022005	ARIPIRAZOLE	28	\$0.75679	\$0.25949	101%-200% Above
N	No	13668022030	ARIPIRAZOLE	30	\$1.63900	\$0.25759	200% Above
N	No	13668026801	CARBAMAZEPINE	180	\$0.66078	\$0.11345	200% Above
N	No	13668033005	TRAZODONE HYDROCHLORIDE	1515	\$0.30183	\$0.03480	200% Above
N	No	13668033005	TRAZODONE HYDROCHLORIDE	1750	\$0.36335	\$0.03522	200% Above
N	Yes	13668033005	TRAZODONE HYDROCHLORIDE	60	\$0.45167	\$0.03480	200% Above
N	Yes	13668033005	TRAZODONE HYDROCHLORIDE	180	\$0.30956	\$0.03522	200% Above
N	No	13668033101	TRAZODONE HYDROCHLORIDE	495	\$0.37560	\$0.06411	200% Above
N	No	13668033101	TRAZODONE HYDROCHLORIDE	485	\$0.37472	\$0.06606	200% Above
N	No	13668033105	TRAZODONE HYDROCHLORIDE	30	\$0.30800	\$0.06411	200% Above
N	No	13668033201	TRAZODONE HYDROCHLORIDE	30	\$0.37267	\$0.11703	200% Above
N	No	13668033201	TRAZODONE HYDROCHLORIDE	205	\$0.68932	\$0.11775	200% Above
N	Yes	13668033201	TRAZODONE HYDROCHLORIDE	30	\$0.69933	\$0.11703	200% Above
N	No	13668033205	TRAZODONE HYDROCHLORIDE	90	\$0.31678	\$0.11703	101%-200% Above
N	No	13668034030	LAMOTRIGINE ER	60	\$6.14933	\$1.02465	200% Above
N	Yes	13668034030	LAMOTRIGINE ER	30	\$6.21800	\$1.20720	200% Above
N	No	13668034130	LAMOTRIGINE ER	30	\$6.43067	\$0.72815	200% Above
N	No	13668035430	NEBIVOLOL HYDROCHLORIDE	90	\$1.28556	\$0.18686	200% Above
N	No	13668035530	NEBIVOLOL HYDROCHLORIDE	60	\$1.38467	\$0.19531	200% Above
N	No	13668035530	NEBIVOLOL HYDROCHLORIDE	90	\$1.20433	\$0.19700	200% Above
N	No	13668042905	PANTOPRAZOLE SODIUM	90	\$0.43767	\$0.05326	200% Above
N	No	13668042905	PANTOPRAZOLE SODIUM	90	\$0.35144	\$0.05797	200% Above
N	Yes	13668042905	PANTOPRAZOLE SODIUM	30	\$0.04433	\$0.05797	(10%-25%) Below

**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	13668043801	FENOFIBRATE	90	\$0.27778	\$0.16179	51%-75% Above
N	Yes	13668043801	FENOFIBRATE	90	\$1.20056	\$0.16179	200% Above
N	No	13668043901	FENOFIBRATE	30	\$0.52567	\$0.13274	200% Above
N	No	13668043901	FENOFIBRATE	150	\$0.54373	\$0.13814	200% Above
N	No	13668044101	CELECOXIB	30	\$0.49667	\$0.08782	200% Above
N	No	13668044201	CELECOXIB	60	\$0.16667	\$0.10817	51%-75% Above
N	No	13668044201	CELECOXIB	30	\$0.66067	\$0.10988	200% Above
N	Yes	13668044201	CELECOXIB	60	\$0.74317	\$0.10988	200% Above
N	No	13668044205	CELECOXIB	30	\$0.82567	\$0.10817	200% Above
N	No	13668046430	LURASIDONE HYDROCHLORIDE	30	\$1.18133	\$0.22711	200% Above
N	No	13668046530	LURASIDONE HYDROCHLORIDE	30	\$1.20567	\$0.32138	200% Above
N	No	13668046630	LURASIDONE HYDROCHLORIDE	60	\$1.53200	\$0.51019	200% Above
N	No	13668048201	MINOCYCLINE HYDROCHLORIDE	30	\$0.78300	\$0.17558	200% Above
N	Yes	13668048201	MINOCYCLINE HYDROCHLORIDE	60	\$0.54267	\$0.18217	101%-200% Above
N	No	13668048301	MINOCYCLINE HCL	60	\$1.06583	\$0.35068	200% Above
N	No	13668048450	MINOCYCLINE HYDROCHLORIDE	60	\$0.90050	\$0.36954	101%-200% Above
N	No	13668048450	MINOCYCLINE HYDROCHLORIDE	90	\$0.47744	\$0.37035	26%-50% Above
N	Yes	13668048450	MINOCYCLINE HYDROCHLORIDE	60	\$0.26367	\$0.36954	(26%-50%) Below
N	No	13668048750	MINOCYCLINE HCL	90	\$1.78433	\$0.69970	101%-200% Above
N	No	13668050930	LURASIDONE HYDROCHLORIDE	30	\$1.36333	\$0.41582	200% Above
N	No	13668051501	ACYCLOVIR	45	\$3.06200	\$0.73295	200% Above
N	No	13668056630	TADALAFIL	60	\$1.48250	\$0.15162	200% Above
N	No	13668056630	TADALAFIL	182	\$1.44566	\$0.15769	200% Above
N	Yes	13668056830	TADALAFIL	6	\$3.10833	\$0.27323	200% Above
N	No	13668059181	APREPITANT	1	\$15.00000	\$60.20889	(76%-100%) Below
N	No	13668059182	APREPITANT	1	\$76.96000	\$64.64222	10%-25% Above
N	No	13668059501	NYSTATIN	135	\$0.24111	\$0.20746	10%-25% Above
N	No	13668059501	NYSTATIN	75	\$0.45827	\$0.22213	101%-200% Above
N	Yes	13668059501	NYSTATIN	15	\$0.52000	\$0.22213	101%-200% Above
N	No	13668059502	NYSTATIN	270	\$0.47800	\$0.14363	200% Above
N	No	13668059502	NYSTATIN	90	\$0.36467	\$0.14872	101%-200% Above
N	No	13668060505	DAPSONE	60	\$2.34933	\$2.02263	10%-25% Above
N	No	13811009332	ESTRADIOL	30	\$4.42600	\$4.01030	10%-25% Above
N	No	13811070610	METHYLPHENIDATE HYDROCHLORIDE ER	240	\$1.98558	\$0.54300	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	13811070610	METHYLPHENIDATE HYDROCHLORIDE ER	270	\$1.38970	\$0.71283	76%-100% Above
N	No	13811070710	METHYLPHENIDATE HYDROCHLORIDE ER	300	\$2.38850	\$0.70317	200% Above
N	No	13811070710	METHYLPHENIDATE HYDROCHLORIDE ER	300	\$2.18700	\$0.80844	101%-200% Above
N	No	13811070810	METHYLPHENIDATE HYDROCHLORIDE ER	390	\$2.15138	\$0.78729	101%-200% Above
N	No	13811070810	METHYLPHENIDATE HYDROCHLORIDE ER	270	\$2.30452	\$0.94315	101%-200% Above
N	No	13811070910	METHYLPHENIDATE HYDROCHLORIDE ER	224	\$1.74518	\$0.71362	101%-200% Above
N	No	13811070910	METHYLPHENIDATE HYDROCHLORIDE ER	120	\$2.36925	\$0.74071	200% Above
N	No	13811071030	METHYLPHENIDATE HYDROCHLORIDE ER	90	\$1.00722	\$16.99872	(76%-100%) Below
N	No	13811071530	VENLAFAXINE HYDROCHLORIDE ER	30	\$1.65733	\$0.66528	101%-200% Above
N	No	13811071910	NITROFURANTOIN MONOHYDRATE/MACROCRYSTALS	174	\$1.21241	\$0.49864	101%-200% Above
N	No	13811071910	NITROFURANTOIN MONOHYDRATE/MACROCRYSTALS	108	\$0.80019	\$0.52826	51%-75% Above
N	Yes	13811071910	NITROFURANTOIN MONOHYDRATE/MACROCRYSTALS	14	\$0.27500	\$0.49864	(26%-50%) Below
N	Yes	13811071910	NITROFURANTOIN MONOHYDRATE/MACROCRYSTALS	6	\$0.27500	\$0.52826	(26%-50%) Below
N	No	14539067505	HYDROXYZINE PAMOATE	90	\$0.06856	\$0.08633	(10%-25%) Below
N	No	16571020106	DICLOFENAC SODIUM DR	870	\$0.50345	\$0.09223	200% Above
N	No	16571020106	DICLOFENAC SODIUM DR	1414	\$0.46391	\$0.09354	200% Above
N	Yes	16571020106	DICLOFENAC SODIUM DR	140	\$0.52286	\$0.09223	200% Above
N	No	16571020110	DICLOFENAC SODIUM DR	70	\$0.29471	\$0.09354	200% Above
N	Yes	16571020110	DICLOFENAC SODIUM DR	90	\$0.05800	\$0.09223	(26%-50%) Below
N	No	16571020111	DICLOFENAC SODIUM DR	918	\$0.36017	\$0.09223	200% Above
N	No	16571020111	DICLOFENAC SODIUM DR	448	\$0.41038	\$0.09354	200% Above
N	Yes	16571020111	DICLOFENAC SODIUM DR	120	\$0.29600	\$0.09223	200% Above
N	Yes	16571020111	DICLOFENAC SODIUM DR	60	\$0.33333	\$0.09354	200% Above
N	No	16571020150	DICLOFENAC SODIUM DR	1125	\$0.32930	\$0.09223	200% Above
N	No	16571020150	DICLOFENAC SODIUM DR	1084	\$0.33483	\$0.09354	200% Above
N	Yes	16571020150	DICLOFENAC SODIUM DR	150	\$0.23053	\$0.09223	101%-200% Above
N	Yes	16571020150	DICLOFENAC SODIUM DR	150	\$0.31800	\$0.09354	200% Above

**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	16571020210	DICLOFENAC SODIUM DR	400	\$0.48095	\$0.09297	200% Above
N	No	16571020210	DICLOFENAC SODIUM DR	291	\$0.56265	\$0.09819	200% Above
N	Yes	16571020210	DICLOFENAC SODIUM DR	60	\$0.07883	\$0.09297	(10%-25%) Below
N	No	16571020211	DICLOFENAC SODIUM DR	20	\$0.30550	\$0.09297	200% Above
N	No	16571040250	CETIRIZINE HYDROCHLORIDE	150	\$0.04747	\$0.06548	(26%-50%) Below
N	No	16571040250	CETIRIZINE HYDROCHLORIDE	150	\$0.04747	\$0.06707	(26%-50%) Below
N	No	16571041110	CIPROFLOXACIN HYDROCHLORIDE	12	\$1.22833	\$0.09801	200% Above
N	No	16571041250	CIPROFLOXACIN HYDROCHLORIDE	278	\$0.85007	\$0.15205	200% Above
N	No	16571041250	CIPROFLOXACIN HYDROCHLORIDE	94	\$1.06904	\$0.15515	200% Above
N	Yes	16571041250	CIPROFLOXACIN HYDROCHLORIDE	14	\$0.81714	\$0.15205	200% Above
N	No	16571066101	MECLIZINE HYDROCHLORIDE	30	\$0.24067	\$0.09569	101%-200% Above
N	No	16571066101	MECLIZINE HYDROCHLORIDE	30	\$0.19400	\$0.10653	76%-100% Above
N	No	16571066110	MECLIZINE HYDROCHLORIDE	28	\$0.06429	\$0.09569	(26%-50%) Below
N	No	16571066110	MECLIZINE HYDROCHLORIDE	30	\$0.06400	\$0.10653	(26%-50%) Below
N	No	16571066401	METRONIDAZOLE	56	\$0.13571	\$0.11994	10%-25% Above
N	Yes	16571066401	METRONIDAZOLE	21	\$0.09429	\$0.11994	(10%-25%) Below
N	No	16571066450	METRONIDAZOLE	859	\$0.16240	\$0.11994	26%-50% Above
N	No	16571066450	METRONIDAZOLE	705	\$0.16349	\$0.12576	26%-50% Above
N	Yes	16571066450	METRONIDAZOLE	30	\$0.06000	\$0.11994	(26%-50%) Below
N	No	16571066550	METRONIDAZOLE	42	\$0.11024	\$0.09898	10%-25% Above
N	No	16571067450	PHENOBARBITAL	30	\$0.33267	\$0.21883	51%-75% Above
N	No	16571068701	HYDROXYCHLOROQUINE SULFATE	90	\$1.23300	\$0.17883	200% Above
N	No	16571068701	HYDROXYCHLOROQUINE SULFATE	180	\$1.04256	\$0.20755	200% Above
N	No	16571070506	TOPIRAMATE	60	\$0.34250	\$0.03170	200% Above
N	No	16571071610	TRAMADOL HYDROCHLORIDE	805	\$0.22179	\$0.02747	200% Above
N	No	16571071610	TRAMADOL HYDROCHLORIDE	106	\$0.34519	\$0.03046	200% Above
N	Yes	16571071610	TRAMADOL HYDROCHLORIDE	16	\$0.29688	\$0.02747	200% Above
N	Yes	16571071610	TRAMADOL HYDROCHLORIDE	90	\$0.02200	\$0.03046	(26%-50%) Below
N	No	16571071650	TRAMADOL HYDROCHLORIDE	30	\$0.15067	\$0.02747	200% Above
N	No	16571071650	TRAMADOL HYDROCHLORIDE	78	\$0.32038	\$0.03046	200% Above

**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	Yes	16571071650	TRAMADOL HYDROCHLORIDE	28	\$0.02107	\$0.03046	(26%-50%) Below
N	No	16571071701	QUETIAPINE FUMARATE	60	\$0.06583	\$0.03177	101%-200% Above
N	No	16571071701	QUETIAPINE FUMARATE	120	\$0.06575	\$0.03234	101%-200% Above
N	No	16571071801	QUETIAPINE FUMARATE	60	\$0.09133	\$0.04043	101%-200% Above
N	No	16571071801	QUETIAPINE FUMARATE	390	\$0.09121	\$0.04120	101%-200% Above
N	No	16571071810	QUETIAPINE FUMARATE	150	\$0.09127	\$0.04043	101%-200% Above
N	No	16571071810	QUETIAPINE FUMARATE	180	\$0.09122	\$0.04120	101%-200% Above
N	No	16571071901	QUETIAPINE FUMARATE	30	\$0.13200	\$0.05328	101%-200% Above
N	No	16571071901	QUETIAPINE FUMARATE	120	\$0.13192	\$0.05603	101%-200% Above
N	No	16571072106	QUETIAPINE FUMARATE	255	\$0.27682	\$0.14038	76%-100% Above
N	No	16571072106	QUETIAPINE FUMARATE	90	\$0.27678	\$0.14762	76%-100% Above
N	No	16571075501	ESCITALOPRAM OXALATE	210	\$0.21967	\$0.04702	200% Above
N	No	16571075610	ESCITALOPRAM OXALATE	60	\$0.59000	\$0.04783	200% Above
N	No	16571075710	ESCITALOPRAM OXALATE	90	\$0.49311	\$0.07945	200% Above
N	No	16571077301	GLIMEPIRIDE	30	\$0.06667	\$0.02757	101%-200% Above
N	No	16571077350	GLIMEPIRIDE	28	\$0.18179	\$0.02757	200% Above
N	No	16571077350	GLIMEPIRIDE	360	\$0.06669	\$0.02817	101%-200% Above
N	No	16571077401	GLIMEPIRIDE	180	\$0.06672	\$0.03350	76%-100% Above
N	Yes	16571077401	GLIMEPIRIDE	60	\$0.02467	\$0.03427	(26%-50%) Below
N	No	16571077450	GLIMEPIRIDE	150	\$0.34147	\$0.03350	200% Above
N	No	16571077450	GLIMEPIRIDE	360	\$0.06672	\$0.03427	76%-100% Above
N	No	16571077501	GLIMEPIRIDE	420	\$0.06671	\$0.04155	51%-75% Above
N	No	16571077550	GLIMEPIRIDE	630	\$0.10002	\$0.03913	101%-200% Above
N	No	16571077550	GLIMEPIRIDE	840	\$0.06568	\$0.04155	51%-75% Above
N	No	16571077710	MELOXICAM	61	\$0.24131	\$0.02097	200% Above
N	No	16571077909	DONEPEZIL HYDROCHLORIDE	90	\$0.16667	\$0.04788	200% Above
N	No	16571078101	CARISOPRODOL	81	\$0.27753	\$0.07990	200% Above
N	No	16571078101	CARISOPRODOL	30	\$0.40100	\$0.08115	200% Above
N	Yes	16571078101	CARISOPRODOL	90	\$0.40100	\$0.08115	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	16571078150	CARISOPRODOL	150	\$0.26053	\$0.07990	200% Above
N	No	16571078150	CARISOPRODOL	60	\$0.13083	\$0.08115	51%-75% Above
N	No	16571078201	CYCLOBENZAPRINE HYDROCHLORIDE	30	\$0.04867	\$0.02249	101%-200% Above
N	No	16571078310	CYCLOBENZAPRINE HYDROCHLORIDE	25	\$0.20760	\$0.02251	200% Above
N	No	16571078310	CYCLOBENZAPRINE HYDROCHLORIDE	15	\$0.20733	\$0.02342	200% Above
N	No	16571078450	GEMFIBROZIL	60	\$0.34167	\$0.10204	200% Above
N	No	16571081320	CALCIUM ACETATE	90	\$0.16456	\$0.20789	(10%-25%) Below
N	No	16571082201	LORATADINE	30	\$0.03400	\$0.05836	(26%-50%) Below
N	No	16571082201	LORATADINE	30	\$0.03400	\$0.05892	(26%-50%) Below
N	No	16571086203	BUPROPION HYDROCHLORIDE ER (XL)	450	\$0.51402	\$0.10136	200% Above
N	No	16571086203	BUPROPION HYDROCHLORIDE ER (XL)	420	\$0.47390	\$0.10476	200% Above
N	Yes	16571086203	BUPROPION HYDROCHLORIDE ER (XL)	30	\$0.43967	\$0.10136	200% Above
N	Yes	16571086203	BUPROPION HYDROCHLORIDE ER (XL)	60	\$0.41233	\$0.10476	200% Above
N	No	16571086209	BUPROPION HYDROCHLORIDE ER (XL)	180	\$0.67006	\$0.10136	200% Above
N	No	16571086209	BUPROPION HYDROCHLORIDE ER (XL)	60	\$0.77833	\$0.10476	200% Above
N	No	16571086250	BUPROPION HYDROCHLORIDE ER (XL)	947	\$0.57444	\$0.10136	200% Above
N	No	16571086250	BUPROPION HYDROCHLORIDE ER (XL)	870	\$0.66971	\$0.10476	200% Above
N	Yes	16571086250	BUPROPION HYDROCHLORIDE ER (XL)	60	\$0.62667	\$0.10136	200% Above
N	Yes	16571086250	BUPROPION HYDROCHLORIDE ER (XL)	30	\$0.69133	\$0.10476	200% Above
N	No	16571086309	BUPROPION HYDROCHLORIDE ER (XL)	30	\$0.85500	\$0.16140	200% Above
N	No	16571086350	BUPROPION HYDROCHLORIDE ER (XL)	720	\$0.61050	\$0.16140	200% Above
N	No	16571086350	BUPROPION HYDROCHLORIDE ER (XL)	540	\$0.78796	\$0.18795	200% Above
N	Yes	16571086350	BUPROPION HYDROCHLORIDE ER (XL)	120	\$0.53117	\$0.16140	200% Above
N	Yes	16571086350	BUPROPION HYDROCHLORIDE ER (XL)	30	\$0.75633	\$0.18795	200% Above
N	No	16571086850	GABAPENTIN	801	\$0.21693	\$0.04077	200% Above
N	No	16571086850	GABAPENTIN	660	\$0.24944	\$0.04095	200% Above
N	Yes	16571086850	GABAPENTIN	30	\$0.22667	\$0.04077	200% Above

**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	Yes	16571086850	GABAPENTIN	30	\$0.28333	\$0.04095	200% Above
N	No	16571086950	GABAPENTIN	90	\$0.41656	\$0.05443	200% Above
N	No	16571088101	FOLIC ACID	30	\$0.07433	\$0.02582	101%-200% Above
N	No	16714001401	AMOXICILLIN/CLAVULANATE POTASSIUM	80	\$0.67350	\$0.29889	101%-200% Above
N	No	16714001401	AMOXICILLIN/CLAVULANATE POTASSIUM	88	\$0.57807	\$0.33189	51%-75% Above
N	Yes	16714001401	AMOXICILLIN/CLAVULANATE POTASSIUM	68	\$0.66471	\$0.29889	101%-200% Above
N	Yes	16714001401	AMOXICILLIN/CLAVULANATE POTASSIUM	34	\$0.55765	\$0.33189	51%-75% Above
N	No	16714001402	AMOXICILLIN/CLAVULANATE POTASSIUM	54	\$0.36074	\$0.29889	10%-25% Above
N	No	16714001402	AMOXICILLIN/CLAVULANATE POTASSIUM	62	\$0.73048	\$0.33189	101%-200% Above
N	No	16714003501	LEVETIRACETAM	180	\$0.71011	\$0.09126	200% Above
N	No	16714003501	LEVETIRACETAM	90	\$0.42644	\$0.09479	200% Above
N	No	16714004301	VENLAFAXINE HYDROCHLORIDE ER	30	\$0.42200	\$0.10056	200% Above
N	No	16714004302	VENLAFAXINE HYDROCHLORIDE ER	60	\$0.24283	\$0.09889	101%-200% Above
N	No	16714005203	CLOPIDOGREL	120	\$0.77533	\$0.06356	200% Above
N	No	16714005203	CLOPIDOGREL	30	\$0.49567	\$0.06468	200% Above
N	No	16714007106	BACLOFEN	90	\$0.22633	\$0.04809	200% Above
N	Yes	16714007701	TADALAFIL	10	\$0.20000	\$0.27323	(26%-50%) Below
N	No	16714008110	HYDROXYZINE HYDROCHLORIDE	60	\$0.08833	\$0.03387	101%-200% Above
N	No	16714008110	HYDROXYZINE HYDROCHLORIDE	180	\$0.10783	\$0.03609	101%-200% Above
N	Yes	16714008110	HYDROXYZINE HYDROCHLORIDE	30	\$0.00967	\$0.03387	(51%-75%) Below
N	Yes	16714008110	HYDROXYZINE HYDROCHLORIDE	60	\$0.04467	\$0.03609	10%-25% Above
N	No	16714008210	HYDROXYZINE HYDROCHLORIDE	450	\$0.11613	\$0.04130	101%-200% Above
N	No	16714008210	HYDROXYZINE HYDROCHLORIDE	210	\$0.11919	\$0.04383	101%-200% Above
N	Yes	16714008210	HYDROXYZINE HYDROCHLORIDE	120	\$0.12092	\$0.04383	101%-200% Above
N	No	16714008211	HYDROXYZINE HYDROCHLORIDE	90	\$0.30189	\$0.04383	200% Above
N	No	16714008212	HYDROXYZINE HYDROCHLORIDE	60	\$0.19217	\$0.04130	200% Above
N	No	16714008212	HYDROXYZINE HYDROCHLORIDE	60	\$0.09217	\$0.04383	101%-200% Above
N	No	16714008310	HYDROXYZINE HCL	60	\$0.24650	\$0.06546	200% Above
N	No	16714008310	HYDROXYZINE HCL	90	\$0.14311	\$0.06934	101%-200% Above



Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	16714008311	HYDROXYZINE HCL	30	\$0.16200	\$0.06546	101%-200% Above
N	No	16714008311	HYDROXYZINE HCL	30	\$0.16200	\$0.06934	101%-200% Above
N	No	16714008402	SPIRONOLACTONE	90	\$0.11111	\$0.05314	101%-200% Above
N	No	16714008502	SPIRONOLACTONE	30	\$0.19267	\$0.10329	76%-100% Above
N	No	16714008502	SPIRONOLACTONE	30	\$0.14933	\$0.10850	26%-50% Above
N	No	16714008603	SPIRONOLACTONE	30	\$0.44300	\$0.19967	101%-200% Above
N	No	16714010102	GEMFIBROZIL	30	\$0.26200	\$0.10150	101%-200% Above
N	No	16714010105	GEMFIBROZIL	60	\$0.26183	\$0.10204	101%-200% Above
N	No	16714011201	FLUOXETINE HYDROCHLORIDE	30	\$0.47633	\$0.13516	200% Above
N	No	16714012302	OMEPRAZOLE	30	\$0.44400	\$0.05410	200% Above
N	Yes	16714012302	OMEPRAZOLE	30	\$0.06600	\$0.05410	10%-25% Above
N	Yes	16714012302	OMEPRAZOLE	60	\$0.22217	\$0.05567	200% Above
N	No	16714012303	OMEPRAZOLE	121	\$0.30876	\$0.05567	200% Above
N	Yes	16714012303	OMEPRAZOLE	180	\$0.20489	\$0.05410	200% Above
N	Yes	16714012303	OMEPRAZOLE	120	\$0.37600	\$0.05567	200% Above
N	No	16714012801	CHLORTHALIDONE	30	\$0.44400	\$0.09306	200% Above
N	Yes	16714012801	CHLORTHALIDONE	30	\$0.03600	\$0.08635	(51%-75%) Below
N	Yes	16714012801	CHLORTHALIDONE	120	\$0.04908	\$0.09306	(26%-50%) Below
N	No	16714014101	ARIPIRAZOLE	30	\$0.47767	\$0.12925	200% Above
N	No	16714014101	ARIPIRAZOLE	60	\$0.28550	\$0.13222	101%-200% Above
N	Yes	16714014201	ARIPIRAZOLE	30	\$0.06133	\$0.12060	(26%-50%) Below
N	No	16714014501	ARIPIRAZOLE	30	\$0.50000	\$0.25759	76%-100% Above
N	No	16714015701	PROGESTERONE	60	\$0.42333	\$0.24760	51%-75% Above
N	No	16714015701	PROGESTERONE	120	\$0.31458	\$0.24871	26%-50% Above
N	Yes	16714015701	PROGESTERONE	30	\$0.67400	\$0.24760	101%-200% Above
N	No	16714015801	PROGESTERONE	90	\$0.80978	\$0.49929	51%-75% Above
N	No	16714015801	PROGESTERONE	180	\$0.71972	\$0.52510	26%-50% Above
N	No	16714015901	ONDANSETRON HYDROCHLORIDE	3	\$0.53667	\$0.06501	200% Above
N	No	16714015901	ONDANSETRON HYDROCHLORIDE	162	\$0.13160	\$0.06805	76%-100% Above
N	Yes	16714015901	ONDANSETRON HYDROCHLORIDE	180	\$0.44511	\$0.06805	200% Above

**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	16714016001	ONDANSETRON HYDROCHLORIDE	60	\$0.18583	\$0.09447	76%-100% Above
N	No	16714016001	ONDANSETRON HYDROCHLORIDE	100	\$0.70060	\$0.09734	200% Above
N	Yes	16714016001	ONDANSETRON HYDROCHLORIDE	20	\$0.11600	\$0.09734	10%-25% Above
N	No	16714016601	LIOTHYRONINE SODIUM	30	\$0.28000	\$0.32396	(10%-25%) Below
N	No	16714017101	TIZANIDINE HYDROCHLORIDE	30	\$0.36600	\$0.04375	200% Above
N	No	16714017202	TIZANIDINE HYDROCHLORIDE	180	\$0.16867	\$0.03510	200% Above
N	No	16714017202	TIZANIDINE HYDROCHLORIDE	90	\$0.27600	\$0.04289	200% Above
N	Yes	16714017202	TIZANIDINE HYDROCHLORIDE	90	\$0.02533	\$0.03510	(26%-50%) Below
N	Yes	16714017202	TIZANIDINE HYDROCHLORIDE	120	\$0.16767	\$0.04289	200% Above
N	No	16714017301	ATORVASTATIN CALCIUM	60	\$0.36717	\$0.03114	200% Above
N	No	16714017303	ATORVASTATIN CALCIUM	90	\$0.17411	\$0.03066	200% Above
N	No	16714017303	ATORVASTATIN CALCIUM	45	\$0.33111	\$0.03114	200% Above
N	Yes	16714017303	ATORVASTATIN CALCIUM	60	\$0.14817	\$0.03066	200% Above
N	Yes	16714017303	ATORVASTATIN CALCIUM	30	\$0.22400	\$0.03114	200% Above
N	No	16714017401	ATORVASTATIN CALCIUM	90	\$0.48000	\$0.03755	200% Above
N	Yes	16714017401	ATORVASTATIN CALCIUM	30	\$0.26733	\$0.04061	200% Above
N	No	16714017402	ATORVASTATIN CALCIUM	90	\$0.50133	\$0.04061	200% Above
N	Yes	16714017402	ATORVASTATIN CALCIUM	60	\$0.02917	\$0.04061	(26%-50%) Below
N	No	16714017403	ATORVASTATIN CALCIUM	210	\$0.48248	\$0.03755	200% Above
N	No	16714017403	ATORVASTATIN CALCIUM	255	\$0.21820	\$0.04061	200% Above
N	Yes	16714017403	ATORVASTATIN CALCIUM	30	\$0.02367	\$0.03755	(26%-50%) Below
N	Yes	16714017403	ATORVASTATIN CALCIUM	45	\$0.19000	\$0.04061	200% Above
N	No	16714017501	ATORVASTATIN CALCIUM	150	\$0.09020	\$0.05376	51%-75% Above
N	No	16714017501	ATORVASTATIN CALCIUM	30	\$0.06467	\$0.05653	10%-25% Above
N	Yes	16714017501	ATORVASTATIN CALCIUM	30	\$0.35167	\$0.05653	200% Above
N	No	16714017502	ATORVASTATIN CALCIUM	90	\$0.47933	\$0.05653	200% Above
N	No	16714017503	ATORVASTATIN CALCIUM	210	\$0.48033	\$0.05376	200% Above
N	No	16714017503	ATORVASTATIN CALCIUM	120	\$0.32792	\$0.05653	200% Above
N	Yes	16714017503	ATORVASTATIN CALCIUM	90	\$0.04100	\$0.05376	(10%-25%) Below
N	Yes	16714017503	ATORVASTATIN CALCIUM	90	\$0.06467	\$0.05653	10%-25% Above
N	No	16714017602	ATORVASTATIN CALCIUM	30	\$0.06467	\$0.08531	(10%-25%) Below
N	No	16714017602	ATORVASTATIN CALCIUM	30	\$0.48700	\$0.09096	200% Above
N	Yes	16714017602	ATORVASTATIN CALCIUM	30	\$0.34833	\$0.08531	200% Above
N	No	16714017603	ATORVASTATIN CALCIUM	90	\$0.69622	\$0.08531	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	16714017801	FLUOROURACIL	40	\$2.53400	\$0.73823	200% Above
N	Yes	16714017801	FLUOROURACIL	40	\$2.53875	\$0.73784	200% Above
N	No	16714018101	PAROXETINE HYDROCHLORIDE	30	\$0.69033	\$0.06781	200% Above
N	Yes	16714018101	PAROXETINE HYDROCHLORIDE	30	\$0.29133	\$0.06971	200% Above
N	No	16714018104	PAROXETINE HYDROCHLORIDE	30	\$0.36300	\$0.06781	200% Above
N	No	16714018202	PAROXETINE HYDROCHLORIDE	60	\$0.25583	\$0.06934	200% Above
N	Yes	16714018202	PAROXETINE HYDROCHLORIDE	30	\$0.12333	\$0.06934	76%-100% Above
N	Yes	16714018202	PAROXETINE HYDROCHLORIDE	90	\$0.20211	\$0.07132	101%-200% Above
N	No	16714018204	PAROXETINE HYDROCHLORIDE	30	\$0.46733	\$0.06934	200% Above
N	Yes	16714018204	PAROXETINE HYDROCHLORIDE	30	\$0.12333	\$0.06934	76%-100% Above
N	No	16714019101	GUANFACINE ER	30	\$0.46667	\$0.21953	101%-200% Above
N	No	16714019201	GUANFACINE ER	60	\$0.11583	\$0.20707	(26%-50%) Below
N	No	16714019201	GUANFACINE ER	60	\$0.12733	\$0.21085	(26%-50%) Below
N	No	16714019401	LAMOTRIGINE	30	\$0.52833	\$0.02964	200% Above
N	No	16714019401	LAMOTRIGINE	30	\$0.20667	\$0.03029	200% Above
N	No	16714019501	LAMOTRIGINE	60	\$0.36033	\$0.05177	200% Above
N	No	16714019501	LAMOTRIGINE	60	\$0.32983	\$0.05260	200% Above
N	Yes	16714019501	LAMOTRIGINE	30	\$0.33633	\$0.05177	200% Above
N	No	16714019701	LAMOTRIGINE	105	\$0.64467	\$0.07961	200% Above
N	No	16714020030	ONDANSETRON ODT	30	\$0.58833	\$0.16872	200% Above
N	No	16714020030	ONDANSETRON ODT	71	\$0.91958	\$0.18262	200% Above
N	Yes	16714020030	ONDANSETRON ODT	85	\$0.97259	\$0.18262	200% Above
N	No	16714020130	ONDANSETRON ODT	60	\$0.45683	\$0.19708	101%-200% Above
N	Yes	16714020130	ONDANSETRON ODT	20	\$0.74300	\$0.19708	200% Above
N	Yes	16714020130	ONDANSETRON ODT	30	\$1.01767	\$0.19804	200% Above
N	No	16714024901	TRETINOIN	20	\$0.73500	\$1.82609	(51%-75%) Below
N	No	16714024901	TRETINOIN	20	\$0.73500	\$1.84166	(51%-75%) Below
N	No	16714025702	AMITRIPTYLINE HYDROCHLORIDE	30	\$0.07167	\$0.04195	51%-75% Above
N	Yes	16714025702	AMITRIPTYLINE HYDROCHLORIDE	60	\$0.08383	\$0.04195	76%-100% Above
N	No	16714025902	AMITRIPTYLINE HYDROCHLORIDE	30	\$0.54100	\$0.09514	200% Above
N	Yes	16714025902	AMITRIPTYLINE HYDROCHLORIDE	30	\$0.04600	\$0.09106	(26%-50%) Below
N	No	16714029302	AMOXICILLIN/CLAVULANATE POTASSIUM	75	\$0.15293	\$0.06903	101%-200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	16714029402	AMOXICILLIN/CLAVULANATE POTASSIUM	125	\$0.03840	\$0.06362	(26%-50%) Below
N	Yes	16714029403	AMOXICILLIN/CLAVULANATE POTASSIUM	200	\$0.13495	\$0.06548	101%-200% Above
N	No	16714029904	AMOXICILLIN	102	\$0.21363	\$0.09333	101%-200% Above
N	No	16714029904	AMOXICILLIN	97	\$0.15216	\$0.10233	26%-50% Above
N	Yes	16714029904	AMOXICILLIN	21	\$0.07000	\$0.10233	(26%-50%) Below
N	No	16714031001	LEVETIRACETAM	60	\$0.82983	\$0.20132	200% Above
N	No	16714033001	GABAPENTIN	90	\$0.52478	\$0.09749	200% Above
N	Yes	16714033001	GABAPENTIN	90	\$0.33133	\$0.09614	200% Above
N	No	16714033002	GABAPENTIN	240	\$0.25563	\$0.09614	101%-200% Above
N	No	16714033002	GABAPENTIN	60	\$0.16917	\$0.09749	51%-75% Above
N	No	16714033202	GABAPENTIN	90	\$0.10278	\$0.12667	(10%-25%) Below
N	Yes	16714033202	GABAPENTIN	120	\$0.07800	\$0.12506	(26%-50%) Below
N	Yes	16714033202	GABAPENTIN	90	\$0.40978	\$0.12667	200% Above
N	No	16714035801	LEVETIRACETAM	645	\$0.12930	\$0.03291	200% Above
N	No	16714035903	FALMINA	28	\$0.25893	\$0.17927	26%-50% Above
N	No	16714036004	MONO-LINYAH	28	\$0.54429	\$0.12270	200% Above
N	No	16714036004	MONO-LINYAH	112	\$0.25848	\$0.12775	101%-200% Above
N	Yes	16714036004	MONO-LINYAH	28	\$0.31143	\$0.12775	101%-200% Above
N	No	16714036301	TRI-LINYAH	28	\$0.17250	\$0.14130	10%-25% Above
N	No	16714036304	TRI-LINYAH	28	\$0.28679	\$0.14130	101%-200% Above
N	No	16714036504	ELINEST	84	\$0.76298	\$0.39872	76%-100% Above
N	Yes	16714036504	ELINEST	112	\$0.25884	\$0.39629	(26%-50%) Below
N	No	16714038802	CEFADROXIL	20	\$0.90000	\$0.31385	101%-200% Above
N	No	16714040504	LARIN FE 1.5/30	140	\$0.52443	\$0.16186	200% Above
N	No	16714040504	LARIN FE 1.5/30	28	\$0.60250	\$0.16365	200% Above
N	No	16714040604	LARIN FE 1/20	560	\$0.35388	\$0.15303	101%-200% Above
N	No	16714040604	LARIN FE 1/20	525	\$0.38716	\$0.16004	101%-200% Above
N	No	16714040803	LARIN 1/20	21	\$0.38190	\$0.21992	51%-75% Above
N	No	16714040803	LARIN 1/20	210	\$0.27067	\$0.22692	10%-25% Above
N	No	16714041603	LARIN 24 FE	392	\$1.11487	\$0.30728	200% Above
N	No	16714041603	LARIN 24 FE	112	\$1.41741	\$0.31164	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	16714043901	NITROFURANTOIN MONOHYDRATE/MACROCRYSTALS	44	\$0.58364	\$0.49864	10%-25% Above
N	No	16714043901	NITROFURANTOIN MONOHYDRATE/MACROCRYSTALS	54	\$0.85500	\$0.52826	51%-75% Above
N	No	16714044104	SHAROBEL	392	\$0.46010	\$0.12021	200% Above
N	No	16714044104	SHAROBEL	252	\$0.42373	\$0.12141	200% Above
N	Yes	16714044104	SHAROBEL	84	\$0.36976	\$0.12141	200% Above
N	No	16714045201	QUETIAPINE FUMARATE	30	\$0.22867	\$0.03234	200% Above
N	No	16714046404	JULEBER	28	\$0.28429	\$0.15560	76%-100% Above
N	No	16714048301	CLINDAMYCIN PALMITATE HYDROCHLORIDE	300	\$0.19907	\$0.15691	26%-50% Above
N	No	16714048301	CLINDAMYCIN PALMITATE HYDROCHLORIDE	300	\$0.36563	\$0.18408	76%-100% Above
N	No	16714048401	DIVALPROEX SODIUM ER	60	\$0.20367	\$0.18432	10%-25% Above
N	No	16714049601	CLOTRIMAZOLE/BETAMETHASONE DIPROPIONATE	15	\$0.49600	\$0.22205	101%-200% Above
N	No	16714049601	CLOTRIMAZOLE/BETAMETHASONE DIPROPIONATE	15	\$0.36133	\$0.22521	51%-75% Above
N	No	16714052701	IPRATROPIUM BROMIDE	30	\$2.27067	\$1.28908	76%-100% Above
N	Yes	16714052701	IPRATROPIUM BROMIDE	15	\$1.97267	\$1.28908	51%-75% Above
N	Yes	16714055801	PRAVASTATIN SODIUM	30	\$0.03233	\$0.06309	(26%-50%) Below
N	No	16714055902	PRAVASTATIN SODIUM	30	\$0.51000	\$0.05865	200% Above
N	Yes	16714055902	PRAVASTATIN SODIUM	30	\$0.04000	\$0.05865	(26%-50%) Below
N	Yes	16714055902	PRAVASTATIN SODIUM	30	\$0.06000	\$0.06851	(10%-25%) Below
N	No	16714056201	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	60	\$1.95233	\$1.35438	26%-50% Above
N	No	16714056301	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	60	\$1.07983	\$1.27970	(10%-25%) Below
N	No	16714056301	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	30	\$1.18667	\$1.33873	(10%-25%) Below
N	No	16714056401	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	30	\$0.88967	\$0.71307	10%-25% Above
N	No	16714056501	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	30	\$1.33633	\$1.73901	(10%-25%) Below
N	No	16714056701	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	30	\$1.23667	\$1.71041	(26%-50%) Below
N	No	16714056801	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	30	\$1.06867	\$2.95282	(51%-75%) Below
N	No	16714057002	PRAVASTATIN SODIUM	30	\$0.50000	\$0.17749	101%-200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	Yes	16714057002	PRAVASTATIN SODIUM	30	\$0.14433	\$0.17749	(10%-25%) Below
N	No	16714057601	ALLOPURINOL	120	\$0.22083	\$0.04922	200% Above
N	No	16714057601	ALLOPURINOL	270	\$0.22100	\$0.05071	200% Above
N	No	16714057602	ALLOPURINOL	30	\$0.16000	\$0.04922	200% Above
N	No	16714057602	ALLOPURINOL	30	\$0.33833	\$0.05071	200% Above
N	Yes	16714057602	ALLOPURINOL	30	\$0.03967	\$0.05071	(10%-25%) Below
N	No	16714057604	ALLOPURINOL	30	\$0.19400	\$0.04922	200% Above
N	Yes	16714057604	ALLOPURINOL	60	\$0.19400	\$0.04922	200% Above
N	No	16714057702	ALLOPURINOL	60	\$0.14133	\$0.07133	76%-100% Above
N	No	16714057702	ALLOPURINOL	115	\$0.47374	\$0.07487	200% Above
N	Yes	16714057702	ALLOPURINOL	60	\$0.15467	\$0.07133	101%-200% Above
N	Yes	16714057702	ALLOPURINOL	90	\$0.19056	\$0.07487	101%-200% Above
N	No	16714061104	SERTRALINE HYDROCHLORIDE	30	\$0.33933	\$0.03597	200% Above
N	No	16714061105	SERTRALINE HYDROCHLORIDE	60	\$0.23700	\$0.03597	200% Above
N	No	16714061105	SERTRALINE HYDROCHLORIDE	60	\$0.15400	\$0.03816	200% Above
N	No	16714061205	SERTRALINE HYDROCHLORIDE	90	\$0.36578	\$0.04057	200% Above
N	No	16714061205	SERTRALINE HYDROCHLORIDE	120	\$0.13950	\$0.04068	200% Above
N	Yes	16714061205	SERTRALINE HYDROCHLORIDE	30	\$0.21633	\$0.04068	200% Above
N	No	16714061206	SERTRALINE HYDROCHLORIDE	165	\$0.32430	\$0.04057	200% Above
N	No	16714061206	SERTRALINE HYDROCHLORIDE	75	\$0.35987	\$0.04068	200% Above
N	Yes	16714061206	SERTRALINE HYDROCHLORIDE	30	\$0.03633	\$0.04068	(10%-25%) Below
N	No	16714061305	SERTRALINE HYDROCHLORIDE	164	\$0.25262	\$0.05587	200% Above
N	No	16714061305	SERTRALINE HYDROCHLORIDE	330	\$0.16670	\$0.05802	101%-200% Above
N	Yes	16714061305	SERTRALINE HYDROCHLORIDE	60	\$0.02833	\$0.05587	(26%-50%) Below
N	Yes	16714061305	SERTRALINE HYDROCHLORIDE	120	\$0.14667	\$0.05802	101%-200% Above
N	No	16714061306	SERTRALINE HYDROCHLORIDE	73	\$0.25589	\$0.05587	200% Above
N	No	16714061306	SERTRALINE HYDROCHLORIDE	103	\$0.19767	\$0.05802	200% Above
N	No	16714062102	ZOLPIDEM TARTRATE	120	\$0.36683	\$0.03355	200% Above
N	Yes	16714062102	ZOLPIDEM TARTRATE	30	\$0.04800	\$0.03355	26%-50% Above
N	No	16714062201	ZOLPIDEM TARTRATE	30	\$0.50700	\$0.03531	200% Above
N	No	16714062201	ZOLPIDEM TARTRATE	45	\$0.34844	\$0.03648	200% Above
N	No	16714062202	ZOLPIDEM TARTRATE	60	\$0.26933	\$0.03531	200% Above
N	No	16714062202	ZOLPIDEM TARTRATE	155	\$0.42981	\$0.03648	200% Above
N	Yes	16714062202	ZOLPIDEM TARTRATE	60	\$0.03167	\$0.03531	(10%-25%) Below

**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	Yes	16714062202	ZOLPIDEM TARTRATE	90	\$0.09878	\$0.03648	101%-200% Above
N	No	16714063301	ALENDRONATE SODIUM	4	\$0.38500	\$0.28053	26%-50% Above
N	Yes	16714063301	ALENDRONATE SODIUM	4	\$0.22000	\$0.27849	(10%-25%) Below
N	No	16714063403	OMEPRAZOLE	300	\$0.24760	\$0.03293	200% Above
N	No	16714063403	OMEPRAZOLE	88	\$0.23534	\$0.03461	200% Above
N	Yes	16714063403	OMEPRAZOLE	30	\$0.02267	\$0.03293	(26%-50%) Below
N	Yes	16714063403	OMEPRAZOLE	30	\$0.03933	\$0.03461	10%-25% Above
N	No	16714064301	MOXIFLOXACIN HYDROCHLORIDE	6	\$5.00000	\$2.44541	101%-200% Above
N	No	16714064301	MOXIFLOXACIN HYDROCHLORIDE	3	\$5.00000	\$2.68570	76%-100% Above
N	No	16714064601	PIOGLITAZONE HYDROCHLORIDE	30	\$0.43267	\$0.10586	200% Above
N	Yes	16714064601	PIOGLITAZONE HYDROCHLORIDE	30	\$0.31133	\$0.10586	101%-200% Above
N	Yes	16714064603	PIOGLITAZONE HYDROCHLORIDE	15	\$0.42667	\$0.11301	200% Above
N	Yes	16714064702	PIOGLITAZONE HYDROCHLORIDE	30	\$0.40867	\$0.13949	101%-200% Above
N	No	16714066102	GABAPENTIN	180	\$0.20444	\$0.02583	200% Above
N	Yes	16714066102	GABAPENTIN	120	\$0.14283	\$0.02583	200% Above
N	No	16714066201	GABAPENTIN	30	\$0.19400	\$0.04095	200% Above
N	No	16714066202	GABAPENTIN	204	\$0.15275	\$0.04077	200% Above
N	No	16714066202	GABAPENTIN	240	\$0.07179	\$0.04095	76%-100% Above
N	Yes	16714066202	GABAPENTIN	330	\$0.06748	\$0.04077	51%-75% Above
N	Yes	16714068202	SIMVASTATIN	30	\$0.02400	\$0.03034	(10%-25%) Below
N	No	16714068203	SIMVASTATIN	30	\$0.23500	\$0.03417	200% Above
N	No	16714068302	SIMVASTATIN	30	\$0.48933	\$0.03831	200% Above
N	No	16714068303	SIMVASTATIN	120	\$0.39467	\$0.03392	200% Above
N	No	16714068303	SIMVASTATIN	30	\$0.30000	\$0.03831	200% Above
N	Yes	16714068303	SIMVASTATIN	30	\$0.03033	\$0.03392	(10%-25%) Below
N	Yes	16714068303	SIMVASTATIN	90	\$0.16122	\$0.03831	200% Above
N	No	16714068403	SIMVASTATIN	30	\$0.07667	\$0.05511	26%-50% Above
N	No	16714068403	SIMVASTATIN	180	\$0.31567	\$0.07012	200% Above
N	Yes	16714068403	SIMVASTATIN	30	\$0.29000	\$0.05511	200% Above
N	No	16714069210	FLUCONAZOLE	2	\$5.71000	\$0.69680	200% Above
N	No	16714069211	FLUCONAZOLE	18	\$1.07667	\$0.69680	51%-75% Above
N	No	16714069211	FLUCONAZOLE	11	\$5.70364	\$0.82466	200% Above
N	Yes	16714069211	FLUCONAZOLE	4	\$2.40750	\$0.69680	200% Above
N	No	16714069301	FLUCONAZOLE	9	\$3.04000	\$0.44418	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	16714069301	FLUCONAZOLE	8	\$2.47875	\$0.45123	200% Above
N	Yes	16714069301	FLUCONAZOLE	4	\$2.60750	\$0.45123	200% Above
N	No	16714069703	VALACYCLOVIR HYDROCHLORIDE	75	\$0.65200	\$0.48253	26%-50% Above
N	Yes	16714069703	VALACYCLOVIR HYDROCHLORIDE	14	\$2.04929	\$0.48253	200% Above
N	No	16714069803	VALACYCLOVIR HYDROCHLORIDE	186	\$0.62548	\$0.28541	101%-200% Above
N	No	16714069803	VALACYCLOVIR HYDROCHLORIDE	90	\$0.64289	\$0.28806	101%-200% Above
N	Yes	16714069803	VALACYCLOVIR HYDROCHLORIDE	30	\$0.22367	\$0.28806	(10%-25%) Below
N	Yes	16714071302	TAMSULOSIN HYDROCHLORIDE	30	\$0.06600	\$0.05878	10%-25% Above
N	No	16714071503	OMEPRAZOLE	30	\$0.44200	\$0.03293	200% Above
N	No	16714072002	FLUOXETINE HYDROCHLORIDE	60	\$0.48817	\$0.03483	200% Above
N	No	16714072002	FLUOXETINE HYDROCHLORIDE	30	\$0.28367	\$0.03492	200% Above
N	No	16714072102	FLUOXETINE HYDROCHLORIDE	60	\$0.15200	\$0.03103	200% Above
N	No	16714072102	FLUOXETINE HYDROCHLORIDE	60	\$0.34033	\$0.03128	200% Above
N	Yes	16714072102	FLUOXETINE HYDROCHLORIDE	30	\$0.03467	\$0.03103	10%-25% Above
N	No	16714072103	FLUOXETINE HYDROCHLORIDE	120	\$0.15733	\$0.03103	200% Above
N	No	16714072103	FLUOXETINE HYDROCHLORIDE	150	\$0.22760	\$0.03128	200% Above
N	Yes	16714072103	FLUOXETINE HYDROCHLORIDE	90	\$0.06422	\$0.03103	101%-200% Above
N	Yes	16714072103	FLUOXETINE HYDROCHLORIDE	30	\$0.02300	\$0.03128	(26%-50%) Below
N	No	16714072203	FLUOXETINE HYDROCHLORIDE	90	\$0.32889	\$0.06988	200% Above
N	No	16714072203	FLUOXETINE HYDROCHLORIDE	90	\$0.44544	\$0.07364	200% Above
N	No	16714072204	FLUOXETINE HYDROCHLORIDE	120	\$0.44775	\$0.07364	200% Above
N	Yes	16714072204	FLUOXETINE HYDROCHLORIDE	30	\$0.09400	\$0.07364	26%-50% Above
N	No	16714073201	CELECOXIB	60	\$0.28700	\$0.08782	200% Above
N	No	16714073202	CELECOXIB	60	\$0.28700	\$0.08782	200% Above
N	No	16714073302	CELECOXIB	60	\$0.38200	\$0.10817	200% Above
N	Yes	16714073302	CELECOXIB	60	\$0.06100	\$0.10817	(26%-50%) Below
N	Yes	16714073302	CELECOXIB	90	\$0.82567	\$0.10988	200% Above
N	No	16714075901	ATOMOXETINE HYDROCHLORIDE	30	\$3.13400	\$0.89273	200% Above
N	No	16714076301	CALCIPOTRIENE	60	\$2.35783	\$1.37671	51%-75% Above
N	No	16714078201	CLOBETASOL PROPIONATE	15	\$0.15000	\$0.21323	(26%-50%) Below
N	No	16714079501	TERBINAFINE HYDROCHLORIDE	60	\$0.32983	\$0.15239	101%-200% Above
N	No	16714079701	SUMATRIPTAN SUCCINATE	6	\$1.20500	\$0.39440	200% Above
N	No	16714079701	SUMATRIPTAN SUCCINATE	27	\$1.20481	\$0.41554	101%-200% Above
N	Yes	16714079701	SUMATRIPTAN SUCCINATE	9	\$1.67667	\$0.39440	200% Above



Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	Yes	16714079701	SUMATRIPTAN SUCCINATE	27	\$1.72222	\$0.41554	200% Above
N	No	16714079801	SUMATRIPTAN SUCCINATE	17	\$1.59824	\$0.48593	200% Above
N	No	16714079801	SUMATRIPTAN SUCCINATE	44	\$1.36091	\$0.48942	101%-200% Above
N	No	16714079904	CETIRIZINE HYDROCHLORIDE	30	\$0.07700	\$0.06548	10%-25% Above
N	No	16714079904	CETIRIZINE HYDROCHLORIDE	30	\$0.46133	\$0.06707	200% Above
N	Yes	16714080801	AMPHETAMINE/DEXTROAMPHETAMINE	60	\$0.20250	\$0.32698	(26%-50%) Below
N	No	16714081301	EZETIMIBE	30	\$0.48133	\$0.08767	200% Above
N	No	16714081302	EZETIMIBE	120	\$0.14858	\$0.08096	76%-100% Above
N	No	16714081302	EZETIMIBE	30	\$0.03767	\$0.08767	(51%-75%) Below
N	No	16714081303	EZETIMIBE	240	\$0.22154	\$0.08096	101%-200% Above
N	No	16714081303	EZETIMIBE	120	\$0.72550	\$0.08767	200% Above
N	Yes	16714081303	EZETIMIBE	60	\$0.19633	\$0.08096	101%-200% Above
N	Yes	16714081303	EZETIMIBE	60	\$0.03967	\$0.08767	(51%-75%) Below
N	No	16714081401	SEVELAMER CARBONATE	240	\$0.20271	\$0.25287	(10%-25%) Below
N	No	16714082201	METHYLPHENIDATE HYDROCHLORIDE	10	\$0.27300	\$0.11912	101%-200% Above
N	No	16714082201	METHYLPHENIDATE HYDROCHLORIDE	60	\$0.27283	\$0.14999	76%-100% Above
N	No	16714082901	BUDESONIDE	60	\$2.65400	\$0.61745	200% Above
N	No	16714082901	BUDESONIDE	60	\$2.65400	\$0.64801	200% Above
N	No	16714083801	ZIPRASIDONE HYDROCHLORIDE	30	\$1.79233	\$0.31969	200% Above
N	No	16714085201	METOPROLOL SUCCINATE ER	120	\$0.29700	\$0.07422	200% Above
N	Yes	16714085201	METOPROLOL SUCCINATE ER	60	\$0.18517	\$0.07422	101%-200% Above
N	Yes	16714085201	METOPROLOL SUCCINATE ER	90	\$0.04956	\$0.07937	(26%-50%) Below
N	No	16714085202	METOPROLOL SUCCINATE ER	30	\$0.29600	\$0.07422	200% Above
N	No	16714085203	METOPROLOL SUCCINATE ER	90	\$0.11111	\$0.07422	26%-50% Above
N	No	16714085203	METOPROLOL SUCCINATE ER	75	\$0.29413	\$0.07937	200% Above
N	No	16714085302	METOPROLOL SUCCINATE ER	30	\$0.46200	\$0.07290	200% Above
N	No	16714085302	METOPROLOL SUCCINATE ER	30	\$0.57767	\$0.07734	200% Above
N	Yes	16714085302	METOPROLOL SUCCINATE ER	30	\$0.03033	\$0.07290	(51%-75%) Below
N	No	16714085303	METOPROLOL SUCCINATE ER	30	\$0.46200	\$0.07290	200% Above
N	No	16714085303	METOPROLOL SUCCINATE ER	60	\$0.36767	\$0.07734	200% Above
N	Yes	16714085303	METOPROLOL SUCCINATE ER	120	\$0.09992	\$0.07290	26%-50% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	Yes	16714085303	METOPROLOL SUCCINATE ER	30	\$0.02767	\$0.07734	(51%-75%) Below
N	No	16714085402	METOPROLOL SUCCINATE ER	120	\$0.36592	\$0.12979	101%-200% Above
N	No	16714085402	METOPROLOL SUCCINATE ER	30	\$0.46367	\$0.13342	200% Above
N	Yes	16714085403	METOPROLOL SUCCINATE ER	30	\$0.05367	\$0.12979	(51%-75%) Below
N	Yes	16714085403	METOPROLOL SUCCINATE ER	60	\$0.04883	\$0.13342	(51%-75%) Below
N	Yes	16714085501	METOPROLOL SUCCINATE ER	30	\$0.84800	\$0.17498	200% Above
N	No	16714089601	GLIPIZIDE ER	60	\$0.34000	\$0.16361	101%-200% Above
N	No	16714089601	GLIPIZIDE ER	60	\$0.34000	\$0.16903	101%-200% Above
N	Yes	16714089601	GLIPIZIDE ER	60	\$0.25400	\$0.16903	51%-75% Above
N	Yes	16714089602	GLIPIZIDE ER	30	\$0.19467	\$0.16361	10%-25% Above
N	No	16714089802	LORATADINE	30	\$0.02600	\$0.05836	(51%-75%) Below
N	No	16714094801	AMPHETAMINE/DEXTROAMPHETAMINE	30	\$0.16733	\$0.29595	(26%-50%) Below
N	No	16714094801	AMPHETAMINE/DEXTROAMPHETAMINE	120	\$0.24242	\$0.31901	(10%-25%) Below
N	Yes	16714094801	AMPHETAMINE/DEXTROAMPHETAMINE	60	\$0.16733	\$0.29595	(26%-50%) Below
N	No	16714095001	AMPHETAMINE/DEXTROAMPHETAMINE	150	\$0.30640	\$0.25211	10%-25% Above
N	No	16714095001	AMPHETAMINE/DEXTROAMPHETAMINE	90	\$0.25056	\$0.28807	(10%-25%) Below
N	No	16714095201	AMPHETAMINE/DEXTROAMPHETAMINE	90	\$0.22600	\$0.30533	(26%-50%) Below
N	Yes	16714095301	AMPHETAMINE/DEXTROAMPHETAMINE	60	\$0.42983	\$0.30315	26%-50% Above
N	No	16714095502	KETOCONAZOLE	60	\$0.35283	\$0.27239	26%-50% Above
N	No	16714096701	TESTOSTERONE	75	\$0.34827	\$0.48775	(26%-50%) Below
N	No	16714098450	CLINDAMYCIN PHOSPHATE/BENZOYL PEROXIDE	50	\$0.61960	\$0.93959	(26%-50%) Below
N	No	16714098601	TRIAMCINOLONE ACETONIDE	15	\$0.12800	\$0.14654	(10%-25%) Below
N	No	16714098601	TRIAMCINOLONE ACETONIDE	30	\$0.08333	\$0.15190	(26%-50%) Below
N	No	16714098603	TRIAMCINOLONE ACETONIDE	80	\$0.02588	\$0.05458	(51%-75%) Below
N	No	16714098801	ROSUVASTATIN CALCIUM	30	\$0.47167	\$0.04537	200% Above
N	Yes	16714098801	ROSUVASTATIN CALCIUM	30	\$0.51567	\$0.04537	200% Above
N	No	16714098901	ROSUVASTATIN CALCIUM	361	\$0.57033	\$0.04990	200% Above
N	No	16714098901	ROSUVASTATIN CALCIUM	240	\$0.24979	\$0.05258	200% Above

**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	Yes	16714098901	ROSUVASTATIN CALCIUM	90	\$0.03967	\$0.04990	(10%-25%) Below
N	Yes	16714098901	ROSUVASTATIN CALCIUM	30	\$0.31067	\$0.05258	200% Above
N	No	16714099001	ROSUVASTATIN CALCIUM	30	\$0.04533	\$0.06569	(26%-50%) Below
N	No	16714099001	ROSUVASTATIN CALCIUM	60	\$0.10217	\$0.07194	26%-50% Above
N	Yes	16714099001	ROSUVASTATIN CALCIUM	30	\$0.04533	\$0.06569	(26%-50%) Below
N	No	16714099101	ROSUVASTATIN CALCIUM	30	\$0.50067	\$0.10464	200% Above
N	No	16714099101	ROSUVASTATIN CALCIUM	30	\$0.07467	\$0.11148	(26%-50%) Below
N	No	16729000301	GLIMEPIRIDE	120	\$0.14300	\$0.04155	200% Above
N	No	16729000617	SIMVASTATIN	30	\$0.02533	\$0.07012	(51%-75%) Below
N	No	16729000917	PRAVASTATIN SODIUM	30	\$0.36133	\$0.05865	200% Above
N	No	16729001916	MYCOPHENOLATE MOFETIL	60	\$1.45867	\$0.26815	200% Above
N	No	16729002301	BICALUTAMIDE	60	\$1.35900	\$0.36671	200% Above
N	No	16729002310	BICALUTAMIDE	31	\$1.35903	\$0.36671	200% Above
N	No	16729003410	LETROZOLE	135	\$0.17548	\$0.11304	51%-75% Above
N	No	16729003410	LETROZOLE	195	\$0.14503	\$0.11509	26%-50% Above
N	No	16729003415	LETROZOLE	108	\$0.95528	\$0.11304	200% Above
N	No	16729003415	LETROZOLE	60	\$1.14917	\$0.11509	200% Above
N	No	16729003510	ANASTROZOLE	30	\$0.12333	\$0.15796	(10%-25%) Below
N	No	16729003510	ANASTROZOLE	34	\$0.31500	\$0.16511	76%-100% Above
N	Yes	16729003510	ANASTROZOLE	4	\$0.12250	\$0.15796	(10%-25%) Below
N	No	16729003515	ANASTROZOLE	4	\$1.36500	\$0.16511	200% Above
N	No	16729003516	ANASTROZOLE	180	\$0.64628	\$0.15796	200% Above
N	No	16729003516	ANASTROZOLE	46	\$0.92457	\$0.16511	200% Above
N	No	16729004201	TACROLIMUS	120	\$1.27908	\$0.20469	200% Above
N	No	16729004517	ATORVASTATIN CALCIUM	60	\$0.48000	\$0.03755	200% Above
N	No	16729004517	ATORVASTATIN CALCIUM	30	\$0.48000	\$0.04061	200% Above
N	Yes	16729004517	ATORVASTATIN CALCIUM	30	\$0.02267	\$0.04061	(26%-50%) Below
N	No	16729008101	NALTREXONE HCL	30	\$0.60000	\$0.75460	(10%-25%) Below
N	No	16729008101	NALTREXONE HCL	30	\$1.55167	\$0.75591	101%-200% Above
N	No	16729008110	NALTREXONE HCL	120	\$0.84750	\$0.75460	10%-25% Above
N	No	16729008110	NALTREXONE HCL	30	\$1.55167	\$0.75591	101%-200% Above
N	No	16729009016	FINASTERIDE	30	\$0.06433	\$0.07307	(10%-25%) Below

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	16729009401	MYCOPHENOLATE MOFETIL	120	\$0.88017	\$0.17968	200% Above
N	No	16729009512	QUETIAPINE FUMARATE ER	30	\$1.23467	\$0.23032	200% Above
N	No	16729009712	QUETIAPINE FUMARATE ER	90	\$0.28556	\$0.35499	(10%-25%) Below
N	No	16729011917	MONTELUKAST SODIUM	60	\$0.27417	\$0.06442	200% Above
N	No	16729011917	MONTELUKAST SODIUM	90	\$0.29000	\$0.06484	200% Above
N	No	16729013700	CLONAZEPAM	90	\$0.30333	\$0.03178	200% Above
N	No	16729013716	CLONAZEPAM	15	\$0.27600	\$0.03142	200% Above
N	No	16729013800	CLONAZEPAM	75	\$0.24880	\$0.03843	200% Above
N	No	16729013816	CLONAZEPAM	30	\$0.03233	\$0.03843	(10%-25%) Below
N	No	16729014601	QUETIAPINE FUMARATE	30	\$0.27733	\$0.04043	200% Above
N	No	16729014912	QUETIAPINE FUMARATE	45	\$0.27689	\$0.14762	76%-100% Above
N	No	16729016817	ESCITALOPRAM OXALATE	30	\$0.47933	\$0.04488	200% Above
N	No	16729016901	ESCITALOPRAM OXALATE	30	\$0.48567	\$0.04847	200% Above
N	No	16729016917	ESCITALOPRAM OXALATE	60	\$0.37300	\$0.04847	200% Above
N	No	16729017017	ESCITALOPRAM OXALATE	30	\$0.48900	\$0.07945	200% Above
N	No	16729017017	ESCITALOPRAM OXALATE	90	\$0.33867	\$0.08426	200% Above
N	No	16729017317	AMITRIPTYLINE HYDROCHLORIDE	30	\$0.13333	\$0.09514	26%-50% Above
N	No	16729018201	HYDROCHLOROTHIAZIDE	102	\$0.29118	\$0.04841	200% Above
N	No	16729018201	HYDROCHLOROTHIAZIDE	330	\$0.20985	\$0.04848	200% Above
N	Yes	16729018201	HYDROCHLOROTHIAZIDE	30	\$0.29733	\$0.04841	200% Above
N	No	16729018217	HYDROCHLOROTHIAZIDE	150	\$0.23993	\$0.04841	200% Above
N	No	16729018217	HYDROCHLOROTHIAZIDE	60	\$0.17683	\$0.04848	200% Above
N	Yes	16729018217	HYDROCHLOROTHIAZIDE	15	\$0.28267	\$0.04841	200% Above
N	Yes	16729018217	HYDROCHLOROTHIAZIDE	90	\$0.10433	\$0.04848	101%-200% Above
N	No	16729018317	HYDROCHLOROTHIAZIDE	30	\$0.05567	\$0.01291	200% Above
N	No	16729018317	HYDROCHLOROTHIAZIDE	30	\$0.05033	\$0.01295	200% Above
N	No	16729018929	MYCOPHENOLIC ACID DR	360	\$2.28658	\$0.28286	200% Above
N	No	16729020001	BUSPIRONE HYDROCHLORIDE	210	\$0.03905	\$0.02497	51%-75% Above
N	No	16729020101	BUSPIRONE HYDROCHLORIDE	60	\$0.29617	\$0.12982	101%-200% Above
N	No	16729020201	BUSPIRONE HYDROCHLORIDE	150	\$0.25760	\$0.03365	200% Above
N	No	16729020216	BUSPIRONE HYDROCHLORIDE	90	\$0.20633	\$0.03491	200% Above
N	No	16729020312	BUSPIRONE HCL	30	\$0.03467	\$0.04764	(26%-50%) Below
N	No	16729021616	SERTRALINE HYDROCHLORIDE	30	\$0.02300	\$0.04057	(26%-50%) Below
N	Yes	16729021715	SERTRALINE HYDROCHLORIDE	45	\$0.18111	\$0.05802	200% Above
N	No	16729021716	SERTRALINE HYDROCHLORIDE	30	\$0.39767	\$0.05587	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	16729021716	SERTRALINE HYDROCHLORIDE	30	\$0.16767	\$0.05802	101%-200% Above
N	No	16729022516	SPIRONOLACTONE	30	\$0.31333	\$0.05314	200% Above
N	No	16729022516	SPIRONOLACTONE	30	\$0.16000	\$0.05414	101%-200% Above
N	Yes	16729022516	SPIRONOLACTONE	90	\$0.19711	\$0.05314	200% Above
N	No	16729022517	SPIRONOLACTONE	16	\$0.21500	\$0.05314	200% Above
N	No	16729022517	SPIRONOLACTONE	180	\$0.17006	\$0.05414	200% Above
N	No	16729022601	SPIRONOLACTONE	60	\$0.15333	\$0.10850	26%-50% Above
N	No	16729022716	SPIRONOLACTONE	60	\$0.14983	\$0.19384	(10%-25%) Below
N	No	16729022716	SPIRONOLACTONE	30	\$0.44300	\$0.19967	101%-200% Above
N	No	16729028201	ARIPIRAZOLE	30	\$0.15200	\$0.25949	(26%-50%) Below
N	No	16729028515	ROSUVASTATIN CALCIUM	30	\$0.48900	\$0.05258	200% Above
N	No	16729028617	ROSUVASTATIN CALCIUM	30	\$0.04333	\$0.06569	(26%-50%) Below
N	No	16729030501	DILTIAZEM HYDROCHLORIDE ER	30	\$0.16667	\$0.59136	(51%-75%) Below
N	No	16729031701	OXYBUTYNIN CHLORIDE ER	210	\$0.11533	\$0.09421	10%-25% Above
N	No	16729031701	OXYBUTYNIN CHLORIDE ER	150	\$0.11533	\$0.09571	10%-25% Above
N	No	16729031801	OXYBUTYNIN CHLORIDE ER	210	\$0.20719	\$0.10486	76%-100% Above
N	No	16729031801	OXYBUTYNIN CHLORIDE ER	30	\$0.11867	\$0.10582	10%-25% Above
N	No	16729031816	OXYBUTYNIN CHLORIDE ER	30	\$0.54800	\$0.10582	200% Above
N	No	16729031901	OXYBUTYNIN CHLORIDE ER	120	\$0.20983	\$0.13373	51%-75% Above
N	No	16729032115	OLMESARTAN MEDOXOMIL	60	\$0.56617	\$0.08141	200% Above
N	No	16729032115	OLMESARTAN MEDOXOMIL	180	\$0.47372	\$0.08628	200% Above
N	No	16729032117	OLMESARTAN MEDOXOMIL	30	\$0.49033	\$0.08141	200% Above
N	No	16729032117	OLMESARTAN MEDOXOMIL	60	\$0.44583	\$0.08628	200% Above
N	No	16729032215	OLMESARTAN MEDOXOMIL	60	\$0.57750	\$0.12428	200% Above
N	No	16729032215	OLMESARTAN MEDOXOMIL	180	\$0.70878	\$0.12902	200% Above
N	Yes	16729032215	OLMESARTAN MEDOXOMIL	30	\$0.85733	\$0.12428	200% Above
N	No	16729032217	OLMESARTAN MEDOXOMIL	30	\$1.07167	\$0.12428	200% Above
N	No	16729032217	OLMESARTAN MEDOXOMIL	30	\$0.50367	\$0.12902	200% Above
N	Yes	16729032217	OLMESARTAN MEDOXOMIL	30	\$0.08333	\$0.12428	(26%-50%) Below
N	Yes	16729032217	OLMESARTAN MEDOXOMIL	30	\$0.51167	\$0.12902	200% Above
N	No	16729033101	ACETAZOLAMIDE ER	180	\$0.42578	\$0.33656	26%-50% Above
N	No	16729034610	LURASIDONE HYDROCHLORIDE	60	\$7.61733	\$0.20014	200% Above
N	No	16729034610	LURASIDONE HYDROCHLORIDE	90	\$5.41933	\$0.22711	200% Above
N	No	16729034710	LURASIDONE HYDROCHLORIDE	30	\$7.59367	\$0.32138	200% Above

**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	16729036715	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	6	\$1.76167	\$0.23074	200% Above
N	No	16729036715	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	90	\$0.11111	\$0.24204	(51%-75%) Below
N	No	16729041401	DOXAZOSIN MESYLATE	30	\$0.50000	\$0.06695	200% Above
N	Yes	16729041517	DOXAZOSIN MESYLATE	30	\$0.04667	\$0.11677	(51%-75%) Below
N	No	16729042201	TACROLIMUS	100	\$0.92940	\$1.33218	(26%-50%) Below
N	No	16729042210	TACROLIMUS	390	\$1.83621	\$1.35716	26%-50% Above
N	No	16729042212	TACROLIMUS	120	\$1.28117	\$1.73657	(26%-50%) Below
N	No	16729044310	BUPROPION HYDROCHLORIDE ER (XL)	180	\$0.11917	\$0.10136	10%-25% Above
N	No	16729044310	BUPROPION HYDROCHLORIDE ER (XL)	180	\$0.23933	\$0.10476	101%-200% Above
N	No	16729044315	BUPROPION HYDROCHLORIDE ER (XL)	210	\$0.48743	\$0.10136	200% Above
N	No	16729044315	BUPROPION HYDROCHLORIDE ER (XL)	688	\$0.50619	\$0.10476	200% Above
N	Yes	16729044315	BUPROPION HYDROCHLORIDE ER (XL)	30	\$0.08967	\$0.10136	(10%-25%) Below
N	Yes	16729044315	BUPROPION HYDROCHLORIDE ER (XL)	120	\$0.51508	\$0.10476	200% Above
N	No	16729044316	BUPROPION HYDROCHLORIDE ER (XL)	1710	\$0.57832	\$0.10136	200% Above
N	No	16729044316	BUPROPION HYDROCHLORIDE ER (XL)	750	\$0.53201	\$0.10476	200% Above
N	Yes	16729044316	BUPROPION HYDROCHLORIDE ER (XL)	60	\$0.07333	\$0.10136	(26%-50%) Below
N	No	16729044410	BUPROPION HYDROCHLORIDE ER (XL)	30	\$0.49867	\$0.16140	200% Above
N	No	16729044410	BUPROPION HYDROCHLORIDE ER (XL)	60	\$0.49867	\$0.18795	101%-200% Above
N	No	16729044416	BUPROPION HYDROCHLORIDE ER (XL)	270	\$0.51300	\$0.16140	200% Above
N	No	16729044416	BUPROPION HYDROCHLORIDE ER (XL)	420	\$0.41455	\$0.18795	101%-200% Above
N	Yes	16729044416	BUPROPION HYDROCHLORIDE ER (XL)	60	\$0.06767	\$0.16140	(51%-75%) Below
N	Yes	16729044416	BUPROPION HYDROCHLORIDE ER (XL)	150	\$0.40793	\$0.18795	101%-200% Above
N	No	16729044715	LEVOTHYROXINE SODIUM	30	\$0.31000	\$0.05364	200% Above
N	No	16729044717	LEVOTHYROXINE SODIUM	60	\$0.19467	\$0.05364	200% Above
N	No	16729044717	LEVOTHYROXINE SODIUM	30	\$0.31933	\$0.06114	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	Yes	16729044717	LEVOTHYROXINE SODIUM	60	\$0.04417	\$0.05364	(10%-25%) Below
N	Yes	16729044717	LEVOTHYROXINE SODIUM	30	\$0.08400	\$0.06114	26%-50% Above
N	No	16729044817	LEVOTHYROXINE SODIUM	300	\$0.25230	\$0.06006	200% Above
N	No	16729044817	LEVOTHYROXINE SODIUM	258	\$0.32558	\$0.06726	200% Above
N	Yes	16729044817	LEVOTHYROXINE SODIUM	120	\$0.16675	\$0.06726	101%-200% Above
N	No	16729044915	LEVOTHYROXINE SODIUM	30	\$0.16533	\$0.06241	101%-200% Above
N	No	16729044915	LEVOTHYROXINE SODIUM	60	\$0.38833	\$0.07394	200% Above
N	No	16729044917	LEVOTHYROXINE SODIUM	90	\$0.22800	\$0.06241	200% Above
N	No	16729044917	LEVOTHYROXINE SODIUM	60	\$0.43133	\$0.07394	200% Above
N	Yes	16729044917	LEVOTHYROXINE SODIUM	90	\$0.13567	\$0.06241	101%-200% Above
N	Yes	16729044917	LEVOTHYROXINE SODIUM	90	\$0.08900	\$0.07394	10%-25% Above
N	No	16729045015	LEVOTHYROXINE SODIUM	60	\$0.21400	\$0.07739	101%-200% Above
N	No	16729045017	LEVOTHYROXINE SODIUM	150	\$0.22453	\$0.07739	101%-200% Above
N	No	16729045017	LEVOTHYROXINE SODIUM	250	\$0.34460	\$0.07908	200% Above
N	No	16729045117	LEVOTHYROXINE SODIUM	150	\$0.40393	\$0.07388	200% Above
N	No	16729045117	LEVOTHYROXINE SODIUM	120	\$0.29058	\$0.07548	200% Above
N	Yes	16729045117	LEVOTHYROXINE SODIUM	30	\$0.28200	\$0.07388	200% Above
N	No	16729045215	LEVOTHYROXINE SODIUM	30	\$0.06567	\$0.07846	(10%-25%) Below
N	No	16729045215	LEVOTHYROXINE SODIUM	30	\$0.06867	\$0.09370	(26%-50%) Below
N	No	16729045217	LEVOTHYROXINE SODIUM	97	\$0.32412	\$0.09370	200% Above
N	Yes	16729045217	LEVOTHYROXINE SODIUM	30	\$0.26967	\$0.07846	200% Above
N	No	16729045315	LEVOTHYROXINE SODIUM	30	\$0.46733	\$0.08924	200% Above
N	No	16729045317	LEVOTHYROXINE SODIUM	90	\$0.07067	\$0.08924	(10%-25%) Below
N	No	16729045317	LEVOTHYROXINE SODIUM	105	\$0.30505	\$0.09987	200% Above
N	Yes	16729045317	LEVOTHYROXINE SODIUM	60	\$0.06900	\$0.08924	(10%-25%) Below
N	Yes	16729045317	LEVOTHYROXINE SODIUM	60	\$0.22533	\$0.09987	101%-200% Above
N	No	16729045417	LEVOTHYROXINE SODIUM	30	\$0.49933	\$0.08199	200% Above
N	No	16729045417	LEVOTHYROXINE SODIUM	30	\$0.07767	\$0.08830	(10%-25%) Below
N	No	16729045517	LEVOTHYROXINE SODIUM	60	\$0.45850	\$0.07754	200% Above
N	No	16729045517	LEVOTHYROXINE SODIUM	90	\$0.21367	\$0.08440	101%-200% Above
N	Yes	16729045517	LEVOTHYROXINE SODIUM	30	\$0.29400	\$0.07754	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	Yes	16729045615	LEVOTHYROXINE SODIUM	30	\$0.08233	\$0.10356	(10%-25%) Below
N	Yes	16729045715	LEVOTHYROXINE SODIUM	30	\$0.07367	\$0.10336	(26%-50%) Below
N	No	16729047901	METHYLPHENIDATE HYDROCHLORIDE	180	\$0.30206	\$0.11912	101%-200% Above
N	No	16729047901	METHYLPHENIDATE HYDROCHLORIDE	450	\$0.41302	\$0.14999	101%-200% Above
N	Yes	16729047901	METHYLPHENIDATE HYDROCHLORIDE	30	\$0.70833	\$0.14999	200% Above
N	No	16729048001	METHYLPHENIDATE HYDROCHLORIDE	90	\$0.43056	\$0.17475	101%-200% Above
N	No	16729048501	HYDROXYCHLOROQUINE SULFATE	120	\$0.75850	\$0.17883	200% Above
N	No	16729048501	HYDROXYCHLOROQUINE SULFATE	180	\$0.75844	\$0.20755	200% Above
N	No	16729048601	METHOTREXATE SODIUM	40	\$0.95950	\$0.22665	200% Above
N	No	16729054235	FLUOROURACIL	80	\$2.46938	\$0.73784	200% Above
N	No	16729054235	FLUOROURACIL	80	\$1.30350	\$0.73823	76%-100% Above
N	No	21922000101	FLUOCINONIDE	180	\$0.79250	\$0.19602	200% Above
N	No	21922000101	FLUOCINONIDE	240	\$0.50942	\$0.21145	101%-200% Above
N	No	21922000201	CLINDAMYCIN PHOSPHATE	120	\$0.73817	\$0.21267	200% Above
N	No	21922000201	CLINDAMYCIN PHOSPHATE	120	\$0.62800	\$0.21314	101%-200% Above
N	No	21922000301	FLUOCINOLONE ACETONIDE	120	\$0.46908	\$0.20948	101%-200% Above
N	No	21922000407	DESONIDE	60	\$0.54550	\$0.28746	76%-100% Above
N	No	21922001604	CLOBETASOL PROPIONATE	60	\$0.92967	\$0.20199	200% Above
N	No	21922001605	CLOBETASOL PROPIONATE	180	\$0.56961	\$0.19156	101%-200% Above
N	No	21922001605	CLOBETASOL PROPIONATE	90	\$1.03722	\$0.20680	200% Above
N	Yes	21922001605	CLOBETASOL PROPIONATE	30	\$1.23967	\$0.19156	200% Above
N	No	21922001607	CLOBETASOL PROPIONATE	120	\$1.44467	\$0.15849	200% Above
N	No	21922001704	CLOBETASOL PROPIONATE	135	\$1.09593	\$0.21144	200% Above
N	No	21922001704	CLOBETASOL PROPIONATE	90	\$1.13611	\$0.21323	200% Above
N	No	21922001705	CLOBETASOL PROPIONATE	180	\$0.81672	\$0.18334	200% Above
N	Yes	21922001705	CLOBETASOL PROPIONATE	30	\$1.56867	\$0.18334	200% Above
N	No	21922001706	CLOBETASOL PROPIONATE	45	\$0.61467	\$0.18684	200% Above
N	No	21922001707	CLOBETASOL PROPIONATE	60	\$0.91533	\$0.14691	200% Above
N	No	21922002107	PERMETHRIN	300	\$0.56210	\$0.28440	76%-100% Above
N	No	21922002107	PERMETHRIN	240	\$0.82754	\$0.29558	101%-200% Above



**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	21922002206	CLINDAMYCIN PHOSPHATE/BENZOYL PEROXIDE	45	\$3.16000	\$0.50451	200% Above
N	No	21922002206	CLINDAMYCIN PHOSPHATE/BENZOYL PEROXIDE	45	\$3.16000	\$0.56402	200% Above
Y	No	21922002206	CLINDAMYCIN PHOSPHATE/BENZOYL PEROXIDE	135	\$1.12178	\$0.56402	76%-100% Above
N	No	21922002505	KETOCONAZOLE	60	\$1.04800	\$0.26224	200% Above
N	No	21922002505	KETOCONAZOLE	90	\$1.11733	\$0.27239	200% Above
N	No	21922002507	KETOCONAZOLE	120	\$0.35283	\$0.20280	51%-75% Above
N	No	21922002507	KETOCONAZOLE	60	\$0.35283	\$0.24138	26%-50% Above
N	No	21922002705	CLINDAMYCIN PHOSPHATE	60	\$0.29300	\$0.32762	(10%-25%) Below
N	No	21922002705	CLINDAMYCIN PHOSPHATE	120	\$1.92450	\$0.38135	200% Above
N	No	21922002707	CLINDAMYCIN PHOSPHATE	210	\$0.46900	\$0.27588	51%-75% Above
N	No	21922003601	CLINDAMYCIN PHOSPHATE	300	\$1.13910	\$0.35456	200% Above
N	No	21922003601	CLINDAMYCIN PHOSPHATE	180	\$0.95594	\$0.36505	101%-200% Above
N	No	23155000101	HYDRALAZINE HCL	90	\$0.04444	\$0.03160	26%-50% Above
Y	Yes	23155000110	HYDRALAZINE HCL	360	\$0.17683	\$0.03160	200% Above
N	No	23155000201	HYDRALAZINE HYDROCHLORIDE	150	\$0.22580	\$0.03877	200% Above
N	No	23155000210	HYDRALAZINE HYDROCHLORIDE	90	\$0.17344	\$0.03915	200% Above
N	No	23155000301	HYDRALAZINE HYDROCHLORIDE	330	\$0.08912	\$0.04749	76%-100% Above
N	No	23155000301	HYDRALAZINE HYDROCHLORIDE	210	\$0.16538	\$0.04954	200% Above
N	Yes	23155000301	HYDRALAZINE HYDROCHLORIDE	270	\$0.26252	\$0.04954	200% Above
N	No	23155000310	HYDRALAZINE HYDROCHLORIDE	720	\$0.06885	\$0.04749	26%-50% Above
N	No	23155000401	HYDRALAZINE HYDROCHLORIDE	180	\$0.31244	\$0.08131	200% Above
N	No	23155000401	HYDRALAZINE HYDROCHLORIDE	400	\$0.26820	\$0.08328	200% Above
N	Yes	23155000401	HYDRALAZINE HYDROCHLORIDE	60	\$0.09200	\$0.08131	10%-25% Above
N	No	23155000810	HYDROCHLOROTHIAZIDE	1160	\$0.01867	\$0.01291	26%-50% Above
N	No	23155000810	HYDROCHLOROTHIAZIDE	945	\$0.02172	\$0.01295	51%-75% Above
N	Yes	23155000810	HYDROCHLOROTHIAZIDE	60	\$0.01000	\$0.01291	(10%-25%) Below
N	Yes	23155000810	HYDROCHLOROTHIAZIDE	210	\$0.01105	\$0.01295	(10%-25%) Below
Y	No	23155000810	HYDROCHLOROTHIAZIDE	180	\$0.05333	\$0.01291	200% Above
Y	No	23155000810	HYDROCHLOROTHIAZIDE	90	\$0.01789	\$0.01295	26%-50% Above
N	No	23155000901	HYDROCHLOROTHIAZIDE	30	\$0.11533	\$0.03426	200% Above
N	No	23155000910	HYDROCHLOROTHIAZIDE	30	\$0.02800	\$0.03426	(10%-25%) Below
N	No	23155002301	BUSPIRONE HYDROCHLORIDE	60	\$0.10617	\$0.02497	200% Above
N	No	23155002405	BUSPIRONE HYDROCHLORIDE	330	\$0.09624	\$0.03365	101%-200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	23155002405	BUSPIRONE HYDROCHLORIDE	150	\$0.07940	\$0.03491	101%-200% Above
N	Yes	23155002405	BUSPIRONE HYDROCHLORIDE	60	\$0.02550	\$0.03491	(26%-50%) Below
Y	No	23155002405	BUSPIRONE HYDROCHLORIDE	60	\$0.23000	\$0.03491	200% Above
N	No	23155002505	BUSPIRONE HYDROCHLORIDE	150	\$0.09273	\$0.04764	76%-100% Above
N	No	23155002505	BUSPIRONE HYDROCHLORIDE	180	\$0.09267	\$0.04868	76%-100% Above
N	No	23155002801	FLUOXETINE HYDROCHLORIDE	210	\$0.44914	\$0.03483	200% Above
N	No	23155002801	FLUOXETINE HYDROCHLORIDE	120	\$0.44275	\$0.03492	200% Above
N	No	23155002810	FLUOXETINE HYDROCHLORIDE	30	\$0.48300	\$0.03483	200% Above
N	No	23155002810	FLUOXETINE HYDROCHLORIDE	60	\$0.48300	\$0.03492	200% Above
N	No	23155002910	FLUOXETINE HYDROCHLORIDE	390	\$0.34541	\$0.03103	200% Above
N	No	23155002910	FLUOXETINE HYDROCHLORIDE	285	\$0.43305	\$0.03128	200% Above
N	Yes	23155002910	FLUOXETINE HYDROCHLORIDE	30	\$0.12333	\$0.03128	200% Above
N	No	23155003001	FLUOXETINE HYDROCHLORIDE	30	\$0.49967	\$0.07364	200% Above
N	No	23155003005	FLUOXETINE HYDROCHLORIDE	390	\$0.48523	\$0.06988	200% Above
N	No	23155003005	FLUOXETINE HYDROCHLORIDE	270	\$0.47485	\$0.07364	200% Above
N	Yes	23155003005	FLUOXETINE HYDROCHLORIDE	30	\$0.49833	\$0.06988	200% Above
N	Yes	23155003005	FLUOXETINE HYDROCHLORIDE	60	\$0.27183	\$0.07364	200% Above
N	No	23155005519	NARATRIPTAN HCL	18	\$1.16000	\$1.31202	(10%-25%) Below
N	No	23155005519	NARATRIPTAN HCL	108	\$1.54519	\$1.37924	10%-25% Above
N	No	23155005810	GLYBURIDE	60	\$0.22900	\$0.06178	200% Above
N	No	23155005901	VERAPAMIL HCL	90	\$0.15278	\$0.12857	10%-25% Above
N	No	23155005901	VERAPAMIL HCL	150	\$0.18540	\$0.14348	26%-50% Above
N	No	23155007001	METHIMAZOLE	15	\$0.31133	\$0.08904	200% Above
N	No	23155007001	METHIMAZOLE	195	\$0.24990	\$0.09507	101%-200% Above
N	Yes	23155007001	METHIMAZOLE	30	\$0.31100	\$0.08904	200% Above
N	No	23155007101	METHIMAZOLE	480	\$0.27769	\$0.13948	76%-100% Above
N	No	23155007101	METHIMAZOLE	300	\$0.22760	\$0.17013	26%-50% Above
N	No	23155013301	DOXYCYCLINE MONOHYDRATE	270	\$0.20137	\$0.16901	10%-25% Above
N	No	23155013301	DOXYCYCLINE MONOHYDRATE	338	\$0.40275	\$0.20289	76%-100% Above
N	No	23155013505	DOXYCYCLINE MONOHYDRATE	1606	\$0.33949	\$0.29744	10%-25% Above
N	No	23155013525	DOXYCYCLINE MONOHYDRATE	108	\$0.70667	\$0.29744	101%-200% Above
N	No	23155013525	DOXYCYCLINE MONOHYDRATE	262	\$0.77885	\$0.33141	101%-200% Above
N	No	23155017801	ISOSORBIDE MONONITRATE ER	30	\$0.44333	\$0.10920	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	23155019101	BUPROPION HCL	120	\$0.25958	\$0.11045	101%-200% Above
N	No	23155019101	BUPROPION HCL	30	\$0.24600	\$0.11614	101%-200% Above
N	No	23155019201	BUPROPION HCL	210	\$0.29519	\$0.13967	101%-200% Above
N	No	23155028801	ACETAZOLAMIDE	30	\$1.12667	\$0.17719	200% Above
N	No	23155048601	VERAPAMIL HYDROCHLORIDE	90	\$0.07989	\$0.06996	10%-25% Above
N	No	23155048901	DESMOPRESSIN ACETATE	30	\$1.41867	\$0.36050	200% Above
N	Yes	23155048901	DESMOPRESSIN ACETATE	15	\$0.47667	\$0.36050	26%-50% Above
N	No	23155050001	HYDROXYZINE HYDROCHLORIDE	260	\$0.24027	\$0.03387	200% Above
N	No	23155050001	HYDROXYZINE HYDROCHLORIDE	270	\$0.20078	\$0.03609	200% Above
N	Yes	23155050001	HYDROXYZINE HYDROCHLORIDE	30	\$0.17767	\$0.03387	200% Above
N	Yes	23155050001	HYDROXYZINE HYDROCHLORIDE	120	\$0.16533	\$0.03609	200% Above
N	No	23155050101	HYDROXYZINE HYDROCHLORIDE	150	\$0.05547	\$0.04130	26%-50% Above
N	No	23155050105	HYDROXYZINE HYDROCHLORIDE	64	\$0.30797	\$0.04130	200% Above
N	No	23155050105	HYDROXYZINE HYDROCHLORIDE	720	\$0.24517	\$0.04383	200% Above
N	Yes	23155050105	HYDROXYZINE HYDROCHLORIDE	30	\$0.39967	\$0.04383	200% Above
N	No	23155050110	HYDROXYZINE HYDROCHLORIDE	90	\$0.11744	\$0.04130	101%-200% Above
N	No	23155050110	HYDROXYZINE HYDROCHLORIDE	180	\$0.28189	\$0.04383	200% Above
N	No	23155050201	HYDROXYZINE HCL	330	\$0.16170	\$0.06546	101%-200% Above
N	No	23155050201	HYDROXYZINE HCL	240	\$0.16408	\$0.06934	101%-200% Above
N	Yes	23155050201	HYDROXYZINE HCL	90	\$0.44311	\$0.06934	200% Above
N	No	23155050205	HYDROXYZINE HCL	30	\$0.31533	\$0.06934	200% Above
N	No	23155050210	HYDROXYZINE HCL	90	\$0.23400	\$0.06546	200% Above
N	No	23155051901	ISOSORBIDE MONONITRATE ER	30	\$0.38133	\$0.07693	200% Above
N	No	23155053005	TROSPIUM CHLORIDE	120	\$0.33167	\$0.30037	10%-25% Above
N	No	23155053006	TROSPIUM CHLORIDE	300	\$0.33167	\$0.30037	10%-25% Above
N	No	23155053006	TROSPIUM CHLORIDE	60	\$0.21650	\$0.34031	(26%-50%) Below
N	No	23155060503	MODAFINIL	60	\$1.23983	\$0.44276	101%-200% Above
N	No	23155060503	MODAFINIL	30	\$0.23633	\$0.49218	(51%-75%) Below
N	No	23155060509	MODAFINIL	30	\$2.09867	\$0.49218	200% Above
N	No	23155060601	GLYCOPYRROLATE	120	\$0.11525	\$0.09883	10%-25% Above
N	No	23155060601	GLYCOPYRROLATE	210	\$0.50057	\$0.10148	200% Above
N	No	23155060701	GLYCOPYRROLATE	60	\$0.38683	\$0.19493	76%-100% Above
N	No	23155060701	GLYCOPYRROLATE	210	\$0.94395	\$0.22295	200% Above
N	No	23155065205	METRONIDAZOLE	14	\$0.48429	\$0.12576	200% Above

**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	23155066301	CALCITRIOL	16	\$1.19813	\$0.24933	200% Above
N	No	23155069310	ALLOPURINOL	60	\$0.18567	\$0.04922	200% Above
N	No	23155069310	ALLOPURINOL	210	\$0.16024	\$0.05071	200% Above
Y	No	23155069310	ALLOPURINOL	90	\$0.09344	\$0.04922	76%-100% Above
Y	No	23155069310	ALLOPURINOL	90	\$0.17111	\$0.05071	200% Above
N	No	23155070501	ENALAPRIL MALEATE	60	\$0.24667	\$0.08456	101%-200% Above
N	No	23155072301	LABETALOL HYDROCHLORIDE	60	\$0.08000	\$0.10518	(10%-25%) Below
N	No	23155072301	LABETALOL HYDROCHLORIDE	330	\$0.23782	\$0.11764	101%-200% Above
N	No	23155072401	LABETALOL HYDROCHLORIDE	210	\$0.27690	\$0.16921	51%-75% Above
N	No	23155073601	TERAZOSIN HYDROCHLORIDE	30	\$0.45967	\$0.14639	200% Above
Y	No	23155073610	TERAZOSIN HYDROCHLORIDE	180	\$0.87378	\$0.14639	200% Above
N	No	23155076301	LITHIUM CARBONATE ER	90	\$0.10778	\$0.14668	(26%-50%) Below
N	No	23155076601	TETRACYCLINE HYDROCHLORIDE	56	\$1.18679	\$0.80287	26%-50% Above
N	No	23155076701	TETRACYCLINE HYDROCHLORIDE	6	\$1.66500	\$0.92940	76%-100% Above
N	No	23155077201	ENALAPRIL MALEATE	30	\$0.16000	\$0.09479	51%-75% Above
Y	No	23155077210	ENALAPRIL MALEATE	90	\$0.29289	\$0.09479	200% Above
N	No	23155077310	ENALAPRIL MALEATE	30	\$0.29367	\$0.12072	101%-200% Above
N	No	23155079601	DOXEPIN HYDROCHLORIDE	30	\$0.82400	\$0.26653	200% Above
N	No	23155080901	VITAMIN D	144	\$0.22000	\$0.13129	51%-75% Above
N	No	23155080901	VITAMIN D	176	\$0.22000	\$0.13301	51%-75% Above
N	Yes	23155080901	VITAMIN D	4	\$0.22500	\$0.13129	51%-75% Above
N	No	23155084105	METFORMIN HYDROCHLORIDE	240	\$0.07467	\$0.01613	200% Above
N	No	23155084105	METFORMIN HYDROCHLORIDE	60	\$0.10933	\$0.01678	200% Above
N	No	23155084305	METFORMIN HYDROCHLORIDE	30	\$0.25933	\$0.02637	200% Above
Y	No	23155084403	AMLODIPINE BESYLATE/VALSARTAN	28	\$1.41321	\$0.50059	101%-200% Above
N	No	24208029005	TOBRAMYCIN SULFATE	5	\$1.42600	\$1.23198	10%-25% Above
N	No	24208029505	TOBRAMYCIN/DEXAMETHASONE	10	\$14.44200	\$5.13618	101%-200% Above
N	No	24208029505	TOBRAMYCIN/DEXAMETHASONE	5	\$17.03600	\$5.40536	200% Above
N	Yes	24208029505	TOBRAMYCIN/DEXAMETHASONE	5	\$9.84400	\$5.40536	76%-100% Above
N	No	24208031510	POLYMYXIN B SULFATE/TRIMETHOPRIM SULFATE	60	\$0.90350	\$0.48111	76%-100% Above
N	No	24208031510	POLYMYXIN B SULFATE/TRIMETHOPRIM SULFATE	50	\$0.82960	\$0.53682	51%-75% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	Yes	24208031510	POLYMYXIN B SULFATE/TRIMETHOPRIM SULFATE	10	\$0.82900	\$0.48111	51%-75% Above
N	No	24208039830	IPRATROPIUM BROMIDE	60	\$0.77900	\$0.66041	10%-25% Above
N	No	24208039830	IPRATROPIUM BROMIDE	90	\$1.06467	\$0.66597	51%-75% Above
N	No	24208039915	IPRATROPIUM BROMIDE	75	\$1.87853	\$1.28908	26%-50% Above
N	No	24208039915	IPRATROPIUM BROMIDE	195	\$1.79641	\$1.33687	26%-50% Above
N	Yes	24208039915	IPRATROPIUM BROMIDE	15	\$2.12933	\$1.28908	51%-75% Above
N	No	24208041005	OFLOXACIN	5	\$5.96000	\$1.63551	200% Above
N	No	24208044605	BESIVANCE	5	\$28.22200	\$41.07077	(26%-50%) Below
N	No	24208045705	DICLOFENAC SODIUM	5	\$2.45000	\$1.75960	26%-50% Above
N	No	24208046325	LATANOPROST	27.5	\$6.38909	\$1.77485	200% Above
N	No	24208046325	LATANOPROST	30	\$5.75433	\$1.80721	200% Above
N	Yes	24208046325	LATANOPROST	5	\$6.82800	\$1.77485	200% Above
N	Yes	24208046325	LATANOPROST	5	\$5.22800	\$1.80721	101%-200% Above
N	No	24208048510	DORZOLAMIDE HCL	10	\$1.00000	\$1.30517	(10%-25%) Below
N	No	24208048610	DORZOLAMIDE HCL/TIMOLOL MALEATE	70	\$1.40557	\$1.10040	26%-50% Above
Y	No	24208048610	DORZOLAMIDE HCL/TIMOLOL MALEATE	30	\$2.87967	\$1.10040	101%-200% Above
N	No	24208050801	LOTEPREDNOL ETABONATE	5	\$32.36600	\$27.57911	10%-25% Above
N	No	24208055555	BACITRACIN/POLYMYXIN B	7	\$5.73143	\$2.90714	76%-100% Above
N	No	24208058060	GENTAMICIN SULFATE	5	\$3.00000	\$0.82616	200% Above
N	No	24208060203	PROLENSA	3	\$85.17667	\$107.53482	(10%-25%) Below
N	No	24208060203	PROLENSA	3	\$74.06667	\$107.71994	(26%-50%) Below
N	No	24208063110	NEOMYCIN/POLYMYXIN/HC	10	\$7.04800	\$4.58445	51%-75% Above
N	No	24208063110	NEOMYCIN/POLYMYXIN/HC	60	\$5.80667	\$5.03967	10%-25% Above
N	No	24208063562	NEOMYCIN/POLYMYXIN/HYDROCORTISONE	30	\$6.22833	\$5.36739	10%-25% Above
N	No	24208072002	DEXAMETHASONE SODIUM PHOSPHATE	5	\$9.05600	\$7.05080	26%-50% Above
N	Yes	24208079535	NEOMYCIN/POLYMYXIN/DEXAMETHASONE	3.5	\$3.97143	\$3.10581	26%-50% Above
N	No	24208083060	NEOMYCIN/POLYMYXIN/DEXAMETHASONE	55	\$1.76182	\$2.16530	(10%-25%) Below
N	Yes	24208083060	NEOMYCIN/POLYMYXIN/DEXAMETHASONE	5	\$2.58200	\$2.10599	10%-25% Above
N	No	24208091055	ERYTHROMYCIN	49	\$3.42633	\$2.29884	26%-50% Above
N	No	24208091055	ERYTHROMYCIN	31.5	\$3.17016	\$2.62918	10%-25% Above

**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	Yes	24208091055	ERYTHROMYCIN	7	\$3.19429	\$2.29884	26%-50% Above
N	No	24385020501	GNP ATHLETES FOOT	14.2	\$0.37958	\$0.20937	76%-100% Above
N	No	24385036571	GNP MIGRAINE RELIEF	50	\$0.05300	\$0.06250	(10%-25%) Below
N	No	24510012010	XTAMPZA ER	116	\$9.86595	\$11.17072	(10%-25%) Below
N	No	24658031205	DOXYCYCLINE HYCLATE	296	\$1.18416	\$0.13569	200% Above
N	No	24658031205	DOXYCYCLINE HYCLATE	278	\$1.29396	\$0.13760	200% Above
N	Yes	24658031205	DOXYCYCLINE HYCLATE	28	\$1.41571	\$0.13569	200% Above
N	No	24658031250	DOXYCYCLINE HYCLATE	10	\$0.10300	\$0.13760	(26%-50%) Below
N	No	24689011901	BUPROPION HYDROCHLORIDE	30	\$0.28300	\$0.11614	101%-200% Above
N	No	24979000206	DEXLANSOPRAZOLE	240	\$5.60417	\$7.04762	(10%-25%) Below
N	No	24979000206	DEXLANSOPRAZOLE	30	\$5.63400	\$7.28135	(10%-25%) Below
N	Yes	24979000901	NIFEDIPINE ER	30	\$1.61600	\$0.28202	200% Above
N	No	24979002602	DILTIAZEM HYDROCHLORIDE ER	30	\$0.50000	\$0.15140	200% Above
N	No	24979002607	DILTIAZEM HYDROCHLORIDE ER	150	\$0.17140	\$0.15140	10%-25% Above
N	No	24979002607	DILTIAZEM HYDROCHLORIDE ER	180	\$0.17144	\$0.15305	10%-25% Above
N	No	24979002702	DILTIAZEM HYDROCHLORIDE ER	90	\$0.20911	\$0.18903	10%-25% Above
N	No	24979002702	DILTIAZEM HYDROCHLORIDE ER	30	\$0.49333	\$0.20952	101%-200% Above
N	No	24979002707	DILTIAZEM HYDROCHLORIDE ER	180	\$0.20911	\$0.18903	10%-25% Above
N	Yes	24979002707	DILTIAZEM HYDROCHLORIDE ER	30	\$0.17433	\$0.20952	(10%-25%) Below
N	No	24979002802	DILTIAZEM HYDROCHLORIDE ER	60	\$0.51133	\$0.23588	101%-200% Above
N	Yes	24979002802	DILTIAZEM HYDROCHLORIDE ER	30	\$0.14067	\$0.23588	(26%-50%) Below
N	No	24979002807	DILTIAZEM HYDROCHLORIDE ER	90	\$0.44333	\$0.23588	76%-100% Above
N	No	24979019801	GUANFACINE HYDROCHLORIDE	60	\$0.54333	\$0.33409	51%-75% Above
N	No	24979019801	GUANFACINE HYDROCHLORIDE	60	\$0.44167	\$0.34831	26%-50% Above
N	No	24979020001	DICYCLOMINE HYDROCHLORIDE	135	\$0.37541	\$0.13751	101%-200% Above
N	No	24979020001	DICYCLOMINE HYDROCHLORIDE	192	\$0.46292	\$0.14040	200% Above
N	No	24979020101	DICYCLOMINE HYDROCHLORIDE	250	\$0.21172	\$0.11422	76%-100% Above
N	Yes	24979020101	DICYCLOMINE HYDROCHLORIDE	108	\$0.30833	\$0.11782	101%-200% Above
N	No	24979020103	DICYCLOMINE HYDROCHLORIDE	55	\$0.28836	\$0.11422	101%-200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	24979020103	DICYCLOMINE HYDROCHLORIDE	60	\$0.33350	\$0.11782	101%-200% Above
N	No	24979023103	POTASSIUM CHLORIDE ER	120	\$0.18033	\$0.12918	26%-50% Above
N	Yes	24979023103	POTASSIUM CHLORIDE ER	30	\$0.15967	\$0.12498	26%-50% Above
N	Yes	24979023103	POTASSIUM CHLORIDE ER	30	\$0.16700	\$0.12918	26%-50% Above
N	No	24979023201	POTASSIUM CHLORIDE ER	60	\$0.32933	\$0.25123	26%-50% Above
N	No	24979023201	POTASSIUM CHLORIDE ER	210	\$0.31000	\$0.25997	10%-25% Above
N	No	24979053301	GUANFACINE ER	120	\$1.29642	\$0.22154	200% Above
N	No	24979053601	GUANFACINE ER	30	\$0.39100	\$0.20707	76%-100% Above
N	No	24979053801	GUANFACINE ER	30	\$0.45400	\$0.23516	76%-100% Above
N	No	27241000106	RISPERIDONE	30	\$0.43067	\$0.04085	200% Above
N	No	27241000106	RISPERIDONE	45	\$0.07578	\$0.04799	51%-75% Above
N	No	27241000150	RISPERIDONE	30	\$0.57633	\$0.04085	200% Above
N	No	27241000250	RISPERIDONE	60	\$0.44400	\$0.03712	200% Above
N	No	27241000250	RISPERIDONE	60	\$0.44400	\$0.04106	200% Above
N	No	27241000306	RISPERIDONE	150	\$0.32547	\$0.04052	200% Above
N	No	27241000350	RISPERIDONE	30	\$0.33267	\$0.04052	200% Above
N	No	27241000350	RISPERIDONE	30	\$0.33267	\$0.04182	200% Above
N	No	27241002238	ZOLMITRIPTAN	21	\$7.07095	\$1.15023	200% Above
N	No	27241005103	ARIPIRAZOLE	30	\$3.39300	\$0.12925	200% Above
N	No	27241005103	ARIPIRAZOLE	150	\$2.36880	\$0.13222	200% Above
N	No	27241005203	ARIPIRAZOLE	90	\$0.65333	\$0.12060	200% Above
N	No	27241005203	ARIPIRAZOLE	60	\$0.71683	\$0.14416	200% Above
N	No	27241005303	ARIPIRAZOLE	30	\$0.68733	\$0.11607	200% Above
N	No	27241005303	ARIPIRAZOLE	60	\$0.68733	\$0.13140	200% Above
N	No	27241005503	ARIPIRAZOLE	30	\$0.76767	\$0.25949	101%-200% Above
N	No	27241008403	AMLODIPINE/OLMESARTAN MEDOXOMIL	30	\$0.50000	\$0.35366	26%-50% Above
N	No	27241008503	AMLODIPINE/OLMESARTAN MEDOXOMIL	30	\$0.82833	\$0.29937	101%-200% Above
N	No	27241009706	DULOXETINE HYDROCHLORIDE	330	\$0.54203	\$0.09786	200% Above
N	No	27241009706	DULOXETINE HYDROCHLORIDE	660	\$0.62771	\$0.09910	200% Above
N	Yes	27241009706	DULOXETINE HYDROCHLORIDE	30	\$0.74000	\$0.09910	200% Above
N	No	27241009803	DULOXETINE HCL	270	\$0.57315	\$0.09883	200% Above
N	No	27241009803	DULOXETINE HCL	247	\$0.58077	\$0.10079	200% Above
N	Yes	27241009803	DULOXETINE HCL	30	\$0.50000	\$0.09883	200% Above
N	Yes	27241009803	DULOXETINE HCL	30	\$0.80033	\$0.10079	200% Above
N	No	27241009809	DULOXETINE HCL	240	\$0.46321	\$0.09883	200% Above
N	No	27241009809	DULOXETINE HCL	480	\$0.74621	\$0.10079	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	Yes	27241009809	DULOXETINE HCL	30	\$0.64033	\$0.09883	200% Above
N	Yes	27241009809	DULOXETINE HCL	30	\$0.05000	\$0.10079	(51%-75%) Below
N	No	27241009810	DULOXETINE HCL	30	\$0.38067	\$0.09883	200% Above
N	No	27241009810	DULOXETINE HCL	180	\$0.21478	\$0.10079	101%-200% Above
N	Yes	27241009810	DULOXETINE HCL	60	\$0.05267	\$0.09883	(26%-50%) Below
N	Yes	27241009810	DULOXETINE HCL	30	\$0.35667	\$0.10079	200% Above
N	No	27241009903	DULOXETINE HYDROCHLORIDE	870	\$0.59613	\$0.11250	200% Above
N	No	27241009903	DULOXETINE HYDROCHLORIDE	1200	\$0.54175	\$0.11275	200% Above
N	Yes	27241009903	DULOXETINE HYDROCHLORIDE	210	\$0.71181	\$0.11250	200% Above
N	Yes	27241009903	DULOXETINE HYDROCHLORIDE	150	\$0.46727	\$0.11275	200% Above
N	No	27241009990	DULOXETINE HYDROCHLORIDE	420	\$0.32740	\$0.11250	101%-200% Above
N	No	27241009990	DULOXETINE HYDROCHLORIDE	180	\$0.41683	\$0.11275	200% Above
N	Yes	27241009990	DULOXETINE HYDROCHLORIDE	60	\$0.63950	\$0.11250	200% Above
N	Yes	27241009990	DULOXETINE HYDROCHLORIDE	30	\$0.85267	\$0.11275	200% Above
N	No	27241010806	CLONIDINE HYDROCHLORIDE ER	60	\$0.80500	\$0.24046	200% Above
N	No	27241011103	TADALAFIL	30	\$0.97067	\$0.16039	200% Above
N	No	27241011203	TADALAFIL	180	\$0.45133	\$0.15162	101%-200% Above
N	No	27241011203	TADALAFIL	310	\$0.58494	\$0.15769	200% Above
N	Yes	27241011203	TADALAFIL	60	\$0.71667	\$0.15769	200% Above
N	No	27241011205	TADALAFIL	330	\$0.95039	\$0.15162	200% Above
N	No	27241011205	TADALAFIL	150	\$0.79900	\$0.15769	200% Above
N	Yes	27241011205	TADALAFIL	30	\$0.81600	\$0.15162	200% Above
N	Yes	27241011205	TADALAFIL	54	\$0.67704	\$0.15769	200% Above
N	No	27241011403	TADALAFIL	16	\$0.46125	\$0.27323	51%-75% Above
N	No	27241011403	TADALAFIL	34	\$0.64882	\$0.29468	101%-200% Above
N	Yes	27241011403	TADALAFIL	10	\$3.10800	\$0.27323	200% Above
N	Yes	27241011403	TADALAFIL	5	\$3.42800	\$0.29468	200% Above
N	No	27241011603	FENOFIBRATE	60	\$0.50000	\$0.09462	200% Above
N	No	27241011603	FENOFIBRATE	150	\$0.25673	\$0.09635	101%-200% Above
N	No	27241011703	FENOFIBRATE	840	\$0.34692	\$0.13441	101%-200% Above
N	No	27241011703	FENOFIBRATE	390	\$0.54213	\$0.15036	200% Above
N	Yes	27241011703	FENOFIBRATE	120	\$0.31992	\$0.13441	101%-200% Above
N	No	27241011705	FENOFIBRATE	30	\$0.48767	\$0.13441	200% Above
N	No	27241011705	FENOFIBRATE	30	\$0.69667	\$0.15036	200% Above



Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	27241011904	FENOFIBRATE MICRONIZED	30	\$0.97500	\$0.13274	200% Above
N	No	27241011904	FENOFIBRATE MICRONIZED	30	\$1.21867	\$0.13814	200% Above
N	Yes	27241011904	FENOFIBRATE MICRONIZED	90	\$0.67556	\$0.13274	200% Above
N	No	27241012403	SILDENAFIL CITRATE	175	\$0.75720	\$0.06910	200% Above
N	No	27241012403	SILDENAFIL CITRATE	205	\$0.82102	\$0.07471	200% Above
N	No	27241012502	RANOLAZINE ER	60	\$1.24833	\$0.22666	200% Above
N	No	27241012602	RANOLAZINE ER	120	\$1.33283	\$0.29117	200% Above
N	No	27241012602	RANOLAZINE ER	60	\$2.01017	\$0.32660	200% Above
N	No	27241013436	CHOLESTYRAMINE	30	\$1.67533	\$0.72453	101%-200% Above
N	No	27241013451	CHOLESTYRAMINE	378	\$0.16399	\$0.10722	51%-75% Above
N	No	27241013451	CHOLESTYRAMINE	378	\$0.14971	\$0.11221	26%-50% Above
N	No	27241013909	OSELTAMIVIR PHOSPHATE	120	\$0.80450	\$0.17392	200% Above
N	No	27241013909	OSELTAMIVIR PHOSPHATE	420	\$0.78812	\$0.25635	200% Above
N	No	27241015604	OXYBUTYNIN CHLORIDE ER	60	\$0.27417	\$0.10582	101%-200% Above
N	Yes	27241015604	OXYBUTYNIN CHLORIDE ER	30	\$0.54800	\$0.10582	200% Above
N	No	27241015704	OXYBUTYNIN CHLORIDE ER	60	\$0.11033	\$0.13336	(10%-25%) Below
N	Yes	27241015704	OXYBUTYNIN CHLORIDE ER	30	\$0.66900	\$0.13336	200% Above
N	No	27241015860	VALGANCICLOVIR	360	\$10.74878	\$3.27195	200% Above
N	No	27241016430	DULOXETINE HYDROCHLORIDE	30	\$1.52667	\$1.15307	26%-50% Above
N	No	27241016701	DOXEPIN HYDROCHLORIDE	90	\$0.28433	\$0.13551	101%-200% Above
N	No	27241016801	DOXEPIN HYDROCHLORIDE	14	\$0.57571	\$0.16017	200% Above
N	No	27241016801	DOXEPIN HYDROCHLORIDE	134	\$0.52179	\$0.18052	101%-200% Above
N	No	27241017101	DOXEPIN HYDROCHLORIDE	30	\$0.47500	\$0.31655	51%-75% Above
N	No	27241019290	TOLTERODINE TARTRATE ER	60	\$0.46400	\$0.56488	(10%-25%) Below
N	No	27241021601	CHLORTHALIDONE	15	\$0.64133	\$0.08635	200% Above
N	No	27241021601	CHLORTHALIDONE	30	\$0.64100	\$0.09306	200% Above
N	Yes	27241021701	CHLORTHALIDONE	90	\$0.63156	\$0.12579	200% Above
N	No	27808003503	HYDROCODONE BITARTRATE/ACETAMINOPHEN	144	\$0.29917	\$0.12534	101%-200% Above
N	No	27808003503	HYDROCODONE BITARTRATE/ACETAMINOPHEN	550	\$0.24242	\$0.13129	76%-100% Above
N	Yes	27808003503	HYDROCODONE BITARTRATE/ACETAMINOPHEN	28	\$0.33250	\$0.12534	101%-200% Above
N	No	27808003602	HYDROCODONE/ACETAMINOPHEN	120	\$0.53908	\$0.12826	200% Above
N	Yes	27808003602	HYDROCODONE/ACETAMINOPHEN	7	\$0.43857	\$0.12826	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	Yes	27808003603	HYDROCODONE/ACETAMINOPHEN	24	\$0.21250	\$0.12826	51%-75% Above
N	No	27808003701	HYDROCODONE BITARTRATE/ACETAMINOPHEN	268	\$0.33187	\$0.13512	101%-200% Above
N	No	27808003702	HYDROCODONE BITARTRATE/ACETAMINOPHEN	120	\$0.21325	\$0.13512	51%-75% Above
N	Yes	27808003702	HYDROCODONE BITARTRATE/ACETAMINOPHEN	90	\$0.09133	\$0.13512	(26%-50%) Below
N	No	27808005701	PROMETHAZINE HYDROCHLORIDE/DEXTROMETHORPHAN HYDROBROMIDE	1050	\$0.05664	\$0.03906	26%-50% Above
N	No	27808005701	PROMETHAZINE HYDROCHLORIDE/DEXTROMETHORPHAN HYDROBROMIDE	910	\$0.05354	\$0.04154	26%-50% Above
N	Yes	27808005701	PROMETHAZINE HYDROCHLORIDE/DEXTROMETHORPHAN HYDROBROMIDE	120	\$0.06475	\$0.03906	51%-75% Above
N	No	27808008601	HYDROCODONE POLISTIREX/CHLORPHENIRAMINE POLISTIREX	230	\$0.42017	\$0.47425	(10%-25%) Below
N	No	27808008602	HYDROCODONE POLISTIREX/CHLORPHENIRAMINE POLISTIREX	335	\$0.32224	\$0.40937	(10%-25%) Below
N	No	27808009201	DEXMETHYLPHENIDATE HCL	30	\$0.33000	\$0.20073	51%-75% Above
N	No	27808009201	DEXMETHYLPHENIDATE HCL	30	\$0.68167	\$0.24895	101%-200% Above
N	No	27808009301	DEXMETHYLPHENIDATE HCL	180	\$0.40933	\$0.30611	26%-50% Above
N	No	27808009301	DEXMETHYLPHENIDATE HCL	90	\$0.47900	\$0.34048	26%-50% Above
N	No	27808015501	ROSUVASTATIN CALCIUM	60	\$0.39533	\$0.04537	200% Above
N	No	27808015501	ROSUVASTATIN CALCIUM	240	\$0.23000	\$0.04774	200% Above
N	No	27808015503	ROSUVASTATIN CALCIUM	150	\$0.25407	\$0.04537	200% Above
N	No	27808015503	ROSUVASTATIN CALCIUM	60	\$0.37967	\$0.04774	200% Above
N	Yes	27808015503	ROSUVASTATIN CALCIUM	60	\$0.51567	\$0.04537	200% Above
N	No	27808015601	ROSUVASTATIN CALCIUM	270	\$0.52033	\$0.04990	200% Above
N	No	27808015601	ROSUVASTATIN CALCIUM	690	\$0.52551	\$0.05258	200% Above
N	Yes	27808015601	ROSUVASTATIN CALCIUM	30	\$0.68500	\$0.05258	200% Above
N	No	27808015603	ROSUVASTATIN CALCIUM	548	\$0.40504	\$0.04990	200% Above
N	No	27808015603	ROSUVASTATIN CALCIUM	450	\$0.25689	\$0.05258	200% Above
N	Yes	27808015603	ROSUVASTATIN CALCIUM	60	\$0.58450	\$0.04990	200% Above
N	Yes	27808015603	ROSUVASTATIN CALCIUM	30	\$0.31067	\$0.05258	200% Above
N	No	27808015701	ROSUVASTATIN CALCIUM	60	\$0.38983	\$0.06569	200% Above
N	No	27808015701	ROSUVASTATIN CALCIUM	600	\$0.46533	\$0.07194	200% Above
N	No	27808015703	ROSUVASTATIN CALCIUM	210	\$0.35590	\$0.06569	200% Above
N	No	27808015703	ROSUVASTATIN CALCIUM	120	\$0.33883	\$0.07194	200% Above
N	Yes	27808015703	ROSUVASTATIN CALCIUM	30	\$0.04533	\$0.06569	(26%-50%) Below

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	Yes	27808015703	ROSUVASTATIN CALCIUM	60	\$0.20217	\$0.07194	101%-200% Above
N	No	27808015801	ROSUVASTATIN CALCIUM	150	\$0.59567	\$0.10464	200% Above
N	No	27808015801	ROSUVASTATIN CALCIUM	390	\$0.54372	\$0.11148	200% Above
N	Yes	27808015801	ROSUVASTATIN CALCIUM	30	\$0.93600	\$0.11148	200% Above
N	No	27808015803	ROSUVASTATIN CALCIUM	60	\$0.50067	\$0.11148	200% Above
N	Yes	27808015803	ROSUVASTATIN CALCIUM	30	\$0.06800	\$0.10464	(26%-50%) Below
N	No	27808019001	COLESEVELAM HYDROCHLORIDE	300	\$0.38150	\$0.23905	51%-75% Above
N	No	27808019001	COLESEVELAM HYDROCHLORIDE	200	\$0.45805	\$0.28745	51%-75% Above
N	No	27808020601	FEBUXOSTAT	90	\$1.30733	\$0.53527	101%-200% Above
N	Yes	27808020601	FEBUXOSTAT	30	\$1.73700	\$0.55154	200% Above
N	No	27808023302	DOXYCYCLINE HYCLATE	1420	\$1.20785	\$0.12965	200% Above
N	No	27808023302	DOXYCYCLINE HYCLATE	1038	\$1.16992	\$0.13081	200% Above
N	Yes	27808023302	DOXYCYCLINE HYCLATE	40	\$1.29450	\$0.12965	200% Above
N	Yes	27808023302	DOXYCYCLINE HYCLATE	56	\$1.22393	\$0.13081	200% Above
N	No	27808023401	DOXYCYCLINE HYCLATE	94	\$0.73277	\$0.13569	200% Above
N	No	27808023401	DOXYCYCLINE HYCLATE	326	\$0.93150	\$0.13760	200% Above
N	No	27808023402	DOXYCYCLINE HYCLATE	96	\$0.35417	\$0.13569	101%-200% Above
N	No	27808023402	DOXYCYCLINE HYCLATE	118	\$0.71042	\$0.13760	200% Above
N	Yes	27808023402	DOXYCYCLINE HYCLATE	40	\$0.22925	\$0.13569	51%-75% Above
N	No	27808026301	LEVETIRACETAM	60	\$0.41533	\$0.06804	200% Above
N	No	27808026402	LEVETIRACETAM	60	\$0.32100	\$0.09126	200% Above
N	No	27808026402	LEVETIRACETAM	60	\$0.13333	\$0.09479	26%-50% Above
N	Yes	27808026402	LEVETIRACETAM	42	\$0.22905	\$0.09479	101%-200% Above
N	No	29033000301	SUCRALFATE	60	\$0.16000	\$0.20116	(10%-25%) Below
N	Yes	29033000301	SUCRALFATE	120	\$0.30733	\$0.21098	26%-50% Above
N	No	29033000305	SUCRALFATE	90	\$0.46489	\$0.20116	101%-200% Above
N	No	29033000305	SUCRALFATE	296	\$0.24696	\$0.21098	10%-25% Above
N	No	29033003001	ACETAZOLAMIDE ER	60	\$1.09250	\$0.32176	200% Above
N	No	29300011101	LAMOTRIGINE	420	\$0.17893	\$0.02964	200% Above
N	No	29300011101	LAMOTRIGINE	286	\$0.23448	\$0.03029	200% Above
N	No	29300011105	LAMOTRIGINE	120	\$0.02583	\$0.02964	(10%-25%) Below
N	No	29300011105	LAMOTRIGINE	390	\$0.10595	\$0.03029	200% Above
N	No	29300011201	LAMOTRIGINE	255	\$0.44710	\$0.05177	200% Above
N	No	29300011201	LAMOTRIGINE	180	\$0.34300	\$0.05260	200% Above
N	Yes	29300011201	LAMOTRIGINE	30	\$0.46833	\$0.05177	200% Above

**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	29300011205	LAMOTRIGINE	120	\$0.40225	\$0.05177	200% Above
N	No	29300011205	LAMOTRIGINE	345	\$0.35281	\$0.05260	200% Above
N	No	29300011210	LAMOTRIGINE	30	\$0.03367	\$0.05177	(26%-50%) Below
N	No	29300011305	LAMOTRIGINE	30	\$0.33333	\$0.06863	200% Above
N	No	29300011316	LAMOTRIGINE	120	\$0.26692	\$0.06863	200% Above
N	No	29300011316	LAMOTRIGINE	555	\$0.35063	\$0.07131	200% Above
N	No	29300011405	LAMOTRIGINE	60	\$0.40317	\$0.07527	200% Above
N	No	29300011405	LAMOTRIGINE	120	\$0.22400	\$0.07961	101%-200% Above
N	No	29300011416	LAMOTRIGINE	570	\$0.34826	\$0.07527	200% Above
N	No	29300011416	LAMOTRIGINE	390	\$0.41977	\$0.07961	200% Above
N	Yes	29300011416	LAMOTRIGINE	30	\$0.73267	\$0.07527	200% Above
N	Yes	29300011416	LAMOTRIGINE	30	\$0.30000	\$0.07961	200% Above
N	No	29300011510	TOPIRAMATE	30	\$0.01933	\$0.03003	(26%-50%) Below
N	No	29300011705	TOPIRAMATE	75	\$0.20000	\$0.06290	200% Above
N	No	29300011705	TOPIRAMATE	120	\$0.12500	\$0.06719	76%-100% Above
N	No	29300012410	MELOXICAM	120	\$0.31625	\$0.01881	200% Above
N	No	29300012410	MELOXICAM	90	\$0.00867	\$0.01905	(51%-75%) Below
N	Yes	29300012410	MELOXICAM	30	\$0.12333	\$0.01905	200% Above
N	No	29300012510	MELOXICAM	240	\$0.23100	\$0.02006	200% Above
N	No	29300012510	MELOXICAM	270	\$0.16119	\$0.02097	200% Above
N	Yes	29300012510	MELOXICAM	150	\$0.13740	\$0.02006	200% Above
N	Yes	29300012510	MELOXICAM	210	\$0.06462	\$0.02097	200% Above
N	No	29300012601	BISOPROLOL FUMARATE	75	\$0.69293	\$0.27204	101%-200% Above
N	Yes	29300012713	BISOPROLOL FUMARATE	30	\$0.83033	\$0.32486	101%-200% Above
N	No	29300012801	HYDROCHLOROTHIAZIDE	60	\$0.03833	\$0.01291	101%-200% Above
N	No	29300012801	HYDROCHLOROTHIAZIDE	30	\$0.05933	\$0.01295	200% Above
N	No	29300012810	HYDROCHLOROTHIAZIDE	960	\$0.05116	\$0.01291	200% Above
N	No	29300012810	HYDROCHLOROTHIAZIDE	1215	\$0.04815	\$0.01295	200% Above
N	Yes	29300012810	HYDROCHLOROTHIAZIDE	150	\$0.02013	\$0.01291	51%-75% Above
N	Yes	29300012810	HYDROCHLOROTHIAZIDE	105	\$0.01667	\$0.01295	26%-50% Above
N	No	29300012901	HYDROCHLOROTHIAZIDE	30	\$0.10700	\$0.03431	200% Above
N	No	29300012910	HYDROCHLOROTHIAZIDE	90	\$0.07167	\$0.03426	101%-200% Above
N	No	29300012910	HYDROCHLOROTHIAZIDE	30	\$0.01367	\$0.03431	(51%-75%) Below

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	Yes	29300012910	HYDROCHLOROTHIAZIDE	30	\$0.09300	\$0.03426	101%-200% Above
N	No	29300013005	HYDROCHLOROTHIAZIDE	60	\$0.07167	\$0.03133	101%-200% Above
N	No	29300013005	HYDROCHLOROTHIAZIDE	60	\$0.13333	\$0.03188	200% Above
N	No	29300013010	HYDROCHLOROTHIAZIDE	60	\$0.27200	\$0.03133	200% Above
N	No	29300013010	HYDROCHLOROTHIAZIDE	30	\$0.28200	\$0.03188	200% Above
N	No	29300013101	ZALEPLON	40	\$0.28800	\$0.15683	76%-100% Above
N	No	29300013201	ZALEPLON	85	\$0.30400	\$0.14819	101%-200% Above
N	No	29300013201	ZALEPLON	30	\$0.15267	\$0.17223	(10%-25%) Below
N	No	29300013601	CLONIDINE HYDROCHLORIDE	60	\$0.19350	\$0.03672	200% Above
N	No	29300013601	CLONIDINE HYDROCHLORIDE	90	\$0.06833	\$0.03694	76%-100% Above
N	Yes	29300013601	CLONIDINE HYDROCHLORIDE	60	\$0.05667	\$0.03672	51%-75% Above
N	No	29300013605	CLONIDINE HYDROCHLORIDE	90	\$0.02600	\$0.03672	(26%-50%) Below
N	No	29300013605	CLONIDINE HYDROCHLORIDE	30	\$0.11867	\$0.03694	200% Above
N	Yes	29300013605	CLONIDINE HYDROCHLORIDE	210	\$0.06986	\$0.03694	76%-100% Above
N	No	29300013701	CLONIDINE HYDROCHLORIDE	90	\$0.06667	\$0.04032	51%-75% Above
N	No	29300013701	CLONIDINE HYDROCHLORIDE	60	\$0.37500	\$0.04250	200% Above
N	Yes	29300013901	DIVALPROEX SODIUM DR	30	\$0.15000	\$0.08680	51%-75% Above
N	No	29300014001	DIVALPROEX SODIUM DR	60	\$0.46950	\$0.15880	101%-200% Above
N	Yes	29300014001	DIVALPROEX SODIUM DR	30	\$0.54700	\$0.15880	200% Above
N	No	29300014701	QUETIAPINE FUMARATE	180	\$0.21533	\$0.03177	200% Above
N	No	29300014701	QUETIAPINE FUMARATE	90	\$0.39844	\$0.03234	200% Above
N	Yes	29300014701	QUETIAPINE FUMARATE	30	\$0.33367	\$0.03177	200% Above
N	No	29300014710	QUETIAPINE FUMARATE	30	\$0.08633	\$0.03177	101%-200% Above
N	No	29300014710	QUETIAPINE FUMARATE	60	\$0.22883	\$0.03234	200% Above
N	Yes	29300014710	QUETIAPINE FUMARATE	30	\$0.01433	\$0.03234	(51%-75%) Below
N	No	29300014801	QUETIAPINE FUMARATE	120	\$0.47042	\$0.04043	200% Above
N	No	29300014801	QUETIAPINE FUMARATE	90	\$0.10833	\$0.04120	101%-200% Above
N	No	29300014810	QUETIAPINE FUMARATE	58	\$0.21017	\$0.04043	200% Above
N	Yes	29300014810	QUETIAPINE FUMARATE	30	\$0.02500	\$0.04043	(26%-50%) Below
N	No	29300014901	QUETIAPINE FUMARATE	270	\$0.44037	\$0.05328	200% Above
N	No	29300014901	QUETIAPINE FUMARATE	120	\$0.42425	\$0.05603	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	29300015101	QUETIAPINE FUMARATE	60	\$0.30000	\$0.14038	101%-200% Above
N	No	29300015101	QUETIAPINE FUMARATE	30	\$0.30000	\$0.14762	101%-200% Above
N	No	29300015116	QUETIAPINE FUMARATE	150	\$0.99380	\$0.14038	200% Above
N	Yes	29300015201	QUETIAPINE FUMARATE	30	\$1.09100	\$0.17770	200% Above
N	No	29300015501	ALFUZOSIN HCL ER	90	\$0.22811	\$0.11328	101%-200% Above
N	No	29300015519	ALFUZOSIN HCL ER	150	\$0.42713	\$0.11328	200% Above
N	No	29300018701	BISOPROLOL FUMARATE/HYDROCHLOROTHIA ZIDE	60	\$0.61717	\$0.20553	200% Above
N	No	29300018701	BISOPROLOL FUMARATE/HYDROCHLOROTHIA ZIDE	30	\$0.64800	\$0.22374	101%-200% Above
N	Yes	29300018705	BISOPROLOL FUMARATE/HYDROCHLOROTHIA ZIDE	60	\$0.30167	\$0.22374	26%-50% Above
N	No	29300018801	BISOPROLOL FUMARATE/HYDROCHLOROTHIA ZIDE	270	\$0.46570	\$0.24919	76%-100% Above
N	Yes	29300018801	BISOPROLOL FUMARATE/HYDROCHLOROTHIA ZIDE	60	\$0.41567	\$0.23736	76%-100% Above
N	No	29300018901	BISOPROLOL FUMARATE/HYDROCHLOROTHIA ZIDE	30	\$0.63767	\$0.24779	101%-200% Above
N	No	29300018901	BISOPROLOL FUMARATE/HYDROCHLOROTHIA ZIDE	60	\$1.10717	\$0.27967	200% Above
N	No	29300019019	LOSARTAN POTASSIUM/HYDROCHLOROTHIA ZIDE	30	\$0.44700	\$0.09410	200% Above
N	Yes	29300019019	LOSARTAN POTASSIUM/HYDROCHLOROTHIA ZIDE	30	\$0.08633	\$0.10158	(10%-25%) Below
N	No	29300019119	LOSARTAN POTASSIUM/HYDROCHLOROTHIA ZIDE	30	\$0.42567	\$0.12091	200% Above
N	No	29300019219	LOSARTAN POTASSIUM/HYDROCHLOROTHIA ZIDE	60	\$0.29633	\$0.12695	101%-200% Above
N	No	29300019219	LOSARTAN POTASSIUM/HYDROCHLOROTHIA ZIDE	30	\$0.16000	\$0.13402	10%-25% Above
N	No	29300022010	MONTELUKAST SODIUM	300	\$0.22297	\$0.06442	200% Above
N	No	29300022010	MONTELUKAST SODIUM	240	\$0.39342	\$0.06484	200% Above
Y	No	29300022010	MONTELUKAST SODIUM	90	\$0.38156	\$0.06484	200% Above
N	No	29300022019	MONTELUKAST SODIUM	300	\$0.72027	\$0.06442	200% Above
N	No	29300022019	MONTELUKAST SODIUM	510	\$0.79490	\$0.06484	200% Above

**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	Yes	29300022019	MONTELUKAST SODIUM	90	\$0.56944	\$0.06442	200% Above
N	Yes	29300022019	MONTELUKAST SODIUM	100	\$0.58260	\$0.06484	200% Above
N	No	29300022601	METRONIDAZOLE	45	\$0.06022	\$0.09898	(26%-50%) Below
N	No	29300022605	METRONIDAZOLE	77	\$0.18740	\$0.11248	51%-75% Above
N	No	29300022701	METRONIDAZOLE	228	\$0.44281	\$0.11994	200% Above
N	No	29300022701	METRONIDAZOLE	100	\$0.48770	\$0.12576	200% Above
N	Yes	29300022701	METRONIDAZOLE	42	\$0.49762	\$0.12576	200% Above
N	No	29300022705	METRONIDAZOLE	46	\$0.43652	\$0.11994	200% Above
N	No	29300022705	METRONIDAZOLE	143	\$0.37846	\$0.12576	200% Above
N	Yes	29300022705	METRONIDAZOLE	14	\$0.39786	\$0.11994	200% Above
N	No	29300024016	TOLTERODINE TARTRATE	60	\$0.68633	\$0.30896	101%-200% Above
N	No	29300024401	BUSPIRONE HYDROCHLORIDE	420	\$0.12831	\$0.02495	200% Above
N	No	29300024401	BUSPIRONE HYDROCHLORIDE	330	\$0.06052	\$0.02497	101%-200% Above
N	Yes	29300024401	BUSPIRONE HYDROCHLORIDE	300	\$0.16443	\$0.02495	200% Above
N	Yes	29300024401	BUSPIRONE HYDROCHLORIDE	60	\$0.07333	\$0.02497	101%-200% Above
N	No	29300024405	BUSPIRONE HYDROCHLORIDE	510	\$0.15139	\$0.02495	200% Above
N	No	29300024405	BUSPIRONE HYDROCHLORIDE	450	\$0.17767	\$0.02497	200% Above
N	Yes	29300024405	BUSPIRONE HYDROCHLORIDE	150	\$0.05753	\$0.02495	101%-200% Above
N	Yes	29300024405	BUSPIRONE HYDROCHLORIDE	90	\$0.27344	\$0.02497	200% Above
N	No	29300024501	BUSPIRONE HYDROCHLORIDE	120	\$0.15250	\$0.03365	200% Above
N	No	29300024501	BUSPIRONE HYDROCHLORIDE	150	\$0.30927	\$0.03491	200% Above
N	Yes	29300024501	BUSPIRONE HYDROCHLORIDE	30	\$0.29333	\$0.03491	200% Above
N	No	29300024505	BUSPIRONE HYDROCHLORIDE	960	\$0.13306	\$0.03365	200% Above
N	No	29300024505	BUSPIRONE HYDROCHLORIDE	1680	\$0.12637	\$0.03491	200% Above
N	Yes	29300024505	BUSPIRONE HYDROCHLORIDE	150	\$0.02973	\$0.03365	(10%-25%) Below
N	No	29300024601	BUSPIRONE HYDROCHLORIDE	600	\$0.15363	\$0.04764	200% Above
N	No	29300024601	BUSPIRONE HYDROCHLORIDE	648	\$0.14722	\$0.04868	200% Above
N	No	29300024605	BUSPIRONE HYDROCHLORIDE	540	\$0.15304	\$0.04764	200% Above
N	No	29300024605	BUSPIRONE HYDROCHLORIDE	420	\$0.20579	\$0.04868	200% Above
N	Yes	29300024605	BUSPIRONE HYDROCHLORIDE	210	\$0.30381	\$0.04764	200% Above
N	Yes	29300024605	BUSPIRONE HYDROCHLORIDE	210	\$0.31467	\$0.04868	200% Above
N	No	29300024716	BUSPIRONE HYDROCHLORIDE	120	\$0.71450	\$0.11771	200% Above
N	No	29300024716	BUSPIRONE HYDROCHLORIDE	300	\$0.75813	\$0.11924	200% Above
N	No	29300028705	TADALAFIL	30	\$1.55933	\$0.15162	200% Above
N	No	29300028713	TADALAFIL	30	\$0.47000	\$0.15769	101%-200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	Yes	29300028713	TADALAFIL	30	\$0.40800	\$0.15769	101%-200% Above
N	Yes	29300028813	TADALAFIL	6	\$2.05333	\$0.32978	200% Above
N	No	29300028913	TADALAFIL	6	\$0.97000	\$0.27323	200% Above
N	No	29300028913	TADALAFIL	8	\$0.46125	\$0.29468	51%-75% Above
N	No	29300032813	SOLIFENACIN SUCCINATE	30	\$0.92100	\$0.18781	200% Above
N	No	29300032913	SOLIFENACIN SUCCINATE	30	\$0.51700	\$0.20241	101%-200% Above
N	No	29300032919	SOLIFENACIN SUCCINATE	30	\$0.50000	\$0.20241	101%-200% Above
N	No	29300034301	BACLOFEN	30	\$0.03367	\$0.04653	(26%-50%) Below
N	No	29300034310	BACLOFEN	360	\$0.34650	\$0.04653	200% Above
N	No	29300034310	BACLOFEN	240	\$0.34717	\$0.04809	200% Above
N	No	29300034410	BACLOFEN	180	\$0.37756	\$0.07868	200% Above
N	No	29300034901	ALLOPURINOL	955	\$0.18195	\$0.04922	200% Above
N	No	29300034901	ALLOPURINOL	600	\$0.25878	\$0.05071	200% Above
N	Yes	29300034901	ALLOPURINOL	180	\$0.15900	\$0.04922	200% Above
N	Yes	29300034901	ALLOPURINOL	90	\$0.17667	\$0.05071	200% Above
N	No	29300034905	ALLOPURINOL	1125	\$0.09679	\$0.04922	76%-100% Above
N	No	29300034905	ALLOPURINOL	1050	\$0.09625	\$0.05071	76%-100% Above
N	Yes	29300034905	ALLOPURINOL	60	\$0.10550	\$0.04922	101%-200% Above
N	No	29300035005	ALLOPURINOL	1470	\$0.21413	\$0.07133	200% Above
N	No	29300035005	ALLOPURINOL	1260	\$0.23090	\$0.07487	200% Above
N	Yes	29300035005	ALLOPURINOL	60	\$0.41983	\$0.07133	200% Above
N	Yes	29300035005	ALLOPURINOL	195	\$0.28646	\$0.07487	200% Above
N	No	29300035501	TRAMADOL HYDROCHLORIDE	568	\$0.24269	\$0.02747	200% Above
N	No	29300035501	TRAMADOL HYDROCHLORIDE	311	\$0.25646	\$0.03046	200% Above
N	Yes	29300035501	TRAMADOL HYDROCHLORIDE	16	\$0.25000	\$0.02747	200% Above
N	No	29300035505	TRAMADOL HYDROCHLORIDE	261	\$0.28096	\$0.02747	200% Above
N	No	29300035505	TRAMADOL HYDROCHLORIDE	188	\$0.27878	\$0.03046	200% Above
N	Yes	29300035505	TRAMADOL HYDROCHLORIDE	12	\$0.25000	\$0.02747	200% Above
N	Yes	29300035505	TRAMADOL HYDROCHLORIDE	12	\$0.29667	\$0.03046	200% Above
N	No	29300035510	TRAMADOL HYDROCHLORIDE	10	\$0.02100	\$0.02747	(10%-25%) Below
N	Yes	29300035510	TRAMADOL HYDROCHLORIDE	114	\$0.02018	\$0.02747	(26%-50%) Below
N	Yes	29300035510	TRAMADOL HYDROCHLORIDE	294	\$0.02170	\$0.03046	(26%-50%) Below
N	No	29300035916	AMIODARONE HYDROCHLORIDE	60	\$0.75933	\$0.10779	200% Above
N	No	29300038101	DIVALPROEX SODIUM ER	90	\$1.42156	\$0.19016	200% Above



Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	29300039610	AMLODIPINE BESYLATE	300	\$0.06667	\$0.01269	200% Above
N	No	29300039610	AMLODIPINE BESYLATE	630	\$0.06667	\$0.01298	200% Above
N	No	29300039619	AMLODIPINE BESYLATE	690	\$0.18378	\$0.01269	200% Above
N	No	29300039619	AMLODIPINE BESYLATE	510	\$0.21802	\$0.01298	200% Above
N	Yes	29300039619	AMLODIPINE BESYLATE	90	\$0.18811	\$0.01298	200% Above
N	No	29300039705	AMLODIPINE BESYLATE	435	\$0.19772	\$0.01054	200% Above
N	No	29300039705	AMLODIPINE BESYLATE	300	\$0.18747	\$0.01085	200% Above
N	Yes	29300039705	AMLODIPINE BESYLATE	240	\$0.09246	\$0.01054	200% Above
N	No	29300039710	AMLODIPINE BESYLATE	7529	\$0.12420	\$0.01054	200% Above
N	No	29300039710	AMLODIPINE BESYLATE	7973	\$0.11245	\$0.01085	200% Above
N	Yes	29300039710	AMLODIPINE BESYLATE	285	\$0.12505	\$0.01054	200% Above
N	Yes	29300039710	AMLODIPINE BESYLATE	90	\$0.17122	\$0.01085	200% Above
N	No	29300039805	AMLODIPINE BESYLATE	180	\$0.27100	\$0.01476	200% Above
N	No	29300039805	AMLODIPINE BESYLATE	120	\$0.16275	\$0.01527	200% Above
N	Yes	29300039805	AMLODIPINE BESYLATE	210	\$0.10700	\$0.01476	200% Above
N	Yes	29300039805	AMLODIPINE BESYLATE	90	\$0.12333	\$0.01527	200% Above
N	No	29300039810	AMLODIPINE BESYLATE	8197	\$0.12488	\$0.01476	200% Above
N	No	29300039810	AMLODIPINE BESYLATE	10102	\$0.12244	\$0.01527	200% Above
N	Yes	29300039810	AMLODIPINE BESYLATE	390	\$0.11033	\$0.01476	200% Above
N	Yes	29300039810	AMLODIPINE BESYLATE	300	\$0.19473	\$0.01527	200% Above
N	No	29300040001	ATENOLOL/CHLORTHALIDONE	90	\$0.95833	\$0.32083	101%-200% Above
N	Yes	29300040001	ATENOLOL/CHLORTHALIDONE	30	\$0.33967	\$0.30736	10%-25% Above
N	Yes	29300040101	ATENOLOL/CHLORTHALIDONE	30	\$1.68900	\$0.43306	200% Above
N	No	29300041001	ATENOLOL	90	\$0.12833	\$0.02262	200% Above
N	Yes	29300041001	ATENOLOL	60	\$0.10117	\$0.02194	200% Above
N	No	29300041010	ATENOLOL	315	\$0.06667	\$0.02194	200% Above
N	No	29300041010	ATENOLOL	1140	\$0.07774	\$0.02262	200% Above
N	Yes	29300041101	ATENOLOL	90	\$0.08089	\$0.02671	200% Above
N	No	29300041110	ATENOLOL	450	\$0.06667	\$0.02594	101%-200% Above
N	No	29300041110	ATENOLOL	810	\$0.06668	\$0.02671	101%-200% Above
N	No	29300041210	ATENOLOL	90	\$0.06667	\$0.04173	51%-75% Above
N	No	29300041301	CYCLOBENZAPRINE HYDROCHLORIDE	282	\$0.31486	\$0.02198	200% Above
N	No	29300041301	CYCLOBENZAPRINE HYDROCHLORIDE	330	\$0.12212	\$0.02249	200% Above
N	Yes	29300041301	CYCLOBENZAPRINE HYDROCHLORIDE	30	\$0.35500	\$0.02198	200% Above
N	No	29300041305	CYCLOBENZAPRINE HYDROCHLORIDE	45	\$0.04889	\$0.02198	101%-200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	29300041305	CYCLOBENZAPRINE HYDROCHLORIDE	30	\$0.04867	\$0.02249	101%-200% Above
N	No	29300041319	CYCLOBENZAPRINE HYDROCHLORIDE	111	\$0.33450	\$0.02198	200% Above
N	No	29300041319	CYCLOBENZAPRINE HYDROCHLORIDE	67	\$0.25716	\$0.02249	200% Above
N	No	29300041501	CYCLOBENZAPRINE HYDROCHLORIDE	92	\$0.16207	\$0.02251	200% Above
N	No	29300041501	CYCLOBENZAPRINE HYDROCHLORIDE	120	\$0.05000	\$0.02342	101%-200% Above
N	No	29300041510	CYCLOBENZAPRINE HYDROCHLORIDE	961	\$0.08613	\$0.02251	200% Above
N	No	29300041510	CYCLOBENZAPRINE HYDROCHLORIDE	995	\$0.17683	\$0.02342	200% Above
N	Yes	29300041510	CYCLOBENZAPRINE HYDROCHLORIDE	90	\$0.29711	\$0.02251	200% Above
N	Yes	29300041510	CYCLOBENZAPRINE HYDROCHLORIDE	20	\$0.33750	\$0.02342	200% Above
N	No	29300041519	CYCLOBENZAPRINE HYDROCHLORIDE	399	\$0.35190	\$0.02251	200% Above
N	No	29300041519	CYCLOBENZAPRINE HYDROCHLORIDE	280	\$0.34011	\$0.02342	200% Above
N	Yes	29300041519	CYCLOBENZAPRINE HYDROCHLORIDE	60	\$0.25583	\$0.02251	200% Above
N	Yes	29300041519	CYCLOBENZAPRINE HYDROCHLORIDE	90	\$0.16267	\$0.02342	200% Above
N	No	29300041901	AMITRIPTYLINE HYDROCHLORIDE	366	\$0.08740	\$0.04195	101%-200% Above
N	No	29300041901	AMITRIPTYLINE HYDROCHLORIDE	150	\$0.17573	\$0.04365	200% Above
N	Yes	29300041901	AMITRIPTYLINE HYDROCHLORIDE	60	\$0.08383	\$0.04195	76%-100% Above
N	Yes	29300041901	AMITRIPTYLINE HYDROCHLORIDE	30	\$0.10467	\$0.04365	101%-200% Above
N	No	29300041910	AMITRIPTYLINE HYDROCHLORIDE	614	\$0.11710	\$0.04195	101%-200% Above
N	No	29300041910	AMITRIPTYLINE HYDROCHLORIDE	75	\$0.13760	\$0.04365	200% Above
N	No	29300042001	AMITRIPTYLINE HYDROCHLORIDE	45	\$0.29044	\$0.06226	200% Above
N	No	29300042010	AMITRIPTYLINE HYDROCHLORIDE	540	\$0.16059	\$0.06226	101%-200% Above
N	No	29300042010	AMITRIPTYLINE HYDROCHLORIDE	581	\$0.15480	\$0.06301	101%-200% Above
N	Yes	29300042010	AMITRIPTYLINE HYDROCHLORIDE	60	\$0.16650	\$0.06226	101%-200% Above
N	Yes	29300042010	AMITRIPTYLINE HYDROCHLORIDE	30	\$0.12333	\$0.06301	76%-100% Above
N	No	29300042101	AMITRIPTYLINE HYDROCHLORIDE	180	\$0.17872	\$0.09106	76%-100% Above
N	No	29300042101	AMITRIPTYLINE HYDROCHLORIDE	120	\$0.14750	\$0.09514	51%-75% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	29300042110	AMITRIPTYLINE HYDROCHLORIDE	300	\$0.27120	\$0.09106	101%-200% Above
N	No	29300042110	AMITRIPTYLINE HYDROCHLORIDE	150	\$0.32307	\$0.09514	200% Above
N	No	29300042201	AMITRIPTYLINE HYDROCHLORIDE	120	\$0.25717	\$0.12048	101%-200% Above
N	No	29300042201	AMITRIPTYLINE HYDROCHLORIDE	90	\$0.07900	\$0.18304	(51%-75%) Below
N	No	29300042301	AMITRIPTYLINE HYDROCHLORIDE	60	\$0.51817	\$0.15299	200% Above
N	No	29300042301	AMITRIPTYLINE HYDROCHLORIDE	30	\$0.46267	\$0.16751	101%-200% Above
N	No	29300043001	ZONISAMIDE	60	\$0.33767	\$0.11284	101%-200% Above
N	No	29300045801	GUANFACINE HYDROCHLORIDE	165	\$0.53109	\$0.33409	51%-75% Above
N	Yes	29300045901	GUANFACINE HYDROCHLORIDE	60	\$1.03800	\$0.53183	76%-100% Above
N	No	29300046801	CLONIDINE HYDROCHLORIDE	150	\$0.07700	\$0.02738	101%-200% Above
N	No	29300046810	CLONIDINE HYDROCHLORIDE	930	\$0.09454	\$0.02694	200% Above
N	No	29300046810	CLONIDINE HYDROCHLORIDE	300	\$0.05577	\$0.02738	101%-200% Above
N	Yes	29300046810	CLONIDINE HYDROCHLORIDE	60	\$0.05817	\$0.02694	101%-200% Above
N	No	31722000290	VENLAFAXINE HYDROCHLORIDE ER	90	\$0.48300	\$0.09889	200% Above
N	No	31722000290	VENLAFAXINE HYDROCHLORIDE ER	150	\$0.50000	\$0.10056	200% Above
N	No	31722000390	VENLAFAXINE HYDROCHLORIDE ER	30	\$0.50000	\$0.10313	200% Above
N	No	31722000390	VENLAFAXINE HYDROCHLORIDE ER	90	\$0.49344	\$0.11235	200% Above
N	Yes	31722000390	VENLAFAXINE HYDROCHLORIDE ER	30	\$0.32900	\$0.10313	200% Above
N	No	31722000430	VENLAFAXINE HYDROCHLORIDE ER	60	\$0.48117	\$0.14823	200% Above
N	No	31722000490	VENLAFAXINE HYDROCHLORIDE ER	58	\$0.56259	\$0.14823	200% Above
N	No	31722000490	VENLAFAXINE HYDROCHLORIDE ER	270	\$0.47407	\$0.15018	200% Above
N	No	31722000530	MESALAMINE	30	\$14.53067	\$1.58300	200% Above
N	No	31722000530	MESALAMINE	42	\$14.30119	\$2.62189	200% Above
N	No	31722001701	FAMOTIDINE	30	\$0.20067	\$0.03150	200% Above
N	No	31722001710	FAMOTIDINE	120	\$0.22833	\$0.03019	200% Above
N	No	31722001710	FAMOTIDINE	60	\$0.25600	\$0.03150	200% Above
N	No	31722001801	FAMOTIDINE	60	\$0.43150	\$0.05666	200% Above
N	No	31722001801	FAMOTIDINE	30	\$0.36833	\$0.05845	200% Above
N	No	31722001810	FAMOTIDINE	30	\$0.07233	\$0.05845	10%-25% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	31722002301	OXCARBAZEPINE	120	\$0.58667	\$0.12523	200% Above
N	No	31722002301	OXCARBAZEPINE	255	\$0.45902	\$0.13619	200% Above
N	No	31722002401	OXCARBAZEPINE	180	\$0.65750	\$0.19444	200% Above
N	No	31722002401	OXCARBAZEPINE	210	\$0.93890	\$0.20310	200% Above
N	No	31722002501	OXCARBAZEPINE	135	\$1.42267	\$0.38661	200% Above
N	No	31722004031	PROMETHAZINE HYDROCHLORIDE	12	\$7.27167	\$3.94058	76%-100% Above
N	No	31722004131	PROMETHAZINE HYDROCHLORIDE	14	\$7.49929	\$2.88080	101%-200% Above
N	No	31722010330	CINACALCET HYDROCHLORIDE	90	\$0.43267	\$0.30599	26%-50% Above
N	No	31722012630	VENLAFAXINE HYDROCHLORIDE ER	30	\$1.20667	\$0.95705	26%-50% Above
N	No	31722012690	VENLAFAXINE HYDROCHLORIDE ER	30	\$0.85100	\$0.95705	(10%-25%) Below
N	No	31722012805	GEMFIBROZIL	330	\$0.31327	\$0.10204	200% Above
N	No	31722012860	GEMFIBROZIL	60	\$0.26183	\$0.10204	101%-200% Above
N	No	31722013130	DUTASTERIDE	120	\$0.40292	\$0.18644	101%-200% Above
N	Yes	31722013130	DUTASTERIDE	90	\$0.90889	\$0.18644	200% Above
N	No	31722013190	DUTASTERIDE	120	\$0.48867	\$0.18550	101%-200% Above
N	No	31722013190	DUTASTERIDE	120	\$0.89400	\$0.18644	200% Above
N	No	31722013505	POTASSIUM CHLORIDE ER	90	\$0.34267	\$0.14873	101%-200% Above
N	No	31722015130	VALSARTAN	30	\$0.43000	\$0.13234	200% Above
N	No	31722015130	VALSARTAN	30	\$0.50000	\$0.14061	200% Above
N	No	31722015390	VALSARTAN	150	\$0.45573	\$0.18107	101%-200% Above
N	No	31722015390	VALSARTAN	90	\$0.65822	\$0.18210	200% Above
N	Yes	31722015390	VALSARTAN	30	\$0.62233	\$0.18210	200% Above
N	No	31722015490	VALSARTAN	150	\$1.09287	\$0.24086	200% Above
N	Yes	31722015490	VALSARTAN	60	\$0.64767	\$0.22157	101%-200% Above
N	No	31722016301	AMPHETAMINE/DEXTROAMPHETAMINE	14	\$0.36286	\$0.30315	10%-25% Above
N	No	31722016605	GABAPENTIN	45	\$0.16933	\$0.09614	76%-100% Above
N	No	31722016605	GABAPENTIN	90	\$0.33422	\$0.09749	200% Above
N	Yes	31722016605	GABAPENTIN	84	\$0.06071	\$0.09614	(26%-50%) Below
N	No	31722016705	GABAPENTIN	30	\$0.36033	\$0.12667	101%-200% Above
N	No	31722051901	HYDRALAZINE HCL	210	\$0.13348	\$0.03160	200% Above
N	No	31722052001	HYDRALAZINE HYDROCHLORIDE	690	\$0.23972	\$0.03877	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	31722052001	HYDRALAZINE HYDROCHLORIDE	440	\$0.06730	\$0.03915	51%-75% Above
N	No	31722052010	HYDRALAZINE HYDROCHLORIDE	60	\$0.20617	\$0.03877	200% Above
N	Yes	31722052010	HYDRALAZINE HYDROCHLORIDE	90	\$0.25100	\$0.03915	200% Above
N	No	31722052101	HYDRALAZINE HYDROCHLORIDE	240	\$0.05917	\$0.04749	10%-25% Above
N	No	31722052101	HYDRALAZINE HYDROCHLORIDE	930	\$0.17802	\$0.04954	200% Above
N	Yes	31722052101	HYDRALAZINE HYDROCHLORIDE	60	\$0.06667	\$0.04954	26%-50% Above
N	No	31722052110	HYDRALAZINE HYDROCHLORIDE	211	\$0.10976	\$0.04749	101%-200% Above
N	No	31722052110	HYDRALAZINE HYDROCHLORIDE	330	\$0.08812	\$0.04954	76%-100% Above
N	Yes	31722052110	HYDRALAZINE HYDROCHLORIDE	90	\$0.07333	\$0.04749	51%-75% Above
N	Yes	31722052110	HYDRALAZINE HYDROCHLORIDE	90	\$0.29656	\$0.04954	200% Above
N	No	31722052201	HYDRALAZINE HYDROCHLORIDE	330	\$0.28227	\$0.08131	200% Above
N	No	31722052201	HYDRALAZINE HYDROCHLORIDE	390	\$0.34433	\$0.08328	200% Above
N	No	31722052530	FINASTERIDE	150	\$0.28380	\$0.07307	200% Above
N	No	31722052530	FINASTERIDE	97	\$0.57588	\$0.07491	200% Above
N	No	31722052590	FINASTERIDE	60	\$0.37217	\$0.07307	200% Above
N	No	31722052630	FINASTERIDE	120	\$0.65900	\$0.03644	200% Above
N	No	31722052630	FINASTERIDE	30	\$0.65900	\$0.04190	200% Above
N	No	31722053101	TORSEMIDE	60	\$0.29250	\$0.07834	200% Above
N	No	31722053101	TORSEMIDE	90	\$0.16011	\$0.08045	76%-100% Above
N	No	31722053201	TORSEMIDE	30	\$0.07500	\$0.23563	(51%-75%) Below
N	No	31722053301	METHOCARBAMOL	87	\$0.20816	\$0.04104	200% Above
N	No	31722053301	METHOCARBAMOL	266	\$0.18079	\$0.04243	200% Above
N	Yes	31722053301	METHOCARBAMOL	60	\$0.20917	\$0.04243	200% Above
N	No	31722053305	METHOCARBAMOL	20	\$0.20600	\$0.04104	200% Above
N	No	31722053401	METHOCARBAMOL	225	\$0.36160	\$0.04685	200% Above
N	No	31722053401	METHOCARBAMOL	54	\$0.35204	\$0.04779	200% Above
N	Yes	31722053401	METHOCARBAMOL	180	\$0.40506	\$0.04779	200% Above
N	No	31722053612	LEVETIRACETAM	60	\$0.43833	\$0.06830	200% Above
N	No	31722053705	LEVETIRACETAM	570	\$0.33137	\$0.09126	200% Above
N	No	31722053705	LEVETIRACETAM	210	\$0.38243	\$0.09479	200% Above
N	Yes	31722053705	LEVETIRACETAM	42	\$0.31381	\$0.09126	200% Above
Y	No	31722053705	LEVETIRACETAM	180	\$0.21183	\$0.09479	101%-200% Above
N	No	31722053712	LEVETIRACETAM	60	\$0.08033	\$0.09126	(10%-25%) Below
N	No	31722053712	LEVETIRACETAM	180	\$0.32256	\$0.09479	200% Above
N	Yes	31722053712	LEVETIRACETAM	60	\$0.46533	\$0.09126	200% Above
N	No	31722053960	LEVETIRACETAM	360	\$0.55706	\$0.20084	101%-200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	31722053960	LEVETIRACETAM	180	\$0.62183	\$0.20132	200% Above
N	No	31722054201	INDOMETHACIN	60	\$0.20733	\$0.09446	101%-200% Above
N	No	31722054201	INDOMETHACIN	90	\$0.26600	\$0.10940	101%-200% Above
N	No	31722054301	INDOMETHACIN	584	\$0.23697	\$0.10867	101%-200% Above
N	No	31722054301	INDOMETHACIN	458	\$0.27430	\$0.12376	101%-200% Above
N	No	31722054501	LITHIUM CARBONATE	120	\$0.06925	\$0.10027	(26%-50%) Below
N	No	31722055190	LEVOCETIRIZINE DIHYDROCHLORIDE	30	\$0.33133	\$0.07596	200% Above
N	No	31722055190	LEVOCETIRIZINE DIHYDROCHLORIDE	270	\$0.25489	\$0.08116	200% Above
N	Yes	31722055190	LEVOCETIRIZINE DIHYDROCHLORIDE	150	\$0.16147	\$0.08116	76%-100% Above
Y	No	31722055190	LEVOCETIRIZINE DIHYDROCHLORIDE	90	\$0.23756	\$0.07596	200% Above
Y	No	31722055190	LEVOCETIRIZINE DIHYDROCHLORIDE	90	\$0.24633	\$0.08116	200% Above
N	No	31722056030	EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE	1380	\$0.94131	\$0.55160	51%-75% Above
N	No	31722056501	INDOMETHACIN ER	30	\$1.93067	\$0.19081	200% Above
N	No	31722056560	INDOMETHACIN ER	30	\$0.16667	\$0.19081	(10%-25%) Below
N	No	31722057447	LEVETIRACETAM	300	\$0.02500	\$0.03291	(10%-25%) Below
N	No	31722058530	NEBIVOLOL HYDROCHLORIDE	30	\$1.65033	\$0.13959	200% Above
N	No	31722058630	NEBIVOLOL HYDROCHLORIDE	120	\$0.26492	\$0.18686	26%-50% Above
N	No	31722058630	NEBIVOLOL HYDROCHLORIDE	30	\$1.27433	\$0.20599	200% Above
N	No	31722058690	NEBIVOLOL HYDROCHLORIDE	30	\$0.49333	\$0.20599	101%-200% Above
N	No	31722058730	NEBIVOLOL HYDROCHLORIDE	210	\$0.39076	\$0.19700	76%-100% Above
N	No	31722058830	NEBIVOLOL HYDROCHLORIDE	30	\$1.79900	\$0.23975	200% Above
N	No	31722059005	METOPROLOL SUCCINATE ER	30	\$0.46200	\$0.07290	200% Above
N	No	31722059105	METOPROLOL SUCCINATE ER	30	\$0.55667	\$0.13342	200% Above
N	No	31722059590	FENOFIBRATE	30	\$0.88100	\$0.09898	200% Above
N	No	31722059690	FENOFIBRATE	30	\$0.30000	\$0.12785	101%-200% Above
N	No	31722059690	FENOFIBRATE	30	\$0.30000	\$0.16054	76%-100% Above
N	Yes	31722059690	FENOFIBRATE	30	\$0.29000	\$0.12785	101%-200% Above
N	Yes	31722059690	FENOFIBRATE	30	\$0.30000	\$0.16054	76%-100% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	31722059730	RITONAVIR	30	\$1.87067	\$0.99290	76%-100% Above
N	No	31722059730	RITONAVIR	30	\$1.87067	\$1.05691	76%-100% Above
N	No	31722061090	PREGABALIN	90	\$0.30111	\$0.05114	200% Above
N	No	31722061205	PREGABALIN	60	\$0.45650	\$0.05405	200% Above
N	No	31722061205	PREGABALIN	60	\$0.29867	\$0.06258	200% Above
N	No	31722061390	PREGABALIN	30	\$0.14467	\$0.06425	101%-200% Above
N	No	31722061590	PREGABALIN	90	\$0.05333	\$0.08244	(26%-50%) Below
N	No	31722062260	DABIGATRAN ETEXILATE	120	\$1.51800	\$2.89197	(26%-50%) Below
N	No	31722062921	ATOVAQUONE	300	\$2.13363	\$0.92684	101%-200% Above
N	No	31722063031	OSELTAMIVIR PHOSPHATE	20	\$4.07650	\$1.19600	200% Above
N	No	31722063231	OSELTAMIVIR PHOSPHATE	20	\$5.53400	\$1.27713	200% Above
N	Yes	31722063231	OSELTAMIVIR PHOSPHATE	10	\$6.56100	\$1.17495	200% Above
N	No	31722063630	SILODOSIN	30	\$2.15000	\$0.52992	200% Above
N	No	31722066860	RANOLAZINE ER	420	\$0.51924	\$0.24014	101%-200% Above
N	No	31722070010	LOSARTAN POTASSIUM	210	\$0.26890	\$0.03331	200% Above
N	No	31722070010	LOSARTAN POTASSIUM	360	\$0.33572	\$0.03491	200% Above
N	Yes	31722070010	LOSARTAN POTASSIUM	60	\$0.12133	\$0.03331	200% Above
N	Yes	31722070010	LOSARTAN POTASSIUM	105	\$0.11800	\$0.03491	200% Above
N	No	31722070090	LOSARTAN POTASSIUM	240	\$0.26004	\$0.03331	200% Above
N	No	31722070090	LOSARTAN POTASSIUM	405	\$0.22338	\$0.03491	200% Above
N	Yes	31722070090	LOSARTAN POTASSIUM	30	\$0.29000	\$0.03331	200% Above
N	Yes	31722070090	LOSARTAN POTASSIUM	60	\$0.27567	\$0.03491	200% Above
N	No	31722070110	LOSARTAN POTASSIUM	690	\$0.26280	\$0.04293	200% Above
N	No	31722070110	LOSARTAN POTASSIUM	450	\$0.33273	\$0.04465	200% Above
N	Yes	31722070110	LOSARTAN POTASSIUM	210	\$0.10786	\$0.04293	101%-200% Above
N	Yes	31722070110	LOSARTAN POTASSIUM	240	\$0.19267	\$0.04465	200% Above
N	No	31722070190	LOSARTAN POTASSIUM	750	\$0.28255	\$0.04293	200% Above
N	No	31722070190	LOSARTAN POTASSIUM	570	\$0.27551	\$0.04465	200% Above
N	Yes	31722070190	LOSARTAN POTASSIUM	90	\$0.28022	\$0.04293	200% Above
N	Yes	31722070190	LOSARTAN POTASSIUM	30	\$0.24833	\$0.04465	200% Above
N	No	31722070210	LOSARTAN POTASSIUM	390	\$0.36769	\$0.05981	200% Above
N	No	31722070210	LOSARTAN POTASSIUM	450	\$0.42489	\$0.06234	200% Above
N	Yes	31722070210	LOSARTAN POTASSIUM	30	\$0.28467	\$0.05981	200% Above
N	Yes	31722070210	LOSARTAN POTASSIUM	150	\$0.22207	\$0.06234	200% Above
N	No	31722070290	LOSARTAN POTASSIUM	600	\$0.29307	\$0.05981	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	31722070290	LOSARTAN POTASSIUM	810	\$0.29535	\$0.06234	200% Above
N	Yes	31722070290	LOSARTAN POTASSIUM	60	\$0.15700	\$0.05981	101%-200% Above
N	Yes	31722070290	LOSARTAN POTASSIUM	90	\$0.22278	\$0.06234	200% Above
N	No	31722070430	VALACYCLOVIR HYDROCHLORIDE	997	\$1.28080	\$0.28541	200% Above
N	No	31722070430	VALACYCLOVIR HYDROCHLORIDE	681	\$1.26419	\$0.28806	200% Above
N	Yes	31722070430	VALACYCLOVIR HYDROCHLORIDE	6	\$1.68000	\$0.28541	200% Above
N	Yes	31722070430	VALACYCLOVIR HYDROCHLORIDE	46	\$0.79065	\$0.28806	101%-200% Above
N	No	31722070490	VALACYCLOVIR HYDROCHLORIDE	650	\$0.60142	\$0.28541	101%-200% Above
N	No	31722070490	VALACYCLOVIR HYDROCHLORIDE	338	\$0.85337	\$0.28806	101%-200% Above
N	Yes	31722070490	VALACYCLOVIR HYDROCHLORIDE	30	\$0.66733	\$0.28541	101%-200% Above
N	No	31722070530	VALACYCLOVIR HYDROCHLORIDE	625	\$2.56456	\$0.48253	200% Above
N	No	31722070530	VALACYCLOVIR HYDROCHLORIDE	624	\$2.49933	\$0.50396	200% Above
N	Yes	31722070530	VALACYCLOVIR HYDROCHLORIDE	21	\$2.88857	\$0.48253	200% Above
N	Yes	31722070530	VALACYCLOVIR HYDROCHLORIDE	35	\$2.98857	\$0.50396	200% Above
N	No	31722070590	VALACYCLOVIR HYDROCHLORIDE	312	\$1.34375	\$0.48253	101%-200% Above
N	No	31722070590	VALACYCLOVIR HYDROCHLORIDE	190	\$1.88000	\$0.50396	200% Above
N	Yes	31722070590	VALACYCLOVIR HYDROCHLORIDE	30	\$2.88833	\$0.48253	200% Above
N	Yes	31722070590	VALACYCLOVIR HYDROCHLORIDE	21	\$3.22333	\$0.50396	200% Above
N	No	31722071130	SILDENAFIL CITRATE	9	\$2.86000	\$0.20455	200% Above
N	No	31722071290	PANTOPRAZOLE SODIUM	120	\$0.55150	\$0.04781	200% Above
N	No	31722071290	PANTOPRAZOLE SODIUM	210	\$0.59910	\$0.04925	200% Above
N	No	31722071310	PANTOPRAZOLE SODIUM	836	\$0.51749	\$0.05326	200% Above
N	No	31722071310	PANTOPRAZOLE SODIUM	746	\$0.50664	\$0.05797	200% Above
N	Yes	31722071310	PANTOPRAZOLE SODIUM	30	\$0.27733	\$0.05326	200% Above
N	Yes	31722071310	PANTOPRAZOLE SODIUM	180	\$0.31261	\$0.05797	200% Above
N	No	31722071390	PANTOPRAZOLE SODIUM	674	\$0.56685	\$0.05326	200% Above
N	No	31722071390	PANTOPRAZOLE SODIUM	674	\$0.61963	\$0.05797	200% Above
N	Yes	31722071390	PANTOPRAZOLE SODIUM	180	\$0.33078	\$0.05326	200% Above
N	Yes	31722071390	PANTOPRAZOLE SODIUM	60	\$0.54200	\$0.05797	200% Above
N	No	31722071430	ATOMOXETINE HYDROCHLORIDE	30	\$0.44200	\$0.54777	(10%-25%) Below
N	No	31722071530	ATOMOXETINE HYDROCHLORIDE	7	\$0.74286	\$0.53205	26%-50% Above
N	No	31722071630	ATOMOXETINE HYDROCHLORIDE	134	\$2.08806	\$0.48329	200% Above
N	No	31722071630	ATOMOXETINE HYDROCHLORIDE	60	\$2.01883	\$0.59776	200% Above
N	No	31722071730	ATOMOXETINE HYDROCHLORIDE	210	\$2.27343	\$0.68847	200% Above
N	No	31722071730	ATOMOXETINE HYDROCHLORIDE	120	\$2.22067	\$0.71293	200% Above



Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	31722071830	ATOMOXETINE HYDROCHLORIDE	90	\$2.21400	\$0.76115	101%-200% Above
N	No	31722071830	ATOMOXETINE HYDROCHLORIDE	30	\$2.44867	\$0.89273	101%-200% Above
N	No	31722071930	ATOMOXETINE HYDROCHLORIDE	15	\$3.51667	\$0.86225	200% Above
N	No	31722072250	LEVOFLOXACIN	111	\$0.96126	\$0.15137	200% Above
N	No	31722072250	LEVOFLOXACIN	141	\$1.16362	\$0.15554	200% Above
N	Yes	31722072250	LEVOFLOXACIN	7	\$1.04429	\$0.15554	200% Above
N	No	31722072320	LEVOFLOXACIN	19	\$2.35684	\$0.28359	200% Above
N	No	31722072320	LEVOFLOXACIN	5	\$2.42800	\$0.28976	200% Above
N	Yes	31722072320	LEVOFLOXACIN	5	\$1.81600	\$0.28359	200% Above
N	Yes	31722072320	LEVOFLOXACIN	10	\$0.25000	\$0.28976	(10%-25%) Below
N	No	31722072610	MONTELUKAST SODIUM	3058	\$0.23883	\$0.06442	200% Above
N	No	31722072610	MONTELUKAST SODIUM	3210	\$0.15933	\$0.06484	101%-200% Above
N	Yes	31722072610	MONTELUKAST SODIUM	345	\$0.27206	\$0.06442	200% Above
N	Yes	31722072610	MONTELUKAST SODIUM	450	\$0.29316	\$0.06484	200% Above
N	No	31722072690	MONTELUKAST SODIUM	1710	\$0.38891	\$0.06442	200% Above
N	No	31722072690	MONTELUKAST SODIUM	1770	\$0.44942	\$0.06484	200% Above
N	Yes	31722072690	MONTELUKAST SODIUM	30	\$0.05767	\$0.06484	(10%-25%) Below
N	No	31722072730	MONTELUKAST SODIUM	30	\$0.50000	\$0.08540	200% Above
N	Yes	31722072730	MONTELUKAST SODIUM	30	\$0.40767	\$0.08540	200% Above
N	No	31722072790	MONTELUKAST SODIUM	120	\$0.47808	\$0.08320	200% Above
N	No	31722072790	MONTELUKAST SODIUM	60	\$0.58250	\$0.08540	200% Above
N	No	31722072830	MONTELUKAST SODIUM	30	\$0.50000	\$0.07589	200% Above
N	No	31722072830	MONTELUKAST SODIUM	60	\$0.50000	\$0.08388	200% Above
N	No	31722072890	MONTELUKAST SODIUM	270	\$0.66993	\$0.07589	200% Above
N	No	31722072890	MONTELUKAST SODIUM	60	\$0.74567	\$0.08388	200% Above
N	Yes	31722072890	MONTELUKAST SODIUM	30	\$0.63933	\$0.07589	200% Above
N	Yes	31722072890	MONTELUKAST SODIUM	30	\$0.57933	\$0.08388	200% Above
N	No	31722073030	IRBESARTAN	30	\$0.28500	\$0.13526	101%-200% Above
N	No	31722073030	IRBESARTAN	30	\$0.79833	\$0.13633	200% Above
N	Yes	31722073030	IRBESARTAN	30	\$0.30000	\$0.13633	101%-200% Above
N	No	31722073090	IRBESARTAN	60	\$0.63317	\$0.13633	200% Above
Y	No	31722073090	IRBESARTAN	90	\$0.78756	\$0.13633	200% Above
N	No	31722073190	IRBESARTAN	60	\$0.29350	\$0.18257	51%-75% Above
N	No	31722073190	IRBESARTAN	150	\$0.28000	\$0.21009	26%-50% Above
N	No	31722074920	LINEZOLID	20	\$8.93400	\$1.86737	200% Above
N	No	31722077690	SILDENAFIL CITRATE	15	\$0.76600	\$0.07471	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	31722077701	ACYCLOVIR	450	\$0.39636	\$0.10649	200% Above
N	No	31722077701	ACYCLOVIR	120	\$0.51000	\$0.10670	200% Above
N	Yes	31722077701	ACYCLOVIR	20	\$0.28950	\$0.10670	101%-200% Above
N	No	31722077705	ACYCLOVIR	90	\$0.44978	\$0.10649	200% Above
N	No	31722077705	ACYCLOVIR	45	\$0.34867	\$0.10670	200% Above
Y	No	31722077705	ACYCLOVIR	180	\$0.50428	\$0.10649	200% Above
Y	Yes	31722077705	ACYCLOVIR	90	\$0.27622	\$0.10670	101%-200% Above
N	No	31722077801	ACYCLOVIR	21	\$0.99952	\$0.18623	200% Above
N	No	31722077801	ACYCLOVIR	104	\$0.94567	\$0.19269	200% Above
N	No	31722081360	LACOSAMIDE	60	\$1.15450	\$0.29903	200% Above
N	No	31722081560	LACOSAMIDE	60	\$0.28483	\$0.43740	(26%-50%) Below
N	No	31722082830	ARIPIRAZOLE	30	\$1.12933	\$0.15283	200% Above
N	No	31722088290	ROSUVASTATIN CALCIUM	484	\$0.40481	\$0.04537	200% Above
N	No	31722088290	ROSUVASTATIN CALCIUM	696	\$0.48239	\$0.04774	200% Above
N	Yes	31722088290	ROSUVASTATIN CALCIUM	180	\$0.38333	\$0.04537	200% Above
N	No	31722088390	ROSUVASTATIN CALCIUM	705	\$0.43478	\$0.04990	200% Above
N	No	31722088390	ROSUVASTATIN CALCIUM	1080	\$0.54656	\$0.05258	200% Above
N	Yes	31722088390	ROSUVASTATIN CALCIUM	180	\$0.36533	\$0.05258	200% Above
N	No	31722088490	ROSUVASTATIN CALCIUM	780	\$0.39973	\$0.06569	200% Above
N	No	31722088490	ROSUVASTATIN CALCIUM	1050	\$0.38870	\$0.07194	200% Above
N	Yes	31722088490	ROSUVASTATIN CALCIUM	90	\$0.37567	\$0.06569	200% Above
N	Yes	31722088490	ROSUVASTATIN CALCIUM	180	\$0.41733	\$0.07194	200% Above
N	No	31722088530	ROSUVASTATIN CALCIUM	330	\$0.29942	\$0.10464	101%-200% Above
N	No	31722088530	ROSUVASTATIN CALCIUM	345	\$0.56603	\$0.11148	200% Above
N	Yes	31722088530	ROSUVASTATIN CALCIUM	30	\$0.06467	\$0.11148	(26%-50%) Below
N	No	31722089901	COLCHICINE	15	\$2.04200	\$0.28534	200% Above
N	No	31722089901	COLCHICINE	75	\$1.87840	\$0.31236	200% Above
N	No	31722093432	DROSPIRENONE/ETHINYL ESTRADIOL	112	\$0.65473	\$0.25331	101%-200% Above
N	No	31722093612	OMEGA-3-ACID ETHYL ESTERS	210	\$0.52719	\$0.16347	200% Above
N	No	31722093612	OMEGA-3-ACID ETHYL ESTERS	120	\$0.65258	\$0.16736	200% Above
N	No	31722094531	DROSPIRENONE/ETHINYL ESTRADIOL	168	\$0.85476	\$0.19229	200% Above
N	No	31722095801	BENZONATATE	514	\$0.52502	\$0.11300	200% Above
N	No	31722095801	BENZONATATE	291	\$0.51670	\$0.11413	200% Above
N	Yes	31722095801	BENZONATATE	50	\$0.63280	\$0.11300	200% Above
N	No	31722099901	BACLOFEN	90	\$0.09533	\$0.07312	26%-50% Above
N	No	33342002208	LEVOFLOXACIN	7	\$0.64286	\$0.15137	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	33342002332	LEVOFLOXACIN	22	\$1.64773	\$0.28976	200% Above
N	No	33342002715	DONEPEZIL HYDROCHLORIDE	30	\$0.00867	\$0.03992	(76%-100%) Below
N	No	33342002815	DONEPEZIL HCL	180	\$0.14461	\$0.04535	200% Above
N	No	33342002815	DONEPEZIL HCL	90	\$0.14456	\$0.04788	200% Above
N	No	33342004710	IRBESARTAN	30	\$1.55767	\$0.14032	200% Above
N	No	33342004710	IRBESARTAN	30	\$1.54100	\$0.14129	200% Above
N	No	33342004810	IRBESARTAN	120	\$0.55225	\$0.13526	200% Above
N	No	33342004810	IRBESARTAN	270	\$0.97007	\$0.13633	200% Above
N	No	33342004910	IRBESARTAN	120	\$1.13808	\$0.18257	200% Above
N	No	33342004910	IRBESARTAN	60	\$0.93800	\$0.21009	200% Above
N	Yes	33342004910	IRBESARTAN	120	\$0.86983	\$0.21009	200% Above
N	No	33342005010	LOSARTAN POTASSIUM/HYDROCHLOROTHIA ZIDE	90	\$0.89144	\$0.09410	200% Above
N	No	33342005010	LOSARTAN POTASSIUM/HYDROCHLOROTHIA ZIDE	60	\$0.80500	\$0.10158	200% Above
N	Yes	33342005107	LOSARTAN POTASSIUM/HYDROCHLOROTHIA ZIDE	30	\$0.71933	\$0.12038	200% Above
N	No	33342005507	PIOGLITAZONE HYDROCHLORIDE	30	\$0.45133	\$0.10586	200% Above
N	Yes	33342005510	PIOGLITAZONE HYDROCHLORIDE	30	\$0.42633	\$0.11301	200% Above
N	No	33342005615	PIOGLITAZONE HCL	30	\$0.88567	\$0.13949	200% Above
N	No	33342005710	IRBESARTAN/HYDROCHLOROTHIAZIDE	30	\$1.18267	\$0.17411	200% Above
N	No	33342005807	IRBESARTAN/HYDROCHLOROTHIAZIDE	60	\$1.52567	\$0.23895	200% Above
N	No	33342005810	IRBESARTAN/HYDROCHLOROTHIAZIDE	60	\$1.23733	\$0.23895	200% Above
N	No	33342006207	VALSARTAN	30	\$0.87067	\$0.13234	200% Above
N	No	33342006310	VALSARTAN	30	\$1.25267	\$0.14293	200% Above
N	No	33342006310	VALSARTAN	60	\$1.22550	\$0.14684	200% Above
N	No	33342006707	OLANZAPINE	60	\$0.83883	\$0.08284	200% Above
N	No	33342006707	OLANZAPINE	60	\$0.59983	\$0.09177	200% Above
N	No	33342006807	OLANZAPINE	184	\$0.64641	\$0.08728	200% Above
N	No	33342006807	OLANZAPINE	90	\$0.70800	\$0.08908	200% Above
N	Yes	33342006807	OLANZAPINE	4	\$0.06250	\$0.08908	(26%-50%) Below
N	No	33342006907	OLANZAPINE	30	\$0.67933	\$0.11275	200% Above
N	No	33342007007	OLANZAPINE	45	\$0.84356	\$0.10413	200% Above
N	No	33342007007	OLANZAPINE	40	\$1.33775	\$0.11337	200% Above
N	Yes	33342007007	OLANZAPINE	30	\$1.00733	\$0.11337	200% Above
N	No	33342007107	OLANZAPINE	60	\$1.35683	\$0.13556	200% Above

**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	33342007207	OLANZAPINE	30	\$0.63633	\$0.15652	200% Above
N	No	33342007207	OLANZAPINE	60	\$0.86283	\$0.15965	200% Above
N	No	33342007410	VALSARTAN/HYDROCHLOROTHIA ZIDE	30	\$0.22933	\$0.18162	26%-50% Above
N	No	33342007410	VALSARTAN/HYDROCHLOROTHIA ZIDE	30	\$0.50000	\$0.18357	101%-200% Above
N	No	33342007510	VALSARTAN/HYDROCHLOROTHIA ZIDE	30	\$1.48200	\$0.21262	200% Above
N	No	33342007710	VALSARTAN/HYDROCHLOROTHIA ZIDE	30	\$0.57133	\$0.26702	101%-200% Above
N	No	33342007810	VALSARTAN/HYDROCHLOROTHIA ZIDE	30	\$1.76700	\$0.25390	200% Above
N	Yes	33342007810	VALSARTAN/HYDROCHLOROTHIA ZIDE	30	\$0.35867	\$0.25390	26%-50% Above
N	Yes	33342007810	VALSARTAN/HYDROCHLOROTHIA ZIDE	30	\$0.35867	\$0.29620	10%-25% Above
N	No	33342008507	OLANZAPINE ODT	30	\$2.49133	\$0.94417	101%-200% Above
N	No	33342008741	RIZATRIPTAN BENZOATE	31	\$1.27194	\$0.44862	101%-200% Above
N	No	33342008741	RIZATRIPTAN BENZOATE	13	\$0.79000	\$0.48354	51%-75% Above
N	No	33342008841	RIZATRIPTAN BENZOATE	37	\$1.11459	\$0.34033	200% Above
N	No	33342008841	RIZATRIPTAN BENZOATE	100	\$0.81800	\$0.35836	101%-200% Above
N	No	33342008845	RIZATRIPTAN BENZOATE	10	\$0.58400	\$0.34033	51%-75% Above
N	No	33342008845	RIZATRIPTAN BENZOATE	19	\$1.94579	\$0.35836	200% Above
N	No	33342009341	RIZATRIPTAN BENZOATE ODT	9	\$1.82000	\$0.57927	200% Above
N	No	33342010607	EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE	90	\$3.04067	\$0.55160	200% Above
N	No	33342010937	RISEDRONATE SODIUM	4	\$3.75000	\$1.18528	200% Above
N	No	33342010950	RISEDRONATE SODIUM	4	\$2.12750	\$1.18528	76%-100% Above
N	No	33342011010	MONTELUKAST SODIUM	30	\$0.74433	\$0.08540	200% Above
N	No	33342011107	MONTELUKAST SODIUM	30	\$0.50000	\$0.08388	200% Above
N	No	33342012110	SILDENAFIL CITRATE	30	\$0.90300	\$0.06910	200% Above
N	No	33342014609	ZIPRASIDONE HCL	60	\$1.97667	\$0.32675	200% Above
N	No	33342015053	IBANDRONATE SODIUM	4	\$7.21250	\$3.77889	76%-100% Above
N	No	33342015053	IBANDRONATE SODIUM	1	\$22.33000	\$4.25812	200% Above
N	No	33342015711	CELECOXIB	150	\$0.25133	\$0.10817	101%-200% Above
N	No	33342015711	CELECOXIB	30	\$0.76933	\$0.10988	200% Above
N	No	33342017807	OLMESARTAN MEDOXOMIL	15	\$0.57733	\$0.06545	200% Above
N	No	33342017910	OLMESARTAN MEDOXOMIL	240	\$0.61063	\$0.08141	200% Above
N	No	33342017910	OLMESARTAN MEDOXOMIL	540	\$0.73539	\$0.08628	200% Above

**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	Yes	33342017910	OLMESARTAN MEDOXOMIL	30	\$0.80300	\$0.08628	200% Above
N	No	33342018010	OLMESARTAN MEDOXOMIL	60	\$0.96450	\$0.12428	200% Above
N	No	33342018010	OLMESARTAN MEDOXOMIL	390	\$0.98938	\$0.12902	200% Above
N	Yes	33342018010	OLMESARTAN MEDOXOMIL	60	\$0.08317	\$0.12428	(26%-50%) Below
N	Yes	33342018010	OLMESARTAN MEDOXOMIL	30	\$0.09167	\$0.12902	(26%-50%) Below
N	No	33342019007	AMLODIPINE/OLMESARTAN MEDOXOMIL	30	\$0.16667	\$0.32321	(26%-50%) Below
N	No	33342020010	LEVOCETIRIZINE DIHYDROCHLORIDE	30	\$0.33167	\$0.07596	200% Above
N	No	33342020010	LEVOCETIRIZINE DIHYDROCHLORIDE	120	\$0.34383	\$0.08116	200% Above
N	Yes	33342025866	OSELTAMIVIR PHOSPHATE	10	\$4.72600	\$1.17495	200% Above
N	No	33342029907	ESZOPICLONE	60	\$1.30767	\$0.18057	200% Above
N	No	33342030111	ESZOPICLONE	270	\$0.78767	\$0.09650	200% Above
N	No	33342030111	ESZOPICLONE	150	\$0.82513	\$0.09837	200% Above
N	Yes	33342030111	ESZOPICLONE	60	\$1.41267	\$0.09650	200% Above
N	No	33342032186	CLOBETASOL PROPIONATE	50	\$0.33840	\$0.23272	26%-50% Above
N	No	33342032780	TRIAMCINOLONE ACETONIDE	240	\$0.08850	\$0.05627	51%-75% Above
N	No	33342032815	TRIAMCINOLONE ACETONIDE	90	\$0.17033	\$0.24231	(26%-50%) Below
N	No	33342032915	TRIAMCINOLONE ACETONIDE	150	\$0.07067	\$0.14654	(51%-75%) Below
N	No	33342032915	TRIAMCINOLONE ACETONIDE	375	\$0.07568	\$0.15190	(51%-75%) Below
N	No	33342032954	TRIAMCINOLONE ACETONIDE	1362	\$0.04427	\$0.03204	26%-50% Above
N	No	33342032954	TRIAMCINOLONE ACETONIDE	1362	\$0.06261	\$0.03298	76%-100% Above
N	No	33342032980	TRIAMCINOLONE ACETONIDE	400	\$0.07703	\$0.05458	26%-50% Above
N	No	33342032980	TRIAMCINOLONE ACETONIDE	480	\$0.08475	\$0.05495	51%-75% Above
N	No	33342033180	TRIAMCINOLONE ACETONIDE	80	\$0.08300	\$0.07409	10%-25% Above
N	No	33342033315	TRIAMCINOLONE ACETONIDE	75	\$0.10947	\$0.14069	(10%-25%) Below
N	No	33342033315	TRIAMCINOLONE ACETONIDE	30	\$0.22967	\$0.14382	51%-75% Above
N	No	33342033354	TRIAMCINOLONE ACETONIDE	454	\$0.06374	\$0.04013	51%-75% Above
N	No	33342033380	TRIAMCINOLONE ACETONIDE	80	\$0.11100	\$0.06958	51%-75% Above
N	No	33342040535	LIDOCAINE	35.44	\$0.27737	\$0.17229	51%-75% Above
N	No	35573043302	KETOCONAZOLE	4	\$1.00000	\$0.69364	26%-50% Above
N	No	35573043451	SODIUM FLUORIDE 5000 PPM	51	\$0.08627	\$0.10090	(10%-25%) Below
N	No	35573043451	SODIUM FLUORIDE 5000 PPM	51	\$0.08627	\$0.10613	(10%-25%) Below
N	No	35573045002	KETOROLAC TROMETHAMINE	20	\$0.88500	\$0.51239	51%-75% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	35573045002	KETOROLAC TROMETHAMINE	12	\$1.11167	\$0.52799	101%-200% Above
N	No	35573045308	BENZOYL PEROXIDE WASH	237	\$0.02186	\$0.04184	(26%-50%) Below
N	No	35573045602	BUTALBITAL/ACETAMINOPHEN	60	\$1.09383	\$0.81507	26%-50% Above
N	No	35573046330	TADALAFIL	6	\$1.52667	\$0.29468	200% Above
N	No	39328010610	PRENATAL	30	\$0.06833	\$0.11767	(26%-50%) Below
N	No	42192013606	SODIUM SULFACETAMIDE/SULFUR CLEANSER	1703	\$0.28125	\$0.15849	76%-100% Above
N	No	42192013606	SODIUM SULFACETAMIDE/SULFUR CLEANSER	2043.6	\$0.28655	\$0.20278	26%-50% Above
N	No	42192013608	SODIUM SULFACETAMIDE/SULFUR CLEANSER	227	\$0.27471	\$0.34001	(10%-25%) Below
N	No	42192015101	HYDROQUINONE	28.35	\$2.62504	\$0.65217	200% Above
N	No	42192015610	SODIUM SULFACETAMIDE/SULFUR CLEANSER	285	\$0.59646	\$0.93019	(26%-50%) Below
N	No	42192032701	NP THYROID 15	567	\$0.45002	\$0.53678	(10%-25%) Below
N	No	42192032901	NP THYROID 30	630	\$0.71408	\$0.63317	10%-25% Above
Y	No	42192032901	NP THYROID 30	90	\$0.77600	\$0.62753	10%-25% Above
N	No	42192033001	NP THYROID 60	1996	\$0.77399	\$0.69892	10%-25% Above
N	No	42192033001	NP THYROID 60	1519	\$0.78154	\$0.70695	10%-25% Above
N	Yes	42192033001	NP THYROID 60	60	\$0.81283	\$0.70695	10%-25% Above
N	No	42192033101	NP THYROID 90	615	\$1.27332	\$1.10202	10%-25% Above
N	Yes	42192033101	NP THYROID 90	30	\$1.27333	\$1.10202	10%-25% Above
Y	No	42192033101	NP THYROID 90	90	\$1.28033	\$1.10202	10%-25% Above
N	No	42192033801	HYOSCYAMINE SULFATE ODT	104	\$0.45712	\$0.13975	200% Above
N	No	42192033801	HYOSCYAMINE SULFATE ODT	120	\$0.39075	\$0.17463	101%-200% Above
N	Yes	42192033801	HYOSCYAMINE SULFATE ODT	90	\$0.44011	\$0.17463	101%-200% Above
N	No	42192033901	HYOSCYAMINE SULFATE	645	\$0.24358	\$0.14910	51%-75% Above
N	No	42192033901	HYOSCYAMINE SULFATE	414	\$0.21937	\$0.14966	26%-50% Above
N	Yes	42192033901	HYOSCYAMINE SULFATE	30	\$0.19933	\$0.14910	26%-50% Above
N	Yes	42192033901	HYOSCYAMINE SULFATE	90	\$0.17567	\$0.14966	10%-25% Above
N	No	42192034001	HYOSCYAMINE SULFATE	90	\$0.51056	\$0.12406	200% Above
N	No	42192034001	HYOSCYAMINE SULFATE	130	\$0.57723	\$0.14062	200% Above
N	Yes	42192034001	HYOSCYAMINE SULFATE	12	\$0.59500	\$0.14062	200% Above
N	No	42192060704	BROMPHEN/PSEUDOEPHEDRINE HCL/DEXTROMETHORPHAN HBR	358	\$0.07642	\$0.06394	10%-25% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	42192060716	BROMPHEN/PSEUDOEPHEDRINE HCL/DEXTROMETHORPHAN HBR	3629	\$0.09926	\$0.06538	51%-75% Above
N	No	42192060716	BROMPHEN/PSEUDOEPHEDRINE HCL/DEXTROMETHORPHAN HBR	3404.2	\$0.10147	\$0.06604	51%-75% Above
N	Yes	42192060716	BROMPHEN/PSEUDOEPHEDRINE HCL/DEXTROMETHORPHAN HBR	170	\$0.09959	\$0.06538	51%-75% Above
N	Yes	42192060716	BROMPHEN/PSEUDOEPHEDRINE HCL/DEXTROMETHORPHAN HBR	520	\$0.07885	\$0.06604	10%-25% Above
N	No	42192060816	GABAPENTIN	225	\$0.21733	\$0.11788	76%-100% Above
N	No	42192071506	CICLOPIROX NAIL LACQUER	72.6	\$2.26873	\$1.99731	10%-25% Above
N	No	42192071506	CICLOPIROX NAIL LACQUER	66	\$2.52152	\$2.01091	26%-50% Above
N	No	42385094701	METFORMIN HYDROCHLORIDE	120	\$0.12333	\$0.01613	200% Above
N	Yes	42385094705	METFORMIN HYDROCHLORIDE	120	\$0.01175	\$0.01678	(26%-50%) Below
N	No	42385094711	METFORMIN HYDROCHLORIDE	390	\$0.16967	\$0.01613	200% Above
N	No	42385094711	METFORMIN HYDROCHLORIDE	30	\$0.24567	\$0.01678	200% Above
N	Yes	42385094905	METFORMIN HYDROCHLORIDE	60	\$0.02200	\$0.02637	(10%-25%) Below
N	No	42385094911	METFORMIN HYDROCHLORIDE	60	\$0.08117	\$0.02637	200% Above
N	No	42385094911	METFORMIN HYDROCHLORIDE	60	\$0.11600	\$0.02691	200% Above
N	No	42385095330	EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE	450	\$1.91827	\$0.55160	200% Above
N	Yes	42571010001	GLIMEPIRIDE	45	\$0.11711	\$0.02757	200% Above
N	Yes	42571010001	GLIMEPIRIDE	135	\$0.14304	\$0.02817	200% Above
N	No	42571010101	GLIMEPIRIDE	90	\$0.24822	\$0.03350	200% Above
N	No	42571010101	GLIMEPIRIDE	30	\$0.33300	\$0.03427	200% Above
N	No	42571010301	GLIMEPIRIDE	120	\$0.28575	\$0.03913	200% Above
N	No	42571010301	GLIMEPIRIDE	60	\$0.24667	\$0.04155	200% Above
N	No	42571012290	LEVOCETIRIZINE DIHYDROCHLORIDE	780	\$0.52512	\$0.07596	200% Above
N	No	42571012290	LEVOCETIRIZINE DIHYDROCHLORIDE	854	\$0.48034	\$0.08116	200% Above
N	Yes	42571012290	LEVOCETIRIZINE DIHYDROCHLORIDE	30	\$0.30667	\$0.07596	200% Above
N	Yes	42571012290	LEVOCETIRIZINE DIHYDROCHLORIDE	44	\$0.50432	\$0.08116	200% Above
N	No	42571013027	TRAVOPROST	5	\$57.38400	\$19.25163	101%-200% Above
N	No	42571014126	DORZOLAMIDE HYDROCHLORIDE	10	\$1.63400	\$1.27145	26%-50% Above
N	No	42571014126	DORZOLAMIDE HYDROCHLORIDE	10	\$3.75700	\$1.30517	101%-200% Above
N	No	42571014301	CELECOXIB	60	\$0.50417	\$0.08782	200% Above
N	No	42571014401	CELECOXIB	30	\$0.42100	\$0.10817	200% Above
N	No	42571014726	DORZOLAMIDE HCL/TIMOLOL MALEATE	20	\$4.35400	\$1.10040	200% Above

**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	42571014726	DORZOLAMIDE HCL/TIMOLOL MALEATE	20	\$2.52700	\$1.10393	101%-200% Above
N	No	42571016142	AMOXICILLIN/CLAVULANATE POTASSIUM	184	\$0.80679	\$0.26999	101%-200% Above
N	No	42571016142	AMOXICILLIN/CLAVULANATE POTASSIUM	112	\$0.58134	\$0.28556	101%-200% Above
N	Yes	42571016142	AMOXICILLIN/CLAVULANATE POTASSIUM	40	\$0.99800	\$0.26999	200% Above
N	No	42571016201	AMOXICILLIN/CLAVULANATE POTASSIUM	220	\$0.82182	\$0.29889	101%-200% Above
N	No	42571016201	AMOXICILLIN/CLAVULANATE POTASSIUM	168	\$0.68030	\$0.33189	101%-200% Above
N	No	42571016242	AMOXICILLIN/CLAVULANATE POTASSIUM	48	\$1.11979	\$0.29889	200% Above
N	No	42571016242	AMOXICILLIN/CLAVULANATE POTASSIUM	94	\$0.62011	\$0.33189	76%-100% Above
N	Yes	42571017310	ATORVASTATIN CALCIUM	30	\$0.02267	\$0.03755	(26%-50%) Below
N	No	42571017410	ATORVASTATIN CALCIUM	30	\$0.33233	\$0.05653	200% Above
N	No	42571017601	PIROXICAM	30	\$0.50000	\$0.25963	76%-100% Above
N	No	42571022630	TELMISARTAN	30	\$1.79133	\$0.16815	200% Above
N	No	42571022730	TELMISARTAN	30	\$1.93633	\$0.24114	200% Above
N	No	42571022730	TELMISARTAN	30	\$1.77600	\$0.24945	200% Above
N	No	42571022830	TELMISARTAN	90	\$0.90433	\$0.16269	200% Above
N	No	42571022830	TELMISARTAN	120	\$1.45667	\$0.18033	200% Above
N	No	42571023530	AMLODIPINE/OLMESARTAN MEDOXOMIL	90	\$1.57989	\$0.32321	200% Above
N	No	42571023630	AMLODIPINE/OLMESARTAN MEDOXOMIL	90	\$1.77567	\$0.29937	200% Above
N	No	42571023830	AMLODIPINE/OLMESARTAN MEDOXOMIL	90	\$0.36911	\$0.30034	10%-25% Above
Y	No	42571023890	AMLODIPINE/OLMESARTAN MEDOXOMIL	90	\$1.78978	\$0.38018	200% Above
N	No	42571025101	CLINDAMYCIN HYDROCHLORIDE	100	\$0.78370	\$0.10419	200% Above
N	No	42571025101	CLINDAMYCIN HYDROCHLORIDE	120	\$0.66975	\$0.11183	200% Above
N	Yes	42571025101	CLINDAMYCIN HYDROCHLORIDE	58	\$0.51741	\$0.11183	200% Above
N	No	42571025201	CLINDAMYCIN HYDROCHLORIDE	432	\$0.84894	\$0.22973	200% Above
N	No	42571025201	CLINDAMYCIN HYDROCHLORIDE	255	\$0.64588	\$0.23387	101%-200% Above
N	Yes	42571025201	CLINDAMYCIN HYDROCHLORIDE	30	\$1.39067	\$0.23387	200% Above
N	No	42571031501	CLOBAZAM	100	\$1.42380	\$0.37389	200% Above
N	No	42571033201	METHENAMINE HIPPURATE	90	\$0.21600	\$0.46179	(51%-75%) Below
N	No	42571036281	CLOBETASOL PROPIONATE	175	\$0.82114	\$0.39448	101%-200% Above



Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	42571036281	CLOBETASOL PROPIONATE	75	\$1.21160	\$0.43479	101%-200% Above
N	No	42571036299	CLOBETASOL PROPIONATE	250	\$0.74312	\$0.22392	200% Above
N	No	42571036299	CLOBETASOL PROPIONATE	150	\$0.60073	\$0.23272	101%-200% Above
N	No	42571038425	ERYTHROMYCIN	60	\$0.58333	\$0.34832	51%-75% Above
N	No	42571038519	TRIAMCINOLONE ACETONIDE	60	\$0.13333	\$0.30898	(51%-75%) Below
N	No	42571038519	TRIAMCINOLONE ACETONIDE	60	\$0.36950	\$0.31853	10%-25% Above
N	No	42794001812	LIOETHYRONINE SODIUM	1197	\$0.43318	\$0.32396	26%-50% Above
N	No	42794001812	LIOETHYRONINE SODIUM	720	\$0.48821	\$0.35447	26%-50% Above
N	Yes	42794001812	LIOETHYRONINE SODIUM	30	\$0.59500	\$0.32396	76%-100% Above
N	No	42794001912	LIOETHYRONINE SODIUM	270	\$0.65896	\$0.36571	76%-100% Above
N	No	42794001912	LIOETHYRONINE SODIUM	75	\$0.57240	\$0.43479	26%-50% Above
N	No	42799020801	TINIDAZOLE	360	\$6.56675	\$2.69169	101%-200% Above
N	No	42799060501	LOPERAMIDE HYDROCHLORIDE	90	\$0.09678	\$0.25127	(51%-75%) Below
N	No	42799080601	IVERMECTIN	44	\$1.05659	\$3.68053	(51%-75%) Below
N	No	42799080601	IVERMECTIN	40	\$3.47850	\$3.91215	(10%-25%) Below
N	Yes	42799080601	IVERMECTIN	6	\$3.23000	\$3.91215	(10%-25%) Below
N	No	42799092001	BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE	90	\$0.91978	\$0.20553	200% Above
N	No	42799092001	BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE	30	\$0.33333	\$0.22374	26%-50% Above
N	Yes	42799092002	BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE	30	\$0.82267	\$0.22374	200% Above
N	Yes	42799092101	BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE	30	\$1.83967	\$0.24919	200% Above
N	No	42799092201	BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE	60	\$0.92433	\$0.24779	200% Above
N	No	42799092201	BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE	120	\$0.83683	\$0.27967	101%-200% Above
N	No	42806001101	SULINDAC	30	\$0.58300	\$0.21109	101%-200% Above
N	No	42806008305	BUSPIRONE HYDROCHLORIDE	60	\$0.87217	\$0.14939	200% Above
N	No	42806008401	BUSPIRONE HYDROCHLORIDE	30	\$0.33300	\$0.03365	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	42806008405	BUSPIRONE HYDROCHLORIDE	30	\$0.33300	\$0.03491	200% Above
N	No	42806008701	ESTRADIOL	60	\$0.38600	\$0.07227	200% Above
N	No	42806008801	ESTRADIOL	30	\$0.35000	\$0.07970	200% Above
N	No	42806008801	ESTRADIOL	30	\$0.14700	\$0.08215	76%-100% Above
N	No	42806008805	ESTRADIOL	30	\$0.35233	\$0.07970	200% Above
N	No	42806008901	ESTRADIOL	90	\$0.21000	\$0.11148	76%-100% Above
N	No	42806008901	ESTRADIOL	120	\$0.30542	\$0.11459	101%-200% Above
N	Yes	42806008901	ESTRADIOL	30	\$0.24667	\$0.11459	101%-200% Above
N	No	42806008905	ESTRADIOL	120	\$0.26867	\$0.11459	101%-200% Above
N	No	42806013321	LEUCOVORIN CALCIUM	4	\$5.88750	\$4.17509	26%-50% Above
N	No	42806014731	AZITHROMYCIN	15	\$0.75533	\$0.44717	51%-75% Above
N	No	42806014731	AZITHROMYCIN	30	\$0.66667	\$0.48763	26%-50% Above
N	No	42806014932	AZITHROMYCIN	45	\$0.51889	\$0.40201	26%-50% Above
N	No	42806015033	AZITHROMYCIN	90	\$0.56111	\$0.29382	76%-100% Above
N	No	42806015134	AZITHROMYCIN	30	\$0.19367	\$0.25715	(10%-25%) Below
N	No	42806015905	HYDROXYZINE HYDROCHLORIDE	120	\$0.20275	\$0.03387	200% Above
N	No	42806015905	HYDROXYZINE HYDROCHLORIDE	180	\$0.22467	\$0.03609	200% Above
N	No	42806016001	HYDROXYZINE HYDROCHLORIDE	19	\$0.40842	\$0.04383	200% Above
N	No	42806016005	HYDROXYZINE HYDROCHLORIDE	407	\$0.38445	\$0.04130	200% Above
N	No	42806016005	HYDROXYZINE HYDROCHLORIDE	690	\$0.36065	\$0.04383	200% Above
N	No	42806016105	HYDROXYZINE HCL	90	\$0.34500	\$0.06546	200% Above
N	No	42806016105	HYDROXYZINE HCL	60	\$0.34500	\$0.06934	200% Above
N	No	42806026695	CHOLESTYRAMINE	120	\$0.52383	\$0.67696	(10%-25%) Below
N	No	42806026695	CHOLESTYRAMINE	270	\$1.06907	\$0.72453	26%-50% Above
N	Yes	42806026695	CHOLESTYRAMINE	60	\$0.50667	\$0.72453	(26%-50%) Below
N	No	42806027095	CHOLESTYRAMINE LIGHT	90	\$1.12444	\$1.00527	10%-25% Above
N	No	42806027095	CHOLESTYRAMINE LIGHT	60	\$1.94917	\$1.08309	76%-100% Above
N	No	42806031205	DOXYCYCLINE HYCLATE	80	\$0.61263	\$0.13569	200% Above
N	No	42806031205	DOXYCYCLINE HYCLATE	14	\$0.45857	\$0.13760	200% Above
N	No	42806031250	DOXYCYCLINE HYCLATE	221	\$0.89231	\$0.13569	200% Above
N	No	42806031250	DOXYCYCLINE HYCLATE	223	\$0.84157	\$0.13760	200% Above
N	Yes	42806031250	DOXYCYCLINE HYCLATE	20	\$1.41600	\$0.13569	200% Above
N	Yes	42806031250	DOXYCYCLINE HYCLATE	24	\$1.13292	\$0.13760	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	42806033901	AMPHETAMINE/DEXTROAMPHETAMINE	405	\$0.59269	\$0.29595	101%-200% Above
N	No	42806033901	AMPHETAMINE/DEXTROAMPHETAMINE	634	\$0.57640	\$0.31901	76%-100% Above
N	No	42806034101	AMPHETAMINE/DEXTROAMPHETAMINE	1258	\$0.87613	\$0.25211	200% Above
N	No	42806034101	AMPHETAMINE/DEXTROAMPHETAMINE	1500	\$0.73379	\$0.28807	101%-200% Above
N	Yes	42806034101	AMPHETAMINE/DEXTROAMPHETAMINE	30	\$1.06967	\$0.25211	200% Above
N	No	42806034301	AMPHETAMINE/DEXTROAMPHETAMINE	135	\$0.39370	\$0.30533	26%-50% Above
N	Yes	42806034301	AMPHETAMINE/DEXTROAMPHETAMINE	90	\$0.26667	\$0.31218	(10%-25%) Below
N	No	42806034401	AMPHETAMINE/DEXTROAMPHETAMINE	1510	\$0.70156	\$0.30315	101%-200% Above
N	No	42806034401	AMPHETAMINE/DEXTROAMPHETAMINE	1795	\$0.58217	\$0.34453	51%-75% Above
N	Yes	42806034401	AMPHETAMINE/DEXTROAMPHETAMINE	60	\$0.37950	\$0.34453	10%-25% Above
N	No	42806034501	AMPHETAMINE/DEXTROAMPHETAMINE	435	\$0.51115	\$0.32698	51%-75% Above
N	No	42806034501	AMPHETAMINE/DEXTROAMPHETAMINE	1050	\$0.54240	\$0.34408	51%-75% Above
N	No	42806036201	DOXYCYCLINE HYCLATE	120	\$0.23375	\$0.12101	76%-100% Above
N	No	42806040021	METHYLPREDNISOLONE DOSE PACK	1386	\$0.74999	\$0.14299	200% Above
N	No	42806040021	METHYLPREDNISOLONE DOSE PACK	1701	\$0.77236	\$0.14829	200% Above
N	Yes	42806040021	METHYLPREDNISOLONE DOSE PACK	147	\$0.36476	\$0.14299	101%-200% Above
N	Yes	42806040021	METHYLPREDNISOLONE DOSE PACK	189	\$0.58481	\$0.14829	200% Above
N	No	42806041001	BUPROPION HYDROCHLORIDE ER (SR)	210	\$0.19667	\$0.10569	76%-100% Above
N	No	42806041001	BUPROPION HYDROCHLORIDE ER (SR)	210	\$0.15871	\$0.11534	26%-50% Above
N	No	42806041060	BUPROPION HYDROCHLORIDE ER (SR)	30	\$0.19667	\$0.11534	51%-75% Above
N	No	42806041160	BUPROPION HYDROCHLORIDE ER (SR)	30	\$0.39400	\$0.16489	101%-200% Above
N	Yes	42806041430	BUPROPION HYDROCHLORIDE ER (XL)	30	\$0.43967	\$0.10136	200% Above
N	No	42806041501	BUPROPION HYDROCHLORIDE ER (SR)	30	\$0.21600	\$0.08973	101%-200% Above
N	No	42806041605	BUPROPION HYDROCHLORIDE ER (XL)	404	\$0.48688	\$0.16140	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	42806041605	BUPROPION HYDROCHLORIDE ER (XL)	810	\$0.48891	\$0.18795	101%-200% Above
N	Yes	42806041605	BUPROPION HYDROCHLORIDE ER (XL)	30	\$0.38333	\$0.16140	101%-200% Above
N	No	42806041609	BUPROPION HYDROCHLORIDE ER (XL)	30	\$0.49867	\$0.18795	101%-200% Above
N	No	42806041630	BUPROPION HYDROCHLORIDE ER (XL)	30	\$0.49867	\$0.16140	200% Above
N	No	42806054701	VITAMIN D	421	\$1.02808	\$0.13129	200% Above
N	No	42806054701	VITAMIN D	282	\$1.02812	\$0.13301	200% Above
N	Yes	42806054701	VITAMIN D	60	\$0.75983	\$0.13129	200% Above
N	Yes	42806054701	VITAMIN D	15	\$1.14533	\$0.13301	200% Above
N	No	42806054909	DUTASTERIDE	60	\$1.16533	\$0.18550	200% Above
N	No	42806054909	DUTASTERIDE	120	\$0.92317	\$0.18644	200% Above
N	Yes	42806054909	DUTASTERIDE	30	\$0.77267	\$0.18644	200% Above
N	No	42806054930	DUTASTERIDE	5	\$1.09800	\$0.18644	200% Above
N	No	42806055212	OMEGA-3-ACID ETHYL ESTERS	180	\$0.65256	\$0.16347	200% Above
N	No	42806055212	OMEGA-3-ACID ETHYL ESTERS	810	\$0.20612	\$0.16736	10%-25% Above
N	Yes	42806055212	OMEGA-3-ACID ETHYL ESTERS	120	\$0.43733	\$0.16736	101%-200% Above
N	Yes	42806060022	OXCARBAZEPINE	250	\$0.66756	\$0.38186	51%-75% Above
N	No	42806060109	VENLAFAXINE HYDROCHLORIDE ER	30	\$0.80000	\$0.09889	200% Above
N	No	42806060109	VENLAFAXINE HYDROCHLORIDE ER	90	\$0.61900	\$0.10056	200% Above
N	No	42806060209	VENLAFAXINE HYDROCHLORIDE ER	30	\$0.83600	\$0.11235	200% Above
N	Yes	42806060209	VENLAFAXINE HYDROCHLORIDE ER	90	\$0.48422	\$0.10313	200% Above
N	Yes	42806060209	VENLAFAXINE HYDROCHLORIDE ER	120	\$0.48008	\$0.11235	200% Above
N	No	42806060309	VENLAFAXINE HYDROCHLORIDE ER	60	\$1.14367	\$0.14823	200% Above
N	No	42806060309	VENLAFAXINE HYDROCHLORIDE ER	60	\$1.16833	\$0.15018	200% Above
N	Yes	42806060309	VENLAFAXINE HYDROCHLORIDE ER	90	\$0.66556	\$0.14823	200% Above
N	Yes	42806060309	VENLAFAXINE HYDROCHLORIDE ER	30	\$0.18000	\$0.15018	10%-25% Above
N	No	42806070801	ETHOSUXIMIDE	150	\$0.78640	\$0.38860	101%-200% Above
N	No	42806071401	BENZONATATE	544	\$0.45983	\$0.08000	200% Above
N	No	42806071401	BENZONATATE	573	\$0.41391	\$0.08277	200% Above
N	Yes	42806071401	BENZONATATE	75	\$0.20573	\$0.08000	101%-200% Above
N	Yes	42806071401	BENZONATATE	30	\$0.46967	\$0.08277	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	42806071405	BENZONATATE	238	\$0.54756	\$0.08000	200% Above
N	No	42806071405	BENZONATATE	477	\$0.53769	\$0.08277	200% Above
N	No	42806071501	BENZONATATE	446	\$0.62686	\$0.11300	200% Above
N	No	42806071501	BENZONATATE	428	\$0.53234	\$0.11413	200% Above
N	Yes	42806071501	BENZONATATE	57	\$0.43842	\$0.11300	200% Above
N	No	42806071505	BENZONATATE	66	\$0.26045	\$0.11300	101%-200% Above
N	No	42806071505	BENZONATATE	81	\$0.44901	\$0.11413	200% Above
N	Yes	42806071505	BENZONATATE	30	\$0.36867	\$0.11413	200% Above
N	No	42806081701	FLECAINIDE ACETATE	60	\$0.87667	\$0.11575	200% Above
N	No	42858000101	OXYCODONE HYDROCHLORIDE	53	\$0.05717	\$0.08639	(26%-50%) Below
N	No	42858000101	OXYCODONE HYDROCHLORIDE	109	\$0.12706	\$0.09121	26%-50% Above
N	No	42858000201	OXYCODONE HYDROCHLORIDE	104	\$0.09769	\$0.11919	(10%-25%) Below
N	Yes	42858000201	OXYCODONE HYDROCHLORIDE	20	\$0.10350	\$0.11816	(10%-25%) Below
N	No	42858010201	OXYCODONE/ACETAMINOPHEN	430	\$0.06563	\$0.10648	(26%-50%) Below
N	No	42858010201	OXYCODONE/ACETAMINOPHEN	289	\$0.05920	\$0.10891	(26%-50%) Below
N	Yes	42858010201	OXYCODONE/ACETAMINOPHEN	50	\$0.05920	\$0.10648	(26%-50%) Below
N	No	42858010250	OXYCODONE/ACETAMINOPHEN	40	\$0.57225	\$0.10648	200% Above
N	Yes	42858010250	OXYCODONE/ACETAMINOPHEN	12	\$0.34167	\$0.10648	200% Above
N	No	42858010301	OXYCODONE/ACETAMINOPHEN	188	\$0.07798	\$0.16055	(51%-75%) Below
N	No	42858010301	OXYCODONE/ACETAMINOPHEN	223	\$0.07937	\$0.18630	(51%-75%) Below
N	Yes	42858010301	OXYCODONE/ACETAMINOPHEN	89	\$0.06809	\$0.18630	(51%-75%) Below
N	No	42858010350	OXYCODONE/ACETAMINOPHEN	20	\$0.22450	\$0.16055	26%-50% Above
N	No	42858010401	OXYCODONE/ACETAMINOPHEN	232	\$0.09401	\$0.20499	(51%-75%) Below
N	No	42858010401	OXYCODONE/ACETAMINOPHEN	484	\$0.09572	\$0.21159	(51%-75%) Below
N	Yes	42858010401	OXYCODONE/ACETAMINOPHEN	210	\$0.09400	\$0.20499	(51%-75%) Below
N	Yes	42858010401	OXYCODONE/ACETAMINOPHEN	20	\$0.09400	\$0.21159	(51%-75%) Below
N	No	42858010450	OXYCODONE/ACETAMINOPHEN	120	\$0.52575	\$0.20499	101%-200% Above
N	No	42858010450	OXYCODONE/ACETAMINOPHEN	560	\$0.17745	\$0.21159	(10%-25%) Below
N	Yes	42858010450	OXYCODONE/ACETAMINOPHEN	120	\$0.35058	\$0.20499	51%-75% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	42858021501	AMPHETAMINE/DEXTROAMPHETAMINE	30	\$0.50400	\$0.60399	(10%-25%) Below
N	No	42858021501	AMPHETAMINE/DEXTROAMPHETAMINE	30	\$0.50400	\$0.69117	(26%-50%) Below
N	No	42858050203	BUPRENORPHINE HCL	165	\$0.50400	\$0.81201	(26%-50%) Below
N	No	42858050203	BUPRENORPHINE HCL	90	\$0.46800	\$0.87101	(26%-50%) Below
N	No	42858060203	BUPRENORPHINE HYDROCHLORIDE/NALOXONE HYDROCHLORIDE	35	\$0.66057	\$0.92574	(26%-50%) Below
N	No	42858061001	AMPHETAMINE/DEXTROAMPHETAMINE	90	\$0.66256	\$0.56921	10%-25% Above
N	No	42858080101	MORPHINE SULFATE ER	105	\$0.20333	\$0.17152	10%-25% Above
N	No	43386006019	GAVILYTE-C	104000	\$0.00451	\$0.00344	26%-50% Above
N	No	43386006019	GAVILYTE-C	144000	\$0.00446	\$0.00351	26%-50% Above
N	Yes	43386006019	GAVILYTE-C	4000	\$0.00462	\$0.00344	26%-50% Above
N	No	43386009019	GAVILYTE-G	56000	\$0.00510	\$0.00453	10%-25% Above
N	No	43386009019	GAVILYTE-G	32000	\$0.00534	\$0.00455	10%-25% Above
N	Yes	43386009019	GAVILYTE-G	4000	\$0.00555	\$0.00455	10%-25% Above
N	No	43386048024	ORPHENADRINE CITRATE ER	54	\$1.19963	\$0.51495	101%-200% Above
N	No	43386048024	ORPHENADRINE CITRATE ER	28	\$1.43071	\$0.52231	101%-200% Above
N	No	43386070083	SODIUM SULFATE/POTASSIUM SULFATE/MAGNESIUM SULFATE	2124	\$0.19611	\$0.21863	(10%-25%) Below
N	No	43547004903	TADALAFIL	90	\$0.66233	\$0.15162	200% Above
N	No	43547004903	TADALAFIL	132	\$0.98735	\$0.15769	200% Above
N	Yes	43547004903	TADALAFIL	30	\$0.40800	\$0.15769	101%-200% Above
N	Yes	43547005003	TADALAFIL	6	\$2.82000	\$0.35323	200% Above
N	No	43547022215	LEVETIRACETAM	300	\$0.50213	\$0.09126	200% Above
N	No	43547022215	LEVETIRACETAM	165	\$0.35642	\$0.09479	200% Above
N	No	43547022315	LEVETIRACETAM	300	\$0.36717	\$0.14262	101%-200% Above
N	No	43547022406	LEVETIRACETAM	60	\$0.82983	\$0.20084	200% Above
N	No	43547022406	LEVETIRACETAM	405	\$0.70580	\$0.20132	200% Above
N	No	43547026810	ROPINIROLE HYDROCHLORIDE	180	\$0.54000	\$0.04765	200% Above
N	No	43547026950	ROPINIROLE HCL	30	\$0.70700	\$0.04651	200% Above
N	No	43547027010	ROPINIROLE HCL	60	\$0.43900	\$0.05490	200% Above
N	No	43547027010	ROPINIROLE HCL	135	\$0.04733	\$0.05502	(10%-25%) Below
N	Yes	43547027010	ROPINIROLE HCL	270	\$0.04730	\$0.05502	(10%-25%) Below

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
Y	No	43547027050	ROPINIROLE HCL	360	\$0.04731	\$0.05490	(10%-25%) Below
N	Yes	43547027509	DONEPEZIL HYDROCHLORIDE	60	\$0.03017	\$0.03992	(10%-25%) Below
N	No	43547027609	DONEPEZIL HCL	15	\$0.61067	\$0.04535	200% Above
N	No	43547027609	DONEPEZIL HCL	15	\$0.61067	\$0.04788	200% Above
N	No	43547028010	ESCITALOPRAM OXALATE	885	\$0.17068	\$0.04488	200% Above
N	No	43547028010	ESCITALOPRAM OXALATE	795	\$0.14479	\$0.04702	200% Above
N	No	43547028011	ESCITALOPRAM OXALATE	120	\$0.20067	\$0.04702	200% Above
N	No	43547028110	ESCITALOPRAM OXALATE	1617	\$0.35016	\$0.04783	200% Above
N	No	43547028110	ESCITALOPRAM OXALATE	1850	\$0.39509	\$0.04847	200% Above
N	Yes	43547028110	ESCITALOPRAM OXALATE	180	\$0.27222	\$0.04783	200% Above
N	Yes	43547028110	ESCITALOPRAM OXALATE	120	\$0.23392	\$0.04847	200% Above
N	No	43547028111	ESCITALOPRAM OXALATE	3330	\$0.16852	\$0.04783	200% Above
N	No	43547028111	ESCITALOPRAM OXALATE	3555	\$0.17950	\$0.04847	200% Above
N	Yes	43547028111	ESCITALOPRAM OXALATE	90	\$0.10300	\$0.04783	101%-200% Above
N	Yes	43547028111	ESCITALOPRAM OXALATE	150	\$0.04107	\$0.04847	(10%-25%) Below
Y	No	43547028111	ESCITALOPRAM OXALATE	90	\$0.16111	\$0.04783	200% Above
N	No	43547028210	ESCITALOPRAM OXALATE	1095	\$0.44479	\$0.07945	200% Above
N	No	43547028210	ESCITALOPRAM OXALATE	1770	\$0.42051	\$0.08426	200% Above
N	Yes	43547028210	ESCITALOPRAM OXALATE	90	\$0.39200	\$0.08426	200% Above
N	No	43547028211	ESCITALOPRAM OXALATE	2280	\$0.37314	\$0.07945	200% Above
N	No	43547028211	ESCITALOPRAM OXALATE	4095	\$0.34779	\$0.08426	200% Above
N	Yes	43547028211	ESCITALOPRAM OXALATE	165	\$0.23606	\$0.07945	101%-200% Above
N	Yes	43547028211	ESCITALOPRAM OXALATE	330	\$0.21130	\$0.08426	101%-200% Above
Y	No	43547028211	ESCITALOPRAM OXALATE	270	\$0.28889	\$0.07945	200% Above
Y	No	43547028211	ESCITALOPRAM OXALATE	180	\$0.20211	\$0.08426	101%-200% Above
N	No	43547028303	TELMISARTAN	30	\$0.49333	\$0.16815	101%-200% Above
N	No	43547028403	TELMISARTAN	30	\$0.49333	\$0.24945	76%-100% Above
N	No	43547028503	TELMISARTAN	30	\$0.49333	\$0.16269	200% Above
N	No	43547028503	TELMISARTAN	150	\$1.55480	\$0.18033	200% Above
N	No	43547028810	BUPROPION HYDROCHLORIDE ER (SR)	660	\$0.18858	\$0.10569	76%-100% Above
N	No	43547028810	BUPROPION HYDROCHLORIDE ER (SR)	540	\$0.18606	\$0.11534	51%-75% Above
N	Yes	43547028810	BUPROPION HYDROCHLORIDE ER (SR)	30	\$0.06400	\$0.11534	(26%-50%) Below

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	43547028910	BUPROPION HYDROCHLORIDE ER (SR)	1110	\$0.21698	\$0.08414	101%-200% Above
N	No	43547028910	BUPROPION HYDROCHLORIDE ER (SR)	540	\$0.32735	\$0.08973	200% Above
N	No	43547028950	BUPROPION HYDROCHLORIDE ER (SR)	150	\$0.14880	\$0.08414	76%-100% Above
N	No	43547028950	BUPROPION HYDROCHLORIDE ER (SR)	180	\$0.14878	\$0.08973	51%-75% Above
N	No	43547029010	BUPROPION HYDROCHLORIDE ER (SR)	450	\$0.24762	\$0.15798	51%-75% Above
N	No	43547029010	BUPROPION HYDROCHLORIDE ER (SR)	450	\$0.35322	\$0.16489	101%-200% Above
N	No	43547030009	OLMESARTAN MEDOXOMIL	150	\$0.41053	\$0.08141	200% Above
N	No	43547030109	OLMESARTAN MEDOXOMIL	120	\$0.53483	\$0.12428	200% Above
N	No	43547030203	ARIPIRAZOLE	30	\$3.34800	\$0.12925	200% Above
N	No	43547030203	ARIPIRAZOLE	90	\$1.11900	\$0.13222	200% Above
N	No	43547030303	ARIPIRAZOLE	150	\$0.66813	\$0.12060	200% Above
N	No	43547030303	ARIPIRAZOLE	330	\$1.01624	\$0.14416	200% Above
N	No	43547030403	ARIPIRAZOLE	75	\$0.57720	\$0.11607	200% Above
N	No	43547030403	ARIPIRAZOLE	90	\$1.46322	\$0.13140	200% Above
N	No	43547030503	ARIPIRAZOLE	75	\$1.06693	\$0.15283	200% Above
N	No	43547030503	ARIPIRAZOLE	30	\$0.33333	\$0.19686	51%-75% Above
N	No	43547030703	ARIPIRAZOLE	30	\$1.58367	\$0.21756	200% Above
N	No	43547031109	VALSARTAN/HYDROCHLOROTHIAZIDE	90	\$0.94267	\$0.18162	200% Above
N	No	43547031109	VALSARTAN/HYDROCHLOROTHIAZIDE	90	\$1.04056	\$0.18357	200% Above
N	No	43547031209	VALSARTAN/HYDROCHLOROTHIAZIDE	120	\$0.57175	\$0.18775	200% Above
N	No	43547031209	VALSARTAN/HYDROCHLOROTHIAZIDE	210	\$0.83833	\$0.21262	200% Above
N	No	43547031309	VALSARTAN/HYDROCHLOROTHIAZIDE	60	\$1.73167	\$0.21320	200% Above
N	No	43547031309	VALSARTAN/HYDROCHLOROTHIAZIDE	60	\$1.40550	\$0.21941	200% Above
N	Yes	43547031309	VALSARTAN/HYDROCHLOROTHIAZIDE	30	\$1.02600	\$0.21941	200% Above
N	No	43547031509	VALSARTAN/HYDROCHLOROTHIAZIDE	240	\$0.97417	\$0.25390	200% Above
N	No	43547031509	VALSARTAN/HYDROCHLOROTHIAZIDE	150	\$1.19953	\$0.29620	200% Above
N	No	43547033003	IRBESARTAN/HYDROCHLOROTHIAZIDE	90	\$0.83933	\$0.17260	200% Above
N	No	43547033003	IRBESARTAN/HYDROCHLOROTHIAZIDE	90	\$0.20222	\$0.17411	10%-25% Above
N	No	43547033109	IRBESARTAN/HYDROCHLOROTHIAZIDE	30	\$0.50000	\$0.23895	101%-200% Above



Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	43547033610	BENAZEPRIL HCL	30	\$0.39967	\$0.06871	200% Above
N	No	43547033610	BENAZEPRIL HCL	30	\$0.16667	\$0.07209	101%-200% Above
N	No	43547033650	BENAZEPRIL HCL	30	\$0.34633	\$0.06871	200% Above
N	No	43547033650	BENAZEPRIL HCL	30	\$0.50000	\$0.07209	200% Above
N	No	43547033703	BENAZEPRIL HYDROCHLORIDE	90	\$0.13333	\$0.07980	51%-75% Above
N	Yes	43547033703	BENAZEPRIL HYDROCHLORIDE	90	\$0.13333	\$0.07980	51%-75% Above
N	No	43547033710	BENAZEPRIL HYDROCHLORIDE	60	\$0.31133	\$0.07472	200% Above
N	No	43547033710	BENAZEPRIL HYDROCHLORIDE	120	\$0.30842	\$0.07980	200% Above
N	Yes	43547033710	BENAZEPRIL HYDROCHLORIDE	90	\$0.40989	\$0.07472	200% Above
N	Yes	43547033710	BENAZEPRIL HYDROCHLORIDE	30	\$0.56500	\$0.07980	200% Above
N	No	43547033750	BENAZEPRIL HYDROCHLORIDE	330	\$0.34958	\$0.07472	200% Above
N	No	43547033750	BENAZEPRIL HYDROCHLORIDE	150	\$0.21587	\$0.07980	101%-200% Above
N	Yes	43547033750	BENAZEPRIL HYDROCHLORIDE	60	\$0.39383	\$0.07980	200% Above
N	No	43547033803	BENAZEPRIL HCL	120	\$0.11667	\$0.08814	26%-50% Above
N	No	43547033810	BENAZEPRIL HCL	30	\$0.18233	\$0.08814	101%-200% Above
N	No	43547033810	BENAZEPRIL HCL	30	\$0.18933	\$0.09132	101%-200% Above
N	No	43547033850	BENAZEPRIL HCL	60	\$0.33467	\$0.09132	200% Above
N	No	43547033950	RISPERIDONE	30	\$0.36333	\$0.03712	200% Above
N	No	43547034006	RISPERIDONE	30	\$0.27600	\$0.04052	200% Above
N	No	43547034050	RISPERIDONE	30	\$0.51167	\$0.04052	200% Above
N	No	43547034050	RISPERIDONE	30	\$0.33267	\$0.04182	200% Above
N	No	43547034106	RISPERIDONE	60	\$0.57650	\$0.04085	200% Above
N	No	43547034106	RISPERIDONE	60	\$0.57650	\$0.04799	200% Above
N	No	43547034150	RISPERIDONE	60	\$0.20317	\$0.04799	200% Above
N	No	43547034206	RISPERIDONE	90	\$0.62378	\$0.05457	200% Above
N	No	43547034206	RISPERIDONE	60	\$0.26850	\$0.06431	200% Above
N	No	43547034506	LEVETIRACETAM ER	120	\$0.23575	\$0.17731	26%-50% Above
N	No	43547034606	LEVETIRACETAM ER	150	\$0.03333	\$0.23388	(76%-100%) Below
N	No	43547034606	LEVETIRACETAM ER	150	\$0.03333	\$0.26139	(76%-100%) Below
N	No	43547034809	PAROXETINE HYDROCHLORIDE	231	\$0.24100	\$0.07132	200% Above
N	No	43547034811	PAROXETINE HYDROCHLORIDE	30	\$0.46733	\$0.07132	200% Above
N	No	43547034909	PAROXETINE HCL	30	\$0.06667	\$0.09000	(26%-50%) Below
N	No	43547034909	PAROXETINE HCL	135	\$0.06667	\$0.10571	(26%-50%) Below
N	No	43547035003	PAROXETINE HCL	30	\$0.49767	\$0.10747	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	43547035009	PAROXETINE HCL	90	\$0.20433	\$0.10747	76%-100% Above
N	No	43547035009	PAROXETINE HCL	120	\$0.20433	\$0.11054	76%-100% Above
N	No	43547035110	LISINOPRIL	30	\$0.07733	\$0.01482	200% Above
N	No	43547035150	LISINOPRIL	60	\$0.25000	\$0.01458	200% Above
N	No	43547035150	LISINOPRIL	91	\$0.21956	\$0.01482	200% Above
N	No	43547035210	LISINOPRIL	30	\$0.13100	\$0.01584	200% Above
N	No	43547035211	LISINOPRIL	420	\$0.12219	\$0.01457	200% Above
N	No	43547035211	LISINOPRIL	360	\$0.19044	\$0.01584	200% Above
N	Yes	43547035211	LISINOPRIL	90	\$0.04433	\$0.01457	200% Above
N	Yes	43547035211	LISINOPRIL	270	\$0.12011	\$0.01584	200% Above
N	No	43547035311	LISINOPRIL	905	\$0.20062	\$0.01838	200% Above
N	No	43547035311	LISINOPRIL	1380	\$0.19135	\$0.01910	200% Above
N	Yes	43547035311	LISINOPRIL	150	\$0.12173	\$0.01838	200% Above
N	Yes	43547035311	LISINOPRIL	90	\$0.13989	\$0.01910	200% Above
N	No	43547035411	LISINOPRIL	757	\$0.29144	\$0.02623	200% Above
N	No	43547035411	LISINOPRIL	1080	\$0.25604	\$0.02659	200% Above
N	Yes	43547035411	LISINOPRIL	240	\$0.09029	\$0.02623	200% Above
N	Yes	43547035411	LISINOPRIL	120	\$0.15375	\$0.02659	200% Above
N	No	43547035510	LISINOPRIL	150	\$0.33553	\$0.05219	200% Above
N	No	43547035510	LISINOPRIL	110	\$0.21791	\$0.05325	200% Above
N	Yes	43547035510	LISINOPRIL	30	\$0.03467	\$0.05325	(26%-50%) Below
N	No	43547035610	LISINOPRIL	30	\$0.42600	\$0.04515	200% Above
N	No	43547035611	LISINOPRIL	450	\$0.23893	\$0.04515	200% Above
N	No	43547035611	LISINOPRIL	390	\$0.22277	\$0.04595	200% Above
N	Yes	43547035611	LISINOPRIL	60	\$0.20950	\$0.04515	200% Above
N	Yes	43547035611	LISINOPRIL	120	\$0.13250	\$0.04595	101%-200% Above
N	No	43547036009	LOSARTAN POTASSIUM	90	\$0.25933	\$0.03331	200% Above
N	No	43547036009	LOSARTAN POTASSIUM	165	\$0.28752	\$0.03491	200% Above
N	No	43547036011	LOSARTAN POTASSIUM	450	\$0.42196	\$0.03331	200% Above
N	No	43547036011	LOSARTAN POTASSIUM	840	\$0.28981	\$0.03491	200% Above
N	Yes	43547036011	LOSARTAN POTASSIUM	90	\$0.37000	\$0.03331	200% Above
N	Yes	43547036011	LOSARTAN POTASSIUM	30	\$0.02033	\$0.03491	(26%-50%) Below
N	No	43547036111	LOSARTAN POTASSIUM	1439	\$0.39820	\$0.04293	200% Above
N	No	43547036111	LOSARTAN POTASSIUM	1740	\$0.36023	\$0.04465	200% Above
N	Yes	43547036111	LOSARTAN POTASSIUM	120	\$0.32208	\$0.04293	200% Above
N	Yes	43547036111	LOSARTAN POTASSIUM	240	\$0.29942	\$0.04465	200% Above
N	No	43547036203	LOSARTAN POTASSIUM	30	\$0.47433	\$0.06234	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	43547036209	LOSARTAN POTASSIUM	60	\$0.43383	\$0.06234	200% Above
N	No	43547036211	LOSARTAN POTASSIUM	1288	\$0.50259	\$0.05981	200% Above
N	No	43547036211	LOSARTAN POTASSIUM	1770	\$0.46447	\$0.06234	200% Above
N	Yes	43547036211	LOSARTAN POTASSIUM	210	\$0.33433	\$0.05981	200% Above
N	Yes	43547036211	LOSARTAN POTASSIUM	360	\$0.36386	\$0.06234	200% Above
N	No	43547036703	VALSARTAN	30	\$0.87067	\$0.13234	200% Above
N	No	43547036703	VALSARTAN	30	\$0.99233	\$0.14061	200% Above
N	No	43547036809	VALSARTAN	210	\$0.77029	\$0.14293	200% Above
N	No	43547036809	VALSARTAN	150	\$0.84087	\$0.14684	200% Above
N	No	43547036909	VALSARTAN	300	\$0.57763	\$0.18107	200% Above
N	No	43547036909	VALSARTAN	270	\$0.54393	\$0.18210	101%-200% Above
Y	Yes	43547036909	VALSARTAN	90	\$0.68111	\$0.18107	200% Above
N	No	43547037009	VALSARTAN	30	\$1.83267	\$0.24086	200% Above
N	No	43547038003	DULOXETINE HCL	60	\$1.30133	\$0.09883	200% Above
N	No	43547038111	DULOXETINE HYDROCHLORIDE	90	\$0.19211	\$0.11250	51%-75% Above
N	Yes	43547038809	FOSINOPRIL SODIUM	30	\$0.31233	\$0.22009	26%-50% Above
N	No	43547039103	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHI AZIDE	30	\$1.77600	\$0.19923	200% Above
N	No	43547039109	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHI AZIDE	30	\$0.60700	\$0.19923	200% Above
N	No	43547039109	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHI AZIDE	60	\$1.65967	\$0.20434	200% Above
N	Yes	43547039203	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHI AZIDE	30	\$1.04800	\$0.24204	200% Above
N	No	43547039209	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHI AZIDE	210	\$1.40005	\$0.23074	200% Above
N	No	43547039209	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHI AZIDE	60	\$1.92333	\$0.24204	200% Above
N	Yes	43547039209	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHI AZIDE	30	\$1.92333	\$0.23074	200% Above
N	No	43547039303	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHI AZIDE	120	\$0.82600	\$0.24777	200% Above
N	No	43547039309	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHI AZIDE	30	\$1.75767	\$0.24777	200% Above
N	No	43547039309	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHI AZIDE	180	\$1.85794	\$0.26608	200% Above

**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	43547039811	HYDROCHLOROTHIAZIDE	30	\$0.09300	\$0.03426	101%-200% Above
N	No	43547039950	CYCLOBENZAPRINE HYDROCHLORIDE	60	\$0.20267	\$0.02198	200% Above
N	Yes	43547039950	CYCLOBENZAPRINE HYDROCHLORIDE	15	\$0.25000	\$0.02198	200% Above
N	Yes	43547040011	CYCLOBENZAPRINE HYDROCHLORIDE	15	\$0.33733	\$0.02342	200% Above
N	No	43547040111	FUROSEMIDE	30	\$0.09800	\$0.02683	200% Above
N	No	43547040111	FUROSEMIDE	30	\$0.09800	\$0.02728	200% Above
N	No	43547040211	FUROSEMIDE	30	\$0.11167	\$0.03347	200% Above
N	No	43547040410	PHENTERMINE HCL	60	\$0.20367	\$0.07482	101%-200% Above
N	No	43547040610	CLONAZEPAM	29	\$0.12379	\$0.02623	200% Above
N	No	43547040610	CLONAZEPAM	260	\$0.22788	\$0.02643	200% Above
N	No	43547040611	CLONAZEPAM	315	\$0.31276	\$0.02623	200% Above
N	No	43547040611	CLONAZEPAM	190	\$0.32884	\$0.02643	200% Above
N	Yes	43547040611	CLONAZEPAM	60	\$0.24817	\$0.02623	200% Above
N	No	43547040650	CLONAZEPAM	30	\$0.06633	\$0.02623	101%-200% Above
N	No	43547040710	CLONAZEPAM	250	\$0.21364	\$0.03142	200% Above
N	No	43547040710	CLONAZEPAM	150	\$0.18533	\$0.03178	200% Above
N	No	43547040711	CLONAZEPAM	255	\$0.20141	\$0.03142	200% Above
N	No	43547040711	CLONAZEPAM	30	\$0.13600	\$0.03178	200% Above
N	Yes	43547040711	CLONAZEPAM	60	\$0.03483	\$0.03142	10%-25% Above
N	No	43547040750	CLONAZEPAM	133	\$0.23895	\$0.03142	200% Above
N	No	43547040750	CLONAZEPAM	120	\$0.29650	\$0.03178	200% Above
N	No	43547040810	CLONAZEPAM	60	\$0.34167	\$0.03843	200% Above
N	No	43547041450	LISINOPRIL	90	\$0.21156	\$0.01482	200% Above
N	Yes	43547041450	LISINOPRIL	30	\$0.11500	\$0.01458	200% Above
N	Yes	43547041450	LISINOPRIL	30	\$0.25000	\$0.01482	200% Above
N	No	43547041511	LISINOPRIL	30	\$0.14900	\$0.01457	200% Above
N	No	43547041511	LISINOPRIL	60	\$0.07883	\$0.01584	200% Above
N	Yes	43547041511	LISINOPRIL	15	\$0.29867	\$0.01584	200% Above
N	No	43547041611	LISINOPRIL	420	\$0.16186	\$0.01838	200% Above
N	No	43547041611	LISINOPRIL	210	\$0.22038	\$0.01910	200% Above
N	Yes	43547041611	LISINOPRIL	30	\$0.11500	\$0.01838	200% Above
N	No	43547041711	LISINOPRIL	240	\$0.17204	\$0.02623	200% Above
N	No	43547041711	LISINOPRIL	390	\$0.21638	\$0.02659	200% Above
N	Yes	43547041711	LISINOPRIL	30	\$0.11500	\$0.02623	200% Above
N	No	43547041850	LISINOPRIL	90	\$0.20178	\$0.05219	200% Above
N	No	43547041850	LISINOPRIL	30	\$0.25000	\$0.05325	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	43547041911	LISINOPRIL	210	\$0.17857	\$0.04515	200% Above
N	No	43547041911	LISINOPRIL	180	\$0.14417	\$0.04595	200% Above
N	Yes	43547041911	LISINOPRIL	60	\$0.14117	\$0.04515	200% Above
N	Yes	43547041911	LISINOPRIL	30	\$0.11500	\$0.04595	101%-200% Above
N	No	43547042010	LISINOPRIL/HYDROCHLOROTHIAZIDE	90	\$0.33111	\$0.03498	200% Above
N	No	43547042050	LISINOPRIL/HYDROCHLOROTHIAZIDE	780	\$0.25168	\$0.03218	200% Above
N	No	43547042050	LISINOPRIL/HYDROCHLOROTHIAZIDE	915	\$0.13204	\$0.03498	200% Above
N	Yes	43547042050	LISINOPRIL/HYDROCHLOROTHIAZIDE	30	\$0.18067	\$0.03218	200% Above
N	Yes	43547042050	LISINOPRIL/HYDROCHLOROTHIAZIDE	30	\$0.19067	\$0.03498	200% Above
N	No	43547042110	LISINOPRIL/HYDROCHLOROTHIAZIDE	30	\$0.01000	\$0.04392	(76%-100%) Below
N	No	43547042110	LISINOPRIL/HYDROCHLOROTHIAZIDE	60	\$0.20950	\$0.04640	200% Above
N	No	43547042150	LISINOPRIL/HYDROCHLOROTHIAZIDE	1500	\$0.09026	\$0.04392	101%-200% Above
N	No	43547042150	LISINOPRIL/HYDROCHLOROTHIAZIDE	2370	\$0.08130	\$0.04640	76%-100% Above
N	Yes	43547042150	LISINOPRIL/HYDROCHLOROTHIAZIDE	90	\$0.09022	\$0.04392	101%-200% Above
N	Yes	43547042150	LISINOPRIL/HYDROCHLOROTHIAZIDE	30	\$0.20067	\$0.04640	200% Above
N	No	43547042210	LISINOPRIL/HYDROCHLOROTHIAZIDE	90	\$0.48867	\$0.04768	200% Above
N	No	43547042250	LISINOPRIL/HYDROCHLOROTHIAZIDE	1290	\$0.09202	\$0.04671	76%-100% Above
N	No	43547042250	LISINOPRIL/HYDROCHLOROTHIAZIDE	959	\$0.10688	\$0.04768	101%-200% Above
N	No	43547042303	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	30	\$0.08633	\$0.10158	(10%-25%) Below
N	No	43547042309	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	360	\$0.62622	\$0.09410	200% Above
N	No	43547042309	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	432	\$0.67060	\$0.10158	200% Above
N	Yes	43547042309	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	90	\$0.40256	\$0.10158	200% Above
Y	No	43547042309	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	90	\$0.40322	\$0.09410	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	43547042311	LOSARTAN POTASSIUM/HYDROCHLOROTHIA ZIDE	60	\$0.26850	\$0.09410	101%-200% Above
N	No	43547042409	LOSARTAN POTASSIUM/HYDROCHLOROTHIA ZIDE	240	\$0.88800	\$0.12695	200% Above
N	No	43547042409	LOSARTAN POTASSIUM/HYDROCHLOROTHIA ZIDE	556	\$0.69421	\$0.13402	200% Above
N	Yes	43547042409	LOSARTAN POTASSIUM/HYDROCHLOROTHIA ZIDE	120	\$0.49383	\$0.12695	200% Above
Y	No	43547042409	LOSARTAN POTASSIUM/HYDROCHLOROTHIA ZIDE	90	\$0.85767	\$0.12695	200% Above
Y	No	43547042409	LOSARTAN POTASSIUM/HYDROCHLOROTHIA ZIDE	180	\$0.73922	\$0.13402	200% Above
N	Yes	43547042411	LOSARTAN POTASSIUM/HYDROCHLOROTHIA ZIDE	60	\$0.11583	\$0.13402	(10%-25%) Below
N	No	43547042509	LOSARTAN POTASSIUM/HYDROCHLOROTHIA ZIDE	210	\$0.87381	\$0.12038	200% Above
N	No	43547042509	LOSARTAN POTASSIUM/HYDROCHLOROTHIA ZIDE	360	\$0.76586	\$0.12091	200% Above
N	Yes	43547042509	LOSARTAN POTASSIUM/HYDROCHLOROTHIA ZIDE	90	\$0.79033	\$0.12038	200% Above
N	No	43547042511	LOSARTAN POTASSIUM/HYDROCHLOROTHIA ZIDE	30	\$0.50700	\$0.12038	200% Above
N	No	43547042511	LOSARTAN POTASSIUM/HYDROCHLOROTHIA ZIDE	30	\$0.52500	\$0.12091	200% Above
N	Yes	43547042511	LOSARTAN POTASSIUM/HYDROCHLOROTHIA ZIDE	30	\$0.52500	\$0.12091	200% Above
N	Yes	43547043009	FENOFIBRATE	30	\$0.71433	\$0.09898	200% Above
N	No	43547043109	FENOFIBRATE	240	\$0.82100	\$0.12785	200% Above
N	No	43547043109	FENOFIBRATE	300	\$0.70897	\$0.16054	200% Above
N	No	43547043506	CLONIDINE HYDROCHLORIDE ER	30	\$0.80500	\$0.24046	200% Above
N	No	43547043506	CLONIDINE HYDROCHLORIDE ER	30	\$0.80500	\$0.28345	101%-200% Above
N	No	43547044203	TELMISARTAN/HYDROCHLOROTHIAZIDE	30	\$0.49333	\$0.71460	(26%-50%) Below
N	No	43547044303	TELMISARTAN/HYDROCHLOROTHIAZIDE	30	\$1.62900	\$0.57352	101%-200% Above
N	No	43547048610	METHYLPHENIDATE HYDROCHLORIDE	120	\$0.29308	\$0.09515	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	43547048610	METHYLPHENIDATE HYDROCHLORIDE	120	\$0.43592	\$0.11071	200% Above
N	No	43547048710	METHYLPHENIDATE HYDROCHLORIDE	60	\$0.58017	\$0.11912	200% Above
N	Yes	43547048710	METHYLPHENIDATE HYDROCHLORIDE	60	\$0.69817	\$0.11912	200% Above
N	No	43547052403	NEBIVOLOL HYDROCHLORIDE	60	\$1.07517	\$0.13959	200% Above
N	No	43547052403	NEBIVOLOL HYDROCHLORIDE	30	\$0.50000	\$0.13960	200% Above
N	No	43547052503	NEBIVOLOL HYDROCHLORIDE	75	\$1.18640	\$0.18686	200% Above
N	No	43547052503	NEBIVOLOL HYDROCHLORIDE	120	\$0.87000	\$0.20599	200% Above
N	No	43547052603	NEBIVOLOL HYDROCHLORIDE	210	\$0.85338	\$0.19531	200% Above
N	No	43547052603	NEBIVOLOL HYDROCHLORIDE	120	\$0.44950	\$0.19700	101%-200% Above
N	No	43547054610	ENALAPRIL MALEATE	30	\$0.54567	\$0.09592	200% Above
N	No	43547054710	ENALAPRIL MALEATE	90	\$0.06667	\$0.09295	(26%-50%) Below
N	No	43547054711	ENALAPRIL MALEATE	30	\$0.38633	\$0.09295	200% Above
N	Yes	43547054711	ENALAPRIL MALEATE	60	\$0.28217	\$0.09479	101%-200% Above
N	No	43547054810	ENALAPRIL MALEATE	60	\$0.29350	\$0.11205	101%-200% Above
N	No	43547054811	ENALAPRIL MALEATE	60	\$0.59133	\$0.11205	200% Above
N	No	43547054811	ENALAPRIL MALEATE	30	\$0.44633	\$0.12072	200% Above
N	Yes	43547054811	ENALAPRIL MALEATE	28	\$0.40214	\$0.11205	200% Above
N	No	43547056511	CLONIDINE HYDROCHLORIDE	105	\$0.11610	\$0.02738	200% Above
N	No	43547056610	CLONIDINE HYDROCHLORIDE	210	\$0.20848	\$0.03672	200% Above
N	No	43547060410	LISDEXAMFETAMINE DIMESYLATE	418	\$2.34050	\$3.94412	(26%-50%) Below
N	No	43547060510	LISDEXAMFETAMINE DIMESYLATE	350	\$1.76969	\$3.33140	(26%-50%) Below
N	No	43547060610	LISDEXAMFETAMINE DIMESYLATE	150	\$1.78767	\$3.31215	(26%-50%) Below
N	Yes	43547060610	LISDEXAMFETAMINE DIMESYLATE	30	\$1.78767	\$3.31215	(26%-50%) Below
N	No	43547060710	LISDEXAMFETAMINE DIMESYLATE	30	\$1.62667	\$3.16068	(26%-50%) Below
N	No	43547060810	LISDEXAMFETAMINE DIMESYLATE	90	\$1.46322	\$3.25036	(51%-75%) Below
N	No	43598013901	KETOROLAC TROMETHAMINE	20	\$0.25000	\$0.51239	(51%-75%) Below
N	No	43598013901	KETOROLAC TROMETHAMINE	70	\$0.84286	\$0.52799	51%-75% Above
N	Yes	43598013901	KETOROLAC TROMETHAMINE	10	\$0.81500	\$0.51239	51%-75% Above
N	No	43598016430	OLANZAPINE	140	\$0.44507	\$0.08728	200% Above
N	No	43598016430	OLANZAPINE	210	\$0.21019	\$0.08908	101%-200% Above
N	Yes	43598016430	OLANZAPINE	30	\$0.36867	\$0.08728	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	Yes	43598016430	OLANZAPINE	60	\$0.29917	\$0.08908	200% Above
N	No	43598016530	OLANZAPINE	90	\$0.21800	\$0.09580	101%-200% Above
N	No	43598016630	OLANZAPINE	90	\$0.18433	\$0.10413	76%-100% Above
N	No	43598016630	OLANZAPINE	160	\$0.42906	\$0.11337	200% Above
N	No	43598016860	LUBIPROSTONE	60	\$0.70583	\$1.51553	(51%-75%) Below
N	Yes	43598016860	LUBIPROSTONE	60	\$4.06350	\$1.51553	101%-200% Above
N	No	43598021025	SSD	25	\$0.04520	\$0.19020	(76%-100%) Below
N	No	43598021040	SSD	400	\$0.11128	\$0.07374	51%-75% Above
N	No	43598021040	SSD	800	\$0.11128	\$0.08325	26%-50% Above
N	Yes	43598021040	SSD	400	\$0.11128	\$0.08325	26%-50% Above
N	No	43598021050	SSD	150	\$0.24020	\$0.14581	51%-75% Above
N	No	43598021085	SSD	85	\$0.21800	\$0.13579	51%-75% Above
N	No	43598023018	COLESEVELAM HYDROCHLORIDE	90	\$0.10300	\$0.23905	(51%-75%) Below
N	No	43598026704	ICOSAPENT ETHYL	120	\$0.33225	\$1.29658	(51%-75%) Below
N	No	43598026704	ICOSAPENT ETHYL	240	\$0.29575	\$1.30083	(76%-100%) Below
N	No	43598029290	PREGABALIN	321	\$0.40835	\$0.06180	200% Above
N	No	43598029390	PREGABALIN	704	\$0.44993	\$0.06258	200% Above
N	No	43598029490	PREGABALIN	30	\$0.49800	\$0.06425	200% Above
N	No	43598029590	PREGABALIN	210	\$0.59452	\$0.07465	200% Above
N	No	43598029690	PREGABALIN	90	\$0.62122	\$0.07266	200% Above
N	No	43598032675	CIPROFLOXACIN/DEXAMETHASONE	22.5	\$12.65156	\$17.24158	(26%-50%) Below
N	No	43598032675	CIPROFLOXACIN/DEXAMETHASONE	30	\$14.14033	\$17.55452	(10%-25%) Below
N	No	43598035130	LURASIDONE HYDROCHLORIDE	30	\$1.04800	\$0.22711	200% Above
N	No	43598035230	LURASIDONE HYDROCHLORIDE	30	\$1.20567	\$0.32138	200% Above
N	No	43598035330	LURASIDONE HYDROCHLORIDE	30	\$5.39700	\$0.41761	200% Above
N	No	43598036730	CINACALCET HYDROCHLORIDE	30	\$2.25467	\$0.30599	200% Above
N	No	43598037210	COLCHICINE	45	\$0.27667	\$0.31236	(10%-25%) Below
N	No	43598037230	COLCHICINE	3	\$1.20333	\$0.31236	200% Above
N	No	43598043611	NITROGLYCERIN	125	\$0.53400	\$0.21106	101%-200% Above
N	No	43598043611	NITROGLYCERIN	100	\$0.57400	\$0.22222	101%-200% Above
N	No	43598043901	METHYLPHENIDATE HYDROCHLORIDE ER	30	\$0.62067	\$0.70317	(10%-25%) Below



Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	43598044770	NICOTINE TRANSDERMAL SYSTEM	14	\$2.35214	\$1.65529	26%-50% Above
N	No	43598044774	NICOTINE TRANSDERMAL SYSTEM	28	\$1.82214	\$1.60560	10%-25% Above
N	No	43598044828	NICOTINE TRANSDERMAL SYSTEM	28	\$1.33821	\$1.57576	(10%-25%) Below
N	No	43598044874	NICOTINE TRANSDERMAL SYSTEM	28	\$1.82214	\$1.57576	10%-25% Above
N	No	43598045202	ALBENDAZOLE	4	\$34.85250	\$7.32705	200% Above
N	No	43598045202	ALBENDAZOLE	6	\$34.85167	\$10.25125	200% Above
N	No	43598049501	NAPROXEN SODIUM	50	\$1.73520	\$0.26689	200% Above
N	No	43598049501	NAPROXEN SODIUM	14	\$1.81643	\$0.40937	200% Above
N	No	43598050930	ESOMEPRAZOLE MAGNESIUM	120	\$0.26400	\$0.16649	51%-75% Above
N	No	43598050930	ESOMEPRAZOLE MAGNESIUM	30	\$0.39933	\$0.16952	101%-200% Above
N	No	43598051010	ESOMEPRAZOLE MAGNESIUM	30	\$0.39800	\$0.15290	101%-200% Above
N	No	43598051010	ESOMEPRAZOLE MAGNESIUM	30	\$0.44133	\$0.16685	101%-200% Above
Y	No	43598051010	ESOMEPRAZOLE MAGNESIUM	90	\$0.44478	\$0.16685	101%-200% Above
N	No	43598051090	ESOMEPRAZOLE MAGNESIUM	30	\$0.79067	\$0.15290	200% Above
N	No	43598055130	LAMOTRIGINE ODT	30	\$6.70667	\$2.08381	200% Above
N	No	43598055230	LAMOTRIGINE ODT	30	\$7.15133	\$2.56900	101%-200% Above
N	No	43598055230	LAMOTRIGINE ODT	60	\$1.06183	\$3.50128	(51%-75%) Below
N	No	43598056601	FLUOXETINE HYDROCHLORIDE	180	\$0.97839	\$0.10624	200% Above
N	No	43598056601	FLUOXETINE HYDROCHLORIDE	360	\$0.70558	\$0.15018	200% Above
N	No	43598056630	FLUOXETINE HYDROCHLORIDE	60	\$1.66000	\$0.10624	200% Above
N	No	43598057330	TADALAFIL	56	\$0.46125	\$0.27323	51%-75% Above
N	No	43598057330	TADALAFIL	80	\$0.46125	\$0.29468	51%-75% Above
N	No	43598057430	TADALAFIL	8	\$0.48625	\$0.32978	26%-50% Above
N	No	43598057430	TADALAFIL	24	\$0.48625	\$0.35323	26%-50% Above
N	No	43598057530	TADALAFIL	38	\$0.23026	\$0.15162	51%-75% Above
N	No	43598057530	TADALAFIL	436	\$0.41791	\$0.15769	101%-200% Above
N	No	43598057630	TADALAFIL	8	\$0.25625	\$0.16794	51%-75% Above
N	No	43598057930	BUPRENORPHINE HYDROCHLORIDE/NALOXONE HYDROCHLORIDE	60	\$2.88767	\$2.24464	26%-50% Above
N	No	43598058230	BUPRENORPHINE HYDROCHLORIDE/NALOXONE HYDROCHLORIDE	307	\$2.68283	\$3.07674	(10%-25%) Below
N	No	43598065530	BUPROPION HYDROCHLORIDE ER (XL)	30	\$0.62667	\$0.10136	200% Above

**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	43598065530	BUPROPION HYDROCHLORIDE ER (XL)	90	\$0.74933	\$0.10476	200% Above
N	No	43598071901	CHLORTHALIDONE	30	\$0.64100	\$0.09306	200% Above
N	Yes	43598071901	CHLORTHALIDONE	60	\$0.03433	\$0.08635	(51%-75%) Below
N	No	43598071910	CHLORTHALIDONE	60	\$0.24000	\$0.08635	101%-200% Above
N	No	43598072101	HYDROXYCHLOROQUINE SULFATE	465	\$0.83705	\$0.17883	200% Above
N	No	43598072101	HYDROXYCHLOROQUINE SULFATE	270	\$0.92656	\$0.20755	200% Above
N	Yes	43598072101	HYDROXYCHLOROQUINE SULFATE	180	\$0.77333	\$0.20755	200% Above
Y	No	43598072105	HYDROXYCHLOROQUINE SULFATE	90	\$0.73967	\$0.17883	200% Above
N	No	43598075160	BUPROPION HYDROCHLORIDE ER (SR)	30	\$0.19667	\$0.11534	51%-75% Above
N	No	43598075205	BUPROPION HYDROCHLORIDE ER (SR)	90	\$0.49656	\$0.08973	200% Above
N	No	43598075260	BUPROPION HYDROCHLORIDE ER (SR)	60	\$0.50950	\$0.08414	200% Above
N	No	43598075260	BUPROPION HYDROCHLORIDE ER (SR)	150	\$0.40047	\$0.08973	200% Above
N	No	43598075360	BUPROPION HYDROCHLORIDE ER (SR)	30	\$0.60233	\$0.16489	200% Above
N	No	43598076823	SUMATRIPTAN SUCCINATE	1	\$29.38000	\$63.72273	(51%-75%) Below
N	No	43598076823	SUMATRIPTAN SUCCINATE	3	\$44.28000	\$66.64462	(26%-50%) Below
N	No	43598081115	CETIRIZINE HYDROCHLORIDE	330	\$0.02009	\$0.06707	(51%-75%) Below
N	No	43598083005	ATORVASTATIN CALCIUM	630	\$0.26038	\$0.03066	200% Above
N	No	43598083005	ATORVASTATIN CALCIUM	690	\$0.30830	\$0.03114	200% Above
N	No	43598083105	ATORVASTATIN CALCIUM	1470	\$0.33542	\$0.03755	200% Above
N	No	43598083105	ATORVASTATIN CALCIUM	1350	\$0.36495	\$0.04061	200% Above
N	Yes	43598083105	ATORVASTATIN CALCIUM	180	\$0.31467	\$0.04061	200% Above
N	No	43598083205	ATORVASTATIN CALCIUM	1204	\$0.37238	\$0.05376	200% Above
N	No	43598083205	ATORVASTATIN CALCIUM	1171	\$0.42175	\$0.05653	200% Above
N	No	43598083305	ATORVASTATIN CALCIUM	510	\$0.49882	\$0.08531	200% Above
N	No	43598083305	ATORVASTATIN CALCIUM	510	\$0.61955	\$0.09096	200% Above
N	No	43598086360	BUPROPION HYDROCHLORIDE ER (SR)	60	\$0.69733	\$0.30513	101%-200% Above
N	No	43598094430	VENLAFAXINE HYDROCHLORIDE ER	30	\$1.20667	\$0.66528	76%-100% Above
N	No	43975028010	AMPHETAMINE/DEXTROAMPHETAMINE	60	\$0.84000	\$0.60480	26%-50% Above
N	No	44087115001	OVIDREL	1	\$475.08000	\$419.82377	10%-25% Above

**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	44523041501	POTASSIUM CITRATE ER	120	\$1.12900	\$0.27126	200% Above
N	No	44523082501	CARBINOXAMINE MALEATE	21	\$0.12048	\$0.42492	(51%-75%) Below
N	No	45802000403	HYDROCORTISONE	532	\$0.25340	\$0.10568	101%-200% Above
N	No	45802000403	HYDROCORTISONE	588	\$0.26044	\$0.11458	101%-200% Above
N	No	45802000910	FLUOCINOLONE ACETONIDE	20	\$0.50000	\$1.32783	(51%-75%) Below
N	No	45802001402	HYDROCORTISONE	120	\$0.16517	\$0.12243	26%-50% Above
N	No	45802001402	HYDROCORTISONE	240	\$0.17679	\$0.12439	26%-50% Above
N	No	45802001405	HYDROCORTISONE	1362	\$0.19530	\$0.06378	200% Above
N	No	45802001405	HYDROCORTISONE	454	\$0.24800	\$0.06541	200% Above
N	No	45802002146	BETAMETHASONE DIPROPIONATE	60	\$0.52500	\$0.34483	51%-75% Above
N	No	45802002146	BETAMETHASONE DIPROPIONATE	120	\$0.52500	\$0.35735	26%-50% Above
N	No	45802003846	ERYTHROMYCIN	60	\$0.08333	\$0.34832	(76%-100%) Below
N	No	45802004064	SELENIUM SULFIDE	240	\$0.13067	\$0.06574	76%-100% Above
N	No	45802004064	SELENIUM SULFIDE	120	\$0.07925	\$0.06816	10%-25% Above
N	No	45802004635	GENTAMICIN SULFATE	30	\$2.30433	\$1.32154	51%-75% Above
N	No	45802004811	NYSTATIN	60	\$0.30867	\$0.23883	26%-50% Above
N	No	45802004811	NYSTATIN	150	\$0.29513	\$0.25037	10%-25% Above
N	No	45802004835	NYSTATIN	60	\$0.35883	\$0.27327	26%-50% Above
N	No	45802005435	TRIAMCINOLONE ACETONIDE	45	\$0.20556	\$0.24360	(10%-25%) Below
N	Yes	45802005435	TRIAMCINOLONE ACETONIDE	60	\$0.28567	\$0.24360	10%-25% Above
N	No	45802005505	TRIAMCINOLONE ACETONIDE	4086	\$0.08520	\$0.04013	101%-200% Above
N	No	45802005505	TRIAMCINOLONE ACETONIDE	3632	\$0.10187	\$0.04112	101%-200% Above
N	No	45802005535	TRIAMCINOLONE ACETONIDE	480	\$0.25298	\$0.14069	76%-100% Above
N	No	45802005535	TRIAMCINOLONE ACETONIDE	150	\$0.29600	\$0.14382	101%-200% Above
N	Yes	45802005535	TRIAMCINOLONE ACETONIDE	15	\$0.03733	\$0.14382	(51%-75%) Below
N	No	45802005536	TRIAMCINOLONE ACETONIDE	1520	\$0.13329	\$0.06958	76%-100% Above
N	No	45802005536	TRIAMCINOLONE ACETONIDE	1600	\$0.13327	\$0.07019	76%-100% Above
N	Yes	45802005536	TRIAMCINOLONE ACETONIDE	80	\$0.07938	\$0.06958	10%-25% Above
N	No	45802005611	GENTAMICIN SULFATE	30	\$0.47600	\$1.14652	(51%-75%) Below

**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	45802005635	GENTAMICIN SULFATE	15	\$1.90133	\$1.10075	51%-75% Above
N	No	45802005911	NYSTATIN	30	\$0.59500	\$0.14872	200% Above
N	Yes	45802005911	NYSTATIN	30	\$0.23167	\$0.14363	51%-75% Above
N	No	45802005935	NYSTATIN	15	\$0.16733	\$0.20746	(10%-25%) Below
N	No	45802005935	NYSTATIN	45	\$0.16733	\$0.22213	(10%-25%) Below
N	No	45802006335	TRIAMCINOLONE ACETONIDE	30	\$0.09467	\$0.12955	(26%-50%) Below
N	No	45802006405	TRIAMCINOLONE ACETONIDE	454	\$0.07079	\$0.03204	101%-200% Above
N	No	45802006405	TRIAMCINOLONE ACETONIDE	1362	\$0.03926	\$0.03298	10%-25% Above
N	No	45802006435	TRIAMCINOLONE ACETONIDE	60	\$0.12733	\$0.14654	(10%-25%) Below
N	Yes	45802006435	TRIAMCINOLONE ACETONIDE	30	\$0.03900	\$0.15190	(51%-75%) Below
N	No	45802006436	TRIAMCINOLONE ACETONIDE	480	\$0.06650	\$0.05458	10%-25% Above
N	No	45802006436	TRIAMCINOLONE ACETONIDE	160	\$0.07819	\$0.05495	26%-50% Above
N	No	45802006535	TRIAMCINOLONE ACETONIDE	30	\$0.32600	\$0.22335	26%-50% Above
N	No	45802006535	TRIAMCINOLONE ACETONIDE	15	\$0.47200	\$0.24231	76%-100% Above
N	Yes	45802006535	TRIAMCINOLONE ACETONIDE	15	\$0.35533	\$0.22335	51%-75% Above
N	No	45802006601	AZELASTINE HYDROCHLORIDE/FLUTICASONE PROPIONATE	23	\$6.23957	\$2.95379	101%-200% Above
N	No	45802006601	AZELASTINE HYDROCHLORIDE/FLUTICASONE PROPIONATE	23	\$0.70348	\$3.22727	(76%-100%) Below
N	No	45802008801	ALBUTEROL SULFATE HFA	8.5	\$2.08824	\$2.62769	(10%-25%) Below
N	No	45802009735	ESTRADIOL	382.5	\$1.76390	\$0.54128	200% Above
N	No	45802009735	ESTRADIOL	42.5	\$1.87788	\$0.55577	200% Above
N	Yes	45802009735	ESTRADIOL	42.5	\$1.64306	\$0.54128	200% Above
N	No	45802009851	MESALAMINE	840	\$0.37283	\$0.13671	101%-200% Above
N	No	45802009851	MESALAMINE	2940	\$0.24480	\$0.14769	51%-75% Above
N	No	45802011214	MUPIROCIN	135	\$0.34400	\$0.24983	26%-50% Above
N	No	45802011214	MUPIROCIN	120	\$0.34400	\$0.25275	26%-50% Above
N	No	45802011222	MUPIROCIN	704	\$0.32665	\$0.17256	76%-100% Above
N	No	45802011222	MUPIROCIN	660	\$0.32011	\$0.18483	51%-75% Above
N	Yes	45802011222	MUPIROCIN	44	\$0.27477	\$0.17256	51%-75% Above
N	No	45802011846	MOMETASONE FUROATE	120	\$0.50750	\$0.35615	26%-50% Above
N	No	45802011846	MOMETASONE FUROATE	120	\$0.71525	\$0.36020	76%-100% Above

**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	45802011859	MOMETASONE FUROATE	60	\$0.76500	\$0.46348	51%-75% Above
N	No	45802011937	MOMETASONE FUROATE	225	\$1.05800	\$0.34182	200% Above
N	No	45802011937	MOMETASONE FUROATE	60	\$0.84333	\$0.35650	101%-200% Above
N	No	45802011942	MOMETASONE FUROATE	135	\$0.93674	\$0.23710	200% Above
N	No	45802011942	MOMETASONE FUROATE	45	\$0.69378	\$0.25725	101%-200% Above
N	No	45802012801	CLINDAMYCIN PHOSPHATE	60	\$1.34617	\$0.36505	200% Above
N	No	45802012935	HALOBETASOL PROPIONATE	15	\$1.53000	\$0.62467	101%-200% Above
N	No	45802013135	HALOBETASOL PROPIONATE	15	\$0.28667	\$1.13164	(51%-75%) Below
N	No	45802013135	HALOBETASOL PROPIONATE	15	\$2.76333	\$1.33472	101%-200% Above
N	No	45802013970	METRONIDAZOLE VAGINAL	280	\$0.61725	\$0.46594	26%-50% Above
N	No	45802013970	METRONIDAZOLE VAGINAL	70	\$0.84186	\$0.51470	51%-75% Above
N	No	45802014167	CICLOPIROX NAIL LACQUER	6.6	\$1.51515	\$1.99731	(10%-25%) Below
N	No	45802014167	CICLOPIROX NAIL LACQUER	46.2	\$8.15043	\$2.01091	200% Above
N	Yes	45802014167	CICLOPIROX NAIL LACQUER	6.6	\$11.43788	\$1.99731	200% Above
N	Yes	45802014167	CICLOPIROX NAIL LACQUER	6.6	\$7.53788	\$2.01091	200% Above
N	No	45802014464	HYDROCORTISONE ACETATE/PRAMOXINE	30	\$3.15433	\$3.57124	(10%-25%) Below
N	No	45802015065	ALOGLIPTIN	30	\$5.79633	\$5.08597	10%-25% Above
N	No	45802022211	FLUTICASONE PROPIONATE	30	\$0.67133	\$0.26090	101%-200% Above
N	No	45802022237	FLUTICASONE PROPIONATE	60	\$0.57333	\$0.18019	200% Above
N	No	45802024414	NYSTATIN/TRIAMCINOLONE	75	\$0.98933	\$0.34235	101%-200% Above
N	No	45802024414	NYSTATIN/TRIAMCINOLONE	45	\$0.91356	\$0.35032	101%-200% Above
N	No	45802024494	NYSTATIN/TRIAMCINOLONE	60	\$0.44250	\$0.32032	26%-50% Above
N	No	45802024496	NYSTATIN/TRIAMCINOLONE	60	\$0.56167	\$0.27167	101%-200% Above
N	Yes	45802025735	MOMETASONE FUROATE	15	\$1.36067	\$0.39330	200% Above
N	No	45802025742	MOMETASONE FUROATE	90	\$0.76167	\$0.28762	101%-200% Above
N	No	45802026337	CLINDAMYCIN PHOSPHATE	600	\$0.46642	\$0.31153	26%-50% Above
N	No	45802026337	CLINDAMYCIN PHOSPHATE	480	\$0.53363	\$0.32209	51%-75% Above
N	Yes	45802026337	CLINDAMYCIN PHOSPHATE	60	\$0.56417	\$0.32209	76%-100% Above
N	No	45802036862	IMIQUIMOD	12	\$1.75000	\$0.71640	101%-200% Above
N	No	45802036862	IMIQUIMOD	24	\$1.75000	\$0.77513	101%-200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	Yes	45802036862	IMIQUIMOD	24	\$1.75000	\$0.71640	101%-200% Above
N	No	45802037635	BETAMETHASONE DIPROPIONATE AUGMENTED	60	\$0.20650	\$0.23252	(10%-25%) Below
N	No	45802040046	CICLOPIROX	60	\$1.68267	\$0.65929	101%-200% Above
N	No	45802040049	CICLOPIROX	30	\$1.69900	\$1.12019	51%-75% Above
N	No	45802040109	CICLOPIROX	120	\$0.40375	\$0.22655	76%-100% Above
N	No	45802040109	CICLOPIROX	120	\$0.41875	\$0.25839	51%-75% Above
N	No	45802042335	DESONIDE	15	\$1.08333	\$0.58842	76%-100% Above
N	No	45802046564	KETOCONAZOLE	5040	\$0.12678	\$0.09451	26%-50% Above
N	No	45802046564	KETOCONAZOLE	5040	\$0.11993	\$0.10296	10%-25% Above
N	No	45802046611	ECONAZOLE NITRATE	60	\$0.17167	\$0.32934	(26%-50%) Below
N	No	45802046611	ECONAZOLE NITRATE	90	\$0.14422	\$0.33183	(51%-75%) Below
N	No	45802046635	ECONAZOLE NITRATE	45	\$0.17156	\$0.39384	(51%-75%) Below
N	No	45802048526	FLUOCINOLONE ACETONIDE SCALP	118.28	\$0.18997	\$0.21272	(10%-25%) Below
N	No	45802048526	FLUOCINOLONE ACETONIDE SCALP	118.28	\$0.21517	\$0.23957	(10%-25%) Below
N	No	45802050584	BETAMETHASONE DIPROPIONATE	45	\$0.30489	\$0.79152	(51%-75%) Below
N	No	45802051003	CLINDAMYCIN/BENZOYL PEROXIDE	35	\$2.16000	\$0.98514	101%-200% Above
N	No	45802056201	CLINDAMYCIN PHOSPHATE	120	\$0.30525	\$0.22182	26%-50% Above
N	No	45802056202	CLINDAMYCIN PHOSPHATE	60	\$0.67533	\$0.21267	200% Above
N	No	45802056202	CLINDAMYCIN PHOSPHATE	300	\$0.34447	\$0.21314	51%-75% Above
N	Yes	45802056202	CLINDAMYCIN PHOSPHATE	60	\$0.09967	\$0.21314	(51%-75%) Below
N	No	45802058046	SCOPOLAMINE	4	\$12.18000	\$8.38324	26%-50% Above
N	No	45802058084	SCOPOLAMINE	4	\$10.96500	\$8.38324	26%-50% Above
N	No	45802059701	CLINDAMYCIN PHOSPHATE/BENZOYL PEROXIDE	50	\$0.75560	\$1.29233	(26%-50%) Below
N	No	45802062626	CETIRIZINE HYDROCHLORIDE	420	\$0.11438	\$0.02622	200% Above
N	No	45802065087	LORATADINE	30	\$0.03633	\$0.05836	(26%-50%) Below
N	No	45802070000	TACROLIMUS	60	\$1.77167	\$1.42374	10%-25% Above
N	No	45802073684	CLINDAMYCIN PHOSPHATE/BENZOYL PEROXIDE	45	\$1.10600	\$0.50451	101%-200% Above
N	No	45802073684	CLINDAMYCIN PHOSPHATE/BENZOYL PEROXIDE	90	\$1.24311	\$0.56402	101%-200% Above
N	No	45802075401	TESTOSTERONE	75	\$0.22547	\$0.48775	(51%-75%) Below

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	Yes	45802075930	PROMETHAZINE HCL	15	\$1.08267	\$2.88080	(51%-75%) Below
N	No	45802084601	ADAPALENE/BENZOYL PEROXIDE	45	\$0.27489	\$0.77261	(51%-75%) Below
N	No	45802086802	POLYETHYLENE GLYCOL 3350	238	\$0.03160	\$0.02465	26%-50% Above
N	No	45802086803	POLYETHYLENE GLYCOL 3350	510	\$0.01529	\$0.02059	(26%-50%) Below
N	No	45802088014	NYSTATIN/TRIAMCINOLONE ACETONIDE	15	\$1.17333	\$0.47479	101%-200% Above
N	No	45802088014	NYSTATIN/TRIAMCINOLONE ACETONIDE	45	\$1.62667	\$0.47792	200% Above
N	No	45802090094	CLINDAMYCIN PHOSPHATE	210	\$0.56000	\$0.32762	51%-75% Above
N	No	45802090094	CLINDAMYCIN PHOSPHATE	210	\$0.52576	\$0.38135	26%-50% Above
N	No	45802090096	CLINDAMYCIN PHOSPHATE	120	\$0.17917	\$0.27588	(26%-50%) Below
N	No	45802091987	CETIRIZINE HYDROCHLORIDE	30	\$0.08833	\$0.06707	26%-50% Above
N	No	45802093716	HYDROCORTISONE	59	\$0.51678	\$0.18306	101%-200% Above
N	No	45802093716	HYDROCORTISONE	118	\$0.10992	\$0.18888	(26%-50%) Below
N	No	45802093726	HYDROCORTISONE	236	\$0.42661	\$0.22157	76%-100% Above
N	No	45802095226	IBUPROFEN	237	\$0.03595	\$0.04257	(10%-25%) Below
N	No	45802096126	CLOBETASOL PROPIONATE	118	\$0.44797	\$0.32194	26%-50% Above
N	No	45802096694	ERYTHROMYCIN	90	\$0.95500	\$0.61640	51%-75% Above
N	Yes	45802096696	ERYTHROMYCIN	60	\$1.00817	\$0.67939	26%-50% Above
N	No	45963014205	BUPROPION HYDROCHLORIDE ER (XL)	150	\$0.31247	\$0.16140	76%-100% Above
N	No	45963030409	DEXTROAMPHETAMINE SULFATE ER	90	\$3.01222	\$0.74584	200% Above
N	No	45963030409	DEXTROAMPHETAMINE SULFATE ER	30	\$2.60833	\$1.33780	76%-100% Above
N	No	45963030509	DEXTROAMPHETAMINE SULFATE ER	60	\$4.38100	\$0.93899	200% Above
N	No	45963030509	DEXTROAMPHETAMINE SULFATE ER	60	\$4.23667	\$0.95915	200% Above
N	No	45963043864	ENULOSE	946	\$0.05402	\$0.01341	200% Above
N	Yes	45963055511	GABAPENTIN	30	\$0.02067	\$0.02583	(10%-25%) Below
N	No	45963055550	GABAPENTIN	1140	\$0.13665	\$0.02469	200% Above
N	No	45963055550	GABAPENTIN	600	\$0.14522	\$0.02583	200% Above
N	No	45963055650	GABAPENTIN	3116	\$0.22128	\$0.04077	200% Above
N	No	45963055650	GABAPENTIN	2214	\$0.22112	\$0.04095	200% Above
N	Yes	45963055650	GABAPENTIN	90	\$0.19044	\$0.04077	200% Above
N	Yes	45963055650	GABAPENTIN	180	\$0.19989	\$0.04095	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	45963055750	GABAPENTIN	450	\$0.26464	\$0.05443	200% Above
N	No	45963055750	GABAPENTIN	192	\$0.41339	\$0.06067	200% Above
N	No	45963067611	METOPROLOL SUCCINATE ER	1197	\$0.37302	\$0.07290	200% Above
N	No	45963067611	METOPROLOL SUCCINATE ER	210	\$0.34733	\$0.07734	200% Above
N	No	45963067711	METOPROLOL SUCCINATE ER	150	\$0.62313	\$0.12979	200% Above
N	No	45963067711	METOPROLOL SUCCINATE ER	120	\$0.54942	\$0.13342	200% Above
N	No	45963070911	METOPROLOL SUCCINATE ER	875	\$0.49477	\$0.07422	200% Above
N	No	45963070911	METOPROLOL SUCCINATE ER	600	\$0.32433	\$0.07937	200% Above
N	No	45963070996	METOPROLOL SUCCINATE ER	60	\$0.63317	\$0.07422	200% Above
N	No	45963070996	METOPROLOL SUCCINATE ER	30	\$0.23267	\$0.07937	101%-200% Above
N	No	46122013734	GNP ANTISEPTIC SKIN CLEANSER	237	\$0.03350	\$0.01768	76%-100% Above
N	No	47335023583	METHOTREXATE SODIUM	56	\$0.51911	\$0.22665	101%-200% Above
N	No	47335023583	METHOTREXATE SODIUM	24	\$1.57625	\$0.23874	200% Above
N	No	47335027641	SUMATRIPTAN SUCCINATE	3	\$114.62000	\$63.72273	76%-100% Above
N	No	47335030788	ZOLPIDEM TARTRATE ER	30	\$0.84600	\$0.15615	200% Above
N	Yes	47335030788	ZOLPIDEM TARTRATE ER	30	\$0.84600	\$0.15615	200% Above
N	No	47335030888	ZOLPIDEM TARTRATE ER	30	\$1.16833	\$0.15857	200% Above
N	No	47335030888	ZOLPIDEM TARTRATE ER	90	\$1.17356	\$0.15992	200% Above
Y	No	47335030888	ZOLPIDEM TARTRATE ER	90	\$0.46089	\$0.15857	101%-200% Above
N	No	47335032683	NALTREXONE HCL	45	\$0.90000	\$0.75460	10%-25% Above
N	No	47335032683	NALTREXONE HCL	118	\$0.85017	\$0.75591	10%-25% Above
N	No	47335032688	NALTREXONE HCL	30	\$0.90000	\$0.75460	10%-25% Above
N	No	47335032688	NALTREXONE HCL	46	\$0.90000	\$0.75591	10%-25% Above
N	No	47335048588	BICALUTAMIDE	30	\$1.58867	\$0.33176	200% Above
N	No	47335068583	LURASIDONE HYDROCHLORIDE	30	\$0.19100	\$0.51019	(51%-75%) Below
N	No	47335070349	ALBUTEROL SULFATE	675	\$0.21873	\$0.06318	200% Above
N	No	47335070349	ALBUTEROL SULFATE	675	\$0.17268	\$0.06618	101%-200% Above
N	No	47335070352	ALBUTEROL SULFATE	90	\$0.05689	\$0.06389	(10%-25%) Below
N	No	47335072183	FEBUXOSTAT	60	\$0.80450	\$0.53527	51%-75% Above
N	No	47335075649	IPRATROPIUM BROMIDE/ALBUTEROL SULFATE	90	\$0.30767	\$0.09974	200% Above
N	No	47335090288	QUETIAPINE FUMARATE	30	\$0.46000	\$0.03234	200% Above
N	No	47335095688	ALFUZOSIN HCL ER	60	\$0.77250	\$0.11328	200% Above
N	No	47781001101	HYOSCYAMINE SULFATE	60	\$0.28467	\$0.14910	76%-100% Above



Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	47781001201	HYOSCYAMINE SULFATE ODT	30	\$0.37933	\$0.17463	101%-200% Above
N	No	47781001301	HYOSCYAMINE SULFATE	30	\$0.59500	\$0.12406	200% Above
N	No	47781001301	HYOSCYAMINE SULFATE	200	\$0.59500	\$0.14062	200% Above
N	No	47781017401	AMPHETAMINE/DEXTROAMPHETAMINE	60	\$0.92533	\$0.29595	200% Above
N	No	47781017601	AMPHETAMINE/DEXTROAMPHETAMINE	120	\$0.97717	\$0.28807	200% Above
Y	No	47781017601	AMPHETAMINE/DEXTROAMPHETAMINE	30	\$0.20800	\$0.28807	(26%-50%) Below
N	No	47781017801	AMPHETAMINE/DEXTROAMPHETAMINE	120	\$0.26667	\$0.31218	(10%-25%) Below
N	No	47781017901	AMPHETAMINE/DEXTROAMPHETAMINE	90	\$0.17978	\$0.34453	(26%-50%) Below
N	No	47781018001	AMPHETAMINE/DEXTROAMPHETAMINE	120	\$0.56358	\$0.32698	51%-75% Above
N	No	47781018001	AMPHETAMINE/DEXTROAMPHETAMINE	60	\$0.49683	\$0.34408	26%-50% Above
N	No	47781019601	OXYCODONE/ACETAMINOPHEN	30	\$0.57233	\$0.10648	200% Above
N	No	47781019601	OXYCODONE/ACETAMINOPHEN	75	\$0.47760	\$0.10891	200% Above
N	No	47781019605	OXYCODONE/ACETAMINOPHEN	103	\$0.55612	\$0.10648	200% Above
N	No	47781019605	OXYCODONE/ACETAMINOPHEN	63	\$0.39540	\$0.10891	200% Above
N	No	47781022901	OXYCODONE/ACETAMINOPHEN	70	\$0.26271	\$0.16055	51%-75% Above
N	No	47781023005	OXYCODONE/ACETAMINOPHEN	90	\$0.12189	\$0.21159	(26%-50%) Below
N	No	47781023063	OXYCODONE/ACETAMINOPHEN	30	\$0.82667	\$0.20499	200% Above
N	No	47781026401	OXYCODONE HYDROCHLORIDE	112	\$0.73339	\$0.16215	200% Above
N	No	47781030301	NITROFURANTOIN MONOHYDRATE/MACROCRYSTALS	306	\$2.23020	\$0.49864	200% Above
N	No	47781030301	NITROFURANTOIN MONOHYDRATE/MACROCRYSTALS	328	\$2.23311	\$0.52826	200% Above
N	Yes	47781030301	NITROFURANTOIN MONOHYDRATE/MACROCRYSTALS	56	\$2.21071	\$0.49864	200% Above
N	No	47781030701	NITROFURANTOIN MACROCRYSTALS	30	\$1.46533	\$0.23451	200% Above
N	No	47781033530	PYRIDOSTIGMINE BROMIDE ER	90	\$3.24333	\$4.85428	(26%-50%) Below
N	No	47781035503	BUPRENORPHINE HYDROCHLORIDE/NALOXONE HYDROCHLORIDE	30	\$3.33300	\$2.24464	26%-50% Above
N	No	47781035603	BUPRENORPHINE HYDROCHLORIDE/NALOXONE HYDROCHLORIDE	90	\$2.96989	\$3.70438	(10%-25%) Below

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	47781035603	BUPRENORPHINE HYDROCHLORIDE/NALOXONE HYDROCHLORIDE	90	\$4.63311	\$3.78371	10%-25% Above
N	No	47781035703	BUPRENORPHINE HYDROCHLORIDE/NALOXONE HYDROCHLORIDE	93	\$3.69860	\$3.06899	10%-25% Above
N	No	47781035703	BUPRENORPHINE HYDROCHLORIDE/NALOXONE HYDROCHLORIDE	71	\$4.06197	\$3.07674	26%-50% Above
N	Yes	47781035703	BUPRENORPHINE HYDROCHLORIDE/NALOXONE HYDROCHLORIDE	72	\$4.70278	\$3.06899	51%-75% Above
N	Yes	47781035703	BUPRENORPHINE HYDROCHLORIDE/NALOXONE HYDROCHLORIDE	75	\$4.92200	\$3.07674	51%-75% Above
N	No	47781038426	OSELTAMIVIR PHOSPHATE	120	\$1.08325	\$0.17392	200% Above
N	No	47781038426	OSELTAMIVIR PHOSPHATE	180	\$1.65267	\$0.25635	200% Above
N	No	47781042447	FENTANYL	10	\$4.09800	\$5.48694	(26%-50%) Below
N	No	47781042647	FENTANYL	15	\$8.36400	\$10.26083	(10%-25%) Below
N	No	47781047013	OSELTAMIVIR PHOSPHATE	70	\$1.71000	\$1.17495	26%-50% Above
N	No	47781047013	OSELTAMIVIR PHOSPHATE	110	\$1.71000	\$1.27713	26%-50% Above
N	Yes	47781047013	OSELTAMIVIR PHOSPHATE	10	\$3.74000	\$1.27713	101%-200% Above
N	No	47781056301	LISDEXAMFETAMINE DIMESYLATE	90	\$1.77800	\$3.27697	(26%-50%) Below
N	No	47781056401	LISDEXAMFETAMINE DIMESYLATE	120	\$1.80267	\$3.94412	(51%-75%) Below
N	No	47781056501	LISDEXAMFETAMINE DIMESYLATE	105	\$1.80267	\$3.33140	(26%-50%) Below
N	No	47781056801	LISDEXAMFETAMINE DIMESYLATE	30	\$1.55367	\$3.25036	(51%-75%) Below
N	No	47781060730	DISULFIRAM	30	\$2.65633	\$1.68132	51%-75% Above
N	No	47781060730	DISULFIRAM	30	\$2.65633	\$1.75912	51%-75% Above
N	No	47781064010	LEVOTHYROXINE SODIUM	30	\$0.30600	\$0.05364	200% Above
N	No	47781064010	LEVOTHYROXINE SODIUM	30	\$0.30600	\$0.06114	200% Above
N	No	47781064090	LEVOTHYROXINE SODIUM	330	\$0.16127	\$0.05364	200% Above
N	No	47781064090	LEVOTHYROXINE SODIUM	252	\$0.20214	\$0.06114	200% Above
N	Yes	47781064090	LEVOTHYROXINE SODIUM	30	\$0.27700	\$0.05364	200% Above
N	Yes	47781064090	LEVOTHYROXINE SODIUM	30	\$0.12333	\$0.06114	101%-200% Above
N	No	47781064310	LEVOTHYROXINE SODIUM	780	\$0.22227	\$0.06006	200% Above
N	No	47781064310	LEVOTHYROXINE SODIUM	560	\$0.17795	\$0.06726	101%-200% Above
N	Yes	47781064310	LEVOTHYROXINE SODIUM	30	\$0.34733	\$0.06006	200% Above
N	Yes	47781064310	LEVOTHYROXINE SODIUM	30	\$0.31300	\$0.06726	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	47781064390	LEVOTHYROXINE SODIUM	180	\$0.11278	\$0.06006	76%-100% Above
N	No	47781064390	LEVOTHYROXINE SODIUM	418	\$0.12919	\$0.06726	76%-100% Above
N	Yes	47781064390	LEVOTHYROXINE SODIUM	30	\$0.12333	\$0.06726	76%-100% Above
N	No	47781064610	LEVOTHYROXINE SODIUM	525	\$0.31514	\$0.06241	200% Above
N	No	47781064610	LEVOTHYROXINE SODIUM	596	\$0.28644	\$0.07394	200% Above
N	No	47781064690	LEVOTHYROXINE SODIUM	630	\$0.12711	\$0.06241	101%-200% Above
N	No	47781064690	LEVOTHYROXINE SODIUM	240	\$0.12633	\$0.07394	51%-75% Above
N	Yes	47781064690	LEVOTHYROXINE SODIUM	30	\$0.10133	\$0.06241	51%-75% Above
N	Yes	47781064690	LEVOTHYROXINE SODIUM	30	\$0.13333	\$0.07394	76%-100% Above
N	No	47781064910	LEVOTHYROXINE SODIUM	76	\$0.39026	\$0.07739	200% Above
N	No	47781064910	LEVOTHYROXINE SODIUM	210	\$0.30071	\$0.07908	200% Above
N	Yes	47781064910	LEVOTHYROXINE SODIUM	30	\$0.09200	\$0.07908	10%-25% Above
N	No	47781064990	LEVOTHYROXINE SODIUM	240	\$0.21733	\$0.07739	101%-200% Above
N	No	47781064990	LEVOTHYROXINE SODIUM	240	\$0.18925	\$0.07908	101%-200% Above
N	No	47781065110	LEVOTHYROXINE SODIUM	306	\$0.31033	\$0.07388	200% Above
N	No	47781065110	LEVOTHYROXINE SODIUM	345	\$0.32652	\$0.07548	200% Above
N	Yes	47781065110	LEVOTHYROXINE SODIUM	30	\$0.35867	\$0.07548	200% Above
N	No	47781065190	LEVOTHYROXINE SODIUM	300	\$0.13033	\$0.07388	76%-100% Above
N	No	47781065190	LEVOTHYROXINE SODIUM	300	\$0.11877	\$0.07548	51%-75% Above
N	Yes	47781065190	LEVOTHYROXINE SODIUM	120	\$0.11217	\$0.07388	51%-75% Above
N	No	47781065410	LEVOTHYROXINE SODIUM	60	\$0.31067	\$0.07846	200% Above
N	No	47781065490	LEVOTHYROXINE SODIUM	245	\$0.28543	\$0.07846	200% Above
N	No	47781065490	LEVOTHYROXINE SODIUM	195	\$0.17600	\$0.09370	76%-100% Above
N	No	47781065710	LEVOTHYROXINE SODIUM	90	\$0.33267	\$0.08924	200% Above
N	No	47781065710	LEVOTHYROXINE SODIUM	174	\$0.37586	\$0.09987	200% Above
N	Yes	47781065710	LEVOTHYROXINE SODIUM	30	\$0.40100	\$0.09987	200% Above
N	Yes	47781065790	LEVOTHYROXINE SODIUM	30	\$0.13333	\$0.09987	26%-50% Above
N	No	47781065910	LEVOTHYROXINE SODIUM	90	\$0.11111	\$0.08199	26%-50% Above
N	No	47781065910	LEVOTHYROXINE SODIUM	30	\$0.46767	\$0.08830	200% Above
N	No	47781065990	LEVOTHYROXINE SODIUM	90	\$0.22611	\$0.08199	101%-200% Above
N	No	47781065990	LEVOTHYROXINE SODIUM	60	\$0.46733	\$0.08830	200% Above
N	No	47781066210	LEVOTHYROXINE SODIUM	30	\$0.47467	\$0.07754	200% Above
N	No	47781066290	LEVOTHYROXINE SODIUM	150	\$0.24680	\$0.07754	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	47781066290	LEVOTHYROXINE SODIUM	210	\$0.20752	\$0.08440	101%-200% Above
N	No	47781066510	LEVOTHYROXINE SODIUM	120	\$0.45325	\$0.10356	200% Above
N	No	47781066510	LEVOTHYROXINE SODIUM	60	\$0.56400	\$0.11548	200% Above
N	No	47781066590	LEVOTHYROXINE SODIUM	120	\$0.11667	\$0.10356	10%-25% Above
N	No	47781066590	LEVOTHYROXINE SODIUM	210	\$0.24686	\$0.11548	101%-200% Above
N	Yes	47781066590	LEVOTHYROXINE SODIUM	60	\$0.13333	\$0.11548	10%-25% Above
N	No	47781066810	LEVOTHYROXINE SODIUM	60	\$0.52733	\$0.10336	200% Above
N	No	47781066810	LEVOTHYROXINE SODIUM	120	\$0.56500	\$0.11267	200% Above
N	No	47781066890	LEVOTHYROXINE SODIUM	30	\$0.56500	\$0.10336	200% Above
N	Yes	47781066890	LEVOTHYROXINE SODIUM	30	\$0.12333	\$0.10336	10%-25% Above
N	No	47781091193	TESTOSTERONE CYPIONATE	7	\$7.10000	\$13.13104	(26%-50%) Below
N	No	47781091193	TESTOSTERONE CYPIONATE	9	\$11.29444	\$13.66959	(10%-25%) Below
N	No	47781091401	DEXAMETHASONE	15	\$0.41667	\$0.34465	10%-25% Above
N	No	47781091401	DEXAMETHASONE	62	\$0.84016	\$0.38690	101%-200% Above
N	No	47781091601	DEXAMETHASONE	32	\$1.22094	\$1.04047	10%-25% Above
N	No	47781091601	DEXAMETHASONE	12	\$1.24833	\$1.10480	10%-25% Above
N	No	48102005101	DEXAMETHASONE	14	\$0.77286	\$0.34465	101%-200% Above
N	Yes	49483033463	ASPIRIN LOW DOSE	30	\$0.00800	\$0.02701	(51%-75%) Below
N	No	49483048110	ASPIRIN LOW DOSE	60	\$0.00583	\$0.01437	(51%-75%) Below
N	Yes	49483048110	ASPIRIN LOW DOSE	60	\$0.00600	\$0.01437	(51%-75%) Below
N	Yes	49483048110	ASPIRIN LOW DOSE	60	\$0.00667	\$0.01521	(51%-75%) Below
N	No	49483048112	ASPIRIN LOW DOSE	150	\$0.00887	\$0.01437	(26%-50%) Below
N	No	49483048112	ASPIRIN LOW DOSE	240	\$0.00183	\$0.01521	(76%-100%) Below
N	Yes	49483048112	ASPIRIN LOW DOSE	30	\$0.00700	\$0.01521	(51%-75%) Below
N	No	49483060201	IBUPROFEN	60	\$0.25183	\$0.05181	200% Above
N	No	49483060250	IBUPROFEN	120	\$0.24342	\$0.04789	200% Above
N	No	49483060250	IBUPROFEN	48	\$0.23917	\$0.05181	200% Above
N	No	49483060350	IBUPROFEN	445	\$0.30800	\$0.05354	200% Above
N	No	49483060350	IBUPROFEN	667	\$0.31453	\$0.05395	200% Above
N	Yes	49483060350	IBUPROFEN	30	\$0.33200	\$0.05354	200% Above
N	Yes	49483060350	IBUPROFEN	30	\$0.26533	\$0.05395	200% Above
N	No	49483060450	IBUPROFEN	2518	\$0.35159	\$0.06514	200% Above

**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	49483060450	IBUPROFEN	2614	\$0.36987	\$0.06648	200% Above
N	Yes	49483060450	IBUPROFEN	191	\$0.35937	\$0.06514	200% Above
N	Yes	49483060450	IBUPROFEN	120	\$0.41958	\$0.06648	200% Above
N	No	49483060550	GABAPENTIN	480	\$0.16531	\$0.02469	200% Above
N	No	49483060550	GABAPENTIN	1210	\$0.21489	\$0.02583	200% Above
N	Yes	49483060550	GABAPENTIN	60	\$0.24400	\$0.02469	200% Above
N	Yes	49483060550	GABAPENTIN	60	\$0.22100	\$0.02583	200% Above
N	No	49483060650	GABAPENTIN	876	\$0.25065	\$0.04077	200% Above
N	No	49483060650	GABAPENTIN	1137	\$0.14712	\$0.04095	200% Above
N	Yes	49483060650	GABAPENTIN	180	\$0.14883	\$0.04077	200% Above
N	Yes	49483060650	GABAPENTIN	120	\$0.20067	\$0.04095	200% Above
N	Yes	49483060701	GABAPENTIN	90	\$0.25678	\$0.06067	200% Above
N	No	49483060750	GABAPENTIN	60	\$0.25683	\$0.06067	200% Above
N	No	49483062081	METFORMIN HYDROCHLORIDE	1420	\$0.02217	\$0.02637	(10%-25%) Below
N	Yes	49483062081	METFORMIN HYDROCHLORIDE	30	\$0.02333	\$0.02637	(10%-25%) Below
N	Yes	49483062081	METFORMIN HYDROCHLORIDE	240	\$0.02325	\$0.02691	(10%-25%) Below
N	No	49483062110	METFORMIN HYDROCHLORIDE	60	\$0.12500	\$0.02646	200% Above
N	No	49483062181	METFORMIN HYDROCHLORIDE	60	\$0.02167	\$0.02761	(10%-25%) Below
N	No	49483062210	METFORMIN HYDROCHLORIDE	307	\$0.13726	\$0.01613	200% Above
N	No	49483062210	METFORMIN HYDROCHLORIDE	750	\$0.08000	\$0.01678	200% Above
N	Yes	49483062210	METFORMIN HYDROCHLORIDE	60	\$0.04667	\$0.01613	101%-200% Above
N	Yes	49483062210	METFORMIN HYDROCHLORIDE	90	\$0.15011	\$0.01678	200% Above
N	No	49483062281	METFORMIN HYDROCHLORIDE	630	\$0.01817	\$0.01613	10%-25% Above
N	No	49483062281	METFORMIN HYDROCHLORIDE	870	\$0.02041	\$0.01678	10%-25% Above
N	Yes	49483062281	METFORMIN HYDROCHLORIDE	30	\$0.01833	\$0.01613	10%-25% Above
N	No	49483062350	METFORMIN HYDROCHLORIDE ER	1710	\$0.19820	\$0.03126	200% Above
N	No	49483062350	METFORMIN HYDROCHLORIDE ER	1125	\$0.21028	\$0.03299	200% Above
N	Yes	49483062350	METFORMIN HYDROCHLORIDE ER	300	\$0.27877	\$0.03126	200% Above
N	Yes	49483062350	METFORMIN HYDROCHLORIDE ER	60	\$0.30767	\$0.03299	200% Above
N	No	49483062401	METFORMIN HYDROCHLORIDE ER	90	\$0.34222	\$0.06457	200% Above
N	No	49483062401	METFORMIN HYDROCHLORIDE ER	120	\$0.24333	\$0.06777	200% Above
N	No	49483070101	FLUOXETINE HYDROCHLORIDE	180	\$0.05000	\$0.03483	26%-50% Above
N	No	49483070101	FLUOXETINE HYDROCHLORIDE	150	\$0.04993	\$0.03492	26%-50% Above

**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	49483070110	FLUOXETINE HYDROCHLORIDE	840	\$0.04733	\$0.03483	26%-50% Above
N	No	49483070110	FLUOXETINE HYDROCHLORIDE	810	\$0.04733	\$0.03492	26%-50% Above
N	No	49483070201	FLUOXETINE HYDROCHLORIDE	510	\$0.05012	\$0.03103	51%-75% Above
N	No	49483070201	FLUOXETINE HYDROCHLORIDE	690	\$0.05232	\$0.03128	51%-75% Above
N	Yes	49483070201	FLUOXETINE HYDROCHLORIDE	60	\$0.05233	\$0.03103	51%-75% Above
N	Yes	49483070201	FLUOXETINE HYDROCHLORIDE	30	\$0.05233	\$0.03128	51%-75% Above
N	No	49483070210	FLUOXETINE HYDROCHLORIDE	1604	\$0.05037	\$0.03103	51%-75% Above
N	No	49483070210	FLUOXETINE HYDROCHLORIDE	1140	\$0.04927	\$0.03128	51%-75% Above
N	Yes	49483070210	FLUOXETINE HYDROCHLORIDE	30	\$0.04933	\$0.03103	51%-75% Above
N	Yes	49483070210	FLUOXETINE HYDROCHLORIDE	90	\$0.04911	\$0.03128	51%-75% Above
N	No	49483070301	FLUOXETINE HYDROCHLORIDE	390	\$0.51895	\$0.06988	200% Above
N	No	49483070301	FLUOXETINE HYDROCHLORIDE	360	\$0.52150	\$0.07364	200% Above
N	Yes	49483070301	FLUOXETINE HYDROCHLORIDE	30	\$0.27167	\$0.07364	200% Above
N	No	49483070350	FLUOXETINE HYDROCHLORIDE	30	\$0.06267	\$0.06988	(10%-25%) Below
N	No	49483070350	FLUOXETINE HYDROCHLORIDE	30	\$0.64900	\$0.07364	200% Above
N	Yes	49483070350	FLUOXETINE HYDROCHLORIDE	30	\$0.06267	\$0.07364	(10%-25%) Below
Y	No	49483070350	FLUOXETINE HYDROCHLORIDE	180	\$0.24444	\$0.06988	200% Above
Y	No	49483070350	FLUOXETINE HYDROCHLORIDE	90	\$0.44433	\$0.07364	200% Above
N	No	49502010102	EPINEPHRINE	6	\$15.08333	\$142.56800	(76%-100%) Below
N	No	49502010202	EPINEPHRINE	8	\$68.12500	\$141.39214	(51%-75%) Below
N	No	49502010202	EPINEPHRINE	6	\$101.75000	\$141.52500	(26%-50%) Below
N	No	49502039380	INSULIN GLARGINE-YFGN	50	\$8.09500	\$9.51114	(10%-25%) Below
N	No	49502039475	INSULIN GLARGINE-YFGN	132	\$7.32295	\$9.49413	(10%-25%) Below
N	No	49502039475	INSULIN GLARGINE-YFGN	69	\$7.26928	\$9.50118	(10%-25%) Below
N	No	49702023113	TRIUMEQ	180	\$92.32611	\$114.50530	(10%-25%) Below
N	No	49884004901	DEXMETHYLPHENIDATE HCL ER	30	\$2.13733	\$1.27970	51%-75% Above
N	No	49884006601	GLYCOPYRROLATE	120	\$0.67042	\$0.19493	200% Above
N	No	49884006601	GLYCOPYRROLATE	30	\$1.14233	\$0.22295	200% Above
N	No	49884012201	LABETALOL HYDROCHLORIDE	420	\$0.21567	\$0.10518	101%-200% Above
N	No	49884012201	LABETALOL HYDROCHLORIDE	240	\$0.25096	\$0.11764	101%-200% Above
N	Yes	49884012201	LABETALOL HYDROCHLORIDE	60	\$0.19683	\$0.10518	76%-100% Above
N	No	49884012301	LABETALOL HYDROCHLORIDE	624	\$0.55160	\$0.15381	200% Above

**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	49884012301	LABETALOL HYDROCHLORIDE	60	\$0.70867	\$0.16921	200% Above
N	No	49884012401	LABETALOL HYDROCHLORIDE	390	\$0.62105	\$0.20501	200% Above
N	Yes	49884012401	LABETALOL HYDROCHLORIDE	60	\$0.80483	\$0.21568	200% Above
N	No	49884014711	DEXLANSOPRAZOLE	90	\$1.10800	\$7.41509	(76%-100%) Below
Y	No	49884014809	DEXLANSOPRAZOLE	90	\$7.78533	\$7.04762	10%-25% Above
N	No	49884014811	DEXLANSOPRAZOLE	90	\$1.10800	\$7.04762	(76%-100%) Below
N	No	49884014811	DEXLANSOPRAZOLE	30	\$5.46367	\$7.28135	(10%-25%) Below
N	No	49884015676	VARENICLINE TARTRATE	108	\$2.30657	\$4.51465	(26%-50%) Below
N	No	49884017101	COLCHICINE	256	\$1.80539	\$0.28534	200% Above
N	No	49884017101	COLCHICINE	345	\$1.12113	\$0.31236	200% Above
N	No	49884017111	COLCHICINE	14	\$2.04143	\$0.31236	200% Above
N	Yes	49884022203	DOXEPIN HYDROCHLORIDE	60	\$2.08917	\$0.62446	200% Above
N	No	49884025601	MINOXIDIL	451	\$0.28769	\$0.08877	200% Above
N	No	49884025601	MINOXIDIL	1037	\$0.26977	\$0.10366	101%-200% Above
N	Yes	49884025601	MINOXIDIL	60	\$0.38933	\$0.08877	200% Above
N	No	49884025701	MINOXIDIL	240	\$0.38696	\$0.16740	101%-200% Above
N	No	49884025701	MINOXIDIL	15	\$0.71400	\$0.18868	200% Above
N	No	49884027082	NASCOBAL	4	\$151.08000	\$170.97821	(10%-25%) Below
N	No	49884030702	CLONAZEPAM ODT	38	\$0.90921	\$0.50222	76%-100% Above
N	No	49884030702	CLONAZEPAM ODT	15	\$0.62200	\$0.52039	10%-25% Above
N	No	49884030802	CLONAZEPAM ODT	25	\$0.90760	\$0.52625	51%-75% Above
N	No	49884033501	FLUOXETINE HYDROCHLORIDE	45	\$0.22222	\$0.11205	76%-100% Above
N	No	49884033501	FLUOXETINE HYDROCHLORIDE	45	\$0.55800	\$0.13516	200% Above
N	Yes	49884033501	FLUOXETINE HYDROCHLORIDE	30	\$0.94000	\$0.13516	200% Above
N	No	49884033601	FLUOXETINE HYDROCHLORIDE	150	\$0.98613	\$0.10624	200% Above
N	No	49884033601	FLUOXETINE HYDROCHLORIDE	195	\$0.80077	\$0.15018	200% Above
N	Yes	49884033601	FLUOXETINE HYDROCHLORIDE	60	\$0.91933	\$0.10624	200% Above
N	No	49884041301	URSODIOL	60	\$2.36250	\$0.74224	200% Above
N	No	49884054902	ZAFIRLUKAST	60	\$1.43367	\$0.74300	76%-100% Above
N	No	49884064005	METHIMAZOLE	45	\$0.21778	\$0.09507	101%-200% Above
N	No	49884072401	HYDROXYUREA	570	\$0.26054	\$0.22409	10%-25% Above
N	No	49884078911	OLMESARTAN MEDOXOMIL/AMLODIPINE/HYDR OCHLOROTHIAZIDE	30	\$2.78400	\$1.07054	101%-200% Above

**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	49884079011	OLMESARTAN MEDOXOMIL/AMLODIPINE/HYDR OCHLOROTHIAZIDE	90	\$6.93211	\$1.27522	200% Above
N	No	49884094499	VARENICLINE STARTING MONTH BOX	106	\$4.18755	\$6.31716	(26%-50%) Below
N	No	50102022423	TARINA 24 FE	168	\$1.03571	\$0.30728	200% Above
N	No	50102022423	TARINA 24 FE	84	\$1.03571	\$0.31164	200% Above
N	No	50102022823	TARINA FE 1/20 EQ	28	\$0.01929	\$0.16004	(76%-100%) Below
N	No	50102023023	CHATEAL EQ	28	\$0.24250	\$0.15097	51%-75% Above
N	No	50102023023	CHATEAL EQ	84	\$0.45738	\$0.16711	101%-200% Above
N	No	50102023113	TRI-VYLIBRA LO	28	\$0.28393	\$0.13423	101%-200% Above
N	No	50102024023	JASMIEL	112	\$0.70000	\$0.25336	101%-200% Above
N	No	50111032701	HYDRALAZINE HYDROCHLORIDE	90	\$0.08333	\$0.03877	101%-200% Above
N	Yes	50111032701	HYDRALAZINE HYDROCHLORIDE	60	\$0.03150	\$0.03877	(10%-25%) Below
N	No	50111032703	HYDRALAZINE HYDROCHLORIDE	810	\$0.02220	\$0.03915	(26%-50%) Below
N	No	50111032801	HYDRALAZINE HYDROCHLORIDE	270	\$0.08811	\$0.04749	76%-100% Above
N	No	50111032801	HYDRALAZINE HYDROCHLORIDE	60	\$0.08817	\$0.04954	76%-100% Above
N	No	50111033301	METRONIDAZOLE	42	\$0.30357	\$0.09898	200% Above
N	No	50111033301	METRONIDAZOLE	30	\$0.20267	\$0.11248	76%-100% Above
N	No	50111033401	METRONIDAZOLE	497	\$0.42622	\$0.11994	200% Above
N	No	50111033401	METRONIDAZOLE	529	\$0.46193	\$0.12576	200% Above
N	Yes	50111033401	METRONIDAZOLE	14	\$0.49786	\$0.12576	200% Above
N	No	50111033402	METRONIDAZOLE	285	\$0.38439	\$0.11994	200% Above
N	No	50111033402	METRONIDAZOLE	307	\$0.39016	\$0.12576	200% Above
N	No	50111039701	HYDRALAZINE HYDROCHLORIDE	330	\$0.13564	\$0.08131	51%-75% Above
N	No	50111039701	HYDRALAZINE HYDROCHLORIDE	270	\$0.14193	\$0.08328	51%-75% Above
N	No	50111039803	HYDRALAZINE HCL	150	\$0.04987	\$0.03280	51%-75% Above
N	No	50111045001	TRAZODONE HYDROCHLORIDE	330	\$0.59127	\$0.11703	200% Above
N	No	50111045001	TRAZODONE HYDROCHLORIDE	120	\$0.37167	\$0.11775	200% Above
N	Yes	50111045001	TRAZODONE HYDROCHLORIDE	60	\$0.49200	\$0.11703	200% Above
N	No	50111045002	TRAZODONE HYDROCHLORIDE	30	\$0.37267	\$0.11775	200% Above
N	Yes	50111045002	TRAZODONE HYDROCHLORIDE	30	\$0.07100	\$0.11703	(26%-50%) Below
N	Yes	50111045002	TRAZODONE HYDROCHLORIDE	30	\$0.07100	\$0.11775	(26%-50%) Below



Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	50111045601	OXYBUTYNIN CHLORIDE	30	\$0.30633	\$0.06198	200% Above
N	No	50111056001	TRAZODONE HYDROCHLORIDE	1372	\$0.29130	\$0.03480	200% Above
N	No	50111056001	TRAZODONE HYDROCHLORIDE	1570	\$0.35968	\$0.03522	200% Above
N	Yes	50111056001	TRAZODONE HYDROCHLORIDE	30	\$0.12333	\$0.03480	200% Above
N	Yes	50111056001	TRAZODONE HYDROCHLORIDE	180	\$0.22517	\$0.03522	200% Above
N	No	50111056002	TRAZODONE HYDROCHLORIDE	118	\$0.18746	\$0.03480	200% Above
N	No	50111056002	TRAZODONE HYDROCHLORIDE	180	\$0.29378	\$0.03522	200% Above
Y	No	50111056002	TRAZODONE HYDROCHLORIDE	30	\$0.39267	\$0.03522	200% Above
N	No	50111056003	TRAZODONE HYDROCHLORIDE	660	\$0.28965	\$0.03480	200% Above
N	No	50111056003	TRAZODONE HYDROCHLORIDE	755	\$0.32266	\$0.03522	200% Above
N	Yes	50111056003	TRAZODONE HYDROCHLORIDE	60	\$0.39400	\$0.03522	200% Above
Y	No	50111056003	TRAZODONE HYDROCHLORIDE	30	\$0.20267	\$0.03480	200% Above
Y	No	50111056003	TRAZODONE HYDROCHLORIDE	60	\$0.20267	\$0.03522	200% Above
Y	Yes	50111056003	TRAZODONE HYDROCHLORIDE	90	\$0.20267	\$0.03480	200% Above
N	No	50111056101	TRAZODONE HYDROCHLORIDE	1605	\$0.29346	\$0.06411	200% Above
N	No	50111056101	TRAZODONE HYDROCHLORIDE	790	\$0.31758	\$0.06606	200% Above
N	No	50111056102	TRAZODONE HYDROCHLORIDE	135	\$0.23770	\$0.06411	200% Above
N	No	50111056102	TRAZODONE HYDROCHLORIDE	135	\$0.30267	\$0.06606	200% Above
N	Yes	50111056102	TRAZODONE HYDROCHLORIDE	30	\$0.03767	\$0.06411	(26%-50%) Below
N	No	50111056103	TRAZODONE HYDROCHLORIDE	165	\$0.36261	\$0.06411	200% Above
N	No	50111056103	TRAZODONE HYDROCHLORIDE	150	\$0.29613	\$0.06606	200% Above
Y	No	50111056103	TRAZODONE HYDROCHLORIDE	90	\$0.23333	\$0.06411	200% Above
Y	No	50111056103	TRAZODONE HYDROCHLORIDE	180	\$0.23333	\$0.06606	200% Above
Y	Yes	50111056103	TRAZODONE HYDROCHLORIDE	180	\$0.39228	\$0.06411	200% Above
N	No	50111064701	FLUOXETINE HYDROCHLORIDE	457	\$0.35906	\$0.03483	200% Above
N	No	50111064701	FLUOXETINE HYDROCHLORIDE	134	\$0.32216	\$0.03492	200% Above
N	Yes	50111064701	FLUOXETINE HYDROCHLORIDE	90	\$0.20567	\$0.03483	200% Above
N	No	50111064702	FLUOXETINE HYDROCHLORIDE	30	\$0.39400	\$0.03492	200% Above
N	No	50111064703	FLUOXETINE HYDROCHLORIDE	727	\$0.06667	\$0.03483	76%-100% Above
N	No	50111064703	FLUOXETINE HYDROCHLORIDE	564	\$0.10528	\$0.03492	200% Above
N	No	50111064801	FLUOXETINE HYDROCHLORIDE	1006	\$0.34632	\$0.03103	200% Above
N	No	50111064801	FLUOXETINE HYDROCHLORIDE	614	\$0.34142	\$0.03128	200% Above
N	Yes	50111064801	FLUOXETINE HYDROCHLORIDE	90	\$0.43078	\$0.03128	200% Above
N	No	50111064802	FLUOXETINE HYDROCHLORIDE	2070	\$0.06668	\$0.03103	101%-200% Above
N	No	50111064802	FLUOXETINE HYDROCHLORIDE	1350	\$0.06476	\$0.03128	101%-200% Above
N	No	50111064803	FLUOXETINE HYDROCHLORIDE	30	\$0.41133	\$0.03128	200% Above
N	No	50111064844	FLUOXETINE HYDROCHLORIDE	30	\$0.41133	\$0.03128	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	50111078710	AZITHROMYCIN	44	\$2.06386	\$0.33112	200% Above
N	No	50111078710	AZITHROMYCIN	68	\$1.28706	\$0.35827	200% Above
N	Yes	50111078710	AZITHROMYCIN	12	\$0.76583	\$0.35827	101%-200% Above
N	No	50111078751	AZITHROMYCIN	180	\$1.96661	\$0.33112	200% Above
N	No	50111078751	AZITHROMYCIN	138	\$1.66145	\$0.35827	200% Above
N	Yes	50111078751	AZITHROMYCIN	48	\$1.73417	\$0.33112	200% Above
N	Yes	50111078751	AZITHROMYCIN	12	\$0.76667	\$0.35827	101%-200% Above
N	No	50111078810	AZITHROMYCIN	41	\$3.41659	\$0.59415	200% Above
N	No	50111078810	AZITHROMYCIN	27	\$2.88185	\$0.62032	200% Above
N	No	50111078867	AZITHROMYCIN	4	\$3.15750	\$0.59415	200% Above
N	No	50111091501	TORSEMIDE	30	\$0.15967	\$0.06380	101%-200% Above
N	No	50111091601	TORSEMIDE	20	\$0.49200	\$0.07736	200% Above
N	No	50111091601	TORSEMIDE	30	\$0.49200	\$0.08286	200% Above
N	No	50111091701	TORSEMIDE	60	\$0.33683	\$0.08045	200% Above
N	No	50111091801	TORSEMIDE	90	\$0.56144	\$0.23233	101%-200% Above
N	Yes	50111091801	TORSEMIDE	90	\$0.65711	\$0.23563	101%-200% Above
N	No	50228010505	METFORMIN HYDROCHLORIDE	120	\$0.01175	\$0.01678	(26%-50%) Below
N	Yes	50228010510	METFORMIN HYDROCHLORIDE	60	\$0.01317	\$0.01678	(10%-25%) Below
N	No	50228010910	CARISOPRODOL	90	\$0.15833	\$0.07990	76%-100% Above
N	No	50228011310	FLUOXETINE HYDROCHLORIDE	30	\$0.02500	\$0.03483	(26%-50%) Below
N	No	50228011410	FLUOXETINE HYDROCHLORIDE	60	\$0.21667	\$0.03103	200% Above
N	No	50228011410	FLUOXETINE HYDROCHLORIDE	90	\$0.02267	\$0.03128	(26%-50%) Below
N	No	50228012405	CLOPIDOGREL	30	\$0.49567	\$0.06468	200% Above
N	No	50228013630	LEVOCETIRIZINE DIHYDROCHLORIDE	30	\$0.49267	\$0.08116	200% Above
N	No	50228013690	LEVOCETIRIZINE DIHYDROCHLORIDE	180	\$0.26867	\$0.07596	200% Above
N	No	50228013690	LEVOCETIRIZINE DIHYDROCHLORIDE	330	\$0.36006	\$0.08116	200% Above
N	Yes	50228013690	LEVOCETIRIZINE DIHYDROCHLORIDE	90	\$0.34233	\$0.08116	200% Above
N	No	50228014505	BUPROPION HYDROCHLORIDE ER (XL)	60	\$0.06967	\$0.16140	(51%-75%) Below
N	No	50228014601	HYDROCHLOROTHIAZIDE	60	\$0.14750	\$0.03133	200% Above
N	No	50228014601	HYDROCHLOROTHIAZIDE	60	\$0.18450	\$0.03188	200% Above
N	No	50228014605	HYDROCHLOROTHIAZIDE	90	\$0.22000	\$0.03133	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	50228014605	HYDROCHLOROTHIAZIDE	180	\$0.14161	\$0.03188	200% Above
N	Yes	50228014605	HYDROCHLOROTHIAZIDE	30	\$0.02000	\$0.03133	(26%-50%) Below
N	Yes	50228014605	HYDROCHLOROTHIAZIDE	60	\$0.05783	\$0.03188	76%-100% Above
N	No	50228014610	HYDROCHLOROTHIAZIDE	420	\$0.25245	\$0.03133	200% Above
N	No	50228014610	HYDROCHLOROTHIAZIDE	510	\$0.26818	\$0.03188	200% Above
N	Yes	50228014610	HYDROCHLOROTHIAZIDE	30	\$0.08567	\$0.03188	101%-200% Above
N	Yes	50228015705	CELECOXIB	30	\$0.25333	\$0.09080	101%-200% Above
N	No	50228015805	CELECOXIB	150	\$0.38993	\$0.10817	200% Above
N	No	50228015805	CELECOXIB	30	\$0.38200	\$0.10988	200% Above
N	Yes	50228015805	CELECOXIB	30	\$0.05300	\$0.10817	(51%-75%) Below
N	No	50228017405	BUPROPION HYDROCHLORIDE ER (SR)	30	\$0.25000	\$0.11534	101%-200% Above
N	Yes	50228017405	BUPROPION HYDROCHLORIDE ER (SR)	30	\$0.25000	\$0.11534	101%-200% Above
N	No	50228017460	BUPROPION HYDROCHLORIDE ER (SR)	60	\$0.32983	\$0.11534	101%-200% Above
N	No	50228017501	BUPROPION HYDROCHLORIDE ER (SR)	210	\$0.54181	\$0.08414	200% Above
N	No	50228017501	BUPROPION HYDROCHLORIDE ER (SR)	30	\$0.46167	\$0.08973	200% Above
N	No	50228017505	BUPROPION HYDROCHLORIDE ER (SR)	270	\$0.27259	\$0.08414	200% Above
N	No	50228017505	BUPROPION HYDROCHLORIDE ER (SR)	390	\$0.23451	\$0.08973	101%-200% Above
N	Yes	50228017505	BUPROPION HYDROCHLORIDE ER (SR)	60	\$0.07950	\$0.08973	(10%-25%) Below
Y	No	50228017505	BUPROPION HYDROCHLORIDE ER (SR)	90	\$0.15111	\$0.08414	76%-100% Above
N	No	50228017560	BUPROPION HYDROCHLORIDE ER (SR)	60	\$0.05400	\$0.08414	(26%-50%) Below
N	No	50228017701	GABAPENTIN	30	\$0.53500	\$0.09614	200% Above
N	No	50228017705	GABAPENTIN	405	\$0.33402	\$0.09614	200% Above
N	No	50228017705	GABAPENTIN	60	\$0.33417	\$0.09749	200% Above
N	Yes	50228017705	GABAPENTIN	180	\$0.47094	\$0.09614	200% Above
N	No	50228017801	GABAPENTIN	240	\$0.52454	\$0.12667	200% Above
N	Yes	50228017801	GABAPENTIN	60	\$0.29917	\$0.12506	101%-200% Above
N	No	50228017805	GABAPENTIN	150	\$0.42787	\$0.12667	200% Above
N	No	50228017905	GABAPENTIN	90	\$0.12156	\$0.02469	200% Above
N	No	50228017910	GABAPENTIN	840	\$0.15005	\$0.02469	200% Above
N	No	50228017910	GABAPENTIN	360	\$0.18025	\$0.02583	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	Yes	50228017910	GABAPENTIN	81	\$0.02975	\$0.02583	10%-25% Above
N	No	50228018005	GABAPENTIN	240	\$0.18767	\$0.04095	200% Above
N	No	50228018010	GABAPENTIN	960	\$0.22582	\$0.04077	200% Above
N	No	50228018010	GABAPENTIN	1410	\$0.21118	\$0.04095	200% Above
N	Yes	50228018010	GABAPENTIN	90	\$0.03678	\$0.04095	(10%-25%) Below
N	No	50228018105	GABAPENTIN	60	\$0.27250	\$0.05443	200% Above
N	No	50228018105	GABAPENTIN	150	\$0.26580	\$0.06067	200% Above
N	Yes	50228018310	HYDRALAZINE HYDROCHLORIDE	60	\$0.10167	\$0.03915	101%-200% Above
N	No	50228034130	OLMESARTAN MEDOXOMIL	30	\$0.09167	\$0.12902	(26%-50%) Below
N	Yes	50228037905	EZETIMIBE	30	\$0.68433	\$0.08767	200% Above
N	No	50228038160	QUETIAPINE FUMARATE ER	10	\$1.09300	\$0.22044	200% Above
N	No	50228042360	RANOLAZINE ER	240	\$1.59975	\$0.24014	200% Above
N	No	50228042830	SOLIFENACIN SUCCINATE	30	\$0.13500	\$0.20241	(26%-50%) Below
N	No	50228043305	NAPROXEN SODIUM	10	\$1.26100	\$0.40937	200% Above
N	No	50228043401	NAPROXEN	56	\$0.22571	\$0.05254	200% Above
N	Yes	50228043401	NAPROXEN	21	\$0.03810	\$0.04493	(10%-25%) Below
N	No	50228043605	NAPROXEN	190	\$0.30300	\$0.06174	200% Above
N	No	50228043605	NAPROXEN	58	\$0.23621	\$0.06367	200% Above
N	Yes	50228043605	NAPROXEN	60	\$0.08600	\$0.06174	26%-50% Above
N	Yes	50228043605	NAPROXEN	44	\$0.48705	\$0.06367	200% Above
N	No	50228045810	CARBIDOPA/LEVODOPA	120	\$0.08333	\$0.09412	(10%-25%) Below
N	No	50228046501	NABUMETONE	60	\$0.24667	\$0.13776	76%-100% Above
N	No	50228046601	NABUMETONE	60	\$0.29567	\$0.16032	76%-100% Above
N	No	50228046601	NABUMETONE	30	\$0.42533	\$0.16332	101%-200% Above
N	Yes	50228046601	NABUMETONE	60	\$1.00100	\$0.16032	200% Above
N	Yes	50228048101	DILTIAZEM HYDROCHLORIDE	90	\$0.16100	\$0.08479	76%-100% Above
N	No	50228050460	METFORMIN HYDROCHLORIDE ER	60	\$0.24667	\$0.61101	(51%-75%) Below
N	No	50261010408	IMVEXXY MAINTENANCE PACK	24	\$18.76083	\$25.91281	(26%-50%) Below
N	No	50419040203	YASMIN 28	84	\$5.01393	\$4.41595	10%-25% Above
N	No	50419045204	CLIMARA	20	\$9.26750	\$18.23500	(26%-50%) Below
N	No	50419054001	KERENDIA	30	\$15.06233	\$20.03155	(10%-25%) Below

**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	50458009801	ELMIRON	90	\$11.89789	\$10.46836	10%-25% Above
N	No	50458056301	INVEGA SUSTENNA	1	\$1,801.34000	\$2,151.01264	(10%-25%) Below
N	No	50458059601	RISPERIDONE	120	\$1.04908	\$0.27597	200% Above
N	No	50474059866	KEPPRA XR	240	\$9.33550	\$8.23350	10%-25% Above
N	No	50474080403	NEUPRO	90	\$29.30567	\$25.65538	10%-25% Above
N	No	50742011808	CABERGOLINE	4	\$10.38250	\$1.80752	200% Above
N	No	50742014201	METHENAMINE HIPPURATE	90	\$0.92211	\$0.46179	76%-100% Above
N	Yes	50742014201	METHENAMINE HIPPURATE	60	\$1.32633	\$0.46179	101%-200% Above
N	No	50742017501	ISOSORBIDE MONONITRATE ER	90	\$0.06667	\$0.07693	(10%-25%) Below
N	No	50742017501	ISOSORBIDE MONONITRATE ER	180	\$0.11911	\$0.08392	26%-50% Above
N	Yes	50742017501	ISOSORBIDE MONONITRATE ER	30	\$0.52967	\$0.08392	200% Above
N	No	50742017505	ISOSORBIDE MONONITRATE ER	90	\$0.55767	\$0.08392	200% Above
N	No	50742017601	ISOSORBIDE MONONITRATE ER	60	\$0.13333	\$0.11236	10%-25% Above
N	No	50742017605	ISOSORBIDE MONONITRATE ER	225	\$0.06667	\$0.10920	(26%-50%) Below
N	No	50742017605	ISOSORBIDE MONONITRATE ER	90	\$0.06667	\$0.11236	(26%-50%) Below
N	No	50742018130	LEUCOVORIN CALCIUM	60	\$0.21683	\$0.48581	(51%-75%) Below
N	No	50742022515	TIZANIDINE HYDROCHLORIDE	30	\$0.15633	\$0.12828	10%-25% Above
N	No	50742024890	DILTIAZEM HYDROCHLORIDE ER	180	\$0.29378	\$0.15140	76%-100% Above
N	No	50742024890	DILTIAZEM HYDROCHLORIDE ER	95	\$0.07274	\$0.15305	(51%-75%) Below
N	No	50742024990	DILTIAZEM HYDROCHLORIDE ER	60	\$0.88533	\$0.18903	200% Above
N	No	50742024990	DILTIAZEM HYDROCHLORIDE ER	176	\$0.61165	\$0.20952	101%-200% Above
N	Yes	50742024990	DILTIAZEM HYDROCHLORIDE ER	30	\$0.61567	\$0.20952	101%-200% Above
N	No	50742025090	DILTIAZEM HYDROCHLORIDE ER	60	\$0.77400	\$0.23588	200% Above
N	Yes	50742025090	DILTIAZEM HYDROCHLORIDE ER	90	\$0.82811	\$0.23586	200% Above
N	Yes	50742025090	DILTIAZEM HYDROCHLORIDE ER	90	\$0.88156	\$0.23588	200% Above
N	No	50742026001	NIFEDIPINE ER	330	\$0.41327	\$0.12504	200% Above
N	No	50742026001	NIFEDIPINE ER	240	\$0.44842	\$0.14045	200% Above
N	Yes	50742026001	NIFEDIPINE ER	30	\$0.09567	\$0.12504	(10%-25%) Below
N	Yes	50742026001	NIFEDIPINE ER	30	\$0.19700	\$0.14045	26%-50% Above
N	No	50742026003	NIFEDIPINE ER	30	\$0.70867	\$0.12504	200% Above
N	No	50742026003	NIFEDIPINE ER	180	\$0.68817	\$0.14045	200% Above
N	No	50742026101	NIFEDIPINE ER	30	\$0.95100	\$0.15395	200% Above

**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	50742026101	NIFEDIPINE ER	60	\$0.17333	\$0.15444	10%-25% Above
N	No	50742026103	NIFEDIPINE ER	90	\$0.67433	\$0.15395	200% Above
N	No	50742026103	NIFEDIPINE ER	90	\$0.11111	\$0.15444	(26%-50%) Below
N	Yes	50742026103	NIFEDIPINE ER	60	\$0.45067	\$0.15395	101%-200% Above
N	No	50742026201	NIFEDIPINE ER	150	\$1.49827	\$0.28202	200% Above
N	No	50742026201	NIFEDIPINE ER	180	\$1.35522	\$0.30514	200% Above
N	Yes	50742026201	NIFEDIPINE ER	30	\$1.72033	\$0.28202	200% Above
N	Yes	50742027801	DICLOFENAC SODIUM ER	30	\$0.92000	\$0.80970	10%-25% Above
N	No	50742027901	DICLOFENAC POTASSIUM	90	\$1.28833	\$0.17317	200% Above
N	No	50742027901	DICLOFENAC POTASSIUM	12	\$1.32417	\$0.18203	200% Above
N	No	50742050504	SCOPOLAMINE	35	\$11.19971	\$8.38324	26%-50% Above
N	Yes	50742050504	SCOPOLAMINE	2	\$12.15000	\$8.38324	26%-50% Above
N	No	50742050510	SCOPOLAMINE	9	\$14.85000	\$7.55811	76%-100% Above
N	No	50742050524	SCOPOLAMINE	3	\$5.07000	\$7.55811	(26%-50%) Below
N	No	50742050524	SCOPOLAMINE	13	\$7.02308	\$8.38324	(10%-25%) Below
N	No	50742061501	METOPROLOL SUCCINATE ER	60	\$0.14000	\$0.07937	76%-100% Above
N	No	50742061510	METOPROLOL SUCCINATE ER	915	\$0.31519	\$0.07422	200% Above
N	No	50742061510	METOPROLOL SUCCINATE ER	704	\$0.34222	\$0.07937	200% Above
N	Yes	50742061510	METOPROLOL SUCCINATE ER	180	\$0.34811	\$0.07422	200% Above
Y	No	50742061510	METOPROLOL SUCCINATE ER	90	\$0.14111	\$0.07422	76%-100% Above
Y	No	50742061510	METOPROLOL SUCCINATE ER	360	\$0.17208	\$0.07937	101%-200% Above
Y	Yes	50742061510	METOPROLOL SUCCINATE ER	90	\$0.17400	\$0.07937	101%-200% Above
N	No	50742061610	METOPROLOL SUCCINATE ER	405	\$0.46699	\$0.07290	200% Above
N	No	50742061610	METOPROLOL SUCCINATE ER	480	\$0.51523	\$0.07734	200% Above
Y	No	50742061610	METOPROLOL SUCCINATE ER	90	\$0.14111	\$0.07290	76%-100% Above
N	No	50742061710	METOPROLOL SUCCINATE ER	60	\$0.76600	\$0.12979	200% Above
N	No	50742061710	METOPROLOL SUCCINATE ER	90	\$0.71500	\$0.13342	200% Above
N	Yes	50742061710	METOPROLOL SUCCINATE ER	90	\$0.52789	\$0.12979	200% Above
Y	No	50742061710	METOPROLOL SUCCINATE ER	135	\$0.47341	\$0.13342	200% Above
N	No	50742061801	METOPROLOL SUCCINATE ER	30	\$1.06033	\$0.17498	200% Above
N	No	50742062001	NIFEDIPINE ER	30	\$0.38233	\$0.09323	200% Above
N	No	50742062001	NIFEDIPINE ER	120	\$0.41667	\$0.09572	200% Above
N	No	50742062101	NIFEDIPINE ER	30	\$1.05300	\$0.12509	200% Above
N	No	50742062101	NIFEDIPINE ER	150	\$0.57693	\$0.13976	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	50742062201	NIFEDIPINE ER	30	\$1.71267	\$0.24150	200% Above
N	No	50742062201	NIFEDIPINE ER	30	\$1.54600	\$0.24361	200% Above
N	No	50742063360	METFORMIN HYDROCHLORIDE ER	30	\$2.30700	\$0.32050	200% Above
N	No	50742064601	TRIAZOLAM	70	\$0.72800	\$0.59006	10%-25% Above
N	No	50742064601	TRIAZOLAM	62	\$1.03016	\$0.72698	26%-50% Above
N	No	50742065601	CARISOPRODOL	90	\$0.41744	\$0.07990	200% Above
N	No	50742065728	ESTRADIOL/NORETHINDRONE ACETATE	140	\$1.53157	\$0.74027	101%-200% Above
N	No	50742065728	ESTRADIOL/NORETHINDRONE ACETATE	28	\$0.68857	\$0.88518	(10%-25%) Below
N	No	50742065828	ESTRADIOL/NORETHINDRONE ACETATE	112	\$1.81795	\$0.59053	200% Above
N	No	50742065828	ESTRADIOL/NORETHINDRONE ACETATE	28	\$2.78821	\$0.73228	200% Above
N	No	51224000160	BENZONATATE	15	\$0.54133	\$0.11300	200% Above
N	No	51224000760	METFORMIN HYDROCHLORIDE ER	600	\$0.17088	\$0.03126	200% Above
N	No	51224000760	METFORMIN HYDROCHLORIDE ER	60	\$0.15350	\$0.03299	200% Above
N	No	51224002206	AZITHROMYCIN	48	\$1.28646	\$0.33112	200% Above
N	No	51224002206	AZITHROMYCIN	42	\$0.82048	\$0.35827	101%-200% Above
N	No	51224002218	AZITHROMYCIN	42	\$0.24000	\$0.33112	(26%-50%) Below
N	No	51224002218	AZITHROMYCIN	48	\$0.24000	\$0.35827	(26%-50%) Below
N	No	51224002230	AZITHROMYCIN	122	\$0.47311	\$0.33112	26%-50% Above
N	No	51224002230	AZITHROMYCIN	86	\$0.24000	\$0.35827	(26%-50%) Below
N	No	51224002250	AZITHROMYCIN	6	\$0.24000	\$0.35827	(26%-50%) Below
N	No	51224010170	PHENTERMINE HCL	30	\$0.53467	\$0.07364	200% Above
N	No	51224010750	METFORMIN HYDROCHLORIDE ER	300	\$0.05397	\$0.06457	(10%-25%) Below
N	No	51224012203	AZITHROMYCIN	3	\$2.66000	\$0.59415	200% Above
N	No	51224012230	AZITHROMYCIN	15	\$1.32333	\$0.59415	101%-200% Above
N	Yes	51224012230	AZITHROMYCIN	5	\$1.90600	\$0.59415	200% Above
N	Yes	51224012230	AZITHROMYCIN	8	\$1.25375	\$0.62032	101%-200% Above
N	No	51224012250	AZITHROMYCIN	23	\$2.06000	\$0.59415	200% Above
N	No	51224012250	AZITHROMYCIN	21	\$3.12810	\$0.62032	200% Above
N	No	51224020350	PHENTERMINE HYDROCHLORIDE	30	\$0.00500	\$0.11364	(76%-100%) Below

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	51224020630	NALTREXONE HCL	45	\$1.82844	\$0.75591	101%-200% Above
N	No	51224020650	NALTREXONE HCL	30	\$1.55167	\$0.75591	101%-200% Above
N	No	51293084064	TADALAFIL	30	\$0.45567	\$0.15162	200% Above
N	No	51293084505	IBUPROFEN	75	\$0.05067	\$0.06514	(10%-25%) Below
N	No	51660052605	ALLERGY RELIEF	30	\$0.16233	\$0.05836	101%-200% Above
N	No	51672125801	CLOBETASOL PROPIONATE	30	\$0.48000	\$0.20199	101%-200% Above
N	No	51672125802	CLOBETASOL PROPIONATE	60	\$0.67450	\$0.20680	200% Above
N	Yes	51672125802	CLOBETASOL PROPIONATE	30	\$0.99167	\$0.19156	200% Above
N	No	51672125901	CLOBETASOL PROPIONATE	15	\$0.30733	\$0.21323	26%-50% Above
Y	No	51672125902	CLOBETASOL PROPIONATE	90	\$0.52078	\$0.18334	101%-200% Above
N	No	51672125903	CLOBETASOL PROPIONATE	60	\$0.30700	\$0.14691	101%-200% Above
N	No	51672126301	NYSTATIN/TRIAMCINOLONE	45	\$1.25444	\$0.47479	101%-200% Above
N	No	51672126301	NYSTATIN/TRIAMCINOLONE	45	\$0.56244	\$0.47792	10%-25% Above
N	No	51672126302	NYSTATIN/TRIAMCINOLONE	90	\$1.18833	\$0.37032	200% Above
N	No	51672126402	FLUOCINONIDE	30	\$1.26267	\$0.32818	200% Above
N	No	51672126403	FLUOCINONIDE	60	\$0.19750	\$0.24824	(10%-25%) Below
N	No	51672126705	TRIAMCINOLONE ACETONIDE DENTAL PASTE	10	\$5.91900	\$3.71671	51%-75% Above
N	No	51672126906	BETAMETHASONE VALERATE	45	\$0.63311	\$0.39759	51%-75% Above
N	No	51672126906	BETAMETHASONE VALERATE	90	\$0.67189	\$0.48180	26%-50% Above
N	No	51672127202	NYSTATIN/TRIAMCINOLONE	60	\$0.78933	\$0.32032	101%-200% Above
N	No	51672127401	BETAMETHASONE DIPROPIONATE	30	\$0.52600	\$0.67765	(10%-25%) Below
N	No	51672127401	BETAMETHASONE DIPROPIONATE	45	\$0.52600	\$0.74579	(26%-50%) Below
N	No	51672127502	CLOTRIMAZOLE	60	\$0.08533	\$0.16385	(26%-50%) Below
N	No	51672128001	DESONIDE	165	\$0.53867	\$0.34073	51%-75% Above
N	No	51672128001	DESONIDE	270	\$0.53867	\$0.43202	10%-25% Above
N	No	51672128101	DESONIDE	15	\$1.75733	\$0.58842	101%-200% Above
N	No	51672128201	TRIAMCINOLONE ACETONIDE	30	\$0.22233	\$0.15190	26%-50% Above
N	No	51672128202	TRIAMCINOLONE ACETONIDE	360	\$0.15236	\$0.11061	26%-50% Above
N	No	51672128202	TRIAMCINOLONE ACETONIDE	180	\$0.18467	\$0.12728	26%-50% Above
N	No	51672128208	TRIAMCINOLONE ACETONIDE	240	\$0.07075	\$0.05495	26%-50% Above
N	No	51672128401	TRIAMCINOLONE ACETONIDE	15	\$0.23000	\$0.14069	51%-75% Above



Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	Yes	51672128401	TRIAMCINOLONE ACETONIDE	15	\$0.03933	\$0.14382	(51%-75%) Below
N	No	51672128402	TRIAMCINOLONE ACETONIDE	30	\$0.09800	\$0.15799	(26%-50%) Below
N	No	51672128402	TRIAMCINOLONE ACETONIDE	60	\$0.03950	\$0.15870	(76%-100%) Below
N	No	51672128901	NYSTATIN	15	\$0.67533	\$0.22213	200% Above
N	No	51672128902	NYSTATIN	120	\$0.49667	\$0.14363	200% Above
N	No	51672128902	NYSTATIN	90	\$0.61433	\$0.14872	200% Above
N	No	51672129201	HYDROCORTISONE VALERATE	15	\$3.03867	\$2.51122	10%-25% Above
N	No	51672129206	HYDROCORTISONE VALERATE	45	\$3.08578	\$2.20654	26%-50% Above
N	No	51672129302	CLOBETASOL PROPIONATE	50	\$0.43600	\$0.39448	10%-25% Above
N	No	51672129302	CLOBETASOL PROPIONATE	50	\$0.31200	\$0.43479	(26%-50%) Below
N	Yes	51672129302	CLOBETASOL PROPIONATE	25	\$0.57240	\$0.39448	26%-50% Above
N	No	51672129303	CLOBETASOL PROPIONATE	425	\$0.40984	\$0.22392	76%-100% Above
N	No	51672129303	CLOBETASOL PROPIONATE	300	\$0.45197	\$0.23272	76%-100% Above
N	No	51672129401	CLOBETASOL PROPIONATE	30	\$0.39467	\$1.05739	(51%-75%) Below
N	No	51672129701	CLOBETASOL PROPIONATE E	15	\$1.12467	\$0.93295	10%-25% Above
N	No	51672129801	KETOCONAZOLE	30	\$0.38800	\$0.28592	26%-50% Above
N	No	51672129802	KETOCONAZOLE	90	\$0.85311	\$0.26224	200% Above
N	No	51672129802	KETOCONAZOLE	30	\$1.74600	\$0.27239	200% Above
N	Yes	51672129803	KETOCONAZOLE	30	\$1.24033	\$0.24138	200% Above
N	No	51672130009	AMMONIUM LACTATE	400	\$0.01250	\$0.07614	(76%-100%) Below
N	No	51672130200	TERCONAZOLE	60	\$1.43250	\$1.11379	26%-50% Above
N	No	51672130200	TERCONAZOLE	60	\$1.43250	\$1.25426	10%-25% Above
N	No	51672130308	ECONAZOLE NITRATE	85	\$0.95341	\$0.19246	200% Above
N	No	51672130601	ALCLOMETASONE DIPROPIONATE	15	\$1.01200	\$0.91367	10%-25% Above
N	No	51672130606	ALCLOMETASONE DIPROPIONATE	90	\$0.63544	\$0.53521	10%-25% Above
N	No	51672130606	ALCLOMETASONE DIPROPIONATE	45	\$0.48978	\$0.68329	(26%-50%) Below
N	No	51672130803	CLOTRIMAZOLE/BETAMETHASON E DIPROPIONATE	90	\$3.90967	\$2.56410	51%-75% Above
N	No	51672130803	CLOTRIMAZOLE/BETAMETHASON E DIPROPIONATE	90	\$3.83389	\$2.69583	26%-50% Above
N	No	51672131003	BETAMETHASONE DIPROPIONATE AUGMENTED	100	\$0.53650	\$0.12270	200% Above
N	No	51672131003	BETAMETHASONE DIPROPIONATE AUGMENTED	50	\$0.20320	\$0.12673	51%-75% Above
N	No	51672131200	MUPIROCIN	374	\$0.52714	\$0.17256	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	51672131200	MUPIROCIN	242	\$0.69025	\$0.18483	200% Above
N	No	51672131201	MUPIROCIN	15	\$0.79600	\$0.24983	200% Above
N	No	51672131601	ALCLOMETASONE DIPROPIONATE	15	\$0.93333	\$0.80752	10%-25% Above
N	No	51672131801	CICLOPIROX OLAMINE	15	\$0.63600	\$0.18709	200% Above
N	No	51672134004	BETAMETHASONE DIPROPIONATE AUGMENTED	60	\$0.32383	\$0.73687	(51%-75%) Below
N	No	51672135108	CICLOPIROX	240	\$0.55088	\$0.22655	101%-200% Above
N	No	51672135203	DESOXIMETASONE	60	\$1.44533	\$2.01110	(26%-50%) Below
N	No	51672136606	CLINDAMYCIN PHOSPHATE/BENZOYL PEROXIDE	585	\$1.18728	\$0.50451	101%-200% Above
N	No	51672136606	CLINDAMYCIN PHOSPHATE/BENZOYL PEROXIDE	990	\$1.21870	\$0.56402	101%-200% Above
N	No	51672137002	MUPIROCIN	30	\$5.92600	\$1.15722	200% Above
N	No	51672137104	CLOBETASOL PROPIONATE	59	\$0.20525	\$0.41692	(51%-75%) Below
N	No	51672137302	TAZAROTENE	30	\$3.74667	\$2.60735	26%-50% Above
N	No	51672137302	TAZAROTENE	30	\$1.45000	\$3.24454	(51%-75%) Below
N	No	51672137706	ADAPALENE	45	\$0.22289	\$0.79922	(51%-75%) Below
N	Yes	51672138703	DAPSONE	60	\$1.81283	\$2.29456	(10%-25%) Below
N	No	51672138903	AZELAIC ACID	100	\$2.32550	\$0.79986	101%-200% Above
N	No	51672138903	AZELAIC ACID	100	\$2.64850	\$0.84066	200% Above
N	No	51672139400	TRETINOIN	100	\$2.53830	\$1.82609	26%-50% Above
N	No	51672139409	TRETINOIN	45	\$1.01022	\$1.53277	(26%-50%) Below
N	No	51672139509	TRETINOIN	45	\$1.18044	\$1.91680	(26%-50%) Below
Y	No	51672139509	TRETINOIN	45	\$3.05089	\$1.91680	51%-75% Above
N	No	51672139902	CLINDAMYCIN PHOSPHATE	120	\$0.51575	\$0.32762	51%-75% Above
N	No	51672139903	CLINDAMYCIN PHOSPHATE	120	\$0.22983	\$0.27588	(10%-25%) Below
N	No	51672140004	CLINDAMYCIN PHOSPHATE	180	\$0.97917	\$0.35456	101%-200% Above
N	No	51672140004	CLINDAMYCIN PHOSPHATE	240	\$1.33792	\$0.36505	200% Above
N	No	51672140700	TRETINOIN	40	\$2.04975	\$1.17578	51%-75% Above
N	No	51672140700	TRETINOIN	121	\$1.41504	\$1.28580	10%-25% Above
N	No	51672140709	TRETINOIN	90	\$0.56044	\$1.11031	(26%-50%) Below
N	No	51672200306	CLOTRIMAZOLE	45	\$0.09978	\$0.08723	10%-25% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	51672201002	HYDROCORTISONE	28.4	\$0.00915	\$0.10363	(76%-100%) Below
N	No	51672208001	TERBINAFINE HCL	15	\$0.24600	\$0.38568	(26%-50%) Below
N	No	51672300302	HYDROCORTISONE	311.85	\$0.20545	\$0.09010	101%-200% Above
N	No	51672300302	HYDROCORTISONE	85.05	\$0.19318	\$0.09142	101%-200% Above
N	No	51672300701	HYDROCORTISONE/ACETIC ACID	10	\$15.80400	\$9.21070	51%-75% Above
N	No	51672400101	NORTRIPTYLINE HYDROCHLORIDE	90	\$0.26822	\$0.06636	200% Above
N	No	51672400101	NORTRIPTYLINE HYDROCHLORIDE	330	\$0.16391	\$0.07243	101%-200% Above
N	Yes	51672400101	NORTRIPTYLINE HYDROCHLORIDE	30	\$0.14167	\$0.06636	101%-200% Above
N	No	51672400102	NORTRIPTYLINE HYDROCHLORIDE	330	\$0.10042	\$0.06636	51%-75% Above
N	No	51672400102	NORTRIPTYLINE HYDROCHLORIDE	300	\$0.10030	\$0.07243	26%-50% Above
N	No	51672400105	NORTRIPTYLINE HYDROCHLORIDE	30	\$0.08400	\$0.06636	26%-50% Above
N	No	51672400201	NORTRIPTYLINE HCL	150	\$0.29847	\$0.08791	200% Above
N	No	51672400201	NORTRIPTYLINE HCL	30	\$0.12333	\$0.08841	26%-50% Above
N	No	51672400202	NORTRIPTYLINE HCL	90	\$0.12678	\$0.08791	26%-50% Above
N	No	51672400202	NORTRIPTYLINE HCL	270	\$0.12681	\$0.08841	26%-50% Above
N	No	51672400205	NORTRIPTYLINE HCL	30	\$0.12267	\$0.08841	26%-50% Above
N	No	51672400302	NORTRIPTYLINE HYDROCHLORIDE	270	\$0.19189	\$0.11792	51%-75% Above
N	Yes	51672400401	NORTRIPTYLINE HCL	30	\$0.11733	\$0.16617	(26%-50%) Below
N	No	51672400501	CARBAMAZEPINE	150	\$0.44133	\$0.11345	200% Above
N	No	51672400501	CARBAMAZEPINE	210	\$0.62386	\$0.14340	200% Above
N	No	51672400503	CARBAMAZEPINE	180	\$0.32250	\$0.14340	101%-200% Above
N	No	51672402601	KETOCONAZOLE	4	\$0.31500	\$0.69364	(51%-75%) Below
N	Yes	51672403201	WARFARIN SODIUM	60	\$0.25683	\$0.09880	101%-200% Above
N	Yes	51672403203	WARFARIN SODIUM	30	\$0.44833	\$0.09211	200% Above
N	No	51672403301	WARFARIN SODIUM	90	\$0.36000	\$0.10656	200% Above
N	No	51672403301	WARFARIN SODIUM	75	\$0.29760	\$0.13168	101%-200% Above
N	No	51672403401	WARFARIN SODIUM	30	\$0.34300	\$0.09804	200% Above
N	No	51672403501	WARFARIN SODIUM	120	\$0.28842	\$0.10888	101%-200% Above
N	No	51672403701	ENALAPRIL MALEATE	30	\$0.49967	\$0.08452	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	51672403903	ENALAPRIL MALEATE	90	\$0.64844	\$0.09295	200% Above
N	No	51672404601	ENALAPRIL MALEATE/HYDROCHLOROTHIAZIDE	60	\$0.56717	\$0.13865	200% Above
N	No	51672404709	CARBAMAZEPINE	600	\$0.07700	\$0.12085	(26%-50%) Below
N	No	51672404801	CLOTRIMAZOLE/BETAMETHASONE DIPROPIONATE	135	\$0.58756	\$0.22205	101%-200% Above
N	No	51672404801	CLOTRIMAZOLE/BETAMETHASONE DIPROPIONATE	30	\$0.74233	\$0.22521	200% Above
N	Yes	51672404801	CLOTRIMAZOLE/BETAMETHASONE DIPROPIONATE	15	\$0.13000	\$0.22205	(26%-50%) Below
N	No	51672404806	CLOTRIMAZOLE/BETAMETHASONE DIPROPIONATE	225	\$0.81684	\$0.14945	200% Above
N	No	51672404806	CLOTRIMAZOLE/BETAMETHASONE DIPROPIONATE	135	\$0.69089	\$0.17157	200% Above
N	No	51672408103	CLINDAMYCIN PHOSPHATE	60	\$0.26867	\$0.22182	10%-25% Above
N	No	51672408103	CLINDAMYCIN PHOSPHATE	30	\$0.26867	\$0.31110	(10%-25%) Below
N	No	51672408104	CLINDAMYCIN PHOSPHATE	1800	\$0.29527	\$0.21267	26%-50% Above
N	No	51672408104	CLINDAMYCIN PHOSPHATE	660	\$0.26867	\$0.21314	26%-50% Above
N	No	51672411103	PHENYTOIN SODIUM EXTENDED	360	\$0.19419	\$0.12657	51%-75% Above
N	No	51672411606	METRONIDAZOLE	45	\$0.21556	\$0.29613	(26%-50%) Below
N	No	51672411606	METRONIDAZOLE	180	\$0.90022	\$0.35146	101%-200% Above
N	No	51672411806	FLUOROURACIL	160	\$1.06288	\$0.73823	26%-50% Above
N	Yes	51672411806	FLUOROURACIL	40	\$2.53875	\$0.73784	200% Above
N	No	51672413001	LAMOTRIGINE	270	\$0.12363	\$0.02964	200% Above
N	No	51672413001	LAMOTRIGINE	180	\$0.08433	\$0.03029	101%-200% Above
N	No	51672413101	LAMOTRIGINE	120	\$0.24825	\$0.05177	200% Above
N	No	51672413101	LAMOTRIGINE	120	\$0.39200	\$0.05260	200% Above
N	No	51672413204	LAMOTRIGINE	90	\$0.28811	\$0.06863	200% Above
N	No	51672413204	LAMOTRIGINE	30	\$0.11100	\$0.07131	51%-75% Above
N	No	51672413304	LAMOTRIGINE	360	\$0.40058	\$0.07527	200% Above
N	No	51672413304	LAMOTRIGINE	390	\$0.31244	\$0.07961	200% Above
N	No	51672416108	LEVOCETIRIZINE DIHYDROCHLORIDE	150	\$0.30280	\$0.18579	51%-75% Above
N	No	51672419303	CLOBETASOL PROPIONATE	50	\$1.68000	\$0.43151	200% Above
N	No	51672419307	CLOBETASOL PROPIONATE	100	\$0.36780	\$0.30038	10%-25% Above
N	No	51672421503	METRONIDAZOLE	180	\$3.00633	\$0.80689	200% Above
N	No	51672421503	METRONIDAZOLE	60	\$3.03967	\$0.86370	200% Above
N	No	51672421701	DOXEPIN HYDROCHLORIDE	60	\$0.19967	\$0.10128	76%-100% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	51759020410	AJOVY	1.5	\$307.23333	\$450.73686	(26%-50%) Below
N	No	51862002806	LUTERA	644	\$0.27795	\$0.17927	51%-75% Above
N	No	51862007401	ESTAZOLAM	30	\$2.08533	\$0.79870	101%-200% Above
N	No	51862009706	LEVORA 0.15/30-28	196	\$0.24556	\$0.15097	51%-75% Above
N	No	51862009706	LEVORA 0.15/30-28	224	\$0.24670	\$0.16711	26%-50% Above
N	No	51862024160	AMIODARONE HYDROCHLORIDE	30	\$0.25000	\$0.10230	101%-200% Above
N	No	51862032001	LIOTHYRONINE SODIUM	540	\$0.76383	\$0.32396	101%-200% Above
N	No	51862032001	LIOTHYRONINE SODIUM	630	\$0.56487	\$0.35447	51%-75% Above
Y	No	51862032001	LIOTHYRONINE SODIUM	180	\$0.47989	\$0.35447	26%-50% Above
N	No	51862032101	LIOTHYRONINE SODIUM	30	\$1.27300	\$0.43479	101%-200% Above
N	No	51862033305	ESTRADIOL	30	\$0.22400	\$0.08215	101%-200% Above
N	No	51862045404	CLONIDINE HCL	4	\$24.53500	\$9.29767	101%-200% Above
N	No	51862045404	CLONIDINE HCL	4	\$25.89500	\$9.42984	101%-200% Above
N	No	51862054506	SRONYX	364	\$0.51431	\$0.17927	101%-200% Above
N	No	51862054506	SRONYX	168	\$0.75512	\$0.19249	200% Above
N	No	51862056406	LOW-OGESTREL	588	\$0.32748	\$0.39872	(10%-25%) Below
N	Yes	51862056406	LOW-OGESTREL	84	\$0.30321	\$0.39629	(10%-25%) Below
N	Yes	51862056406	LOW-OGESTREL	168	\$0.20702	\$0.39872	(26%-50%) Below
N	No	51862061001	METHYLPHENIDATE HYDROCHLORIDE ER	30	\$1.42233	\$1.80668	(10%-25%) Below
N	No	51862061101	METHYLPHENIDATE HYDROCHLORIDE ER	60	\$0.43633	\$2.77593	(76%-100%) Below
N	No	51862064330	TAMOXIFEN CITRATE	90	\$0.98189	\$0.33590	101%-200% Above
N	No	51862085601	CARBIDOPA/LEVODOPA	180	\$0.41283	\$0.09412	200% Above
N	No	51862085601	CARBIDOPA/LEVODOPA	120	\$0.46375	\$0.09607	200% Above
N	No	51862086806	MICROGESTIN 1/20	21	\$0.67381	\$0.21992	200% Above
N	No	51862086806	MICROGESTIN 1/20	252	\$0.73964	\$0.22692	200% Above
N	No	51862087006	MICROGESTIN FE 1.5/30	84	\$0.63869	\$0.16186	200% Above
N	No	51862087206	MICROGESTIN 1.5/30	126	\$0.83190	\$0.49976	51%-75% Above
N	No	51862087206	MICROGESTIN 1.5/30	105	\$0.85752	\$0.50322	51%-75% Above
N	No	51862088603	ERRIN	28	\$0.06679	\$0.12141	(26%-50%) Below

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	51862094501	NORTRIPTYLINE HYDROCHLORIDE	30	\$0.14400	\$0.07243	76%-100% Above
N	No	51862094505	NORTRIPTYLINE HYDROCHLORIDE	90	\$0.09333	\$0.06636	26%-50% Above
N	No	51862094701	NORTRIPTYLINE HYDROCHLORIDE	30	\$0.66633	\$0.11501	200% Above
N	No	51862094701	NORTRIPTYLINE HYDROCHLORIDE	30	\$0.15833	\$0.11792	26%-50% Above
N	No	51991000590	EXEMESTANE	90	\$2.10256	\$0.90395	101%-200% Above
N	No	51991029201	OXCARBAZEPINE	165	\$0.46558	\$0.12523	200% Above
N	No	51991029201	OXCARBAZEPINE	67	\$0.62985	\$0.13619	200% Above
N	No	51991029301	OXCARBAZEPINE	30	\$0.96333	\$0.19444	200% Above
N	Yes	51991029301	OXCARBAZEPINE	30	\$0.96333	\$0.19444	200% Above
Y	No	51991029301	OXCARBAZEPINE	60	\$0.16483	\$0.20310	(10%-25%) Below
N	No	51991029305	OXCARBAZEPINE	75	\$0.16493	\$0.19444	(10%-25%) Below
N	No	51991029401	OXCARBAZEPINE	220	\$1.61473	\$0.38661	200% Above
N	No	51991029401	OXCARBAZEPINE	90	\$0.50311	\$0.39498	26%-50% Above
N	Yes	51991029401	OXCARBAZEPINE	60	\$0.28683	\$0.38661	(26%-50%) Below
N	No	51991031133	DESVENLAFAXINE ER	60	\$1.68450	\$0.51733	200% Above
N	No	51991031133	DESVENLAFAXINE ER	120	\$2.59225	\$0.51879	200% Above
N	No	51991031190	DESVENLAFAXINE ER	150	\$1.93347	\$0.51733	200% Above
N	No	51991031190	DESVENLAFAXINE ER	120	\$2.32100	\$0.51879	200% Above
N	No	51991031233	DESVENLAFAXINE ER	120	\$1.44058	\$0.50429	101%-200% Above
N	No	51991031233	DESVENLAFAXINE ER	210	\$1.88200	\$0.51925	200% Above
N	No	51991031290	DESVENLAFAXINE ER	30	\$0.21533	\$0.50429	(51%-75%) Below
N	No	51991031290	DESVENLAFAXINE ER	60	\$1.24450	\$0.51925	101%-200% Above
N	No	51991036378	RIZATRIPTAN BENZOATE ODT	19	\$5.43158	\$0.62338	200% Above
N	No	51991036378	RIZATRIPTAN BENZOATE ODT	45	\$4.86156	\$0.62967	200% Above
N	No	51991047428	ESTRADIOL/NORETHINDRONE ACETATE	28	\$0.68857	\$0.88518	(10%-25%) Below
N	Yes	51991052601	TERBINAFINE HCL	14	\$0.53214	\$0.15239	200% Above
N	No	51991062033	ANASTROZOLE	223	\$0.48812	\$0.15796	200% Above
N	No	51991062033	ANASTROZOLE	150	\$0.50293	\$0.16511	200% Above
N	Yes	51991062033	ANASTROZOLE	2	\$1.03500	\$0.16511	200% Above
N	No	51991062090	ANASTROZOLE	108	\$0.58602	\$0.15796	200% Above
N	No	51991062090	ANASTROZOLE	183	\$0.72464	\$0.16511	200% Above
N	Yes	51991062090	ANASTROZOLE	32	\$1.14125	\$0.15796	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	51991062328	ESTRADIOL/NORETHINDRONE ACETATE	28	\$2.78821	\$0.73228	200% Above
N	No	51991074690	DULOXETINE HYDROCHLORIDE	291	\$0.49457	\$0.09910	200% Above
N	Yes	51991074690	DULOXETINE HYDROCHLORIDE	30	\$0.74000	\$0.09910	200% Above
N	No	51991074710	DULOXETINE HCL	1539	\$0.23057	\$0.09883	101%-200% Above
N	No	51991074710	DULOXETINE HCL	2461	\$0.27249	\$0.10079	101%-200% Above
N	Yes	51991074710	DULOXETINE HCL	60	\$0.80033	\$0.10079	200% Above
N	No	51991074790	DULOXETINE HCL	180	\$0.35911	\$0.09883	200% Above
N	No	51991074790	DULOXETINE HCL	90	\$0.57489	\$0.10079	200% Above
N	Yes	51991074790	DULOXETINE HCL	30	\$0.80033	\$0.10079	200% Above
N	No	51991074810	DULOXETINE HYDROCHLORIDE	1968	\$0.42689	\$0.11250	200% Above
N	No	51991074810	DULOXETINE HYDROCHLORIDE	1424	\$0.36828	\$0.11275	200% Above
N	Yes	51991074810	DULOXETINE HYDROCHLORIDE	90	\$0.95700	\$0.11250	200% Above
N	Yes	51991074810	DULOXETINE HYDROCHLORIDE	90	\$0.83111	\$0.11275	200% Above
N	No	51991074890	DULOXETINE HYDROCHLORIDE	240	\$0.57438	\$0.11250	200% Above
N	No	51991074890	DULOXETINE HYDROCHLORIDE	60	\$0.82033	\$0.11275	200% Above
N	Yes	51991074890	DULOXETINE HYDROCHLORIDE	60	\$1.02533	\$0.11250	200% Above
Y	No	51991075910	LETROZOLE	90	\$0.78711	\$0.11304	200% Above
N	No	51991075933	LETROZOLE	10	\$1.91400	\$0.11304	200% Above
N	No	51991075990	LETROZOLE	10	\$0.65600	\$0.11304	200% Above
N	No	51991081701	PROPRANOLOL HYDROCHLORIDE ER	90	\$1.17678	\$0.17971	200% Above
N	No	51991081701	PROPRANOLOL HYDROCHLORIDE ER	510	\$0.66304	\$0.19356	200% Above
N	No	51991081801	PROPRANOLOL HYDROCHLORIDE ER	180	\$0.92444	\$0.21116	200% Above
N	No	51991081801	PROPRANOLOL HYDROCHLORIDE ER	90	\$1.04022	\$0.21614	200% Above
N	No	51991081901	PROPRANOLOL HCL ER	60	\$0.89133	\$0.19945	200% Above
N	No	51991081901	PROPRANOLOL HCL ER	120	\$1.10175	\$0.24540	200% Above
N	No	51991082001	PROPRANOLOL HCL ER	30	\$2.39467	\$0.33656	200% Above
N	No	51991090701	TETRACYCLINE HYDROCHLORIDE	56	\$0.58696	\$0.92940	(26%-50%) Below
N	No	51991092860	ASENAPINE MALEATE SL	30	\$2.25333	\$3.70705	(26%-50%) Below
N	No	51991098201	ZOLPIDEM TARTRATE ER	120	\$0.66017	\$0.15857	200% Above
N	No	51991098201	ZOLPIDEM TARTRATE ER	30	\$1.36567	\$0.15992	200% Above
N	Yes	52268010001	GOLYTELY	4000	\$0.00505	\$0.00592	(10%-25%) Below
N	No	52536050003	DEXTROAMPHETAMINE SULFATE	45	\$1.02422	\$0.59492	51%-75% Above
N	No	52536051003	DEXTROAMPHETAMINE SULFATE	30	\$1.05567	\$0.37151	101%-200% Above

**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	52536062501	TESTOSTERONE CYPIONATE	1	\$15.05000	\$13.66959	10%-25% Above
N	Yes	52536062501	TESTOSTERONE CYPIONATE	1	\$5.77000	\$13.13104	(51%-75%) Below
N	No	52536062510	TESTOSTERONE CYPIONATE	10	\$7.94700	\$4.02857	76%-100% Above
N	No	52544062928	NORA-BE	1008	\$0.34464	\$0.12021	101%-200% Above
N	No	52544062928	NORA-BE	1260	\$0.34464	\$0.12141	101%-200% Above
N	No	52817018000	CLONIDINE HYDROCHLORIDE	411	\$0.09465	\$0.02694	200% Above
N	No	52817018000	CLONIDINE HYDROCHLORIDE	510	\$0.11308	\$0.02738	200% Above
N	Yes	52817018000	CLONIDINE HYDROCHLORIDE	30	\$0.01733	\$0.02694	(26%-50%) Below
N	Yes	52817018000	CLONIDINE HYDROCHLORIDE	90	\$0.06156	\$0.02738	101%-200% Above
N	No	52817018100	CLONIDINE HYDROCHLORIDE	60	\$0.07167	\$0.03694	76%-100% Above
N	No	52817018110	CLONIDINE HYDROCHLORIDE	60	\$0.20567	\$0.03672	200% Above
N	No	52817018210	CLONIDINE HYDROCHLORIDE	60	\$0.14500	\$0.04032	200% Above
N	No	52817023530	RAMELTEON	30	\$7.12500	\$0.95891	200% Above
N	No	52817027010	BISOPROLOL FUMARATE	150	\$0.89507	\$0.27204	200% Above
N	No	52817027010	BISOPROLOL FUMARATE	30	\$1.57700	\$0.28082	200% Above
N	No	52817027130	BISOPROLOL FUMARATE	105	\$0.67076	\$0.32486	101%-200% Above
N	No	52817031910	BACLOFEN	50	\$0.82800	\$0.15693	200% Above
N	No	52817032000	BACLOFEN	90	\$0.20222	\$0.04809	200% Above
N	No	52817032010	BACLOFEN	45	\$0.11378	\$0.04809	101%-200% Above
N	No	52817032110	BACLOFEN	210	\$0.37757	\$0.07868	200% Above
N	No	52817033010	CYCLOBENZAPRINE HYDROCHLORIDE	110	\$0.38564	\$0.02198	200% Above
N	No	52817033010	CYCLOBENZAPRINE HYDROCHLORIDE	70	\$0.30886	\$0.02249	200% Above
N	No	52817033050	CYCLOBENZAPRINE HYDROCHLORIDE	128	\$0.04891	\$0.02198	101%-200% Above
N	No	52817033050	CYCLOBENZAPRINE HYDROCHLORIDE	201	\$0.24731	\$0.02249	200% Above
N	Yes	52817033050	CYCLOBENZAPRINE HYDROCHLORIDE	21	\$0.39190	\$0.02249	200% Above
N	No	52817033200	CYCLOBENZAPRINE HYDROCHLORIDE	1291	\$0.30049	\$0.02251	200% Above
N	No	52817033200	CYCLOBENZAPRINE HYDROCHLORIDE	1525	\$0.28872	\$0.02342	200% Above
N	Yes	52817033200	CYCLOBENZAPRINE HYDROCHLORIDE	210	\$0.17067	\$0.02251	200% Above
N	Yes	52817033200	CYCLOBENZAPRINE HYDROCHLORIDE	219	\$0.20721	\$0.02342	200% Above



**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	52817033250	CYCLOBENZAPRINE HYDROCHLORIDE	30	\$0.21300	\$0.02251	200% Above
N	No	52817033250	CYCLOBENZAPRINE HYDROCHLORIDE	90	\$0.01511	\$0.02342	(26%-50%) Below
N	No	52817034550	BUPROPION HYDROCHLORIDE ER (XL)	30	\$0.77833	\$0.10136	200% Above
N	No	52817036000	METOPROLOL TARTRATE	330	\$0.08942	\$0.01788	200% Above
N	No	52817036000	METOPROLOL TARTRATE	150	\$0.09993	\$0.01833	200% Above
N	Yes	52817036000	METOPROLOL TARTRATE	60	\$0.04833	\$0.01788	101%-200% Above
N	Yes	52817036000	METOPROLOL TARTRATE	30	\$0.07700	\$0.01833	200% Above
N	No	52817036100	METOPROLOL TARTRATE	360	\$0.09131	\$0.02059	200% Above
N	No	52817036100	METOPROLOL TARTRATE	210	\$0.12962	\$0.02218	200% Above
N	Yes	52817036100	METOPROLOL TARTRATE	150	\$0.08940	\$0.02059	200% Above
N	No	52817036110	METOPROLOL TARTRATE	60	\$0.09083	\$0.02218	200% Above
N	No	52817036200	METOPROLOL TARTRATE	60	\$0.26317	\$0.02852	200% Above
N	No	52817036210	METOPROLOL TARTRATE	60	\$0.28317	\$0.02694	200% Above
N	No	52817036210	METOPROLOL TARTRATE	60	\$0.28317	\$0.02852	200% Above
N	No	52817039110	CARBIDOPA/LEVODOPA	225	\$0.37831	\$0.09412	200% Above
N	No	52817039210	CARBIDOPA/LEVODOPA	150	\$0.11593	\$0.13979	(10%-25%) Below
N	No	52817081154	TRIAMCINOLONE ACETONIDE	454	\$0.04795	\$0.03204	26%-50% Above
N	No	52817081615	ACETIC ACID	30	\$2.43533	\$1.52567	51%-75% Above
N	No	52817081615	ACETIC ACID	15	\$1.19733	\$1.59191	(10%-25%) Below
N	Yes	52817081615	ACETIC ACID	15	\$1.96600	\$1.59191	10%-25% Above
N	No	52817081701	HYDROCORTISONE ACETATE/PRAMOXINE	30	\$1.60033	\$1.97561	(10%-25%) Below
N	Yes	52817081701	HYDROCORTISONE ACETATE/PRAMOXINE	30	\$3.66800	\$1.58873	101%-200% Above
N	No	52817083004	LEVOCARNITINE	118	\$0.07949	\$0.17694	(51%-75%) Below
N	No	53489011802	DOXYCYCLINE HYCLATE	268	\$0.82690	\$0.17081	200% Above
N	No	53489011802	DOXYCYCLINE HYCLATE	120	\$0.99817	\$0.17209	200% Above
N	No	53489011905	DOXYCYCLINE HYCLATE	388	\$1.25915	\$0.12965	200% Above
N	No	53489011905	DOXYCYCLINE HYCLATE	866	\$1.40753	\$0.13081	200% Above
N	Yes	53489011905	DOXYCYCLINE HYCLATE	54	\$1.49944	\$0.13081	200% Above
N	Yes	53489012002	DOXYCYCLINE HYCLATE	14	\$0.68929	\$0.13760	200% Above
N	No	53489012005	DOXYCYCLINE HYCLATE	30	\$0.44567	\$0.13569	200% Above
N	No	53489014305	SPIRONOLACTONE	75	\$0.21533	\$0.05314	200% Above
N	No	53489014305	SPIRONOLACTONE	165	\$0.24455	\$0.05414	200% Above
N	No	53489015705	ALLOPURINOL	30	\$0.47500	\$0.07133	200% Above
N	No	53489032801	SPIRONOLACTONE	180	\$0.22567	\$0.10850	101%-200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	53489032901	SPIRONOLACTONE	30	\$0.33200	\$0.19384	51%-75% Above
N	No	53489032901	SPIRONOLACTONE	30	\$0.44300	\$0.19967	101%-200% Above
N	No	53489032907	SPIRONOLACTONE	30	\$0.44300	\$0.19967	101%-200% Above
N	No	53489038601	MINOXIDIL	75	\$0.21853	\$0.08877	101%-200% Above
N	No	53489038601	MINOXIDIL	135	\$0.37881	\$0.10366	200% Above
N	No	53489051001	TRAZODONE HYDROCHLORIDE	60	\$0.36867	\$0.03480	200% Above
N	No	53489051001	TRAZODONE HYDROCHLORIDE	60	\$0.36867	\$0.03522	200% Above
N	No	53489064701	DOXYCYCLINE HYCLATE	180	\$0.38022	\$0.12101	200% Above
N	No	53489064701	DOXYCYCLINE HYCLATE	210	\$0.46281	\$0.12356	200% Above
N	Yes	53489064701	DOXYCYCLINE HYCLATE	60	\$0.27033	\$0.12356	101%-200% Above
N	No	53489067601	PHENTERMINE HCL	30	\$0.20367	\$0.07364	101%-200% Above
N	No	53489067601	PHENTERMINE HCL	60	\$0.20367	\$0.07482	101%-200% Above
Y	No	53489067610	PHENTERMINE HCL	30	\$0.03333	\$0.07482	(51%-75%) Below
N	No	53746010901	HYDROCODONE BITARTRATE/ACETAMINOPHEN	502	\$0.34900	\$0.12534	101%-200% Above
N	No	53746010901	HYDROCODONE BITARTRATE/ACETAMINOPHEN	263	\$0.32057	\$0.13129	101%-200% Above
N	Yes	53746010901	HYDROCODONE BITARTRATE/ACETAMINOPHEN	20	\$0.23550	\$0.12534	76%-100% Above
N	Yes	53746010901	HYDROCODONE BITARTRATE/ACETAMINOPHEN	25	\$0.11080	\$0.13129	(10%-25%) Below
N	Yes	53746010905	HYDROCODONE BITARTRATE/ACETAMINOPHEN	6	\$0.05500	\$0.13129	(51%-75%) Below
N	No	53746011001	HYDROCODONE BITARTRATE/ACETAMINOPHEN	430	\$0.37140	\$0.13510	101%-200% Above
N	No	53746011001	HYDROCODONE BITARTRATE/ACETAMINOPHEN	15	\$0.44333	\$0.13512	200% Above
N	No	53746019401	NAPROXEN SODIUM	60	\$0.09833	\$0.40937	(76%-100%) Below
N	No	53746020305	OXYCODONE/ACETAMINOPHEN	25	\$0.12280	\$0.10648	10%-25% Above
N	No	53746020305	OXYCODONE/ACETAMINOPHEN	70	\$0.72629	\$0.10891	200% Above
N	No	53746036101	FOLIC ACID	1	\$0.07000	\$0.02819	101%-200% Above
N	No	53746036110	FOLIC ACID	30	\$0.01900	\$0.02582	(26%-50%) Below
N	No	53746051101	SPIRONOLACTONE	377	\$0.18825	\$0.05314	200% Above
N	No	53746051101	SPIRONOLACTONE	323	\$0.18372	\$0.05414	200% Above
N	Yes	53746051101	SPIRONOLACTONE	180	\$0.06600	\$0.05314	10%-25% Above
N	Yes	53746051101	SPIRONOLACTONE	120	\$0.08892	\$0.05414	51%-75% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	53746051105	SPIRONOLACTONE	1425	\$0.09255	\$0.05314	51%-75% Above
N	No	53746051105	SPIRONOLACTONE	1110	\$0.08659	\$0.05414	51%-75% Above
N	Yes	53746051105	SPIRONOLACTONE	90	\$0.06600	\$0.05414	10%-25% Above
N	No	53746051110	SPIRONOLACTONE	30	\$0.04700	\$0.05414	(10%-25%) Below
N	No	53746051401	SPIRONOLACTONE	1378	\$0.31500	\$0.10329	200% Above
N	No	53746051401	SPIRONOLACTONE	1380	\$0.33034	\$0.10850	200% Above
N	Yes	53746051401	SPIRONOLACTONE	30	\$0.25667	\$0.10329	101%-200% Above
N	Yes	53746051401	SPIRONOLACTONE	30	\$0.30000	\$0.10850	101%-200% Above
N	No	53746051405	SPIRONOLACTONE	1905	\$0.23689	\$0.10329	101%-200% Above
N	No	53746051405	SPIRONOLACTONE	570	\$0.23689	\$0.10850	101%-200% Above
N	No	53746051501	SPIRONOLACTONE	1275	\$0.56950	\$0.19384	101%-200% Above
N	No	53746051501	SPIRONOLACTONE	1155	\$0.54311	\$0.19967	101%-200% Above
N	No	53746052101	PROMETHAZINE HYDROCHLORIDE	80	\$0.25338	\$0.04767	200% Above
N	No	53746052101	PROMETHAZINE HYDROCHLORIDE	325	\$0.17040	\$0.04910	200% Above
N	Yes	53746052101	PROMETHAZINE HYDROCHLORIDE	80	\$0.09863	\$0.04910	101%-200% Above
N	Yes	53746052110	PROMETHAZINE HYDROCHLORIDE	30	\$0.04033	\$0.04767	(10%-25%) Below
Y	No	53746052110	PROMETHAZINE HYDROCHLORIDE	90	\$0.14111	\$0.04767	101%-200% Above
N	No	53746054201	POTASSIUM CHLORIDE ER	64	\$0.19969	\$0.13401	26%-50% Above
N	No	53746054401	PRIMIDONE	45	\$0.18556	\$0.14095	26%-50% Above
N	Yes	53746054401	PRIMIDONE	30	\$0.34667	\$0.13814	101%-200% Above
N	Yes	53746054401	PRIMIDONE	30	\$0.27967	\$0.14095	76%-100% Above
N	Yes	53746057101	BETHANECHOL CHLORIDE	90	\$0.59900	\$0.17251	200% Above
N	No	53746057201	BETHANECHOL CHLORIDE	90	\$0.16756	\$0.20544	(10%-25%) Below
N	No	53746057301	BETHANECHOL CHLORIDE	180	\$0.48522	\$0.23160	101%-200% Above
N	No	53746061701	TRAMADOL HYDROCHLORIDE/ACETAMINOPHEN	40	\$0.40500	\$0.10532	200% Above
N	No	53746061701	TRAMADOL HYDROCHLORIDE/ACETAMINOPHEN	40	\$0.49550	\$0.11144	200% Above

**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	53746061705	TRAMADOL HYDROCHLORIDE/ACETAMINOPHEN	12	\$0.26833	\$0.11144	101%-200% Above
N	No	53746064101	FLECAINIDE ACETATE	60	\$0.87817	\$0.11575	200% Above
N	Yes	53746064101	FLECAINIDE ACETATE	60	\$0.55983	\$0.12267	200% Above
N	No	53746064201	FLECAINIDE ACETATE	120	\$0.40925	\$0.19885	101%-200% Above
N	No	53746066901	ACEBUTOLOL HYDROCHLORIDE	30	\$0.80500	\$0.68863	10%-25% Above
N	No	53746071101	GUANFACINE HYDROCHLORIDE	75	\$0.50267	\$0.33409	51%-75% Above
N	No	53746071101	GUANFACINE HYDROCHLORIDE	60	\$0.49300	\$0.34831	26%-50% Above
N	No	53746071301	GUANFACINE HYDROCHLORIDE	90	\$0.00500	\$0.53183	(76%-100%) Below
N	No	53746071301	GUANFACINE HYDROCHLORIDE	120	\$0.00500	\$0.57689	(76%-100%) Below
N	No	53746073590	FELBAMATE	105	\$0.62400	\$1.17421	(26%-50%) Below
N	No	53746074501	PROMETHAZINE HYDROCHLORIDE	175	\$0.33269	\$0.04521	200% Above
N	No	53746075101	BENAZEPRIL HYDROCHLORIDE	30	\$0.71200	\$0.05324	200% Above
N	No	53746075301	BENAZEPRIL HYDROCHLORIDE	165	\$0.61394	\$0.07980	200% Above
N	No	53746075305	BENAZEPRIL HYDROCHLORIDE	30	\$0.22267	\$0.07472	101%-200% Above
N	No	53746075401	BENAZEPRIL HYDROCHLORIDE	30	\$0.73067	\$0.08814	200% Above
N	No	53746075401	BENAZEPRIL HYDROCHLORIDE	60	\$0.66000	\$0.09132	200% Above
N	No	54092010001	MESALAMINE DR	90	\$3.64411	\$1.93605	76%-100% Above
N	No	54092010001	MESALAMINE DR	120	\$0.17500	\$2.21735	(76%-100%) Below
N	No	54092038101	ADDERALL XR	120	\$5.89575	\$6.83653	(10%-25%) Below
N	No	54092047612	LIALDA	1140	\$4.95455	\$8.97626	(26%-50%) Below
N	No	54092047612	LIALDA	1420	\$4.02499	\$8.99046	(51%-75%) Below
N	No	54436020004	XYOSTED	2	\$218.23500	\$291.24238	(26%-50%) Below
N	No	54838050280	HYDROXYZINE HYDROCHLORIDE	214	\$0.10570	\$0.04483	101%-200% Above
N	No	54838052340	FLUOXETINE HYDROCHLORIDE	225	\$0.18871	\$0.25150	(10%-25%) Below
N	No	54838057059	ARIPIRAZOLE	240	\$0.23933	\$0.99495	(76%-100%) Below
N	No	55111011230	MOXIFLOXACIN HYDROCHLORIDE	7	\$6.22429	\$1.97556	200% Above
N	No	55111012305	ATORVASTATIN CALCIUM	30	\$0.31400	\$0.05653	200% Above
N	No	55111012705	CIPROFLOXACIN HYDROCHLORIDE	14	\$0.93000	\$0.15205	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	Yes	55111012705	CIPROFLOXACIN HYDROCHLORIDE	20	\$0.39700	\$0.15205	101%-200% Above
N	No	55111013681	ZENATANE	60	\$2.30433	\$2.66481	(10%-25%) Below
N	No	55111013781	ZENATANE	240	\$4.86175	\$2.93217	51%-75% Above
N	No	55111014512	FLUCONAZOLE	75	\$6.08160	\$0.69680	200% Above
N	No	55111014512	FLUCONAZOLE	100	\$5.84220	\$0.82466	200% Above
N	Yes	55111014512	FLUCONAZOLE	1	\$6.86000	\$0.69680	200% Above
N	Yes	55111014512	FLUCONAZOLE	1	\$5.34000	\$0.82466	200% Above
N	No	55111015001	FLUOXETINE HYDROCHLORIDE	105	\$0.80743	\$0.11205	200% Above
N	No	55111015001	FLUOXETINE HYDROCHLORIDE	30	\$1.01367	\$0.13516	200% Above
N	No	55111015030	FLUOXETINE HYDROCHLORIDE	225	\$0.70249	\$0.11205	200% Above
N	No	55111015030	FLUOXETINE HYDROCHLORIDE	135	\$0.54830	\$0.13516	200% Above
N	No	55111015330	ONDANSETRON HYDROCHLORIDE	45	\$0.76622	\$0.06501	200% Above
N	No	55111015330	ONDANSETRON HYDROCHLORIDE	114	\$0.78377	\$0.06805	200% Above
N	Yes	55111015330	ONDANSETRON HYDROCHLORIDE	180	\$0.69828	\$0.06501	200% Above
N	No	55111015430	ONDANSETRON HYDROCHLORIDE	30	\$0.66933	\$0.09447	200% Above
N	No	55111015810	OMEPRAZOLE	150	\$0.55573	\$0.03293	200% Above
N	No	55111015810	OMEPRAZOLE	360	\$0.44036	\$0.03461	200% Above
N	Yes	55111015810	OMEPRAZOLE	120	\$0.27758	\$0.03461	200% Above
N	No	55111015901	OMEPRAZOLE	30	\$0.42433	\$0.05567	200% Above
N	No	55111016330	OLANZAPINE	30	\$0.10967	\$0.08284	26%-50% Above
N	No	55111016330	OLANZAPINE	60	\$0.50200	\$0.09177	200% Above
N	No	55111016730	OLANZAPINE	30	\$0.93100	\$0.13556	200% Above
N	Yes	55111016830	OLANZAPINE	60	\$0.64900	\$0.15652	200% Above
N	No	55111017910	TIZANIDINE HCL	30	\$0.29700	\$0.03954	200% Above
N	No	55111017915	TIZANIDINE HCL	173	\$0.21462	\$0.03954	200% Above
N	No	55111017915	TIZANIDINE HCL	330	\$0.28676	\$0.04375	200% Above
N	No	55111018010	TIZANIDINE HYDROCHLORIDE	864	\$0.20734	\$0.03510	200% Above
N	No	55111018010	TIZANIDINE HYDROCHLORIDE	1351	\$0.21202	\$0.04289	200% Above
N	Yes	55111018010	TIZANIDINE HYDROCHLORIDE	198	\$0.13697	\$0.04289	200% Above
N	No	55111018015	TIZANIDINE HYDROCHLORIDE	1755	\$0.24286	\$0.03510	200% Above
N	No	55111018015	TIZANIDINE HYDROCHLORIDE	2226	\$0.24044	\$0.04289	200% Above
N	Yes	55111018015	TIZANIDINE HYDROCHLORIDE	180	\$0.31267	\$0.03510	200% Above
N	Yes	55111018015	TIZANIDINE HYDROCHLORIDE	221	\$0.23910	\$0.04289	200% Above
N	No	55111019605	CLOPIDOGREL	240	\$0.53008	\$0.06356	200% Above
N	No	55111019605	CLOPIDOGREL	180	\$0.56906	\$0.06468	200% Above
N	Yes	55111019605	CLOPIDOGREL	90	\$0.46789	\$0.06356	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
Y	No	55111019605	CLOPIDOGREL	90	\$0.46678	\$0.06356	200% Above
N	No	55111025660	ZIPRASIDONE HCL	300	\$0.39523	\$0.34619	10%-25% Above
N	No	55111025760	ZIPRASIDONE HCL	90	\$0.37278	\$0.26955	26%-50% Above
N	No	55111025860	ZIPRASIDONE HCL	30	\$0.38633	\$0.32675	10%-25% Above
N	No	55111025960	ZIPRASIDONE HCL	60	\$1.39200	\$0.32843	200% Above
N	No	55111028130	LEVOFLOXACIN	10	\$2.42900	\$0.28359	200% Above
N	No	55111029198	SUMATRIPTAN SUCCINATE	25	\$2.14720	\$0.36995	200% Above
N	Yes	55111029198	SUMATRIPTAN SUCCINATE	9	\$3.36556	\$0.36995	200% Above
N	No	55111029298	SUMATRIPTAN SUCCINATE	163	\$0.56975	\$0.39440	26%-50% Above
N	No	55111029298	SUMATRIPTAN SUCCINATE	162	\$0.85784	\$0.41554	101%-200% Above
N	No	55111029336	SUMATRIPTAN SUCCINATE	27	\$1.27444	\$0.48593	101%-200% Above
N	No	55111029398	SUMATRIPTAN SUCCINATE	189	\$1.41392	\$0.48593	101%-200% Above
N	No	55111029398	SUMATRIPTAN SUCCINATE	178	\$1.31640	\$0.48942	101%-200% Above
N	No	55111032001	GLIMEPIRIDE	30	\$0.12233	\$0.02757	200% Above
N	No	55111032001	GLIMEPIRIDE	180	\$0.12939	\$0.02817	200% Above
N	No	55111032005	GLIMEPIRIDE	90	\$0.11111	\$0.02757	200% Above
N	No	55111032005	GLIMEPIRIDE	90	\$0.26078	\$0.02817	200% Above
N	No	55111032101	GLIMEPIRIDE	120	\$0.32183	\$0.03350	200% Above
N	No	55111032101	GLIMEPIRIDE	180	\$0.14478	\$0.03427	200% Above
N	Yes	55111032101	GLIMEPIRIDE	30	\$0.12967	\$0.03350	200% Above
N	Yes	55111032101	GLIMEPIRIDE	30	\$0.11500	\$0.03427	200% Above
N	No	55111032105	GLIMEPIRIDE	165	\$0.10709	\$0.03350	200% Above
N	No	55111032105	GLIMEPIRIDE	90	\$0.16611	\$0.03427	200% Above
N	No	55111032201	GLIMEPIRIDE	450	\$0.30249	\$0.03913	200% Above
N	No	55111032201	GLIMEPIRIDE	30	\$0.13333	\$0.04155	200% Above
N	No	55111032205	GLIMEPIRIDE	390	\$0.15951	\$0.03913	200% Above
N	No	55111032205	GLIMEPIRIDE	180	\$0.21661	\$0.04155	200% Above
N	Yes	55111032205	GLIMEPIRIDE	60	\$0.07717	\$0.04155	76%-100% Above
N	No	55111033290	PANTOPRAZOLE SODIUM	30	\$0.23900	\$0.04925	200% Above
N	No	55111033801	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	30	\$0.49667	\$0.12514	200% Above
N	No	55111033901	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	60	\$0.86600	\$0.10502	200% Above
N	No	55111034001	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	135	\$0.81200	\$0.12674	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	55111034101	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	90	\$0.11111	\$0.13756	(10%-25%) Below
N	No	55111034101	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	60	\$0.72917	\$0.14062	200% Above
N	Yes	55111034101	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	30	\$0.89733	\$0.14062	200% Above
N	No	55111034205	CITALOPRAM HYDROBROMIDE	30	\$0.48167	\$0.02621	200% Above
N	No	55111034405	CITALOPRAM HYDROBROMIDE	30	\$0.30967	\$0.04499	200% Above
N	No	55111039830	LANSOPRAZOLE	60	\$0.68067	\$0.16192	200% Above
Y	No	55111039905	LANSOPRAZOLE	90	\$0.20111	\$0.11040	76%-100% Above
N	No	55111039990	LANSOPRAZOLE	180	\$0.13900	\$0.11040	26%-50% Above
N	No	55111039990	LANSOPRAZOLE	60	\$0.13900	\$0.11231	10%-25% Above
N	No	55111042830	LAMOTRIGINE ER	30	\$9.82200	\$2.18798	200% Above
N	No	55111046601	METOPROLOL SUCCINATE ER	615	\$0.50076	\$0.07422	200% Above
N	No	55111046601	METOPROLOL SUCCINATE ER	330	\$0.45839	\$0.07937	200% Above
N	Yes	55111046601	METOPROLOL SUCCINATE ER	105	\$0.37371	\$0.07422	200% Above
N	No	55111046605	METOPROLOL SUCCINATE ER	825	\$0.35823	\$0.07422	200% Above
N	No	55111046605	METOPROLOL SUCCINATE ER	390	\$0.53272	\$0.07937	200% Above
N	Yes	55111046605	METOPROLOL SUCCINATE ER	30	\$0.52767	\$0.07422	200% Above
N	Yes	55111046605	METOPROLOL SUCCINATE ER	15	\$0.61867	\$0.07937	200% Above
N	No	55111046701	METOPROLOL SUCCINATE ER	465	\$0.41974	\$0.07290	200% Above
N	No	55111046701	METOPROLOL SUCCINATE ER	225	\$0.36258	\$0.07734	200% Above
N	Yes	55111046701	METOPROLOL SUCCINATE ER	210	\$0.36190	\$0.07290	200% Above
N	No	55111046705	METOPROLOL SUCCINATE ER	405	\$0.40449	\$0.07290	200% Above
N	No	55111046705	METOPROLOL SUCCINATE ER	375	\$0.36075	\$0.07734	200% Above
N	Yes	55111046705	METOPROLOL SUCCINATE ER	60	\$0.41367	\$0.07290	200% Above
N	Yes	55111046705	METOPROLOL SUCCINATE ER	30	\$0.46200	\$0.07734	200% Above
N	No	55111046801	METOPROLOL SUCCINATE ER	360	\$0.38075	\$0.12979	101%-200% Above
N	No	55111046801	METOPROLOL SUCCINATE ER	150	\$0.56133	\$0.13342	200% Above
N	Yes	55111046801	METOPROLOL SUCCINATE ER	30	\$0.44867	\$0.12979	200% Above
N	No	55111046805	METOPROLOL SUCCINATE ER	90	\$0.54922	\$0.12979	200% Above
N	No	55111046805	METOPROLOL SUCCINATE ER	90	\$0.52689	\$0.13342	200% Above
N	Yes	55111046805	METOPROLOL SUCCINATE ER	30	\$0.61300	\$0.13342	200% Above
N	Yes	55111046901	METOPROLOL SUCCINATE ER	30	\$0.70933	\$0.17674	200% Above
N	No	55111046905	METOPROLOL SUCCINATE ER	90	\$0.10600	\$0.17674	(26%-50%) Below
N	No	55111049704	CAPECITABINE	112	\$0.71768	\$0.53475	26%-50% Above
N	No	55111051930	ATOMOXETINE HYDROCHLORIDE	30	\$0.69667	\$0.54777	26%-50% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	55111051930	ATOMOXETINE HYDROCHLORIDE	30	\$0.53067	\$0.59633	(10%-25%) Below
N	No	55111052030	ATOMOXETINE HYDROCHLORIDE	60	\$2.07317	\$0.53205	200% Above
N	No	55111052130	ATOMOXETINE HYDROCHLORIDE	288	\$1.70271	\$0.68847	101%-200% Above
N	No	55111052130	ATOMOXETINE HYDROCHLORIDE	90	\$2.28289	\$0.71293	200% Above
N	No	55111052230	ATOMOXETINE HYDROCHLORIDE	120	\$1.82308	\$0.76115	101%-200% Above
N	No	55111052230	ATOMOXETINE HYDROCHLORIDE	60	\$2.44867	\$0.89273	101%-200% Above
N	No	55111052601	TACROLIMUS	180	\$0.67461	\$0.20469	200% Above
N	No	55111052701	TACROLIMUS	60	\$0.83100	\$1.12274	(26%-50%) Below
N	No	55111052830	ATOMOXETINE HYDROCHLORIDE	180	\$2.45011	\$0.48329	200% Above
N	No	55111052830	ATOMOXETINE HYDROCHLORIDE	111	\$2.20658	\$0.59776	200% Above
N	No	55111053301	DIVALPROEX SODIUM ER	30	\$0.65600	\$0.18432	200% Above
N	No	55111053405	DIVALPROEX SODIUM ER	150	\$1.19200	\$0.19016	200% Above
N	No	55111053405	DIVALPROEX SODIUM ER	150	\$0.59273	\$0.19643	200% Above
N	No	55111056330	ATOMOXETINE HYDROCHLORIDE	120	\$3.43442	\$0.66564	200% Above
N	No	55111056330	ATOMOXETINE HYDROCHLORIDE	120	\$3.10225	\$0.86225	200% Above
N	No	55111056430	ATOMOXETINE HYDROCHLORIDE	30	\$6.12500	\$0.65306	200% Above
N	No	55111056430	ATOMOXETINE HYDROCHLORIDE	90	\$4.37278	\$0.82451	200% Above
N	No	55111057543	IBANDRONATE SODIUM	3	\$22.17667	\$3.77889	200% Above
N	No	55111058601	AMLODIPINE BESYLATE/BENAZEPRIL HCL	30	\$0.56267	\$0.14507	200% Above
N	No	55111058701	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	30	\$0.50000	\$0.15119	200% Above
N	No	55111058701	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	30	\$1.22600	\$0.16926	200% Above
N	No	55111059660	MEMANTINE HYDROCHLORIDE	90	\$0.26700	\$0.08277	200% Above
N	No	55111059760	MEMANTINE HYDROCHLORIDE	60	\$0.65033	\$0.07026	200% Above
N	No	55111061701	ESZOPICLONE	91	\$0.40143	\$0.09650	200% Above
N	No	55111061701	ESZOPICLONE	30	\$0.07500	\$0.09837	(10%-25%) Below
N	No	55111061901	ESZOPICLONE	30	\$1.26533	\$0.10290	200% Above
N	No	55111061901	ESZOPICLONE	30	\$0.41033	\$0.10777	200% Above
N	Yes	55111061901	ESZOPICLONE	30	\$0.50933	\$0.10290	200% Above
N	Yes	55111061901	ESZOPICLONE	30	\$0.79900	\$0.10777	200% Above
N	No	55111062560	ZAFIRLUKAST	28	\$1.51357	\$0.74300	101%-200% Above
N	No	55111062660	ZAFIRLUKAST	60	\$0.70000	\$0.79048	(10%-25%) Below



Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	55111064501	OMEPRAZOLE	870	\$0.12754	\$0.05410	101%-200% Above
N	No	55111064501	OMEPRAZOLE	750	\$0.12749	\$0.05567	101%-200% Above
N	No	55111064505	OMEPRAZOLE	600	\$0.54352	\$0.05410	200% Above
N	No	55111064505	OMEPRAZOLE	660	\$0.49558	\$0.05567	200% Above
N	Yes	55111064505	OMEPRAZOLE	30	\$0.58967	\$0.05410	200% Above
N	No	55111064534	OMEPRAZOLE	14	\$0.68929	\$0.05410	200% Above
N	Yes	55111064534	OMEPRAZOLE	30	\$0.27433	\$0.05410	200% Above
N	No	55111065301	SIROLIMUS	30	\$3.44433	\$2.70652	26%-50% Above
N	No	55111068305	IBU	81	\$0.16198	\$0.05354	200% Above
N	No	55111068305	IBU	193	\$0.15150	\$0.05395	101%-200% Above
N	No	55111068405	IBU	20	\$0.26550	\$0.06514	200% Above
N	No	55111072030	LAMOTRIGINE ER	60	\$5.08033	\$0.90222	200% Above
N	No	55111072510	MONTELUKAST SODIUM	2310	\$0.34900	\$0.06442	200% Above
N	No	55111072510	MONTELUKAST SODIUM	2040	\$0.38132	\$0.06484	200% Above
N	Yes	55111072510	MONTELUKAST SODIUM	30	\$0.05767	\$0.06442	(10%-25%) Below
N	Yes	55111072510	MONTELUKAST SODIUM	60	\$0.46817	\$0.06484	200% Above
N	No	55111072530	MONTELUKAST SODIUM	90	\$0.20411	\$0.06484	200% Above
N	No	55111072590	MONTELUKAST SODIUM	60	\$0.77667	\$0.06442	200% Above
N	No	55111072590	MONTELUKAST SODIUM	270	\$0.24963	\$0.06484	200% Above
Y	No	55111073005	ALLOPURINOL	180	\$0.21417	\$0.07487	101%-200% Above
N	No	55111073130	VALSARTAN	90	\$0.34433	\$0.13234	101%-200% Above
N	No	55111073130	VALSARTAN	30	\$0.50000	\$0.14061	200% Above
N	No	55111073290	VALSARTAN	90	\$1.23467	\$0.14293	200% Above
N	No	55111073290	VALSARTAN	120	\$0.86317	\$0.14684	200% Above
N	No	55111073390	VALSARTAN	210	\$0.94138	\$0.18107	200% Above
N	No	55111073390	VALSARTAN	210	\$0.96281	\$0.18210	200% Above
N	No	55111073490	VALSARTAN	90	\$1.58311	\$0.22157	200% Above
N	No	55111076260	VALGANCICLOVIR	60	\$1.43517	\$3.27195	(51%-75%) Below
N	No	55150030610	PROGESTERONE	30	\$1.43900	\$1.90354	(10%-25%) Below
N	No	55150032901	MEDROXYPROGESTERONE ACETATE	1	\$8.40000	\$27.61670	(51%-75%) Below
N	No	55150033001	MEDROXYPROGESTERONE ACETATE	1	\$47.76000	\$41.83714	10%-25% Above
N	No	55494012060	BONJESTA	120	\$12.66583	\$11.17779	10%-25% Above
N	No	57237000201	HYDROCHLOROTHIAZIDE	30	\$0.12767	\$0.03133	200% Above
N	No	57237000299	HYDROCHLOROTHIAZIDE	60	\$0.28200	\$0.03133	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	57237000299	HYDROCHLOROTHIAZIDE	300	\$0.22850	\$0.03188	200% Above
N	Yes	57237000299	HYDROCHLOROTHIAZIDE	90	\$0.10078	\$0.03133	200% Above
N	No	57237000430	FLUCONAZOLE	65	\$0.96138	\$0.27798	200% Above
N	No	57237000430	FLUCONAZOLE	60	\$1.84600	\$0.32135	200% Above
N	No	57237000511	FLUCONAZOLE	113	\$7.14929	\$0.69680	200% Above
N	No	57237000511	FLUCONAZOLE	176	\$6.99074	\$0.82466	200% Above
N	Yes	57237000511	FLUCONAZOLE	2	\$8.57000	\$0.69680	200% Above
N	Yes	57237000511	FLUCONAZOLE	4	\$8.57000	\$0.82466	200% Above
N	No	57237000630	FLUCONAZOLE	10	\$2.83600	\$0.44418	200% Above
N	No	57237000630	FLUCONAZOLE	30	\$1.77267	\$0.45123	200% Above
N	No	57237000730	MIRTAZAPINE	60	\$1.45200	\$0.56996	101%-200% Above
N	No	57237000730	MIRTAZAPINE	30	\$1.34900	\$0.57757	101%-200% Above
N	No	57237001030	MIRTAZAPINE	30	\$0.37233	\$0.11746	200% Above
N	No	57237001030	MIRTAZAPINE	30	\$0.37233	\$0.11931	200% Above
N	No	57237001401	TAMSULOSIN HYDROCHLORIDE	492	\$0.53925	\$0.05642	200% Above
N	No	57237001401	TAMSULOSIN HYDROCHLORIDE	461	\$0.56215	\$0.05878	200% Above
N	Yes	57237001401	TAMSULOSIN HYDROCHLORIDE	180	\$0.28089	\$0.05642	200% Above
N	No	57237001405	TAMSULOSIN HYDROCHLORIDE	180	\$0.30522	\$0.05878	200% Above
N	No	57237001760	DULOXETINE HYDROCHLORIDE	102	\$0.42863	\$0.09786	200% Above
N	No	57237001760	DULOXETINE HYDROCHLORIDE	60	\$0.46250	\$0.09910	200% Above
N	No	57237001830	DULOXETINE HYDROCHLORIDE	60	\$0.17500	\$0.10079	51%-75% Above
N	No	57237001899	DULOXETINE HYDROCHLORIDE	30	\$0.38067	\$0.09883	200% Above
N	No	57237001899	DULOXETINE HYDROCHLORIDE	150	\$0.46213	\$0.10079	200% Above
N	Yes	57237001899	DULOXETINE HYDROCHLORIDE	60	\$0.35650	\$0.10079	200% Above
Y	No	57237001899	DULOXETINE HYDROCHLORIDE	90	\$0.40011	\$0.09883	200% Above
N	No	57237001930	DULOXETINE HYDROCHLORIDE	60	\$0.43583	\$0.11250	200% Above
N	No	57237001990	DULOXETINE HYDROCHLORIDE	90	\$0.19211	\$0.11250	51%-75% Above
N	No	57237001999	DULOXETINE HYDROCHLORIDE	120	\$0.63533	\$0.11250	200% Above
N	No	57237001999	DULOXETINE HYDROCHLORIDE	90	\$0.48178	\$0.11275	200% Above
Y	No	57237001999	DULOXETINE HYDROCHLORIDE	90	\$0.51267	\$0.11250	200% Above
Y	No	57237001999	DULOXETINE HYDROCHLORIDE	30	\$0.51267	\$0.11275	200% Above
N	No	57237002801	AMOXICILLIN	369	\$0.22810	\$0.10617	101%-200% Above
N	No	57237002801	AMOXICILLIN	417	\$0.18945	\$0.12790	26%-50% Above
N	Yes	57237002801	AMOXICILLIN	12	\$0.25833	\$0.12790	101%-200% Above
N	No	57237002901	AMOXICILLIN	445	\$0.34692	\$0.15668	101%-200% Above
N	No	57237002901	AMOXICILLIN	500	\$0.32534	\$0.17141	76%-100% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	Yes	57237002901	AMOXICILLIN	20	\$0.33350	\$0.15668	101%-200% Above
N	Yes	57237002901	AMOXICILLIN	88	\$0.32045	\$0.17141	76%-100% Above
N	No	57237002920	AMOXICILLIN	10	\$0.59500	\$0.15668	200% Above
N	No	57237003005	AMOXICILLIN	21	\$0.16524	\$0.05567	101%-200% Above
N	No	57237003105	AMOXICILLIN	198	\$0.19177	\$0.09333	101%-200% Above
N	No	57237003105	AMOXICILLIN	194	\$0.22840	\$0.10233	101%-200% Above
N	No	57237003501	CEFPROZIL	100	\$0.48190	\$0.19759	101%-200% Above
N	No	57237003501	CEFPROZIL	300	\$0.31190	\$0.21445	26%-50% Above
N	No	57237003575	CEFPROZIL	150	\$0.07953	\$0.19812	(51%-75%) Below
N	Yes	57237003575	CEFPROZIL	75	\$0.50227	\$0.19812	101%-200% Above
N	No	57237003601	CEFPROZIL	20	\$0.63800	\$0.54082	10%-25% Above
N	No	57237003750	CEFPROZIL	14	\$1.24786	\$1.09580	10%-25% Above
N	No	57237004001	PENICILLIN V POTASSIUM	88	\$0.15966	\$0.05713	101%-200% Above
N	No	57237004001	PENICILLIN V POTASSIUM	60	\$0.39917	\$0.07171	200% Above
N	No	57237004101	PENICILLIN V POTASSIUM	148	\$0.30223	\$0.09821	200% Above
N	No	57237004101	PENICILLIN V POTASSIUM	90	\$0.26956	\$0.10591	101%-200% Above
N	Yes	57237004101	PENICILLIN V POTASSIUM	28	\$0.06571	\$0.10591	(26%-50%) Below
N	No	57237004105	PENICILLIN V POTASSIUM	40	\$0.29150	\$0.10591	101%-200% Above
N	Yes	57237004105	PENICILLIN V POTASSIUM	20	\$0.50000	\$0.09821	200% Above
N	No	57237004199	PENICILLIN V POTASSIUM	122	\$0.46246	\$0.09821	200% Above
N	No	57237004199	PENICILLIN V POTASSIUM	56	\$0.34000	\$0.10591	200% Above
N	No	57237004230	VALACYCLOVIR HYDROCHLORIDE	130	\$0.79315	\$0.28541	101%-200% Above
N	No	57237004230	VALACYCLOVIR HYDROCHLORIDE	90	\$0.82656	\$0.28806	101%-200% Above
N	No	57237004290	VALACYCLOVIR HYDROCHLORIDE	210	\$0.61576	\$0.28541	101%-200% Above
N	No	57237004290	VALACYCLOVIR HYDROCHLORIDE	30	\$1.85433	\$0.28806	200% Above
Y	No	57237004290	VALACYCLOVIR HYDROCHLORIDE	180	\$1.43206	\$0.28541	200% Above
Y	No	57237004290	VALACYCLOVIR HYDROCHLORIDE	180	\$0.71567	\$0.28806	101%-200% Above
Y	Yes	57237004290	VALACYCLOVIR HYDROCHLORIDE	90	\$0.31678	\$0.28541	10%-25% Above
N	No	57237004330	VALACYCLOVIR HYDROCHLORIDE	89	\$1.41270	\$0.48253	101%-200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	57237004330	VALACYCLOVIR HYDROCHLORIDE	51	\$0.62333	\$0.50396	10%-25% Above
N	Yes	57237004330	VALACYCLOVIR HYDROCHLORIDE	4	\$0.40250	\$0.48253	(10%-25%) Below
N	No	57237004390	VALACYCLOVIR HYDROCHLORIDE	64	\$0.67594	\$0.48253	26%-50% Above
N	No	57237004390	VALACYCLOVIR HYDROCHLORIDE	12	\$0.40333	\$0.50396	(10%-25%) Below
N	Yes	57237004390	VALACYCLOVIR HYDROCHLORIDE	4	\$0.40250	\$0.48253	(10%-25%) Below
N	No	57237004560	CLARITHROMYCIN	60	\$2.08967	\$0.46711	200% Above
N	No	57237004560	CLARITHROMYCIN	60	\$1.81250	\$0.46850	200% Above
N	No	57237004701	DIVALPROEX SODIUM DR	30	\$0.13800	\$0.08680	51%-75% Above
N	No	57237004701	DIVALPROEX SODIUM DR	180	\$0.51756	\$0.09411	200% Above
N	No	57237004705	DIVALPROEX SODIUM DR	201	\$0.13791	\$0.08680	51%-75% Above
N	No	57237004705	DIVALPROEX SODIUM DR	300	\$0.23367	\$0.09411	101%-200% Above
N	No	57237004801	DIVALPROEX SODIUM DR	90	\$0.22467	\$0.15880	26%-50% Above
N	No	57237004805	DIVALPROEX SODIUM DR	150	\$0.22467	\$0.15880	26%-50% Above
N	No	57237004805	DIVALPROEX SODIUM DR	210	\$0.39071	\$0.17593	101%-200% Above
N	No	57237005920	CEFUROXIME AXETIL	30	\$0.59633	\$0.47293	26%-50% Above
N	No	57237005920	CEFUROXIME AXETIL	10	\$0.59600	\$0.49697	10%-25% Above
N	No	57237005960	CEFUROXIME AXETIL	28	\$2.08250	\$0.47293	200% Above
N	No	57237007530	ONDANSETRON HYDROCHLORIDE	133	\$0.62699	\$0.06501	200% Above
N	No	57237007530	ONDANSETRON HYDROCHLORIDE	200	\$0.53670	\$0.06805	200% Above
N	Yes	57237007530	ONDANSETRON HYDROCHLORIDE	31	\$0.60323	\$0.06501	200% Above
N	Yes	57237007530	ONDANSETRON HYDROCHLORIDE	20	\$0.04900	\$0.06805	(26%-50%) Below
N	No	57237007550	ONDANSETRON HYDROCHLORIDE	20	\$0.90200	\$0.06501	200% Above
N	No	57237007630	ONDANSETRON HYDROCHLORIDE	108	\$0.61278	\$0.09447	200% Above
N	No	57237007630	ONDANSETRON HYDROCHLORIDE	75	\$0.52773	\$0.09734	200% Above
N	No	57237007650	ONDANSETRON HYDROCHLORIDE	30	\$0.94567	\$0.09734	200% Above
N	No	57237007710	ONDANSETRON ODT	958	\$0.72602	\$0.16872	200% Above
N	No	57237007710	ONDANSETRON ODT	704	\$0.98697	\$0.18262	200% Above
N	Yes	57237007710	ONDANSETRON ODT	19	\$2.35368	\$0.16872	200% Above
N	Yes	57237007710	ONDANSETRON ODT	59	\$1.65322	\$0.18262	200% Above
N	No	57237007730	ONDANSETRON ODT	140	\$0.97357	\$0.16872	200% Above
N	No	57237007730	ONDANSETRON ODT	101	\$0.98356	\$0.18262	200% Above
N	No	57237007810	ONDANSETRON ODT	421	\$0.30886	\$0.19804	51%-75% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	57237007830	ONDANSETRON ODT	123	\$1.25236	\$0.19708	200% Above
N	No	57237007830	ONDANSETRON ODT	69	\$1.47043	\$0.19804	200% Above
N	Yes	57237007830	ONDANSETRON ODT	50	\$1.73040	\$0.19804	200% Above
N	No	57237008663	RIZATRIPTAN BENZOATE ODT	9	\$1.83333	\$0.62338	101%-200% Above
N	No	57237008663	RIZATRIPTAN BENZOATE ODT	14	\$3.54286	\$0.62967	200% Above
N	No	57237008763	RIZATRIPTAN BENZOATE	4	\$0.56500	\$0.48354	10%-25% Above
N	No	57237008863	RIZATRIPTAN BENZOATE	30	\$0.91667	\$0.34033	101%-200% Above
N	No	57237008863	RIZATRIPTAN BENZOATE	18	\$2.10111	\$0.35836	200% Above
N	No	57237009101	TRANDOLAPRIL	30	\$0.86767	\$0.24134	200% Above
N	No	57237009601	CEFADROXIL	14	\$1.57643	\$0.30590	200% Above
N	No	57237009601	CEFADROXIL	80	\$1.30688	\$0.31385	200% Above
N	No	57237009960	CEFDINIR	55	\$0.17455	\$0.49194	(51%-75%) Below
N	No	57237009960	CEFDINIR	20	\$0.83350	\$0.50459	51%-75% Above
N	Yes	57237010001	METOPROLOL TARTRATE	60	\$0.06167	\$0.01788	200% Above
N	No	57237010099	METOPROLOL TARTRATE	30	\$0.18933	\$0.01788	200% Above
N	No	57237010099	METOPROLOL TARTRATE	60	\$0.18917	\$0.01833	200% Above
N	Yes	57237010099	METOPROLOL TARTRATE	30	\$0.01267	\$0.01788	(26%-50%) Below
N	No	57237010199	METOPROLOL TARTRATE	120	\$0.13725	\$0.02059	200% Above
N	Yes	57237010199	METOPROLOL TARTRATE	30	\$0.01567	\$0.02059	(10%-25%) Below
N	Yes	57237010199	METOPROLOL TARTRATE	60	\$0.01500	\$0.02218	(26%-50%) Below
Y	No	57237010199	METOPROLOL TARTRATE	180	\$0.10844	\$0.02218	200% Above
Y	Yes	57237010199	METOPROLOL TARTRATE	180	\$0.15322	\$0.02059	200% Above
N	No	57237010299	METOPROLOL TARTRATE	60	\$0.26317	\$0.02852	200% Above
N	No	57237010601	DIVALPROEX SODIUM DR	180	\$0.19017	\$0.05516	200% Above
N	Yes	57237010601	DIVALPROEX SODIUM DR	90	\$0.30356	\$0.06529	200% Above
N	No	57237011490	ALFUZOSIN HCL ER	90	\$0.49489	\$0.11328	200% Above
N	No	57237011490	ALFUZOSIN HCL ER	240	\$0.59667	\$0.11485	200% Above
N	No	57237011999	WARFARIN SODIUM	30	\$0.16000	\$0.09642	51%-75% Above
N	No	57237012101	WARFARIN SODIUM	40	\$0.20550	\$0.10525	76%-100% Above
N	No	57237012401	WARFARIN SODIUM	30	\$0.16000	\$0.09211	51%-75% Above
N	No	57237012401	WARFARIN SODIUM	30	\$0.16000	\$0.09880	51%-75% Above
N	No	57237014301	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	90	\$0.21156	\$0.10327	101%-200% Above
N	No	57237014301	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	60	\$0.86583	\$0.10502	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	57237014401	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	30	\$0.46667	\$0.12312	200% Above
N	No	57237014401	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	60	\$0.77883	\$0.12674	200% Above
N	No	57237014501	AMLODIPINE BESYLATE/BENAZEPRIL HCL	30	\$1.22600	\$0.15119	200% Above
N	Yes	57237014501	AMLODIPINE BESYLATE/BENAZEPRIL HCL	30	\$0.12700	\$0.16926	(10%-25%) Below
N	No	57237014601	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	90	\$0.53989	\$0.13756	200% Above
N	No	57237014601	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	60	\$0.60067	\$0.14062	200% Above
N	No	57237014701	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	90	\$0.18244	\$0.14419	26%-50% Above
N	No	57237014701	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	30	\$1.29900	\$0.14507	200% Above
N	No	57237015430	MODAFINIL	60	\$0.41033	\$0.24414	51%-75% Above
N	No	57237015530	MODAFINIL	30	\$0.56533	\$0.44276	26%-50% Above
N	No	57237016190	OMEPRAZOLE	30	\$0.44200	\$0.03293	200% Above
N	No	57237016199	OMEPRAZOLE	494	\$0.50275	\$0.03293	200% Above
N	No	57237016199	OMEPRAZOLE	840	\$0.50013	\$0.03461	200% Above
N	Yes	57237016199	OMEPRAZOLE	30	\$0.41133	\$0.03461	200% Above
N	No	57237016250	OMEPRAZOLE	60	\$0.44400	\$0.05410	200% Above
N	No	57237016250	OMEPRAZOLE	150	\$0.35993	\$0.05567	200% Above
N	Yes	57237016250	OMEPRAZOLE	120	\$0.05958	\$0.05410	10%-25% Above
Y	No	57237016250	OMEPRAZOLE	180	\$0.15989	\$0.05410	101%-200% Above
Y	No	57237016250	OMEPRAZOLE	360	\$0.36528	\$0.05567	200% Above
Y	Yes	57237016250	OMEPRAZOLE	90	\$0.39400	\$0.05410	200% Above
N	No	57237016290	OMEPRAZOLE	30	\$0.14167	\$0.05410	101%-200% Above
N	No	57237016290	OMEPRAZOLE	30	\$0.44400	\$0.05567	200% Above
N	Yes	57237016290	OMEPRAZOLE	30	\$0.04333	\$0.05410	(10%-25%) Below
N	No	57237016990	ROSUVASTATIN CALCIUM	60	\$0.19100	\$0.04990	200% Above
N	No	57237016990	ROSUVASTATIN CALCIUM	30	\$0.48900	\$0.05258	200% Above
N	No	57237016999	ROSUVASTATIN CALCIUM	72	\$0.48903	\$0.04990	200% Above
N	No	57237016999	ROSUVASTATIN CALCIUM	30	\$0.03967	\$0.05258	(10%-25%) Below
N	No	57237017090	ROSUVASTATIN CALCIUM	30	\$0.36800	\$0.06569	200% Above
N	No	57237017105	ROSUVASTATIN CALCIUM	30	\$0.50067	\$0.11148	200% Above

**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	57237017190	ROSUVASTATIN CALCIUM	30	\$0.50067	\$0.11148	200% Above
N	No	57237017301	VENLAFAXINE HCL	30	\$0.26267	\$0.07866	200% Above
N	No	57237021230	MONTELUKAST SODIUM	360	\$0.29708	\$0.08320	200% Above
N	No	57237021230	MONTELUKAST SODIUM	150	\$0.32940	\$0.08540	200% Above
N	No	57237021290	MONTELUKAST SODIUM	210	\$0.23319	\$0.08320	101%-200% Above
N	No	57237021290	MONTELUKAST SODIUM	30	\$0.14800	\$0.08540	51%-75% Above
N	No	57237021330	MONTELUKAST SODIUM	60	\$0.74567	\$0.07589	200% Above
N	No	57237021330	MONTELUKAST SODIUM	90	\$0.69022	\$0.08388	200% Above
N	Yes	57237021330	MONTELUKAST SODIUM	30	\$0.57933	\$0.08388	200% Above
N	No	57237021390	MONTELUKAST SODIUM	300	\$0.22257	\$0.07589	101%-200% Above
N	No	57237021390	MONTELUKAST SODIUM	300	\$0.22257	\$0.08388	101%-200% Above
N	No	57237021930	PIOGLITAZONE HYDROCHLORIDE	30	\$0.69900	\$0.08212	200% Above
N	No	57237022005	PIOGLITAZONE HYDROCHLORIDE	150	\$0.41720	\$0.10586	200% Above
N	Yes	57237022005	PIOGLITAZONE HYDROCHLORIDE	60	\$0.19200	\$0.10586	76%-100% Above
N	No	57237022030	PIOGLITAZONE HYDROCHLORIDE	120	\$0.81633	\$0.10586	200% Above
N	No	57237022030	PIOGLITAZONE HYDROCHLORIDE	30	\$0.45033	\$0.11301	200% Above
N	No	57237022090	PIOGLITAZONE HYDROCHLORIDE	120	\$0.41767	\$0.10586	200% Above
N	Yes	57237022090	PIOGLITAZONE HYDROCHLORIDE	60	\$0.72933	\$0.11301	200% Above
N	No	57237022130	PIOGLITAZONE HCL	30	\$0.88567	\$0.13503	200% Above
N	No	57237022301	RAMIPRIL	30	\$0.26667	\$0.06092	200% Above
N	No	57237022501	RAMIPRIL	60	\$0.56783	\$0.07236	200% Above
N	No	57237023301	SULFAMETHOXAZOLE/TRIMETHO PRIM DS	234	\$0.10650	\$0.05501	76%-100% Above
N	No	57237023301	SULFAMETHOXAZOLE/TRIMETHO PRIM DS	314	\$0.17806	\$0.05595	200% Above
N	No	57237023305	SULFAMETHOXAZOLE/TRIMETHO PRIM DS	130	\$0.21785	\$0.05501	200% Above
N	No	57237023305	SULFAMETHOXAZOLE/TRIMETHO PRIM DS	128	\$0.36797	\$0.05595	200% Above
N	No	57237024001	ZALEPLON	60	\$0.62067	\$0.14819	200% Above
N	No	57237024001	ZALEPLON	60	\$1.40167	\$0.17223	200% Above
N	No	57664004788	LISDEXAMFETAMINE DIMESYLATE	90	\$2.29533	\$3.27697	(26%-50%) Below
Y	No	57664004788	LISDEXAMFETAMINE DIMESYLATE	90	\$4.89678	\$3.27697	26%-50% Above
N	No	57664004888	LISDEXAMFETAMINE DIMESYLATE	180	\$2.56633	\$3.94412	(26%-50%) Below
N	No	57664004988	LISDEXAMFETAMINE DIMESYLATE	90	\$2.82089	\$3.33140	(10%-25%) Below
Y	No	57664004988	LISDEXAMFETAMINE DIMESYLATE	15	\$1.80267	\$3.33140	(26%-50%) Below

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	57664005088	LISDEXAMFETAMINE DIMESYLATE	150	\$2.09613	\$3.31215	(26%-50%) Below
N	No	57664005188	LISDEXAMFETAMINE DIMESYLATE	120	\$1.62667	\$3.16068	(26%-50%) Below
N	No	57664005288	LISDEXAMFETAMINE DIMESYLATE	30	\$6.03833	\$3.25036	76%-100% Above
N	No	57664016758	METOPROLOL TARTRATE	120	\$0.17650	\$0.02694	200% Above
N	No	57664022888	METHYLPHENIDATE HYDROCHLORIDE	132	\$0.13606	\$0.09515	26%-50% Above
N	No	57664022888	METHYLPHENIDATE HYDROCHLORIDE	60	\$0.24350	\$0.11071	101%-200% Above
N	No	57664022988	METHYLPHENIDATE HYDROCHLORIDE	195	\$0.29077	\$0.11912	101%-200% Above
N	No	57664022988	METHYLPHENIDATE HYDROCHLORIDE	120	\$0.31667	\$0.14999	101%-200% Above
N	No	57664023088	METHYLPHENIDATE HYDROCHLORIDE	120	\$0.24400	\$0.17475	26%-50% Above
N	No	57664023088	METHYLPHENIDATE HYDROCHLORIDE	90	\$0.40433	\$0.24688	51%-75% Above
N	No	57664037708	TRAMADOL HYDROCHLORIDE	56	\$0.24768	\$0.02747	200% Above
N	No	57664037708	TRAMADOL HYDROCHLORIDE	60	\$0.16850	\$0.03046	200% Above
N	No	57664037718	TRAMADOL HYDROCHLORIDE	60	\$0.19900	\$0.02747	200% Above
N	No	57664037718	TRAMADOL HYDROCHLORIDE	120	\$0.02100	\$0.03046	(26%-50%) Below
N	Yes	57664037718	TRAMADOL HYDROCHLORIDE	54	\$0.07444	\$0.02747	101%-200% Above
N	No	57664037888	DEXMETHYLPHENIDATE HCL	60	\$0.28100	\$0.24895	10%-25% Above
N	No	57664037988	DEXMETHYLPHENIDATE HCL	90	\$0.47411	\$0.34048	26%-50% Above
N	No	57664047758	METOPROLOL TARTRATE	30	\$0.06833	\$0.02059	200% Above
N	No	57664047758	METOPROLOL TARTRATE	60	\$0.25950	\$0.02218	200% Above
N	Yes	57664047758	METOPROLOL TARTRATE	150	\$0.08813	\$0.02218	200% Above
N	No	57664049983	MIRTAZAPINE	30	\$0.11767	\$0.06440	76%-100% Above
N	No	57664049983	MIRTAZAPINE	60	\$0.11767	\$0.06448	76%-100% Above
N	No	57664050083	MIRTAZAPINE	30	\$0.73633	\$0.08191	200% Above
N	No	57664050083	MIRTAZAPINE	135	\$0.64481	\$0.08352	200% Above
N	No	57664050183	MIRTAZAPINE	90	\$0.40389	\$0.11931	200% Above
N	No	57664050289	TIZANIDINE HYDROCHLORIDE	30	\$0.29700	\$0.03954	200% Above
N	No	57664050318	TIZANIDINE HYDROCHLORIDE	240	\$0.31179	\$0.03510	200% Above
N	No	57664050318	TIZANIDINE HYDROCHLORIDE	30	\$0.25933	\$0.04289	200% Above
Y	No	57664050318	TIZANIDINE HYDROCHLORIDE	30	\$0.17633	\$0.03510	200% Above
Y	No	57664050318	TIZANIDINE HYDROCHLORIDE	180	\$0.19528	\$0.04289	200% Above
N	No	57664050389	TIZANIDINE HYDROCHLORIDE	150	\$0.24420	\$0.03510	200% Above
N	No	57664050658	METOPROLOL TARTRATE	240	\$0.12983	\$0.01788	200% Above



**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	57664050658	METOPROLOL TARTRATE	270	\$0.06900	\$0.01833	200% Above
N	No	57664051083	MIRTAZAPINE	30	\$1.80567	\$0.56996	200% Above
N	No	57664051083	MIRTAZAPINE	60	\$1.80767	\$0.57757	200% Above
N	No	57664062288	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	3	\$4.26667	\$1.33873	200% Above
N	No	57664062488	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	30	\$0.40800	\$1.73901	(76%-100%) Below
N	No	57664062888	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	30	\$1.13667	\$2.19763	(26%-50%) Below
N	No	58657045401	ME/NAPHOS/MB/HYO 1	30	\$2.11600	\$4.35599	(51%-75%) Below
N	No	58657045401	ME/NAPHOS/MB/HYO 1	150	\$2.11607	\$4.43784	(51%-75%) Below
N	No	58657050004	CODEINE/GUAIFENESIN	1678	\$0.09858	\$0.04472	101%-200% Above
N	No	58657064750	CLONIDINE HYDROCHLORIDE	60	\$0.00500	\$0.02694	(76%-100%) Below
N	No	58657064750	CLONIDINE HYDROCHLORIDE	30	\$0.00500	\$0.02738	(76%-100%) Below
N	No	58657064810	CLONIDINE HYDROCHLORIDE	30	\$0.18867	\$0.03672	200% Above
N	Yes	58657067601	CIPROFLOXACIN HYDROCHLORIDE	6	\$0.39667	\$0.15205	101%-200% Above
N	No	59011041010	OXYCONTIN	60	\$3.88483	\$4.69967	(10%-25%) Below
N	No	59148003713	REXULTI	120	\$35.61792	\$45.35384	(10%-25%) Below
N	No	59148004013	REXULTI	90	\$32.92178	\$45.26597	(26%-50%) Below
N	No	59310058020	PROAIR RESPICLICK	1	\$73.66000	\$65.27560	10%-25% Above
N	No	59385002260	BELBUCA	60	\$7.33567	\$6.47324	10%-25% Above
N	No	59417010110	VYVANSE	30	\$13.06267	\$11.77500	10%-25% Above
N	No	59651000101	OMEPRAZOLE DR	120	\$0.69117	\$0.08660	200% Above
N	No	59651000101	OMEPRAZOLE DR	90	\$0.85267	\$0.09061	200% Above
N	No	59651000205	OMEPRAZOLE	60	\$0.03100	\$0.03461	(10%-25%) Below
N	Yes	59651000205	OMEPRAZOLE	30	\$0.02267	\$0.03293	(26%-50%) Below
N	Yes	59651000205	OMEPRAZOLE	30	\$0.03933	\$0.03461	10%-25% Above
N	No	59651000290	OMEPRAZOLE	30	\$0.24233	\$0.03293	200% Above
N	No	59651000305	OMEPRAZOLE DR	1424	\$0.65420	\$0.05410	200% Above
N	No	59651000305	OMEPRAZOLE DR	1254	\$0.65238	\$0.05567	200% Above
N	Yes	59651000305	OMEPRAZOLE DR	690	\$0.44617	\$0.05567	200% Above
N	No	59651000330	OMEPRAZOLE DR	510	\$0.41271	\$0.05410	200% Above
N	No	59651000330	OMEPRAZOLE DR	660	\$0.39830	\$0.05567	200% Above
N	Yes	59651000330	OMEPRAZOLE DR	120	\$0.44000	\$0.05567	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	59651000715	AZITHROMYCIN	30	\$0.80667	\$0.44717	76%-100% Above
N	No	59651000715	AZITHROMYCIN	75	\$0.76613	\$0.48763	51%-75% Above
N	No	59651000815	AZITHROMYCIN	15	\$0.24267	\$0.40201	(26%-50%) Below
N	No	59651000815	AZITHROMYCIN	30	\$0.81633	\$0.42703	76%-100% Above
N	No	59651000823	AZITHROMYCIN	67.5	\$0.90474	\$0.29382	200% Above
N	No	59651000823	AZITHROMYCIN	45	\$0.89822	\$0.31550	101%-200% Above
N	No	59651000830	AZITHROMYCIN	120	\$0.32633	\$0.25715	26%-50% Above
N	No	59651000830	AZITHROMYCIN	120	\$0.70575	\$0.26320	101%-200% Above
N	No	59651002601	AMOXICILLIN/CLAVULANATE POTASSIUM	100	\$0.60500	\$0.46981	26%-50% Above
N	No	59651002601	AMOXICILLIN/CLAVULANATE POTASSIUM	400	\$0.52930	\$0.47782	10%-25% Above
N	Yes	59651002601	AMOXICILLIN/CLAVULANATE POTASSIUM	200	\$0.60500	\$0.46981	26%-50% Above
N	No	59651002655	AMOXICILLIN/CLAVULANATE POTASSIUM	150	\$0.59267	\$0.33172	76%-100% Above
N	No	59651002988	LO-ZUMANDIMINE	112	\$0.14250	\$0.25336	(26%-50%) Below
Y	No	59651002988	LO-ZUMANDIMINE	84	\$0.70000	\$0.25331	101%-200% Above
N	No	59651003085	ZUMANDIMINE	84	\$0.60000	\$0.19229	200% Above
N	No	59651005205	EZETIMIBE	180	\$0.23306	\$0.08096	101%-200% Above
N	No	59651005205	EZETIMIBE	195	\$0.37600	\$0.08767	200% Above
N	Yes	59651005205	EZETIMIBE	120	\$0.27117	\$0.08096	200% Above
N	Yes	59651005205	EZETIMIBE	30	\$0.03767	\$0.08767	(51%-75%) Below
N	No	59651005230	EZETIMIBE	645	\$0.64020	\$0.08096	200% Above
N	No	59651005230	EZETIMIBE	450	\$0.55460	\$0.08767	200% Above
N	No	59651005290	EZETIMIBE	180	\$1.19756	\$0.08096	200% Above
N	No	59651005290	EZETIMIBE	90	\$0.43122	\$0.08767	200% Above
N	Yes	59651005290	EZETIMIBE	30	\$0.34900	\$0.08096	200% Above
N	No	59651010569	ELETRIPTAN HYDROBROMIDE	34	\$4.16500	\$2.39121	51%-75% Above
N	No	59651015201	PROGESTERONE	300	\$0.88200	\$0.24760	200% Above
N	No	59651015201	PROGESTERONE	450	\$1.17947	\$0.24871	200% Above
N	Yes	59651015201	PROGESTERONE	30	\$1.39700	\$0.24760	200% Above
Y	No	59651015201	PROGESTERONE	90	\$1.54978	\$0.24871	200% Above
N	No	59651015301	PROGESTERONE	450	\$1.11118	\$0.49929	101%-200% Above
N	No	59651015301	PROGESTERONE	446	\$1.26919	\$0.52510	101%-200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
Y	Yes	59651015301	PROGESTERONE	90	\$1.38211	\$0.52510	101%-200% Above
N	No	59651017301	DOXEPIN HYDROCHLORIDE	30	\$0.43733	\$0.10128	200% Above
N	No	59651017401	DOXEPIN HYDROCHLORIDE	30	\$0.57533	\$0.16017	200% Above
N	No	59651018201	METHOTREXATE SODIUM	252	\$1.11762	\$0.22665	200% Above
N	No	59651018201	METHOTREXATE SODIUM	262	\$0.93370	\$0.23874	200% Above
N	Yes	59651018201	METHOTREXATE SODIUM	20	\$1.63500	\$0.22665	200% Above
N	Yes	59651018201	METHOTREXATE SODIUM	24	\$1.63500	\$0.23874	200% Above
N	No	59651020508	CAPECITABINE	84	\$5.97548	\$0.53475	200% Above
N	No	59651020508	CAPECITABINE	84	\$5.97548	\$0.54794	200% Above
N	No	59651021430	AZELASTINE HYDROCHLORIDE	690	\$1.19852	\$0.29308	200% Above
N	No	59651021430	AZELASTINE HYDROCHLORIDE	1050	\$1.08313	\$0.30199	200% Above
N	Yes	59651021430	AZELASTINE HYDROCHLORIDE	60	\$0.77767	\$0.29308	101%-200% Above
N	Yes	59651021430	AZELASTINE HYDROCHLORIDE	90	\$1.04544	\$0.30199	200% Above
Y	No	59651021430	AZELASTINE HYDROCHLORIDE	120	\$0.25083	\$0.29308	(10%-25%) Below
N	No	59651023630	ANASTROZOLE	124	\$0.74153	\$0.16511	200% Above
N	No	59651023690	ANASTROZOLE	15	\$1.36467	\$0.15796	200% Above
N	Yes	59651023690	ANASTROZOLE	30	\$0.12333	\$0.15796	(10%-25%) Below
Y	No	59651023690	ANASTROZOLE	180	\$0.62678	\$0.15796	200% Above
N	No	59651025601	PROPAFENONE HYDROCHLORIDE	60	\$0.30733	\$0.12984	101%-200% Above
N	No	59651025701	PROPAFENONE HYDROCHLORIDE	90	\$1.24567	\$0.16048	200% Above
N	No	59651027005	GLIPIZIDE ER	180	\$0.18550	\$0.16361	10%-25% Above
N	No	59651029501	NIFEDIPINE ER	240	\$0.77417	\$0.09323	200% Above
N	No	59651029501	NIFEDIPINE ER	60	\$0.41100	\$0.09572	200% Above
N	No	59651029601	NIFEDIPINE ER	120	\$0.57825	\$0.12509	200% Above
N	No	59651029601	NIFEDIPINE ER	60	\$1.05300	\$0.13976	200% Above
N	No	59651029701	NIFEDIPINE ER	90	\$1.31433	\$0.24361	200% Above
N	No	59651029960	TAMOXIFEN CITRATE	15	\$0.53667	\$0.16421	200% Above
N	Yes	59651029960	TAMOXIFEN CITRATE	30	\$0.34600	\$0.20891	51%-75% Above
N	No	59651030030	TAMOXIFEN CITRATE	360	\$0.73936	\$0.33590	101%-200% Above
N	No	59651030030	TAMOXIFEN CITRATE	360	\$0.65042	\$0.34142	76%-100% Above
N	Yes	59651030030	TAMOXIFEN CITRATE	30	\$0.77833	\$0.33590	101%-200% Above
N	No	59651030801	FLUOXETINE HYDROCHLORIDE	30	\$0.47633	\$0.11205	200% Above
N	No	59651030830	FLUOXETINE HYDROCHLORIDE	35	\$0.98743	\$0.11205	200% Above
N	No	59651030830	FLUOXETINE HYDROCHLORIDE	60	\$0.42450	\$0.13516	200% Above
N	No	59651030901	FLUOXETINE HYDROCHLORIDE	165	\$0.49970	\$0.10624	200% Above

**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	59651030901	FLUOXETINE HYDROCHLORIDE	90	\$0.63400	\$0.15018	200% Above
N	No	59651030930	FLUOXETINE HYDROCHLORIDE	30	\$0.40000	\$0.10624	200% Above
N	No	59651031677	TIZANIDINE HYDROCHLORIDE	90	\$1.32667	\$0.20653	200% Above
N	No	59651032430	FLUOXETINE HYDROCHLORIDE	45	\$1.84867	\$0.45182	200% Above
N	No	59651032430	FLUOXETINE HYDROCHLORIDE	30	\$1.84867	\$0.48948	200% Above
N	No	59651034930	LEFLUNOMIDE	90	\$0.27633	\$0.36579	(10%-25%) Below
N	No	59651036105	IBUPROFEN	185	\$0.31611	\$0.05354	200% Above
N	No	59651036105	IBUPROFEN	276	\$0.22373	\$0.05395	200% Above
N	No	59651036205	IBUPROFEN	1125	\$0.24908	\$0.06514	200% Above
N	No	59651036205	IBUPROFEN	1600	\$0.30379	\$0.06648	200% Above
N	Yes	59651036205	IBUPROFEN	210	\$0.25567	\$0.06514	200% Above
N	Yes	59651036205	IBUPROFEN	111	\$0.35225	\$0.06648	200% Above
N	No	59651039001	BUSPIRONE HYDROCHLORIDE	120	\$0.34717	\$0.12982	101%-200% Above
N	No	59651039001	BUSPIRONE HYDROCHLORIDE	510	\$0.51802	\$0.14939	200% Above
N	No	59651039205	BUSPIRONE HYDROCHLORIDE	90	\$0.34378	\$0.04868	200% Above
N	Yes	59651039205	BUSPIRONE HYDROCHLORIDE	90	\$0.03467	\$0.04868	(26%-50%) Below
N	No	59651039360	BUSPIRONE HYDROCHLORIDE	120	\$0.87933	\$0.11771	200% Above
N	No	59651039360	BUSPIRONE HYDROCHLORIDE	60	\$0.87933	\$0.11924	200% Above
N	No	59651042605	SPIRONOLACTONE	418	\$0.27105	\$0.05314	200% Above
N	No	59651042605	SPIRONOLACTONE	630	\$0.19749	\$0.05414	200% Above
N	No	59651042701	SPIRONOLACTONE	510	\$0.32839	\$0.10329	200% Above
N	No	59651042701	SPIRONOLACTONE	1140	\$0.33134	\$0.10850	200% Above
N	Yes	59651042701	SPIRONOLACTONE	30	\$0.09600	\$0.10850	(10%-25%) Below
N	No	59651042801	SPIRONOLACTONE	510	\$0.48947	\$0.19384	101%-200% Above
N	No	59651042801	SPIRONOLACTONE	690	\$0.67342	\$0.19967	200% Above
N	No	59651045501	COLCHICINE	30	\$1.63333	\$0.31236	200% Above
N	Yes	59651048401	PREDNISONE	7	\$0.08143	\$0.04678	51%-75% Above
N	No	59651051630	EXEMESTANE	60	\$2.25000	\$0.88988	101%-200% Above
N	No	59651051630	EXEMESTANE	90	\$2.05733	\$0.90395	101%-200% Above
N	No	59651056601	DICLOXACILLIN SODIUM	40	\$1.42475	\$1.04777	26%-50% Above
N	No	59651056601	DICLOXACILLIN SODIUM	20	\$1.04200	\$1.17465	(10%-25%) Below
N	No	59651057590	FENOFIBRATE	30	\$0.55433	\$0.09462	200% Above
N	No	59651072201	CLONAZEPAM	75	\$0.33813	\$0.02623	200% Above
N	No	59651072299	CLONAZEPAM	30	\$0.21967	\$0.02623	200% Above
N	No	59651072401	CLONAZEPAM	60	\$0.32800	\$0.03883	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	59651078030	GLIPIZIDE ER	30	\$0.23267	\$0.13917	51%-75% Above
N	No	59651078105	GLIPIZIDE ER	30	\$0.22400	\$0.08688	101%-200% Above
N	Yes	59651078105	GLIPIZIDE ER	30	\$0.23567	\$0.08688	101%-200% Above
Y	No	59651078105	GLIPIZIDE ER	180	\$0.30494	\$0.08966	200% Above
N	No	59651078201	GLIPIZIDE ER	30	\$0.18567	\$0.16361	10%-25% Above
N	No	59651078201	GLIPIZIDE ER	30	\$0.35333	\$0.16903	101%-200% Above
N	Yes	59651078201	GLIPIZIDE ER	60	\$0.18550	\$0.16361	10%-25% Above
N	Yes	59651078205	GLIPIZIDE ER	30	\$0.29433	\$0.16361	76%-100% Above
N	No	59676056630	PREZISTA	60	\$59.50633	\$67.95128	(10%-25%) Below
N	No	59676057530	PREZCOBIX	30	\$60.82967	\$77.23757	(10%-25%) Below
N	No	59746000103	METHYLPREDNISOLONE DOSE PACK	3612	\$0.65491	\$0.14299	200% Above
N	No	59746000103	METHYLPREDNISOLONE DOSE PACK	3360	\$0.63577	\$0.14829	200% Above
N	Yes	59746000103	METHYLPREDNISOLONE DOSE PACK	105	\$0.87133	\$0.14299	200% Above
N	Yes	59746000103	METHYLPREDNISOLONE DOSE PACK	105	\$0.44381	\$0.14829	101%-200% Above
N	No	59746000106	METHYLPREDNISOLONE	276	\$0.65634	\$0.16424	200% Above
N	No	59746000106	METHYLPREDNISOLONE	354	\$0.61986	\$0.17524	200% Above
N	Yes	59746000106	METHYLPREDNISOLONE	42	\$1.13952	\$0.16424	200% Above
N	No	59746000204	METHYLPREDNISOLONE	21	\$1.40714	\$1.13000	10%-25% Above
N	No	59746011506	PROCHLORPERAZINE MALEATE	230	\$0.48130	\$0.42876	10%-25% Above
N	No	59746011506	PROCHLORPERAZINE MALEATE	30	\$0.33333	\$0.43112	(10%-25%) Below
N	No	59746012106	MECLIZINE HCL	30	\$0.21867	\$0.10653	101%-200% Above
N	No	59746012206	MECLIZINE HCL	10	\$0.14400	\$0.06482	101%-200% Above
N	No	59746017106	PREDNISONE	80	\$0.25613	\$0.04678	200% Above
N	No	59746017206	PREDNISONE	30	\$0.12933	\$0.04631	101%-200% Above
N	No	59746017206	PREDNISONE	90	\$0.14433	\$0.04988	101%-200% Above
N	No	59746017210	PREDNISONE	207	\$0.18870	\$0.04631	200% Above
N	No	59746017210	PREDNISONE	205	\$0.29634	\$0.04988	200% Above
N	Yes	59746017210	PREDNISONE	30	\$0.21967	\$0.04631	200% Above
N	Yes	59746017210	PREDNISONE	51	\$0.07706	\$0.04988	51%-75% Above
N	No	59746017306	PREDNISONE	39	\$0.33282	\$0.05601	200% Above
N	No	59746017306	PREDNISONE	39	\$0.55821	\$0.05744	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	59746017310	PREDNISONE	248	\$0.29488	\$0.05601	200% Above
N	No	59746017310	PREDNISONE	329	\$0.19353	\$0.05744	200% Above
N	Yes	59746017310	PREDNISONE	36	\$0.34778	\$0.05601	200% Above
N	Yes	59746017310	PREDNISONE	120	\$0.20708	\$0.05744	200% Above
N	No	59746017506	PREDNISONE	109	\$0.31413	\$0.08401	200% Above
N	No	59746017506	PREDNISONE	67	\$0.23493	\$0.08601	101%-200% Above
N	Yes	59746017506	PREDNISONE	15	\$0.46733	\$0.08401	200% Above
N	No	59746017509	PREDNISONE	387	\$0.24801	\$0.08401	101%-200% Above
N	No	59746017509	PREDNISONE	353	\$0.42323	\$0.08601	200% Above
N	Yes	59746017509	PREDNISONE	15	\$0.40067	\$0.08401	200% Above
N	Yes	59746017509	PREDNISONE	52.5	\$0.26152	\$0.08601	200% Above
N	No	59746017710	CYCLOBENZAPRINE HYDROCHLORIDE	26	\$0.27846	\$0.02342	200% Above
N	Yes	59746017710	CYCLOBENZAPRINE HYDROCHLORIDE	20	\$0.37950	\$0.02251	200% Above
N	No	59746021110	CYCLOBENZAPRINE HYDROCHLORIDE	60	\$0.48967	\$0.02249	200% Above
N	No	59746028101	ESCITALOPRAM OXALATE	30	\$0.03800	\$0.08426	(51%-75%) Below
N	No	59746033790	LOSARTAN POTASSIUM/HYDROCHLOROTHIA ZIDE	150	\$0.22360	\$0.09410	101%-200% Above
N	No	59746033790	LOSARTAN POTASSIUM/HYDROCHLOROTHIA ZIDE	180	\$0.14528	\$0.10158	26%-50% Above
N	No	59746033890	LOSARTAN POTASSIUM/HYDROCHLOROTHIA ZIDE	150	\$0.71527	\$0.12038	200% Above
N	Yes	59746033890	LOSARTAN POTASSIUM/HYDROCHLOROTHIA ZIDE	30	\$0.65067	\$0.12038	200% Above
N	Yes	59746033890	LOSARTAN POTASSIUM/HYDROCHLOROTHIA ZIDE	30	\$1.12833	\$0.12091	200% Above
N	No	59746033990	LOSARTAN POTASSIUM/HYDROCHLOROTHIA ZIDE	120	\$0.73900	\$0.12695	200% Above
N	No	59746033990	LOSARTAN POTASSIUM/HYDROCHLOROTHIA ZIDE	150	\$0.62967	\$0.13402	200% Above
N	Yes	59746033990	LOSARTAN POTASSIUM/HYDROCHLOROTHIA ZIDE	60	\$0.58350	\$0.12695	200% Above
N	Yes	59746033990	LOSARTAN POTASSIUM/HYDROCHLOROTHIA ZIDE	150	\$0.60500	\$0.13402	200% Above
N	No	59746038306	TERAZOSIN HCL	30	\$0.97233	\$0.13517	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	59746038406	TERAZOSIN HYDROCHLORIDE	30	\$0.58467	\$0.14498	200% Above
N	No	59746038406	TERAZOSIN HYDROCHLORIDE	90	\$0.43344	\$0.14639	101%-200% Above
N	No	59746038510	TERAZOSIN HCL	90	\$0.35922	\$0.15180	101%-200% Above
N	No	59746038606	TERAZOSIN HCL	30	\$0.13133	\$0.16530	(10%-25%) Below
N	No	59746038610	TERAZOSIN HCL	180	\$0.37300	\$0.15397	101%-200% Above
N	No	59746070201	DOXEPIN HYDROCHLORIDE	90	\$0.31967	\$0.26653	10%-25% Above
N	No	59746070301	DOXEPIN HYDROCHLORIDE	30	\$0.56300	\$0.33687	51%-75% Above
N	No	59746076001	CHLORTHALIDONE	30	\$0.51767	\$0.09306	200% Above
N	No	59746076201	NITROFURANTOIN MONOHYDRATE/MACROCRYSTALS	622	\$0.82257	\$0.49864	51%-75% Above
N	No	59746076201	NITROFURANTOIN MONOHYDRATE/MACROCRYSTALS	470	\$0.95574	\$0.52826	76%-100% Above
N	Yes	59746076201	NITROFURANTOIN MONOHYDRATE/MACROCRYSTALS	10	\$2.21100	\$0.49864	200% Above
N	No	59762005101	METHYLPREDNISOLONE	4	\$2.91250	\$3.48536	(10%-25%) Below
N	No	59762005601	MEDROXYPROGESTERONE ACETATE	81	\$0.26975	\$0.14326	76%-100% Above
N	No	59762005801	MEDROXYPROGESTERONE ACETATE	40	\$0.26775	\$0.14683	76%-100% Above
N	No	59762005901	ALPRAZOLAM XR	30	\$0.18067	\$0.13879	26%-50% Above
N	No	59762005901	ALPRAZOLAM XR	90	\$0.29322	\$0.21222	26%-50% Above
N	No	59762006601	ALPRAZOLAM XR	30	\$0.49333	\$0.27068	76%-100% Above
N	No	59762006701	SERTRALINE HYDROCHLORIDE	60	\$0.50600	\$0.58480	(10%-25%) Below
N	Yes	59762007501	HYDROCORTISONE	30	\$0.27267	\$0.51067	(26%-50%) Below
N	No	59762010405	SULFASALAZINE	120	\$0.08333	\$0.23233	(51%-75%) Below
N	No	59762033302	LATANOPROST	15	\$5.24933	\$1.77485	101%-200% Above
N	No	59762033302	LATANOPROST	27.5	\$9.29309	\$1.80721	200% Above
N	Yes	59762033302	LATANOPROST	2.5	\$2.20800	\$1.77485	10%-25% Above
N	Yes	59762033302	LATANOPROST	10	\$3.99500	\$1.80721	101%-200% Above
N	No	59762040101	SUCRALFATE	206	\$0.39049	\$0.21098	76%-100% Above
N	No	59762040105	SUCRALFATE	380	\$0.31247	\$0.20116	51%-75% Above
N	No	59762045001	COLESTIPOL HCL	60	\$1.15233	\$0.73187	51%-75% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	59762054201	GLIPIZIDE XL	30	\$0.60467	\$0.16903	200% Above
N	No	59762100501	CABERGOLINE	12	\$6.32500	\$1.72579	200% Above
N	No	59762100501	CABERGOLINE	144	\$8.87215	\$1.80752	200% Above
N	No	59762121103	DESVENLAFAXINE ER	30	\$1.87200	\$0.51733	200% Above
N	No	59762121103	DESVENLAFAXINE ER	44	\$1.87205	\$0.51879	200% Above
N	No	59762122203	DESVENLAFAXINE ER	30	\$1.88200	\$0.50429	200% Above
N	No	59762122203	DESVENLAFAXINE ER	60	\$1.38983	\$0.51925	101%-200% Above
N	Yes	59762122203	DESVENLAFAXINE ER	30	\$2.29033	\$0.51925	200% Above
N	No	59762134601	PREGABALIN	30	\$0.29867	\$0.06258	200% Above
N	No	59762135001	RIFABUTIN	42	\$12.24595	\$10.45876	10%-25% Above
N	Yes	59762213509	AMLODIPINE BESYLATE	60	\$0.23167	\$0.01476	200% Above
N	No	59762219803	AZITHROMYCIN	30	\$1.60033	\$0.33112	200% Above
N	No	59762219803	AZITHROMYCIN	12	\$1.44000	\$0.35827	200% Above
N	Yes	59762219803	AZITHROMYCIN	6	\$0.17833	\$0.33112	(26%-50%) Below
N	No	59762312001	AZITHROMYCIN	45	\$0.45689	\$0.40201	10%-25% Above
N	No	59762314001	AZITHROMYCIN	30	\$0.58900	\$0.26320	101%-200% Above
N	No	59762330403	NITROGLYCERIN	50	\$0.25760	\$0.21106	10%-25% Above
N	No	59762330403	NITROGLYCERIN	50	\$0.26520	\$0.22222	10%-25% Above
N	No	59762371809	TRIAZOLAM	2	\$2.56500	\$0.72698	200% Above
N	No	59762371901	ALPRAZOLAM	60	\$0.17883	\$0.02256	200% Above
N	No	59762371903	ALPRAZOLAM	30	\$0.22400	\$0.02256	200% Above
N	No	59762372001	ALPRAZOLAM	64	\$0.05938	\$0.02409	101%-200% Above
N	No	59762372001	ALPRAZOLAM	2	\$0.12500	\$0.02451	200% Above
N	No	59762372003	ALPRAZOLAM	60	\$0.28367	\$0.02409	200% Above
N	No	59762372004	ALPRAZOLAM	30	\$0.01067	\$0.02451	(51%-75%) Below
N	No	59762372101	ALPRAZOLAM	2	\$0.04500	\$0.02545	76%-100% Above
N	No	59762372101	ALPRAZOLAM	32	\$0.25844	\$0.02567	200% Above
N	No	59762372103	ALPRAZOLAM	30	\$0.27267	\$0.02545	200% Above
N	No	59762372104	ALPRAZOLAM	250	\$0.21364	\$0.02545	200% Above
N	No	59762374301	CLINDAMYCIN PHOSPHATE	60	\$0.18967	\$0.32762	(26%-50%) Below
N	No	59762374401	CLINDAMYCIN PHOSPHATE	60	\$0.19483	\$0.36505	(26%-50%) Below
N	No	59762444002	METHYLPREDNISOLONE DOSE PACK	21	\$0.71952	\$0.14299	200% Above
N	No	59762444002	METHYLPREDNISOLONE DOSE PACK	63	\$0.51825	\$0.14829	200% Above
N	No	59762500701	MISOPROSTOL	1	\$0.57000	\$0.47508	10%-25% Above



Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	59762500801	MISOPROSTOL	29	\$0.90172	\$0.68620	26%-50% Above
N	No	59762500801	MISOPROSTOL	8	\$0.89625	\$0.73076	10%-25% Above
N	Yes	59762500801	MISOPROSTOL	2	\$0.84000	\$0.68620	10%-25% Above
N	Yes	59762500801	MISOPROSTOL	1	\$0.84000	\$0.73076	10%-25% Above
N	No	59762500802	MISOPROSTOL	2	\$0.95500	\$0.68620	26%-50% Above
N	No	59762500802	MISOPROSTOL	69	\$0.41826	\$0.73076	(26%-50%) Below
N	No	59762501701	FLUCONAZOLE	25	\$6.80800	\$0.69680	200% Above
N	No	59762501701	FLUCONAZOLE	6	\$6.26500	\$0.82466	200% Above
N	No	60219107601	AZATHIOPRINE	30	\$0.55067	\$0.17563	200% Above
N	No	60219107601	AZATHIOPRINE	60	\$1.18500	\$0.17748	200% Above
N	No	60219126601	OSELTAMIVIR PHOSPHATE	51	\$5.56863	\$1.17495	200% Above
N	No	60219126601	OSELTAMIVIR PHOSPHATE	90	\$5.83767	\$1.27713	200% Above
N	No	60219170501	PREDNISONE	60	\$0.09433	\$0.04421	101%-200% Above
N	No	60219170607	PREDNISONE	88	\$0.15830	\$0.04631	200% Above
N	No	60219170607	PREDNISONE	60	\$0.14700	\$0.04988	101%-200% Above
N	No	60219170701	PREDNISONE	104	\$0.13904	\$0.05601	101%-200% Above
N	No	60219170701	PREDNISONE	142	\$0.15704	\$0.05744	101%-200% Above
N	Yes	60219170701	PREDNISONE	10	\$0.17000	\$0.05744	101%-200% Above
N	No	60219170705	PREDNISONE	481	\$0.14383	\$0.05601	101%-200% Above
N	No	60219170705	PREDNISONE	648	\$0.16387	\$0.05744	101%-200% Above
N	Yes	60219170705	PREDNISONE	7	\$0.16857	\$0.05601	200% Above
N	Yes	60219170705	PREDNISONE	76	\$0.16829	\$0.05744	101%-200% Above
N	No	60219170801	PREDNISONE	317	\$0.16659	\$0.08401	76%-100% Above
N	No	60219170801	PREDNISONE	397	\$0.17327	\$0.08601	101%-200% Above
N	Yes	60219170801	PREDNISONE	23	\$0.18130	\$0.08401	101%-200% Above
N	Yes	60219170801	PREDNISONE	15	\$0.18133	\$0.08601	101%-200% Above
N	No	60219170805	PREDNISONE	26	\$0.12115	\$0.08401	26%-50% Above
N	No	60219170805	PREDNISONE	10	\$0.17900	\$0.08601	101%-200% Above
N	Yes	60219170805	PREDNISONE	5	\$0.05600	\$0.08601	(26%-50%) Below
N	No	60219174903	ATROPINE SULFATE	20	\$7.11400	\$8.21733	(10%-25%) Below

**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	60219175203	SILDENAFIL CITRATE	14	\$1.10571	\$0.17700	200% Above
N	No	60219175203	SILDENAFIL CITRATE	18	\$0.54500	\$0.20633	101%-200% Above
N	Yes	60219175203	SILDENAFIL CITRATE	15	\$2.39267	\$0.20633	200% Above
N	No	60219175303	SILDENAFIL CITRATE	45	\$0.39533	\$0.20455	76%-100% Above
N	No	60219175303	SILDENAFIL CITRATE	41	\$0.27659	\$0.20939	26%-50% Above
N	Yes	60219175303	SILDENAFIL CITRATE	20	\$2.57400	\$0.20455	200% Above
N	Yes	60219175303	SILDENAFIL CITRATE	10	\$1.82400	\$0.20939	200% Above
N	No	60219203801	PROCHLORPERAZINE MALEATE	60	\$0.40983	\$0.23795	51%-75% Above
N	No	60219203801	PROCHLORPERAZINE MALEATE	150	\$0.34107	\$0.27372	10%-25% Above
N	No	60219204301	DEXAMETHASONE	31	\$0.60032	\$0.34465	51%-75% Above
N	No	60219204301	DEXAMETHASONE	11	\$0.63364	\$0.38690	51%-75% Above
N	Yes	60219204301	DEXAMETHASONE	15	\$0.65200	\$0.38690	51%-75% Above
N	No	60219204401	DEXAMETHASONE	7	\$1.24857	\$1.04047	10%-25% Above
N	No	60219204401	DEXAMETHASONE	6	\$1.25000	\$1.10480	10%-25% Above
N	No	60219551109	FENOFIBRATE	30	\$0.36633	\$0.09635	200% Above
N	No	60219552205	FENOFIBRATE	30	\$0.67133	\$0.13441	200% Above
N	No	60219552205	FENOFIBRATE	30	\$0.67133	\$0.15036	200% Above
N	No	60219552209	FENOFIBRATE	270	\$0.42515	\$0.13441	200% Above
N	No	60219552209	FENOFIBRATE	60	\$0.69667	\$0.15036	200% Above
N	Yes	60219552209	FENOFIBRATE	120	\$0.04350	\$0.13441	(51%-75%) Below
N	Yes	60219552209	FENOFIBRATE	120	\$0.17008	\$0.15036	10%-25% Above
N	No	60432056161	TRIAMCINOLONE ACETONIDE	60	\$0.16333	\$0.31853	(26%-50%) Below
N	No	60505001406	DILT-XR	30	\$0.33467	\$0.40585	(10%-25%) Below
N	No	60505001506	DILT-XR	90	\$0.13967	\$0.46553	(51%-75%) Below
N	No	60505001606	DILT-XR	30	\$0.86767	\$0.59136	26%-50% Above
N	No	60505003306	PENTOXIFYLLINE ER	90	\$0.30444	\$0.23285	26%-50% Above
N	No	60505004101	ETODOLAC	210	\$0.92029	\$0.29668	200% Above
N	No	60505004206	ACYCLOVIR	90	\$0.14633	\$0.10400	26%-50% Above
N	No	60505004206	ACYCLOVIR	60	\$0.15650	\$0.11465	26%-50% Above
N	No	60505008302	PAROXETINE HYDROCHLORIDE	30	\$0.46733	\$0.06934	200% Above
N	No	60505008302	PAROXETINE HYDROCHLORIDE	15	\$0.46733	\$0.07132	200% Above
N	Yes	60505008302	PAROXETINE HYDROCHLORIDE	30	\$0.04200	\$0.06934	(26%-50%) Below
N	Yes	60505008302	PAROXETINE HYDROCHLORIDE	30	\$0.04200	\$0.07132	(26%-50%) Below
N	No	60505008402	PAROXETINE HCL	30	\$0.06667	\$0.09000	(26%-50%) Below

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	60505008402	PAROXETINE HCL	30	\$0.06667	\$0.10571	(26%-50%) Below
N	No	60505009300	DOXAZOSIN MESYLATE	120	\$0.22067	\$0.07930	101%-200% Above
N	No	60505009300	DOXAZOSIN MESYLATE	150	\$0.26740	\$0.08822	200% Above
N	No	60505009400	DOXAZOSIN MESYLATE	30	\$0.28500	\$0.06695	200% Above
N	No	60505009401	DOXAZOSIN MESYLATE	120	\$0.32967	\$0.06730	200% Above
N	Yes	60505009501	DOXAZOSIN MESYLATE	30	\$0.04233	\$0.10556	(51%-75%) Below
N	No	60505009600	DOXAZOSIN MESYLATE	60	\$0.25217	\$0.10982	101%-200% Above
N	Yes	60505009600	DOXAZOSIN MESYLATE	90	\$0.40056	\$0.10982	200% Above
N	No	60505010201	ETODOLAC	20	\$1.03600	\$0.35652	101%-200% Above
N	Yes	60505010201	ETODOLAC	60	\$0.67050	\$0.35961	76%-100% Above
N	No	60505014100	GLIPIZIDE	180	\$0.10233	\$0.03357	200% Above
N	No	60505014100	GLIPIZIDE	30	\$0.04100	\$0.03442	10%-25% Above
N	No	60505014101	GLIPIZIDE	30	\$0.15967	\$0.03357	200% Above
N	Yes	60505014101	GLIPIZIDE	30	\$0.02067	\$0.03357	(26%-50%) Below
N	No	60505014102	GLIPIZIDE	2475	\$0.03942	\$0.03357	10%-25% Above
N	No	60505014102	GLIPIZIDE	2190	\$0.04583	\$0.03442	26%-50% Above
N	Yes	60505014102	GLIPIZIDE	30	\$0.02067	\$0.03442	(26%-50%) Below
N	No	60505014201	GLIPIZIDE	30	\$0.23600	\$0.04908	200% Above
N	Yes	60505014201	GLIPIZIDE	120	\$0.03467	\$0.04934	(26%-50%) Below
N	No	60505014202	GLIPIZIDE	3120	\$0.03330	\$0.04908	(26%-50%) Below
N	No	60505014202	GLIPIZIDE	2490	\$0.03651	\$0.04934	(26%-50%) Below
N	Yes	60505014202	GLIPIZIDE	60	\$0.12283	\$0.04908	101%-200% Above
N	No	60505015701	BUPROPION HCL	390	\$0.24482	\$0.13826	76%-100% Above
N	No	60505015701	BUPROPION HCL	330	\$0.25976	\$0.13967	76%-100% Above
N	No	60505015801	BUPROPION HYDROCHLORIDE	810	\$0.23631	\$0.11045	101%-200% Above
N	No	60505015801	BUPROPION HYDROCHLORIDE	810	\$0.23359	\$0.11614	101%-200% Above
N	Yes	60505015801	BUPROPION HYDROCHLORIDE	90	\$0.25000	\$0.11045	101%-200% Above
N	No	60505015900	SOTALOL HCL	60	\$0.37917	\$0.09499	200% Above
N	No	60505016401	FLUVOXAMINE MALEATE	30	\$1.16933	\$0.21692	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	60505016501	FLUVOXAMINE MALEATE	180	\$1.08478	\$0.27497	200% Above
N	No	60505016501	FLUVOXAMINE MALEATE	95	\$1.33558	\$0.28221	200% Above
N	No	60505016601	FLUVOXAMINE MALEATE	75	\$1.28707	\$0.27456	200% Above
N	No	60505016601	FLUVOXAMINE MALEATE	225	\$1.38311	\$0.29001	200% Above
N	Yes	60505016601	FLUVOXAMINE MALEATE	90	\$1.17478	\$0.27456	200% Above
N	No	60505016805	PRAVASTATIN SODIUM	120	\$0.43425	\$0.06309	200% Above
N	No	60505016809	PRAVASTATIN SODIUM	60	\$0.29400	\$0.06309	200% Above
N	No	60505016809	PRAVASTATIN SODIUM	30	\$0.47900	\$0.06348	200% Above
N	Yes	60505016809	PRAVASTATIN SODIUM	30	\$0.31200	\$0.06348	200% Above
N	No	60505016907	PRAVASTATIN SODIUM	30	\$0.55000	\$0.05865	200% Above
N	No	60505016907	PRAVASTATIN SODIUM	60	\$0.27750	\$0.06851	200% Above
N	Yes	60505016907	PRAVASTATIN SODIUM	30	\$0.04000	\$0.05865	(26%-50%) Below
N	Yes	60505016907	PRAVASTATIN SODIUM	30	\$0.04000	\$0.06851	(26%-50%) Below
N	No	60505016909	PRAVASTATIN SODIUM	30	\$0.51000	\$0.05865	200% Above
N	No	60505017007	PRAVASTATIN SODIUM	60	\$0.31400	\$0.08261	200% Above
N	No	60505017007	PRAVASTATIN SODIUM	210	\$0.62710	\$0.08636	200% Above
N	Yes	60505017007	PRAVASTATIN SODIUM	120	\$0.12108	\$0.08261	26%-50% Above
N	Yes	60505017007	PRAVASTATIN SODIUM	180	\$0.32622	\$0.08636	200% Above
N	No	60505017009	PRAVASTATIN SODIUM	60	\$0.44733	\$0.08636	200% Above
N	No	60505018300	CARBAMAZEPINE	90	\$0.16911	\$0.11345	26%-50% Above
N	No	60505024708	MIRTAZAPINE	60	\$0.57333	\$0.06440	200% Above
N	No	60505024708	MIRTAZAPINE	30	\$0.76500	\$0.06448	200% Above
N	Yes	60505024708	MIRTAZAPINE	15	\$0.61067	\$0.06448	200% Above
N	No	60505024801	MIRTAZAPINE	30	\$0.83000	\$0.08352	200% Above
N	No	60505024808	MIRTAZAPINE	90	\$0.57989	\$0.08191	200% Above
N	No	60505024901	MIRTAZAPINE	120	\$0.20475	\$0.11746	51%-75% Above
N	No	60505025103	TIZANIDINE HYDROCHLORIDE	30	\$0.55000	\$0.04375	200% Above
N	No	60505025303	CLOPIDOGREL	90	\$0.14500	\$0.06468	101%-200% Above
N	Yes	60505025303	CLOPIDOGREL	30	\$0.10133	\$0.06468	51%-75% Above
N	No	60505025701	DESMOPRESSIN ACETATE	180	\$0.64244	\$0.36050	76%-100% Above
N	No	60505025801	DESMOPRESSIN ACETATE	60	\$1.27933	\$0.42797	101%-200% Above
N	No	60505025801	DESMOPRESSIN ACETATE	540	\$0.54628	\$0.43052	26%-50% Above
N	No	60505036301	OFLOXACIN	30	\$6.29833	\$1.63551	200% Above
N	No	60505036301	OFLOXACIN	55	\$4.64964	\$1.68684	101%-200% Above
N	Yes	60505036301	OFLOXACIN	5	\$5.96000	\$1.63551	200% Above
N	No	60505036302	OFLOXACIN	20	\$7.62450	\$1.81619	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	60505056000	OFLOXACIN	70	\$2.93200	\$2.17543	26%-50% Above
N	No	60505056000	OFLOXACIN	40	\$2.75775	\$2.29919	10%-25% Above
N	No	60505056001	OFLOXACIN	20	\$2.82700	\$1.62145	51%-75% Above
N	No	60505058204	MOXIFLOXACIN HYDROCHLORIDE	18	\$8.89889	\$2.44541	200% Above
N	No	60505058204	MOXIFLOXACIN HYDROCHLORIDE	48	\$1.69104	\$2.68570	(26%-50%) Below
N	No	60505058901	BRIMONIDINE TARTRATE/TIMOLOL MALEATE	5	\$10.40000	\$14.69670	(26%-50%) Below
N	No	60505058903	BRIMONIDINE TARTRATE/TIMOLOL MALEATE	15	\$31.02667	\$13.94000	101%-200% Above
N	No	60505081500	DESMOPRESSIN ACETATE	5	\$13.79400	\$7.13845	76%-100% Above
N	No	60505082601	IPRATROPIUM BROMIDE	30	\$1.75433	\$0.66041	101%-200% Above
N	No	60505082701	IPRATROPIUM BROMIDE	15	\$3.43467	\$1.28908	101%-200% Above
N	No	60505082701	IPRATROPIUM BROMIDE	45	\$3.07444	\$1.33687	101%-200% Above
N	No	60505082901	FLUTICASONE PROPIONATE	1184	\$1.18723	\$0.32391	200% Above
N	No	60505082901	FLUTICASONE PROPIONATE	1728	\$1.09593	\$0.33808	200% Above
N	Yes	60505082901	FLUTICASONE PROPIONATE	48	\$1.60125	\$0.32391	200% Above
N	Yes	60505082901	FLUTICASONE PROPIONATE	128	\$0.86563	\$0.33808	101%-200% Above
Y	No	60505082901	FLUTICASONE PROPIONATE	48	\$0.80083	\$0.33808	101%-200% Above
N	No	60505083001	MOMETASONE FUROATE	17	\$0.58824	\$2.08701	(51%-75%) Below
N	No	60505083001	MOMETASONE FUROATE	34	\$0.72941	\$2.08890	(51%-75%) Below
N	No	60505083305	AZELASTINE HYDROCHLORIDE	360	\$0.68081	\$0.29308	101%-200% Above
N	No	60505083305	AZELASTINE HYDROCHLORIDE	510	\$0.85720	\$0.30199	101%-200% Above
N	Yes	60505083305	AZELASTINE HYDROCHLORIDE	30	\$1.55700	\$0.29308	200% Above
N	Yes	60505083305	AZELASTINE HYDROCHLORIDE	60	\$0.19967	\$0.30199	(26%-50%) Below
N	No	60505095303	AZELASTINE HYDROCHLORIDE/FLUTICASONE PROPIONATE	161	\$6.45640	\$3.22727	101%-200% Above
N	No	60505131603	PAROXETINE HYDROCHLORIDE ER	30	\$1.02900	\$0.73370	26%-50% Above
N	No	60505131703	PAROXETINE HYDROCHLORIDE ER	60	\$0.19900	\$0.52413	(51%-75%) Below
N	No	60505131703	PAROXETINE HYDROCHLORIDE ER	30	\$1.75033	\$0.78387	101%-200% Above
N	No	60505132001	MIDODRINE HCL	90	\$0.13733	\$0.16766	(10%-25%) Below

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	60505132305	PRAVASTATIN SODIUM	30	\$0.95033	\$0.16702	200% Above
N	No	60505132305	PRAVASTATIN SODIUM	30	\$0.59400	\$0.17749	200% Above
N	Yes	60505132305	PRAVASTATIN SODIUM	30	\$0.43833	\$0.16702	101%-200% Above
N	No	60505132309	PRAVASTATIN SODIUM	30	\$0.95033	\$0.16702	200% Above
N	No	60505132501	MIDODRINE HCL	75	\$0.84693	\$0.34936	101%-200% Above
N	No	60505257507	BALSALAZIDE DISODIUM	810	\$0.53040	\$0.45084	10%-25% Above
N	No	60505257507	BALSALAZIDE DISODIUM	90	\$0.53044	\$0.45268	10%-25% Above
N	Yes	60505257507	BALSALAZIDE DISODIUM	90	\$0.74789	\$0.45268	51%-75% Above
N	No	60505257808	ATORVASTATIN CALCIUM	298	\$0.26725	\$0.03066	200% Above
N	No	60505257808	ATORVASTATIN CALCIUM	432	\$0.38931	\$0.03114	200% Above
N	Yes	60505257808	ATORVASTATIN CALCIUM	90	\$0.01833	\$0.03066	(26%-50%) Below
N	Yes	60505257808	ATORVASTATIN CALCIUM	240	\$0.14675	\$0.03114	200% Above
Y	No	60505257808	ATORVASTATIN CALCIUM	180	\$0.18239	\$0.03066	200% Above
Y	No	60505257808	ATORVASTATIN CALCIUM	270	\$0.15896	\$0.03114	200% Above
Y	Yes	60505257808	ATORVASTATIN CALCIUM	90	\$0.26344	\$0.03114	200% Above
N	No	60505257809	ATORVASTATIN CALCIUM	90	\$0.39267	\$0.03114	200% Above
N	Yes	60505257809	ATORVASTATIN CALCIUM	90	\$0.26344	\$0.03114	200% Above
N	No	60505257908	ATORVASTATIN CALCIUM	390	\$0.31926	\$0.03755	200% Above
N	No	60505257908	ATORVASTATIN CALCIUM	360	\$0.18186	\$0.04061	200% Above
N	Yes	60505257908	ATORVASTATIN CALCIUM	90	\$0.19278	\$0.03755	200% Above
N	Yes	60505257908	ATORVASTATIN CALCIUM	88	\$0.18432	\$0.04061	200% Above
Y	No	60505257908	ATORVASTATIN CALCIUM	28	\$0.27214	\$0.03755	200% Above
Y	No	60505257908	ATORVASTATIN CALCIUM	270	\$0.18474	\$0.04061	200% Above
N	No	60505257909	ATORVASTATIN CALCIUM	210	\$0.28667	\$0.03755	200% Above
N	No	60505257909	ATORVASTATIN CALCIUM	180	\$0.41256	\$0.04061	200% Above
N	Yes	60505257909	ATORVASTATIN CALCIUM	30	\$0.02267	\$0.04061	(26%-50%) Below
N	No	60505258008	ATORVASTATIN CALCIUM	420	\$0.32071	\$0.05376	200% Above
N	No	60505258008	ATORVASTATIN CALCIUM	150	\$0.38527	\$0.05653	200% Above
N	Yes	60505258008	ATORVASTATIN CALCIUM	30	\$0.28700	\$0.05376	200% Above
N	Yes	60505258008	ATORVASTATIN CALCIUM	90	\$0.14322	\$0.05653	101%-200% Above
Y	No	60505258008	ATORVASTATIN CALCIUM	270	\$0.28522	\$0.05376	200% Above
Y	No	60505258008	ATORVASTATIN CALCIUM	450	\$0.13047	\$0.05653	101%-200% Above
Y	Yes	60505258008	ATORVASTATIN CALCIUM	90	\$0.41356	\$0.05653	200% Above
N	No	60505258009	ATORVASTATIN CALCIUM	60	\$0.38317	\$0.05376	200% Above
N	No	60505258009	ATORVASTATIN CALCIUM	90	\$0.43456	\$0.05653	200% Above
N	No	60505265301	TRAZODONE HYDROCHLORIDE	1755	\$0.09495	\$0.03480	101%-200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	60505265301	TRAZODONE HYDROCHLORIDE	1485	\$0.07486	\$0.03522	101%-200% Above
N	No	60505265401	TRAZODONE HYDROCHLORIDE	1800	\$0.23626	\$0.06411	200% Above
N	No	60505265401	TRAZODONE HYDROCHLORIDE	1530	\$0.18942	\$0.06606	101%-200% Above
N	Yes	60505265401	TRAZODONE HYDROCHLORIDE	15	\$0.49067	\$0.06411	200% Above
N	No	60505265501	TRAZODONE HYDROCHLORIDE	315	\$0.30448	\$0.11703	101%-200% Above
N	No	60505265501	TRAZODONE HYDROCHLORIDE	450	\$0.17262	\$0.11775	26%-50% Above
N	No	60505265601	TRIAMTERENE/HYDROCHLOROT HIAZIDE	30	\$0.27500	\$0.09131	200% Above
N	No	60505265605	TRIAMTERENE/HYDROCHLOROT HIAZIDE	30	\$0.13333	\$0.08630	51%-75% Above
N	No	60505265605	TRIAMTERENE/HYDROCHLOROT HIAZIDE	210	\$0.17833	\$0.09131	76%-100% Above
N	Yes	60505265605	TRIAMTERENE/HYDROCHLOROT HIAZIDE	30	\$0.04100	\$0.08630	(51%-75%) Below
N	No	60505265701	TRIAMTERENE/HYDROCHLOROT HIAZIDE	30	\$0.21400	\$0.11497	76%-100% Above
N	No	60505265701	TRIAMTERENE/HYDROCHLOROT HIAZIDE	60	\$0.25000	\$0.11540	101%-200% Above
N	Yes	60505265701	TRIAMTERENE/HYDROCHLOROT HIAZIDE	90	\$0.38400	\$0.11497	200% Above
N	No	60505265705	TRIAMTERENE/HYDROCHLOROT HIAZIDE	30	\$0.13333	\$0.11497	10%-25% Above
N	No	60505265705	TRIAMTERENE/HYDROCHLOROT HIAZIDE	30	\$0.13333	\$0.11540	10%-25% Above
N	No	60505267108	ATORVASTATIN CALCIUM	90	\$0.33478	\$0.08531	200% Above
N	No	60505267108	ATORVASTATIN CALCIUM	150	\$0.49080	\$0.09096	200% Above
N	Yes	60505267108	ATORVASTATIN CALCIUM	30	\$0.06167	\$0.08531	(26%-50%) Below
Y	No	60505267108	ATORVASTATIN CALCIUM	90	\$0.13267	\$0.08531	51%-75% Above
Y	No	60505267108	ATORVASTATIN CALCIUM	180	\$0.14689	\$0.09096	51%-75% Above
N	No	60505267109	ATORVASTATIN CALCIUM	90	\$0.23667	\$0.08531	101%-200% Above
N	No	60505267109	ATORVASTATIN CALCIUM	90	\$0.50400	\$0.09096	200% Above
N	No	60505267303	ARIPIRAZOLE	60	\$1.09600	\$0.12060	200% Above
N	No	60505267303	ARIPIRAZOLE	90	\$1.09600	\$0.14416	200% Above
N	No	60505279500	IBANDRONATE SODIUM	1	\$39.32000	\$3.77889	200% Above
N	No	60505283203	ATOMOXETINE	30	\$4.70000	\$0.48329	200% Above
N	No	60505283203	ATOMOXETINE	60	\$4.70000	\$0.59776	200% Above
N	No	60505283303	ATOMOXETINE	30	\$0.34600	\$0.68847	(26%-50%) Below
N	No	60505283403	ATOMOXETINE	30	\$5.73067	\$0.89273	200% Above
N	No	60505309702	RISEDRONATE SODIUM	1	\$94.77000	\$10.92920	200% Above
N	No	60505316500	RISEDRONATE SODIUM	4	\$7.72000	\$1.18528	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	60505317007	OMEGA-3-ACID ETHYL ESTERS	120	\$0.08333	\$0.16736	(51%-75%) Below
N	No	60505328006	LEVETIRACETAM ER	720	\$0.38483	\$0.18169	101%-200% Above
N	No	60505361405	VARENICLINE TARTRATE	56	\$6.06321	\$4.51465	26%-50% Above
N	No	60505379409	PREGABALIN	60	\$0.41450	\$0.06180	200% Above
N	No	60505379509	PREGABALIN	180	\$0.32761	\$0.05405	200% Above
N	No	60505379509	PREGABALIN	330	\$0.41003	\$0.06258	200% Above
N	No	60505379609	PREGABALIN	60	\$0.31217	\$0.05835	200% Above
N	No	60505379609	PREGABALIN	300	\$0.38647	\$0.06425	200% Above
N	No	60505379709	PREGABALIN	30	\$0.36333	\$0.06703	200% Above
N	No	60505379709	PREGABALIN	120	\$0.43208	\$0.07465	200% Above
N	No	60505379809	PREGABALIN	210	\$0.48633	\$0.07266	200% Above
N	No	60505379909	PREGABALIN	30	\$0.74467	\$0.08397	200% Above
N	No	60505380009	PREGABALIN	60	\$0.45250	\$0.09633	200% Above
N	No	60505392701	GUANFACINE HYDROCHLORIDE	457	\$0.59392	\$0.18803	200% Above
N	No	60505392701	GUANFACINE HYDROCHLORIDE	157	\$0.74936	\$0.22154	200% Above
N	No	60505392801	GUANFACINE HYDROCHLORIDE	300	\$0.59030	\$0.21953	101%-200% Above
N	No	60505392801	GUANFACINE HYDROCHLORIDE	30	\$0.19767	\$0.23039	(10%-25%) Below
N	No	60505392901	GUANFACINE HYDROCHLORIDE	60	\$1.36133	\$0.20707	200% Above
N	No	60505392901	GUANFACINE HYDROCHLORIDE	180	\$0.58350	\$0.21085	101%-200% Above
N	No	60505393001	GUANFACINE HYDROCHLORIDE	30	\$0.43767	\$0.22373	76%-100% Above
N	No	60505393001	GUANFACINE HYDROCHLORIDE	60	\$1.36133	\$0.23516	200% Above
N	No	60505464303	PRASUGREL	60	\$0.44350	\$0.31543	26%-50% Above
N	No	60505464303	PRASUGREL	60	\$0.79600	\$0.33391	101%-200% Above
N	No	60505470303	SOLIFENACIN SUCCINATE	30	\$0.25967	\$0.18367	26%-50% Above
N	No	60505470303	SOLIFENACIN SUCCINATE	60	\$0.95383	\$0.20241	200% Above
N	No	60505477203	VILAZODONE HYDROCHLORIDE	7	\$3.43429	\$1.23778	101%-200% Above
N	No	60505477303	VILAZODONE HYDROCHLORIDE	240	\$1.88742	\$1.32426	26%-50% Above
N	No	60505477403	VILAZODONE HYDROCHLORIDE	180	\$2.07606	\$1.49660	26%-50% Above
N	No	60505477403	VILAZODONE HYDROCHLORIDE	60	\$7.09600	\$1.50373	200% Above
N	Yes	60505477403	VILAZODONE HYDROCHLORIDE	30	\$5.33800	\$1.49660	200% Above
N	Yes	60505477403	VILAZODONE HYDROCHLORIDE	30	\$3.91333	\$1.50373	101%-200% Above
N	No	60505530601	ACYCLOVIR	60	\$0.33533	\$0.10649	200% Above
N	No	60505620201	CYCLOSPORINE	180	\$8.58644	\$2.60520	200% Above
N	No	60505620202	CYCLOSPORINE	240	\$8.20788	\$2.79388	101%-200% Above



**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	60631004030	EDARBI	120	\$5.72683	\$6.90691	(10%-25%) Below
N	No	60631041230	EDARBYCLOR	90	\$5.45400	\$7.11693	(10%-25%) Below
N	No	60631042530	EDARBYCLOR	150	\$5.62427	\$7.08846	(10%-25%) Below
N	No	60631042530	EDARBYCLOR	180	\$5.82500	\$7.12366	(10%-25%) Below
N	No	60687036901	DICYCLOMINE HYDROCHLORIDE	10	\$0.18300	\$0.11422	51%-75% Above
N	No	60758011905	PREDNISOLONE ACETATE	170	\$4.43076	\$5.44226	(10%-25%) Below
N	Yes	60758011905	PREDNISOLONE ACETATE	5	\$6.56600	\$5.44226	10%-25% Above
N	No	60758011910	PREDNISOLONE ACETATE	10	\$6.59900	\$5.37306	10%-25% Above
N	No	60758067060	DAPSONE	120	\$5.16933	\$2.29456	101%-200% Above
Y	No	60758080105	TIMOLOL MALEATE	10	\$0.97100	\$1.14255	(10%-25%) Below
N	No	60758088005	FLUOROMETHOLONE	25	\$16.49400	\$13.36894	10%-25% Above
N	No	60758088005	FLUOROMETHOLONE	10	\$10.13700	\$13.96727	(26%-50%) Below
N	No	60758088010	FLUOROMETHOLONE	20	\$18.27400	\$13.50283	26%-50% Above
N	No	60793085001	LEVOXYL	135	\$0.23607	\$0.70278	(51%-75%) Below
N	No	60793085201	LEVOXYL	30	\$0.49100	\$0.88525	(26%-50%) Below
N	No	60793085201	LEVOXYL	30	\$0.50167	\$0.88669	(26%-50%) Below
N	No	60793085301	LEVOXYL	30	\$0.51167	\$0.90039	(26%-50%) Below
N	No	60793085401	LEVOXYL	30	\$0.48467	\$0.91330	(26%-50%) Below
N	No	60793085501	LEVOXYL	30	\$0.06567	\$1.05412	(76%-100%) Below
N	No	60793085501	LEVOXYL	30	\$0.06567	\$1.05648	(76%-100%) Below
N	No	60793085601	LEVOXYL	30	\$0.17733	\$1.06352	(76%-100%) Below
N	No	60793085701	LEVOXYL	60	\$0.07767	\$1.08162	(76%-100%) Below
N	No	60846080201	UNITHROID	154	\$0.39818	\$3.81827	(76%-100%) Below
N	No	60846080301	UNITHROID	180	\$0.39861	\$3.82404	(76%-100%) Below
N	No	60846080401	UNITHROID	90	\$0.30956	\$3.82810	(76%-100%) Below
N	Yes	60846080501	UNITHROID	30	\$0.35867	\$3.84656	(76%-100%) Below

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	60846080601	UNITHROID	120	\$0.39117	\$3.85462	(76%-100%) Below
N	No	60846080701	UNITHROID	90	\$0.53367	\$3.85771	(76%-100%) Below
N	Yes	60846080701	UNITHROID	30	\$0.40100	\$3.85771	(76%-100%) Below
N	No	60846080901	UNITHROID	60	\$0.44300	\$3.87151	(76%-100%) Below
N	No	60846081001	UNITHROID	12	\$0.67667	\$3.86393	(76%-100%) Below
N	No	61314001910	DORZOLAMIDE HCL	10	\$3.75700	\$1.27145	101%-200% Above
N	No	61314003002	DORZOLAMIDE HCL/TIMOLOL MALEATE	10	\$4.57500	\$1.10393	200% Above
N	No	61314012605	KETOROLAC TROMETHAMINE	15	\$5.95733	\$1.37417	200% Above
N	No	61314014305	BRIMONIDINE TARTRATE	25	\$0.61600	\$0.76986	(10%-25%) Below
N	No	61314014310	BRIMONIDINE TARTRATE	10	\$0.87000	\$0.61498	26%-50% Above
N	No	61314022705	TIMOLOL MALEATE	20	\$1.92600	\$1.14255	51%-75% Above
N	No	61314022705	TIMOLOL MALEATE	15	\$1.85467	\$1.18383	51%-75% Above
N	No	61314022715	TIMOLOL MALEATE	15	\$1.97000	\$0.96887	101%-200% Above
N	No	61314030802	AZELASTINE HCL	6	\$7.60667	\$1.00180	200% Above
N	No	61314039601	CYCLOPENTOLATE HCL	10	\$5.13900	\$2.75765	76%-100% Above
N	No	61314054701	LATANOPROST	87.5	\$1.53029	\$1.77485	(10%-25%) Below
N	No	61314054701	LATANOPROST	117.5	\$2.10272	\$1.80721	10%-25% Above
N	Yes	61314054701	LATANOPROST	2.5	\$11.10400	\$1.77485	200% Above
Y	No	61314054701	LATANOPROST	7.5	\$8.35867	\$1.80721	200% Above
N	No	61314054703	LATANOPROST	7.5	\$8.88400	\$1.43147	200% Above
N	No	61314062810	POLYMYXIN B SULFATE/TRIMETHOPRIM SULFATE	300	\$0.77510	\$0.48111	51%-75% Above
N	No	61314062810	POLYMYXIN B SULFATE/TRIMETHOPRIM SULFATE	300	\$0.77293	\$0.53682	26%-50% Above
N	Yes	61314062810	POLYMYXIN B SULFATE/TRIMETHOPRIM SULFATE	10	\$0.99700	\$0.48111	101%-200% Above
N	Yes	61314062810	POLYMYXIN B SULFATE/TRIMETHOPRIM SULFATE	10	\$0.66300	\$0.53682	10%-25% Above
N	No	61314063006	NEOMYCIN/POLYMYXIN/DEXAM ETHASONE	50	\$3.95040	\$2.10599	76%-100% Above
N	No	61314063006	NEOMYCIN/POLYMYXIN/DEXAM ETHASONE	90	\$4.09567	\$2.16530	76%-100% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	Yes	61314063006	NEOMYCIN/POLYMYXIN/DEXAMETHASONE	5	\$4.56800	\$2.16530	101%-200% Above
N	No	61314063136	NEOMYCIN/POLYMYXIN/DEXAMETHASONE	17.5	\$6.63086	\$2.84738	101%-200% Above
N	No	61314063136	NEOMYCIN/POLYMYXIN/DEXAMETHASONE	14	\$7.65357	\$3.10581	101%-200% Above
N	No	61314063305	GENTAMICIN SULFATE	10	\$3.03800	\$0.82616	200% Above
N	No	61314063305	GENTAMICIN SULFATE	10	\$2.93000	\$1.13762	101%-200% Above
N	No	61314063705	PREDNISOLONE ACETATE	40	\$6.78450	\$5.36270	26%-50% Above
N	No	61314063705	PREDNISOLONE ACETATE	55	\$6.80873	\$5.44226	26%-50% Above
N	Yes	61314063705	PREDNISOLONE ACETATE	10	\$6.56100	\$5.44226	10%-25% Above
N	Yes	61314063710	PREDNISOLONE ACETATE	10	\$7.66400	\$5.49540	26%-50% Above
N	No	61314064305	TOBRAMYCIN SULFATE	10	\$1.40600	\$1.10457	26%-50% Above
N	No	61314064305	TOBRAMYCIN SULFATE	15	\$2.95933	\$1.23198	101%-200% Above
N	No	61314064511	NEOMYCIN/POLYMYXIN/HYDROCORTISONE	30	\$6.10900	\$5.39601	10%-25% Above
N	No	61314064610	NEOMYCIN/POLYMYXIN/HYDROCORTISONE	10	\$6.49000	\$4.58445	26%-50% Above
N	Yes	61314064610	NEOMYCIN/POLYMYXIN/HYDROCORTISONE	10	\$6.49000	\$5.03967	26%-50% Above
N	No	61314064705	TOBRAMYCIN/DEXAMETHASONE	10	\$10.86100	\$5.13618	101%-200% Above
N	No	61314064705	TOBRAMYCIN/DEXAMETHASONE	10	\$10.36600	\$5.40536	76%-100% Above
N	Yes	61314064725	TOBRAMYCIN/DEXAMETHASONE	10	\$4.00000	\$7.60039	(26%-50%) Below
N	No	61314065605	CIPROFLOXACIN HYDROCHLORIDE	40	\$2.05375	\$1.61045	26%-50% Above
N	No	61314065605	CIPROFLOXACIN HYDROCHLORIDE	40	\$2.54575	\$1.68955	51%-75% Above
N	No	61314065610	CIPROFLOXACIN HYDROCHLORIDE	20	\$3.37000	\$0.97256	200% Above
N	No	61314065625	CIPROFLOXACIN HYDROCHLORIDE	7.5	\$4.07200	\$2.63708	51%-75% Above
N	No	61442010201	DICLOFENAC SODIUM DR	220	\$0.22618	\$0.09297	101%-200% Above
N	No	61442010201	DICLOFENAC SODIUM DR	280	\$0.19404	\$0.09819	76%-100% Above
N	No	61442010210	DICLOFENAC SODIUM DR	15	\$0.60533	\$0.09297	200% Above
N	No	61442010210	DICLOFENAC SODIUM DR	120	\$0.46792	\$0.09819	200% Above
N	Yes	61442010210	DICLOFENAC SODIUM DR	60	\$0.07517	\$0.09297	(10%-25%) Below
N	No	61442010301	DICLOFENAC SODIUM DR	204	\$0.22368	\$0.09223	101%-200% Above
N	No	61442010301	DICLOFENAC SODIUM DR	200	\$0.38930	\$0.09354	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	Yes	61442010301	DICLOFENAC SODIUM DR	20	\$0.05250	\$0.09223	(26%-50%) Below
N	Yes	61442010301	DICLOFENAC SODIUM DR	20	\$0.05250	\$0.09354	(26%-50%) Below
N	No	61442010305	DICLOFENAC SODIUM DR	120	\$0.06075	\$0.09223	(26%-50%) Below
N	No	61442010305	DICLOFENAC SODIUM DR	90	\$0.29478	\$0.09354	200% Above
N	No	61442010310	DICLOFENAC SODIUM DR	980	\$0.24897	\$0.09223	101%-200% Above
N	No	61442010310	DICLOFENAC SODIUM DR	1740	\$0.22213	\$0.09354	101%-200% Above
Y	No	61442010310	DICLOFENAC SODIUM DR	180	\$0.40394	\$0.09354	200% Above
N	No	61442010360	DICLOFENAC SODIUM DR	60	\$0.47383	\$0.09354	200% Above
N	No	61442011605	GLIMEPIRIDE	60	\$0.38583	\$0.03350	200% Above
N	No	61442011605	GLIMEPIRIDE	30	\$0.33367	\$0.03427	200% Above
N	No	61442012710	MELOXICAM	30	\$0.45633	\$0.02006	200% Above
N	No	61442014210	LOVASTATIN	30	\$0.26233	\$0.04564	200% Above
N	No	61442014210	LOVASTATIN	90	\$0.06667	\$0.04804	26%-50% Above
N	No	61442043305	FELODIPINE ER	30	\$0.71633	\$0.19433	200% Above
N	No	61442043305	FELODIPINE ER	30	\$0.71633	\$0.21728	200% Above
N	No	61874010060	VIBERZI	180	\$19.36806	\$24.42728	(10%-25%) Below
N	No	61874016030	VRAYLAR	60	\$39.26350	\$43.96368	(10%-25%) Below
N	No	61958210101	ODEFSEY	120	\$99.15958	\$112.02363	(10%-25%) Below
N	No	62037072001	POTASSIUM CHLORIDE ER	35	\$0.40371	\$0.14873	101%-200% Above
N	No	62037072001	POTASSIUM CHLORIDE ER	30	\$0.42933	\$0.17134	101%-200% Above
N	No	62037072010	POTASSIUM CHLORIDE ER	60	\$0.09867	\$0.17134	(26%-50%) Below
N	No	62037072501	METHYLPHENIDATE HYDROCHLORIDE ER	60	\$1.83200	\$0.54300	200% Above
N	No	62037072701	METHYLPHENIDATE HYDROCHLORIDE ER	30	\$1.65200	\$0.71362	101%-200% Above
N	No	62037072701	METHYLPHENIDATE HYDROCHLORIDE ER	90	\$2.08556	\$0.74071	101%-200% Above
N	No	62037073401	METHYLPHENIDATE HYDROCHLORIDE ER	30	\$0.83200	\$0.70317	10%-25% Above
N	No	62037073401	METHYLPHENIDATE HYDROCHLORIDE ER	30	\$1.88700	\$0.80844	101%-200% Above
N	No	62135013277	FLUCONAZOLE	2	\$8.92500	\$0.82466	200% Above
N	No	62135021010	FOLIC ACID	300	\$0.05000	\$0.02582	76%-100% Above
N	No	62135021010	FOLIC ACID	300	\$0.05713	\$0.02819	101%-200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	Yes	62135021010	FOLIC ACID	90	\$0.04533	\$0.02582	76%-100% Above
N	No	62135050247	HYDROXYZINE HYDROCHLORIDE	238	\$0.28445	\$0.04418	200% Above
N	No	62135098505	DOXYCYCLINE HYCLATE	30	\$0.16000	\$0.12965	10%-25% Above
N	No	62135098505	DOXYCYCLINE HYCLATE	14	\$0.35857	\$0.13081	101%-200% Above
N	No	62175011832	OMEPRAZOLE	30	\$0.27333	\$0.03461	200% Above
N	No	62175013643	OMEPRAZOLE	30	\$0.16000	\$0.05410	101%-200% Above
N	No	62175026232	NIFEDIPINE ER	30	\$1.71333	\$0.28202	200% Above
N	No	62175027141	OXYBUTYNIN CHLORIDE ER	30	\$0.45833	\$0.10582	200% Above
N	No	62175030232	RABEPRAZOLE SODIUM	30	\$0.36667	\$0.18699	76%-100% Above
N	No	62175030232	RABEPRAZOLE SODIUM	180	\$0.63361	\$0.20878	200% Above
N	No	62175045832	BUPRENORPHINE HYDROCHLORIDE/NALOXONE HYDROCHLORIDE	134	\$1.47097	\$0.92574	51%-75% Above
N	No	62175045832	BUPRENORPHINE HYDROCHLORIDE/NALOXONE HYDROCHLORIDE	200	\$1.08415	\$0.92882	10%-25% Above
N	No	62175047132	PAROXETINE HCL ER	30	\$2.18767	\$0.52413	200% Above
N	No	62175047132	PAROXETINE HCL ER	30	\$2.18767	\$0.78387	101%-200% Above
N	No	62175061743	PANTOPRAZOLE SODIUM	30	\$0.08567	\$0.05797	26%-50% Above
N	No	62175061746	PANTOPRAZOLE SODIUM	90	\$0.11111	\$0.05797	76%-100% Above
N	No	62332000931	VENLAFAXINE HCL	660	\$0.14124	\$0.06162	101%-200% Above
N	No	62332000931	VENLAFAXINE HCL	180	\$0.12494	\$0.07866	51%-75% Above
N	No	62332001131	VENLAFAXINE HYDROCHLORIDE	570	\$0.13119	\$0.07010	76%-100% Above
N	No	62332001131	VENLAFAXINE HYDROCHLORIDE	150	\$0.21007	\$0.07446	101%-200% Above
N	No	62332002431	FLUOXETINE HYDROCHLORIDE	150	\$0.12633	\$0.06988	76%-100% Above
N	No	62332002431	FLUOXETINE HYDROCHLORIDE	392	\$0.13219	\$0.07364	76%-100% Above
N	Yes	62332002431	FLUOXETINE HYDROCHLORIDE	60	\$0.13333	\$0.07364	76%-100% Above
N	No	62332002531	THEOPHYLLINE ER	90	\$0.45389	\$2.07146	(76%-100%) Below
N	No	62332002791	LOSARTAN POTASSIUM	855	\$0.32798	\$0.03331	200% Above
N	No	62332002791	LOSARTAN POTASSIUM	870	\$0.39643	\$0.03491	200% Above
N	No	62332002891	LOSARTAN POTASSIUM	810	\$0.42170	\$0.04293	200% Above
N	No	62332002891	LOSARTAN POTASSIUM	1530	\$0.40386	\$0.04465	200% Above
N	Yes	62332002891	LOSARTAN POTASSIUM	90	\$0.29233	\$0.04465	200% Above

**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	62332002991	LOSARTAN POTASSIUM	840	\$0.49520	\$0.05981	200% Above
N	No	62332002991	LOSARTAN POTASSIUM	885	\$0.40982	\$0.06234	200% Above
N	Yes	62332002991	LOSARTAN POTASSIUM	300	\$0.40303	\$0.06234	200% Above
N	No	62332003031	ROPINIROLE HYDROCHLORIDE	120	\$0.47633	\$0.04765	200% Above
N	No	62332003131	ROPINIROLE HCL	45	\$0.38978	\$0.04551	200% Above
N	No	62332003131	ROPINIROLE HCL	45	\$0.38978	\$0.04651	200% Above
N	No	62332003231	ROPINIROLE HCL	120	\$0.12858	\$0.05490	101%-200% Above
N	No	62332003231	ROPINIROLE HCL	90	\$0.21967	\$0.05502	200% Above
N	No	62332003331	ROPINIROLE HCL	30	\$0.66633	\$0.05971	200% Above
N	No	62332004060	LAMOTRIGINE	90	\$0.09911	\$0.07961	10%-25% Above
N	No	62332005471	CLONIDINE HYDROCHLORIDE	30	\$0.16800	\$0.02694	200% Above
N	Yes	62332005471	CLONIDINE HYDROCHLORIDE	60	\$0.09267	\$0.02738	200% Above
N	No	62332005491	CLONIDINE HYDROCHLORIDE	360	\$0.07322	\$0.02694	101%-200% Above
N	No	62332005491	CLONIDINE HYDROCHLORIDE	601	\$0.07321	\$0.02738	101%-200% Above
N	No	62332005531	CLONIDINE HYDROCHLORIDE	30	\$0.22200	\$0.03694	200% Above
N	No	62332005571	CLONIDINE HYDROCHLORIDE	30	\$0.13333	\$0.03672	200% Above
N	No	62332005591	CLONIDINE HYDROCHLORIDE	540	\$0.08680	\$0.03672	101%-200% Above
N	No	62332005631	CLONIDINE HYDROCHLORIDE	270	\$0.09952	\$0.04250	101%-200% Above
N	No	62332006230	LEFLUNOMIDE	30	\$0.44333	\$0.36579	10%-25% Above
N	No	62332007990	VALSARTAN/HYDROCHLOROTHIAZIDE	210	\$0.38229	\$0.18357	101%-200% Above
N	No	62332008090	VALSARTAN/HYDROCHLOROTHIAZIDE	60	\$0.20717	\$0.18775	10%-25% Above
N	No	62332008531	FENOFIBRATE	30	\$0.09500	\$0.13274	(26%-50%) Below
N	No	62332008631	FENOFIBRATE	30	\$0.63667	\$0.16179	200% Above
N	No	62332008631	FENOFIBRATE	55	\$1.07018	\$0.18826	200% Above
N	Yes	62332008631	FENOFIBRATE	30	\$0.19867	\$0.16179	10%-25% Above
N	No	62332009731	ARIPIRAZOLE	30	\$0.47767	\$0.12925	200% Above
N	No	62332009830	ARIPIRAZOLE	60	\$0.49250	\$0.12060	200% Above
N	No	62332009830	ARIPIRAZOLE	30	\$0.48467	\$0.14416	200% Above
N	Yes	62332009831	ARIPIRAZOLE	30	\$0.10767	\$0.14416	(26%-50%) Below
N	No	62332009930	ARIPIRAZOLE	30	\$0.04000	\$0.11607	(51%-75%) Below
N	No	62332009931	ARIPIRAZOLE	30	\$0.54967	\$0.11607	200% Above
N	No	62332009931	ARIPIRAZOLE	30	\$0.29833	\$0.13140	101%-200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	Yes	62332010030	ARIPIRAZOLE	30	\$0.09900	\$0.15283	(26%-50%) Below
N	No	62332010130	ARIPIRAZOLE	60	\$0.14133	\$0.25759	(26%-50%) Below
N	No	62332011391	METOPROLOL TARTRATE	272	\$0.08276	\$0.02218	200% Above
N	No	62332012090	PREGABALIN	30	\$0.03067	\$0.06180	(51%-75%) Below
N	No	62332012690	PREGABALIN	60	\$0.28567	\$0.09633	101%-200% Above
N	No	62332013230	OLMESARTAN MEDOXOMIL	150	\$0.72027	\$0.08141	200% Above
N	No	62332013230	OLMESARTAN MEDOXOMIL	150	\$0.64000	\$0.08628	200% Above
N	No	62332013330	OLMESARTAN MEDOXOMIL	30	\$0.85733	\$0.12428	200% Above
N	No	62332013330	OLMESARTAN MEDOXOMIL	30	\$1.07167	\$0.12902	200% Above
N	Yes	62332013330	OLMESARTAN MEDOXOMIL	30	\$0.85733	\$0.12428	200% Above
N	No	62332013390	OLMESARTAN MEDOXOMIL	60	\$0.53567	\$0.12902	200% Above
N	No	62332014131	CELECOXIB	30	\$0.39733	\$0.08782	200% Above
N	No	62332014131	CELECOXIB	90	\$0.49656	\$0.09080	200% Above
N	No	62332014231	CELECOXIB	527	\$0.78795	\$0.10817	200% Above
N	No	62332014231	CELECOXIB	343	\$0.75644	\$0.10988	200% Above
N	Yes	62332014231	CELECOXIB	60	\$0.66067	\$0.10988	200% Above
N	No	62332014271	CELECOXIB	90	\$0.37789	\$0.10817	200% Above
N	No	62332014271	CELECOXIB	90	\$0.15033	\$0.10988	26%-50% Above
N	Yes	62332014271	CELECOXIB	18	\$0.82556	\$0.10988	200% Above
N	No	62332014930	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	120	\$1.39000	\$0.20434	200% Above
N	No	62332015030	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	30	\$0.16667	\$0.23074	(26%-50%) Below
N	No	62332015030	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	60	\$0.99417	\$0.24204	200% Above
N	No	62332015090	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	30	\$1.76167	\$0.23074	200% Above
N	No	62332015090	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	30	\$0.49333	\$0.24204	101%-200% Above
N	No	62332015130	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	90	\$1.33211	\$0.24777	200% Above
N	No	62332015130	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	60	\$1.20367	\$0.26608	200% Above
N	Yes	62332015130	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	30	\$1.75767	\$0.24777	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	62332015190	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	270	\$1.41726	\$0.24777	200% Above
N	No	62332015190	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	60	\$1.09033	\$0.26608	200% Above
N	No	62332017160	LACOSAMIDE	84	\$0.75369	\$0.19025	200% Above
N	No	62332017260	LACOSAMIDE	120	\$1.22783	\$0.29903	200% Above
Y	No	62332017460	LACOSAMIDE	180	\$1.69294	\$0.41042	200% Above
N	No	62332017830	TADALAFIL	150	\$0.60933	\$0.15162	200% Above
N	No	62332017930	TADALAFIL	15	\$2.82000	\$0.35323	200% Above
N	No	62332018030	TADALAFIL	6	\$7.71167	\$0.27323	200% Above
N	No	62332018030	TADALAFIL	12	\$8.67750	\$0.29468	200% Above
N	Yes	62332019030	FEBUXOSTAT	90	\$2.04344	\$0.55154	200% Above
N	No	62332020430	ITRACONAZOLE	28	\$0.57750	\$0.90338	(26%-50%) Below
N	No	62332020630	AMLODIPINE BESYLATE/VALSARTAN	30	\$2.80600	\$0.52813	200% Above
N	Yes	62332020630	AMLODIPINE BESYLATE/VALSARTAN	30	\$2.63433	\$0.52813	200% Above
N	No	62332023330	VILAZODONE HYDROCHLORIDE	30	\$1.18100	\$1.32426	(10%-25%) Below
N	No	62332023330	VILAZODONE HYDROCHLORIDE	60	\$3.38533	\$1.41595	101%-200% Above
N	No	62332023430	VILAZODONE HYDROCHLORIDE	90	\$5.88267	\$1.49660	200% Above
N	No	62332023430	VILAZODONE HYDROCHLORIDE	30	\$5.88267	\$1.50373	200% Above
Y	No	62332023430	VILAZODONE HYDROCHLORIDE	90	\$6.30722	\$1.49660	200% Above
N	No	62332024590	FENOFIBRIC ACID DR	90	\$0.59833	\$0.38052	51%-75% Above
N	No	62332025050	DOXYCYCLINE MONOHYDRATE	30	\$1.02067	\$0.23785	200% Above
N	No	62332025118	AZITHROMYCIN	6	\$2.83833	\$0.33112	200% Above
N	No	62332025118	AZITHROMYCIN	12	\$0.57833	\$0.35827	51%-75% Above
N	No	62332025130	AZITHROMYCIN	112	\$2.36616	\$0.33112	200% Above
N	No	62332025130	AZITHROMYCIN	180	\$1.95517	\$0.35827	200% Above
N	No	62332025230	AZITHROMYCIN	2	\$3.68500	\$0.59415	200% Above
N	No	62332034130	CANDESARTAN CILEXETIL	30	\$1.98267	\$0.83583	101%-200% Above
N	No	62332036406	CLONAZEPAM ODT	60	\$0.90900	\$0.63478	26%-50% Above
N	No	62332036506	CLONAZEPAM ODT	14	\$0.90929	\$0.52039	51%-75% Above
N	No	62332036606	CLONAZEPAM ODT	30	\$0.45933	\$0.52290	(10%-25%) Below
N	No	62332038031	TEMAZEPAM	7	\$0.25143	\$0.07307	200% Above
N	No	62332038231	TEMAZEPAM	60	\$0.62967	\$0.08219	200% Above
N	No	62332038231	TEMAZEPAM	60	\$0.57733	\$0.09045	200% Above
N	Yes	62332038231	TEMAZEPAM	30	\$0.57733	\$0.09045	200% Above



Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	62332040731	CLOMIPRAMINE HYDROCHLORIDE	30	\$0.89933	\$0.48241	76%-100% Above
N	No	62332041510	OSELTAMIVIR PHOSPHATE	20	\$5.53400	\$1.17495	200% Above
N	No	62332041510	OSELTAMIVIR PHOSPHATE	30	\$5.14933	\$1.27713	200% Above
N	No	62332048515	DESONIDE	330	\$0.40682	\$0.52533	(10%-25%) Below
N	No	62332048515	DESONIDE	135	\$0.38933	\$0.58842	(26%-50%) Below
N	No	62332048625	CLOBETASOL PROPIONATE	75	\$2.03640	\$0.39448	200% Above
N	No	62332048625	CLOBETASOL PROPIONATE	25	\$2.03640	\$0.43479	200% Above
N	No	62332049241	TIZANIDINE HYDROCHLORIDE	42	\$1.28548	\$0.12293	200% Above
N	No	62332049341	TIZANIDINE HYDROCHLORIDE	60	\$1.32667	\$0.16845	200% Above
N	No	62332049530	LURASIDONE HYDROCHLORIDE	30	\$1.66300	\$0.31797	200% Above
N	No	62332051103	BIMATOPROST	3	\$24.00333	\$28.18022	(10%-25%) Below
N	No	62332054804	CLOBETASOL PROPIONATE	118	\$0.59720	\$0.32194	76%-100% Above
N	No	62332054804	CLOBETASOL PROPIONATE	118	\$1.21542	\$0.34136	200% Above
N	No	62332058231	LIDOCAINE/PRILOCAINE	30	\$1.10833	\$0.60011	76%-100% Above
N	No	62332058631	AMANTADINE HYDROCHLORIDE	60	\$1.54733	\$0.47191	200% Above
N	No	62332060330	BISOPROLOL FUMARATE	30	\$0.57133	\$0.27204	101%-200% Above
N	No	62332060331	BISOPROLOL FUMARATE	30	\$0.22767	\$0.27204	(10%-25%) Below
N	No	62332060331	BISOPROLOL FUMARATE	30	\$0.44033	\$0.28082	51%-75% Above
N	No	62332060430	BISOPROLOL FUMARATE	30	\$0.25367	\$0.29439	(10%-25%) Below
N	No	62332060430	BISOPROLOL FUMARATE	45	\$0.86444	\$0.32486	101%-200% Above
N	No	62332060630	NYSTATIN/TRIAMCINOLONE ACETONIDE	60	\$1.46883	\$0.32157	200% Above
N	No	62332060630	NYSTATIN/TRIAMCINOLONE ACETONIDE	30	\$1.43700	\$0.37032	200% Above
N	No	62332063731	DOXEPIN HYDROCHLORIDE	30	\$0.04400	\$0.13551	(51%-75%) Below
Y	No	62332064531	DOXEPIN HYDROCHLORIDE	90	\$0.52367	\$0.22754	101%-200% Above
N	No	62559015801	FLUVOXAMINE MALEATE	60	\$0.34333	\$0.21692	51%-75% Above
N	No	62559015901	FLUVOXAMINE MALEATE	210	\$0.22995	\$0.27497	(10%-25%) Below
N	No	62559015901	FLUVOXAMINE MALEATE	30	\$0.20867	\$0.28221	(26%-50%) Below
N	No	62559016001	FLUVOXAMINE MALEATE	150	\$0.68467	\$0.27456	101%-200% Above
N	No	62559016001	FLUVOXAMINE MALEATE	315	\$0.46956	\$0.29001	51%-75% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	62559026530	TRANEXAMIC ACID	110	\$2.01836	\$1.40290	26%-50% Above
N	No	62559026530	TRANEXAMIC ACID	133	\$2.26797	\$1.44249	51%-75% Above
N	Yes	62559026530	TRANEXAMIC ACID	30	\$2.34800	\$1.44249	51%-75% Above
N	No	62559027630	NEBIVOLOL HYDROCHLORIDE	30	\$0.42633	\$0.18686	101%-200% Above
N	No	62559027630	NEBIVOLOL HYDROCHLORIDE	180	\$0.61300	\$0.20599	101%-200% Above
N	No	62559027730	NEBIVOLOL	180	\$1.22767	\$0.19531	200% Above
N	No	62559027830	NEBIVOLOL	90	\$0.61300	\$0.23975	101%-200% Above
N	No	62559029101	POTASSIUM CITRATE ER	90	\$0.33333	\$0.24565	26%-50% Above
N	No	62559031610	GLIPIZIDE	60	\$0.24667	\$0.04908	200% Above
N	No	62559031610	GLIPIZIDE	60	\$0.24667	\$0.04934	200% Above
N	No	62559038001	FLECAINIDE ACETATE	600	\$0.49422	\$0.11575	200% Above
N	No	62559038001	FLECAINIDE ACETATE	120	\$0.52167	\$0.12267	200% Above
N	No	62559038101	FLECAINIDE ACETATE	120	\$0.23958	\$0.19834	10%-25% Above
N	No	62559038101	FLECAINIDE ACETATE	510	\$0.28914	\$0.19885	26%-50% Above
N	Yes	62559038101	FLECAINIDE ACETATE	60	\$0.70233	\$0.19885	200% Above
N	No	62559039050	VANCOMYCIN HYDROCHLORIDE	207	\$3.02952	\$1.35818	101%-200% Above
N	No	62559039050	VANCOMYCIN HYDROCHLORIDE	40	\$6.47700	\$1.39746	200% Above
N	No	62559039512	COLESTIPOL HYDROCHLORIDE	84	\$1.15238	\$0.84631	26%-50% Above
N	No	62559043130	HYDROCORTISONE	210	\$0.92167	\$0.26081	200% Above
N	No	62559043130	HYDROCORTISONE	60	\$1.49350	\$0.26176	200% Above
N	Yes	62559043130	HYDROCORTISONE	90	\$1.09956	\$0.26081	200% Above
N	Yes	62559043130	HYDROCORTISONE	30	\$1.13967	\$0.26176	200% Above
N	No	62559049010	DIPHENOXYLATE HYDROCHLORIDE/ATROPINE SULFATE	30	\$0.34567	\$0.16124	101%-200% Above
N	No	62559051001	INDAPAMIDE	30	\$0.66633	\$0.12090	200% Above
N	No	62559051001	INDAPAMIDE	60	\$0.41400	\$0.12211	200% Above
N	No	62559051101	INDAPAMIDE	30	\$0.50000	\$0.12272	200% Above
N	No	62559056001	PINDOLOL	60	\$0.92383	\$0.82190	10%-25% Above
N	No	62559099130	FLUCONAZOLE	39	\$0.63846	\$0.32135	76%-100% Above
N	No	62559099212	FLUCONAZOLE	2	\$1.99000	\$0.82466	101%-200% Above
N	No	62559099330	FLUCONAZOLE	55	\$0.75036	\$0.44418	51%-75% Above
N	No	62559099330	FLUCONAZOLE	69	\$0.38275	\$0.45123	(10%-25%) Below
N	No	62756014202	METFORMIN HYDROCHLORIDE ER	30	\$0.02467	\$0.03299	(26%-50%) Below
N	No	62756018388	OXCARBAZEPINE	150	\$0.72860	\$0.12523	200% Above
N	No	62756018388	OXCARBAZEPINE	120	\$0.64092	\$0.13619	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	62756018418	OXCARBAZEPINE	60	\$0.23750	\$0.19444	10%-25% Above
N	No	62756018488	OXCARBAZEPINE	150	\$0.42773	\$0.19444	101%-200% Above
N	No	62756018488	OXCARBAZEPINE	60	\$0.24000	\$0.20310	10%-25% Above
N	No	62756020203	GABAPENTIN	30	\$0.16933	\$0.09614	76%-100% Above
N	No	62756023255	LOTEPREDNOL ETABONATE	10	\$5.28800	\$25.71080	(76%-100%) Below
N	No	62756024064	ONDANSETRON ODT	23	\$1.49652	\$0.18262	200% Above
N	No	62756043088	LITHIUM CARBONATE	60	\$0.09867	\$0.12040	(10%-25%) Below
N	No	62756046083	BUPRENORPHINE HCL	110	\$1.12645	\$0.87101	26%-50% Above
N	No	62756052069	SUMATRIPTAN SUCCINATE	18	\$3.47056	\$0.36060	200% Above
Y	No	62756058988	LIOETHYRONINE SODIUM	90	\$0.59444	\$0.32396	76%-100% Above
N	No	62756059088	LIOETHYRONINE SODIUM	30	\$0.38100	\$0.43479	(10%-25%) Below
N	No	62756079713	DIVALPROEX SODIUM DR	90	\$0.44833	\$0.08680	200% Above
N	No	62756079813	DIVALPROEX SODIUM DR	60	\$0.79117	\$0.15880	200% Above
N	No	62756079813	DIVALPROEX SODIUM DR	60	\$0.44483	\$0.17593	101%-200% Above
N	No	62756079888	DIVALPROEX SODIUM DR	60	\$0.30667	\$0.15880	76%-100% Above
N	No	62756096983	BUPRENORPHINE HCL/NALOXONE HCL	120	\$1.69200	\$0.62646	101%-200% Above
N	No	62756096983	BUPRENORPHINE HCL/NALOXONE HCL	120	\$1.69200	\$0.63617	101%-200% Above
N	No	62756097083	BUPRENORPHINE HCL/NALOXONE HCL	10	\$3.71900	\$0.92882	200% Above
N	Yes	62756097083	BUPRENORPHINE HCL/NALOXONE HCL	60	\$2.85133	\$0.92574	200% Above
N	No	62856027630	FYCOMPA	30	\$29.29733	\$36.92179	(10%-25%) Below
N	No	63304007601	POTASSIUM CHLORIDE ER	30	\$0.23300	\$0.13658	51%-75% Above
N	No	63304045830	ONDANSETRON HYDROCHLORIDE	30	\$0.53533	\$0.06501	200% Above
N	No	63304069201	CLINDAMYCIN HYDROCHLORIDE	70	\$0.26129	\$0.11183	101%-200% Above
N	No	63304069205	CLINDAMYCIN HYDROCHLORIDE	358	\$0.44793	\$0.10419	200% Above
N	No	63304069205	CLINDAMYCIN HYDROCHLORIDE	98	\$0.47510	\$0.11183	200% Above
N	No	63304069301	CLINDAMYCIN HCL	88	\$0.85420	\$0.22973	200% Above
N	No	63304069301	CLINDAMYCIN HCL	370	\$1.15400	\$0.23387	200% Above
N	No	63304071890	DILTIAZEM HYDROCHLORIDE ER	30	\$0.19333	\$0.15140	26%-50% Above
N	No	63304082705	ATORVASTATIN CALCIUM	30	\$0.48533	\$0.03066	200% Above
N	No	63304082705	ATORVASTATIN CALCIUM	30	\$0.48533	\$0.03114	200% Above
N	No	63304082790	ATORVASTATIN CALCIUM	90	\$0.25400	\$0.03066	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	63304082790	ATORVASTATIN CALCIUM	150	\$0.57493	\$0.03114	200% Above
N	No	63304082890	ATORVASTATIN CALCIUM	30	\$0.30333	\$0.03755	200% Above
N	No	63304082890	ATORVASTATIN CALCIUM	120	\$0.30333	\$0.04061	200% Above
N	No	63304082905	ATORVASTATIN CALCIUM	30	\$0.03900	\$0.05653	(26%-50%) Below
N	No	63304082990	ATORVASTATIN CALCIUM	60	\$0.49833	\$0.05376	200% Above
N	No	63304082990	ATORVASTATIN CALCIUM	90	\$0.31533	\$0.05653	200% Above
N	No	63304090430	VALACYCLOVIR HYDROCHLORIDE	394	\$1.72711	\$0.28541	200% Above
N	No	63304090430	VALACYCLOVIR HYDROCHLORIDE	102	\$1.64598	\$0.28806	200% Above
N	Yes	63304090430	VALACYCLOVIR HYDROCHLORIDE	30	\$1.68000	\$0.28541	200% Above
N	No	63304090530	VALACYCLOVIR HYDROCHLORIDE	4	\$2.88750	\$0.48253	200% Above
N	No	63304092401	GUANFACINE ER	30	\$1.36133	\$0.18803	200% Above
N	No	63304092401	GUANFACINE ER	30	\$1.60867	\$0.22154	200% Above
N	No	63323004401	CYANOCOBALAMIN	3	\$0.00000	\$2.58423	(76%-100%) Below
N	Yes	63323004401	CYANOCOBALAMIN	1	\$0.45000	\$2.58423	(76%-100%) Below
N	No	63402020830	APTIOM	30	\$26.37367	\$38.30246	(26%-50%) Below
N	No	63646001004	KETOCONAZOLE	3360	\$0.08629	\$0.10296	(10%-25%) Below
N	No	64380015702	BUTALBITAL/ACETAMINOPHEN/C AFEINE	150	\$0.42753	\$0.15181	101%-200% Above
N	No	64380015801	MEGESTROL ACETATE	30	\$0.45767	\$0.14180	200% Above
N	No	64380015901	MEGESTROL ACETATE	120	\$0.67492	\$0.18464	200% Above
N	Yes	64380015901	MEGESTROL ACETATE	60	\$0.66500	\$0.21082	200% Above
N	No	64380016001	MEGESTROL ACETATE	240	\$0.16867	\$0.13225	26%-50% Above
N	No	64380018001	DOXYCYCLINE MONOHYDRATE	94	\$0.96670	\$0.23785	200% Above
N	No	64380018001	DOXYCYCLINE MONOHYDRATE	60	\$0.55850	\$0.24059	101%-200% Above
N	No	64380018801	ZAFIRLUKAST	60	\$1.43033	\$0.79581	76%-100% Above
N	No	64380020401	DOXEPIN HYDROCHLORIDE	5	\$8.22600	\$5.80929	26%-50% Above
N	No	64380021201	METHIMAZOLE	45	\$0.16622	\$0.08904	76%-100% Above
N	No	64380021201	METHIMAZOLE	30	\$0.31100	\$0.09507	200% Above
N	No	64380021301	METHIMAZOLE	15	\$0.53733	\$0.13948	200% Above
N	No	64380021301	METHIMAZOLE	30	\$0.42800	\$0.17013	101%-200% Above
N	No	64380071206	BENZONATATE	73	\$0.44247	\$0.08000	200% Above
N	No	64380071206	BENZONATATE	40	\$0.34300	\$0.08277	200% Above
N	Yes	64380071206	BENZONATATE	42	\$0.35976	\$0.08000	200% Above
N	No	64380071207	BENZONATATE	327	\$0.44092	\$0.08000	200% Above
N	No	64380071207	BENZONATATE	364	\$0.38816	\$0.08277	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	Yes	64380071207	BENZONATATE	60	\$0.42767	\$0.08277	200% Above
N	No	64380071306	BENZONATATE	60	\$0.62867	\$0.11300	200% Above
N	No	64380071306	BENZONATATE	30	\$0.90700	\$0.11413	200% Above
N	Yes	64380071306	BENZONATATE	30	\$0.50500	\$0.11300	200% Above
N	Yes	64380071306	BENZONATATE	50	\$0.62280	\$0.11413	200% Above
N	No	64380071307	BENZONATATE	513	\$0.73339	\$0.11300	200% Above
N	No	64380071307	BENZONATATE	265	\$0.86940	\$0.11413	200% Above
N	Yes	64380071307	BENZONATATE	21	\$0.71810	\$0.11300	200% Above
N	Yes	64380071307	BENZONATATE	15	\$0.79200	\$0.11413	200% Above
N	No	64380072306	CALCITRIOL	30	\$0.38867	\$0.17006	101%-200% Above
N	No	64380072306	CALCITRIOL	90	\$0.44978	\$0.17397	101%-200% Above
N	Yes	64380072306	CALCITRIOL	28	\$0.14393	\$0.17397	(10%-25%) Below
N	No	64380072406	CALCITRIOL	98	\$0.72612	\$0.23892	200% Above
N	No	64380072406	CALCITRIOL	8	\$1.19750	\$0.24933	200% Above
N	Yes	64380072506	MYCOPHENOLATE MOFETIL	120	\$1.45858	\$0.28356	200% Above
N	No	64380072507	MYCOPHENOLATE MOFETIL	120	\$0.23683	\$0.28356	(10%-25%) Below
N	No	64380073508	HYDRALAZINE HYDROCHLORIDE	90	\$0.07333	\$0.04749	51%-75% Above
N	No	64380073706	VITAMIN D	75	\$1.07173	\$0.13129	200% Above
N	No	64380073706	VITAMIN D	78	\$1.05846	\$0.13301	200% Above
N	Yes	64380073706	VITAMIN D	52	\$0.39654	\$0.13129	200% Above
N	Yes	64380073706	VITAMIN D	4	\$0.99000	\$0.13301	200% Above
Y	No	64380073706	VITAMIN D	13	\$0.21077	\$0.13301	51%-75% Above
N	No	64380074108	BUSPIRONE HYDROCHLORIDE	90	\$0.17433	\$0.02495	200% Above
N	Yes	64380074108	BUSPIRONE HYDROCHLORIDE	30	\$0.02967	\$0.02495	10%-25% Above
N	Yes	64380074108	BUSPIRONE HYDROCHLORIDE	180	\$0.01972	\$0.02497	(10%-25%) Below
N	No	64380074206	BUSPIRONE HYDROCHLORIDE	90	\$0.23000	\$0.03491	200% Above
Y	No	64380074318	BUSPIRONE HCL	270	\$0.29304	\$0.04764	200% Above
Y	No	64380074318	BUSPIRONE HCL	180	\$0.29306	\$0.04868	200% Above
N	No	64380074605	PRAMIPEXOLE DIHYDROCHLORIDE	90	\$0.34600	\$0.04546	200% Above
N	No	64380074705	PRAMIPEXOLE DIHYDROCHLORIDE	30	\$0.34833	\$0.04642	200% Above
N	No	64380074705	PRAMIPEXOLE DIHYDROCHLORIDE	30	\$0.34833	\$0.04875	200% Above
N	No	64380074805	PRAMIPEXOLE DIHYDROCHLORIDE	30	\$0.57867	\$0.05209	200% Above
N	No	64380075005	PRAMIPEXOLE DIHYDROCHLORIDE	90	\$0.43222	\$0.05804	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	64380075105	PRAMIPEXOLE DIHYDROCHLORIDE	30	\$0.47767	\$0.06516	200% Above
N	No	64380075906	ACARBOSE	90	\$0.18244	\$0.15723	10%-25% Above
N	No	64380076111	OMEGA-3-ACID ETHYL ESTERS	30	\$0.34667	\$0.16347	101%-200% Above
N	No	64380076921	PEG-3350/NAACL/NA BICARBONATE/KCL	4000	\$0.01237	\$0.00973	26%-50% Above
N	No	64380076921	PEG-3350/NAACL/NA BICARBONATE/KCL	8000	\$0.00620	\$0.00977	(26%-50%) Below
N	No	64380078206	PREDNISONE	180	\$0.17717	\$0.04678	200% Above
N	No	64380078306	PREDNISONE	30	\$0.16000	\$0.04988	200% Above
N	Yes	64380078306	PREDNISONE	90	\$0.03756	\$0.04631	(10%-25%) Below
N	No	64380078308	PREDNISONE	12	\$0.03583	\$0.04988	(26%-50%) Below
N	Yes	64380078308	PREDNISONE	30	\$0.03767	\$0.04631	(10%-25%) Below
N	No	64380078407	PREDNISONE	5	\$0.15600	\$0.05601	101%-200% Above
N	No	64380078407	PREDNISONE	10	\$0.08600	\$0.05744	26%-50% Above
N	No	64380078408	PREDNISONE	5	\$0.14800	\$0.05601	101%-200% Above
N	No	64380078408	PREDNISONE	54	\$0.14722	\$0.05744	101%-200% Above
N	No	64380078507	PREDNISONE	6	\$0.18000	\$0.08601	101%-200% Above
N	No	64380078508	PREDNISONE	53	\$0.09660	\$0.08601	10%-25% Above
N	No	64380078706	BUSPIRONE HYDROCHLORIDE	20	\$0.43900	\$0.12982	200% Above
N	No	64380078706	BUSPIRONE HYDROCHLORIDE	270	\$0.64726	\$0.14939	200% Above
N	No	64380079901	OSELTAMIVIR PHOSPHATE	50	\$3.96260	\$1.17495	200% Above
N	No	64380079901	OSELTAMIVIR PHOSPHATE	20	\$5.83850	\$1.27713	200% Above
N	No	64380080706	IBUPROFEN	42	\$0.12071	\$0.06648	76%-100% Above
N	No	64380080707	IBUPROFEN	342	\$0.21681	\$0.06514	200% Above
N	No	64380080707	IBUPROFEN	98	\$0.41959	\$0.06648	200% Above
N	Yes	64380080707	IBUPROFEN	110	\$0.37891	\$0.06514	200% Above
N	Yes	64380080707	IBUPROFEN	100	\$0.40580	\$0.06648	200% Above
N	No	64380080807	IBUPROFEN	164	\$0.22305	\$0.05354	200% Above
N	No	64380080807	IBUPROFEN	55	\$0.21455	\$0.05395	200% Above
N	No	64380080907	IBUPROFEN	41	\$0.22488	\$0.05181	200% Above
N	No	64380083306	ACETAZOLAMIDE	86	\$0.88884	\$0.15186	200% Above
N	Yes	64380083306	ACETAZOLAMIDE	60	\$1.21650	\$0.15186	200% Above
N	No	64380083406	ACETAZOLAMIDE	120	\$0.94225	\$0.17719	200% Above
N	Yes	64380083406	ACETAZOLAMIDE	90	\$0.86878	\$0.17719	200% Above

**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	Yes	64380083406	ACETAZOLAMIDE	210	\$0.24152	\$0.19090	26%-50% Above
N	No	64380086107	POTASSIUM CHLORIDE ER	240	\$0.15788	\$0.12498	26%-50% Above
N	No	64380091806	URSODIOL	60	\$0.57550	\$0.38723	26%-50% Above
N	No	64380091906	URSODIOL	60	\$0.83400	\$0.74224	10%-25% Above
N	No	64380093308	LOSARTAN POTASSIUM	195	\$0.15944	\$0.03491	200% Above
N	No	64380093408	LOSARTAN POTASSIUM	60	\$0.42167	\$0.04293	200% Above
N	No	64380093408	LOSARTAN POTASSIUM	300	\$0.44417	\$0.04465	200% Above
N	No	64380093508	LOSARTAN POTASSIUM	30	\$0.60267	\$0.05981	200% Above
N	No	64380093508	LOSARTAN POTASSIUM	300	\$0.47657	\$0.06234	200% Above
N	No	64380094906	PREDNISON	23	\$0.34130	\$0.25414	26%-50% Above
N	No	64380097025	HYDROCORTISONE	182	\$0.26582	\$0.20654	26%-50% Above
N	No	64380097025	HYDROCORTISONE	90	\$0.32989	\$0.21162	51%-75% Above
N	No	64380097106	HYDROCORTISONE	180	\$0.30367	\$0.24024	26%-50% Above
N	No	64679060416	PROMETHAZINE/DEXTROMETHORPHAN	356	\$0.05767	\$0.03906	26%-50% Above
N	No	64679060416	PROMETHAZINE/DEXTROMETHORPHAN	238	\$0.05008	\$0.04154	10%-25% Above
N	Yes	64679060416	PROMETHAZINE/DEXTROMETHORPHAN	330	\$0.04461	\$0.03906	10%-25% Above
N	Yes	64679060416	PROMETHAZINE/DEXTROMETHORPHAN	1096	\$0.03571	\$0.04154	(10%-25%) Below
N	No	64679092603	ENALAPRIL MALEATE	90	\$0.28856	\$0.11205	101%-200% Above
N	No	64679096105	AZITHROMYCIN	12	\$1.62167	\$0.33112	200% Above
N	No	64764017530	DEXILANT	150	\$8.13780	\$9.85312	(10%-25%) Below
N	No	64764075030	TRINTELLIX	285	\$12.96368	\$14.92278	(10%-25%) Below
N	No	64850050101	AMPHETAMINE/DEXTROAMPHETAMINE	90	\$1.03544	\$0.55155	76%-100% Above
N	No	64850050201	AMPHETAMINE/DEXTROAMPHETAMINE	1230	\$0.97404	\$0.25211	200% Above
N	No	64850050201	AMPHETAMINE/DEXTROAMPHETAMINE	1541	\$0.84256	\$0.28807	101%-200% Above
N	Yes	64850050201	AMPHETAMINE/DEXTROAMPHETAMINE	60	\$1.06950	\$0.25211	200% Above
N	Yes	64850050201	AMPHETAMINE/DEXTROAMPHETAMINE	30	\$0.93000	\$0.28807	200% Above
N	No	64850050401	AMPHETAMINE/DEXTROAMPHETAMINE	690	\$0.34145	\$0.30533	10%-25% Above
N	No	64850050401	AMPHETAMINE/DEXTROAMPHETAMINE	180	\$0.39328	\$0.31218	26%-50% Above
N	Yes	64850050401	AMPHETAMINE/DEXTROAMPHETAMINE	30	\$0.26667	\$0.31218	(10%-25%) Below
N	No	64850050501	AMPHETAMINE/DEXTROAMPHETAMINE	2055	\$0.77436	\$0.30315	101%-200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	64850050501	AMPHETAMINE/DEXTROAMPHETAMINE	2323	\$0.76032	\$0.34453	101%-200% Above
N	Yes	64850050501	AMPHETAMINE/DEXTROAMPHETAMINE	30	\$0.99333	\$0.30315	200% Above
N	Yes	64850050501	AMPHETAMINE/DEXTROAMPHETAMINE	120	\$0.86600	\$0.34453	101%-200% Above
N	No	64850051001	AMPHETAMINE/DEXTROAMPHETAMINE	60	\$0.84000	\$0.55836	51%-75% Above
N	No	64850051101	AMPHETAMINE/DEXTROAMPHETAMINE	90	\$0.72444	\$0.56921	26%-50% Above
N	No	64850051101	AMPHETAMINE/DEXTROAMPHETAMINE	90	\$0.84000	\$0.60532	26%-50% Above
N	No	64850051201	AMPHETAMINE/DEXTROAMPHETAMINE	180	\$0.78333	\$0.60399	26%-50% Above
N	No	64850051201	AMPHETAMINE/DEXTROAMPHETAMINE	120	\$0.92492	\$0.69117	26%-50% Above
N	No	64850051301	AMPHETAMINE/DEXTROAMPHETAMINE	510	\$0.79747	\$0.60480	26%-50% Above
N	No	64850051301	AMPHETAMINE/DEXTROAMPHETAMINE	690	\$0.86010	\$0.61509	26%-50% Above
N	No	64850051401	AMPHETAMINE/DEXTROAMPHETAMINE	60	\$1.13283	\$0.56816	76%-100% Above
N	No	64850051401	AMPHETAMINE/DEXTROAMPHETAMINE	210	\$0.84000	\$0.61559	26%-50% Above
N	No	64850051501	AMPHETAMINE/DEXTROAMPHETAMINE	420	\$1.15445	\$0.65912	76%-100% Above
N	No	64850051501	AMPHETAMINE/DEXTROAMPHETAMINE	390	\$0.93544	\$0.66060	26%-50% Above
N	No	64896066930	EMVERM	4	\$670.24000	\$591.86562	10%-25% Above
N	No	64950037147	HYDROCODONE BITARTRATE/HOMATROPINE METHYLBROMIDE	440	\$0.04036	\$0.05564	(26%-50%) Below
N	No	64980010401	PHOSPHA 250 NEUTRAL	70	\$0.04343	\$0.22130	(76%-100%) Below
N	No	64980020901	OXYBUTYNIN CHLORIDE ER	30	\$0.51600	\$0.09421	200% Above
N	No	64980020901	OXYBUTYNIN CHLORIDE ER	30	\$0.51600	\$0.09571	200% Above
N	No	64980021001	OXYBUTYNIN CHLORIDE ER	90	\$0.21200	\$0.10486	101%-200% Above
N	No	64980021001	OXYBUTYNIN CHLORIDE ER	30	\$1.07533	\$0.10582	200% Above
N	No	64980021101	OXYBUTYNIN CHLORIDE ER	30	\$1.28867	\$0.13336	200% Above
N	No	64980026401	METHIMAZOLE	45	\$0.31111	\$0.08904	200% Above
N	No	64980026401	METHIMAZOLE	45	\$0.31111	\$0.09507	200% Above
N	No	64980026501	METHIMAZOLE	150	\$0.53747	\$0.13948	200% Above
N	No	64980026501	METHIMAZOLE	60	\$0.53750	\$0.17013	200% Above
N	No	64980027903	GLIPIZIDE ER	60	\$0.28467	\$0.13917	101%-200% Above



Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	64980028001	GLIPIZIDE ER	30	\$0.06167	\$0.08688	(26%-50%) Below
N	Yes	64980028001	GLIPIZIDE ER	30	\$0.11100	\$0.08966	10%-25% Above
N	No	64980028005	GLIPIZIDE ER	150	\$0.28467	\$0.08688	200% Above
N	No	64980028005	GLIPIZIDE ER	90	\$0.28467	\$0.08966	200% Above
N	No	64980028101	GLIPIZIDE ER	90	\$0.34444	\$0.16361	101%-200% Above
N	No	64980028101	GLIPIZIDE ER	150	\$0.26513	\$0.16903	51%-75% Above
N	Yes	64980028101	GLIPIZIDE ER	30	\$0.21500	\$0.16361	26%-50% Above
N	No	64980028105	GLIPIZIDE ER	420	\$0.18543	\$0.16361	10%-25% Above
N	No	64980028105	GLIPIZIDE ER	90	\$0.25400	\$0.16903	51%-75% Above
N	Yes	64980028105	GLIPIZIDE ER	30	\$0.21500	\$0.16361	26%-50% Above
N	No	64980028110	GLIPIZIDE ER	30	\$0.13267	\$0.16903	(10%-25%) Below
N	Yes	64980028110	GLIPIZIDE ER	30	\$0.12667	\$0.16361	(10%-25%) Below
N	No	64980030550	DENTA 5000 PLUS	51	\$0.12843	\$0.10613	10%-25% Above
N	No	64980032430	PROCTOZONE-HC	60	\$0.88100	\$0.26176	200% Above
N	No	64980032801	ERYTHROMYCIN/BENZOYL PEROXIDE	23.3	\$4.54721	\$1.58000	101%-200% Above
N	No	64980032920	FLUOCINOLONE ACETONIDE	20	\$5.89700	\$1.28063	200% Above
N	Yes	64980032920	FLUOCINOLONE ACETONIDE	20	\$5.89700	\$1.28063	200% Above
N	No	64980033004	FLUOCINOLONE ACETONIDE SCALP	1064.52	\$0.37259	\$0.21272	76%-100% Above
N	No	64980033004	FLUOCINOLONE ACETONIDE SCALP	1301.08	\$0.30562	\$0.23957	26%-50% Above
N	No	64980034003	ALENDRONATE SODIUM	4	\$1.30750	\$0.12589	200% Above
N	No	64980034114	ALENDRONATE SODIUM	16	\$1.10625	\$0.35727	200% Above
N	No	64980034214	ALENDRONATE SODIUM	112	\$1.71179	\$0.27849	200% Above
N	No	64980034214	ALENDRONATE SODIUM	100	\$1.14420	\$0.28053	200% Above
N	Yes	64980034214	ALENDRONATE SODIUM	4	\$3.22500	\$0.28053	200% Above
N	No	64980037303	ATOMOXETINE	30	\$3.05067	\$0.54777	200% Above
N	No	64980037403	ATOMOXETINE	30	\$0.53067	\$0.67860	(10%-25%) Below
N	No	64980037503	ATOMOXETINE	30	\$0.44200	\$0.59776	(26%-50%) Below
N	No	64980037603	ATOMOXETINE	60	\$0.39683	\$0.68847	(26%-50%) Below
N	No	64980037603	ATOMOXETINE	30	\$3.01733	\$0.71293	200% Above
N	Yes	64980037603	ATOMOXETINE	30	\$0.30100	\$0.71293	(51%-75%) Below
N	No	64980037703	ATOMOXETINE	30	\$2.38067	\$0.89273	101%-200% Above
N	No	64980037803	ATOMOXETINE	30	\$4.68700	\$0.86225	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	64980037903	ATOMOXETINE	90	\$4.88244	\$0.65306	200% Above
N	No	64980040906	SERTRALINE HCL	60	\$0.28033	\$0.46357	(26%-50%) Below
N	No	64980041009	PREGABALIN	60	\$0.09917	\$0.05567	76%-100% Above
N	No	64980041109	PREGABALIN	90	\$0.08967	\$0.05725	51%-75% Above
N	No	64980041109	PREGABALIN	180	\$0.10956	\$0.06180	76%-100% Above
N	No	64980041209	PREGABALIN	300	\$0.09363	\$0.05405	51%-75% Above
N	No	64980041209	PREGABALIN	270	\$0.10952	\$0.06258	76%-100% Above
N	No	64980041309	PREGABALIN	90	\$0.13067	\$0.05835	101%-200% Above
N	No	64980041309	PREGABALIN	90	\$0.14878	\$0.06425	101%-200% Above
N	No	64980041409	PREGABALIN	120	\$0.18017	\$0.07465	101%-200% Above
N	No	64980041509	PREGABALIN	90	\$0.27956	\$0.07266	200% Above
N	No	64980041709	PREGABALIN	60	\$0.19850	\$0.09060	101%-200% Above
N	No	64980041709	PREGABALIN	60	\$0.25000	\$0.09633	101%-200% Above
N	No	64980042712	TINIDAZOLE	18	\$5.00333	\$2.67139	76%-100% Above
N	No	64980042712	TINIDAZOLE	16	\$4.75688	\$2.69169	76%-100% Above
N	No	64980043701	ATENOLOL	30	\$0.26633	\$0.02262	200% Above
N	No	64980043710	ATENOLOL	300	\$0.26843	\$0.02194	200% Above
N	No	64980043710	ATENOLOL	255	\$0.31514	\$0.02262	200% Above
N	Yes	64980043710	ATENOLOL	30	\$0.38967	\$0.02194	200% Above
N	Yes	64980043710	ATENOLOL	45	\$0.24489	\$0.02262	200% Above
N	No	64980043801	ATENOLOL	30	\$0.25533	\$0.02671	200% Above
N	No	64980043810	ATENOLOL	120	\$0.29467	\$0.02594	200% Above
N	No	64980043810	ATENOLOL	180	\$0.26156	\$0.02671	200% Above
N	Yes	64980043901	ATENOLOL	30	\$0.03133	\$0.03851	(10%-25%) Below
N	No	64980043910	ATENOLOL	120	\$0.45775	\$0.04173	200% Above
N	No	64980044801	NEOMYCIN/POLYMYXIN/HYDROCORTISONE	20	\$3.82150	\$5.39601	(26%-50%) Below
N	No	64980050448	CYPROHEPTADINE HCL	400	\$0.03460	\$0.04527	(10%-25%) Below
N	No	64980050448	CYPROHEPTADINE HCL	510	\$0.06986	\$0.04925	26%-50% Above
N	No	64980051110	CLINDAMYCIN PALMITATE HYDROCHLORIDE	400	\$0.32748	\$0.15691	101%-200% Above
N	No	64980051305	TIMOLOL MALEATE	15	\$2.10000	\$0.65302	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	64980051305	TIMOLOL MALEATE	5	\$1.89200	\$0.66658	101%-200% Above
N	No	64980051405	TIMOLOL MALEATE	45	\$1.36044	\$1.18383	10%-25% Above
N	No	64980051415	TIMOLOL MALEATE	15	\$2.27533	\$0.88687	101%-200% Above
N	No	64980051415	TIMOLOL MALEATE	15	\$1.97000	\$0.96887	101%-200% Above
N	No	64980051505	OFLOXACIN	90	\$1.34156	\$2.17543	(26%-50%) Below
N	No	64980051505	OFLOXACIN	65	\$1.40154	\$2.29919	(26%-50%) Below
N	No	64980052810	SODIUM BICARBONATE	120	\$0.00292	\$0.01415	(76%-100%) Below
N	No	64980056210	FUROSEMIDE	1000	\$0.07462	\$0.02683	101%-200% Above
N	No	64980056210	FUROSEMIDE	1172	\$0.08963	\$0.02728	200% Above
N	Yes	64980056210	FUROSEMIDE	45	\$0.05333	\$0.02683	76%-100% Above
N	Yes	64980056210	FUROSEMIDE	60	\$0.09800	\$0.02728	200% Above
N	No	64980056310	FUROSEMIDE	1204	\$0.08041	\$0.03224	101%-200% Above
N	No	64980056310	FUROSEMIDE	570	\$0.09886	\$0.03347	101%-200% Above
N	Yes	64980056310	FUROSEMIDE	90	\$0.04767	\$0.03347	26%-50% Above
N	No	64980056401	FUROSEMIDE	90	\$0.26200	\$0.05259	200% Above
N	No	64980056401	FUROSEMIDE	105	\$0.06667	\$0.05282	26%-50% Above
N	No	65162003310	ACETAMINOPHEN/CODEINE PHOSPHATE	80	\$0.13388	\$0.18990	(26%-50%) Below
N	No	65162003310	ACETAMINOPHEN/CODEINE PHOSPHATE	129	\$0.62147	\$0.19768	200% Above
N	No	65162003416	OMEGA-3-ACID ETHYL ESTERS	120	\$0.21300	\$0.16347	26%-50% Above
N	No	65162004710	OXYCODONE HYDROCHLORIDE	15	\$0.26200	\$0.09121	101%-200% Above
N	Yes	65162004710	OXYCODONE HYDROCHLORIDE	20	\$0.05550	\$0.08639	(26%-50%) Below
N	No	65162005827	SEVELAMER CARBONATE	121	\$0.42620	\$0.24401	51%-75% Above
N	No	65162005827	SEVELAMER CARBONATE	180	\$0.42617	\$0.25287	51%-75% Above
N	No	65162006205	SUCRALFATE	120	\$0.26667	\$0.37770	(26%-50%) Below
N	No	65162006205	SUCRALFATE	1800	\$0.15724	\$0.38381	(51%-75%) Below
N	No	65162010150	GABAPENTIN	90	\$0.10889	\$0.02469	200% Above
N	No	65162010150	GABAPENTIN	230	\$0.16361	\$0.02583	200% Above
N	No	65162010211	GABAPENTIN	150	\$0.29247	\$0.04077	200% Above
N	Yes	65162010211	GABAPENTIN	30	\$0.28333	\$0.04095	200% Above
N	No	65162010250	GABAPENTIN	504	\$0.16627	\$0.04077	200% Above

**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	65162010250	GABAPENTIN	584	\$0.17104	\$0.04095	200% Above
N	Yes	65162010250	GABAPENTIN	270	\$0.11648	\$0.04077	101%-200% Above
N	Yes	65162010250	GABAPENTIN	360	\$0.11822	\$0.04095	101%-200% Above
N	No	65162010350	GABAPENTIN	90	\$0.22433	\$0.05443	200% Above
N	No	65162010350	GABAPENTIN	120	\$0.42600	\$0.06067	200% Above
N	Yes	65162010350	GABAPENTIN	90	\$0.40278	\$0.05443	200% Above
N	No	65162011510	HYDROCODONE/ACETAMINOPHEN	60	\$0.59183	\$0.12669	200% Above
N	No	65162011510	HYDROCODONE/ACETAMINOPHEN	40	\$0.18700	\$0.12826	26%-50% Above
N	No	65162011550	HYDROCODONE/ACETAMINOPHEN	36	\$0.27611	\$0.12669	101%-200% Above
Y	No	65162014908	LYLLANA	24	\$10.15208	\$6.49694	51%-75% Above
N	No	65162016906	MEMANTINE HYDROCHLORIDE	60	\$0.63583	\$0.07026	200% Above
N	No	65162016906	MEMANTINE HYDROCHLORIDE	60	\$0.63583	\$0.07351	200% Above
N	No	65162018910	NAPROXEN	40	\$0.33675	\$0.06774	200% Above
N	No	65162019011	NAPROXEN	230	\$0.20561	\$0.06174	200% Above
N	No	65162019011	NAPROXEN	122	\$0.21410	\$0.06367	200% Above
N	No	65162019050	NAPROXEN	390	\$0.51485	\$0.06174	200% Above
N	No	65162019050	NAPROXEN	344	\$0.38561	\$0.06367	200% Above
N	Yes	65162019050	NAPROXEN	60	\$0.48700	\$0.06367	200% Above
N	No	65162022621	YUVAFEM	40	\$6.34550	\$7.75199	(10%-25%) Below
N	No	65162022623	YUVAFEM	56	\$4.35964	\$7.27243	(26%-50%) Below
N	No	65162022623	YUVAFEM	68	\$4.35956	\$7.75199	(26%-50%) Below
N	No	65162024709	CHLORTHALIDONE	62	\$0.40516	\$0.09306	200% Above
N	Yes	65162024709	CHLORTHALIDONE	30	\$0.35033	\$0.09306	200% Above
Y	No	65162027110	SULFAMETHOXAZOLE/TRIMETHOPRIM	180	\$0.21511	\$0.05010	200% Above
N	No	65162027210	SULFAMETHOXAZOLE/TRIMETHOPRIM DS	30	\$0.82600	\$0.05501	200% Above
N	No	65162027250	SULFAMETHOXAZOLE/TRIMETHOPRIM DS	132	\$0.44909	\$0.05501	200% Above
N	No	65162027250	SULFAMETHOXAZOLE/TRIMETHOPRIM DS	184	\$0.56386	\$0.05595	200% Above
N	Yes	65162027250	SULFAMETHOXAZOLE/TRIMETHOPRIM DS	20	\$0.29600	\$0.05501	200% Above
N	Yes	65162027250	SULFAMETHOXAZOLE/TRIMETHOPRIM DS	82	\$0.21622	\$0.05595	200% Above
N	No	65162028003	PALIPERIDONE ER	30	\$2.64667	\$1.85144	26%-50% Above
N	No	65162035109	SILDENAFIL CITRATE	120	\$0.28392	\$0.06910	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	65162035109	SILDENAFIL CITRATE	60	\$0.70767	\$0.07471	200% Above
N	No	65162035803	ZAFEMY	39	\$32.19949	\$36.01203	(10%-25%) Below
N	Yes	65162037110	OXYBUTYNIN CHLORIDE ER	30	\$0.52633	\$0.09421	200% Above
N	No	65162037210	OXYBUTYNIN CHLORIDE ER	30	\$0.58600	\$0.10582	200% Above
N	Yes	65162037310	OXYBUTYNIN CHLORIDE ER	60	\$1.11800	\$0.13373	200% Above
N	No	65162041503	BUPRENORPHINE HCL/NALOXONE HCL	45	\$1.13000	\$0.92574	10%-25% Above
N	No	65162046510	IBUPROFEN	52	\$0.29231	\$0.05395	200% Above
N	No	65162046550	IBUPROFEN	50	\$0.08220	\$0.05395	51%-75% Above
N	No	65162046610	IBUPROFEN	60	\$0.32333	\$0.06648	200% Above
N	Yes	65162046610	IBUPROFEN	16	\$0.08125	\$0.06648	10%-25% Above
N	No	65162046650	IBUPROFEN	515	\$0.37561	\$0.06514	200% Above
N	No	65162046650	IBUPROFEN	923	\$0.28644	\$0.06648	200% Above
N	Yes	65162046650	IBUPROFEN	3	\$0.05333	\$0.06514	(10%-25%) Below
N	No	65162046935	ELURYNG	34	\$58.33412	\$73.35953	(10%-25%) Below
N	No	65162046935	ELURYNG	29	\$47.30931	\$74.95745	(26%-50%) Below
N	Yes	65162046935	ELURYNG	3	\$85.38000	\$74.95745	10%-25% Above
N	No	65162047810	NITROFURANTOIN MONOHYDRATE/MACROCRYSTALS	54	\$1.84352	\$0.49864	200% Above
N	No	65162047810	NITROFURANTOIN MONOHYDRATE/MACROCRYSTALS	68	\$1.47779	\$0.52826	101%-200% Above
N	Yes	65162047810	NITROFURANTOIN MONOHYDRATE/MACROCRYSTALS	14	\$2.21071	\$0.49864	200% Above
N	Yes	65162047810	NITROFURANTOIN MONOHYDRATE/MACROCRYSTALS	10	\$0.95100	\$0.52826	76%-100% Above
N	No	65162055310	METAXALONE	170	\$2.66218	\$0.52732	200% Above
N	No	65162055710	TEMAZEPAM	7	\$0.34714	\$0.09045	200% Above
N	No	65162055816	TAYSOFY	28	\$1.58929	\$1.11915	26%-50% Above
N	No	65162062710	TRAMADOL HYDROCHLORIDE	108	\$0.32046	\$0.02747	200% Above
N	No	65162062710	TRAMADOL HYDROCHLORIDE	20	\$0.02100	\$0.03046	(26%-50%) Below
N	No	65162062711	TRAMADOL HYDROCHLORIDE	135	\$0.17652	\$0.02747	200% Above
N	No	65162062711	TRAMADOL HYDROCHLORIDE	612	\$0.21858	\$0.03046	200% Above
N	Yes	65162062711	TRAMADOL HYDROCHLORIDE	162	\$0.01994	\$0.02747	(26%-50%) Below
N	No	65162062750	TRAMADOL HYDROCHLORIDE	1466	\$0.22188	\$0.02747	200% Above
N	No	65162062750	TRAMADOL HYDROCHLORIDE	907	\$0.10734	\$0.03046	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	Yes	65162062750	TRAMADOL HYDROCHLORIDE	168	\$0.20065	\$0.02747	200% Above
N	Yes	65162062750	TRAMADOL HYDROCHLORIDE	67	\$0.18045	\$0.03046	200% Above
N	No	65162063609	PANTOPRAZOLE SODIUM	30	\$0.69133	\$0.04781	200% Above
N	No	65162063609	PANTOPRAZOLE SODIUM	90	\$0.58544	\$0.04925	200% Above
N	No	65162063709	PANTOPRAZOLE SODIUM	90	\$0.29856	\$0.05326	200% Above
N	No	65162063709	PANTOPRAZOLE SODIUM	90	\$0.04433	\$0.05797	(10%-25%) Below
N	No	65162063711	PANTOPRAZOLE SODIUM	30	\$0.52900	\$0.05797	200% Above
N	No	65162064978	OXCARBAZEPINE	250	\$0.11392	\$0.39730	(51%-75%) Below
N	No	65162067684	AZELASTINE HYDROCHLORIDE	90	\$1.04322	\$0.29308	200% Above
N	No	65162067684	AZELASTINE HYDROCHLORIDE	120	\$1.04625	\$0.30199	200% Above
N	Yes	65162067684	AZELASTINE HYDROCHLORIDE	60	\$1.05533	\$0.30199	200% Above
N	No	65162068090	PROMETHAZINE HYDROCHLORIDE/DEXTROMETH ORPHAN HYDROBROMIDE	860	\$0.05344	\$0.03906	26%-50% Above
N	No	65162068090	PROMETHAZINE HYDROCHLORIDE/DEXTROMETH ORPHAN HYDROBROMIDE	1336	\$0.05042	\$0.04154	10%-25% Above
N	Yes	65162068090	PROMETHAZINE HYDROCHLORIDE/DEXTROMETH ORPHAN HYDROBROMIDE	710	\$0.05328	\$0.04154	26%-50% Above
N	No	65162068110	PHENAZOPYRIDINE HYDROCHLORIDE	38	\$0.98684	\$0.16927	200% Above
N	No	65162068210	PHENAZOPYRIDINE HYDROCHLORIDE	82	\$1.24841	\$0.19953	200% Above
N	No	65162068210	PHENAZOPYRIDINE HYDROCHLORIDE	100	\$1.16550	\$0.21833	200% Above
N	Yes	65162068210	PHENAZOPYRIDINE HYDROCHLORIDE	6	\$0.26000	\$0.19953	26%-50% Above
N	Yes	65162068210	PHENAZOPYRIDINE HYDROCHLORIDE	9	\$0.26000	\$0.21833	10%-25% Above
N	No	65162069179	ONDANSETRON HCL	82.5	\$0.49358	\$0.23435	101%-200% Above
N	No	65162069179	ONDANSETRON HCL	20	\$1.42150	\$0.24621	200% Above
N	No	65162069890	GABAPENTIN	72	\$0.21736	\$0.13829	51%-75% Above
N	No	65162071003	COLCHICINE	28	\$0.50214	\$0.28534	76%-100% Above
N	No	65162075450	BENZAEPRIIL HCL	30	\$0.73567	\$0.08814	200% Above
N	No	65162075510	DIVALPROEX SODIUM ER	120	\$0.35483	\$0.18432	76%-100% Above
N	No	65162075710	DIVALPROEX SODIUM ER	60	\$1.05417	\$0.19016	200% Above
N	No	65162075710	DIVALPROEX SODIUM ER	60	\$0.31633	\$0.19643	51%-75% Above
N	No	65162076610	WARFARIN SODIUM	79	\$0.10241	\$0.09211	10%-25% Above
N	Yes	65162076610	WARFARIN SODIUM	30	\$0.13333	\$0.09880	26%-50% Above
N	No	65162077810	BUDESONIDE	90	\$2.58778	\$0.61745	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	65162079108	LIDOCAINE	72	\$5.51375	\$1.91381	101%-200% Above
N	No	65162080710	PROGESTERONE	57	\$1.54667	\$0.24760	200% Above
N	No	65162080710	PROGESTERONE	72	\$1.46653	\$0.24871	200% Above
N	No	65162080810	PROGESTERONE	90	\$0.72689	\$0.52510	26%-50% Above
N	No	65162084106	LUBIPROSTONE	90	\$1.04822	\$1.58902	(26%-50%) Below
N	No	65162084106	LUBIPROSTONE	30	\$1.18167	\$1.84865	(26%-50%) Below
N	No	65162084206	LUBIPROSTONE	180	\$0.87767	\$1.74844	(26%-50%) Below
N	No	65162089023	OLOPATADINE HYDROCHLORIDE	30.5	\$0.74852	\$0.90769	(10%-25%) Below
N	No	65162089023	OLOPATADINE HYDROCHLORIDE	61	\$0.64492	\$0.99287	(26%-50%) Below
N	No	65162089129	MOMETASONE FUROATE	34	\$4.68559	\$2.08890	101%-200% Above
N	No	65162089803	ARIPIRAZOLE	30	\$0.62167	\$0.11607	200% Above
N	No	65162089803	ARIPIRAZOLE	30	\$0.62167	\$0.13140	200% Above
Y	No	65162089803	ARIPIRAZOLE	30	\$0.50000	\$0.13140	200% Above
N	No	65162090203	ARIPIRAZOLE	30	\$0.85300	\$0.22954	200% Above
N	No	65162098908	DOTTI	8	\$8.15625	\$6.09510	26%-50% Above
N	No	65162098908	DOTTI	8	\$8.07125	\$6.48798	10%-25% Above
N	No	65162099208	DOTTI	8	\$9.80875	\$6.70119	26%-50% Above
N	No	65162099308	DOTTI	8	\$3.92875	\$6.49694	(26%-50%) Below
N	No	65162099308	DOTTI	24	\$8.51292	\$6.68694	26%-50% Above
N	No	65162099508	DOTTI	16	\$7.52813	\$6.57103	10%-25% Above
N	No	65162099708	DOTTI	8	\$8.42750	\$6.59294	26%-50% Above
N	No	65162099708	DOTTI	16	\$8.47000	\$6.61093	26%-50% Above
N	Yes	65162099708	DOTTI	8	\$8.51250	\$6.61093	26%-50% Above
N	No	65757065242	LYBALVI	30	\$38.36533	\$48.23357	(10%-25%) Below
N	No	65862000505	CITALOPRAM HYDROBROMIDE	30	\$0.30867	\$0.02621	200% Above
N	No	65862000705	CITALOPRAM HYDROBROMIDE	60	\$0.25000	\$0.04499	200% Above
N	No	65862000805	METFORMIN HYDROCHLORIDE	60	\$0.24567	\$0.01678	200% Above
N	Yes	65862000805	METFORMIN HYDROCHLORIDE	240	\$0.04646	\$0.01613	101%-200% Above
N	No	65862000899	METFORMIN HYDROCHLORIDE	596	\$0.10958	\$0.01613	200% Above
N	No	65862000899	METFORMIN HYDROCHLORIDE	1350	\$0.12105	\$0.01678	200% Above
N	Yes	65862000899	METFORMIN HYDROCHLORIDE	300	\$0.10940	\$0.01613	200% Above
N	Yes	65862000899	METFORMIN HYDROCHLORIDE	630	\$0.08302	\$0.01678	200% Above
N	Yes	65862000901	METFORMIN HYDROCHLORIDE	60	\$0.01967	\$0.02761	(26%-50%) Below

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	Yes	65862000905	METFORMIN HYDROCHLORIDE	180	\$0.20594	\$0.02761	200% Above
N	No	65862001001	METFORMIN HYDROCHLORIDE	60	\$0.11600	\$0.02637	200% Above
N	Yes	65862001001	METFORMIN HYDROCHLORIDE	30	\$0.08133	\$0.02637	200% Above
N	Yes	65862001001	METFORMIN HYDROCHLORIDE	90	\$0.12789	\$0.02691	200% Above
N	No	65862001005	METFORMIN HYDROCHLORIDE	240	\$0.16846	\$0.02637	200% Above
N	No	65862001005	METFORMIN HYDROCHLORIDE	450	\$0.12711	\$0.02691	200% Above
N	Yes	65862001005	METFORMIN HYDROCHLORIDE	60	\$0.14150	\$0.02691	200% Above
N	No	65862001099	METFORMIN HYDROCHLORIDE	240	\$0.19829	\$0.02637	200% Above
N	No	65862001099	METFORMIN HYDROCHLORIDE	90	\$0.17167	\$0.02691	200% Above
N	Yes	65862001099	METFORMIN HYDROCHLORIDE	110	\$0.02309	\$0.02637	(10%-25%) Below
N	Yes	65862001099	METFORMIN HYDROCHLORIDE	120	\$0.05617	\$0.02691	101%-200% Above
N	No	65862001101	SERTRALINE HYDROCHLORIDE	30	\$0.24033	\$0.03597	200% Above
N	No	65862001101	SERTRALINE HYDROCHLORIDE	30	\$0.04267	\$0.03816	10%-25% Above
N	No	65862001105	SERTRALINE HYDROCHLORIDE	1245	\$0.14746	\$0.03597	200% Above
N	No	65862001105	SERTRALINE HYDROCHLORIDE	1852	\$0.13936	\$0.03816	200% Above
Y	No	65862001105	SERTRALINE HYDROCHLORIDE	90	\$0.22378	\$0.03597	200% Above
N	No	65862001130	SERTRALINE HYDROCHLORIDE	180	\$0.04000	\$0.03597	10%-25% Above
N	No	65862001205	SERTRALINE HCL	1911	\$0.22618	\$0.04057	200% Above
N	No	65862001205	SERTRALINE HCL	3831	\$0.21436	\$0.04068	200% Above
N	Yes	65862001205	SERTRALINE HCL	144	\$0.30792	\$0.04057	200% Above
N	Yes	65862001205	SERTRALINE HCL	75	\$0.13907	\$0.04068	200% Above
Y	No	65862001205	SERTRALINE HCL	135	\$0.22919	\$0.04057	200% Above
Y	No	65862001205	SERTRALINE HCL	90	\$0.15222	\$0.04068	200% Above
Y	Yes	65862001205	SERTRALINE HCL	90	\$0.22911	\$0.04057	200% Above
Y	Yes	65862001205	SERTRALINE HCL	90	\$0.25456	\$0.04068	200% Above
N	No	65862001305	SERTRALINE HYDROCHLORIDE	2545	\$0.20272	\$0.05587	200% Above
N	No	65862001305	SERTRALINE HYDROCHLORIDE	5005	\$0.16814	\$0.05802	101%-200% Above
N	Yes	65862001305	SERTRALINE HYDROCHLORIDE	45	\$0.02711	\$0.05587	(51%-75%) Below
N	Yes	65862001305	SERTRALINE HYDROCHLORIDE	225	\$0.12124	\$0.05802	101%-200% Above
Y	No	65862001305	SERTRALINE HYDROCHLORIDE	270	\$0.31211	\$0.05802	200% Above
N	No	65862001330	SERTRALINE HYDROCHLORIDE	345	\$0.09148	\$0.05587	51%-75% Above
N	No	65862001330	SERTRALINE HYDROCHLORIDE	75	\$0.02707	\$0.05802	(51%-75%) Below
N	No	65862001401	AMOXICILLIN	665	\$0.21874	\$0.10617	101%-200% Above
N	No	65862001401	AMOXICILLIN	483	\$0.21478	\$0.12790	51%-75% Above
N	Yes	65862001401	AMOXICILLIN	15	\$0.20667	\$0.10617	76%-100% Above



Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	65862001501	AMOXICILLIN	1099	\$0.45953	\$0.15668	101%-200% Above
N	No	65862001501	AMOXICILLIN	826	\$0.48611	\$0.17141	101%-200% Above
N	Yes	65862001501	AMOXICILLIN	120	\$0.31767	\$0.15668	101%-200% Above
N	Yes	65862001501	AMOXICILLIN	20	\$0.41700	\$0.17141	101%-200% Above
N	No	65862001605	AMOXICILLIN	30	\$0.15333	\$0.06895	101%-200% Above
N	No	65862001705	AMOXICILLIN	728	\$0.18058	\$0.09333	76%-100% Above
N	No	65862001705	AMOXICILLIN	742	\$0.19749	\$0.10233	76%-100% Above
N	Yes	65862001705	AMOXICILLIN	72	\$0.08014	\$0.09333	(10%-25%) Below
N	Yes	65862001705	AMOXICILLIN	40	\$0.14725	\$0.10233	26%-50% Above
N	Yes	65862001805	CEPHALEXIN	56	\$0.43393	\$0.09099	200% Above
N	No	65862001905	CEPHALEXIN	12	\$0.62750	\$0.13417	200% Above
N	Yes	65862001905	CEPHALEXIN	50	\$0.07360	\$0.14194	(26%-50%) Below
N	No	65862005090	SIMVASTATIN	60	\$0.26633	\$0.03891	200% Above
N	Yes	65862005090	SIMVASTATIN	30	\$0.02200	\$0.03891	(26%-50%) Below
N	No	65862005190	SIMVASTATIN	30	\$0.47633	\$0.03034	200% Above
N	No	65862005299	SIMVASTATIN	30	\$0.48933	\$0.03392	200% Above
N	No	65862005399	SIMVASTATIN	30	\$0.48433	\$0.07012	200% Above
N	No	65862006299	METOPROLOL TARTRATE	90	\$0.12278	\$0.01788	200% Above
N	No	65862006299	METOPROLOL TARTRATE	60	\$0.16983	\$0.01833	200% Above
N	No	65862006399	METOPROLOL TARTRATE	240	\$0.17979	\$0.02059	200% Above
N	No	65862006399	METOPROLOL TARTRATE	60	\$0.25950	\$0.02218	200% Above
N	Yes	65862006401	METOPROLOL TARTRATE	60	\$0.01533	\$0.02852	(26%-50%) Below
N	No	65862007101	AMOXICILLIN	11400	\$0.05455	\$0.02892	76%-100% Above
N	No	65862007101	AMOXICILLIN	10300	\$0.05042	\$0.02951	51%-75% Above
N	Yes	65862007101	AMOXICILLIN	200	\$0.05760	\$0.02892	76%-100% Above
N	No	65862007150	AMOXICILLIN	1150	\$0.05405	\$0.04527	10%-25% Above
N	No	65862007150	AMOXICILLIN	300	\$0.05983	\$0.04671	26%-50% Above
N	No	65862007175	AMOXICILLIN	2550	\$0.05832	\$0.03045	76%-100% Above
N	No	65862007175	AMOXICILLIN	4200	\$0.05643	\$0.03190	76%-100% Above
N	Yes	65862007175	AMOXICILLIN	300	\$0.02230	\$0.03190	(26%-50%) Below

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	65862007601	CIPROFLOXACIN HYDROCHLORIDE	90	\$0.54267	\$0.09769	200% Above
N	No	65862007601	CIPROFLOXACIN HYDROCHLORIDE	62	\$0.24065	\$0.09801	101%-200% Above
N	No	65862007701	CIPROFLOXACIN HYDROCHLORIDE	518	\$0.69641	\$0.15205	200% Above
N	No	65862007701	CIPROFLOXACIN HYDROCHLORIDE	328	\$0.69186	\$0.15515	200% Above
N	Yes	65862007701	CIPROFLOXACIN HYDROCHLORIDE	20	\$0.10100	\$0.15205	(26%-50%) Below
N	Yes	65862007701	CIPROFLOXACIN HYDROCHLORIDE	14	\$0.10071	\$0.15515	(26%-50%) Below
N	No	65862007705	CIPROFLOXACIN HYDROCHLORIDE	170	\$0.59394	\$0.15205	200% Above
N	No	65862007705	CIPROFLOXACIN HYDROCHLORIDE	218	\$0.82514	\$0.15515	200% Above
N	Yes	65862007705	CIPROFLOXACIN HYDROCHLORIDE	34	\$0.27500	\$0.15205	76%-100% Above
N	Yes	65862007705	CIPROFLOXACIN HYDROCHLORIDE	56	\$1.02143	\$0.15515	200% Above
N	No	65862007930	TERBINAFINE HCL	661	\$0.65168	\$0.15239	200% Above
N	No	65862007930	TERBINAFINE HCL	576	\$0.55448	\$0.15326	200% Above
Y	No	65862008101	GLYBURIDE/METFORMIN HYDROCHLORIDE	360	\$0.15011	\$0.04719	200% Above
Y	No	65862008201	GLYBURIDE/METFORMIN HYDROCHLORIDE	360	\$0.12881	\$0.04577	101%-200% Above
N	No	65862008501	CEFADROXIL	4	\$1.28500	\$0.31385	200% Above
N	No	65862009620	CEFPODOXIME PROXETIL	27	\$3.43667	\$2.26654	51%-75% Above
N	No	65862011601	BENAZEPRIL HCL	90	\$0.37956	\$0.06871	200% Above
N	Yes	65862011601	BENAZEPRIL HCL	120	\$0.60092	\$0.07209	200% Above
N	No	65862011701	BENAZEPRIL HYDROCHLORIDE	60	\$0.73583	\$0.07980	200% Above
Y	No	65862011701	BENAZEPRIL HYDROCHLORIDE	90	\$0.32178	\$0.07980	200% Above
N	No	65862011801	BENAZEPRIL HCL	30	\$0.35433	\$0.08814	200% Above
N	Yes	65862011801	BENAZEPRIL HCL	30	\$0.23300	\$0.08814	101%-200% Above
N	Yes	65862011801	BENAZEPRIL HCL	120	\$0.15933	\$0.09132	51%-75% Above
N	No	65862012701	TORSEMIDE	255	\$0.10620	\$0.07834	26%-50% Above
N	No	65862012701	TORSEMIDE	75	\$0.09827	\$0.08045	10%-25% Above
N	No	65862012801	TORSEMIDE	45	\$0.27267	\$0.23563	10%-25% Above
N	No	65862013399	HYDROCHLOROTHIAZIDE	30	\$0.05033	\$0.01295	200% Above
N	No	65862013499	HYDROCHLOROTHIAZIDE	60	\$0.07533	\$0.03426	101%-200% Above
N	No	65862013499	HYDROCHLOROTHIAZIDE	30	\$0.04600	\$0.03431	26%-50% Above
N	Yes	65862013499	HYDROCHLOROTHIAZIDE	30	\$0.05767	\$0.03426	51%-75% Above
N	No	65862014201	CARVEDILOL	30	\$0.19967	\$0.01891	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	65862014505	CARVEDIOL	60	\$0.19683	\$0.03132	200% Above
N	No	65862014505	CARVEDIOL	60	\$0.19683	\$0.03239	200% Above
N	No	65862014636	SUMATRIPTAN SUCCINATE	12	\$2.70417	\$0.36060	200% Above
N	No	65862014736	SUMATRIPTAN SUCCINATE	73	\$2.63904	\$0.39440	200% Above
N	No	65862014736	SUMATRIPTAN SUCCINATE	76	\$2.11237	\$0.41554	200% Above
N	No	65862014836	SUMATRIPTAN SUCCINATE	39	\$1.31564	\$0.48593	101%-200% Above
N	No	65862014836	SUMATRIPTAN SUCCINATE	112	\$2.24741	\$0.48942	200% Above
N	Yes	65862014836	SUMATRIPTAN SUCCINATE	19	\$0.41632	\$0.48593	(10%-25%) Below
N	Yes	65862014836	SUMATRIPTAN SUCCINATE	9	\$3.92111	\$0.48942	200% Above
Y	No	65862014836	SUMATRIPTAN SUCCINATE	36	\$2.45028	\$0.48942	200% Above
N	No	65862014905	FINASTERIDE	60	\$0.51333	\$0.07307	200% Above
N	No	65862014905	FINASTERIDE	75	\$0.53867	\$0.07491	200% Above
N	No	65862014930	FINASTERIDE	30	\$0.68933	\$0.07307	200% Above
N	No	65862014930	FINASTERIDE	135	\$0.45156	\$0.07491	200% Above
N	No	65862014990	FINASTERIDE	370	\$0.40659	\$0.07307	200% Above
N	No	65862014990	FINASTERIDE	200	\$0.46320	\$0.07491	200% Above
N	No	65862015901	ZOLPIDEM TARTRATE	120	\$0.41092	\$0.03309	200% Above
N	No	65862015901	ZOLPIDEM TARTRATE	380	\$0.37384	\$0.03355	200% Above
N	No	65862016001	ZOLPIDEM TARTRATE	720	\$0.47017	\$0.03531	200% Above
N	No	65862016001	ZOLPIDEM TARTRATE	795	\$0.39045	\$0.03648	200% Above
N	Yes	65862016001	ZOLPIDEM TARTRATE	60	\$0.18383	\$0.03531	200% Above
N	Yes	65862016001	ZOLPIDEM TARTRATE	30	\$0.42167	\$0.03648	200% Above
N	No	65862016801	ATENOLOL	30	\$0.22500	\$0.02194	200% Above
N	No	65862016801	ATENOLOL	60	\$0.22500	\$0.02262	200% Above
N	Yes	65862016801	ATENOLOL	30	\$0.01667	\$0.02262	(26%-50%) Below
N	No	65862016899	ATENOLOL	60	\$0.25183	\$0.02262	200% Above
N	Yes	65862016899	ATENOLOL	30	\$0.01667	\$0.02262	(26%-50%) Below
Y	No	65862016899	ATENOLOL	90	\$0.13111	\$0.02262	200% Above
N	No	65862016901	ATENOLOL	30	\$0.01700	\$0.02594	(26%-50%) Below
N	Yes	65862016901	ATENOLOL	30	\$0.01700	\$0.02594	(26%-50%) Below
N	No	65862016999	ATENOLOL	30	\$0.08400	\$0.02594	200% Above
N	Yes	65862016999	ATENOLOL	30	\$0.01633	\$0.02594	(26%-50%) Below
N	Yes	65862016999	ATENOLOL	30	\$0.01700	\$0.02671	(26%-50%) Below
Y	No	65862016999	ATENOLOL	90	\$0.13111	\$0.02671	200% Above
Y	Yes	65862016999	ATENOLOL	90	\$0.22489	\$0.02671	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	65862017001	ATENOLOL	60	\$0.15433	\$0.04173	200% Above
N	No	65862017099	ATENOLOL	60	\$0.29383	\$0.04173	200% Above
N	No	65862017160	TOPIRAMATE	120	\$0.15000	\$0.03170	200% Above
N	No	65862017260	TOPIRAMATE	30	\$0.15000	\$0.04083	200% Above
N	No	65862017360	TOPIRAMATE	105	\$0.15000	\$0.06719	101%-200% Above
N	Yes	65862017360	TOPIRAMATE	60	\$0.15000	\$0.06719	101%-200% Above
N	No	65862017460	TOPIRAMATE	45	\$0.14000	\$0.09803	26%-50% Above
N	No	65862017601	PENICILLIN V POTASSIUM	61	\$0.52984	\$0.09821	200% Above
N	No	65862017601	PENICILLIN V POTASSIUM	40	\$0.54450	\$0.10591	200% Above
N	No	65862017605	PENICILLIN V POTASSIUM	50	\$0.51020	\$0.09821	200% Above
N	No	65862017605	PENICILLIN V POTASSIUM	50	\$0.51720	\$0.10591	200% Above
N	No	65862017760	CEFDINIR	244	\$1.19332	\$0.49194	101%-200% Above
N	No	65862017760	CEFDINIR	294	\$1.31707	\$0.50459	101%-200% Above
N	Yes	65862017760	CEFDINIR	28	\$0.85857	\$0.49194	51%-75% Above
N	Yes	65862017760	CEFDINIR	50	\$1.83360	\$0.50459	200% Above
N	No	65862018501	CLINDAMYCIN HYDROCHLORIDE	153	\$0.31072	\$0.10419	101%-200% Above
N	No	65862018501	CLINDAMYCIN HYDROCHLORIDE	297	\$0.42438	\$0.11183	200% Above
N	No	65862018601	CLINDAMYCIN HYDROCHLORIDE	411	\$0.41002	\$0.22973	76%-100% Above
N	No	65862018601	CLINDAMYCIN HYDROCHLORIDE	817	\$0.61777	\$0.23387	101%-200% Above
N	Yes	65862018601	CLINDAMYCIN HYDROCHLORIDE	20	\$1.33250	\$0.22973	200% Above
N	Yes	65862018601	CLINDAMYCIN HYDROCHLORIDE	49	\$0.69163	\$0.23387	101%-200% Above
N	No	65862018730	ONDANSETRON HYDROCHLORIDE	1093	\$0.54463	\$0.06501	200% Above
N	No	65862018730	ONDANSETRON HYDROCHLORIDE	828	\$0.45522	\$0.06805	200% Above
N	Yes	65862018730	ONDANSETRON HYDROCHLORIDE	238	\$0.59067	\$0.06501	200% Above
N	No	65862018830	ONDANSETRON HYDROCHLORIDE	190	\$0.50295	\$0.09447	200% Above
N	No	65862018830	ONDANSETRON HYDROCHLORIDE	305	\$0.65711	\$0.09734	200% Above
N	Yes	65862018830	ONDANSETRON HYDROCHLORIDE	80	\$0.44588	\$0.09447	200% Above
N	No	65862019105	CYCLOBENZAPRINE HYDROCHLORIDE	65	\$0.24446	\$0.02251	200% Above
N	No	65862019105	CYCLOBENZAPRINE HYDROCHLORIDE	214	\$0.18776	\$0.02342	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	Yes	65862019105	CYCLOBENZAPRINE HYDROCHLORIDE	60	\$0.13583	\$0.02251	200% Above
N	No	65862019201	FLUOXETINE HYDROCHLORIDE	90	\$0.49867	\$0.03483	200% Above
N	No	65862019201	FLUOXETINE HYDROCHLORIDE	30	\$0.12667	\$0.03492	200% Above
N	No	65862019299	FLUOXETINE HYDROCHLORIDE	232	\$0.03871	\$0.03483	10%-25% Above
N	No	65862019299	FLUOXETINE HYDROCHLORIDE	180	\$0.10389	\$0.03492	101%-200% Above
N	No	65862019301	FLUOXETINE HYDROCHLORIDE	120	\$0.24992	\$0.03103	200% Above
N	No	65862019301	FLUOXETINE HYDROCHLORIDE	30	\$0.02300	\$0.03128	(26%-50%) Below
Y	No	65862019301	FLUOXETINE HYDROCHLORIDE	90	\$0.26922	\$0.03128	200% Above
N	No	65862019399	FLUOXETINE HYDROCHLORIDE	840	\$0.24213	\$0.03103	200% Above
N	No	65862019399	FLUOXETINE HYDROCHLORIDE	658	\$0.22536	\$0.03128	200% Above
Y	No	65862019399	FLUOXETINE HYDROCHLORIDE	180	\$0.22306	\$0.03103	200% Above
N	No	65862019401	FLUOXETINE HYDROCHLORIDE	30	\$0.14167	\$0.06988	101%-200% Above
N	No	65862019401	FLUOXETINE HYDROCHLORIDE	90	\$0.31722	\$0.07364	200% Above
N	Yes	65862019401	FLUOXETINE HYDROCHLORIDE	30	\$0.05967	\$0.07364	(10%-25%) Below
N	No	65862019405	FLUOXETINE HYDROCHLORIDE	824	\$0.43477	\$0.06988	200% Above
N	No	65862019405	FLUOXETINE HYDROCHLORIDE	1200	\$0.50118	\$0.07364	200% Above
N	No	65862019499	FLUOXETINE HYDROCHLORIDE	60	\$0.25517	\$0.06988	200% Above
N	No	65862019801	GABAPENTIN	90	\$0.02189	\$0.02469	(10%-25%) Below
N	No	65862019801	GABAPENTIN	90	\$0.02189	\$0.02583	(10%-25%) Below
N	No	65862019899	GABAPENTIN	2360	\$0.05021	\$0.02469	101%-200% Above
N	No	65862019899	GABAPENTIN	1191	\$0.04798	\$0.02583	76%-100% Above
N	No	65862019999	GABAPENTIN	4830	\$0.07900	\$0.04077	76%-100% Above
N	No	65862019999	GABAPENTIN	5664	\$0.07900	\$0.04095	76%-100% Above
N	No	65862020001	GABAPENTIN	330	\$0.09930	\$0.05443	76%-100% Above
N	No	65862020001	GABAPENTIN	30	\$0.09933	\$0.06067	51%-75% Above
N	No	65862020005	GABAPENTIN	270	\$0.09933	\$0.05443	76%-100% Above
N	No	65862020005	GABAPENTIN	360	\$0.09931	\$0.06067	51%-75% Above
N	No	65862020190	LOSARTAN POTASSIUM	30	\$0.46233	\$0.03331	200% Above
N	No	65862020190	LOSARTAN POTASSIUM	30	\$0.46233	\$0.03491	200% Above
N	No	65862020199	LOSARTAN POTASSIUM	2640	\$0.11440	\$0.03331	200% Above
N	No	65862020199	LOSARTAN POTASSIUM	2160	\$0.12249	\$0.03491	200% Above
N	Yes	65862020199	LOSARTAN POTASSIUM	90	\$0.26633	\$0.03331	200% Above

**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	Yes	65862020199	LOSARTAN POTASSIUM	120	\$0.01575	\$0.03491	(51%-75%) Below
N	No	65862020230	LOSARTAN POTASSIUM	60	\$0.34817	\$0.04465	200% Above
N	No	65862020290	LOSARTAN POTASSIUM	30	\$0.02200	\$0.04293	(26%-50%) Below
N	No	65862020290	LOSARTAN POTASSIUM	90	\$0.06667	\$0.04465	26%-50% Above
N	Yes	65862020290	LOSARTAN POTASSIUM	30	\$0.02033	\$0.04465	(51%-75%) Below
Y	No	65862020290	LOSARTAN POTASSIUM	270	\$0.19048	\$0.04465	200% Above
Y	Yes	65862020290	LOSARTAN POTASSIUM	90	\$0.26311	\$0.04293	200% Above
N	No	65862020299	LOSARTAN POTASSIUM	3070	\$0.13621	\$0.04293	200% Above
N	No	65862020299	LOSARTAN POTASSIUM	4830	\$0.15071	\$0.04465	200% Above
N	Yes	65862020299	LOSARTAN POTASSIUM	31	\$0.02194	\$0.04293	(26%-50%) Below
N	Yes	65862020299	LOSARTAN POTASSIUM	210	\$0.25348	\$0.04465	200% Above
N	No	65862020330	LOSARTAN POTASSIUM	30	\$0.49033	\$0.05981	200% Above
N	No	65862020390	LOSARTAN POTASSIUM	60	\$0.08133	\$0.06234	26%-50% Above
N	No	65862020399	LOSARTAN POTASSIUM	3060	\$0.13459	\$0.05981	101%-200% Above
N	No	65862020399	LOSARTAN POTASSIUM	4185	\$0.14181	\$0.06234	101%-200% Above
N	Yes	65862020399	LOSARTAN POTASSIUM	45	\$0.16622	\$0.06234	101%-200% Above
N	No	65862020901	MINOCYCLINE HYDROCHLORIDE	150	\$0.29793	\$0.17558	51%-75% Above
N	No	65862020901	MINOCYCLINE HYDROCHLORIDE	20	\$0.77450	\$0.18217	200% Above
N	No	65862021105	MINOCYCLINE HYDROCHLORIDE	50	\$0.27680	\$0.36954	(26%-50%) Below
N	No	65862021150	MINOCYCLINE HYDROCHLORIDE	150	\$1.34480	\$0.36954	200% Above
N	No	65862021150	MINOCYCLINE HYDROCHLORIDE	330	\$0.58779	\$0.37035	51%-75% Above
N	Yes	65862021150	MINOCYCLINE HYDROCHLORIDE	60	\$0.26367	\$0.36954	(26%-50%) Below
N	Yes	65862021150	MINOCYCLINE HYDROCHLORIDE	30	\$0.26367	\$0.37035	(26%-50%) Below
N	No	65862021501	ZALEPLON	105	\$0.98571	\$0.14819	200% Above
N	No	65862021501	ZALEPLON	15	\$0.50333	\$0.17223	101%-200% Above
N	No	65862021801	CEFDINIR	500	\$0.21198	\$0.10897	76%-100% Above
N	No	65862021801	CEFDINIR	500	\$0.24210	\$0.11886	101%-200% Above
N	No	65862021860	CEFDINIR	120	\$0.31067	\$0.12883	101%-200% Above
N	No	65862021860	CEFDINIR	480	\$0.21981	\$0.13140	51%-75% Above
N	No	65862021901	CEFDINIR	1000	\$0.45089	\$0.16924	101%-200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	65862021901	CEFDINIR	300	\$0.46913	\$0.17234	101%-200% Above
N	Yes	65862021901	CEFDINIR	100	\$0.53600	\$0.17234	200% Above
N	No	65862021960	CEFDINIR	1800	\$0.39284	\$0.16885	101%-200% Above
N	No	65862021960	CEFDINIR	1620	\$0.42859	\$0.17026	101%-200% Above
N	Yes	65862021960	CEFDINIR	180	\$0.32339	\$0.16885	76%-100% Above
N	Yes	65862021960	CEFDINIR	60	\$0.07883	\$0.17026	(51%-75%) Below
N	Yes	65862022560	CLARITHROMYCIN	30	\$0.68467	\$0.46923	26%-50% Above
N	No	65862022660	CLARITHROMYCIN	96	\$1.20083	\$0.46711	101%-200% Above
N	No	65862022660	CLARITHROMYCIN	82	\$1.07390	\$0.46850	101%-200% Above
N	No	65862022701	LAMOTRIGINE	510	\$0.18741	\$0.02964	200% Above
N	No	65862022701	LAMOTRIGINE	585	\$0.24282	\$0.03029	200% Above
N	No	65862022801	LAMOTRIGINE	390	\$0.35792	\$0.05177	200% Above
N	No	65862022801	LAMOTRIGINE	145	\$0.32972	\$0.05260	200% Above
N	No	65862022960	LAMOTRIGINE	30	\$0.64733	\$0.06863	200% Above
N	No	65862022960	LAMOTRIGINE	60	\$0.49300	\$0.07131	200% Above
Y	No	65862022960	LAMOTRIGINE	60	\$0.39917	\$0.06863	200% Above
N	No	65862023060	LAMOTRIGINE	165	\$0.35794	\$0.07527	200% Above
N	No	65862023060	LAMOTRIGINE	150	\$0.45787	\$0.07961	200% Above
Y	No	65862023099	LAMOTRIGINE	180	\$0.54944	\$0.07961	200% Above
N	No	65862023703	IBANDRONATE SODIUM	1	\$43.94000	\$4.25812	200% Above
N	No	65862024608	LEVETIRACETAM	240	\$0.13750	\$0.09126	51%-75% Above
N	No	65862024608	LEVETIRACETAM	75	\$0.13347	\$0.09479	26%-50% Above
N	No	65862024708	LEVETIRACETAM	120	\$0.22225	\$0.14031	51%-75% Above
N	No	65862025047	LEVETIRACETAM	660	\$0.04611	\$0.03107	26%-50% Above
N	No	65862025047	LEVETIRACETAM	480	\$0.08323	\$0.03291	101%-200% Above
N	No	65862029390	ROSUVASTATIN CALCIUM	267	\$0.68296	\$0.04537	200% Above
N	No	65862029390	ROSUVASTATIN CALCIUM	465	\$0.60351	\$0.04774	200% Above
N	Yes	65862029390	ROSUVASTATIN CALCIUM	30	\$0.63800	\$0.04774	200% Above
N	No	65862029399	ROSUVASTATIN CALCIUM	60	\$0.47850	\$0.04774	200% Above
N	No	65862029490	ROSUVASTATIN CALCIUM	485	\$0.74792	\$0.04990	200% Above
N	No	65862029490	ROSUVASTATIN CALCIUM	613	\$0.69147	\$0.05258	200% Above
N	Yes	65862029490	ROSUVASTATIN CALCIUM	90	\$0.59667	\$0.04990	200% Above
N	No	65862029590	ROSUVASTATIN CALCIUM	271	\$0.76871	\$0.06569	200% Above
N	No	65862029590	ROSUVASTATIN CALCIUM	330	\$0.71185	\$0.07194	200% Above
N	No	65862029630	ROSUVASTATIN CALCIUM	150	\$0.94153	\$0.11148	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	65862029690	ROSUVASTATIN CALCIUM	30	\$0.50067	\$0.10464	200% Above
N	No	65862029690	ROSUVASTATIN CALCIUM	120	\$0.94292	\$0.11148	200% Above
N	Yes	65862029690	ROSUVASTATIN CALCIUM	30	\$0.06800	\$0.10464	(26%-50%) Below
N	No	65862031560	LEVETIRACETAM	60	\$0.51817	\$0.20084	101%-200% Above
N	No	65862032904	ALENDRONATE SODIUM	24	\$3.00708	\$0.27849	200% Above
N	No	65862032904	ALENDRONATE SODIUM	28	\$3.76964	\$0.28053	200% Above
N	No	65862035430	EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE	480	\$1.60104	\$0.55160	101%-200% Above
N	No	65862035705	CLOPIDOGREL	1020	\$0.27478	\$0.06356	200% Above
N	No	65862035705	CLOPIDOGREL	980	\$0.32778	\$0.06468	200% Above
N	Yes	65862035705	CLOPIDOGREL	60	\$0.24000	\$0.06356	200% Above
N	Yes	65862035705	CLOPIDOGREL	90	\$0.25222	\$0.06468	200% Above
N	No	65862035790	CLOPIDOGREL	60	\$0.67867	\$0.06356	200% Above
N	No	65862035790	CLOPIDOGREL	111	\$0.82486	\$0.06468	200% Above
N	Yes	65862035790	CLOPIDOGREL	90	\$0.51978	\$0.06468	200% Above
N	No	65862037301	ESCITALOPRAM OXALATE	30	\$0.47933	\$0.04702	200% Above
N	No	65862037305	ESCITALOPRAM OXALATE	150	\$0.02067	\$0.04488	(51%-75%) Below
N	No	65862037305	ESCITALOPRAM OXALATE	30	\$0.47933	\$0.04702	200% Above
N	Yes	65862037305	ESCITALOPRAM OXALATE	30	\$0.02067	\$0.04488	(51%-75%) Below
N	No	65862037401	ESCITALOPRAM OXALATE	195	\$0.28323	\$0.04783	200% Above
N	No	65862037401	ESCITALOPRAM OXALATE	30	\$0.02800	\$0.04847	(26%-50%) Below
N	No	65862037405	ESCITALOPRAM OXALATE	45	\$0.59000	\$0.04783	200% Above
N	No	65862037405	ESCITALOPRAM OXALATE	90	\$0.49244	\$0.04847	200% Above
N	Yes	65862037405	ESCITALOPRAM OXALATE	30	\$0.02800	\$0.04783	(26%-50%) Below
N	No	65862037501	ESCITALOPRAM OXALATE	90	\$0.33867	\$0.07945	200% Above
N	No	65862037501	ESCITALOPRAM OXALATE	150	\$0.40380	\$0.08426	200% Above
N	No	65862037505	ESCITALOPRAM OXALATE	120	\$0.29183	\$0.07945	200% Above
N	No	65862037505	ESCITALOPRAM OXALATE	60	\$0.26350	\$0.08426	200% Above
N	No	65862039010	ONDANSETRON ODT	1021	\$1.98577	\$0.16872	200% Above
N	No	65862039010	ONDANSETRON ODT	793	\$1.95081	\$0.18262	200% Above
N	Yes	65862039010	ONDANSETRON ODT	51	\$2.35373	\$0.16872	200% Above
N	Yes	65862039010	ONDANSETRON ODT	85	\$1.27541	\$0.18262	200% Above
N	No	65862039110	ONDANSETRON ODT	385	\$1.56738	\$0.19708	200% Above
N	No	65862039110	ONDANSETRON ODT	662	\$1.37811	\$0.19804	200% Above
N	Yes	65862039110	ONDANSETRON ODT	41	\$1.53927	\$0.19804	200% Above
N	No	65862041901	SULFAMETHOXAZOLE/TRIMETHOPRIM	182	\$0.38681	\$0.04669	200% Above



Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	65862041901	SULFAMETHOXAZOLE/TRIMETHO PRIM	30	\$0.12667	\$0.05010	101%-200% Above
N	Yes	65862041901	SULFAMETHOXAZOLE/TRIMETHO PRIM	10	\$0.39700	\$0.04669	200% Above
N	Yes	65862041901	SULFAMETHOXAZOLE/TRIMETHO PRIM	20	\$0.46500	\$0.05010	200% Above
N	No	65862042001	SULFAMETHOXAZOLE/TRIMETHO PRIM DS	48	\$0.33875	\$0.05501	200% Above
N	No	65862042001	SULFAMETHOXAZOLE/TRIMETHO PRIM DS	34	\$0.49676	\$0.05595	200% Above
N	No	65862042005	SULFAMETHOXAZOLE/TRIMETHO PRIM DS	1000	\$0.48028	\$0.05501	200% Above
N	No	65862042005	SULFAMETHOXAZOLE/TRIMETHO PRIM DS	1369	\$0.48931	\$0.05595	200% Above
N	Yes	65862042005	SULFAMETHOXAZOLE/TRIMETHO PRIM DS	91	\$0.56703	\$0.05595	200% Above
N	No	65862042130	TENOFOVIR DISOPROXIL FUMARATE	30	\$2.64167	\$0.46733	200% Above
N	No	65862044830	VALACYCLOVIR HYDROCHLORIDE	132	\$1.27326	\$0.28541	200% Above
N	No	65862044830	VALACYCLOVIR HYDROCHLORIDE	90	\$1.31167	\$0.28806	200% Above
N	Yes	65862044830	VALACYCLOVIR HYDROCHLORIDE	30	\$1.31500	\$0.28541	200% Above
N	No	65862044890	VALACYCLOVIR HYDROCHLORIDE	150	\$0.80840	\$0.28541	101%-200% Above
N	No	65862044890	VALACYCLOVIR HYDROCHLORIDE	312	\$1.49016	\$0.28806	200% Above
N	No	65862044930	VALACYCLOVIR HYDROCHLORIDE	146	\$2.30856	\$0.48253	200% Above
N	No	65862044930	VALACYCLOVIR HYDROCHLORIDE	68	\$1.93971	\$0.50396	200% Above
N	Yes	65862044930	VALACYCLOVIR HYDROCHLORIDE	30	\$2.47500	\$0.50396	200% Above
N	No	65862044990	VALACYCLOVIR HYDROCHLORIDE	55	\$3.05927	\$0.48253	200% Above
N	No	65862044990	VALACYCLOVIR HYDROCHLORIDE	96	\$2.70438	\$0.50396	200% Above
N	No	65862045460	ALPRAZOLAM ER	15	\$0.91867	\$0.13462	200% Above
N	No	65862045460	ALPRAZOLAM ER	45	\$1.04511	\$0.15209	200% Above
N	No	65862045560	ALPRAZOLAM ER	90	\$1.09033	\$0.13879	200% Above
N	No	65862045560	ALPRAZOLAM ER	210	\$0.73419	\$0.21222	200% Above
N	No	65862045660	ALPRAZOLAM ER	60	\$0.48600	\$0.27068	76%-100% Above
N	No	65862045660	ALPRAZOLAM ER	150	\$0.67467	\$0.31858	101%-200% Above
N	No	65862046890	LOSARTAN POTASSIUM/HYDROCHLOROTHIA ZIDE	1500	\$0.20762	\$0.09410	101%-200% Above
N	No	65862046890	LOSARTAN POTASSIUM/HYDROCHLOROTHIA ZIDE	1995	\$0.17405	\$0.10158	51%-75% Above
N	Yes	65862046890	LOSARTAN POTASSIUM/HYDROCHLOROTHIA ZIDE	30	\$0.39467	\$0.10158	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	65862046899	LOSARTAN POTASSIUM/HYDROCHLOROTHIA ZIDE	180	\$0.06667	\$0.09410	(26%-50%) Below
N	Yes	65862046899	LOSARTAN POTASSIUM/HYDROCHLOROTHIA ZIDE	30	\$0.39467	\$0.10158	200% Above
N	No	65862046930	LOSARTAN POTASSIUM/HYDROCHLOROTHIA ZIDE	30	\$0.65067	\$0.12091	200% Above
N	No	65862046990	LOSARTAN POTASSIUM/HYDROCHLOROTHIA ZIDE	90	\$0.60822	\$0.12038	200% Above
N	No	65862046990	LOSARTAN POTASSIUM/HYDROCHLOROTHIA ZIDE	210	\$0.70624	\$0.12091	200% Above
N	Yes	65862046990	LOSARTAN POTASSIUM/HYDROCHLOROTHIA ZIDE	30	\$0.52500	\$0.12091	200% Above
N	No	65862046999	LOSARTAN POTASSIUM/HYDROCHLOROTHIA ZIDE	855	\$0.08829	\$0.12091	(26%-50%) Below
N	Yes	65862046999	LOSARTAN POTASSIUM/HYDROCHLOROTHIA ZIDE	60	\$0.68300	\$0.12038	200% Above
N	No	65862047030	LOSARTAN POTASSIUM/HYDROCHLOROTHIA ZIDE	60	\$0.69400	\$0.12695	200% Above
N	No	65862047030	LOSARTAN POTASSIUM/HYDROCHLOROTHIA ZIDE	90	\$0.66811	\$0.13402	200% Above
N	No	65862047090	LOSARTAN POTASSIUM/HYDROCHLOROTHIA ZIDE	165	\$0.69739	\$0.12695	200% Above
N	No	65862047090	LOSARTAN POTASSIUM/HYDROCHLOROTHIA ZIDE	420	\$0.80257	\$0.13402	200% Above
N	No	65862047099	LOSARTAN POTASSIUM/HYDROCHLOROTHIA ZIDE	2745	\$0.10185	\$0.13402	(10%-25%) Below
N	Yes	65862047099	LOSARTAN POTASSIUM/HYDROCHLOROTHIA ZIDE	60	\$0.93967	\$0.12695	200% Above
N	Yes	65862047099	LOSARTAN POTASSIUM/HYDROCHLOROTHIA ZIDE	90	\$0.82478	\$0.13402	200% Above
N	No	65862047501	RAMIPRIL	60	\$0.28400	\$0.05074	200% Above
N	No	65862047601	RAMIPRIL	90	\$0.02989	\$0.05000	(26%-50%) Below
N	No	65862047601	RAMIPRIL	30	\$0.22967	\$0.05490	200% Above
N	Yes	65862047701	RAMIPRIL	60	\$0.05467	\$0.06273	(10%-25%) Below
N	Yes	65862047701	RAMIPRIL	30	\$0.35300	\$0.07236	200% Above

**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	65862047705	RAMIPRIL	30	\$0.63400	\$0.06273	200% Above
N	No	65862048901	QUETIAPINE FUMARATE	180	\$0.17283	\$0.03177	200% Above
N	No	65862048901	QUETIAPINE FUMARATE	60	\$0.12217	\$0.03234	200% Above
N	No	65862049001	QUETIAPINE FUMARATE	28	\$0.37143	\$0.04043	200% Above
N	No	65862049101	QUETIAPINE FUMARATE	30	\$0.63900	\$0.05603	200% Above
N	No	65862049301	QUETIAPINE FUMARATE	60	\$0.82883	\$0.10685	200% Above
N	No	65862049647	SULFAMETHOXAZOLE/TRIMETHO PRIM	242	\$0.11343	\$0.05794	76%-100% Above
N	No	65862049647	SULFAMETHOXAZOLE/TRIMETHO PRIM	800.8	\$0.07996	\$0.05975	26%-50% Above
N	Yes	65862049647	SULFAMETHOXAZOLE/TRIMETHO PRIM	100	\$0.08400	\$0.05975	26%-50% Above
N	No	65862050220	AMOXICILLIN/CLAVULANATE POTASSIUM	281	\$1.06530	\$0.26999	200% Above
N	No	65862050220	AMOXICILLIN/CLAVULANATE POTASSIUM	187	\$0.94717	\$0.28556	200% Above
N	Yes	65862050220	AMOXICILLIN/CLAVULANATE POTASSIUM	30	\$0.99800	\$0.26999	200% Above
N	No	65862050301	AMOXICILLIN/CLAVULANATE POTASSIUM	362	\$0.89779	\$0.29889	200% Above
N	No	65862050301	AMOXICILLIN/CLAVULANATE POTASSIUM	236	\$1.06746	\$0.33189	200% Above
N	Yes	65862050301	AMOXICILLIN/CLAVULANATE POTASSIUM	20	\$0.76400	\$0.29889	101%-200% Above
N	Yes	65862050301	AMOXICILLIN/CLAVULANATE POTASSIUM	28	\$1.46429	\$0.33189	200% Above
N	No	65862050320	AMOXICILLIN/CLAVULANATE POTASSIUM	1429	\$1.32750	\$0.29889	200% Above
N	No	65862050320	AMOXICILLIN/CLAVULANATE POTASSIUM	1122	\$1.52157	\$0.33189	200% Above
N	Yes	65862050320	AMOXICILLIN/CLAVULANATE POTASSIUM	122	\$1.47074	\$0.29889	200% Above
N	Yes	65862050320	AMOXICILLIN/CLAVULANATE POTASSIUM	88	\$1.10170	\$0.33189	200% Above
N	No	65862051205	PIOGLITAZONE HYDROCHLORIDE	180	\$0.06667	\$0.07523	(10%-25%) Below
N	No	65862051205	PIOGLITAZONE HYDROCHLORIDE	90	\$0.06667	\$0.08212	(10%-25%) Below
N	No	65862051230	PIOGLITAZONE HYDROCHLORIDE	30	\$0.06667	\$0.07523	(10%-25%) Below
N	No	65862051290	PIOGLITAZONE HYDROCHLORIDE	90	\$0.06667	\$0.07523	(10%-25%) Below
N	No	65862051290	PIOGLITAZONE HYDROCHLORIDE	120	\$0.17500	\$0.08212	101%-200% Above
N	No	65862051305	PIOGLITAZONE HYDROCHLORIDE	120	\$0.25233	\$0.10586	101%-200% Above
N	No	65862051330	PIOGLITAZONE HYDROCHLORIDE	180	\$0.40017	\$0.10586	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	65862051330	PIOGLITAZONE HYDROCHLORIDE	210	\$0.22262	\$0.11301	76%-100% Above
N	No	65862051430	PIOGLITAZONE HCL	90	\$0.18967	\$0.13503	26%-50% Above
N	No	65862051430	PIOGLITAZONE HCL	30	\$0.23033	\$0.13949	51%-75% Above
N	No	65862051601	NAPROXEN SODIUM	10	\$2.05100	\$0.26689	200% Above
N	No	65862052301	GABAPENTIN	270	\$0.19241	\$0.09614	101%-200% Above
N	No	65862052305	GABAPENTIN	1710	\$0.16682	\$0.09614	51%-75% Above
N	No	65862052305	GABAPENTIN	1200	\$0.14313	\$0.09749	26%-50% Above
N	Yes	65862052305	GABAPENTIN	180	\$0.47094	\$0.09614	200% Above
Y	No	65862052305	GABAPENTIN	540	\$0.19487	\$0.09614	101%-200% Above
Y	No	65862052305	GABAPENTIN	180	\$0.21433	\$0.09749	101%-200% Above
N	No	65862052401	GABAPENTIN	480	\$0.18310	\$0.12506	26%-50% Above
N	No	65862052401	GABAPENTIN	150	\$0.18740	\$0.12667	26%-50% Above
N	No	65862052405	GABAPENTIN	360	\$0.18742	\$0.12506	26%-50% Above
N	No	65862052730	VENLAFAXINE HYDROCHLORIDE ER	60	\$0.42767	\$0.09889	200% Above
N	No	65862052730	VENLAFAXINE HYDROCHLORIDE ER	127	\$0.51969	\$0.10056	200% Above
N	Yes	65862052730	VENLAFAXINE HYDROCHLORIDE ER	60	\$0.35567	\$0.10056	200% Above
N	No	65862052790	VENLAFAXINE HYDROCHLORIDE ER	610	\$0.17025	\$0.09889	51%-75% Above
N	No	65862052790	VENLAFAXINE HYDROCHLORIDE ER	450	\$0.46649	\$0.10056	200% Above
N	Yes	65862052790	VENLAFAXINE HYDROCHLORIDE ER	60	\$0.29683	\$0.09889	200% Above
N	Yes	65862052790	VENLAFAXINE HYDROCHLORIDE ER	79	\$0.40671	\$0.10056	200% Above
N	No	65862052799	VENLAFAXINE HYDROCHLORIDE ER	180	\$0.29756	\$0.09889	200% Above
N	No	65862052799	VENLAFAXINE HYDROCHLORIDE ER	60	\$0.42200	\$0.10056	200% Above
N	Yes	65862052799	VENLAFAXINE HYDROCHLORIDE ER	30	\$0.06367	\$0.09889	(26%-50%) Below
Y	No	65862052799	VENLAFAXINE HYDROCHLORIDE ER	90	\$0.33933	\$0.09889	200% Above
N	No	65862052830	VENLAFAXINE HYDROCHLORIDE ER	30	\$0.41433	\$0.10313	200% Above
N	No	65862052830	VENLAFAXINE HYDROCHLORIDE ER	30	\$0.41433	\$0.11235	200% Above
N	No	65862052890	VENLAFAXINE HYDROCHLORIDE ER	840	\$0.45579	\$0.10313	200% Above
N	No	65862052890	VENLAFAXINE HYDROCHLORIDE ER	1083	\$0.59356	\$0.11235	200% Above

**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	Yes	65862052890	VENLAFAXINE HYDROCHLORIDE ER	90	\$0.76856	\$0.10313	200% Above
N	Yes	65862052890	VENLAFAXINE HYDROCHLORIDE ER	120	\$0.47792	\$0.11235	200% Above
N	No	65862052899	VENLAFAXINE HYDROCHLORIDE ER	1140	\$0.31590	\$0.10313	200% Above
N	No	65862052899	VENLAFAXINE HYDROCHLORIDE ER	960	\$0.22935	\$0.11235	101%-200% Above
N	Yes	65862052899	VENLAFAXINE HYDROCHLORIDE ER	60	\$0.06900	\$0.10313	(26%-50%) Below
N	No	65862053401	AMOXICILLIN/CLAVULANATE POTASSIUM	400	\$0.19113	\$0.05882	200% Above
N	No	65862053450	AMOXICILLIN/CLAVULANATE POTASSIUM	100	\$0.18560	\$0.08823	101%-200% Above
N	No	65862053450	AMOXICILLIN/CLAVULANATE POTASSIUM	100	\$0.23700	\$0.09354	101%-200% Above
N	No	65862053475	AMOXICILLIN/CLAVULANATE POTASSIUM	375	\$0.16096	\$0.06769	101%-200% Above
N	No	65862053475	AMOXICILLIN/CLAVULANATE POTASSIUM	225	\$0.18151	\$0.06903	101%-200% Above
N	No	65862053502	AMOXICILLIN/CLAVULANATE POTASSIUM	200	\$0.09170	\$0.05694	51%-75% Above
N	No	65862053502	AMOXICILLIN/CLAVULANATE POTASSIUM	200	\$0.27195	\$0.06548	200% Above
N	No	65862053513	AMOXICILLIN/CLAVULANATE POTASSIUM	375	\$0.30768	\$0.06244	200% Above
N	No	65862053513	AMOXICILLIN/CLAVULANATE POTASSIUM	500	\$0.20930	\$0.06362	200% Above
N	No	65862053575	AMOXICILLIN/CLAVULANATE POTASSIUM	300	\$0.12230	\$0.08291	26%-50% Above
N	No	65862053575	AMOXICILLIN/CLAVULANATE POTASSIUM	900	\$0.21470	\$0.10807	76%-100% Above
N	No	65862053750	LEVOFLOXACIN	33	\$1.59758	\$0.15137	200% Above
N	No	65862053820	LEVOFLOXACIN	17	\$1.79176	\$0.28359	200% Above
N	No	65862053820	LEVOFLOXACIN	22	\$1.97545	\$0.28976	200% Above
N	No	65862055990	PANTOPRAZOLE SODIUM	1110	\$0.23083	\$0.04781	200% Above
N	No	65862055990	PANTOPRAZOLE SODIUM	1470	\$0.19431	\$0.04925	200% Above
Y	No	65862055990	PANTOPRAZOLE SODIUM	90	\$0.40367	\$0.04781	200% Above
Y	No	65862055990	PANTOPRAZOLE SODIUM	90	\$0.37378	\$0.04925	200% Above
N	No	65862056090	PANTOPRAZOLE SODIUM	750	\$0.38492	\$0.05326	200% Above
N	No	65862056090	PANTOPRAZOLE SODIUM	784	\$0.44337	\$0.05797	200% Above
N	Yes	65862056090	PANTOPRAZOLE SODIUM	180	\$0.35411	\$0.05326	200% Above
N	Yes	65862056090	PANTOPRAZOLE SODIUM	211	\$0.27602	\$0.05797	200% Above
N	No	65862056099	PANTOPRAZOLE SODIUM	3750	\$0.14285	\$0.05326	101%-200% Above
N	No	65862056099	PANTOPRAZOLE SODIUM	5100	\$0.14641	\$0.05797	101%-200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	Yes	65862056099	PANTOPRAZOLE SODIUM	300	\$0.11447	\$0.05326	101%-200% Above
N	Yes	65862056099	PANTOPRAZOLE SODIUM	330	\$0.20997	\$0.05797	200% Above
Y	No	65862056099	PANTOPRAZOLE SODIUM	180	\$0.30933	\$0.05326	200% Above
Y	No	65862056099	PANTOPRAZOLE SODIUM	450	\$0.31902	\$0.05797	200% Above
Y	Yes	65862056099	PANTOPRAZOLE SODIUM	180	\$0.35411	\$0.05326	200% Above
N	No	65862056790	MONTELUKAST SODIUM	30	\$0.50000	\$0.08320	200% Above
N	No	65862056790	MONTELUKAST SODIUM	30	\$0.57933	\$0.08540	200% Above
N	No	65862056890	MONTELUKAST SODIUM	90	\$0.67478	\$0.07589	200% Above
N	No	65862056890	MONTELUKAST SODIUM	180	\$0.66417	\$0.08388	200% Above
N	No	65862057490	MONTELUKAST SODIUM	1404	\$0.65456	\$0.06442	200% Above
N	No	65862057490	MONTELUKAST SODIUM	2160	\$0.61446	\$0.06484	200% Above
N	Yes	65862057490	MONTELUKAST SODIUM	120	\$0.43142	\$0.06442	200% Above
N	Yes	65862057490	MONTELUKAST SODIUM	540	\$0.38156	\$0.06484	200% Above
N	No	65862058201	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	30	\$0.78367	\$0.12514	200% Above
N	No	65862058301	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	30	\$0.86600	\$0.10502	200% Above
Y	No	65862058305	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	90	\$0.48956	\$0.10502	200% Above
N	No	65862058401	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	30	\$0.83900	\$0.12674	200% Above
Y	No	65862058405	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	90	\$0.69433	\$0.12674	200% Above
N	No	65862058501	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	90	\$0.55111	\$0.16926	200% Above
N	Yes	65862058601	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	30	\$0.81333	\$0.13756	200% Above
Y	No	65862058605	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	90	\$0.22111	\$0.13756	51%-75% Above
Y	Yes	65862058605	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	90	\$0.67300	\$0.13756	200% Above
N	No	65862058701	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	150	\$0.97113	\$0.14419	200% Above
N	No	65862058701	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	90	\$1.03744	\$0.14507	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	Yes	65862058701	AMLODIPINE BESYLATE/BENZAEPRI L HYDROCHLORIDE	60	\$0.17267	\$0.14507	10%-25% Above
N	No	65862059401	DIVALPROEX SODIUM ER	64	\$0.74781	\$0.15444	200% Above
N	No	65862059501	DIVALPROEX SODIUM ER	60	\$1.05367	\$0.19016	200% Above
N	No	65862059501	DIVALPROEX SODIUM ER	100	\$1.31510	\$0.19643	200% Above
N	No	65862059505	DIVALPROEX SODIUM ER	270	\$1.47511	\$0.19016	200% Above
N	No	65862059601	CLINDAMYCIN PALMITATE HYDROCHLORIDE	100	\$0.36560	\$0.15691	101%-200% Above
N	No	65862059601	CLINDAMYCIN PALMITATE HYDROCHLORIDE	200	\$0.25675	\$0.18408	26%-50% Above
N	No	65862059801	TAMSULOSIN HYDROCHLORIDE	104	\$0.12423	\$0.05642	101%-200% Above
N	No	65862059801	TAMSULOSIN HYDROCHLORIDE	134	\$0.17776	\$0.05878	200% Above
N	No	65862059805	TAMSULOSIN HYDROCHLORIDE	798	\$0.25689	\$0.05642	200% Above
N	No	65862059805	TAMSULOSIN HYDROCHLORIDE	840	\$0.32337	\$0.05878	200% Above
N	Yes	65862059805	TAMSULOSIN HYDROCHLORIDE	240	\$0.34713	\$0.05642	200% Above
N	Yes	65862059805	TAMSULOSIN HYDROCHLORIDE	180	\$0.19844	\$0.05878	200% Above
Y	No	65862059805	TAMSULOSIN HYDROCHLORIDE	90	\$0.06922	\$0.05878	10%-25% Above
N	No	65862060012	RIZATRIPTAN BENZOATE	23	\$3.53565	\$0.34033	200% Above
N	No	65862060012	RIZATRIPTAN BENZOATE	16	\$3.21938	\$0.35836	200% Above
N	Yes	65862060012	RIZATRIPTAN BENZOATE	9	\$3.78444	\$0.34033	200% Above
N	No	65862060130	MODAFINIL	30	\$2.78700	\$0.24414	200% Above
N	No	65862060230	MODAFINIL	120	\$3.63800	\$0.44276	200% Above
N	No	65862060230	MODAFINIL	30	\$1.65533	\$0.49218	200% Above
N	Yes	65862060230	MODAFINIL	30	\$1.95400	\$0.49218	200% Above
N	No	65862062690	RIZATRIPTAN BENZOATE ODT	29	\$6.90172	\$0.62338	200% Above
N	No	65862062690	RIZATRIPTAN BENZOATE ODT	71	\$4.42845	\$0.62967	200% Above
N	No	65862064130	AZITHROMYCIN	20	\$2.61700	\$0.33112	200% Above
N	No	65862064130	AZITHROMYCIN	12	\$2.83750	\$0.35827	200% Above
N	Yes	65862064130	AZITHROMYCIN	12	\$2.52250	\$0.33112	200% Above
N	No	65862064163	AZITHROMYCIN	108	\$1.67380	\$0.33112	200% Above
N	No	65862064163	AZITHROMYCIN	72	\$1.31375	\$0.35827	200% Above
N	Yes	65862064163	AZITHROMYCIN	18	\$1.10056	\$0.33112	200% Above
N	Yes	65862064163	AZITHROMYCIN	6	\$0.26667	\$0.35827	(26%-50%) Below
N	No	65862064169	AZITHROMYCIN	276	\$2.07783	\$0.33112	200% Above
N	No	65862064169	AZITHROMYCIN	348	\$1.74770	\$0.35827	200% Above
N	Yes	65862064169	AZITHROMYCIN	36	\$1.97111	\$0.33112	200% Above
N	Yes	65862064169	AZITHROMYCIN	18	\$1.01833	\$0.35827	101%-200% Above
N	No	65862064230	AZITHROMYCIN	5	\$3.68600	\$0.59415	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	65862064230	AZITHROMYCIN	13	\$2.84385	\$0.62032	200% Above
N	No	65862066230	ARIPIRAZOLE	30	\$0.55667	\$0.12060	200% Above
N	No	65862066230	ARIPIRAZOLE	90	\$0.66344	\$0.14416	200% Above
N	No	65862066430	ARIPIRAZOLE	45	\$0.45511	\$0.15283	101%-200% Above
N	No	65862067601	ALPRAZOLAM	60	\$0.22417	\$0.02256	200% Above
N	No	65862067601	ALPRAZOLAM	180	\$0.42778	\$0.02365	200% Above
N	No	65862067605	ALPRAZOLAM	60	\$0.40350	\$0.02256	200% Above
N	No	65862067605	ALPRAZOLAM	34	\$0.31324	\$0.02365	200% Above
N	No	65862067699	ALPRAZOLAM	228	\$0.37430	\$0.02256	200% Above
N	No	65862067699	ALPRAZOLAM	584	\$0.33942	\$0.02365	200% Above
Y	No	65862067699	ALPRAZOLAM	90	\$0.06056	\$0.02256	101%-200% Above
N	No	65862067701	ALPRAZOLAM	90	\$0.26478	\$0.02409	200% Above
N	No	65862067701	ALPRAZOLAM	235	\$0.21749	\$0.02451	200% Above
N	No	65862067705	ALPRAZOLAM	690	\$0.18320	\$0.02409	200% Above
N	No	65862067705	ALPRAZOLAM	270	\$0.25552	\$0.02451	200% Above
N	Yes	65862067705	ALPRAZOLAM	160	\$0.08106	\$0.02409	200% Above
N	Yes	65862067705	ALPRAZOLAM	150	\$0.08720	\$0.02451	200% Above
N	No	65862067799	ALPRAZOLAM	545	\$0.17633	\$0.02409	200% Above
N	No	65862067799	ALPRAZOLAM	906	\$0.18661	\$0.02451	200% Above
N	Yes	65862067799	ALPRAZOLAM	60	\$0.22700	\$0.02409	200% Above
N	Yes	65862067799	ALPRAZOLAM	90	\$0.14467	\$0.02451	200% Above
Y	No	65862067799	ALPRAZOLAM	180	\$0.04439	\$0.02451	76%-100% Above
N	No	65862067801	ALPRAZOLAM	120	\$0.25367	\$0.02545	200% Above
N	No	65862067801	ALPRAZOLAM	140	\$0.24271	\$0.02567	200% Above
N	No	65862067805	ALPRAZOLAM	360	\$0.24158	\$0.02545	200% Above
N	No	65862067805	ALPRAZOLAM	573	\$0.19702	\$0.02567	200% Above
N	Yes	65862067805	ALPRAZOLAM	30	\$0.23200	\$0.02567	200% Above
N	No	65862067899	ALPRAZOLAM	801	\$0.16162	\$0.02545	200% Above
N	No	65862067899	ALPRAZOLAM	331	\$0.16631	\$0.02567	200% Above
N	Yes	65862067899	ALPRAZOLAM	45	\$0.01311	\$0.02545	(26%-50%) Below
N	Yes	65862067899	ALPRAZOLAM	120	\$0.21950	\$0.02567	200% Above
Y	Yes	65862067899	ALPRAZOLAM	180	\$0.06489	\$0.02545	101%-200% Above
N	No	65862067901	ALPRAZOLAM	30	\$0.56633	\$0.05477	200% Above
N	Yes	65862067901	ALPRAZOLAM	30	\$0.47367	\$0.05477	200% Above
N	No	65862067905	ALPRAZOLAM	30	\$0.06300	\$0.05477	10%-25% Above
N	No	65862068890	SILDENAFIL CITRATE	69	\$0.89043	\$0.06910	200% Above
N	No	65862068890	SILDENAFIL CITRATE	75	\$0.87560	\$0.07471	200% Above



**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	65862069201	PHENYTOIN SODIUM EXTENDED	90	\$0.43322	\$0.12833	200% Above
N	Yes	65862069299	PHENYTOIN SODIUM EXTENDED	150	\$0.27880	\$0.12657	101%-200% Above
N	No	65862069705	VENLAFAXINE HYDROCHLORIDE ER	300	\$0.63843	\$0.14823	200% Above
N	No	65862069705	VENLAFAXINE HYDROCHLORIDE ER	420	\$0.55995	\$0.15018	200% Above
N	Yes	65862069705	VENLAFAXINE HYDROCHLORIDE ER	60	\$1.01400	\$0.15018	200% Above
Y	No	65862069705	VENLAFAXINE HYDROCHLORIDE ER	90	\$0.86444	\$0.15018	200% Above
N	No	65862069730	VENLAFAXINE HYDROCHLORIDE ER	90	\$0.53700	\$0.14823	200% Above
N	No	65862069730	VENLAFAXINE HYDROCHLORIDE ER	60	\$0.46233	\$0.15018	200% Above
N	No	65862069790	VENLAFAXINE HYDROCHLORIDE ER	780	\$0.49378	\$0.14823	200% Above
N	No	65862069790	VENLAFAXINE HYDROCHLORIDE ER	1235	\$0.63450	\$0.15018	200% Above
N	Yes	65862069790	VENLAFAXINE HYDROCHLORIDE ER	30	\$0.60900	\$0.15018	200% Above
N	No	65862069920	CEFUROXIME AXETIL	20	\$0.49700	\$0.31143	51%-75% Above
N	No	65862069960	CEFUROXIME AXETIL	28	\$0.57679	\$0.31143	76%-100% Above
N	No	65862069960	CEFUROXIME AXETIL	4	\$1.28750	\$0.32060	200% Above
N	No	65862070020	CEFUROXIME AXETIL	56	\$1.84714	\$0.47293	200% Above
N	No	65862070020	CEFUROXIME AXETIL	54	\$1.93815	\$0.49697	200% Above
N	Yes	65862070020	CEFUROXIME AXETIL	28	\$0.64143	\$0.47293	26%-50% Above
N	Yes	65862070060	CEFUROXIME AXETIL	28	\$0.87857	\$0.49697	76%-100% Above
N	No	65862070460	ZIPRASIDONE HCL	30	\$0.62667	\$0.34879	76%-100% Above
N	No	65862070655	AMOXICILLIN	150	\$0.02687	\$0.01871	26%-50% Above
N	No	65862070755	AMOXICILLIN	300	\$0.02887	\$0.02322	10%-25% Above
N	No	65862070755	AMOXICILLIN	300	\$0.02387	\$0.02693	(10%-25%) Below
N	No	65862070901	RALOXIFENE HYDROCHLORIDE	60	\$1.12767	\$0.26158	200% Above
N	No	65862070930	RALOXIFENE HYDROCHLORIDE	30	\$0.50000	\$0.26158	76%-100% Above
N	No	65862072130	RABEPRAZOLE SODIUM	30	\$1.02033	\$0.20878	200% Above
N	No	65862073205	AMIODARONE HYDROCHLORIDE	30	\$0.30000	\$0.10230	101%-200% Above
N	No	65862073205	AMIODARONE HYDROCHLORIDE	30	\$0.43600	\$0.10779	200% Above
N	No	65862073260	AMIODARONE HYDROCHLORIDE	90	\$0.69122	\$0.10779	200% Above
N	Yes	65862073260	AMIODARONE HYDROCHLORIDE	30	\$0.68967	\$0.10230	200% Above
N	No	65862074230	OLMESARTAN MEDOXOMIL	30	\$0.49033	\$0.08628	200% Above

**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	65862074330	OLMESARTAN MEDOXOMIL	30	\$0.50367	\$0.12902	200% Above
N	Yes	65862074330	OLMESARTAN MEDOXOMIL	30	\$1.07167	\$0.12902	200% Above
N	No	65862074390	OLMESARTAN MEDOXOMIL	30	\$1.07167	\$0.12902	200% Above
N	No	65862076990	FENOFIBRATE	270	\$1.02181	\$0.12785	200% Above
N	No	65862076990	FENOFIBRATE	240	\$0.52108	\$0.16054	200% Above
N	Yes	65862076990	FENOFIBRATE	30	\$1.41400	\$0.16054	200% Above
N	No	65862077685	MILI	644	\$0.50634	\$0.12270	200% Above
N	No	65862077685	MILI	1092	\$0.42693	\$0.12775	200% Above
N	No	65862077885	TRI-LO-MILI	588	\$0.78735	\$0.12940	200% Above
N	No	65862077885	TRI-LO-MILI	336	\$0.65631	\$0.13423	200% Above
N	No	65862077930	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	30	\$0.52967	\$0.20434	101%-200% Above
Y	No	65862077990	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	90	\$0.61889	\$0.19923	200% Above
N	No	65862078030	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	30	\$0.50500	\$0.23074	101%-200% Above
N	Yes	65862078030	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	15	\$1.04800	\$0.24204	200% Above
N	No	65862078130	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	60	\$1.20700	\$0.26608	200% Above
Y	No	65862078201	METHENAMINE HIPPURATE	180	\$1.35356	\$0.46179	101%-200% Above
N	No	65862078330	ESOMEPRAZOLE MAGNESIUM	90	\$0.44211	\$0.16649	101%-200% Above
N	No	65862078917	BROMFENAC	1.7	\$5.88235	\$40.64941	(76%-100%) Below
N	No	65862080530	ARMODAFINIL	90	\$0.45622	\$0.27060	51%-75% Above
N	No	65862080630	ARMODAFINIL	60	\$0.60167	\$0.90544	(26%-50%) Below
N	No	65862080630	ARMODAFINIL	30	\$4.65533	\$0.98359	200% Above
N	No	65862080730	ARMODAFINIL	30	\$3.31133	\$0.77186	200% Above
N	No	65862080730	ARMODAFINIL	30	\$3.82167	\$0.79224	200% Above
N	No	65862083030	PRASUGREL	210	\$1.09305	\$0.31543	200% Above
N	No	65862083030	PRASUGREL	750	\$0.44960	\$0.33391	26%-50% Above
N	No	65862084003	MOXIFLOXACIN HYDROCHLORIDE	6	\$23.45000	\$2.44541	200% Above
N	No	65862084003	MOXIFLOXACIN HYDROCHLORIDE	15	\$19.27733	\$2.68570	200% Above
N	No	65862084401	CLOZAPINE	150	\$0.13127	\$0.26820	(51%-75%) Below
N	No	65862085430	AMLODIPINE/OLMESARTAN MEDOXOMIL	30	\$1.10233	\$0.33558	200% Above
N	No	65862085901	FAMOTIDINE	30	\$0.25267	\$0.03019	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	65862085901	FAMOTIDINE	60	\$0.25267	\$0.03150	200% Above
N	No	65862086001	FAMOTIDINE	285	\$0.46088	\$0.05666	200% Above
N	No	65862086001	FAMOTIDINE	67	\$0.25328	\$0.05845	200% Above
N	No	65862086495	SIMPESSE	455	\$0.67574	\$0.15506	200% Above
N	No	65862086495	SIMPESSE	182	\$0.75703	\$0.27060	101%-200% Above
N	No	65862089788	NYLIA 7/7/7	28	\$0.65750	\$0.28298	101%-200% Above
N	Yes	65862089888	NYLIA 1/35	112	\$0.22500	\$0.27386	(10%-25%) Below
N	No	65862090801	CELECOXIB	120	\$0.32108	\$0.09080	200% Above
N	No	65862090901	CELECOXIB	135	\$0.72148	\$0.10817	200% Above
N	No	65862090901	CELECOXIB	120	\$0.74658	\$0.10988	200% Above
N	No	65862091060	CELECOXIB	120	\$0.37883	\$0.31772	10%-25% Above
N	Yes	65862092201	TRAMADOL HYDROCHLORIDE/ACETAMINOPHEN	12	\$0.14417	\$0.11144	26%-50% Above
N	No	65862092585	INCASSIA	560	\$0.32020	\$0.12021	101%-200% Above
N	No	65862092585	INCASSIA	952	\$0.36904	\$0.12141	200% Above
N	No	65862092730	FINASTERIDE	245	\$0.37882	\$0.03644	200% Above
N	No	65862092730	FINASTERIDE	60	\$0.65900	\$0.04190	200% Above
N	No	65862092790	FINASTERIDE	180	\$0.08700	\$0.03644	101%-200% Above
N	No	65862092790	FINASTERIDE	240	\$0.08700	\$0.04190	101%-200% Above
N	No	65862093488	AUROVELA 24 FE	112	\$1.39366	\$0.30728	200% Above
N	No	65862093488	AUROVELA 24 FE	196	\$0.73122	\$0.31164	101%-200% Above
N	No	65862093574	AUROVELA 1.5/30	84	\$0.91845	\$0.49976	76%-100% Above
N	No	65862093574	AUROVELA 1.5/30	84	\$0.96464	\$0.50322	76%-100% Above
N	No	65862094188	AUROVELA FE 1.5/30	112	\$0.56973	\$0.16186	200% Above
N	No	65862094188	AUROVELA FE 1.5/30	112	\$0.66054	\$0.16365	200% Above
N	No	65862094601	DORZOLAMIDE HCL/TIMOLOL MALEATE	30	\$4.30467	\$1.10040	200% Above
N	No	65862094760	DORZOLAMIDE HYDROCHLORIDE/TIMOLOL MALEATE PF	60	\$1.97183	\$1.72097	10%-25% Above
N	No	65862094760	DORZOLAMIDE HYDROCHLORIDE/TIMOLOL MALEATE PF	60	\$1.97767	\$1.72864	10%-25% Above
N	No	65862096701	ESZOPICLONE	30	\$1.67367	\$0.18673	200% Above
N	No	65862096801	ESZOPICLONE	90	\$0.89667	\$0.10290	200% Above
N	No	65862096801	ESZOPICLONE	90	\$1.09467	\$0.10777	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	65862096901	ESZOPICLONE	270	\$0.97367	\$0.09650	200% Above
N	No	65862096901	ESZOPICLONE	195	\$1.23621	\$0.09837	200% Above
N	Yes	65862096901	ESZOPICLONE	30	\$0.58100	\$0.09650	200% Above
N	No	65862097803	TELMISARTAN/HYDROCHLOROTHIAZIDE	30	\$2.29967	\$0.59123	200% Above
N	No	65862098601	POTASSIUM CHLORIDE ER	60	\$0.31200	\$0.14415	101%-200% Above
N	No	65862098701	POTASSIUM CHLORIDE ER	270	\$0.39522	\$0.12498	200% Above
N	No	65862098701	POTASSIUM CHLORIDE ER	30	\$0.37667	\$0.12918	101%-200% Above
N	Yes	65862098701	POTASSIUM CHLORIDE ER	30	\$0.20300	\$0.12918	51%-75% Above
N	No	65862098799	POTASSIUM CHLORIDE ER	2644	\$0.14913	\$0.12498	10%-25% Above
N	No	65862098799	POTASSIUM CHLORIDE ER	2820	\$0.15473	\$0.12918	10%-25% Above
N	No	65862099830	ARMODAFINIL	30	\$1.51667	\$0.81283	76%-100% Above
N	Yes	65862099830	ARMODAFINIL	30	\$0.70833	\$0.79773	(10%-25%) Below
N	No	66685100100	AMOXICILLIN/CLAVULANATE POTASSIUM	968	\$1.38196	\$0.29889	200% Above
N	No	66685100100	AMOXICILLIN/CLAVULANATE POTASSIUM	657	\$1.34994	\$0.33189	200% Above
N	No	66685101201	AMOXICILLIN/CLAVULANATE POTASSIUM	300	\$0.28400	\$0.06903	200% Above
N	No	66689000816	NYSTATIN	100	\$0.06580	\$0.05505	10%-25% Above
N	No	66689002316	HYDROCODONE BITARTRATE/ACETAMINOPHEN	300	\$0.08527	\$0.06206	26%-50% Above
N	No	66689034216	ACYCLOVIR	1040	\$0.26240	\$0.14350	76%-100% Above
N	No	66993000210	ESTRADIOL	680	\$1.15382	\$0.54128	101%-200% Above
N	No	66993000210	ESTRADIOL	595	\$1.19548	\$0.55577	101%-200% Above
Y	No	66993000210	ESTRADIOL	42.5	\$2.32494	\$0.54128	200% Above
Y	No	66993000210	ESTRADIOL	42.5	\$1.88094	\$0.55577	200% Above
N	No	66993001968	ALBUTEROL SULFATE HFA	1098	\$2.46905	\$1.84257	26%-50% Above
N	No	66993001968	ALBUTEROL SULFATE HFA	990	\$2.62682	\$1.86666	26%-50% Above
N	No	66993006027	ATOVAQUONE/PROGUANIL HCL	77	\$3.58221	\$2.16264	51%-75% Above
N	No	66993006027	ATOVAQUONE/PROGUANIL HCL	21	\$3.31333	\$2.29877	26%-50% Above
N	No	66993007896	FLUTICASONE PROPIONATE HFA	84.8	\$18.52182	\$11.22744	51%-75% Above
N	No	66993007896	FLUTICASONE PROPIONATE HFA	116.6	\$18.31792	\$11.69523	51%-75% Above
N	No	66993007996	FLUTICASONE PROPIONATE HFA	48	\$21.83875	\$13.64056	51%-75% Above
N	No	66993007996	FLUTICASONE PROPIONATE HFA	24	\$19.92667	\$13.83217	26%-50% Above
N	No	66993008096	FLUTICASONE PROPIONATE HFA	12	\$35.67833	\$20.44550	51%-75% Above
Y	No	66993008269	SUMATRIPTAN	18	\$19.37722	\$17.43208	10%-25% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
Y	No	66993008479	SUMATRIPTAN SUCCINATE REFILL	15	\$136.23467	\$111.98714	10%-25% Above
N	No	66993013597	FLUTICASONE FUROATE/VILANTEROL ELLIPTA	60	\$6.10783	\$3.70583	51%-75% Above
N	No	66993013597	FLUTICASONE FUROATE/VILANTEROL ELLIPTA	60	\$5.90733	\$3.82839	51%-75% Above
N	No	66993013697	FLUTICASONE FUROATE/VILANTEROL ELLIPTA	240	\$5.76671	\$3.71464	51%-75% Above
N	No	66993037083	MEDROXYPROGESTERONE ACETATE	4	\$50.71750	\$26.65587	76%-100% Above
N	No	66993037083	MEDROXYPROGESTERONE ACETATE	6	\$47.75500	\$27.61670	51%-75% Above
N	No	66993037179	MEDROXYPROGESTERONE ACETATE	3	\$73.95667	\$41.83714	76%-100% Above
N	No	66993037179	MEDROXYPROGESTERONE ACETATE	6	\$70.23667	\$43.50235	51%-75% Above
N	Yes	66993037179	MEDROXYPROGESTERONE ACETATE	1	\$60.59000	\$41.83714	26%-50% Above
N	No	66993043285	PRAZOSIN HYDROCHLORIDE	90	\$0.74844	\$0.17037	200% Above
N	No	66993058497	FLUTICASONE PROPIONATE/SALMETEROL DISKUS	120	\$1.45450	\$1.19550	10%-25% Above
N	No	66993058597	FLUTICASONE PROPIONATE/SALMETEROL DISKUS	300	\$2.15360	\$1.44836	26%-50% Above
N	No	66993058597	FLUTICASONE PROPIONATE/SALMETEROL DISKUS	540	\$2.33385	\$1.50899	51%-75% Above
N	No	66993058697	FLUTICASONE PROPIONATE/SALMETEROL DISKUS	60	\$5.73483	\$2.71767	101%-200% Above
N	No	66993058697	FLUTICASONE PROPIONATE/SALMETEROL DISKUS	60	\$2.08000	\$2.80148	(26%-50%) Below
N	No	66993059402	AMPHETAMINE/DEXTROAMPHETAMINE	81	\$1.10642	\$0.55836	76%-100% Above
N	No	66993059402	AMPHETAMINE/DEXTROAMPHETAMINE	180	\$0.66261	\$0.90969	(26%-50%) Below
N	No	66993059502	AMPHETAMINE/DEXTROAMPHETAMINE	510	\$0.66261	\$0.56921	10%-25% Above
N	No	66993059602	AMPHETAMINE/DEXTROAMPHETAMINE	330	\$0.75130	\$0.60399	10%-25% Above
N	No	66993059702	AMPHETAMINE/DEXTROAMPHETAMINE	868	\$0.68767	\$0.60480	10%-25% Above
N	No	66993059802	AMPHETAMINE/DEXTROAMPHETAMINE	120	\$0.66267	\$0.56816	10%-25% Above
N	No	66993059902	AMPHETAMINE/DEXTROAMPHETAMINE	630	\$0.80686	\$0.65912	10%-25% Above
N	No	66993060536	ETONOGESTREL/ETHINYL ESTRADIOL	9	\$117.02667	\$73.35953	51%-75% Above

**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	66993060536	ETONOGESTREL/ETHINYL ESTRADIOL	7	\$96.73143	\$74.95745	26%-50% Above
N	No	66993072757	SULFAMETHOXAZOLE/TRIMETHO PRIM	485	\$0.09460	\$0.05794	51%-75% Above
N	No	66993072757	SULFAMETHOXAZOLE/TRIMETHO PRIM	960	\$0.09292	\$0.05975	51%-75% Above
N	No	66993073002	DEXAMETHASONE	33	\$0.73182	\$0.34465	101%-200% Above
N	No	66993073002	DEXAMETHASONE	61	\$0.81836	\$0.38690	101%-200% Above
N	No	66993093661	METRONIDAZOLE	60	\$3.00633	\$0.86370	200% Above
N	No	66993096045	METRONIDAZOLE	135	\$1.41496	\$0.53078	101%-200% Above
N	No	67877012405	SILVER SULFADIAZINE	100	\$0.18390	\$0.14344	26%-50% Above
N	No	67877012425	SILVER SULFADIAZINE	100	\$0.21650	\$0.19020	10%-25% Above
N	No	67877012440	SILVER SULFADIAZINE	400	\$0.11368	\$0.08325	26%-50% Above
N	No	67877012450	SILVER SULFADIAZINE	200	\$0.23305	\$0.14344	51%-75% Above
N	Yes	67877012450	SILVER SULFADIAZINE	50	\$0.04540	\$0.14344	(51%-75%) Below
N	No	67877012485	SILVER SULFADIAZINE	85	\$0.10812	\$0.13579	(10%-25%) Below
N	No	67877014601	TEMAZEPAM	150	\$0.27887	\$0.07429	200% Above
N	No	67877014605	TEMAZEPAM	60	\$0.28983	\$0.07307	200% Above
N	No	67877014605	TEMAZEPAM	30	\$0.22000	\$0.07429	101%-200% Above
N	No	67877014701	TEMAZEPAM	60	\$0.37433	\$0.08219	200% Above
N	No	67877014701	TEMAZEPAM	210	\$0.36048	\$0.09045	200% Above
N	No	67877014705	TEMAZEPAM	90	\$0.47133	\$0.09045	200% Above
N	Yes	67877014705	TEMAZEPAM	30	\$0.40633	\$0.09045	200% Above
N	No	67877014801	TEMAZEPAM	30	\$1.04167	\$1.39950	(26%-50%) Below
N	No	67877015901	METFORMIN HYDROCHLORIDE ER	17880	\$0.01670	\$0.03126	(26%-50%) Below
N	No	67877015901	METFORMIN HYDROCHLORIDE ER	13005	\$0.01670	\$0.03299	(26%-50%) Below
N	No	67877015905	METFORMIN HYDROCHLORIDE ER	690	\$0.24300	\$0.03126	200% Above
N	No	67877015905	METFORMIN HYDROCHLORIDE ER	60	\$0.11150	\$0.03299	200% Above
Y	No	67877015905	METFORMIN HYDROCHLORIDE ER	810	\$0.18164	\$0.03126	200% Above
Y	No	67877015905	METFORMIN HYDROCHLORIDE ER	900	\$0.16381	\$0.03299	200% Above
Y	Yes	67877015905	METFORMIN HYDROCHLORIDE ER	720	\$0.15953	\$0.03299	200% Above
N	No	67877019705	AMLODIPINE BESYLATE	120	\$0.31325	\$0.01269	200% Above

**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	67877019705	AMLODIPINE BESYLATE	210	\$0.23357	\$0.01298	200% Above
N	Yes	67877019705	AMLODIPINE BESYLATE	90	\$0.09022	\$0.01269	200% Above
N	Yes	67877019705	AMLODIPINE BESYLATE	30	\$0.00667	\$0.01298	(26%-50%) Below
N	No	67877019710	AMLODIPINE BESYLATE	75	\$0.15893	\$0.01269	200% Above
N	No	67877019710	AMLODIPINE BESYLATE	300	\$0.14643	\$0.01298	200% Above
N	No	67877019790	AMLODIPINE BESYLATE	210	\$0.14014	\$0.01269	200% Above
N	No	67877019790	AMLODIPINE BESYLATE	90	\$0.13344	\$0.01298	200% Above
N	No	67877019805	AMLODIPINE BESYLATE	1485	\$0.25748	\$0.01054	200% Above
N	No	67877019805	AMLODIPINE BESYLATE	1621	\$0.24397	\$0.01085	200% Above
N	Yes	67877019805	AMLODIPINE BESYLATE	120	\$0.28542	\$0.01054	200% Above
N	Yes	67877019805	AMLODIPINE BESYLATE	210	\$0.26633	\$0.01085	200% Above
N	No	67877019810	AMLODIPINE BESYLATE	390	\$0.20613	\$0.01054	200% Above
N	No	67877019810	AMLODIPINE BESYLATE	1201	\$0.22463	\$0.01085	200% Above
N	Yes	67877019810	AMLODIPINE BESYLATE	60	\$0.12033	\$0.01054	200% Above
N	Yes	67877019810	AMLODIPINE BESYLATE	90	\$0.21022	\$0.01085	200% Above
N	No	67877019890	AMLODIPINE BESYLATE	120	\$0.31167	\$0.01054	200% Above
N	No	67877019890	AMLODIPINE BESYLATE	90	\$0.20567	\$0.01085	200% Above
N	No	67877019905	AMLODIPINE BESYLATE	388	\$0.23603	\$0.01476	200% Above
N	No	67877019905	AMLODIPINE BESYLATE	510	\$0.25976	\$0.01527	200% Above
N	Yes	67877019905	AMLODIPINE BESYLATE	90	\$0.15900	\$0.01476	200% Above
N	Yes	67877019905	AMLODIPINE BESYLATE	120	\$0.09575	\$0.01527	200% Above
N	No	67877019910	AMLODIPINE BESYLATE	270	\$0.27011	\$0.01476	200% Above
N	No	67877019910	AMLODIPINE BESYLATE	60	\$0.34483	\$0.01527	200% Above
N	Yes	67877019910	AMLODIPINE BESYLATE	30	\$0.23167	\$0.01476	200% Above
N	Yes	67877019910	AMLODIPINE BESYLATE	90	\$0.06778	\$0.01527	200% Above
N	No	67877019990	AMLODIPINE BESYLATE	90	\$0.28789	\$0.01476	200% Above
N	No	67877019990	AMLODIPINE BESYLATE	60	\$0.21900	\$0.01527	200% Above
N	No	67877021520	CEFUROXIME AXETIL	74	\$0.63284	\$0.31143	101%-200% Above
N	No	67877021520	CEFUROXIME AXETIL	26	\$0.41346	\$0.32060	26%-50% Above
N	No	67877021560	CEFUROXIME AXETIL	28	\$0.99321	\$0.32060	200% Above
N	Yes	67877021560	CEFUROXIME AXETIL	14	\$1.63857	\$0.31143	200% Above
N	No	67877021620	CEFUROXIME AXETIL	100	\$0.72450	\$0.49697	26%-50% Above
N	No	67877021660	CEFUROXIME AXETIL	38	\$1.70579	\$0.47293	200% Above
N	No	67877021660	CEFUROXIME AXETIL	116	\$2.04957	\$0.49697	200% Above
N	No	67877021901	CEPHALEXIN	28	\$0.77750	\$0.13417	200% Above
N	No	67877021905	CEPHALEXIN	948	\$0.55690	\$0.13417	200% Above
N	No	67877021905	CEPHALEXIN	726	\$0.51303	\$0.14194	200% Above
N	Yes	67877021905	CEPHALEXIN	28	\$0.40857	\$0.13417	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	Yes	67877021905	CEPHALEXIN	20	\$0.39850	\$0.14194	101%-200% Above
Y	No	67877021905	CEPHALEXIN	180	\$0.27422	\$0.14194	76%-100% Above
N	No	67877022001	CEPHALEXIN	75	\$0.45707	\$0.09099	200% Above
N	No	67877022005	CEPHALEXIN	30	\$0.58067	\$0.08774	200% Above
N	No	67877022205	GABAPENTIN	90	\$0.16456	\$0.02469	200% Above
N	No	67877022205	GABAPENTIN	396	\$0.15374	\$0.02583	200% Above
N	No	67877022210	GABAPENTIN	90	\$0.20444	\$0.02583	200% Above
N	No	67877022301	GABAPENTIN	180	\$0.13756	\$0.04077	200% Above
N	No	67877022301	GABAPENTIN	90	\$0.13756	\$0.04095	200% Above
Y	No	67877022301	GABAPENTIN	180	\$0.19411	\$0.04077	200% Above
N	No	67877022305	GABAPENTIN	150	\$0.10847	\$0.04077	101%-200% Above
N	No	67877022310	GABAPENTIN	240	\$0.18121	\$0.04077	200% Above
N	No	67877022310	GABAPENTIN	240	\$0.16813	\$0.04095	200% Above
N	No	67877022401	GABAPENTIN	30	\$0.04433	\$0.05443	(10%-25%) Below
N	No	67877022401	GABAPENTIN	120	\$0.11042	\$0.06067	76%-100% Above
N	No	67877022405	GABAPENTIN	180	\$0.29039	\$0.06067	200% Above
N	No	67877022501	MYCOPHENOLATE MOFETIL	282	\$1.16394	\$0.26815	200% Above
N	No	67877022501	MYCOPHENOLATE MOFETIL	120	\$1.45425	\$0.28356	200% Above
N	No	67877024201	QUETIAPINE FUMARATE	375	\$0.22485	\$0.03177	200% Above
N	No	67877024201	QUETIAPINE FUMARATE	390	\$0.30959	\$0.03234	200% Above
N	Yes	67877024201	QUETIAPINE FUMARATE	60	\$0.21450	\$0.03177	200% Above
N	No	67877024210	QUETIAPINE FUMARATE	180	\$0.29650	\$0.03177	200% Above
N	No	67877024601	QUETIAPINE FUMARATE	180	\$0.77028	\$0.10557	200% Above
N	No	67877024601	QUETIAPINE FUMARATE	162	\$0.75160	\$0.10685	200% Above
N	No	67877024610	QUETIAPINE FUMARATE	60	\$0.36850	\$0.10557	200% Above
Y	No	67877024710	QUETIAPINE FUMARATE	180	\$0.43400	\$0.14038	200% Above
N	No	67877024760	QUETIAPINE FUMARATE	30	\$1.02000	\$0.14038	200% Above
N	No	67877024760	QUETIAPINE FUMARATE	120	\$0.83425	\$0.14762	200% Above
N	No	67877024801	QUETIAPINE FUMARATE	60	\$1.22000	\$0.17770	200% Above
N	No	67877024810	QUETIAPINE FUMARATE	60	\$1.22000	\$0.18041	200% Above
N	No	67877024901	QUETIAPINE FUMARATE	30	\$0.23533	\$0.04043	200% Above
N	No	67877024901	QUETIAPINE FUMARATE	210	\$0.28852	\$0.04120	200% Above
N	No	67877024910	QUETIAPINE FUMARATE	60	\$0.53250	\$0.04043	200% Above
N	No	67877024910	QUETIAPINE FUMARATE	150	\$0.17593	\$0.04120	200% Above
N	Yes	67877024910	QUETIAPINE FUMARATE	30	\$0.02500	\$0.04043	(26%-50%) Below
Y	No	67877024910	QUETIAPINE FUMARATE	90	\$0.13111	\$0.04120	200% Above



Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	67877025001	QUETIAPINE FUMARATE	90	\$0.58489	\$0.05328	200% Above
N	No	67877025001	QUETIAPINE FUMARATE	510	\$0.37424	\$0.05603	200% Above
N	Yes	67877025001	QUETIAPINE FUMARATE	30	\$0.04367	\$0.05603	(10%-25%) Below
N	No	67877025010	QUETIAPINE FUMARATE	90	\$0.36267	\$0.05328	200% Above
N	No	67877025010	QUETIAPINE FUMARATE	120	\$0.36050	\$0.05603	200% Above
N	Yes	67877025010	QUETIAPINE FUMARATE	30	\$0.04167	\$0.05603	(26%-50%) Below
N	No	67877025115	TRIAMCINOLONE ACETONIDE	75	\$0.10613	\$0.14654	(26%-50%) Below
N	No	67877025130	TRIAMCINOLONE ACETONIDE	450	\$0.16509	\$0.11061	26%-50% Above
N	No	67877025130	TRIAMCINOLONE ACETONIDE	450	\$0.20902	\$0.12728	51%-75% Above
N	Yes	67877025130	TRIAMCINOLONE ACETONIDE	120	\$0.17150	\$0.11061	51%-75% Above
N	Yes	67877025130	TRIAMCINOLONE ACETONIDE	30	\$0.19867	\$0.12728	51%-75% Above
N	No	67877025145	TRIAMCINOLONE ACETONIDE	3178	\$0.04676	\$0.03204	26%-50% Above
N	No	67877025145	TRIAMCINOLONE ACETONIDE	6810	\$0.04772	\$0.03298	26%-50% Above
N	No	67877025180	TRIAMCINOLONE ACETONIDE	240	\$0.10058	\$0.05458	76%-100% Above
N	No	67877025180	TRIAMCINOLONE ACETONIDE	400	\$0.11313	\$0.05495	101%-200% Above
N	Yes	67877025180	TRIAMCINOLONE ACETONIDE	80	\$0.12738	\$0.05458	101%-200% Above
N	No	67877026118	RIZATRIPTAN BENZOATE	9	\$5.17778	\$0.44862	200% Above
N	No	67877026118	RIZATRIPTAN BENZOATE	9	\$5.17778	\$0.48354	200% Above
N	No	67877026218	RIZATRIPTAN BENZOATE	76	\$2.84289	\$0.34033	200% Above
N	No	67877026218	RIZATRIPTAN BENZOATE	96	\$2.84635	\$0.35836	200% Above
N	Yes	67877026218	RIZATRIPTAN BENZOATE	20	\$3.42900	\$0.35836	200% Above
N	No	67877028810	FINASTERIDE	97	\$0.36412	\$0.07307	200% Above
N	No	67877028810	FINASTERIDE	75	\$0.54800	\$0.07491	200% Above
Y	No	67877028810	FINASTERIDE	270	\$0.15111	\$0.07491	101%-200% Above
Y	Yes	67877028810	FINASTERIDE	90	\$0.38833	\$0.07491	200% Above
N	No	67877029860	CHOLESTYRAMINE	90	\$0.50000	\$0.67696	(26%-50%) Below
N	No	67877029860	CHOLESTYRAMINE	60	\$1.99983	\$0.72453	101%-200% Above
N	No	67877031715	TRIAMCINOLONE ACETONIDE	15	\$0.07600	\$0.13363	(26%-50%) Below
N	No	67877031745	TRIAMCINOLONE ACETONIDE	454	\$0.01652	\$0.03527	(51%-75%) Below
N	No	67877031780	TRIAMCINOLONE ACETONIDE	80	\$0.09475	\$0.05627	51%-75% Above
N	No	67877031780	TRIAMCINOLONE ACETONIDE	80	\$0.09875	\$0.06135	51%-75% Above
N	No	67877031815	TRIAMCINOLONE ACETONIDE	30	\$0.28467	\$0.22335	26%-50% Above
N	No	67877031815	TRIAMCINOLONE ACETONIDE	75	\$0.31160	\$0.24231	26%-50% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	67877031901	IBUPROFEN	45	\$0.09178	\$0.04789	76%-100% Above
N	No	67877031901	IBUPROFEN	120	\$0.09167	\$0.05181	76%-100% Above
N	No	67877031905	IBUPROFEN	9	\$0.11778	\$0.05181	101%-200% Above
N	No	67877032001	IBUPROFEN	70	\$0.08900	\$0.05354	51%-75% Above
N	Yes	67877032001	IBUPROFEN	30	\$0.17300	\$0.05354	200% Above
N	No	67877032005	IBUPROFEN	1139	\$0.09854	\$0.05354	76%-100% Above
N	No	67877032005	IBUPROFEN	1289	\$0.09158	\$0.05395	51%-75% Above
N	No	67877032101	IBUPROFEN	21	\$0.32333	\$0.06648	200% Above
N	No	67877032105	IBUPROFEN	5725	\$0.11928	\$0.06514	76%-100% Above
N	No	67877032105	IBUPROFEN	6989	\$0.11783	\$0.06648	76%-100% Above
N	Yes	67877032105	IBUPROFEN	50	\$0.09560	\$0.06514	26%-50% Above
N	Yes	67877032105	IBUPROFEN	71	\$0.11282	\$0.06648	51%-75% Above
Y	No	67877032105	IBUPROFEN	270	\$0.12067	\$0.06648	76%-100% Above
N	No	67877039230	NEBIVOLOL HYDROCHLORIDE	30	\$1.27433	\$0.20599	200% Above
N	No	67877041301	METFORMIN HYDROCHLORIDE ER	30	\$0.02467	\$0.03126	(10%-25%) Below
N	No	67877041305	METFORMIN HYDROCHLORIDE ER	120	\$0.35433	\$0.03126	200% Above
Y	No	67877041305	METFORMIN HYDROCHLORIDE ER	360	\$0.10133	\$0.03126	200% Above
N	No	67877041401	METFORMIN HYDROCHLORIDE ER	450	\$0.28084	\$0.06457	200% Above
N	No	67877041401	METFORMIN HYDROCHLORIDE ER	510	\$0.16641	\$0.06777	101%-200% Above
N	Yes	67877041401	METFORMIN HYDROCHLORIDE ER	90	\$0.30522	\$0.06457	200% Above
N	Yes	67877041401	METFORMIN HYDROCHLORIDE ER	120	\$0.36358	\$0.06777	200% Above
N	No	67877041920	LINEZOLID	56	\$1.47714	\$1.86737	(10%-25%) Below
N	No	67877042260	CHOLESTYRAMINE LIGHT	60	\$0.37533	\$1.08309	(51%-75%) Below
N	No	67877042805	GABAPENTIN	150	\$0.12467	\$0.09614	26%-50% Above
N	No	67877043003	ARIPIRAZOLE	240	\$0.40638	\$0.12925	200% Above
N	No	67877043003	ARIPIRAZOLE	300	\$0.51857	\$0.13222	200% Above
N	No	67877043103	ARIPIRAZOLE	120	\$0.33833	\$0.12060	101%-200% Above
N	No	67877043103	ARIPIRAZOLE	360	\$0.41222	\$0.14416	101%-200% Above

**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	67877043105	ARIPIRAZOLE	90	\$0.29144	\$0.14416	101%-200% Above
N	No	67877043203	ARIPIRAZOLE	180	\$0.24494	\$0.11607	101%-200% Above
N	No	67877043203	ARIPIRAZOLE	157	\$0.64427	\$0.13140	200% Above
N	No	67877043303	ARIPIRAZOLE	30	\$0.12200	\$0.19686	(26%-50%) Below
N	No	67877043503	ARIPIRAZOLE	30	\$0.16967	\$0.21756	(10%-25%) Below
N	No	67877043990	ROSUVASTATIN CALCIUM	90	\$0.40189	\$0.04537	200% Above
N	No	67877043990	ROSUVASTATIN CALCIUM	150	\$0.36927	\$0.04774	200% Above
N	No	67877044005	ROSUVASTATIN CALCIUM	30	\$0.48900	\$0.05258	200% Above
N	No	67877044690	OLMESARTAN MEDOXOMIL	60	\$0.64667	\$0.08628	200% Above
N	No	67877044790	OLMESARTAN MEDOXOMIL	14	\$0.53571	\$0.12428	200% Above
N	No	67877044790	OLMESARTAN MEDOXOMIL	90	\$0.75856	\$0.12902	200% Above
N	No	67877045590	FINASTERIDE	210	\$0.46624	\$0.03644	200% Above
N	No	67877045590	FINASTERIDE	90	\$0.65900	\$0.04190	200% Above
N	No	67877045912	CAPECITABINE	84	\$5.97548	\$0.54794	200% Above
N	No	67877046390	PREGABALIN	60	\$0.86333	\$0.05725	200% Above
N	No	67877046490	PREGABALIN	30	\$0.03367	\$0.06258	(26%-50%) Below
N	No	67877046590	PREGABALIN	30	\$0.04000	\$0.05835	(26%-50%) Below
N	No	67877046790	PREGABALIN	30	\$0.28033	\$0.07266	200% Above
N	No	67877046790	PREGABALIN	30	\$0.28033	\$0.08244	200% Above
N	No	67877048230	TELMISARTAN	90	\$0.88622	\$0.16401	200% Above
N	No	67877048230	TELMISARTAN	60	\$1.22567	\$0.16815	200% Above
N	No	67877048330	TELMISARTAN	30	\$0.16667	\$0.24114	(26%-50%) Below
N	No	67877048330	TELMISARTAN	30	\$0.46667	\$0.24945	76%-100% Above
N	No	67877048430	TELMISARTAN	90	\$1.13067	\$0.16269	200% Above
N	No	67877048430	TELMISARTAN	120	\$1.39442	\$0.18033	200% Above
N	No	67877049005	EZETIMIBE	390	\$0.19500	\$0.08096	101%-200% Above
N	No	67877049005	EZETIMIBE	360	\$0.13353	\$0.08767	51%-75% Above
Y	No	67877049005	EZETIMIBE	630	\$0.32379	\$0.08096	200% Above
Y	No	67877049005	EZETIMIBE	180	\$0.23956	\$0.08767	101%-200% Above
Y	Yes	67877049005	EZETIMIBE	180	\$0.36956	\$0.08767	200% Above
N	No	67877049030	EZETIMIBE	30	\$0.03767	\$0.08096	(51%-75%) Below
N	No	67877049030	EZETIMIBE	120	\$0.34008	\$0.08767	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	67877049090	EZETIMIBE	480	\$0.06485	\$0.08096	(10%-25%) Below
N	No	67877049090	EZETIMIBE	150	\$0.20520	\$0.08767	101%-200% Above
N	No	67877051110	ATORVASTATIN CALCIUM	690	\$0.40754	\$0.03066	200% Above
N	No	67877051110	ATORVASTATIN CALCIUM	1260	\$0.36656	\$0.03114	200% Above
N	Yes	67877051110	ATORVASTATIN CALCIUM	60	\$0.40033	\$0.03066	200% Above
N	Yes	67877051110	ATORVASTATIN CALCIUM	30	\$0.33867	\$0.03114	200% Above
N	No	67877051190	ATORVASTATIN CALCIUM	30	\$0.23367	\$0.03114	200% Above
N	No	67877051205	ATORVASTATIN CALCIUM	90	\$0.33333	\$0.03755	200% Above
N	No	67877051205	ATORVASTATIN CALCIUM	60	\$0.13517	\$0.04061	200% Above
N	No	67877051210	ATORVASTATIN CALCIUM	1327	\$0.36852	\$0.03755	200% Above
N	No	67877051210	ATORVASTATIN CALCIUM	1560	\$0.39298	\$0.04061	200% Above
N	Yes	67877051210	ATORVASTATIN CALCIUM	60	\$0.43500	\$0.03755	200% Above
N	Yes	67877051210	ATORVASTATIN CALCIUM	30	\$0.39433	\$0.04061	200% Above
N	No	67877051290	ATORVASTATIN CALCIUM	60	\$0.14783	\$0.04061	200% Above
N	Yes	67877051305	ATORVASTATIN CALCIUM	30	\$0.04300	\$0.05653	(10%-25%) Below
N	No	67877051390	ATORVASTATIN CALCIUM	60	\$0.15700	\$0.05376	101%-200% Above
N	No	67877051390	ATORVASTATIN CALCIUM	90	\$0.47933	\$0.05653	200% Above
N	Yes	67877051390	ATORVASTATIN CALCIUM	30	\$0.03900	\$0.05653	(26%-50%) Below
N	No	67877051405	ATORVASTATIN CALCIUM	90	\$0.20467	\$0.08531	101%-200% Above
N	No	67877051405	ATORVASTATIN CALCIUM	510	\$0.56716	\$0.09096	200% Above
N	No	67877051490	ATORVASTATIN CALCIUM	30	\$0.16000	\$0.08531	76%-100% Above
N	No	67877051490	ATORVASTATIN CALCIUM	120	\$0.19042	\$0.09096	101%-200% Above
N	No	67877052730	SOLIFENACIN SUCCINATE	60	\$0.05700	\$0.21014	(51%-75%) Below
N	No	67877052890	SOLIFENACIN SUCCINATE	30	\$0.26700	\$0.20241	26%-50% Above
N	No	67877054360	CEFDINIR	582	\$1.29199	\$0.49194	101%-200% Above
N	No	67877054360	CEFDINIR	450	\$1.41222	\$0.50459	101%-200% Above
N	Yes	67877054360	CEFDINIR	122	\$0.99131	\$0.49194	101%-200% Above
N	No	67877054488	CEPHALEXIN	200	\$0.06000	\$0.09865	(26%-50%) Below
N	No	67877054568	CEPHALEXIN	1000	\$0.14175	\$0.07406	76%-100% Above
N	No	67877054568	CEPHALEXIN	1000	\$0.12282	\$0.07549	51%-75% Above
N	No	67877054588	CEPHALEXIN	700	\$0.12773	\$0.07874	51%-75% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	67877054588	CEPHALEXIN	400	\$0.15998	\$0.09785	51%-75% Above
N	No	67877054788	CEFDINIR	100	\$0.08630	\$0.11886	(26%-50%) Below
N	No	67877054798	CEFDINIR	120	\$0.31108	\$0.12883	101%-200% Above
N	No	67877054798	CEFDINIR	180	\$0.31067	\$0.13140	101%-200% Above
N	Yes	67877054798	CEFDINIR	60	\$0.09950	\$0.12883	(10%-25%) Below
N	No	67877054888	CEFDINIR	400	\$0.35565	\$0.16924	101%-200% Above
N	No	67877054888	CEFDINIR	200	\$0.23680	\$0.17234	26%-50% Above
N	No	67877054898	CEFDINIR	780	\$0.24610	\$0.16885	26%-50% Above
N	No	67877054898	CEFDINIR	420	\$0.28714	\$0.17026	51%-75% Above
N	No	67877056110	METFORMIN HYDROCHLORIDE	2700	\$0.14309	\$0.01613	200% Above
N	No	67877056110	METFORMIN HYDROCHLORIDE	2100	\$0.17156	\$0.01678	200% Above
N	Yes	67877056110	METFORMIN HYDROCHLORIDE	180	\$0.10300	\$0.01613	200% Above
N	Yes	67877056110	METFORMIN HYDROCHLORIDE	210	\$0.11200	\$0.01678	200% Above
N	No	67877056205	METFORMIN HYDROCHLORIDE	60	\$0.12350	\$0.02761	200% Above
N	No	67877056305	METFORMIN HYDROCHLORIDE	60	\$0.01983	\$0.02691	(26%-50%) Below
N	No	67877056310	METFORMIN HYDROCHLORIDE	824	\$0.26141	\$0.02637	200% Above
N	No	67877056310	METFORMIN HYDROCHLORIDE	1020	\$0.25053	\$0.02691	200% Above
N	No	67877058901	COLCHICINE	90	\$1.23311	\$0.28534	200% Above
N	No	67877058901	COLCHICINE	40	\$1.63325	\$0.31236	200% Above
N	No	67877059001	METOPROLOL SUCCINATE ER	855	\$0.10101	\$0.07422	26%-50% Above
N	No	67877059001	METOPROLOL SUCCINATE ER	660	\$0.22055	\$0.07937	101%-200% Above
N	Yes	67877059001	METOPROLOL SUCCINATE ER	30	\$0.61900	\$0.07937	200% Above
N	No	67877059005	METOPROLOL SUCCINATE ER	90	\$0.57311	\$0.07937	200% Above
N	No	67877059101	METOPROLOL SUCCINATE ER	795	\$0.09657	\$0.07290	26%-50% Above
N	No	67877059101	METOPROLOL SUCCINATE ER	570	\$0.11582	\$0.07734	26%-50% Above
N	No	67877059105	METOPROLOL SUCCINATE ER	90	\$0.42411	\$0.07734	200% Above
N	Yes	67877059105	METOPROLOL SUCCINATE ER	30	\$0.02767	\$0.07290	(51%-75%) Below
N	Yes	67877059105	METOPROLOL SUCCINATE ER	30	\$0.46200	\$0.07734	200% Above
N	No	67877059201	METOPROLOL SUCCINATE ER	45	\$0.61289	\$0.13342	200% Above
N	No	67877061015	TIZANIDINE HYDROCHLORIDE	28	\$1.14107	\$0.09305	200% Above
N	No	67877063830	LURASIDONE HYDROCHLORIDE	30	\$0.35833	\$0.20014	76%-100% Above
N	No	67877063830	LURASIDONE HYDROCHLORIDE	60	\$0.35833	\$0.22711	51%-75% Above
N	Yes	67877063830	LURASIDONE HYDROCHLORIDE	45	\$0.11933	\$0.22711	(26%-50%) Below

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	67877063930	LURASIDONE HYDROCHLORIDE	60	\$0.92350	\$0.31797	101%-200% Above
N	No	67877064030	LURASIDONE HYDROCHLORIDE	60	\$3.08050	\$0.41582	200% Above
N	No	67877064130	LURASIDONE HYDROCHLORIDE	30	\$0.99367	\$0.49233	101%-200% Above
N	No	67877064230	LURASIDONE HYDROCHLORIDE	30	\$1.14400	\$0.74117	51%-75% Above
N	No	67877064230	LURASIDONE HYDROCHLORIDE	75	\$1.14400	\$0.77940	26%-50% Above
N	No	67877067001	MORPHINE SULFATE	10	\$0.22400	\$0.26765	(10%-25%) Below
N	No	67877069601	CHLORTHALIDONE	825	\$0.29017	\$0.08635	200% Above
N	No	67877069601	CHLORTHALIDONE	525	\$0.27112	\$0.09306	101%-200% Above
N	Yes	67877069601	CHLORTHALIDONE	90	\$0.29000	\$0.08635	200% Above
N	Yes	67877069601	CHLORTHALIDONE	45	\$0.35778	\$0.09306	200% Above
N	No	67877069610	CHLORTHALIDONE	105	\$0.32981	\$0.09306	200% Above
N	No	67877069701	CHLORTHALIDONE	150	\$0.23907	\$0.12579	76%-100% Above
N	Yes	67877069701	CHLORTHALIDONE	30	\$0.62400	\$0.12579	200% Above
N	No	67877071712	MESALAMINE ER	720	\$1.15119	\$0.88950	26%-50% Above
N	No	67877071712	MESALAMINE ER	120	\$1.53000	\$0.91416	51%-75% Above
N	No	67877073360	LACOSAMIDE	60	\$0.09983	\$0.19025	(26%-50%) Below
N	Yes	67877075360	DRONABINOL	60	\$3.52483	\$1.29737	101%-200% Above
N	Yes	67877075460	DRONABINOL	60	\$6.11000	\$2.66958	101%-200% Above
N	No	67877075601	NIFEDIPINE ER	240	\$0.55521	\$0.28202	76%-100% Above
N	No	67877075601	NIFEDIPINE ER	360	\$0.55525	\$0.30514	76%-100% Above
N	No	67877075701	NIFEDIPINE ER	180	\$0.20244	\$0.14045	26%-50% Above
N	Yes	67877075701	NIFEDIPINE ER	30	\$0.29500	\$0.14045	101%-200% Above
N	No	67877075758	NIFEDIPINE ER	270	\$0.20241	\$0.14045	26%-50% Above
N	No	67877075801	NIFEDIPINE ER	90	\$0.22256	\$0.15395	26%-50% Above
N	No	67877075858	NIFEDIPINE ER	180	\$0.22256	\$0.15395	26%-50% Above
N	No	67877084210	FAMOTIDINE	480	\$0.21588	\$0.03019	200% Above
N	No	67877084210	FAMOTIDINE	90	\$0.10411	\$0.03150	200% Above
Y	No	67877084210	FAMOTIDINE	90	\$0.20067	\$0.03019	200% Above
Y	No	67877084210	FAMOTIDINE	90	\$0.14622	\$0.03150	200% Above
N	No	67877084301	FAMOTIDINE	270	\$0.36311	\$0.05666	200% Above
N	No	67877084301	FAMOTIDINE	80	\$0.58688	\$0.05845	200% Above
N	No	67877084305	FAMOTIDINE	120	\$0.06858	\$0.05666	10%-25% Above
N	No	67877084305	FAMOTIDINE	210	\$0.06852	\$0.05845	10%-25% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
Y	No	67877084305	FAMOTIDINE	90	\$0.26078	\$0.05845	200% Above
N	No	68001000501	METHYLPREDNISOLONE DOSE PACK	168	\$0.57256	\$0.14299	200% Above
N	No	68001000501	METHYLPREDNISOLONE DOSE PACK	168	\$0.57274	\$0.14829	200% Above
N	Yes	68001000501	METHYLPREDNISOLONE DOSE PACK	42	\$0.47524	\$0.14299	200% Above
N	Yes	68001000501	METHYLPREDNISOLONE DOSE PACK	21	\$0.11571	\$0.14829	(10%-25%) Below
N	No	68001011203	LANSOPRAZOLE	30	\$0.69133	\$0.11231	200% Above
N	No	68001013000	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	30	\$0.08467	\$0.13756	(26%-50%) Below
N	No	68001013400	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	30	\$0.46667	\$0.12674	200% Above
N	No	68001015103	CARVEDIOL	176	\$0.19926	\$0.02287	200% Above
N	No	68001015103	CARVEDIOL	60	\$0.13933	\$0.02293	200% Above
N	No	68001015203	CARVEDIOL	480	\$0.16852	\$0.03132	200% Above
N	No	68001015203	CARVEDIOL	525	\$0.20865	\$0.03239	200% Above
N	No	68001015303	CARVEDIOL	60	\$0.17283	\$0.01726	200% Above
N	No	68001015303	CARVEDIOL	120	\$0.13042	\$0.01891	200% Above
N	No	68001015403	CARVEDIOL	60	\$0.17567	\$0.01967	200% Above
N	Yes	68001015403	CARVEDIOL	60	\$0.09783	\$0.01967	200% Above
N	No	68001015504	ANASTROZOLE	8	\$0.74125	\$0.16511	200% Above
N	No	68001015800	VENLAFAXINE HCL	60	\$0.42850	\$0.06162	200% Above
N	No	68001015800	VENLAFAXINE HCL	60	\$0.42850	\$0.07866	200% Above
N	No	68001016100	PROMETHAZINE HCL	60	\$0.05867	\$0.04182	26%-50% Above
N	No	68001016203	PROMETHAZINE HYDROCHLORIDE	36	\$0.03861	\$0.04767	(10%-25%) Below
N	No	68001016203	PROMETHAZINE HYDROCHLORIDE	68	\$0.03897	\$0.04910	(10%-25%) Below
N	No	68001016208	PROMETHAZINE HYDROCHLORIDE	120	\$0.31267	\$0.04767	200% Above
N	No	68001016208	PROMETHAZINE HYDROCHLORIDE	15	\$0.12933	\$0.04910	101%-200% Above
N	No	68001018008	QUETIAPINE FUMARATE	60	\$0.37133	\$0.04120	200% Above
N	No	68001018200	QUETIAPINE FUMARATE	90	\$0.47700	\$0.10557	200% Above
N	No	68001018200	QUETIAPINE FUMARATE	90	\$0.47700	\$0.10685	200% Above
N	No	68001018400	QUETIAPINE FUMARATE	60	\$0.36000	\$0.05603	200% Above
N	No	68001023703	CLONIDINE HYDROCHLORIDE	90	\$0.10167	\$0.02694	200% Above
N	No	68001023703	CLONIDINE HYDROCHLORIDE	30	\$0.17767	\$0.02738	200% Above
N	Yes	68001023703	CLONIDINE HYDROCHLORIDE	120	\$0.05817	\$0.02694	101%-200% Above
N	Yes	68001023703	CLONIDINE HYDROCHLORIDE	90	\$0.16500	\$0.02738	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	68001023803	CLONIDINE HYDROCHLORIDE	30	\$0.29067	\$0.03694	200% Above
N	No	68001024604	ONDANSETRON ODT	155	\$0.66839	\$0.16872	200% Above
N	No	68001024604	ONDANSETRON ODT	120	\$0.92567	\$0.18262	200% Above
N	Yes	68001024604	ONDANSETRON ODT	12	\$0.56000	\$0.16872	200% Above
N	Yes	68001024604	ONDANSETRON ODT	30	\$0.76467	\$0.18262	200% Above
N	No	68001024617	ONDANSETRON ODT	8	\$1.06875	\$0.16872	200% Above
N	No	68001024617	ONDANSETRON ODT	63	\$0.92651	\$0.18262	200% Above
N	No	68001024704	ONDANSETRON ODT	49	\$0.45592	\$0.19708	101%-200% Above
N	No	68001024717	ONDANSETRON ODT	50	\$0.69240	\$0.19708	200% Above
N	Yes	68001024717	ONDANSETRON ODT	30	\$0.74267	\$0.19804	200% Above
N	No	68001024901	ZOLMITRIPTAN	4	\$1.51750	\$0.91403	51%-75% Above
N	No	68001025204	FLUCONAZOLE	4	\$1.02750	\$0.27798	200% Above
N	No	68001025204	FLUCONAZOLE	1	\$0.14000	\$0.32135	(51%-75%) Below
N	No	68001025317	FLUCONAZOLE	6	\$3.82667	\$0.69680	200% Above
N	No	68001025317	FLUCONAZOLE	2	\$3.10500	\$0.82466	200% Above
N	No	68001025404	FLUCONAZOLE	33	\$0.38273	\$0.44418	(10%-25%) Below
N	No	68001025404	FLUCONAZOLE	2	\$0.38500	\$0.45123	(10%-25%) Below
N	No	68001028000	DICLOFENAC SODIUM DR	60	\$0.64900	\$0.09297	200% Above
N	No	68001028008	DICLOFENAC SODIUM DR	120	\$0.17767	\$0.09819	76%-100% Above
N	No	68001028100	DICLOFENAC SODIUM DR	120	\$0.34392	\$0.09223	200% Above
N	No	68001028100	DICLOFENAC SODIUM DR	180	\$0.13317	\$0.09354	26%-50% Above
N	No	68001028103	DICLOFENAC SODIUM DR	120	\$0.20100	\$0.09223	101%-200% Above
N	No	68001028103	DICLOFENAC SODIUM DR	180	\$0.21400	\$0.09354	101%-200% Above
N	No	68001028108	DICLOFENAC SODIUM DR	148	\$0.22615	\$0.09223	101%-200% Above
N	No	68001028108	DICLOFENAC SODIUM DR	150	\$0.26113	\$0.09354	101%-200% Above
N	No	68001031500	LOVASTATIN	28	\$0.00786	\$0.04564	(76%-100%) Below
N	No	68001032700	TRIAMTERENE/HYDROCHLOROT HIAZIDE	615	\$0.03361	\$0.08630	(51%-75%) Below
N	No	68001032703	TRIAMTERENE/HYDROCHLOROT HIAZIDE	105	\$0.07448	\$0.08630	(10%-25%) Below
N	No	68001033203	LISINOPRIL	30	\$0.40267	\$0.01482	200% Above
N	No	68001033300	LISINOPRIL	30	\$0.08200	\$0.01457	200% Above
N	No	68001033300	LISINOPRIL	30	\$0.07733	\$0.01584	200% Above
N	No	68001033308	LISINOPRIL	30	\$0.41200	\$0.01457	200% Above



Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	68001033308	LISINOPRIL	120	\$0.33642	\$0.01584	200% Above
N	Yes	68001033308	LISINOPRIL	60	\$0.08450	\$0.01457	200% Above
N	Yes	68001033308	LISINOPRIL	30	\$0.00833	\$0.01584	(26%-50%) Below
N	No	68001033400	LISINOPRIL	30	\$0.16067	\$0.01838	200% Above
N	No	68001033400	LISINOPRIL	30	\$0.15233	\$0.01910	200% Above
N	No	68001033408	LISINOPRIL	180	\$0.34478	\$0.01838	200% Above
N	No	68001033408	LISINOPRIL	210	\$0.21124	\$0.01910	200% Above
N	Yes	68001033408	LISINOPRIL	90	\$0.11078	\$0.01838	200% Above
N	Yes	68001033408	LISINOPRIL	90	\$0.05811	\$0.01910	200% Above
N	No	68001033500	LISINOPRIL	30	\$0.14633	\$0.02623	200% Above
N	No	68001033508	LISINOPRIL	60	\$0.30367	\$0.02623	200% Above
N	No	68001033508	LISINOPRIL	465	\$0.24204	\$0.02659	200% Above
N	Yes	68001033508	LISINOPRIL	180	\$0.16067	\$0.02623	200% Above
N	Yes	68001033508	LISINOPRIL	60	\$0.16867	\$0.02659	200% Above
N	No	68001033600	LISINOPRIL	30	\$0.46800	\$0.05219	200% Above
N	Yes	68001033600	LISINOPRIL	30	\$0.17233	\$0.05219	200% Above
N	No	68001035603	METOPROLOL SUCCINATE ER	720	\$0.37764	\$0.07422	200% Above
N	No	68001035603	METOPROLOL SUCCINATE ER	630	\$0.56098	\$0.07937	200% Above
N	Yes	68001035603	METOPROLOL SUCCINATE ER	30	\$0.29600	\$0.07422	200% Above
N	Yes	68001035603	METOPROLOL SUCCINATE ER	30	\$0.26200	\$0.07937	200% Above
N	No	68001036103	MONTELUKAST SODIUM	390	\$0.37710	\$0.06442	200% Above
N	No	68001036103	MONTELUKAST SODIUM	120	\$0.46325	\$0.06484	200% Above
N	No	68001036105	MONTELUKAST SODIUM	60	\$0.48800	\$0.06442	200% Above
N	No	68001036206	CEFDINIR	20	\$0.25000	\$0.49194	(26%-50%) Below
N	Yes	68001036206	CEFDINIR	42	\$0.71238	\$0.49194	26%-50% Above
N	No	68001036305	SILDENAFIL CITRATE	6	\$0.84500	\$0.07471	200% Above
N	No	68001036500	METRONIDAZOLE	14	\$0.47286	\$0.11994	200% Above
N	No	68001036500	METRONIDAZOLE	43	\$0.29930	\$0.12576	101%-200% Above
N	Yes	68001036500	METRONIDAZOLE	14	\$0.17000	\$0.11994	26%-50% Above
N	No	68001036503	METRONIDAZOLE	44	\$0.22205	\$0.12576	76%-100% Above
N	No	68001038100	LABETALOL HYDROCHLORIDE	120	\$0.20508	\$0.10518	76%-100% Above
N	No	68001038100	LABETALOL HYDROCHLORIDE	60	\$0.14550	\$0.11764	10%-25% Above
N	No	68001038303	LABETALOL HYDROCHLORIDE	60	\$0.16333	\$0.21568	(10%-25%) Below
N	No	68001039603	POTASSIUM CHLORIDE ER	30	\$0.09067	\$0.12948	(26%-50%) Below
N	No	68001039708	FAMOTIDINE	30	\$0.20533	\$0.03019	200% Above

**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	68001039803	FAMOTIDINE	90	\$0.10078	\$0.05666	76%-100% Above
N	No	68001039803	FAMOTIDINE	210	\$0.19548	\$0.05845	200% Above
N	No	68001039900	FLUOXETINE HYDROCHLORIDE	90	\$0.07656	\$0.03483	101%-200% Above
N	No	68001039900	FLUOXETINE HYDROCHLORIDE	220	\$0.26918	\$0.03492	200% Above
N	No	68001039908	FLUOXETINE HYDROCHLORIDE	30	\$0.54667	\$0.03483	200% Above
N	Yes	68001040000	FLUOXETINE HYDROCHLORIDE	60	\$0.02200	\$0.03103	(26%-50%) Below
N	Yes	68001040000	FLUOXETINE HYDROCHLORIDE	60	\$0.02200	\$0.03128	(26%-50%) Below
N	No	68001040008	FLUOXETINE HYDROCHLORIDE	270	\$0.24570	\$0.03103	200% Above
N	No	68001040008	FLUOXETINE HYDROCHLORIDE	120	\$0.17000	\$0.03128	200% Above
N	Yes	68001040008	FLUOXETINE HYDROCHLORIDE	30	\$0.27467	\$0.03103	200% Above
N	Yes	68001040008	FLUOXETINE HYDROCHLORIDE	60	\$0.12333	\$0.03128	200% Above
N	No	68001040100	FLUOXETINE HYDROCHLORIDE	91	\$0.44780	\$0.07364	200% Above
N	No	68001040103	FLUOXETINE HYDROCHLORIDE	60	\$0.44600	\$0.06988	200% Above
N	No	68001040103	FLUOXETINE HYDROCHLORIDE	90	\$0.18900	\$0.07364	101%-200% Above
N	Yes	68001040103	FLUOXETINE HYDROCHLORIDE	22	\$0.25500	\$0.06988	200% Above
N	Yes	68001040103	FLUOXETINE HYDROCHLORIDE	30	\$0.27167	\$0.07364	200% Above
N	No	68001040303	LEVETIRACETAM	270	\$0.13837	\$0.09126	51%-75% Above
N	No	68001040303	LEVETIRACETAM	60	\$0.05433	\$0.09479	(26%-50%) Below
N	Yes	68001040303	LEVETIRACETAM	60	\$0.22900	\$0.09479	101%-200% Above
N	No	68001040403	LEVETIRACETAM	120	\$0.42617	\$0.14031	200% Above
N	No	68001040407	LEVETIRACETAM	120	\$0.17142	\$0.14031	10%-25% Above
N	No	68001040506	LEVETIRACETAM	120	\$0.23208	\$0.20084	10%-25% Above
N	No	68001041100	GABAPENTIN	30	\$0.33133	\$0.09614	200% Above
N	No	68001041100	GABAPENTIN	30	\$0.24167	\$0.09749	101%-200% Above
N	No	68001041103	GABAPENTIN	60	\$0.08000	\$0.09614	(10%-25%) Below
N	No	68001041103	GABAPENTIN	180	\$0.33417	\$0.09749	200% Above
N	Yes	68001041103	GABAPENTIN	90	\$0.33133	\$0.09614	200% Above
N	No	68001041203	GABAPENTIN	114	\$0.09825	\$0.12667	(10%-25%) Below
N	Yes	68001041203	GABAPENTIN	180	\$0.18672	\$0.12506	26%-50% Above
N	Yes	68001041203	GABAPENTIN	180	\$0.40978	\$0.12667	200% Above
N	No	68001041306	DULOXETINE HYDROCHLORIDE	30	\$0.06333	\$0.09910	(26%-50%) Below
N	Yes	68001041306	DULOXETINE HYDROCHLORIDE	30	\$0.06333	\$0.09786	(26%-50%) Below

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	Yes	68001041306	DULOXETINE HYDROCHLORIDE	30	\$0.06333	\$0.09910	(26%-50%) Below
N	No	68001041408	DULOXETINE HYDROCHLORIDE	30	\$0.38067	\$0.09883	200% Above
N	No	68001041508	DULOXETINE HYDROCHLORIDE	30	\$0.43467	\$0.11250	200% Above
N	No	68001041508	DULOXETINE HYDROCHLORIDE	90	\$0.31478	\$0.11275	101%-200% Above
N	No	68001042300	NITROFURANTOIN MONOHYDRATE/MACROCRYSTALS	44	\$0.90705	\$0.49864	76%-100% Above
N	No	68001042300	NITROFURANTOIN MONOHYDRATE/MACROCRYSTALS	58	\$0.76310	\$0.52826	26%-50% Above
N	No	68001043000	RAMIPRIL	30	\$0.50000	\$0.05000	200% Above
N	No	68001043897	LORATADINE	15	\$0.02600	\$0.05836	(51%-75%) Below
N	No	68001045508	ESCITALOPRAM OXALATE	45	\$0.02800	\$0.04783	(26%-50%) Below
N	No	68001045508	ESCITALOPRAM OXALATE	60	\$0.15433	\$0.04847	200% Above
N	No	68001046142	ENOXAPARIN SODIUM	10	\$13.12500	\$9.56291	26%-50% Above
N	No	68001048608	LISINOPRIL	60	\$0.32033	\$0.04515	200% Above
N	No	68001048608	LISINOPRIL	180	\$0.43167	\$0.04595	200% Above
N	Yes	68001048608	LISINOPRIL	30	\$0.23167	\$0.04595	200% Above
N	No	68001049104	IMATINIB MESYLATE	30	\$16.36433	\$1.87914	200% Above
N	No	68001050103	METOPROLOL SUCCINATE ER	240	\$0.33938	\$0.07290	200% Above
N	No	68001050103	METOPROLOL SUCCINATE ER	135	\$0.25867	\$0.07734	200% Above
N	Yes	68001050103	METOPROLOL SUCCINATE ER	30	\$0.57767	\$0.07734	200% Above
N	No	68001050203	METOPROLOL SUCCINATE ER	30	\$0.43300	\$0.13342	200% Above
N	No	68001050555	POLYETHYLENE GLYCOL 3350	238	\$0.01529	\$0.02465	(26%-50%) Below
N	No	68001050569	POLYETHYLENE GLYCOL 3350	510	\$0.00961	\$0.02059	(51%-75%) Below
N	No	68001050569	POLYETHYLENE GLYCOL 3350	510	\$0.02541	\$0.02119	10%-25% Above
N	No	68001051800	POTASSIUM CHLORIDE ER	30	\$0.36200	\$0.12498	101%-200% Above
N	No	68001051808	POTASSIUM CHLORIDE ER	30	\$0.15500	\$0.12498	10%-25% Above
N	Yes	68001051808	POTASSIUM CHLORIDE ER	30	\$0.15500	\$0.12918	10%-25% Above
N	No	68001051903	BUPROPION HYDROCHLORIDE ER (XL)	30	\$0.43000	\$0.10136	200% Above
N	No	68001051903	BUPROPION HYDROCHLORIDE ER (XL)	150	\$0.35547	\$0.10476	200% Above
N	Yes	68001051903	BUPROPION HYDROCHLORIDE ER (XL)	60	\$0.24833	\$0.10136	101%-200% Above
N	No	68001051904	BUPROPION HYDROCHLORIDE ER (XL)	30	\$0.43000	\$0.10136	200% Above
N	No	68001051905	BUPROPION HYDROCHLORIDE ER (XL)	150	\$0.31780	\$0.10136	200% Above

**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	68001051905	BUPROPION HYDROCHLORIDE ER (XL)	60	\$0.33583	\$0.10476	200% Above
N	Yes	68001051905	BUPROPION HYDROCHLORIDE ER (XL)	60	\$0.24833	\$0.10136	101%-200% Above
N	Yes	68001051905	BUPROPION HYDROCHLORIDE ER (XL)	60	\$0.18900	\$0.10476	76%-100% Above
N	No	68001052003	BUPROPION HYDROCHLORIDE ER (XL)	30	\$0.42233	\$0.16140	101%-200% Above
N	No	68001052003	BUPROPION HYDROCHLORIDE ER (XL)	60	\$0.41267	\$0.18795	101%-200% Above
N	Yes	68001052003	BUPROPION HYDROCHLORIDE ER (XL)	30	\$0.29533	\$0.18795	51%-75% Above
N	No	68001052005	BUPROPION HYDROCHLORIDE ER (XL)	11	\$0.49909	\$0.16140	200% Above
N	No	68001052005	BUPROPION HYDROCHLORIDE ER (XL)	30	\$0.49867	\$0.18795	101%-200% Above
N	No	68001056700	POTASSIUM CHLORIDE ER	14	\$0.12500	\$0.14873	(10%-25%) Below
N	No	68001056703	POTASSIUM CHLORIDE ER	60	\$0.03750	\$0.17134	(76%-100%) Below
N	No	68180011302	LEVETIRACETAM	660	\$0.19232	\$0.09126	101%-200% Above
N	No	68180011302	LEVETIRACETAM	180	\$0.15911	\$0.09479	51%-75% Above
N	No	68180011316	LEVETIRACETAM	60	\$0.15900	\$0.09126	51%-75% Above
N	No	68180011507	LEVETIRACETAM	60	\$0.26300	\$0.20084	26%-50% Above
N	No	68180011507	LEVETIRACETAM	360	\$0.26300	\$0.20132	26%-50% Above
N	No	68180011707	LEVETIRACETAM ER	60	\$1.13183	\$0.17731	200% Above
N	No	68180012101	CEPHALEXIN	29	\$0.31690	\$0.08774	200% Above
N	No	68180012101	CEPHALEXIN	58	\$0.32793	\$0.09099	200% Above
N	No	68180012201	CEPHALEXIN	40	\$0.62750	\$0.13417	200% Above
N	No	68180012201	CEPHALEXIN	69	\$0.70159	\$0.14194	200% Above
N	No	68180012202	CEPHALEXIN	1356	\$0.44619	\$0.13417	200% Above
N	No	68180012202	CEPHALEXIN	1378	\$0.46339	\$0.14194	200% Above
N	Yes	68180012202	CEPHALEXIN	96	\$0.61906	\$0.13417	200% Above
N	Yes	68180012202	CEPHALEXIN	21	\$0.69762	\$0.14194	200% Above
N	No	68180013006	FENOFIBRATE	90	\$0.24856	\$0.34262	(26%-50%) Below
N	No	68180013701	ESCITALOPRAM OXALATE	30	\$0.47933	\$0.04488	200% Above
N	No	68180015301	DESLORATADINE	30	\$0.36967	\$0.31994	10%-25% Above
N	No	68180015301	DESLORATADINE	75	\$0.47000	\$0.33492	26%-50% Above
N	No	68180016011	AZITHROMYCIN	6	\$0.81167	\$0.35827	101%-200% Above
N	No	68180016013	AZITHROMYCIN	6	\$2.27167	\$0.33112	200% Above
N	No	68180016106	AZITHROMYCIN	10	\$2.60400	\$0.62032	200% Above

**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	68180016713	VANCOMYCIN HYDROCHLORIDE	40	\$1.56050	\$2.93045	(26%-50%) Below
N	No	68180018001	CEFADROXIL	54	\$1.38333	\$0.31385	200% Above
N	No	68180018008	CEFADROXIL	14	\$0.94857	\$0.31385	200% Above
N	No	68180019406	TELMISARTAN/HYDROCHLOROTHIAZIDE	90	\$0.19744	\$0.49393	(51%-75%) Below
N	No	68180019506	TELMISARTAN/HYDROCHLOROTHIAZIDE	30	\$1.62900	\$0.57352	101%-200% Above
N	No	68180019506	TELMISARTAN/HYDROCHLOROTHIAZIDE	30	\$1.94433	\$0.59123	200% Above
N	No	68180021460	CYCLOSPORINE	180	\$8.58689	\$2.76711	200% Above
N	No	68180021509	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	120	\$0.29000	\$0.09410	200% Above
N	No	68180021509	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	30	\$0.72733	\$0.10158	200% Above
N	No	68180021709	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	60	\$0.82517	\$0.12695	200% Above
N	No	68180021709	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	60	\$0.58683	\$0.13402	200% Above
N	No	68180023109	FENOFIBRATE	30	\$0.55400	\$0.09635	200% Above
N	No	68180023209	FENOFIBRATE	165	\$0.58576	\$0.13441	200% Above
N	No	68180023209	FENOFIBRATE	90	\$0.60378	\$0.15036	200% Above
N	No	68180026101	DIVALPROEX SODIUM ER	90	\$1.16467	\$0.19643	200% Above
N	Yes	68180026101	DIVALPROEX SODIUM ER	30	\$1.31500	\$0.19643	200% Above
N	No	68180028101	ETHAMBUTOL HYDROCHLORIDE	30	\$1.16567	\$0.56627	101%-200% Above
N	No	68180029603	DULOXETINE HYDROCHLORIDE	60	\$0.85250	\$0.11275	200% Above
N	No	68180031902	BUPROPION HYDROCHLORIDE ER (XL)	4590	\$0.32542	\$0.10136	200% Above
N	No	68180031902	BUPROPION HYDROCHLORIDE ER (XL)	3150	\$0.31558	\$0.10476	200% Above
N	Yes	68180031902	BUPROPION HYDROCHLORIDE ER (XL)	60	\$0.34317	\$0.10136	200% Above
N	Yes	68180031902	BUPROPION HYDROCHLORIDE ER (XL)	120	\$0.69150	\$0.10476	200% Above
N	No	68180031906	BUPROPION HYDROCHLORIDE ER (XL)	150	\$0.63940	\$0.10136	200% Above
N	No	68180031906	BUPROPION HYDROCHLORIDE ER (XL)	150	\$0.51547	\$0.10476	200% Above
N	No	68180031909	BUPROPION HYDROCHLORIDE ER (XL)	1545	\$0.60562	\$0.10136	200% Above
N	No	68180031909	BUPROPION HYDROCHLORIDE ER (XL)	570	\$0.43968	\$0.10476	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	Yes	68180031909	BUPROPION HYDROCHLORIDE ER (XL)	30	\$0.08967	\$0.10136	(10%-25%) Below
N	Yes	68180031909	BUPROPION HYDROCHLORIDE ER (XL)	60	\$0.05983	\$0.10476	(26%-50%) Below
N	No	68180032002	BUPROPION HYDROCHLORIDE ER (XL)	3607	\$0.43954	\$0.16140	101%-200% Above
N	No	68180032002	BUPROPION HYDROCHLORIDE ER (XL)	1973	\$0.47437	\$0.18795	101%-200% Above
N	Yes	68180032002	BUPROPION HYDROCHLORIDE ER (XL)	30	\$0.06967	\$0.16140	(51%-75%) Below
N	Yes	68180032002	BUPROPION HYDROCHLORIDE ER (XL)	90	\$0.40589	\$0.18795	101%-200% Above
N	Yes	68180032006	BUPROPION HYDROCHLORIDE ER (XL)	30	\$0.06900	\$0.18795	(51%-75%) Below
N	No	68180032009	BUPROPION HYDROCHLORIDE ER (XL)	60	\$0.63783	\$0.16140	200% Above
N	No	68180032009	BUPROPION HYDROCHLORIDE ER (XL)	30	\$0.80000	\$0.18795	200% Above
N	Yes	68180032009	BUPROPION HYDROCHLORIDE ER (XL)	30	\$0.06900	\$0.18795	(51%-75%) Below
N	No	68180035103	SERTRALINE HYDROCHLORIDE	240	\$0.31154	\$0.03597	200% Above
N	No	68180035103	SERTRALINE HYDROCHLORIDE	390	\$0.41341	\$0.03816	200% Above
N	No	68180035106	SERTRALINE HYDROCHLORIDE	45	\$0.02511	\$0.03597	(26%-50%) Below
N	No	68180035109	SERTRALINE HYDROCHLORIDE	30	\$0.44767	\$0.03597	200% Above
N	No	68180035202	SERTRALINE HCL	1635	\$0.29494	\$0.04057	200% Above
N	No	68180035202	SERTRALINE HCL	1798	\$0.22192	\$0.04068	200% Above
N	Yes	68180035202	SERTRALINE HCL	120	\$0.22525	\$0.04057	200% Above
N	Yes	68180035202	SERTRALINE HCL	180	\$0.20378	\$0.04068	200% Above
N	No	68180035302	SERTRALINE HYDROCHLORIDE	1778	\$0.28803	\$0.05587	200% Above
N	No	68180035302	SERTRALINE HYDROCHLORIDE	1800	\$0.30997	\$0.05802	200% Above
N	Yes	68180035302	SERTRALINE HYDROCHLORIDE	135	\$0.19185	\$0.05587	200% Above
N	Yes	68180035302	SERTRALINE HYDROCHLORIDE	45	\$0.08333	\$0.05802	26%-50% Above
N	No	68180035306	SERTRALINE HYDROCHLORIDE	90	\$0.27411	\$0.05587	200% Above
N	No	68180035306	SERTRALINE HYDROCHLORIDE	30	\$0.39767	\$0.05802	200% Above
N	No	68180035309	SERTRALINE HYDROCHLORIDE	105	\$0.23943	\$0.05587	200% Above
N	No	68180035309	SERTRALINE HYDROCHLORIDE	255	\$0.35910	\$0.05802	200% Above
N	Yes	68180035309	SERTRALINE HYDROCHLORIDE	60	\$0.02700	\$0.05587	(51%-75%) Below
N	No	68180037603	LOSARTAN POTASSIUM	60	\$0.46233	\$0.03491	200% Above
N	Yes	68180037603	LOSARTAN POTASSIUM	30	\$0.37000	\$0.03331	200% Above
N	No	68180037703	LOSARTAN POTASSIUM	30	\$0.24833	\$0.04465	200% Above
N	No	68180037803	LOSARTAN POTASSIUM	30	\$0.38867	\$0.06234	200% Above
N	No	68180038809	FENOFIBRATE	30	\$0.78967	\$0.09898	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	68180038909	FENOFIBRATE	60	\$1.52167	\$0.12785	200% Above
N	No	68180038909	FENOFIBRATE	30	\$1.41400	\$0.16054	200% Above
N	No	68180039901	CELECOXIB	30	\$0.56767	\$0.10817	200% Above
N	No	68180039901	CELECOXIB	30	\$0.36067	\$0.10988	200% Above
N	No	68180040202	CEFPROZIL	75	\$0.48187	\$0.22886	101%-200% Above
N	No	68180040203	CEFPROZIL	100	\$0.43510	\$0.19759	101%-200% Above
N	No	68180040203	CEFPROZIL	100	\$0.50230	\$0.21445	101%-200% Above
N	No	68180040401	CEFPROZIL	20	\$3.94950	\$0.96958	200% Above
N	No	68180042201	MOXIFLOXACIN HYDROCHLORIDE	3	\$3.33333	\$2.44541	26%-50% Above
N	No	68180042308	CEFIXIME	4	\$15.75500	\$10.76080	26%-50% Above
N	No	68180044001	CEPHALEXIN	100	\$0.16470	\$0.07640	101%-200% Above
N	No	68180044001	CEPHALEXIN	300	\$0.12543	\$0.09865	26%-50% Above
N	No	68180044101	CEPHALEXIN	600	\$0.13580	\$0.07874	51%-75% Above
N	No	68180044101	CEPHALEXIN	500	\$0.07524	\$0.09785	(10%-25%) Below
N	No	68180044102	CEPHALEXIN	600	\$0.14480	\$0.07406	76%-100% Above
N	No	68180044102	CEPHALEXIN	600	\$0.12912	\$0.07549	51%-75% Above
N	Yes	68180044102	CEPHALEXIN	200	\$0.04800	\$0.07406	(26%-50%) Below
N	No	68180044501	QUETIAPINE FUMARATE	60	\$0.45933	\$0.03177	200% Above
N	No	68180044501	QUETIAPINE FUMARATE	420	\$0.30936	\$0.03234	200% Above
N	No	68180044601	QUETIAPINE FUMARATE	180	\$0.42883	\$0.04043	200% Above
N	No	68180044601	QUETIAPINE FUMARATE	330	\$0.57200	\$0.04120	200% Above
N	No	68180044701	QUETIAPINE FUMARATE	210	\$0.50114	\$0.05328	200% Above
N	Yes	68180044701	QUETIAPINE FUMARATE	30	\$0.52300	\$0.05328	200% Above
N	No	68180044801	QUETIAPINE FUMARATE	30	\$0.82900	\$0.10557	200% Above
N	No	68180044801	QUETIAPINE FUMARATE	60	\$0.82900	\$0.10685	200% Above
N	No	68180044907	QUETIAPINE FUMARATE	30	\$0.61300	\$0.14762	200% Above
N	No	68180045901	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	60	\$0.97733	\$0.12674	200% Above
N	No	68180046301	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	180	\$1.03433	\$0.16926	200% Above
N	No	68180046403	SIMVASTATIN	780	\$0.32481	\$0.05511	200% Above
N	No	68180046403	SIMVASTATIN	495	\$0.20253	\$0.07012	101%-200% Above
N	Yes	68180046403	SIMVASTATIN	30	\$0.02533	\$0.07012	(51%-75%) Below
N	No	68180046409	SIMVASTATIN	30	\$0.55767	\$0.05511	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	68180046503	SIMVASTATIN	120	\$0.23225	\$0.09692	101%-200% Above
N	No	68180046509	SIMVASTATIN	30	\$0.50000	\$0.09692	200% Above
N	No	68180046509	SIMVASTATIN	30	\$0.53300	\$0.09984	200% Above
N	No	68180046703	LOVASTATIN	90	\$0.06667	\$0.04764	26%-50% Above
N	No	68180046803	LOVASTATIN	90	\$0.06667	\$0.04804	26%-50% Above
N	Yes	68180046803	LOVASTATIN	30	\$0.02733	\$0.04564	(26%-50%) Below
N	No	68180046807	LOVASTATIN	60	\$0.49367	\$0.04804	200% Above
N	No	68180046901	LOVASTATIN	90	\$0.59756	\$0.05699	200% Above
N	No	68180046903	LOVASTATIN	90	\$0.06667	\$0.05275	26%-50% Above
N	No	68180046907	LOVASTATIN	30	\$0.35667	\$0.05699	200% Above
N	No	68180047201	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	53	\$0.98000	\$0.13756	200% Above
N	No	68180047201	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	150	\$0.44627	\$0.14062	200% Above
N	No	68180047301	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	30	\$1.13233	\$0.14419	200% Above
N	No	68180047301	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	30	\$1.25067	\$0.14507	200% Above
N	Yes	68180047301	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	90	\$0.59156	\$0.14507	200% Above
N	No	68180047802	SIMVASTATIN	30	\$0.34533	\$0.03034	200% Above
N	No	68180047802	SIMVASTATIN	90	\$0.06667	\$0.03417	76%-100% Above
N	Yes	68180047802	SIMVASTATIN	30	\$0.38100	\$0.03417	200% Above
N	No	68180047803	SIMVASTATIN	223	\$0.30507	\$0.03034	200% Above
N	No	68180047803	SIMVASTATIN	270	\$0.13881	\$0.03417	200% Above
N	No	68180047902	SIMVASTATIN	30	\$0.37333	\$0.03392	200% Above
N	No	68180047902	SIMVASTATIN	90	\$0.06667	\$0.03831	51%-75% Above
N	No	68180047903	SIMVASTATIN	1125	\$0.29388	\$0.03392	200% Above
N	No	68180047903	SIMVASTATIN	660	\$0.27148	\$0.03831	200% Above
N	Yes	68180047903	SIMVASTATIN	30	\$0.21733	\$0.03392	200% Above
N	Yes	68180047903	SIMVASTATIN	150	\$0.20567	\$0.03831	200% Above
N	No	68180049301	CLOMIPRAMINE HYDROCHLORIDE	60	\$1.23767	\$0.40521	200% Above
N	No	68180051201	LISINOPRIL	330	\$0.25297	\$0.01458	200% Above
N	No	68180051201	LISINOPRIL	420	\$0.26248	\$0.01482	200% Above
N	No	68180051202	LISINOPRIL	540	\$0.06667	\$0.01458	200% Above
N	No	68180051202	LISINOPRIL	690	\$0.07429	\$0.01482	200% Above



Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
Y	No	68180051202	LISINOPRIL	90	\$0.13111	\$0.01482	200% Above
N	No	68180051301	LISINOPRIL	60	\$0.20533	\$0.01457	200% Above
N	No	68180051301	LISINOPRIL	120	\$0.25700	\$0.01584	200% Above
N	No	68180051303	LISINOPRIL	1155	\$0.15684	\$0.01457	200% Above
N	No	68180051303	LISINOPRIL	1222	\$0.17277	\$0.01584	200% Above
N	Yes	68180051303	LISINOPRIL	180	\$0.13422	\$0.01584	200% Above
Y	No	68180051303	LISINOPRIL	90	\$0.13422	\$0.01584	200% Above
Y	Yes	68180051303	LISINOPRIL	180	\$0.12078	\$0.01457	200% Above
N	No	68180051801	LISINOPRIL/HYDROCHLOROTHIAZIDE	360	\$0.30478	\$0.03218	200% Above
N	No	68180051801	LISINOPRIL/HYDROCHLOROTHIAZIDE	330	\$0.37852	\$0.03498	200% Above
N	Yes	68180051801	LISINOPRIL/HYDROCHLOROTHIAZIDE	90	\$0.22444	\$0.03498	200% Above
N	No	68180051802	LISINOPRIL/HYDROCHLOROTHIAZIDE	240	\$0.47371	\$0.03218	200% Above
N	No	68180051802	LISINOPRIL/HYDROCHLOROTHIAZIDE	360	\$0.38911	\$0.03498	200% Above
N	Yes	68180051802	LISINOPRIL/HYDROCHLOROTHIAZIDE	30	\$0.02533	\$0.03218	(10%-25%) Below
N	Yes	68180051802	LISINOPRIL/HYDROCHLOROTHIAZIDE	30	\$0.04033	\$0.03498	10%-25% Above
N	No	68180051901	LISINOPRIL/HYDROCHLOROTHIAZIDE	600	\$0.40393	\$0.04392	200% Above
N	No	68180051901	LISINOPRIL/HYDROCHLOROTHIAZIDE	510	\$0.41227	\$0.04640	200% Above
N	No	68180051902	LISINOPRIL/HYDROCHLOROTHIAZIDE	1080	\$0.32756	\$0.04392	200% Above
N	No	68180051902	LISINOPRIL/HYDROCHLOROTHIAZIDE	885	\$0.31374	\$0.04640	200% Above
N	Yes	68180051902	LISINOPRIL/HYDROCHLOROTHIAZIDE	90	\$0.30433	\$0.04392	200% Above
N	Yes	68180051902	LISINOPRIL/HYDROCHLOROTHIAZIDE	180	\$0.24144	\$0.04640	200% Above
Y	No	68180051902	LISINOPRIL/HYDROCHLOROTHIAZIDE	180	\$0.18694	\$0.04392	200% Above
N	No	68180052001	LISINOPRIL/HYDROCHLOROTHIAZIDE	210	\$0.54995	\$0.04671	200% Above
N	No	68180052001	LISINOPRIL/HYDROCHLOROTHIAZIDE	360	\$0.49656	\$0.04768	200% Above
N	Yes	68180052001	LISINOPRIL/HYDROCHLOROTHIAZIDE	30	\$0.03833	\$0.04671	(10%-25%) Below
N	Yes	68180052001	LISINOPRIL/HYDROCHLOROTHIAZIDE	30	\$0.03833	\$0.04768	(10%-25%) Below
N	No	68180052002	LISINOPRIL/HYDROCHLOROTHIAZIDE	330	\$0.32648	\$0.04671	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	68180052002	LISINOPRIL/HYDROCHLOROTHIAZ IDE	840	\$0.33305	\$0.04768	200% Above
N	Yes	68180052002	LISINOPRIL/HYDROCHLOROTHIAZ IDE	90	\$0.25989	\$0.04671	200% Above
N	Yes	68180052002	LISINOPRIL/HYDROCHLOROTHIAZ IDE	90	\$0.35656	\$0.04768	200% Above
Y	No	68180052002	LISINOPRIL/HYDROCHLOROTHIAZ IDE	90	\$0.17111	\$0.04671	200% Above
Y	No	68180052002	LISINOPRIL/HYDROCHLOROTHIAZ IDE	90	\$0.20711	\$0.04768	200% Above
Y	Yes	68180052002	LISINOPRIL/HYDROCHLOROTHIAZ IDE	90	\$0.35656	\$0.04768	200% Above
N	No	68180052506	PALIPERIDONE ER	30	\$10.26900	\$2.10776	200% Above
N	No	68180059101	RAMIPRIL	30	\$0.55367	\$0.06273	200% Above
N	No	68180059206	DESVENLAFAXINE ER	150	\$1.95140	\$0.51733	200% Above
N	No	68180059206	DESVENLAFAXINE ER	270	\$1.49933	\$0.51879	101%-200% Above
N	No	68180059306	DESVENLAFAXINE ER	210	\$2.07410	\$0.50429	200% Above
N	No	68180059306	DESVENLAFAXINE ER	120	\$1.89992	\$0.51925	200% Above
N	No	68180060406	DESVENLAFAXINE ER	60	\$0.96467	\$0.49405	76%-100% Above
N	No	68180065208	DOXYCYCLINE MONOHYDRATE	94	\$0.49468	\$0.23785	101%-200% Above
N	No	68180065208	DOXYCYCLINE MONOHYDRATE	116	\$1.24276	\$0.24059	200% Above
N	No	68180065906	RIFAMPIN	60	\$0.88733	\$0.66601	26%-50% Above
N	Yes	68180065906	RIFAMPIN	60	\$3.11150	\$0.66601	200% Above
N	No	68180065907	RIFAMPIN	60	\$0.88733	\$0.65653	26%-50% Above
N	No	68180065907	RIFAMPIN	60	\$1.91650	\$0.66601	101%-200% Above
N	No	68180067206	LURASIDONE HYDROCHLORIDE	30	\$1.50433	\$0.41761	200% Above
N	No	68180067711	OSELTAMIVIR PHOSPHATE	50	\$1.13060	\$1.27713	(10%-25%) Below
N	Yes	68180067711	OSELTAMIVIR PHOSPHATE	10	\$0.88700	\$1.27713	(26%-50%) Below
N	No	68180069706	TRAMADOL HYDROCHLORIDE ER	30	\$2.54700	\$1.06461	101%-200% Above
N	No	68180069806	TRAMADOL HYDROCHLORIDE ER	30	\$2.33333	\$1.59173	26%-50% Above
N	No	68180071160	CEFDINIR	20	\$1.74600	\$0.49194	200% Above
N	No	68180071160	CEFDINIR	20	\$1.74600	\$0.50459	200% Above
N	Yes	68180071160	CEFDINIR	20	\$1.46700	\$0.49194	101%-200% Above
N	No	68180071909	AMLODIPINE BESYLATE	390	\$0.33446	\$0.01269	200% Above
N	No	68180071909	AMLODIPINE BESYLATE	870	\$0.31801	\$0.01298	200% Above
N	Yes	68180071909	AMLODIPINE BESYLATE	120	\$0.20625	\$0.01269	200% Above
N	No	68180072003	AMLODIPINE BESYLATE	2921	\$0.29905	\$0.01054	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	68180072003	AMLODIPINE BESYLATE	3885	\$0.27978	\$0.01085	200% Above
N	Yes	68180072003	AMLODIPINE BESYLATE	120	\$0.15833	\$0.01054	200% Above
N	Yes	68180072003	AMLODIPINE BESYLATE	450	\$0.18796	\$0.01085	200% Above
N	No	68180072103	AMLODIPINE BESYLATE	3210	\$0.32155	\$0.01476	200% Above
N	No	68180072103	AMLODIPINE BESYLATE	2940	\$0.34356	\$0.01527	200% Above
N	Yes	68180072103	AMLODIPINE BESYLATE	270	\$0.16063	\$0.01476	200% Above
N	Yes	68180072103	AMLODIPINE BESYLATE	390	\$0.13187	\$0.01527	200% Above
N	No	68180072109	AMLODIPINE BESYLATE	30	\$0.45567	\$0.01476	200% Above
N	No	68180072205	CEFDINIR	200	\$0.16740	\$0.10897	51%-75% Above
N	No	68180072304	CEFDINIR	360	\$0.19569	\$0.17026	10%-25% Above
N	Yes	68180072304	CEFDINIR	60	\$0.21733	\$0.16885	26%-50% Above
N	No	68180072305	CEFDINIR	400	\$0.26370	\$0.16924	51%-75% Above
N	No	68180074109	SILODOSIN	10	\$2.15000	\$0.52992	200% Above
N	No	68180075601	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	136	\$0.46338	\$0.10327	200% Above
N	No	68180075601	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	120	\$0.80208	\$0.10502	200% Above
N	No	68180077901	ZOLPIDEM TARTRATE ER	60	\$1.09817	\$0.15615	200% Above
N	No	68180077901	ZOLPIDEM TARTRATE ER	44	\$0.48227	\$0.16586	101%-200% Above
N	Yes	68180077901	ZOLPIDEM TARTRATE ER	30	\$1.57067	\$0.16586	200% Above
N	No	68180078001	ZOLPIDEM TARTRATE ER	269	\$1.16788	\$0.15857	200% Above
N	No	68180078001	ZOLPIDEM TARTRATE ER	30	\$1.36567	\$0.15992	200% Above
N	No	68180079901	POTASSIUM CHLORIDE ER	30	\$0.74433	\$0.12948	200% Above
N	No	68180082147	LANTHANUM CARBONATE	270	\$6.43941	\$5.26632	10%-25% Above
N	No	68180083773	TRI-LO-MARZIA	196	\$0.89505	\$0.12940	200% Above
N	No	68180083773	TRI-LO-MARZIA	252	\$0.88218	\$0.13423	200% Above
N	No	68180084473	KURVELO	112	\$0.58455	\$0.15097	200% Above
N	No	68180084473	KURVELO	168	\$0.36357	\$0.16711	101%-200% Above
N	No	68180086106	AZITHROMYCIN	6	\$2.83833	\$0.33112	200% Above
N	No	68180086106	AZITHROMYCIN	47	\$2.46617	\$0.35827	200% Above
N	No	68180086111	AZITHROMYCIN	336	\$2.50929	\$0.33112	200% Above
N	No	68180086111	AZITHROMYCIN	366	\$2.29221	\$0.35827	200% Above
N	Yes	68180086111	AZITHROMYCIN	6	\$2.52167	\$0.33112	200% Above
N	Yes	68180086111	AZITHROMYCIN	12	\$2.01833	\$0.35827	200% Above
N	No	68180086206	AZITHROMYCIN	15	\$3.45667	\$0.59415	200% Above
N	No	68180086206	AZITHROMYCIN	37	\$2.41892	\$0.62032	200% Above
N	No	68180086211	AZITHROMYCIN	9	\$2.85556	\$0.59415	200% Above
N	No	68180086211	AZITHROMYCIN	9	\$3.44556	\$0.62032	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	68180086473	BLISOVI 24 FE	56	\$1.26857	\$0.30728	200% Above
N	No	68180086573	BLISOVI FE 1/20	1036	\$0.45811	\$0.15303	101%-200% Above
N	No	68180086573	BLISOVI FE 1/20	1316	\$0.45302	\$0.16004	101%-200% Above
N	Yes	68180086573	BLISOVI FE 1/20	84	\$0.48357	\$0.16004	200% Above
N	No	68180086673	BLISOVI FE 1.5/30	28	\$0.06964	\$0.16186	(51%-75%) Below
N	No	68180086673	BLISOVI FE 1.5/30	28	\$0.06964	\$0.16365	(51%-75%) Below
N	No	68180086873	DROSPIRENONE/ETHINYL ESTRADIOL	28	\$0.82607	\$0.18195	200% Above
N	No	68180086873	DROSPIRENONE/ETHINYL ESTRADIOL	28	\$0.60000	\$0.19229	200% Above
N	No	68180087373	WYMZYA FE	84	\$1.82940	\$0.33040	200% Above
N	No	68180087573	VYFEMLA	28	\$1.06393	\$0.53226	76%-100% Above
N	No	68180087673	NORETHINDRONE	196	\$0.38862	\$0.12021	200% Above
N	No	68180087673	NORETHINDRONE	196	\$0.36602	\$0.12141	200% Above
N	No	68180087773	JENCYCLA	84	\$0.45643	\$0.12021	200% Above
N	No	68180087773	JENCYCLA	112	\$0.45643	\$0.12141	200% Above
N	No	68180088673	NIKKI	1260	\$0.69840	\$0.25331	101%-200% Above
N	No	68180088673	NIKKI	980	\$0.74254	\$0.25336	101%-200% Above
N	Yes	68180088673	NIKKI	28	\$1.17571	\$0.25336	200% Above
N	No	68180089173	ENSKYCE	84	\$0.49643	\$0.15085	200% Above
N	No	68180089173	ENSKYCE	140	\$0.52814	\$0.15560	200% Above
N	Yes	68180089173	ENSKYCE	84	\$0.50643	\$0.15560	200% Above
N	No	68180089473	DROSPIRENONE/ETHINYL ESTRADIOL/LEVOMEFOLATE CALCIUM	28	\$0.23179	\$1.88593	(76%-100%) Below
N	No	68180091173	MIBELAS 24 FE	84	\$1.55417	\$0.13100	200% Above
N	No	68180091173	MIBELAS 24 FE	84	\$1.17702	\$0.16016	200% Above
N	Yes	68180091173	MIBELAS 24 FE	84	\$1.29667	\$0.16016	200% Above
N	No	68180094111	TESTOSTERONE PUMP	225	\$1.48449	\$0.46147	200% Above
N	No	68180095601	CLOBETASOL PROPIONATE	15	\$0.32133	\$0.20199	51%-75% Above
N	No	68180095601	CLOBETASOL PROPIONATE	30	\$0.32133	\$0.23199	26%-50% Above
N	No	68180096301	ALBUTEROL SULFATE HFA	178.5	\$2.35966	\$2.85179	(10%-25%) Below
N	Yes	68180096301	ALBUTEROL SULFATE HFA	51	\$3.08510	\$2.62769	10%-25% Above
N	Yes	68180096301	ALBUTEROL SULFATE HFA	59.5	\$2.01025	\$2.85179	(26%-50%) Below
Y	No	68180096301	ALBUTEROL SULFATE HFA	51	\$6.42667	\$2.85179	101%-200% Above

**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	68180096501	LEVOTHYROXINE SODIUM	60	\$0.26333	\$0.05364	200% Above
N	No	68180096501	LEVOTHYROXINE SODIUM	90	\$0.27756	\$0.06114	200% Above
N	Yes	68180096501	LEVOTHYROXINE SODIUM	30	\$0.04300	\$0.06114	(26%-50%) Below
N	No	68180096503	LEVOTHYROXINE SODIUM	60	\$0.25583	\$0.05364	200% Above
N	Yes	68180096503	LEVOTHYROXINE SODIUM	30	\$0.04300	\$0.06114	(26%-50%) Below
N	No	68180096509	LEVOTHYROXINE SODIUM	30	\$0.30600	\$0.05364	200% Above
N	No	68180096509	LEVOTHYROXINE SODIUM	60	\$0.30600	\$0.06114	200% Above
N	No	68180096603	LEVOTHYROXINE SODIUM	90	\$0.23267	\$0.06006	200% Above
N	No	68180096603	LEVOTHYROXINE SODIUM	240	\$0.24504	\$0.06726	200% Above
N	Yes	68180096603	LEVOTHYROXINE SODIUM	30	\$0.05533	\$0.06726	(10%-25%) Below
N	No	68180096701	LEVOTHYROXINE SODIUM	90	\$0.25356	\$0.06241	200% Above
N	No	68180096701	LEVOTHYROXINE SODIUM	120	\$0.37092	\$0.07394	200% Above
N	No	68180096703	LEVOTHYROXINE SODIUM	60	\$0.38467	\$0.06241	200% Above
N	No	68180096703	LEVOTHYROXINE SODIUM	120	\$0.22875	\$0.07394	200% Above
N	Yes	68180096703	LEVOTHYROXINE SODIUM	30	\$0.05667	\$0.07394	(10%-25%) Below
N	No	68180096709	LEVOTHYROXINE SODIUM	30	\$0.11467	\$0.06241	76%-100% Above
N	No	68180096709	LEVOTHYROXINE SODIUM	120	\$0.28833	\$0.07394	200% Above
N	No	68180096801	LEVOTHYROXINE SODIUM	30	\$0.16667	\$0.07908	101%-200% Above
N	No	68180096803	LEVOTHYROXINE SODIUM	30	\$0.06133	\$0.07739	(10%-25%) Below
N	No	68180096803	LEVOTHYROXINE SODIUM	90	\$0.37267	\$0.07908	200% Above
N	Yes	68180096803	LEVOTHYROXINE SODIUM	30	\$0.06133	\$0.07739	(10%-25%) Below
N	Yes	68180096803	LEVOTHYROXINE SODIUM	30	\$0.14467	\$0.07908	76%-100% Above
N	No	68180096809	LEVOTHYROXINE SODIUM	120	\$0.30558	\$0.07739	200% Above
N	No	68180096809	LEVOTHYROXINE SODIUM	60	\$0.34667	\$0.07908	200% Above
N	No	68180096901	LEVOTHYROXINE SODIUM	60	\$0.35467	\$0.07388	200% Above
N	No	68180096901	LEVOTHYROXINE SODIUM	90	\$0.38244	\$0.07548	200% Above
N	Yes	68180096901	LEVOTHYROXINE SODIUM	30	\$0.17600	\$0.07548	101%-200% Above
N	No	68180096903	LEVOTHYROXINE SODIUM	30	\$0.39333	\$0.07388	200% Above
N	No	68180096903	LEVOTHYROXINE SODIUM	102	\$0.39069	\$0.07548	200% Above
N	No	68180096909	LEVOTHYROXINE SODIUM	60	\$0.22617	\$0.07388	200% Above
N	No	68180096909	LEVOTHYROXINE SODIUM	60	\$0.24317	\$0.07548	200% Above
N	No	68180097001	LEVOTHYROXINE SODIUM	30	\$0.45467	\$0.09370	200% Above
N	No	68180097003	LEVOTHYROXINE SODIUM	37	\$0.42865	\$0.07846	200% Above
N	No	68180097009	LEVOTHYROXINE SODIUM	60	\$0.26017	\$0.07846	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	68180097009	LEVOTHYROXINE SODIUM	90	\$0.06556	\$0.09370	(26%-50%) Below
N	No	68180097101	LEVOTHYROXINE SODIUM	30	\$0.44000	\$0.08924	200% Above
N	No	68180097101	LEVOTHYROXINE SODIUM	15	\$0.44000	\$0.09987	200% Above
N	No	68180097103	LEVOTHYROXINE SODIUM	30	\$0.42800	\$0.08924	200% Above
N	No	68180097103	LEVOTHYROXINE SODIUM	120	\$0.35392	\$0.09987	200% Above
N	Yes	68180097103	LEVOTHYROXINE SODIUM	60	\$0.22533	\$0.09987	101%-200% Above
N	No	68180097201	LEVOTHYROXINE SODIUM	45	\$0.46733	\$0.08199	200% Above
N	No	68180097201	LEVOTHYROXINE SODIUM	49	\$0.18755	\$0.08830	101%-200% Above
N	Yes	68180097201	LEVOTHYROXINE SODIUM	30	\$0.28833	\$0.08199	200% Above
N	No	68180097303	LEVOTHYROXINE SODIUM	15	\$0.44067	\$0.08440	200% Above
N	Yes	68180097303	LEVOTHYROXINE SODIUM	30	\$0.05967	\$0.08440	(26%-50%) Below
N	No	68180097309	LEVOTHYROXINE SODIUM	60	\$0.22900	\$0.07754	101%-200% Above
N	No	68180097309	LEVOTHYROXINE SODIUM	60	\$0.25017	\$0.08440	101%-200% Above
N	No	68180097401	LEVOTHYROXINE SODIUM	30	\$0.64467	\$0.10356	200% Above
N	No	68180097401	LEVOTHYROXINE SODIUM	30	\$0.64467	\$0.11548	200% Above
N	No	68180097403	LEVOTHYROXINE SODIUM	30	\$0.49067	\$0.11548	200% Above
N	Yes	68180097501	LEVOTHYROXINE SODIUM	30	\$0.24667	\$0.10336	101%-200% Above
N	Yes	68180097503	LEVOTHYROXINE SODIUM	30	\$0.28333	\$0.11267	101%-200% Above
N	Yes	68180097509	LEVOTHYROXINE SODIUM	30	\$0.28333	\$0.11267	101%-200% Above
N	No	68180097901	LISINOPRIL	30	\$0.47167	\$0.04595	200% Above
N	Yes	68180097901	LISINOPRIL	30	\$0.03200	\$0.04595	(26%-50%) Below
N	No	68180097903	LISINOPRIL	1620	\$0.24040	\$0.04515	200% Above
N	No	68180097903	LISINOPRIL	3264	\$0.18881	\$0.04595	200% Above
N	Yes	68180097903	LISINOPRIL	150	\$0.19733	\$0.04515	200% Above
N	Yes	68180097903	LISINOPRIL	90	\$0.27711	\$0.04595	200% Above
Y	No	68180097903	LISINOPRIL	90	\$0.17889	\$0.04595	200% Above
N	No	68180098001	LISINOPRIL	60	\$0.07217	\$0.01838	200% Above
N	No	68180098001	LISINOPRIL	60	\$0.22733	\$0.01910	200% Above
N	No	68180098003	LISINOPRIL	2697	\$0.19217	\$0.01838	200% Above
N	No	68180098003	LISINOPRIL	3483	\$0.17694	\$0.01910	200% Above
N	Yes	68180098003	LISINOPRIL	150	\$0.07867	\$0.01838	200% Above
N	Yes	68180098003	LISINOPRIL	120	\$0.14125	\$0.01910	200% Above
Y	No	68180098003	LISINOPRIL	180	\$0.21250	\$0.01838	200% Above
Y	No	68180098003	LISINOPRIL	90	\$0.08878	\$0.01910	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
Y	Yes	68180098003	LISINOPRIL	90	\$0.13756	\$0.01910	200% Above
N	Yes	68180098101	LISINOPRIL	30	\$0.01733	\$0.02623	(26%-50%) Below
N	No	68180098103	LISINOPRIL	2930	\$0.15970	\$0.02623	200% Above
N	No	68180098103	LISINOPRIL	4890	\$0.22466	\$0.02659	200% Above
N	Yes	68180098103	LISINOPRIL	180	\$0.19606	\$0.02623	200% Above
N	Yes	68180098103	LISINOPRIL	300	\$0.21310	\$0.02659	200% Above
Y	No	68180098103	LISINOPRIL	180	\$0.14633	\$0.02623	200% Above
Y	No	68180098103	LISINOPRIL	210	\$0.17129	\$0.02659	200% Above
Y	Yes	68180098103	LISINOPRIL	90	\$0.19822	\$0.02659	200% Above
N	No	68180098201	LISINOPRIL	240	\$0.23771	\$0.05219	200% Above
N	No	68180098201	LISINOPRIL	150	\$0.45213	\$0.05325	200% Above
N	No	68180098202	LISINOPRIL	90	\$0.06667	\$0.05219	26%-50% Above
N	No	68180098202	LISINOPRIL	180	\$0.06667	\$0.05325	26%-50% Above
N	No	68180098430	BUDESONIDE	180	\$1.48078	\$0.73710	101%-200% Above
N	No	68180098430	BUDESONIDE	300	\$0.91400	\$0.74334	10%-25% Above
N	Yes	68180098430	BUDESONIDE	60	\$1.86117	\$0.73710	101%-200% Above
N	Yes	68180098430	BUDESONIDE	60	\$1.78533	\$0.74334	101%-200% Above
N	No	68180099706	FLUOXETINE HYDROCHLORIDE	120	\$1.84867	\$0.45182	200% Above
N	No	68308015215	NYSTATIN	60	\$0.54800	\$0.35024	51%-75% Above
N	No	68308015215	NYSTATIN	15	\$0.54800	\$0.35488	51%-75% Above
N	Yes	68308015230	NYSTATIN	30	\$0.16667	\$0.32244	(26%-50%) Below
N	No	68308015260	NYSTATIN	60	\$0.32733	\$0.26915	10%-25% Above
N	No	68308034260	DAPSONE	60	\$3.57750	\$2.02263	76%-100% Above
N	No	68308057130	ISOTRETINOIN	30	\$2.08700	\$19.00926	(76%-100%) Below
N	No	68308057530	ISOTRETINOIN	30	\$2.61033	\$14.16467	(76%-100%) Below
N	No	68382000105	PAROXETINE HCL	60	\$0.51700	\$0.10747	200% Above
N	No	68382000105	PAROXETINE HCL	30	\$0.71633	\$0.11054	200% Above
N	No	68382000106	PAROXETINE HCL	30	\$0.25667	\$0.10747	101%-200% Above
N	No	68382000106	PAROXETINE HCL	30	\$0.30000	\$0.11054	101%-200% Above
N	No	68382000116	PAROXETINE HCL	90	\$0.62211	\$0.11054	200% Above
N	No	68382000301	AZATHIOPRINE	240	\$0.85383	\$0.17563	200% Above
N	No	68382000301	AZATHIOPRINE	330	\$0.49106	\$0.17748	101%-200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	68382000414	TOPIRAMATE	30	\$0.48000	\$0.59809	(10%-25%) Below
N	No	68382000601	LAMOTRIGINE	60	\$0.36200	\$0.02964	200% Above
N	No	68382000601	LAMOTRIGINE	120	\$0.29117	\$0.03029	200% Above
N	Yes	68382000601	LAMOTRIGINE	90	\$0.30556	\$0.02964	200% Above
N	No	68382000610	LAMOTRIGINE	150	\$0.36207	\$0.02964	200% Above
N	No	68382000610	LAMOTRIGINE	225	\$0.22889	\$0.03029	200% Above
N	No	68382000801	LAMOTRIGINE	135	\$0.32970	\$0.05177	200% Above
N	No	68382000801	LAMOTRIGINE	120	\$0.42325	\$0.05260	200% Above
N	No	68382000810	LAMOTRIGINE	390	\$0.36597	\$0.05177	200% Above
N	No	68382000810	LAMOTRIGINE	240	\$0.46383	\$0.05260	200% Above
Y	No	68382000810	LAMOTRIGINE	180	\$0.16111	\$0.05177	200% Above
Y	No	68382000810	LAMOTRIGINE	180	\$0.36289	\$0.05260	200% Above
N	No	68382000914	LAMOTRIGINE	240	\$0.66029	\$0.06863	200% Above
N	No	68382001005	LAMOTRIGINE	60	\$0.45800	\$0.07961	200% Above
N	No	68382001014	LAMOTRIGINE	30	\$0.45800	\$0.07527	200% Above
Y	No	68382001014	LAMOTRIGINE	28	\$0.45786	\$0.07527	200% Above
Y	No	68382001014	LAMOTRIGINE	20	\$0.45800	\$0.07961	200% Above
N	No	68382001901	VENLAFAXINE HCL	30	\$0.44767	\$0.06162	200% Above
N	No	68382001901	VENLAFAXINE HCL	7	\$0.49429	\$0.07866	200% Above
N	No	68382002101	VENLAFAXINE HCL	60	\$0.28933	\$0.07010	200% Above
N	No	68382002101	VENLAFAXINE HCL	60	\$0.40900	\$0.07446	200% Above
N	Yes	68382002101	VENLAFAXINE HCL	90	\$0.09067	\$0.07446	10%-25% Above
N	No	68382002210	ATENOLOL	150	\$0.39240	\$0.02194	200% Above
N	No	68382002210	ATENOLOL	300	\$0.32797	\$0.02262	200% Above
N	No	68382002310	ATENOLOL	255	\$0.31494	\$0.02594	200% Above
N	No	68382002310	ATENOLOL	420	\$0.33150	\$0.02671	200% Above
N	Yes	68382002310	ATENOLOL	120	\$0.02083	\$0.02594	(10%-25%) Below
N	No	68382003410	VENLAFAXINE HYDROCHLORIDE ER	30	\$0.44900	\$0.09889	200% Above
N	No	68382003416	VENLAFAXINE HYDROCHLORIDE ER	300	\$0.77543	\$0.09889	200% Above
N	No	68382003416	VENLAFAXINE HYDROCHLORIDE ER	330	\$0.65685	\$0.10056	200% Above
N	Yes	68382003416	VENLAFAXINE HYDROCHLORIDE ER	270	\$0.43056	\$0.09889	200% Above
N	No	68382003510	VENLAFAXINE HYDROCHLORIDE ER	30	\$0.42900	\$0.10313	200% Above
N	No	68382003516	VENLAFAXINE HYDROCHLORIDE ER	240	\$0.70038	\$0.10313	200% Above
N	No	68382003516	VENLAFAXINE HYDROCHLORIDE ER	510	\$0.71751	\$0.11235	200% Above



**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	68382003610	VENLAFAXINE HYDROCHLORIDE ER	330	\$0.66097	\$0.14823	200% Above
N	No	68382003610	VENLAFAXINE HYDROCHLORIDE ER	330	\$0.78482	\$0.15018	200% Above
N	Yes	68382003610	VENLAFAXINE HYDROCHLORIDE ER	30	\$1.11900	\$0.14823	200% Above
N	No	68382003616	VENLAFAXINE HYDROCHLORIDE ER	300	\$1.01257	\$0.14823	200% Above
N	No	68382003616	VENLAFAXINE HYDROCHLORIDE ER	480	\$0.75150	\$0.15018	200% Above
N	No	68382004001	PROMETHAZINE HCL	65	\$0.17708	\$0.04182	200% Above
N	No	68382004001	PROMETHAZINE HCL	226	\$0.19588	\$0.04521	200% Above
N	Yes	68382004001	PROMETHAZINE HCL	30	\$0.20200	\$0.04182	200% Above
N	No	68382004101	PROMETHAZINE HYDROCHLORIDE	506	\$0.16858	\$0.04767	200% Above
N	No	68382004101	PROMETHAZINE HYDROCHLORIDE	436	\$0.19956	\$0.04910	200% Above
N	Yes	68382004101	PROMETHAZINE HYDROCHLORIDE	25	\$0.12320	\$0.04767	101%-200% Above
N	Yes	68382004101	PROMETHAZINE HYDROCHLORIDE	20	\$0.12900	\$0.04910	101%-200% Above
N	No	68382004105	PROMETHAZINE HYDROCHLORIDE	10	\$0.33700	\$0.04910	200% Above
N	Yes	68382004105	PROMETHAZINE HYDROCHLORIDE	45	\$0.07489	\$0.04910	51%-75% Above
N	No	68382004110	PROMETHAZINE HYDROCHLORIDE	12	\$0.03833	\$0.04767	(10%-25%) Below
N	No	68382005001	MELOXICAM	104	\$0.40913	\$0.01881	200% Above
N	No	68382005001	MELOXICAM	30	\$0.22267	\$0.01905	200% Above
N	Yes	68382005001	MELOXICAM	30	\$0.02500	\$0.01881	26%-50% Above
N	No	68382005005	MELOXICAM	1119	\$0.22910	\$0.01881	200% Above
N	No	68382005005	MELOXICAM	732	\$0.29858	\$0.01905	200% Above
N	Yes	68382005005	MELOXICAM	60	\$0.29900	\$0.01881	200% Above
N	No	68382005101	MELOXICAM	90	\$0.16144	\$0.02006	200% Above
N	No	68382005101	MELOXICAM	104	\$0.30163	\$0.02097	200% Above
N	No	68382005105	MELOXICAM	2258	\$0.25068	\$0.02006	200% Above
N	No	68382005105	MELOXICAM	3183	\$0.28035	\$0.02097	200% Above
N	Yes	68382005105	MELOXICAM	210	\$0.17452	\$0.02006	200% Above
N	Yes	68382005105	MELOXICAM	480	\$0.17381	\$0.02097	200% Above
N	No	68382007901	HALOPERIDOL	60	\$0.65767	\$0.33239	76%-100% Above
N	No	68382007901	HALOPERIDOL	45	\$0.00511	\$0.35506	(76%-100%) Below
N	No	68382009101	BENZONATATE	1236	\$0.33979	\$0.11300	200% Above
N	No	68382009101	BENZONATATE	879	\$0.42582	\$0.11413	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	68382009205	CARVEDIOL	420	\$0.13136	\$0.01726	200% Above
N	No	68382009205	CARVEDIOL	660	\$0.15265	\$0.01891	200% Above
N	No	68382009301	CARVEDIOL	120	\$0.13775	\$0.01981	200% Above
N	No	68382009305	CARVEDIOL	240	\$0.12646	\$0.01967	200% Above
N	No	68382009305	CARVEDIOL	660	\$0.14555	\$0.01981	200% Above
N	Yes	68382009305	CARVEDIOL	30	\$0.05667	\$0.01967	101%-200% Above
N	Yes	68382009305	CARVEDIOL	30	\$0.13333	\$0.01981	200% Above
Y	No	68382009305	CARVEDIOL	180	\$0.15644	\$0.01967	200% Above
N	No	68382009405	CARVEDIOL	60	\$0.25517	\$0.02287	200% Above
N	No	68382009405	CARVEDIOL	720	\$0.17104	\$0.02293	200% Above
N	Yes	68382009405	CARVEDIOL	180	\$0.13567	\$0.02287	200% Above
N	Yes	68382009405	CARVEDIOL	60	\$0.03250	\$0.02293	26%-50% Above
Y	No	68382009405	CARVEDIOL	180	\$0.10050	\$0.02287	200% Above
N	No	68382009505	CARVEDIOL	180	\$0.19361	\$0.03132	200% Above
N	No	68382009505	CARVEDIOL	60	\$0.00733	\$0.03239	(76%-100%) Below
N	Yes	68382009505	CARVEDIOL	120	\$0.09783	\$0.03132	200% Above
N	Yes	68382009505	CARVEDIOL	180	\$0.14200	\$0.03239	200% Above
Y	No	68382009505	CARVEDIOL	360	\$0.16814	\$0.03132	200% Above
N	No	68382009601	HYDROXYCHLOROQUINE SULFATE	1395	\$0.67115	\$0.17883	200% Above
N	No	68382009601	HYDROXYCHLOROQUINE SULFATE	901	\$0.90062	\$0.20755	200% Above
N	Yes	68382009601	HYDROXYCHLOROQUINE SULFATE	60	\$0.47983	\$0.17883	101%-200% Above
N	Yes	68382009601	HYDROXYCHLOROQUINE SULFATE	90	\$0.97411	\$0.20755	200% Above
N	No	68382009605	HYDROXYCHLOROQUINE SULFATE	750	\$0.29163	\$0.17883	51%-75% Above
N	No	68382009605	HYDROXYCHLOROQUINE SULFATE	185	\$0.35292	\$0.20755	51%-75% Above
N	Yes	68382009605	HYDROXYCHLOROQUINE SULFATE	60	\$1.13250	\$0.20755	200% Above
N	No	68382009705	PAROXETINE HYDROCHLORIDE	150	\$0.47960	\$0.06781	200% Above
N	No	68382009705	PAROXETINE HYDROCHLORIDE	165	\$0.43915	\$0.06971	200% Above
N	No	68382009716	PAROXETINE HYDROCHLORIDE	210	\$0.28071	\$0.06781	200% Above
N	No	68382009716	PAROXETINE HYDROCHLORIDE	195	\$0.29990	\$0.06971	200% Above
N	No	68382009805	PAROXETINE HYDROCHLORIDE	30	\$0.46733	\$0.07132	200% Above
N	No	68382009806	PAROXETINE HYDROCHLORIDE	30	\$0.54967	\$0.06934	200% Above
N	No	68382009806	PAROXETINE HYDROCHLORIDE	30	\$0.54967	\$0.07132	200% Above
N	No	68382009810	PAROXETINE HYDROCHLORIDE	302	\$0.17530	\$0.06934	101%-200% Above
N	No	68382009810	PAROXETINE HYDROCHLORIDE	240	\$0.45121	\$0.07132	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	Yes	68382009810	PAROXETINE HYDROCHLORIDE	210	\$0.38833	\$0.06934	200% Above
N	Yes	68382009810	PAROXETINE HYDROCHLORIDE	30	\$0.13333	\$0.07132	76%-100% Above
N	No	68382009905	PAROXETINE HCL	30	\$0.84267	\$0.09000	200% Above
N	No	68382009906	PAROXETINE HCL	60	\$0.57367	\$0.09000	200% Above
N	No	68382009906	PAROXETINE HCL	60	\$0.26500	\$0.10571	101%-200% Above
N	No	68382009916	PAROXETINE HCL	90	\$0.11111	\$0.09000	10%-25% Above
N	No	68382009916	PAROXETINE HCL	30	\$0.84267	\$0.10571	200% Above
N	No	68382010101	VENLAFAXINE HCL	45	\$0.33333	\$0.11475	101%-200% Above
N	No	68382011314	RISPERIDONE	90	\$0.07022	\$0.04052	51%-75% Above
N	No	68382011414	RISPERIDONE	120	\$0.07017	\$0.04085	51%-75% Above
N	No	68382011505	RISPERIDONE	30	\$0.31467	\$0.05457	200% Above
N	No	68382011514	RISPERIDONE	60	\$0.13333	\$0.05457	101%-200% Above
N	No	68382011514	RISPERIDONE	90	\$0.11789	\$0.06431	76%-100% Above
N	No	68382011614	RISPERIDONE	90	\$0.10689	\$0.06994	51%-75% Above
N	No	68382012205	AMLODIPINE BESYLATE	90	\$0.00844	\$0.01085	(10%-25%) Below
N	Yes	68382012205	AMLODIPINE BESYLATE	60	\$0.19033	\$0.01085	200% Above
N	No	68382012305	AMLODIPINE BESYLATE	30	\$0.02300	\$0.01527	51%-75% Above
N	Yes	68382012305	AMLODIPINE BESYLATE	30	\$0.17733	\$0.01527	200% Above
N	No	68382013201	TAMSULOSIN HYDROCHLORIDE	570	\$0.25632	\$0.05642	200% Above
N	No	68382013201	TAMSULOSIN HYDROCHLORIDE	1080	\$0.30305	\$0.05878	200% Above
N	Yes	68382013201	TAMSULOSIN HYDROCHLORIDE	44	\$0.13614	\$0.05642	101%-200% Above
N	Yes	68382013201	TAMSULOSIN HYDROCHLORIDE	90	\$0.28089	\$0.05878	200% Above
N	No	68382013210	TAMSULOSIN HYDROCHLORIDE	1635	\$0.17580	\$0.05642	200% Above
N	No	68382013210	TAMSULOSIN HYDROCHLORIDE	2130	\$0.11577	\$0.05878	76%-100% Above
N	Yes	68382013210	TAMSULOSIN HYDROCHLORIDE	180	\$0.24111	\$0.05642	200% Above
N	Yes	68382013210	TAMSULOSIN HYDROCHLORIDE	97	\$0.11804	\$0.05878	101%-200% Above
N	No	68382013510	LOSARTAN POTASSIUM	30	\$0.13333	\$0.03331	200% Above
N	No	68382013510	LOSARTAN POTASSIUM	30	\$0.46233	\$0.03491	200% Above
N	No	68382013616	LOSARTAN POTASSIUM	90	\$0.26167	\$0.04293	200% Above
N	No	68382013710	LOSARTAN POTASSIUM	30	\$0.60267	\$0.06234	200% Above
N	No	68382013805	TOPIRAMATE	390	\$0.13367	\$0.03003	200% Above
N	No	68382013805	TOPIRAMATE	450	\$0.17180	\$0.03170	200% Above
N	Yes	68382013805	TOPIRAMATE	180	\$0.06711	\$0.03003	101%-200% Above
N	Yes	68382013805	TOPIRAMATE	120	\$0.17700	\$0.03170	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
Y	Yes	68382013805	TOPIRAMATE	180	\$0.18672	\$0.03003	200% Above
N	No	68382013814	TOPIRAMATE	130	\$0.18785	\$0.03003	200% Above
N	No	68382013814	TOPIRAMATE	190	\$0.17647	\$0.03170	200% Above
N	Yes	68382013814	TOPIRAMATE	60	\$0.17633	\$0.03170	200% Above
N	No	68382013905	TOPIRAMATE	420	\$0.15545	\$0.04083	200% Above
N	No	68382013905	TOPIRAMATE	495	\$0.22770	\$0.04138	200% Above
N	No	68382013914	TOPIRAMATE	60	\$0.25550	\$0.04083	200% Above
N	No	68382013914	TOPIRAMATE	210	\$0.41043	\$0.04138	200% Above
N	Yes	68382013914	TOPIRAMATE	90	\$0.03067	\$0.04083	(10%-25%) Below
N	Yes	68382013914	TOPIRAMATE	30	\$0.02900	\$0.04138	(26%-50%) Below
N	No	68382014005	TOPIRAMATE	210	\$0.33967	\$0.06290	200% Above
N	No	68382014005	TOPIRAMATE	570	\$0.11035	\$0.06719	51%-75% Above
N	Yes	68382014005	TOPIRAMATE	150	\$0.13753	\$0.06290	101%-200% Above
Y	No	68382014005	TOPIRAMATE	90	\$0.17111	\$0.06290	101%-200% Above
N	No	68382014014	TOPIRAMATE	150	\$0.32913	\$0.06290	200% Above
N	No	68382014014	TOPIRAMATE	90	\$0.51589	\$0.06719	200% Above
N	No	68382014105	TOPIRAMATE	30	\$0.35000	\$0.09803	200% Above
N	No	68382014105	TOPIRAMATE	30	\$0.35000	\$0.11062	200% Above
Y	No	68382014105	TOPIRAMATE	180	\$0.26967	\$0.09803	101%-200% Above
N	No	68382014114	TOPIRAMATE	60	\$0.44033	\$0.09803	200% Above
N	No	68382014501	RAMIPRIL	30	\$0.13333	\$0.05074	101%-200% Above
N	No	68382014501	RAMIPRIL	30	\$0.12333	\$0.06092	101%-200% Above
N	No	68382014601	RAMIPRIL	30	\$0.13333	\$0.05490	101%-200% Above
N	No	68382014701	RAMIPRIL	60	\$0.13333	\$0.06273	101%-200% Above
N	No	68382018205	BUSPIRONE HCL	60	\$0.40217	\$0.04764	200% Above
N	No	68382018205	BUSPIRONE HCL	570	\$0.33958	\$0.04868	200% Above
N	No	68382020906	ANASTROZOLE	67	\$1.07328	\$0.15796	200% Above
N	No	68382020906	ANASTROZOLE	43	\$1.38116	\$0.16511	200% Above
N	Yes	68382020906	ANASTROZOLE	36	\$0.68361	\$0.15796	200% Above
N	Yes	68382020906	ANASTROZOLE	12	\$0.64583	\$0.16511	200% Above
N	No	68382024701	BENZONATATE	364	\$0.12327	\$0.08000	51%-75% Above
N	No	68382024701	BENZONATATE	270	\$0.15015	\$0.08277	76%-100% Above
N	No	68382024705	BENZONATATE	102	\$0.12314	\$0.08000	51%-75% Above
N	No	68382024705	BENZONATATE	63	\$0.13698	\$0.08277	51%-75% Above

**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	68382024916	ATORVASTATIN CALCIUM	30	\$0.48533	\$0.03114	200% Above
N	No	68382025010	ATORVASTATIN CALCIUM	30	\$0.48000	\$0.03755	200% Above
N	No	68382025010	ATORVASTATIN CALCIUM	30	\$0.02367	\$0.04061	(26%-50%) Below
N	No	68382025501	OXYBUTYNIN CHLORIDE ER	30	\$1.03233	\$0.09421	200% Above
N	No	68382025505	OXYBUTYNIN CHLORIDE ER	30	\$1.03233	\$0.09571	200% Above
N	No	68382025601	OXYBUTYNIN CHLORIDE ER	180	\$0.96511	\$0.10486	200% Above
N	No	68382025601	OXYBUTYNIN CHLORIDE ER	90	\$1.13978	\$0.10582	200% Above
N	Yes	68382025605	OXYBUTYNIN CHLORIDE ER	30	\$0.09300	\$0.10486	(10%-25%) Below
N	No	68382025701	OXYBUTYNIN CHLORIDE ER	15	\$1.13267	\$0.13336	200% Above
N	No	68382031601	MINOCYCLINE HYDROCHLORIDE	30	\$0.98533	\$0.17558	200% Above
N	No	68382031601	MINOCYCLINE HYDROCHLORIDE	120	\$1.02208	\$0.18217	200% Above
N	No	68382031818	MINOCYCLINE HYDROCHLORIDE	60	\$1.40600	\$0.36954	200% Above
N	No	68382031818	MINOCYCLINE HYDROCHLORIDE	60	\$1.57267	\$0.37035	200% Above
N	No	68382037001	NYSTATIN	30	\$0.67500	\$0.35024	76%-100% Above
N	No	68382044405	FAMOTIDINE	100	\$0.82590	\$0.55585	26%-50% Above
N	Yes	68382050001	OMEPRAZOLE	30	\$0.06600	\$0.05410	10%-25% Above
N	No	68382050010	OMEPRAZOLE	1814	\$0.44986	\$0.05410	200% Above
N	No	68382050010	OMEPRAZOLE	2218	\$0.47825	\$0.05567	200% Above
N	Yes	68382050010	OMEPRAZOLE	90	\$0.40756	\$0.05410	200% Above
N	Yes	68382050010	OMEPRAZOLE	120	\$0.53433	\$0.05567	200% Above
N	No	68382051201	AMANTADINE HCL	60	\$0.85367	\$0.16303	200% Above
N	No	68382052601	BUMETANIDE	60	\$0.99983	\$0.20985	200% Above
N	No	68382053701	POTASSIUM CITRATE ER	480	\$1.25256	\$0.25842	200% Above
N	No	68382055901	NITROFURANTOIN MACROCRYSTALS	60	\$0.64883	\$0.22437	101%-200% Above
N	No	68382056401	METOPROLOL SUCCINATE ER	60	\$0.48117	\$0.07937	200% Above
N	No	68382056410	METOPROLOL SUCCINATE ER	420	\$0.31717	\$0.07422	200% Above
N	No	68382056410	METOPROLOL SUCCINATE ER	165	\$0.23218	\$0.07937	101%-200% Above
N	Yes	68382056410	METOPROLOL SUCCINATE ER	30	\$0.04733	\$0.07422	(26%-50%) Below
N	Yes	68382056410	METOPROLOL SUCCINATE ER	120	\$0.26900	\$0.07937	200% Above
N	No	68382056501	METOPROLOL SUCCINATE ER	60	\$0.12950	\$0.07290	76%-100% Above
N	No	68382056510	METOPROLOL SUCCINATE ER	510	\$0.28571	\$0.07290	200% Above
N	No	68382056510	METOPROLOL SUCCINATE ER	510	\$0.25384	\$0.07734	200% Above
N	Yes	68382056510	METOPROLOL SUCCINATE ER	30	\$0.29000	\$0.07290	200% Above
N	No	68382056601	METOPROLOL SUCCINATE ER	150	\$0.24847	\$0.12979	76%-100% Above
N	No	68382056610	METOPROLOL SUCCINATE ER	105	\$0.53010	\$0.12979	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	68382056610	METOPROLOL SUCCINATE ER	30	\$0.37200	\$0.13342	101%-200% Above
N	Yes	68382056610	METOPROLOL SUCCINATE ER	30	\$0.55667	\$0.12979	200% Above
N	Yes	68382056610	METOPROLOL SUCCINATE ER	60	\$0.54667	\$0.13342	200% Above
N	No	68382058201	LIOTHYRONINE SODIUM	60	\$0.55450	\$0.32396	51%-75% Above
N	Yes	68382059301	PERPHENAZINE	90	\$1.60078	\$0.32325	200% Above
N	No	68382059516	DILTIAZEM HYDROCHLORIDE ER	30	\$0.70167	\$0.15305	200% Above
N	No	68382062301	BUSPIRONE HYDROCHLORIDE	360	\$0.40636	\$0.12982	200% Above
N	No	68382062301	BUSPIRONE HYDROCHLORIDE	120	\$0.42242	\$0.14939	101%-200% Above
N	Yes	68382062301	BUSPIRONE HYDROCHLORIDE	90	\$0.54878	\$0.12982	200% Above
N	No	68382065906	PYRIDOSTIGMINE BROMIDE	450	\$0.31589	\$0.22442	26%-50% Above
N	No	68382066001	SPIRONOLACTONE	30	\$0.32200	\$0.05314	200% Above
N	No	68382066001	SPIRONOLACTONE	30	\$0.15767	\$0.05414	101%-200% Above
N	No	68382066005	SPIRONOLACTONE	180	\$0.04700	\$0.05414	(10%-25%) Below
Y	No	68382066005	SPIRONOLACTONE	90	\$0.21522	\$0.05314	200% Above
N	No	68382066010	SPIRONOLACTONE	195	\$0.21138	\$0.05314	200% Above
N	No	68382066010	SPIRONOLACTONE	120	\$0.17458	\$0.05414	200% Above
N	Yes	68382066010	SPIRONOLACTONE	30	\$0.19700	\$0.05314	200% Above
N	No	68382066101	SPIRONOLACTONE	60	\$0.17067	\$0.10329	51%-75% Above
N	No	68382066101	SPIRONOLACTONE	240	\$0.26146	\$0.10850	101%-200% Above
N	No	68382066105	SPIRONOLACTONE	330	\$0.22948	\$0.10329	101%-200% Above
N	No	68382066105	SPIRONOLACTONE	270	\$0.30130	\$0.10850	101%-200% Above
N	Yes	68382066105	SPIRONOLACTONE	60	\$0.09617	\$0.10850	(10%-25%) Below
N	No	68382066201	SPIRONOLACTONE	210	\$0.67219	\$0.19384	200% Above
N	No	68382066201	SPIRONOLACTONE	120	\$0.34625	\$0.19967	51%-75% Above
N	Yes	68382066201	SPIRONOLACTONE	30	\$0.66900	\$0.19967	200% Above
N	No	68382066205	SPIRONOLACTONE	270	\$0.30833	\$0.19384	51%-75% Above
N	No	68382066205	SPIRONOLACTONE	345	\$0.36420	\$0.19967	76%-100% Above
Y	No	68382066205	SPIRONOLACTONE	180	\$0.48844	\$0.19384	101%-200% Above
N	No	68382070718	DOXYCYCLINE MONOHYDRATE	216	\$0.77343	\$0.23785	200% Above
N	No	68382070718	DOXYCYCLINE MONOHYDRATE	374	\$0.84340	\$0.24059	200% Above
N	No	68382071119	MESALAMINE DR	300	\$1.61000	\$1.93605	(10%-25%) Below
N	No	68382071119	MESALAMINE DR	120	\$1.61000	\$2.21735	(26%-50%) Below

**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	68382072001	BUDESONIDE	30	\$2.65400	\$0.61745	200% Above
N	No	68382073201	NADOLOL	45	\$0.77289	\$0.15963	200% Above
N	No	68382073201	NADOLOL	60	\$0.78150	\$0.16282	200% Above
N	No	68382073901	MIDODRINE HYDROCHLORIDE	15	\$0.84667	\$0.34936	101%-200% Above
N	No	68382074516	TIADYL ER	60	\$0.72583	\$0.23299	200% Above
N	No	68382074616	TIADYL ER	30	\$0.87600	\$0.26804	200% Above
N	No	68382074716	TIADYL ER	30	\$1.16667	\$0.32810	200% Above
N	No	68382074716	TIADYL ER	60	\$0.16667	\$0.33504	(51%-75%) Below
N	No	68382075016	TIADYL ER	90	\$1.72011	\$1.17753	26%-50% Above
N	No	68382077277	LANSOPRAZOLE ODT	30	\$11.04167	\$3.96528	101%-200% Above
N	No	68382077501	METHOTREXATE SODIUM	16	\$1.57625	\$0.22665	200% Above
N	No	68382077501	METHOTREXATE SODIUM	256	\$0.74219	\$0.23874	200% Above
N	No	68382078201	DOXYCYCLINE MONOHYDRATE	60	\$0.25000	\$0.16034	51%-75% Above
N	No	68382078301	DOXAZOSIN MESYLATE	30	\$0.25000	\$0.07930	200% Above
N	No	68382078401	DOXAZOSIN MESYLATE	60	\$0.33817	\$0.06730	200% Above
N	No	68382078501	DOXAZOSIN MESYLATE	30	\$0.44433	\$0.10556	200% Above
N	Yes	68382078501	DOXAZOSIN MESYLATE	30	\$0.33067	\$0.09672	200% Above
N	Yes	68382078601	DOXAZOSIN MESYLATE	60	\$0.34050	\$0.10982	200% Above
N	No	68382079101	ACYCLOVIR	265	\$0.63045	\$0.10649	200% Above
N	No	68382079101	ACYCLOVIR	199	\$0.43216	\$0.10670	200% Above
N	No	68382079201	ACYCLOVIR	30	\$1.11767	\$0.18623	200% Above
N	No	68382079201	ACYCLOVIR	190	\$0.65758	\$0.19269	200% Above
N	Yes	68382079201	ACYCLOVIR	35	\$0.95600	\$0.18623	200% Above
N	No	68382079901	LABETALOL HYDROCHLORIDE	60	\$0.70867	\$0.16921	200% Above
N	No	68382080501	TRAZODONE HYDROCHLORIDE	120	\$0.34000	\$0.03480	200% Above
N	No	68382080501	TRAZODONE HYDROCHLORIDE	180	\$0.32528	\$0.03522	200% Above
N	No	68382080505	TRAZODONE HYDROCHLORIDE	150	\$0.18447	\$0.03480	200% Above
N	No	68382080505	TRAZODONE HYDROCHLORIDE	75	\$0.08107	\$0.03522	101%-200% Above
N	No	68382080510	TRAZODONE HYDROCHLORIDE	525	\$0.18368	\$0.03480	200% Above
N	No	68382080510	TRAZODONE HYDROCHLORIDE	734	\$0.20950	\$0.03522	200% Above
N	Yes	68382080510	TRAZODONE HYDROCHLORIDE	30	\$0.03900	\$0.03522	10%-25% Above
N	No	68382080601	TRAZODONE HYDROCHLORIDE	180	\$0.13333	\$0.06411	101%-200% Above
N	No	68382080601	TRAZODONE HYDROCHLORIDE	300	\$0.20000	\$0.06606	200% Above
N	Yes	68382080601	TRAZODONE HYDROCHLORIDE	150	\$0.20473	\$0.06411	200% Above
N	Yes	68382080601	TRAZODONE HYDROCHLORIDE	60	\$0.12333	\$0.06606	76%-100% Above
N	No	68382080605	TRAZODONE HYDROCHLORIDE	60	\$0.08150	\$0.06606	10%-25% Above

**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	Yes	68382080605	TRAZODONE HYDROCHLORIDE	60	\$0.19633	\$0.06411	200% Above
N	No	68382080610	TRAZODONE HYDROCHLORIDE	495	\$0.32018	\$0.06411	200% Above
N	No	68382080610	TRAZODONE HYDROCHLORIDE	240	\$0.37192	\$0.06606	200% Above
N	Yes	68382080610	TRAZODONE HYDROCHLORIDE	30	\$0.49033	\$0.06411	200% Above
N	Yes	68382080610	TRAZODONE HYDROCHLORIDE	30	\$0.03967	\$0.06606	(26%-50%) Below
N	No	68382080701	TRAZODONE HYDROCHLORIDE	60	\$0.13333	\$0.11703	10%-25% Above
N	No	68382080701	TRAZODONE HYDROCHLORIDE	45	\$0.17333	\$0.11775	26%-50% Above
N	Yes	68382080701	TRAZODONE HYDROCHLORIDE	30	\$0.13333	\$0.11703	10%-25% Above
N	No	68382080705	TRAZODONE HYDROCHLORIDE	60	\$0.52767	\$0.11703	200% Above
N	No	68382080705	TRAZODONE HYDROCHLORIDE	30	\$0.43433	\$0.11775	200% Above
N	Yes	68382080705	TRAZODONE HYDROCHLORIDE	60	\$0.49200	\$0.11703	200% Above
N	Yes	68382080705	TRAZODONE HYDROCHLORIDE	30	\$0.07100	\$0.11775	(26%-50%) Below
N	No	68382085601	TRIAMTERENE/HYDROCHLOROT HIAZIDE	30	\$0.03900	\$0.08630	(51%-75%) Below
N	Yes	68382085601	TRIAMTERENE/HYDROCHLOROT HIAZIDE	30	\$0.04100	\$0.09131	(51%-75%) Below
N	No	68382085605	TRIAMTERENE/HYDROCHLOROT HIAZIDE	30	\$0.25000	\$0.08630	101%-200% Above
N	No	68382085605	TRIAMTERENE/HYDROCHLOROT HIAZIDE	180	\$0.08183	\$0.09131	(10%-25%) Below
N	No	68382085701	TRIAMTERENE/HYDROCHLOROT HIAZIDE	30	\$0.73300	\$0.11497	200% Above
N	No	68382085701	TRIAMTERENE/HYDROCHLOROT HIAZIDE	30	\$0.56767	\$0.11540	200% Above
N	Yes	68382085701	TRIAMTERENE/HYDROCHLOROT HIAZIDE	90	\$0.38400	\$0.11540	200% Above
Y	No	68382089906	TADALAFIL	18	\$0.87167	\$0.29468	101%-200% Above
N	No	68382091601	METHYLPREDNISOLONE	15	\$0.20467	\$0.17524	10%-25% Above
N	No	68382091634	METHYLPREDNISOLONE DOSE PACK	168	\$0.78708	\$0.14299	200% Above
N	No	68382091634	METHYLPREDNISOLONE DOSE PACK	231	\$0.89489	\$0.14829	200% Above
N	Yes	68382091634	METHYLPREDNISOLONE DOSE PACK	21	\$1.11714	\$0.14299	200% Above
N	Yes	68382091634	METHYLPREDNISOLONE DOSE PACK	42	\$0.89381	\$0.14829	200% Above
N	No	68382091818	METHYLPREDNISOLONE	5	\$1.12600	\$1.59496	(26%-50%) Below
N	No	68382097001	CHLORTHALIDONE	270	\$0.44293	\$0.08635	200% Above
N	No	68382097001	CHLORTHALIDONE	210	\$0.61710	\$0.09306	200% Above
N	Yes	68382097001	CHLORTHALIDONE	90	\$0.41222	\$0.09306	200% Above
N	Yes	68382098106	LAMOTRIGINE ER	30	\$6.43067	\$0.72815	200% Above
N	No	68382098206	LAMOTRIGINE ER	120	\$1.21467	\$0.90222	26%-50% Above



Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	68382098206	LAMOTRIGINE ER	150	\$1.07040	\$0.96209	10%-25% Above
N	No	68382099801	CLOBETASOL PROPIONATE	59	\$0.64203	\$0.42373	51%-75% Above
N	No	68382099802	CLOBETASOL PROPIONATE	125	\$0.46128	\$0.36315	26%-50% Above
N	No	68462010230	FLUCONAZOLE	1	\$2.59000	\$0.27798	200% Above
N	No	68462010430	FLUCONAZOLE	8	\$3.22125	\$0.44418	200% Above
N	No	68462010430	FLUCONAZOLE	60	\$1.14400	\$0.45123	101%-200% Above
N	No	68462010530	ONDANSETRON HYDROCHLORIDE	500	\$1.17066	\$0.06501	200% Above
N	No	68462010530	ONDANSETRON HYDROCHLORIDE	411	\$1.11776	\$0.06805	200% Above
N	Yes	68462010530	ONDANSETRON HYDROCHLORIDE	80	\$0.69350	\$0.06805	200% Above
N	No	68462010630	ONDANSETRON HYDROCHLORIDE	28	\$0.66929	\$0.09447	200% Above
N	No	68462010630	ONDANSETRON HYDROCHLORIDE	156	\$0.73763	\$0.09734	200% Above
N	Yes	68462010630	ONDANSETRON HYDROCHLORIDE	30	\$0.66933	\$0.09447	200% Above
N	No	68462010805	TOPIRAMATE	400	\$0.15558	\$0.03003	200% Above
N	No	68462010805	TOPIRAMATE	420	\$0.23955	\$0.03170	200% Above
N	No	68462010860	TOPIRAMATE	30	\$0.34267	\$0.03170	200% Above
N	No	68462010905	TOPIRAMATE	120	\$0.36917	\$0.06290	200% Above
N	No	68462010905	TOPIRAMATE	270	\$0.32019	\$0.06719	200% Above
N	No	68462010910	TOPIRAMATE	120	\$0.11500	\$0.06290	76%-100% Above
N	No	68462010960	TOPIRAMATE	30	\$0.39933	\$0.06719	200% Above
N	No	68462011060	TOPIRAMATE	60	\$0.65367	\$0.09803	200% Above
N	No	68462011060	TOPIRAMATE	60	\$0.44033	\$0.11062	200% Above
N	No	68462011944	FLUCONAZOLE	244	\$0.85754	\$0.69680	10%-25% Above
N	No	68462012605	GABAPENTIN	840	\$0.35693	\$0.09614	200% Above
N	No	68462012605	GABAPENTIN	180	\$0.42694	\$0.09749	200% Above
N	No	68462012705	GABAPENTIN	450	\$0.42787	\$0.12506	200% Above
N	No	68462012705	GABAPENTIN	270	\$0.42785	\$0.12667	200% Above
N	No	68462013001	ZONISAMIDE	60	\$0.19050	\$0.11284	51%-75% Above
N	No	68462013281	NORETHINDRONE ACETATE/ETHINYL ESTRADIOL	441	\$0.79542	\$0.21992	200% Above
N	No	68462013281	NORETHINDRONE ACETATE/ETHINYL ESTRADIOL	693	\$0.83915	\$0.22692	200% Above
N	Yes	68462013281	NORETHINDRONE ACETATE/ETHINYL ESTRADIOL	21	\$0.68619	\$0.22692	200% Above
N	No	68462013701	OXCARBAZEPINE	75	\$0.40200	\$0.13619	101%-200% Above
N	No	68462013801	OXCARBAZEPINE	360	\$0.24811	\$0.19444	26%-50% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	68462013801	OXCARBAZEPINE	330	\$0.32852	\$0.20310	51%-75% Above
N	No	68462013901	OXCARBAZEPINE	330	\$0.56479	\$0.38661	26%-50% Above
N	No	68462013901	OXCARBAZEPINE	255	\$1.03639	\$0.39498	101%-200% Above
N	Yes	68462013901	OXCARBAZEPINE	60	\$0.28683	\$0.39498	(26%-50%) Below
N	No	68462014401	CLINDAMYCIN HYDROCHLORIDE	40	\$0.37650	\$0.22973	51%-75% Above
N	No	68462015305	TOPIRAMATE	210	\$0.14614	\$0.04083	200% Above
N	No	68462015305	TOPIRAMATE	510	\$0.22780	\$0.04138	200% Above
N	Yes	68462015305	TOPIRAMATE	360	\$0.26217	\$0.04138	200% Above
N	No	68462015713	ONDANSETRON ODT	373	\$1.27118	\$0.16872	200% Above
N	No	68462015713	ONDANSETRON ODT	480	\$1.54929	\$0.18262	200% Above
N	Yes	68462015713	ONDANSETRON ODT	20	\$2.35350	\$0.16872	200% Above
N	Yes	68462015713	ONDANSETRON ODT	110	\$1.60091	\$0.18262	200% Above
Y	No	68462015713	ONDANSETRON ODT	64	\$1.10422	\$0.18262	200% Above
N	No	68462015813	ONDANSETRON ODT	21	\$1.59619	\$0.19708	200% Above
N	No	68462015813	ONDANSETRON ODT	142	\$1.56873	\$0.19804	200% Above
N	Yes	68462015813	ONDANSETRON ODT	20	\$1.73050	\$0.19804	200% Above
N	No	68462016201	CARVEDIOL	60	\$0.21467	\$0.01891	200% Above
N	No	68462016205	CARVEDIOL	180	\$0.26550	\$0.01726	200% Above
N	No	68462016205	CARVEDIOL	120	\$0.15800	\$0.01891	200% Above
N	No	68462016305	CARVEDIOL	420	\$0.23124	\$0.01967	200% Above
N	No	68462016305	CARVEDIOL	300	\$0.19270	\$0.01981	200% Above
N	Yes	68462016305	CARVEDIOL	180	\$0.20856	\$0.01981	200% Above
N	No	68462016405	CARVEDIOL	180	\$0.13106	\$0.02287	200% Above
N	No	68462016405	CARVEDIOL	690	\$0.19187	\$0.02293	200% Above
N	No	68462016505	CARVEDIOL	180	\$0.22717	\$0.03132	200% Above
N	No	68462016505	CARVEDIOL	960	\$0.22982	\$0.03239	200% Above
N	Yes	68462016505	CARVEDIOL	180	\$0.21261	\$0.03239	200% Above
N	No	68462017901	NAPROXEN SODIUM	140	\$1.57207	\$0.26689	200% Above
N	No	68462017901	NAPROXEN SODIUM	88	\$1.18898	\$0.40937	101%-200% Above
N	No	68462018022	MUPIROCIN	866	\$0.30613	\$0.17256	76%-100% Above
N	No	68462018022	MUPIROCIN	418	\$0.24421	\$0.18483	26%-50% Above
N	No	68462018449	METRONIDAZOLE VAGINAL	140	\$0.78671	\$0.51470	51%-75% Above
N	No	68462019001	NAPROXEN	14	\$0.38429	\$0.06174	200% Above
N	No	68462019001	NAPROXEN	59	\$0.12729	\$0.06367	76%-100% Above
N	Yes	68462019001	NAPROXEN	60	\$0.04983	\$0.06367	(10%-25%) Below
N	No	68462019005	NAPROXEN	940	\$0.36377	\$0.06174	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	68462019005	NAPROXEN	472	\$0.33845	\$0.06367	200% Above
N	Yes	68462019005	NAPROXEN	190	\$0.28632	\$0.06174	200% Above
N	Yes	68462019005	NAPROXEN	74	\$0.12932	\$0.06367	101%-200% Above
N	Yes	68462019590	PRAVASTATIN SODIUM	30	\$0.29933	\$0.06309	200% Above
N	No	68462019605	PRAVASTATIN SODIUM	30	\$0.66100	\$0.06851	200% Above
N	No	68462019690	PRAVASTATIN SODIUM	30	\$0.66100	\$0.05865	200% Above
N	No	68462019705	PRAVASTATIN SODIUM	90	\$0.56744	\$0.08261	200% Above
N	No	68462019705	PRAVASTATIN SODIUM	150	\$0.67487	\$0.08636	200% Above
N	No	68462019890	PRAVASTATIN SODIUM	120	\$0.63533	\$0.16702	200% Above
N	No	68462019930	TELMISARTAN	90	\$1.57989	\$0.16401	200% Above
N	No	68462019930	TELMISARTAN	15	\$0.33333	\$0.16815	76%-100% Above
N	No	68462020030	TELMISARTAN	30	\$0.66400	\$0.24114	101%-200% Above
N	Yes	68462020030	TELMISARTAN	60	\$0.15967	\$0.24114	(26%-50%) Below
N	No	68462020130	TELMISARTAN	10	\$1.94700	\$0.16269	200% Above
N	No	68462022101	LITHIUM CARBONATE	210	\$0.05276	\$0.11176	(51%-75%) Below
N	Yes	68462022101	LITHIUM CARBONATE	90	\$0.06444	\$0.11176	(26%-50%) Below
N	No	68462022110	LITHIUM CARBONATE	270	\$0.05274	\$0.10027	(26%-50%) Below
N	No	68462022110	LITHIUM CARBONATE	180	\$0.05278	\$0.11176	(51%-75%) Below
N	No	68462022201	LITHIUM CARBONATE	180	\$0.22344	\$0.26588	(10%-25%) Below
N	No	68462022301	LITHIUM CARBONATE ER	150	\$0.23520	\$0.14668	51%-75% Above
N	No	68462022301	LITHIUM CARBONATE ER	150	\$0.08867	\$0.15196	(26%-50%) Below
N	No	68462022401	LITHIUM CARBONATE ER	120	\$0.27292	\$0.18956	26%-50% Above
N	No	68462022401	LITHIUM CARBONATE ER	180	\$0.35039	\$0.19859	76%-100% Above
N	No	68462022605	EZETIMIBE	630	\$0.77935	\$0.08096	200% Above
N	No	68462022605	EZETIMIBE	360	\$0.50164	\$0.08767	200% Above
N	Yes	68462022605	EZETIMIBE	60	\$0.51667	\$0.08096	200% Above
N	No	68462022630	EZETIMIBE	60	\$0.42867	\$0.08767	200% Above
N	No	68462022690	EZETIMIBE	429	\$0.62774	\$0.08096	200% Above
N	No	68462022690	EZETIMIBE	270	\$0.55430	\$0.08767	200% Above
N	No	68462023401	FELODIPINE ER	30	\$1.10600	\$0.19704	200% Above
N	Yes	68462025301	ROPINIROLE HYDROCHLORIDE	70	\$0.07243	\$0.04765	51%-75% Above
N	No	68462025401	ROPINIROLE HCL	30	\$0.26933	\$0.04551	200% Above
N	No	68462025401	ROPINIROLE HCL	30	\$0.05200	\$0.04651	10%-25% Above

**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	68462025501	ROPINIROLE HCL	180	\$0.30183	\$0.05490	200% Above
N	Yes	68462025501	ROPINIROLE HCL	30	\$0.06300	\$0.05490	10%-25% Above
N	No	68462026001	VERAPAMIL HCL ER	90	\$0.72533	\$0.17058	200% Above
N	No	68462026005	VERAPAMIL HCL ER	90	\$0.29444	\$0.16884	51%-75% Above
N	No	68462026005	VERAPAMIL HCL ER	180	\$0.29444	\$0.17058	51%-75% Above
N	No	68462026110	ROSUVASTATIN CALCIUM	180	\$0.06667	\$0.04774	26%-50% Above
Y	No	68462026110	ROSUVASTATIN CALCIUM	90	\$0.40189	\$0.04537	200% Above
Y	No	68462026110	ROSUVASTATIN CALCIUM	270	\$0.24678	\$0.04774	200% Above
Y	Yes	68462026110	ROSUVASTATIN CALCIUM	90	\$0.38333	\$0.04537	200% Above
N	No	68462026190	ROSUVASTATIN CALCIUM	867	\$0.17310	\$0.04537	200% Above
N	No	68462026190	ROSUVASTATIN CALCIUM	531	\$0.12362	\$0.04774	101%-200% Above
N	No	68462026210	ROSUVASTATIN CALCIUM	2685	\$0.06667	\$0.04990	26%-50% Above
N	No	68462026210	ROSUVASTATIN CALCIUM	2190	\$0.06667	\$0.05258	26%-50% Above
Y	No	68462026210	ROSUVASTATIN CALCIUM	270	\$0.21585	\$0.04990	200% Above
Y	No	68462026210	ROSUVASTATIN CALCIUM	180	\$0.32533	\$0.05258	200% Above
N	No	68462026290	ROSUVASTATIN CALCIUM	780	\$0.37209	\$0.04990	200% Above
N	No	68462026290	ROSUVASTATIN CALCIUM	510	\$0.42590	\$0.05258	200% Above
N	Yes	68462026290	ROSUVASTATIN CALCIUM	240	\$0.28342	\$0.04990	200% Above
N	Yes	68462026290	ROSUVASTATIN CALCIUM	30	\$0.03767	\$0.05258	(26%-50%) Below
Y	No	68462026310	ROSUVASTATIN CALCIUM	270	\$0.20519	\$0.06569	200% Above
Y	No	68462026310	ROSUVASTATIN CALCIUM	180	\$0.15111	\$0.07194	101%-200% Above
Y	Yes	68462026310	ROSUVASTATIN CALCIUM	90	\$0.37567	\$0.06569	200% Above
N	No	68462026390	ROSUVASTATIN CALCIUM	240	\$0.48925	\$0.06569	200% Above
N	No	68462026390	ROSUVASTATIN CALCIUM	330	\$0.41448	\$0.07194	200% Above
N	Yes	68462026390	ROSUVASTATIN CALCIUM	30	\$0.04533	\$0.06569	(26%-50%) Below
N	Yes	68462026390	ROSUVASTATIN CALCIUM	120	\$0.40167	\$0.07194	200% Above
N	No	68462026405	ROSUVASTATIN CALCIUM	450	\$0.06667	\$0.10464	(26%-50%) Below
Y	No	68462026405	ROSUVASTATIN CALCIUM	90	\$0.30889	\$0.10464	101%-200% Above
Y	No	68462026405	ROSUVASTATIN CALCIUM	90	\$0.54211	\$0.11148	200% Above
Y	Yes	68462026405	ROSUVASTATIN CALCIUM	90	\$0.48744	\$0.10464	200% Above
Y	Yes	68462026405	ROSUVASTATIN CALCIUM	90	\$0.54156	\$0.11148	200% Above
N	No	68462026430	ROSUVASTATIN CALCIUM	105	\$0.19086	\$0.10464	76%-100% Above
N	No	68462026430	ROSUVASTATIN CALCIUM	60	\$0.93600	\$0.11148	200% Above
N	Yes	68462026430	ROSUVASTATIN CALCIUM	30	\$0.06467	\$0.11148	(26%-50%) Below

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	68462026830	ATOMOXETINE	30	\$0.34600	\$0.68847	(26%-50%) Below
N	No	68462027030	ATOMOXETINE	30	\$0.90667	\$0.66564	26%-50% Above
N	No	68462029201	VERAPAMIL HCL ER	180	\$0.45611	\$0.24775	76%-100% Above
N	Yes	68462029201	VERAPAMIL HCL ER	30	\$0.17967	\$0.25434	(26%-50%) Below
N	No	68462029301	VERAPAMIL HCL ER	90	\$0.28933	\$0.18857	51%-75% Above
N	No	68462029301	VERAPAMIL HCL ER	150	\$0.23140	\$0.19124	10%-25% Above
N	No	68462029305	VERAPAMIL HCL ER	270	\$0.28930	\$0.18857	51%-75% Above
N	No	68462029717	CICLOPIROX OLAMINE	90	\$0.38622	\$0.21635	76%-100% Above
N	No	68462029855	CLOTRIMAZOLE/BETAMETHASON E DIPROPIONATE	45	\$0.36111	\$0.14945	101%-200% Above
N	No	68462030201	INDOMETHACIN	185	\$0.33654	\$0.10867	200% Above
N	No	68462030201	INDOMETHACIN	28	\$0.44643	\$0.12376	200% Above
N	Yes	68462030205	INDOMETHACIN	30	\$0.30867	\$0.10867	101%-200% Above
N	No	68462030329	HEATHER	140	\$0.30693	\$0.12021	101%-200% Above
N	No	68462030329	HEATHER	168	\$0.41780	\$0.12141	200% Above
N	No	68462030450	NORETHINDRONE ACETATE	357	\$1.00014	\$0.31686	200% Above
N	No	68462030450	NORETHINDRONE ACETATE	524	\$0.93410	\$0.31787	101%-200% Above
N	Yes	68462030450	NORETHINDRONE ACETATE	30	\$1.17133	\$0.31787	200% Above
N	No	68462030529	NORETHINDRONE	364	\$0.44423	\$0.12021	200% Above
N	No	68462030529	NORETHINDRONE	588	\$0.45561	\$0.12141	200% Above
N	No	68462030929	NORGESTIMATE/ETHINYL ESTRADIOL	1176	\$0.51841	\$0.12270	200% Above
N	No	68462030929	NORGESTIMATE/ETHINYL ESTRADIOL	896	\$0.44940	\$0.12775	200% Above
N	No	68462031065	CALCIPOTRIENE	60	\$3.47033	\$2.32737	26%-50% Above
N	No	68462031417	NYSTATIN/TRIAMCINOLONE	15	\$1.43733	\$0.47479	200% Above
N	No	68462031629	BRIELLYN	28	\$1.06393	\$0.53226	76%-100% Above
N	No	68462031829	VIORELE	84	\$0.75536	\$0.20424	200% Above
N	No	68462032230	EZETIMIBE/SIMVASTATIN	120	\$2.69450	\$0.35666	200% Above
N	No	68462032230	EZETIMIBE/SIMVASTATIN	30	\$3.02767	\$0.43159	200% Above
N	No	68462032560	INDOMETHACIN ER	90	\$1.30789	\$0.19081	200% Above
N	No	68462032590	INDOMETHACIN ER	30	\$0.82867	\$0.15205	200% Above
N	No	68462033090	PRAMIPEXOLE DIHYDROCHLORIDE	60	\$0.34600	\$0.04546	200% Above
N	No	68462033190	PRAMIPEXOLE DIHYDROCHLORIDE	90	\$0.30111	\$0.04642	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	68462033290	PRAMIPEXOLE DIHYDROCHLORIDE	270	\$0.34270	\$0.05181	200% Above
N	No	68462033390	PRAMIPEXOLE DIHYDROCHLORIDE	90	\$0.11111	\$0.05804	76%-100% Above
N	No	68462033390	PRAMIPEXOLE DIHYDROCHLORIDE	90	\$0.11111	\$0.05817	76%-100% Above
N	No	68462034690	LEVOCETIRIZINE DIHYDROCHLORIDE	60	\$0.26583	\$0.08116	200% Above
N	Yes	68462035701	POTASSIUM CHLORIDE ER	30	\$0.09067	\$0.13401	(26%-50%) Below
N	No	68462035705	POTASSIUM CHLORIDE ER	120	\$0.20725	\$0.12948	51%-75% Above
N	No	68462037230	TOPIRAMATE ER	63	\$7.55079	\$5.14267	26%-50% Above
N	Yes	68462038201	ESZOPICLONE	30	\$0.79833	\$0.18673	200% Above
N	No	68462038301	ESZOPICLONE	30	\$0.49333	\$0.10777	200% Above
N	No	68462038401	ESZOPICLONE	60	\$0.44683	\$0.09650	200% Above
N	No	68462038401	ESZOPICLONE	60	\$0.44683	\$0.09837	200% Above
N	No	68462038730	SOLIFENACIN SUCCINATE	14	\$1.09500	\$0.18367	200% Above
N	No	68462039130	ESOMEPRAZOLE MAGNESIUM	60	\$0.94100	\$0.15290	200% Above
N	No	68462039429	ALYACEN 1/35	168	\$0.77583	\$0.29071	101%-200% Above
N	No	68462039501	OMEPRAZOLE	30	\$0.40533	\$0.08660	200% Above
N	No	68462039610	OMEPRAZOLE	420	\$0.28740	\$0.03293	200% Above
N	No	68462039610	OMEPRAZOLE	240	\$0.29867	\$0.03461	200% Above
N	Yes	68462039610	OMEPRAZOLE	30	\$0.42800	\$0.03293	200% Above
N	Yes	68462039610	OMEPRAZOLE	118	\$0.28703	\$0.03461	200% Above
N	No	68462039710	OMEPRAZOLE	900	\$0.30596	\$0.05410	200% Above
N	No	68462039710	OMEPRAZOLE	1140	\$0.29146	\$0.05567	200% Above
N	Yes	68462039710	OMEPRAZOLE	210	\$0.24143	\$0.05410	200% Above
N	Yes	68462039710	OMEPRAZOLE	510	\$0.34257	\$0.05567	200% Above
N	No	68462039790	OMEPRAZOLE	180	\$0.14100	\$0.05410	101%-200% Above
N	No	68462039790	OMEPRAZOLE	60	\$0.38400	\$0.05567	200% Above
N	No	68462040401	ATOVAQUONE/PROGUANIL HCL	67	\$2.56522	\$2.16264	10%-25% Above
N	No	68462040401	ATOVAQUONE/PROGUANIL HCL	110	\$3.30145	\$2.29877	26%-50% Above
N	No	68462040467	ATOVAQUONE/PROGUANIL HCL	78	\$3.16051	\$2.16264	26%-50% Above
N	No	68462040601	INDOMETHACIN	120	\$0.28125	\$0.09446	101%-200% Above
N	Yes	68462040601	INDOMETHACIN	42	\$0.05429	\$0.10940	(51%-75%) Below
N	No	68462041929	HAILEY FE 1/20	1232	\$0.51181	\$0.15303	200% Above
N	No	68462041929	HAILEY FE 1/20	1372	\$0.44054	\$0.16004	101%-200% Above
N	No	68462043318	COLESEVELAM HYDROCHLORIDE	120	\$0.34325	\$0.23905	26%-50% Above
N	No	68462043630	OLMESARTAN MEDOXOMIL	150	\$0.52867	\$0.06227	200% Above

**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	68462043630	OLMESARTAN MEDOXOMIL	150	\$0.49520	\$0.06545	200% Above
N	No	68462043730	OLMESARTAN MEDOXOMIL	420	\$0.42010	\$0.08141	200% Above
N	No	68462043730	OLMESARTAN MEDOXOMIL	225	\$0.51582	\$0.08628	200% Above
N	Yes	68462043730	OLMESARTAN MEDOXOMIL	60	\$0.42767	\$0.08141	200% Above
N	No	68462043790	OLMESARTAN MEDOXOMIL	30	\$0.64200	\$0.08141	200% Above
N	No	68462043790	OLMESARTAN MEDOXOMIL	210	\$0.55986	\$0.08628	200% Above
N	Yes	68462043790	OLMESARTAN MEDOXOMIL	60	\$0.05033	\$0.08141	(26%-50%) Below
N	Yes	68462043790	OLMESARTAN MEDOXOMIL	60	\$0.05433	\$0.08628	(26%-50%) Below
Y	No	68462043790	OLMESARTAN MEDOXOMIL	90	\$0.17111	\$0.08141	101%-200% Above
N	No	68462043830	OLMESARTAN MEDOXOMIL	270	\$1.11326	\$0.12428	200% Above
N	No	68462043830	OLMESARTAN MEDOXOMIL	300	\$0.79730	\$0.12902	200% Above
N	Yes	68462043830	OLMESARTAN MEDOXOMIL	30	\$0.07933	\$0.12902	(26%-50%) Below
N	No	68462043890	OLMESARTAN MEDOXOMIL	120	\$0.31267	\$0.12428	101%-200% Above
N	No	68462043890	OLMESARTAN MEDOXOMIL	90	\$0.57844	\$0.12902	200% Above
N	No	68462046699	RIZATRIPTAN BENZOATE	9	\$1.65333	\$0.35836	200% Above
N	No	68462047401	URSODIOL	300	\$1.77983	\$0.74224	101%-200% Above
N	No	68462049833	ZOLMITRIPTAN	1	\$14.28000	\$1.34738	200% Above
N	No	68462050329	HAILEY FE 1.5/30	112	\$0.47223	\$0.16186	101%-200% Above
N	No	68462050329	HAILEY FE 1.5/30	168	\$0.30970	\$0.16365	76%-100% Above
N	No	68462050481	HAILEY 1.5/30	378	\$0.86275	\$0.49976	51%-75% Above
N	No	68462050481	HAILEY 1.5/30	168	\$0.69381	\$0.50322	26%-50% Above
N	No	68462053435	TACROLIMUS	30	\$0.74333	\$1.42374	(26%-50%) Below
N	No	68462053465	TACROLIMUS	60	\$1.54000	\$1.21178	26%-50% Above
N	No	68462053670	IMIQUIMOD	72	\$1.88875	\$0.71640	101%-200% Above
N	No	68462053670	IMIQUIMOD	44	\$2.23773	\$0.77513	101%-200% Above
N	No	68462056529	NORGESTIMATE/ETHINYL ESTRADIOL	28	\$0.10964	\$0.13593	(10%-25%) Below
N	No	68462058201	FENOFIBRATE MICRONIZED	20	\$0.74000	\$0.16179	200% Above
N	No	68462060827	CLOBETASOL PROPIONATE	50	\$1.79440	\$0.43151	200% Above
N	No	68462063729	LEVONORGESTREL AND ETHINYL ESTRADIOL	84	\$1.48500	\$1.15368	26%-50% Above
N	No	68462063945	NITROGLYCERIN	50	\$0.32800	\$0.21106	51%-75% Above
N	No	68462064693	ASHLYNA	273	\$0.53289	\$0.27060	76%-100% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	68462065629	NORETHINDRONE ACETATE/ETHINYL ESTRADIOL	28	\$2.73107	\$1.18543	101%-200% Above
N	No	68462065790	NORETHINDRONE ACETATE/ETHINYL ESTRADIOL	30	\$1.82267	\$1.03651	76%-100% Above
N	No	68462067295	LEVONORGESTREL/ETHINYL ESTRADIOL	182	\$0.20220	\$0.16388	10%-25% Above
N	No	68462067295	LEVONORGESTREL/ETHINYL ESTRADIOL	273	\$0.43198	\$0.18229	101%-200% Above
N	No	68462068060	LACOSAMIDE	180	\$1.90728	\$0.35742	200% Above
N	No	68462068160	LACOSAMIDE	60	\$1.90700	\$0.41042	200% Above
N	No	68462068601	TACROLIMUS	160	\$0.46481	\$0.20469	101%-200% Above
Y	No	68462069497	FROVATRIPTAN SUCCINATE	9	\$22.69444	\$9.78667	101%-200% Above
N	No	68462071171	ESTRADIOL	34	\$8.56235	\$7.27243	10%-25% Above
N	No	68462071188	ESTRADIOL	34	\$11.93941	\$7.27243	51%-75% Above
N	No	68462071188	ESTRADIOL	32	\$9.69563	\$7.75199	26%-50% Above
N	No	68462072029	DROSPIRENONE/ETHINYL ESTRADIOL	644	\$0.63554	\$0.25331	101%-200% Above
N	No	68462072029	DROSPIRENONE/ETHINYL ESTRADIOL	924	\$0.73764	\$0.25336	101%-200% Above
N	No	68462073129	HAILEY 24 FE	812	\$1.15360	\$0.30728	200% Above
N	No	68462073129	HAILEY 24 FE	700	\$1.13783	\$0.31164	200% Above
N	Yes	68462073129	HAILEY 24 FE	28	\$0.95036	\$0.30728	200% Above
N	Yes	68462073129	HAILEY 24 FE	28	\$1.41750	\$0.31164	200% Above
N	No	68462073329	DROSPIRENONE/ETHINYL ESTRADIOL	196	\$0.51143	\$0.18195	101%-200% Above
N	No	68462073329	DROSPIRENONE/ETHINYL ESTRADIOL	112	\$0.55473	\$0.19229	101%-200% Above
Y	No	68462073329	DROSPIRENONE/ETHINYL ESTRADIOL	112	\$0.55482	\$0.19229	101%-200% Above
N	No	68462074617	ACYCLOVIR	15	\$3.07333	\$0.71206	200% Above
N	No	68462085229	CHARLOTTE 24 FE	28	\$1.55429	\$0.16016	200% Above
N	No	68462087801	BISOPROLOL FUMARATE/HYDROCHLOROTHIA ZIDE	180	\$0.41111	\$0.22374	76%-100% Above
N	No	68462087805	BISOPROLOL FUMARATE/HYDROCHLOROTHIA ZIDE	30	\$0.58633	\$0.20553	101%-200% Above
N	No	68462087901	BISOPROLOL FUMARATE/HYDROCHLOROTHIA ZIDE	180	\$0.41111	\$0.23736	51%-75% Above
N	No	68462087901	BISOPROLOL FUMARATE/HYDROCHLOROTHIA ZIDE	90	\$0.41111	\$0.24919	51%-75% Above
N	No	68462088001	BISOPROLOL FUMARATE/HYDROCHLOROTHIA ZIDE	45	\$0.41111	\$0.27967	26%-50% Above



Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	68645013054	FLUOXETINE HYDROCHLORIDE	420	\$0.11905	\$0.03103	200% Above
N	No	68645013054	FLUOXETINE HYDROCHLORIDE	480	\$0.11077	\$0.03128	200% Above
N	No	68645013154	FLUOXETINE HYDROCHLORIDE	90	\$0.43244	\$0.03483	200% Above
N	No	68645019059	METOPROLOL TARTRATE	510	\$0.06353	\$0.02059	200% Above
N	No	68645019059	METOPROLOL TARTRATE	240	\$0.05517	\$0.02218	101%-200% Above
N	Yes	68645019059	METOPROLOL TARTRATE	60	\$0.06667	\$0.02059	200% Above
N	Yes	68645019059	METOPROLOL TARTRATE	180	\$0.05667	\$0.02218	101%-200% Above
N	No	68645019159	METOPROLOL TARTRATE	90	\$0.06333	\$0.02852	101%-200% Above
N	No	68645030059	METFORMIN HYDROCHLORIDE	120	\$0.13650	\$0.02637	200% Above
N	No	68645030059	METFORMIN HYDROCHLORIDE	180	\$0.13022	\$0.02691	200% Above
N	No	68645047854	METOPROLOL SUCCINATE ER	60	\$0.57767	\$0.07734	200% Above
N	No	68645049659	CARVEDIOL	60	\$0.22083	\$0.03132	200% Above
N	No	68645049659	CARVEDIOL	60	\$0.37067	\$0.03239	200% Above
N	No	68645051054	HYDROCHLOROTHIAZIDE	480	\$0.05494	\$0.01291	200% Above
N	No	68645051054	HYDROCHLOROTHIAZIDE	450	\$0.05313	\$0.01295	200% Above
N	Yes	68645051054	HYDROCHLOROTHIAZIDE	120	\$0.05567	\$0.01291	200% Above
N	Yes	68645051054	HYDROCHLOROTHIAZIDE	30	\$0.05567	\$0.01295	200% Above
N	No	68645051954	ESCITALOPRAM OXALATE	345	\$0.48835	\$0.04783	200% Above
N	No	68645051954	ESCITALOPRAM OXALATE	345	\$0.46504	\$0.04847	200% Above
N	Yes	68645051954	ESCITALOPRAM OXALATE	30	\$0.43100	\$0.04847	200% Above
N	No	68645052054	ESCITALOPRAM OXALATE	270	\$0.41670	\$0.07945	200% Above
N	No	68645052054	ESCITALOPRAM OXALATE	420	\$0.45960	\$0.08426	200% Above
N	Yes	68645052054	ESCITALOPRAM OXALATE	30	\$0.48800	\$0.07945	200% Above
N	Yes	68645052054	ESCITALOPRAM OXALATE	30	\$0.49800	\$0.08426	200% Above
N	No	68645052154	SERTRALINE HYDROCHLORIDE	224	\$0.28839	\$0.03597	200% Above
N	No	68645052154	SERTRALINE HYDROCHLORIDE	90	\$0.30000	\$0.03816	200% Above
N	No	68645052254	SERTRALINE HCL	465	\$0.26037	\$0.04057	200% Above
N	No	68645052254	SERTRALINE HCL	387	\$0.32607	\$0.04068	200% Above
N	Yes	68645052254	SERTRALINE HCL	60	\$0.29433	\$0.04057	200% Above
N	No	68645052354	SERTRALINE HYDROCHLORIDE	450	\$0.23587	\$0.05587	200% Above
N	No	68645052354	SERTRALINE HYDROCHLORIDE	435	\$0.29628	\$0.05802	200% Above
N	Yes	68645052354	SERTRALINE HYDROCHLORIDE	30	\$0.28800	\$0.05587	200% Above
N	Yes	68645052354	SERTRALINE HYDROCHLORIDE	60	\$0.29900	\$0.05802	200% Above
N	No	68645054154	FINASTERIDE	120	\$0.51233	\$0.07307	200% Above
N	No	68645054154	FINASTERIDE	150	\$0.55367	\$0.07491	200% Above
N	Yes	68645055054	LISINOPRIL	30	\$0.12333	\$0.01458	200% Above
N	Yes	68645055054	LISINOPRIL	30	\$0.29200	\$0.01482	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	68645055654	LISINOPRIL/HYDROCHLOROTHIAZ IDE	60	\$0.23067	\$0.03218	200% Above
N	No	68645055654	LISINOPRIL/HYDROCHLOROTHIAZ IDE	30	\$0.23567	\$0.03498	200% Above
N	Yes	68645055654	LISINOPRIL/HYDROCHLOROTHIAZ IDE	30	\$0.22567	\$0.03218	200% Above
N	No	68645055754	LISINOPRIL/HYDROCHLOROTHIAZ IDE	420	\$0.19388	\$0.04392	200% Above
N	No	68645055754	LISINOPRIL/HYDROCHLOROTHIAZ IDE	300	\$0.20423	\$0.04640	200% Above
N	Yes	68645055754	LISINOPRIL/HYDROCHLOROTHIAZ IDE	60	\$0.21400	\$0.04392	200% Above
N	No	68645055854	LISINOPRIL/HYDROCHLOROTHIAZ IDE	120	\$0.13083	\$0.04671	101%-200% Above
N	No	68645055854	LISINOPRIL/HYDROCHLOROTHIAZ IDE	360	\$0.11667	\$0.04768	101%-200% Above
N	Yes	68645055854	LISINOPRIL/HYDROCHLOROTHIAZ IDE	30	\$0.13333	\$0.04768	101%-200% Above
N	No	68645055954	CITALOPRAM HYDROBROMIDE	75	\$0.61133	\$0.04380	200% Above
N	Yes	68645055954	CITALOPRAM HYDROBROMIDE	30	\$0.31600	\$0.04380	200% Above
N	Yes	68645055954	CITALOPRAM HYDROBROMIDE	30	\$0.12333	\$0.04499	101%-200% Above
N	No	68645056054	MONTELUKAST SODIUM	30	\$0.77667	\$0.06442	200% Above
N	No	68645056054	MONTELUKAST SODIUM	30	\$0.59700	\$0.06484	200% Above
N	No	68645056259	IBUPROFEN	169	\$0.17391	\$0.05354	200% Above
N	No	68645056259	IBUPROFEN	160	\$0.16688	\$0.05395	200% Above
N	Yes	68645056259	IBUPROFEN	30	\$0.17267	\$0.05354	200% Above
N	Yes	68645056259	IBUPROFEN	20	\$0.20000	\$0.05395	200% Above
N	No	68645056354	IBUPROFEN	362	\$0.17773	\$0.06514	101%-200% Above
N	No	68645056354	IBUPROFEN	821	\$0.16821	\$0.06648	101%-200% Above
N	Yes	68645056354	IBUPROFEN	90	\$0.17233	\$0.06514	101%-200% Above
N	Yes	68645056354	IBUPROFEN	40	\$0.19900	\$0.06648	101%-200% Above
N	No	68645056690	LOVASTATIN	60	\$0.38350	\$0.04564	200% Above
N	No	68645056690	LOVASTATIN	240	\$0.42950	\$0.04804	200% Above
N	No	68645056790	LOVASTATIN	30	\$0.76467	\$0.05275	200% Above
N	No	68645056790	LOVASTATIN	30	\$0.76467	\$0.05699	200% Above
N	No	68645057290	GLIMEPIRIDE	180	\$0.13889	\$0.03350	200% Above
N	No	68645057454	GLIPIZIDE	160	\$0.06125	\$0.03357	76%-100% Above
N	Yes	68645057454	GLIPIZIDE	60	\$0.05667	\$0.03442	51%-75% Above
N	No	68645057559	GLIPIZIDE	300	\$0.07343	\$0.04908	26%-50% Above
N	No	68645057559	GLIPIZIDE	180	\$0.06667	\$0.04934	26%-50% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	Yes	68645057559	GLIPIZIDE	60	\$0.06667	\$0.04934	26%-50% Above
N	No	68645058054	AMLODIPINE BESYLATE	825	\$0.27187	\$0.01476	200% Above
N	No	68645058054	AMLODIPINE BESYLATE	900	\$0.28727	\$0.01527	200% Above
N	Yes	68645058054	AMLODIPINE BESYLATE	90	\$0.29000	\$0.01476	200% Above
N	Yes	68645058054	AMLODIPINE BESYLATE	210	\$0.28248	\$0.01527	200% Above
N	No	68645058259	METFORMIN HYDROCHLORIDE	970	\$0.07397	\$0.01613	200% Above
N	No	68645058259	METFORMIN HYDROCHLORIDE	960	\$0.07021	\$0.01678	200% Above
N	Yes	68645058259	METFORMIN HYDROCHLORIDE	180	\$0.05667	\$0.01613	200% Above
N	Yes	68645058259	METFORMIN HYDROCHLORIDE	30	\$0.06667	\$0.01678	200% Above
N	No	68645058459	METFORMIN HYDROCHLORIDE	1140	\$0.06263	\$0.02637	101%-200% Above
N	No	68645058459	METFORMIN HYDROCHLORIDE	840	\$0.06667	\$0.02691	101%-200% Above
N	Yes	68645058459	METFORMIN HYDROCHLORIDE	120	\$0.05667	\$0.02637	101%-200% Above
N	Yes	68645058459	METFORMIN HYDROCHLORIDE	180	\$0.06667	\$0.02691	101%-200% Above
N	No	68645058754	LISINAPRIL	240	\$0.16521	\$0.01838	200% Above
N	No	68645058754	LISINAPRIL	240	\$0.14575	\$0.01910	200% Above
N	Yes	68645058754	LISINAPRIL	30	\$0.18967	\$0.01838	200% Above
N	No	68645059090	CLOPIDOGREL	180	\$0.45556	\$0.06356	200% Above
N	No	68645059090	CLOPIDOGREL	90	\$0.50000	\$0.06468	200% Above
N	Yes	68645059090	CLOPIDOGREL	30	\$0.32267	\$0.06356	200% Above
N	Yes	68645059090	CLOPIDOGREL	60	\$0.47100	\$0.06468	200% Above
N	No	68645059459	FAMOTIDINE	60	\$0.30100	\$0.03019	200% Above
N	No	68645059459	FAMOTIDINE	90	\$0.20067	\$0.03150	200% Above
N	No	68645059559	METFORMIN HYDROCHLORIDE ER	1530	\$0.04825	\$0.03126	51%-75% Above
N	No	68645059559	METFORMIN HYDROCHLORIDE ER	450	\$0.03809	\$0.03299	10%-25% Above
N	Yes	68645059559	METFORMIN HYDROCHLORIDE ER	120	\$0.07358	\$0.03126	101%-200% Above
N	Yes	68645059559	METFORMIN HYDROCHLORIDE ER	210	\$0.02333	\$0.03299	(26%-50%) Below
N	No	68645059654	PANTOPRAZOLE SODIUM	90	\$0.31422	\$0.05326	200% Above
N	Yes	68645060354	NIFEDIPINE ER	30	\$0.29500	\$0.14045	101%-200% Above
N	No	68645060454	NIFEDIPINE ER	60	\$0.63400	\$0.15395	200% Above
N	No	68645060790	ENALAPRIL MALEATE	30	\$0.30000	\$0.11205	101%-200% Above
N	Yes	68645060790	ENALAPRIL MALEATE	30	\$0.30000	\$0.11205	101%-200% Above
N	No	68645060890	LISINAPRIL	90	\$0.11111	\$0.01458	200% Above
N	No	68645060890	LISINAPRIL	60	\$0.13333	\$0.01482	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	68645060990	LISINOPRIL	105	\$0.09533	\$0.01457	200% Above
N	No	68645060990	LISINOPRIL	180	\$0.13294	\$0.01584	200% Above
N	No	68645061090	LISINOPRIL	330	\$0.13242	\$0.01838	200% Above
N	No	68645061090	LISINOPRIL	570	\$0.12982	\$0.01910	200% Above
N	Yes	68645061090	LISINOPRIL	120	\$0.13333	\$0.01910	200% Above
N	No	68645061190	LISINOPRIL	330	\$0.13152	\$0.02623	200% Above
N	No	68645061190	LISINOPRIL	330	\$0.13333	\$0.02659	200% Above
N	Yes	68645061190	LISINOPRIL	120	\$0.11775	\$0.02623	200% Above
N	Yes	68645061190	LISINOPRIL	90	\$0.13333	\$0.02659	200% Above
N	No	68645061290	LISINOPRIL	30	\$0.13333	\$0.05325	101%-200% Above
N	Yes	68645061290	LISINOPRIL	30	\$0.10100	\$0.05219	76%-100% Above
N	No	68645061390	LISINOPRIL	270	\$0.39756	\$0.04515	200% Above
N	No	68645061390	LISINOPRIL	150	\$0.47260	\$0.04595	200% Above
N	Yes	68645061390	LISINOPRIL	30	\$0.35800	\$0.04515	200% Above
N	Yes	68645061390	LISINOPRIL	60	\$0.44767	\$0.04595	200% Above
N	Yes	68682000910	DILTIAZEM HYDROCHLORIDE	90	\$0.58878	\$0.27385	101%-200% Above
N	No	68682001004	SODIUM SULFACETAMIDE	236	\$0.43691	\$0.62002	(26%-50%) Below
N	No	68682010301	DICLOFENAC SODIUM ER	30	\$0.96600	\$0.80970	10%-25% Above
N	No	68682010510	NIFEDIPINE ER	60	\$0.16667	\$0.09323	76%-100% Above
N	No	68682010510	NIFEDIPINE ER	120	\$0.15558	\$0.09572	51%-75% Above
N	No	68682010610	NIFEDIPINE ER	60	\$0.37800	\$0.12509	200% Above
N	No	68682010610	NIFEDIPINE ER	30	\$0.37800	\$0.13976	101%-200% Above
N	Yes	68682010610	NIFEDIPINE ER	30	\$0.34333	\$0.12509	101%-200% Above
N	Yes	68682010610	NIFEDIPINE ER	30	\$0.37800	\$0.13976	101%-200% Above
N	No	68682010710	NIFEDIPINE ER	90	\$0.47033	\$0.24150	76%-100% Above
N	No	68682010710	NIFEDIPINE ER	60	\$0.47033	\$0.24361	76%-100% Above
N	No	68682010810	NIFEDIPINE ER	30	\$0.46833	\$0.12504	200% Above
N	No	68682010910	NIFEDIPINE ER	30	\$1.10233	\$0.15444	200% Above
N	Yes	68682010910	NIFEDIPINE ER	60	\$0.11033	\$0.15444	(26%-50%) Below
N	No	68682011001	PIMECROLIMUS	30	\$6.54300	\$3.57526	76%-100% Above
N	No	68682011203	PIMECROLIMUS	100	\$0.10000	\$3.11409	(76%-100%) Below
N	No	68682011320	MESALAMINE ER	480	\$1.05000	\$0.91416	10%-25% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	68682029905	LOTEPREDNOL ETABONATE	15	\$35.77733	\$31.24183	10%-25% Above
N	No	68682030210	PYRIDOSTIGMINE BROMIDE	120	\$0.39783	\$0.22442	76%-100% Above
N	No	68682036790	DILTIAZEM HCL ER	30	\$0.16667	\$0.21098	(10%-25%) Below
N	No	68682036790	DILTIAZEM HCL ER	120	\$0.45483	\$0.23299	76%-100% Above
N	Yes	68682036790	DILTIAZEM HCL ER	30	\$0.12467	\$0.23299	(26%-50%) Below
N	No	68682036890	DILTIAZEM HCL ER	30	\$0.54967	\$0.26425	101%-200% Above
N	Yes	68682036890	DILTIAZEM HCL ER	90	\$0.41544	\$0.26425	51%-75% Above
N	No	68682045570	METRONIDAZOLE VAGINAL	350	\$0.69217	\$0.51470	26%-50% Above
N	No	68682046410	BRINZOLAMIDE	10	\$22.09200	\$16.90110	26%-50% Above
N	No	68682099798	DILTIAZEM HYDROCHLORIDE ER	30	\$1.11400	\$0.23586	200% Above
N	Yes	68682099798	DILTIAZEM HYDROCHLORIDE ER	30	\$1.01033	\$0.23586	200% Above
N	No	68968341008	ESTRADIOL	8	\$9.84375	\$6.59294	26%-50% Above
N	No	68968341008	ESTRADIOL	8	\$8.05250	\$6.61093	10%-25% Above
N	No	68968342508	ESTRADIOL	24	\$0.63667	\$6.48798	(76%-100%) Below
N	No	68968343708	ESTRADIOL	8	\$8.98000	\$7.16703	26%-50% Above
N	No	68968345008	ESTRADIOL	8	\$9.85375	\$6.49694	51%-75% Above
N	No	68968345008	ESTRADIOL	8	\$7.90625	\$6.68694	10%-25% Above
N	No	68968347508	ESTRADIOL	8	\$11.32375	\$6.57103	51%-75% Above
N	No	68968347508	ESTRADIOL	8	\$11.54625	\$6.70115	51%-75% Above
N	No	69076047601	GLYCOPYRROLATE	30	\$1.25567	\$0.19493	200% Above
N	No	69076047601	GLYCOPYRROLATE	90	\$1.17044	\$0.22295	200% Above
N	No	69097012203	TOPIRAMATE	1182	\$0.12940	\$0.03003	200% Above
N	No	69097012203	TOPIRAMATE	2262	\$0.07024	\$0.03170	101%-200% Above
N	No	69097012212	TOPIRAMATE	120	\$0.20217	\$0.03003	200% Above
N	No	69097012212	TOPIRAMATE	150	\$0.23840	\$0.03170	200% Above
N	No	69097012215	TOPIRAMATE	60	\$0.03833	\$0.03003	26%-50% Above
N	No	69097012215	TOPIRAMATE	330	\$0.03839	\$0.03170	10%-25% Above
N	No	69097012303	TOPIRAMATE	1170	\$0.14425	\$0.04083	200% Above
N	No	69097012303	TOPIRAMATE	915	\$0.13675	\$0.04138	200% Above
N	No	69097012312	TOPIRAMATE	60	\$0.41833	\$0.04083	200% Above
N	No	69097012315	TOPIRAMATE	210	\$0.12429	\$0.04138	200% Above
N	No	69097012403	TOPIRAMATE	720	\$0.30339	\$0.06290	200% Above
N	No	69097012403	TOPIRAMATE	270	\$0.19193	\$0.06719	101%-200% Above
N	No	69097012412	TOPIRAMATE	90	\$0.28567	\$0.06290	200% Above
N	No	69097012415	TOPIRAMATE	60	\$0.28567	\$0.06719	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	69097012503	TOPIRAMATE	240	\$0.16167	\$0.09803	51%-75% Above
N	No	69097012605	AMLODIPINE BESYLATE	65	\$0.16308	\$0.01269	200% Above
N	No	69097012605	AMLODIPINE BESYLATE	30	\$0.18867	\$0.01298	200% Above
N	No	69097012615	AMLODIPINE BESYLATE	30	\$0.00667	\$0.01298	(26%-50%) Below
Y	No	69097012615	AMLODIPINE BESYLATE	180	\$0.19311	\$0.01298	200% Above
N	Yes	69097012705	AMLODIPINE BESYLATE	30	\$0.00833	\$0.01054	(10%-25%) Below
N	No	69097012715	AMLODIPINE BESYLATE	210	\$0.16210	\$0.01054	200% Above
N	No	69097012715	AMLODIPINE BESYLATE	30	\$0.22567	\$0.01085	200% Above
N	Yes	69097012715	AMLODIPINE BESYLATE	60	\$0.00900	\$0.01054	(10%-25%) Below
N	Yes	69097012715	AMLODIPINE BESYLATE	60	\$0.00900	\$0.01085	(10%-25%) Below
Y	No	69097012715	AMLODIPINE BESYLATE	270	\$0.10204	\$0.01054	200% Above
N	No	69097012805	AMLODIPINE BESYLATE	60	\$0.16867	\$0.01476	200% Above
N	No	69097012805	AMLODIPINE BESYLATE	30	\$0.45567	\$0.01527	200% Above
N	No	69097012815	AMLODIPINE BESYLATE	90	\$0.23444	\$0.01476	200% Above
N	No	69097012815	AMLODIPINE BESYLATE	90	\$0.85911	\$0.01527	200% Above
Y	No	69097012815	AMLODIPINE BESYLATE	180	\$0.18250	\$0.01476	200% Above
Y	No	69097012815	AMLODIPINE BESYLATE	180	\$0.15350	\$0.01527	200% Above
N	No	69097014260	ALBUTEROL SULFATE HFA	355.1	\$3.72546	\$2.91623	26%-50% Above
N	No	69097014260	ALBUTEROL SULFATE HFA	368.5	\$3.67075	\$2.93319	26%-50% Above
N	Yes	69097014260	ALBUTEROL SULFATE HFA	73.7	\$4.21886	\$2.91623	26%-50% Above
N	Yes	69097014260	ALBUTEROL SULFATE HFA	53.6	\$3.94478	\$2.93319	26%-50% Above
N	No	69097015412	VALACYCLOVIR HYDROCHLORIDE	30	\$0.42333	\$0.50396	(10%-25%) Below
N	No	69097015807	MELOXICAM	250	\$0.33712	\$0.01881	200% Above
N	No	69097015807	MELOXICAM	320	\$0.30525	\$0.01905	200% Above
N	No	69097015812	MELOXICAM	60	\$0.39083	\$0.01905	200% Above
N	No	69097015815	MELOXICAM	724	\$0.06820	\$0.01881	200% Above
N	No	69097015815	MELOXICAM	425	\$0.07487	\$0.01905	200% Above
N	Yes	69097015815	MELOXICAM	30	\$0.34800	\$0.01881	200% Above
N	Yes	69097015815	MELOXICAM	60	\$0.38400	\$0.01905	200% Above
Y	No	69097015815	MELOXICAM	90	\$0.13111	\$0.01905	200% Above
N	No	69097015907	MELOXICAM	840	\$0.41761	\$0.02006	200% Above
N	No	69097015907	MELOXICAM	1171	\$0.39623	\$0.02097	200% Above
N	Yes	69097015907	MELOXICAM	44	\$0.36500	\$0.02006	200% Above
N	No	69097015912	MELOXICAM	30	\$0.01333	\$0.02006	(26%-50%) Below
N	Yes	69097015912	MELOXICAM	30	\$0.01400	\$0.02097	(26%-50%) Below

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	69097015915	MELOXICAM	2084	\$0.05578	\$0.02006	101%-200% Above
N	No	69097015915	MELOXICAM	1565	\$0.10928	\$0.02097	200% Above
N	Yes	69097015915	MELOXICAM	45	\$0.36511	\$0.02006	200% Above
N	Yes	69097015915	MELOXICAM	210	\$0.24519	\$0.02097	200% Above
Y	No	69097015915	MELOXICAM	90	\$0.23689	\$0.02006	200% Above
Y	No	69097017353	IPRATROPIUM BROMIDE/ALBUTEROL SULFATE	540	\$0.16961	\$0.09974	51%-75% Above
N	No	69097017364	IPRATROPIUM BROMIDE/ALBUTEROL SULFATE	360	\$0.02675	\$0.07320	(51%-75%) Below
N	No	69097022376	ALENDRONATE SODIUM	4	\$3.75000	\$0.35727	200% Above
N	No	69097022416	ALENDRONATE SODIUM	8	\$3.68625	\$0.27849	200% Above
N	No	69097022416	ALENDRONATE SODIUM	8	\$1.98500	\$0.28053	200% Above
N	No	69097031987	BUDESONIDE	540	\$1.31876	\$0.73710	76%-100% Above
N	No	69097032187	BUDESONIDE	240	\$2.45333	\$3.59538	(26%-50%) Below
N	No	69097036202	ABACAVIR SULFATE/LAMIVUDINE	180	\$1.24567	\$2.01143	(26%-50%) Below
N	Yes	69097040715	METOPROLOL SUCCINATE ER	60	\$0.02633	\$0.07734	(51%-75%) Below
N	No	69097042107	CELECOXIB	255	\$0.36792	\$0.10817	200% Above
N	No	69097042107	CELECOXIB	30	\$0.66067	\$0.10988	200% Above
N	Yes	69097042107	CELECOXIB	30	\$0.82567	\$0.10817	200% Above
N	No	69097042112	CELECOXIB	90	\$0.82567	\$0.10817	200% Above
N	No	69097042112	CELECOXIB	90	\$0.81744	\$0.10988	200% Above
Y	No	69097042112	CELECOXIB	90	\$0.28378	\$0.10988	101%-200% Above
N	No	69097042212	CELECOXIB	60	\$0.03717	\$0.09080	(51%-75%) Below
N	Yes	69097042212	CELECOXIB	30	\$0.03733	\$0.08782	(51%-75%) Below
N	No	69097042602	ENTECAVIR	150	\$0.39833	\$0.48922	(10%-25%) Below
Y	Yes	69097045805	FENOFIBRATE	90	\$0.88156	\$0.12785	200% Above
N	No	69097052444	DICLOFENAC SODIUM	600	\$0.14593	\$0.10814	26%-50% Above
N	No	69097053302	TENOFOVIR DISOPROXIL FUMARATE	90	\$0.57600	\$0.46733	10%-25% Above
N	No	69097064448	SUMATRIPTAN	12	\$11.28167	\$18.43224	(26%-50%) Below
N	No	69097067805	PREGABALIN	150	\$0.17800	\$0.05725	200% Above
N	No	69097067805	PREGABALIN	330	\$0.19697	\$0.06180	200% Above
N	No	69097067905	PREGABALIN	148	\$0.42662	\$0.05405	200% Above
N	No	69097067905	PREGABALIN	480	\$0.28094	\$0.06258	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	Yes	69097067905	PREGABALIN	120	\$0.03192	\$0.05405	(26%-50%) Below
N	No	69097068105	PREGABALIN	150	\$0.14727	\$0.05835	101%-200% Above
N	No	69097068105	PREGABALIN	210	\$0.19362	\$0.06425	200% Above
N	No	69097068205	PREGABALIN	120	\$0.47983	\$0.06703	200% Above
N	No	69097068205	PREGABALIN	240	\$0.47825	\$0.07465	200% Above
N	No	69097068405	PREGABALIN	90	\$0.65178	\$0.08397	200% Above
N	No	69097073102	TERBINAFINE HYDROCHLORIDE	25	\$0.98680	\$0.15239	200% Above
N	No	69097073102	TERBINAFINE HYDROCHLORIDE	30	\$1.08900	\$0.15326	200% Above
N	No	69097080232	TESTOSTERONE CYPIONATE	2	\$3.92000	\$13.13104	(51%-75%) Below
N	No	69097080232	TESTOSTERONE CYPIONATE	19	\$5.18579	\$13.66959	(51%-75%) Below
N	Yes	69097080232	TESTOSTERONE CYPIONATE	4	\$2.10250	\$13.66959	(76%-100%) Below
Y	No	69097080232	TESTOSTERONE CYPIONATE	2	\$15.05000	\$13.66959	10%-25% Above
N	No	69097081307	GABAPENTIN	60	\$0.25200	\$0.02583	200% Above
N	No	69097081312	GABAPENTIN	891	\$0.18262	\$0.02469	200% Above
N	No	69097081312	GABAPENTIN	1110	\$0.25579	\$0.02583	200% Above
N	Yes	69097081312	GABAPENTIN	102	\$0.24402	\$0.02469	200% Above
N	Yes	69097081312	GABAPENTIN	60	\$0.22100	\$0.02583	200% Above
N	No	69097081507	GABAPENTIN	90	\$0.16656	\$0.05443	200% Above
N	No	69097081507	GABAPENTIN	60	\$0.39117	\$0.06067	200% Above
N	Yes	69097082103	GEMFIBROZIL	60	\$0.34167	\$0.10204	200% Above
N	No	69097082112	GEMFIBROZIL	60	\$0.58000	\$0.10150	200% Above
N	No	69097082112	GEMFIBROZIL	420	\$0.54514	\$0.10204	200% Above
Y	No	69097082112	GEMFIBROZIL	180	\$0.50500	\$0.10204	200% Above
N	No	69097082207	CITALOPRAM HYDROBROMIDE	60	\$0.35733	\$0.02608	200% Above
N	No	69097082207	CITALOPRAM HYDROBROMIDE	60	\$0.40500	\$0.02621	200% Above
N	No	69097082212	CITALOPRAM HYDROBROMIDE	120	\$0.30283	\$0.02608	200% Above
N	No	69097082312	CITALOPRAM HYDROBROMIDE	180	\$0.35739	\$0.03155	200% Above
N	No	69097082312	CITALOPRAM HYDROBROMIDE	195	\$0.37692	\$0.03240	200% Above
N	Yes	69097082312	CITALOPRAM HYDROBROMIDE	60	\$0.22050	\$0.03155	200% Above
Y	No	69097082312	CITALOPRAM HYDROBROMIDE	75	\$0.21133	\$0.03155	200% Above
Y	Yes	69097082312	CITALOPRAM HYDROBROMIDE	270	\$0.25948	\$0.03155	200% Above
N	No	69097082412	CITALOPRAM HYDROBROMIDE	180	\$0.42778	\$0.04380	200% Above
N	No	69097082412	CITALOPRAM HYDROBROMIDE	270	\$0.47837	\$0.04499	200% Above
N	Yes	69097082412	CITALOPRAM HYDROBROMIDE	30	\$0.44900	\$0.04380	200% Above
Y	No	69097082412	CITALOPRAM HYDROBROMIDE	30	\$0.30967	\$0.04380	200% Above
Y	No	69097082412	CITALOPRAM HYDROBROMIDE	30	\$0.30967	\$0.04499	200% Above



**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	69097082607	BENZTROPINE MESYLATE	60	\$0.15583	\$0.07609	101%-200% Above
N	No	69097083302	SERTRALINE HYDROCHLORIDE	30	\$0.28300	\$0.03597	200% Above
N	No	69097083305	SERTRALINE HYDROCHLORIDE	570	\$0.49242	\$0.03597	200% Above
N	No	69097083305	SERTRALINE HYDROCHLORIDE	690	\$0.37414	\$0.03816	200% Above
N	Yes	69097083305	SERTRALINE HYDROCHLORIDE	30	\$0.41067	\$0.03816	200% Above
N	No	69097083312	SERTRALINE HYDROCHLORIDE	60	\$0.33967	\$0.03597	200% Above
N	No	69097083312	SERTRALINE HYDROCHLORIDE	30	\$0.02500	\$0.03816	(26%-50%) Below
N	Yes	69097083312	SERTRALINE HYDROCHLORIDE	30	\$0.04200	\$0.03816	10%-25% Above
N	No	69097083402	SERTRALINE HCL	30	\$0.29433	\$0.04057	200% Above
N	No	69097083402	SERTRALINE HCL	30	\$0.46767	\$0.04068	200% Above
N	No	69097083412	SERTRALINE HCL	1829	\$0.42078	\$0.04057	200% Above
N	No	69097083412	SERTRALINE HCL	2591	\$0.41631	\$0.04068	200% Above
N	Yes	69097083412	SERTRALINE HCL	45	\$0.23178	\$0.04057	200% Above
N	Yes	69097083412	SERTRALINE HCL	60	\$0.39800	\$0.04068	200% Above
N	No	69097083512	SERTRALINE HYDROCHLORIDE	2270	\$0.35696	\$0.05587	200% Above
N	No	69097083512	SERTRALINE HYDROCHLORIDE	2968	\$0.37853	\$0.05802	200% Above
N	Yes	69097083512	SERTRALINE HYDROCHLORIDE	285	\$0.35288	\$0.05802	200% Above
N	No	69097084507	CYCLOBENZAPRINE HYDROCHLORIDE	165	\$0.41630	\$0.02198	200% Above
N	No	69097084507	CYCLOBENZAPRINE HYDROCHLORIDE	170	\$0.44988	\$0.02249	200% Above
N	Yes	69097084507	CYCLOBENZAPRINE HYDROCHLORIDE	90	\$0.35500	\$0.02198	200% Above
N	No	69097084607	CYCLOBENZAPRINE HYDROCHLORIDE	15	\$0.01533	\$0.02342	(26%-50%) Below
N	No	69097084615	CYCLOBENZAPRINE HYDROCHLORIDE	30	\$0.47467	\$0.02251	200% Above
N	No	69097084705	ESCITALOPRAM OXALATE	60	\$0.50267	\$0.04488	200% Above
N	No	69097084705	ESCITALOPRAM OXALATE	120	\$0.38408	\$0.04702	200% Above
N	No	69097084805	ESCITALOPRAM OXALATE	225	\$0.55951	\$0.04783	200% Above
N	No	69097084805	ESCITALOPRAM OXALATE	210	\$0.46500	\$0.04847	200% Above
N	Yes	69097084805	ESCITALOPRAM OXALATE	120	\$0.27358	\$0.04783	200% Above
N	No	69097084905	ESCITALOPRAM OXALATE	420	\$0.49879	\$0.07945	200% Above
N	No	69097084905	ESCITALOPRAM OXALATE	135	\$0.55348	\$0.08426	200% Above
N	No	69097085902	TERBINAFINE HCL	433	\$0.93342	\$0.15239	200% Above
N	No	69097085902	TERBINAFINE HCL	236	\$1.15915	\$0.15326	200% Above
N	No	69097086107	ZONISAMIDE	210	\$0.42676	\$0.12297	200% Above
N	No	69097086807	NADOLOL	60	\$0.48900	\$0.26110	76%-100% Above
N	No	69097086807	NADOLOL	60	\$0.67000	\$0.33458	101%-200% Above

**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	69097087612	BUPROPION HYDROCHLORIDE ER (XL)	90	\$0.27944	\$0.16140	51%-75% Above
N	No	69097094312	GABAPENTIN	1650	\$0.16322	\$0.04077	200% Above
N	No	69097094312	GABAPENTIN	1580	\$0.15913	\$0.04095	200% Above
N	Yes	69097094312	GABAPENTIN	132	\$0.17583	\$0.04077	200% Above
N	Yes	69097094312	GABAPENTIN	90	\$0.17578	\$0.04095	200% Above
N	No	69097096507	NABUMETONE	30	\$0.26167	\$0.13776	76%-100% Above
N	No	69097096607	NABUMETONE	60	\$0.23750	\$0.16332	26%-50% Above
N	No	69097096612	NABUMETONE	60	\$0.37450	\$0.16032	101%-200% Above
N	Yes	69097096793	SEVELAMER CARBONATE	90	\$1.06778	\$0.24401	200% Above
N	No	69097096807	LISINOPRIL/HYDROCHLOROTHIAZIDE	30	\$0.02533	\$0.03498	(26%-50%) Below
N	No	69102032001	SUBVENITE	30	\$0.45800	\$0.07961	200% Above
N	No	69230030001	ALLERGY RELIEF	60	\$0.24300	\$0.28462	(10%-25%) Below
N	No	69230030005	ALLERGY RELIEF	30	\$0.12667	\$0.26418	(51%-75%) Below
N	No	69238101302	TESTOSTERONE	600	\$1.13120	\$0.46147	101%-200% Above
N	No	69238101703	ISOTRETINOIN	120	\$9.56317	\$2.97116	200% Above
N	No	69238101703	ISOTRETINOIN	60	\$7.23300	\$3.31692	101%-200% Above
N	No	69238106501	POTASSIUM CHLORIDE ER	30	\$0.40900	\$0.13658	101%-200% Above
N	No	69238106501	POTASSIUM CHLORIDE ER	30	\$0.40900	\$0.13826	101%-200% Above
N	No	69238106507	POTASSIUM CHLORIDE ER	16	\$0.41688	\$0.13826	200% Above
N	No	69238106901	POTASSIUM CHLORIDE ER	697	\$0.24646	\$0.14873	51%-75% Above
N	No	69238106901	POTASSIUM CHLORIDE ER	810	\$0.24647	\$0.17134	26%-50% Above
N	No	69238110002	DOXYCYCLINE HYCLATE	104	\$0.24221	\$0.12965	76%-100% Above
N	No	69238110005	DOXYCYCLINE HYCLATE	58	\$0.45931	\$0.13081	200% Above
N	Yes	69238110005	DOXYCYCLINE HYCLATE	20	\$0.79500	\$0.12965	200% Above
N	Yes	69238110005	DOXYCYCLINE HYCLATE	74	\$0.71959	\$0.13081	200% Above
N	No	69238110809	CLOMIPRAMINE HYDROCHLORIDE	60	\$1.04217	\$0.46535	101%-200% Above
N	No	69238110809	CLOMIPRAMINE HYDROCHLORIDE	30	\$1.04200	\$0.48241	101%-200% Above
N	No	69238112309	NADOLOL	90	\$0.31278	\$0.15963	76%-100% Above
N	No	69238112309	NADOLOL	1	\$0.31000	\$0.16282	76%-100% Above
N	No	69238112409	NADOLOL	90	\$0.42033	\$0.33458	26%-50% Above
N	No	69238115403	EZETIMIBE	510	\$0.91557	\$0.08096	200% Above

**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	69238115403	EZETIMIBE	210	\$1.21690	\$0.08767	200% Above
N	Yes	69238115403	EZETIMIBE	30	\$0.68433	\$0.08096	200% Above
N	Yes	69238115403	EZETIMIBE	30	\$0.54767	\$0.08767	200% Above
N	No	69238115409	EZETIMIBE	485	\$0.65699	\$0.08096	200% Above
N	No	69238115409	EZETIMIBE	373	\$0.71198	\$0.08767	200% Above
N	No	69238115703	EZETIMIBE/SIMVASTATIN	30	\$4.06067	\$0.43026	200% Above
N	No	69238115703	EZETIMIBE/SIMVASTATIN	30	\$4.06067	\$0.54327	200% Above
N	No	69238116609	DOXEPIN HCL	60	\$0.34733	\$0.10128	200% Above
N	No	69238116609	DOXEPIN HCL	150	\$0.34693	\$0.13551	101%-200% Above
N	No	69238117603	ISOTRETINOIN	90	\$7.10544	\$2.91957	101%-200% Above
N	No	69238117603	ISOTRETINOIN	120	\$9.11683	\$2.93217	200% Above
N	No	69238131209	PREGABALIN	45	\$0.24600	\$0.06258	200% Above
N	Yes	69238131209	PREGABALIN	30	\$0.03100	\$0.05405	(26%-50%) Below
N	No	69238131509	PREGABALIN	60	\$0.05383	\$0.08244	(26%-50%) Below
N	No	69238134201	ETODOLAC	69	\$0.88551	\$0.29668	101%-200% Above
N	No	69238134301	ETODOLAC	110	\$0.96827	\$0.35652	101%-200% Above
N	Yes	69238134301	ETODOLAC	60	\$1.05100	\$0.35961	101%-200% Above
N	No	69238138003	DIFLUPREDNATE	10	\$4.67700	\$15.24307	(51%-75%) Below
N	No	69238142301	METHOTREXATE SODIUM	56	\$1.57625	\$0.22665	200% Above
N	No	69238142301	METHOTREXATE SODIUM	88	\$1.38602	\$0.23874	200% Above
N	No	69238147103	ERYTHROMYCIN DR	60	\$5.87200	\$3.50163	51%-75% Above
N	No	69238148901	BUMETANIDE	30	\$0.49333	\$0.21540	101%-200% Above
N	No	69238149001	BUMETANIDE	90	\$0.22167	\$0.18579	10%-25% Above
N	Yes	69238149001	BUMETANIDE	30	\$0.05800	\$0.20985	(51%-75%) Below
N	No	69238149101	BUMETANIDE	7	\$0.40571	\$0.35937	10%-25% Above
N	No	69238153206	CLOBETASOL PROPIONATE	60	\$0.31500	\$0.15849	76%-100% Above
N	No	69238153206	CLOBETASOL PROPIONATE	60	\$0.31500	\$0.16141	76%-100% Above
N	No	69238153403	FLUOCINONIDE	30	\$0.96200	\$0.36093	101%-200% Above
N	No	69238153406	FLUOCINONIDE	60	\$0.62950	\$0.34352	76%-100% Above
N	No	69238154401	HYDROXYCHLOROQUINE SULFATE	90	\$1.09633	\$0.17883	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	69238154401	HYDROXYCHLOROQUINE SULFATE	120	\$0.77358	\$0.20755	200% Above
N	Yes	69238154401	HYDROXYCHLOROQUINE SULFATE	180	\$0.77333	\$0.20755	200% Above
N	No	69238160502	METHYLERGONOVINE MALEATE	21	\$12.87048	\$14.57463	(10%-25%) Below
N	No	69238161503	OFLOXACIN	40	\$2.96250	\$1.63551	76%-100% Above
N	No	69238161503	OFLOXACIN	10	\$5.36400	\$1.68684	200% Above
N	No	69238161606	OFLOXACIN	10	\$7.98900	\$1.55440	200% Above
N	No	69238161606	OFLOXACIN	30	\$6.63633	\$1.81619	200% Above
N	No	69238173002	NAPROXEN	473	\$0.38474	\$0.59173	(26%-50%) Below
N	No	69238173208	CLOBETASOL PROPIONATE	236	\$0.85288	\$0.32194	101%-200% Above
N	No	69238183007	LEVOTHYROXINE SODIUM	360	\$0.22306	\$0.05364	200% Above
N	No	69238183007	LEVOTHYROXINE SODIUM	795	\$0.22634	\$0.06114	200% Above
N	Yes	69238183007	LEVOTHYROXINE SODIUM	30	\$0.30600	\$0.05364	200% Above
N	Yes	69238183007	LEVOTHYROXINE SODIUM	30	\$0.26767	\$0.06114	200% Above
Y	No	69238183007	LEVOTHYROXINE SODIUM	90	\$0.14400	\$0.05364	101%-200% Above
N	No	69238183107	LEVOTHYROXINE SODIUM	1035	\$0.25839	\$0.06006	200% Above
N	No	69238183107	LEVOTHYROXINE SODIUM	1080	\$0.25318	\$0.06726	200% Above
N	Yes	69238183107	LEVOTHYROXINE SODIUM	60	\$0.31300	\$0.06726	200% Above
Y	No	69238183107	LEVOTHYROXINE SODIUM	180	\$0.15111	\$0.06006	101%-200% Above
Y	No	69238183107	LEVOTHYROXINE SODIUM	180	\$0.12339	\$0.06726	76%-100% Above
N	No	69238183207	LEVOTHYROXINE SODIUM	690	\$0.30935	\$0.06241	200% Above
N	No	69238183207	LEVOTHYROXINE SODIUM	1245	\$0.24055	\$0.07394	200% Above
N	Yes	69238183207	LEVOTHYROXINE SODIUM	120	\$0.20733	\$0.06241	200% Above
N	Yes	69238183207	LEVOTHYROXINE SODIUM	135	\$0.25400	\$0.07394	200% Above
Y	No	69238183207	LEVOTHYROXINE SODIUM	90	\$0.11478	\$0.07394	51%-75% Above
N	No	69238183301	LEVOTHYROXINE SODIUM	420	\$0.16779	\$0.07739	101%-200% Above
N	No	69238183301	LEVOTHYROXINE SODIUM	300	\$0.21363	\$0.07908	101%-200% Above
N	Yes	69238183301	LEVOTHYROXINE SODIUM	90	\$0.15322	\$0.07739	76%-100% Above
N	Yes	69238183301	LEVOTHYROXINE SODIUM	180	\$0.17033	\$0.07908	101%-200% Above
N	No	69238183307	LEVOTHYROXINE SODIUM	90	\$0.27778	\$0.07739	200% Above
N	No	69238183307	LEVOTHYROXINE SODIUM	158	\$0.37949	\$0.07908	200% Above
N	Yes	69238183307	LEVOTHYROXINE SODIUM	30	\$0.39033	\$0.07739	200% Above
N	Yes	69238183307	LEVOTHYROXINE SODIUM	30	\$0.34533	\$0.07908	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	69238183401	LEVOTHYROXINE SODIUM	30	\$0.39333	\$0.07388	200% Above
N	No	69238183407	LEVOTHYROXINE SODIUM	585	\$0.33068	\$0.07388	200% Above
N	No	69238183407	LEVOTHYROXINE SODIUM	740	\$0.20380	\$0.07548	101%-200% Above
Y	No	69238183407	LEVOTHYROXINE SODIUM	90	\$0.20689	\$0.07548	101%-200% Above
Y	Yes	69238183407	LEVOTHYROXINE SODIUM	90	\$0.20689	\$0.07548	101%-200% Above
N	No	69238183501	LEVOTHYROXINE SODIUM	225	\$0.29560	\$0.07846	200% Above
N	No	69238183501	LEVOTHYROXINE SODIUM	270	\$0.32885	\$0.09370	200% Above
N	Yes	69238183501	LEVOTHYROXINE SODIUM	30	\$0.41533	\$0.09370	200% Above
N	No	69238183507	LEVOTHYROXINE SODIUM	135	\$0.37089	\$0.07846	200% Above
N	No	69238183507	LEVOTHYROXINE SODIUM	165	\$0.29091	\$0.09370	200% Above
N	Yes	69238183507	LEVOTHYROXINE SODIUM	30	\$0.45467	\$0.07846	200% Above
Y	No	69238183507	LEVOTHYROXINE SODIUM	180	\$0.21667	\$0.09370	101%-200% Above
N	No	69238183601	LEVOTHYROXINE SODIUM	30	\$0.46100	\$0.09987	200% Above
N	No	69238183607	LEVOTHYROXINE SODIUM	495	\$0.32073	\$0.08924	200% Above
N	No	69238183607	LEVOTHYROXINE SODIUM	540	\$0.32507	\$0.09987	200% Above
N	Yes	69238183607	LEVOTHYROXINE SODIUM	30	\$0.39967	\$0.09987	200% Above
N	No	69238183701	LEVOTHYROXINE SODIUM	90	\$0.23378	\$0.08199	101%-200% Above
N	No	69238183701	LEVOTHYROXINE SODIUM	270	\$0.34122	\$0.08830	200% Above
N	No	69238183707	LEVOTHYROXINE SODIUM	60	\$0.46767	\$0.08199	200% Above
N	No	69238183707	LEVOTHYROXINE SODIUM	90	\$0.46767	\$0.08830	200% Above
N	No	69238183801	LEVOTHYROXINE SODIUM	150	\$0.25653	\$0.07754	200% Above
N	No	69238183801	LEVOTHYROXINE SODIUM	240	\$0.30888	\$0.08440	200% Above
N	No	69238183807	LEVOTHYROXINE SODIUM	120	\$0.20200	\$0.07754	101%-200% Above
N	No	69238183807	LEVOTHYROXINE SODIUM	90	\$0.33733	\$0.08440	200% Above
N	Yes	69238183807	LEVOTHYROXINE SODIUM	30	\$0.47467	\$0.07754	200% Above
Y	No	69238183807	LEVOTHYROXINE SODIUM	90	\$0.15111	\$0.07754	76%-100% Above
Y	No	69238183807	LEVOTHYROXINE SODIUM	90	\$0.15111	\$0.08440	76%-100% Above
Y	Yes	69238183807	LEVOTHYROXINE SODIUM	90	\$0.28022	\$0.08440	200% Above
N	No	69238183901	LEVOTHYROXINE SODIUM	30	\$0.56400	\$0.10356	200% Above
N	No	69238183901	LEVOTHYROXINE SODIUM	405	\$0.28104	\$0.11548	101%-200% Above
N	No	69238183907	LEVOTHYROXINE SODIUM	108	\$0.41046	\$0.11548	200% Above
N	Yes	69238183907	LEVOTHYROXINE SODIUM	30	\$0.49967	\$0.11548	200% Above
Y	Yes	69238183907	LEVOTHYROXINE SODIUM	90	\$0.30311	\$0.10356	101%-200% Above
N	No	69238184001	LEVOTHYROXINE SODIUM	30	\$0.48967	\$0.10336	200% Above

**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	69238184001	LEVOTHYROXINE SODIUM	30	\$0.56500	\$0.11267	200% Above
N	No	69238184007	LEVOTHYROXINE SODIUM	30	\$0.48967	\$0.10336	200% Above
N	No	69238199201	DIGOXIN	30	\$0.30000	\$0.18987	51%-75% Above
N	No	69238200706	ZOLMITRIPTAN	6	\$55.69333	\$74.11741	(10%-25%) Below
N	No	69238201603	IPRATROPIUM BROMIDE	150	\$0.53967	\$0.66041	(10%-25%) Below
N	No	69238201603	IPRATROPIUM BROMIDE	300	\$0.53967	\$0.66597	(10%-25%) Below
Y	No	69238201603	IPRATROPIUM BROMIDE	90	\$1.97344	\$0.66597	101%-200% Above
N	No	69238201702	IPRATROPIUM BROMIDE	30	\$2.54100	\$1.28908	76%-100% Above
N	No	69238203003	CLINDAMYCIN PHOSPHATE	30	\$0.09033	\$0.32762	(51%-75%) Below
N	No	69238207701	PROPRANOLOL HYDROCHLORIDE	540	\$0.24056	\$0.05377	200% Above
N	No	69238207701	PROPRANOLOL HYDROCHLORIDE	895	\$0.18261	\$0.06415	101%-200% Above
N	Yes	69238207701	PROPRANOLOL HYDROCHLORIDE	270	\$0.12359	\$0.05377	101%-200% Above
N	Yes	69238207701	PROPRANOLOL HYDROCHLORIDE	60	\$0.05050	\$0.06415	(10%-25%) Below
N	No	69238207707	PROPRANOLOL HYDROCHLORIDE	400	\$0.26598	\$0.05377	200% Above
N	No	69238207707	PROPRANOLOL HYDROCHLORIDE	734	\$0.20163	\$0.06415	200% Above
N	No	69238207801	PROPRANOLOL HYDROCHLORIDE	870	\$0.23083	\$0.06374	200% Above
N	No	69238207801	PROPRANOLOL HYDROCHLORIDE	1140	\$0.23422	\$0.07036	200% Above
N	No	69238207807	PROPRANOLOL HYDROCHLORIDE	690	\$0.23542	\$0.06374	200% Above
N	No	69238207807	PROPRANOLOL HYDROCHLORIDE	720	\$0.27910	\$0.07036	200% Above
Y	No	69238207807	PROPRANOLOL HYDROCHLORIDE	90	\$0.15111	\$0.07036	101%-200% Above
N	No	69238207901	PROPRANOLOL HYDROCHLORIDE	30	\$0.50133	\$0.08826	200% Above
N	No	69238207901	PROPRANOLOL HYDROCHLORIDE	180	\$0.28039	\$0.09150	200% Above
N	Yes	69238207901	PROPRANOLOL HYDROCHLORIDE	60	\$0.16150	\$0.09150	76%-100% Above
N	No	69238207907	PROPRANOLOL HYDROCHLORIDE	240	\$0.23013	\$0.08826	101%-200% Above
N	No	69238207907	PROPRANOLOL HYDROCHLORIDE	120	\$0.44133	\$0.09150	200% Above
N	No	69238208001	PROPRANOLOL HYDROCHLORIDE	75	\$0.90707	\$0.22114	200% Above
N	No	69238208001	PROPRANOLOL HYDROCHLORIDE	90	\$0.45978	\$0.25103	76%-100% Above
N	Yes	69238208001	PROPRANOLOL HYDROCHLORIDE	60	\$0.66867	\$0.22114	200% Above
N	Yes	69238208001	PROPRANOLOL HYDROCHLORIDE	60	\$1.04100	\$0.25103	200% Above
N	No	69238208101	PROPRANOLOL HYDROCHLORIDE	60	\$0.12333	\$0.17832	(26%-50%) Below
N	No	69238208101	PROPRANOLOL HYDROCHLORIDE	90	\$0.53000	\$0.19167	101%-200% Above

**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	69238208105	PROPRANOLOL HYDROCHLORIDE	60	\$0.67800	\$0.17832	200% Above
Y	Yes	69238208105	PROPRANOLOL HYDROCHLORIDE	90	\$0.59967	\$0.19167	200% Above
N	Yes	69238209004	FAMOTIDINE	100	\$2.10810	\$0.57272	200% Above
N	No	69238212209	PREDNISOLONE SODIUM PHOSPHATE	115	\$0.10383	\$0.12612	(10%-25%) Below
N	No	69292053001	PROPRANOLOL HYDROCHLORIDE	60	\$0.26167	\$0.06415	200% Above
N	No	69292053010	PROPRANOLOL HYDROCHLORIDE	30	\$0.26167	\$0.06415	200% Above
N	No	69292053210	PROPRANOLOL HYDROCHLORIDE	120	\$0.16550	\$0.07036	101%-200% Above
N	Yes	69292053210	PROPRANOLOL HYDROCHLORIDE	30	\$0.17167	\$0.07036	101%-200% Above
N	No	69292056201	METOLAZONE	30	\$1.38433	\$0.33449	200% Above
N	No	69292058601	HALOPERIDOL	90	\$0.11111	\$0.33239	(51%-75%) Below
N	No	69315011601	FUROSEMIDE	30	\$0.07133	\$0.02683	101%-200% Above
N	No	69315011610	FUROSEMIDE	232	\$0.07009	\$0.02683	101%-200% Above
N	No	69315011610	FUROSEMIDE	215	\$0.07209	\$0.02728	101%-200% Above
N	Yes	69315011610	FUROSEMIDE	45	\$0.01956	\$0.02683	(26%-50%) Below
N	Yes	69315011610	FUROSEMIDE	30	\$0.09100	\$0.02728	200% Above
N	No	69315011701	FUROSEMIDE	30	\$0.10600	\$0.03347	200% Above
N	No	69315011710	FUROSEMIDE	270	\$0.08193	\$0.03224	101%-200% Above
N	No	69315011710	FUROSEMIDE	390	\$0.09785	\$0.03347	101%-200% Above
N	Yes	69315011710	FUROSEMIDE	60	\$0.06083	\$0.03224	76%-100% Above
N	Yes	69315011710	FUROSEMIDE	90	\$0.07989	\$0.03347	101%-200% Above
Y	No	69315011710	FUROSEMIDE	135	\$0.11800	\$0.03347	200% Above
N	No	69315011801	FUROSEMIDE	60	\$0.09733	\$0.05259	76%-100% Above
N	No	69315012701	FOLIC ACID	90	\$0.07656	\$0.02582	101%-200% Above
N	No	69315012701	FOLIC ACID	60	\$0.07083	\$0.02819	101%-200% Above
N	No	69315012710	FOLIC ACID	810	\$0.05604	\$0.02582	101%-200% Above
N	No	69315012710	FOLIC ACID	780	\$0.05650	\$0.02819	101%-200% Above
N	Yes	69315012710	FOLIC ACID	90	\$0.03311	\$0.02582	26%-50% Above
N	Yes	69315012710	FOLIC ACID	60	\$0.01200	\$0.02819	(51%-75%) Below

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
Y	No	69315012710	FOLIC ACID	90	\$0.05933	\$0.02819	101%-200% Above
N	No	69315013001	HYDROCHLOROTHIAZIDE	30	\$0.07167	\$0.03426	101%-200% Above
N	No	69315013301	IMIPRAMINE HCL	30	\$0.30067	\$0.09015	200% Above
N	No	69315013401	IMIPRAMINE HCL	90	\$0.20111	\$0.09827	101%-200% Above
N	No	69315013501	IMIPRAMINE HCL	30	\$0.29633	\$0.09978	101%-200% Above
N	No	69315013601	BENZTROPINE MESYLATE	90	\$0.19389	\$0.08130	101%-200% Above
N	Yes	69315013601	BENZTROPINE MESYLATE	120	\$0.18800	\$0.07609	101%-200% Above
N	No	69315013701	BENZTROPINE MESYLATE	150	\$0.04607	\$0.07779	(26%-50%) Below
N	No	69315013710	BENZTROPINE MESYLATE	240	\$0.26383	\$0.08352	200% Above
N	Yes	69315013801	BENZTROPINE MESYLATE	60	\$0.22217	\$0.10087	101%-200% Above
N	No	69315013901	GLYCOPYRROLATE	330	\$0.62000	\$0.09883	200% Above
N	No	69315013901	GLYCOPYRROLATE	180	\$0.24611	\$0.10148	101%-200% Above
N	No	69315014001	GLYCOPYRROLATE	90	\$1.22989	\$0.22295	200% Above
N	No	69315015501	HYDROCHLOROTHIAZIDE	510	\$0.10602	\$0.04841	101%-200% Above
N	No	69315015501	HYDROCHLOROTHIAZIDE	390	\$0.12610	\$0.04848	101%-200% Above
N	Yes	69315015501	HYDROCHLOROTHIAZIDE	210	\$0.05738	\$0.04848	10%-25% Above
N	No	69315015510	HYDROCHLOROTHIAZIDE	30	\$0.11767	\$0.04841	101%-200% Above
N	No	69315015510	HYDROCHLOROTHIAZIDE	180	\$0.11961	\$0.04848	101%-200% Above
N	No	69315028209	FENOFIBRIC ACID DR	30	\$0.70000	\$0.38052	76%-100% Above
N	No	69315028209	FENOFIBRIC ACID DR	30	\$0.70000	\$0.38770	76%-100% Above
Y	No	69315028209	FENOFIBRIC ACID DR	90	\$0.58722	\$0.38052	51%-75% Above
N	No	69315030802	CIPROFLOXACIN HYDROCHLORIDE	2.5	\$3.52800	\$2.62158	26%-50% Above
N	No	69315030802	CIPROFLOXACIN HYDROCHLORIDE	2.5	\$3.52800	\$2.63708	26%-50% Above
N	No	69315030805	CIPROFLOXACIN HYDROCHLORIDE	35	\$2.17371	\$1.61045	26%-50% Above
N	No	69315030805	CIPROFLOXACIN HYDROCHLORIDE	30	\$1.96300	\$1.68955	10%-25% Above
N	No	69315030810	CIPROFLOXACIN HYDROCHLORIDE	20	\$1.00000	\$1.14864	(10%-25%) Below
N	No	69315050447	NYSTATIN	734	\$0.02616	\$0.04781	(26%-50%) Below



Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	Yes	69315050447	NYSTATIN	100	\$0.02740	\$0.04574	(26%-50%) Below
N	Yes	69315050447	NYSTATIN	60	\$0.05633	\$0.04781	10%-25% Above
N	No	69315090401	LORAZEPAM	30	\$0.38967	\$0.04018	200% Above
N	No	69315090401	LORAZEPAM	15	\$0.23133	\$0.04039	200% Above
N	Yes	69315090401	LORAZEPAM	60	\$0.26467	\$0.04018	200% Above
N	No	69315090405	LORAZEPAM	130	\$0.23085	\$0.04018	200% Above
N	No	69315090405	LORAZEPAM	366	\$0.19107	\$0.04039	200% Above
N	Yes	69315090405	LORAZEPAM	90	\$0.28933	\$0.04018	200% Above
N	Yes	69315090405	LORAZEPAM	30	\$0.23400	\$0.04039	200% Above
N	Yes	69315090410	LORAZEPAM	20	\$0.02250	\$0.04018	(26%-50%) Below
N	No	69315090501	LORAZEPAM	48	\$0.20958	\$0.03788	200% Above
N	No	69315090501	LORAZEPAM	109	\$0.24706	\$0.04298	200% Above
N	Yes	69315090501	LORAZEPAM	60	\$0.24267	\$0.03788	200% Above
N	No	69315090505	LORAZEPAM	122	\$0.31402	\$0.03788	200% Above
N	No	69315090505	LORAZEPAM	170	\$0.43653	\$0.04298	200% Above
N	Yes	69315090505	LORAZEPAM	60	\$0.02550	\$0.03788	(26%-50%) Below
N	Yes	69315090505	LORAZEPAM	30	\$0.23467	\$0.04298	200% Above
N	No	69315090510	LORAZEPAM	360	\$0.31806	\$0.03788	200% Above
N	No	69315090510	LORAZEPAM	322	\$0.28571	\$0.04298	200% Above
N	Yes	69315090510	LORAZEPAM	60	\$0.23467	\$0.04298	200% Above
N	No	69315090601	LORAZEPAM	12	\$0.37167	\$0.07530	200% Above
N	No	69315090605	LORAZEPAM	45	\$0.55089	\$0.07530	200% Above
N	No	69315091001	DIPHENOXYLATE HYDROCHLORIDE/ATROPINE SULFATE	150	\$0.38567	\$0.17648	101%-200% Above
N	No	69367017401	HYDROQUINONE	170.1	\$1.06067	\$0.65217	51%-75% Above
N	No	69367017401	HYDROQUINONE	198.45	\$0.74780	\$0.66160	10%-25% Above
N	No	69367019201	PHENAZOPYRIDINE HYDROCHLORIDE	45	\$1.99200	\$0.19953	200% Above
N	No	69367019201	PHENAZOPYRIDINE HYDROCHLORIDE	27	\$1.65296	\$0.21833	200% Above
N	No	69367020301	BUTALBITAL/ACETAMINOPHEN/C AFEINE	12	\$0.26417	\$0.15181	51%-75% Above
N	No	69367020301	BUTALBITAL/ACETAMINOPHEN/C AFEINE	55	\$0.41164	\$0.15359	101%-200% Above
N	No	69367020305	BUTALBITAL/ACETAMINOPHEN/C AFEINE	170	\$0.38294	\$0.15359	101%-200% Above
N	No	69367022918	SELENIUM SULFIDE	180	\$0.31539	\$0.35669	(10%-25%) Below
N	No	69367023701	FLUOXETINE HYDROCHLORIDE	30	\$0.44767	\$0.07364	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	69367023809	LEVOCETIRIZINE DIHYDROCHLORIDE	60	\$0.24317	\$0.07596	200% Above
N	No	69367023809	LEVOCETIRIZINE DIHYDROCHLORIDE	330	\$0.52539	\$0.08116	200% Above
N	No	69367024105	NABUMETONE	120	\$0.28867	\$0.13296	101%-200% Above
N	No	69367024105	NABUMETONE	440	\$0.28866	\$0.13776	101%-200% Above
N	No	69367024201	NABUMETONE	90	\$0.37456	\$0.16032	101%-200% Above
N	No	69367024201	NABUMETONE	240	\$0.37450	\$0.16332	101%-200% Above
N	No	69367026209	VALACYCLOVIR HYDROCHLORIDE	415	\$1.72631	\$0.28541	200% Above
N	No	69367026209	VALACYCLOVIR HYDROCHLORIDE	386	\$1.37510	\$0.28806	200% Above
N	Yes	69367026209	VALACYCLOVIR HYDROCHLORIDE	30	\$1.68000	\$0.28541	200% Above
N	No	69367026230	VALACYCLOVIR HYDROCHLORIDE	30	\$1.68000	\$0.28541	200% Above
N	No	69367026309	VALACYCLOVIR HYDROCHLORIDE	393	\$1.79959	\$0.48253	200% Above
N	No	69367026309	VALACYCLOVIR HYDROCHLORIDE	237	\$2.54350	\$0.50396	200% Above
N	No	69367026330	VALACYCLOVIR HYDROCHLORIDE	30	\$0.45300	\$0.50396	(10%-25%) Below
N	No	69367027204	CODEINE/GUAIFENESIN	118	\$0.09856	\$0.05036	76%-100% Above
N	No	69367027204	CODEINE/GUAIFENESIN	118	\$0.09856	\$0.05155	76%-100% Above
N	No	69367027216	CODEINE/GUAIFENESIN	865	\$0.03645	\$0.03165	10%-25% Above
N	Yes	69367027216	CODEINE/GUAIFENESIN	360	\$0.02708	\$0.03138	(10%-25%) Below
N	No	69367028905	BUPROPION HYDROCHLORIDE ER (XL)	60	\$0.85500	\$0.16140	200% Above
N	No	69367028909	BUPROPION HYDROCHLORIDE ER (XL)	30	\$0.10467	\$0.16140	(26%-50%) Below
N	Yes	69367028909	BUPROPION HYDROCHLORIDE ER (XL)	90	\$0.40589	\$0.18795	101%-200% Above
N	No	69367030205	CELECOXIB	30	\$0.42100	\$0.10817	200% Above
N	No	69367030205	CELECOXIB	30	\$0.82567	\$0.10988	200% Above
N	Yes	69367030205	CELECOXIB	90	\$0.17733	\$0.10817	51%-75% Above
N	No	69367030730	EPLERENONE	30	\$0.29833	\$0.63309	(51%-75%) Below
N	No	69367031056	SODIUM FLUORIDE	56	\$0.15054	\$0.11353	26%-50% Above
N	No	69367033630	PAROXETINE HYDROCHLORIDE ER	30	\$1.75033	\$0.78387	101%-200% Above
N	Yes	69367034305	GABAPENTIN	30	\$0.03300	\$0.02583	26%-50% Above
N	No	69367034605	GABAPENTIN	150	\$0.53513	\$0.09749	200% Above
N	Yes	69367034705	GABAPENTIN	90	\$0.07433	\$0.12667	(26%-50%) Below

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	69452013217	DOFETILIDE	60	\$1.95050	\$0.71103	101%-200% Above
N	No	69452013317	DOFETILIDE	60	\$0.93600	\$0.54471	51%-75% Above
N	No	69452013317	DOFETILIDE	60	\$1.92167	\$0.65113	101%-200% Above
N	No	69452014220	AMANTADINE HCL	30	\$0.79967	\$0.16303	200% Above
N	No	69452014220	AMANTADINE HCL	180	\$0.60672	\$0.19190	200% Above
N	No	69452014320	BENZONATATE	30	\$0.05667	\$0.08000	(26%-50%) Below
N	No	69452014330	BENZONATATE	30	\$0.19000	\$0.08000	101%-200% Above
N	No	69452014330	BENZONATATE	92	\$0.35707	\$0.08277	200% Above
N	No	69452014420	BENZONATATE	57	\$0.43105	\$0.11300	200% Above
N	No	69452014420	BENZONATATE	51	\$0.54059	\$0.11413	200% Above
N	No	69452014430	BENZONATATE	231	\$0.64203	\$0.11300	200% Above
N	No	69452014430	BENZONATATE	218	\$0.76367	\$0.11413	200% Above
N	Yes	69452014430	BENZONATATE	30	\$0.50500	\$0.11300	200% Above
N	Yes	69452014430	BENZONATATE	30	\$0.36867	\$0.11413	200% Above
N	No	69452015120	VITAMIN D	383	\$0.50342	\$0.13129	200% Above
N	No	69452015120	VITAMIN D	294	\$0.47956	\$0.13301	200% Above
N	Yes	69452015120	VITAMIN D	40	\$0.47125	\$0.13129	200% Above
N	Yes	69452015120	VITAMIN D	66	\$0.48636	\$0.13301	200% Above
N	No	69452015220	ETHOSUXIMIDE	90	\$1.19189	\$0.28263	200% Above
N	No	69452015673	RIZATRIPTAN BENZOATE ODT	9	\$4.28222	\$0.60597	200% Above
N	No	69452015773	RIZATRIPTAN BENZOATE ODT	123	\$1.42919	\$0.62338	101%-200% Above
N	No	69452015773	RIZATRIPTAN BENZOATE ODT	125	\$2.47192	\$0.62967	200% Above
N	Yes	69452015773	RIZATRIPTAN BENZOATE ODT	18	\$5.17111	\$0.62338	200% Above
N	No	69452015825	COLESEVELAM HYDROCHLORIDE	300	\$1.27763	\$0.28745	200% Above
N	No	69452017173	AZITHROMYCIN	12	\$2.45083	\$0.33112	200% Above
N	No	69452017173	AZITHROMYCIN	54	\$1.71630	\$0.35827	200% Above
N	Yes	69452017173	AZITHROMYCIN	6	\$2.01833	\$0.35827	200% Above
N	No	69452017213	AZITHROMYCIN	13	\$3.48692	\$0.59415	200% Above
N	No	69452017213	AZITHROMYCIN	18	\$3.04611	\$0.62032	200% Above
N	Yes	69452017213	AZITHROMYCIN	3	\$1.25333	\$0.62032	101%-200% Above
N	No	69452020720	CALCITRIOL	72	\$0.37861	\$0.17006	101%-200% Above
N	No	69452020720	CALCITRIOL	90	\$0.38867	\$0.17397	101%-200% Above
N	No	69452020820	CALCITRIOL	150	\$0.33280	\$0.24933	26%-50% Above
N	Yes	69452020820	CALCITRIOL	30	\$1.34367	\$0.23892	200% Above

**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	Yes	69452020820	CALCITRIOL	30	\$0.20000	\$0.24933	(10%-25%) Below
N	No	69452022384	RUFINAMIDE	6400	\$0.50939	\$0.44732	10%-25% Above
N	No	69452023320	PROGESTERONE	90	\$0.36322	\$0.24760	26%-50% Above
N	No	69452023320	PROGESTERONE	123	\$0.57195	\$0.24871	101%-200% Above
N	No	69452023420	PROGESTERONE	194	\$0.76418	\$0.49929	51%-75% Above
N	No	69452023420	PROGESTERONE	90	\$0.81144	\$0.52510	51%-75% Above
N	Yes	69452023420	PROGESTERONE	50	\$1.40960	\$0.49929	101%-200% Above
N	No	69452027520	KETOROLAC TROMETHAMINE	90	\$1.15478	\$0.51239	101%-200% Above
N	No	69452027520	KETOROLAC TROMETHAMINE	161	\$1.00969	\$0.52799	76%-100% Above
N	Yes	69452027520	KETOROLAC TROMETHAMINE	45	\$0.81511	\$0.51239	51%-75% Above
N	No	69452029020	ACYCLOVIR	240	\$0.05700	\$0.10649	(26%-50%) Below
N	No	69452029020	ACYCLOVIR	60	\$0.33533	\$0.10670	200% Above
N	No	69452029030	ACYCLOVIR	3486	\$0.19756	\$0.10649	76%-100% Above
N	No	69452029030	ACYCLOVIR	1455	\$0.22009	\$0.10670	101%-200% Above
N	No	69452029120	ACYCLOVIR	317	\$0.38041	\$0.18623	101%-200% Above
N	Yes	69452029120	ACYCLOVIR	60	\$0.65000	\$0.18623	200% Above
N	No	69452034213	MODAFINIL	90	\$1.25233	\$0.24414	200% Above
N	No	69452034313	MODAFINIL	30	\$1.38133	\$0.44276	200% Above
N	No	69452034313	MODAFINIL	30	\$1.14167	\$0.49218	101%-200% Above
N	No	69452034472	SUMATRIPTAN SUCCINATE	27	\$3.21926	\$0.36060	200% Above
N	No	69452034472	SUMATRIPTAN SUCCINATE	27	\$3.14963	\$0.36995	200% Above
N	No	69452034572	SUMATRIPTAN SUCCINATE	27	\$2.05148	\$0.39440	200% Above
N	No	69452034572	SUMATRIPTAN SUCCINATE	54	\$2.85111	\$0.41554	200% Above
N	No	69452034672	SUMATRIPTAN SUCCINATE	82	\$3.13341	\$0.48593	200% Above
N	No	69452034672	SUMATRIPTAN SUCCINATE	104	\$3.72288	\$0.48942	200% Above
N	No	69452034713	ESZOPICLONE	60	\$1.30767	\$0.18673	200% Above
N	No	69452034820	ESZOPICLONE	30	\$1.26533	\$0.10777	200% Above
N	No	69452034920	ESZOPICLONE	30	\$1.43867	\$0.09650	200% Above
N	No	69452034920	ESZOPICLONE	30	\$1.23400	\$0.09837	200% Above
N	No	69452035113	TERBINAFINE HYDROCHLORIDE	28	\$1.13286	\$0.15326	200% Above
N	No	69452035720	ROPINIROLE HYDROCHLORIDE	90	\$0.54989	\$0.04551	200% Above
N	No	69452035720	ROPINIROLE HYDROCHLORIDE	270	\$0.03659	\$0.04651	(10%-25%) Below

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	69452035820	ROPINIROLE HYDROCHLORIDE	150	\$0.04093	\$0.05490	(26%-50%) Below
N	No	69452035820	ROPINIROLE HYDROCHLORIDE	15	\$0.32667	\$0.05502	200% Above
N	No	69452035920	ROPINIROLE HYDROCHLORIDE	30	\$0.30000	\$0.05971	200% Above
N	No	69452036020	ROPINIROLE HYDROCHLORIDE	30	\$0.30000	\$0.07938	200% Above
N	No	69452036120	ROPINIROLE HYDROCHLORIDE	120	\$0.15458	\$0.08923	51%-75% Above
N	No	69543010710	DES Loratadine	30	\$1.35900	\$0.33492	200% Above
N	No	69543012450	GLIMEPIRIDE	30	\$0.13333	\$0.03350	200% Above
N	No	69543037410	PROGESTERONE	90	\$1.39689	\$0.24760	200% Above
N	No	69543037510	PROGESTERONE	30	\$0.46867	\$0.52510	(10%-25%) Below
N	No	69584002390	AMLODIPINE BESYLATE	30	\$0.17933	\$0.01476	200% Above
N	No	69584009150	BUSPIRONE HYDROCHLORIDE	420	\$0.23957	\$0.02495	200% Above
N	No	69584009150	BUSPIRONE HYDROCHLORIDE	150	\$0.29400	\$0.02497	200% Above
N	No	69584009210	BUSPIRONE HYDROCHLORIDE	60	\$0.19767	\$0.03491	200% Above
N	No	69584009250	BUSPIRONE HYDROCHLORIDE	420	\$0.30290	\$0.03365	200% Above
N	No	69584009250	BUSPIRONE HYDROCHLORIDE	930	\$0.31219	\$0.03491	200% Above
N	No	69584009350	BUSPIRONE HYDROCHLORIDE	60	\$0.37933	\$0.04764	200% Above
N	No	69584009350	BUSPIRONE HYDROCHLORIDE	180	\$0.39794	\$0.04868	200% Above
N	Yes	69584009350	BUSPIRONE HYDROCHLORIDE	60	\$0.34383	\$0.04868	200% Above
N	No	69584009406	BUSPIRONE HYDROCHLORIDE	60	\$0.89950	\$0.11771	200% Above
N	No	69584009406	BUSPIRONE HYDROCHLORIDE	45	\$0.89956	\$0.11924	200% Above
N	No	69584011110	CARISOPRODOL	100	\$0.32880	\$0.07990	200% Above
N	No	69584011110	CARISOPRODOL	120	\$0.32592	\$0.08115	200% Above
N	No	69584011150	CARISOPRODOL	101	\$0.16485	\$0.07990	101%-200% Above
N	No	69584011150	CARISOPRODOL	120	\$0.35258	\$0.08115	200% Above
N	No	69584011190	CARISOPRODOL	30	\$0.23433	\$0.07990	101%-200% Above
N	Yes	69584011190	CARISOPRODOL	60	\$0.05533	\$0.08115	(26%-50%) Below
N	No	69584036190	HYDROCHLOROTHIAZIDE	184	\$0.04712	\$0.01291	200% Above
N	No	69584036190	HYDROCHLOROTHIAZIDE	60	\$0.05567	\$0.01295	200% Above
N	Yes	69584036190	HYDROCHLOROTHIAZIDE	30	\$0.01067	\$0.01291	(10%-25%) Below
N	No	69584036210	HYDROCHLOROTHIAZIDE	30	\$0.11467	\$0.03431	200% Above
N	No	69584042510	IMIPRAMINE HYDROCHLORIDE	60	\$0.24233	\$0.09015	101%-200% Above
N	No	69584042610	IMIPRAMINE HYDROCHLORIDE	28	\$0.45964	\$0.09827	200% Above
N	No	69584061110	METHOCARBAMOL	90	\$0.06089	\$0.04104	26%-50% Above
N	No	69584061110	METHOCARBAMOL	90	\$0.09933	\$0.04243	101%-200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	69584061150	METHOCARBAMOL	150	\$0.11900	\$0.04104	101%-200% Above
N	No	69584061150	METHOCARBAMOL	300	\$0.08443	\$0.04243	76%-100% Above
N	Yes	69584061150	METHOCARBAMOL	30	\$0.03100	\$0.04104	(10%-25%) Below
N	No	69584061210	METHOCARBAMOL	170	\$0.07900	\$0.04685	51%-75% Above
N	No	69584061210	METHOCARBAMOL	100	\$0.08360	\$0.04779	51%-75% Above
N	No	69584061250	METHOCARBAMOL	155	\$0.10781	\$0.04685	101%-200% Above
N	No	69584061250	METHOCARBAMOL	130	\$0.08646	\$0.04779	76%-100% Above
N	Yes	69584068410	PRIMIDONE	120	\$0.26667	\$0.14095	76%-100% Above
N	No	69584084110	SOTALOL HYDROCHLORIDE	30	\$0.10233	\$0.08098	26%-50% Above
N	Yes	69584084110	SOTALOL HYDROCHLORIDE	60	\$0.29050	\$0.08098	200% Above
N	No	69584084210	SOTALOL HYDROCHLORIDE	180	\$0.17728	\$0.09499	76%-100% Above
N	Yes	69584084210	SOTALOL HYDROCHLORIDE	60	\$0.07250	\$0.09499	(10%-25%) Below
N	No	69584085210	SPIRONOLACTONE	90	\$0.13689	\$0.05414	101%-200% Above
N	No	69584085250	SPIRONOLACTONE	645	\$0.22216	\$0.05314	200% Above
N	No	69584085250	SPIRONOLACTONE	390	\$0.16126	\$0.05414	101%-200% Above
N	Yes	69584085250	SPIRONOLACTONE	15	\$0.10467	\$0.05414	76%-100% Above
N	No	69584085310	SPIRONOLACTONE	540	\$0.26354	\$0.10329	101%-200% Above
N	No	69584085310	SPIRONOLACTONE	300	\$0.24663	\$0.10850	101%-200% Above
N	No	69584085350	SPIRONOLACTONE	120	\$0.29983	\$0.10329	101%-200% Above
N	No	69584085350	SPIRONOLACTONE	60	\$0.34283	\$0.10850	200% Above
N	No	69584085410	SPIRONOLACTONE	360	\$0.65567	\$0.19384	200% Above
N	No	69584085410	SPIRONOLACTONE	416	\$0.40986	\$0.19967	101%-200% Above
N	No	69584085450	SPIRONOLACTONE	60	\$0.30833	\$0.19384	51%-75% Above
N	No	69584085450	SPIRONOLACTONE	60	\$0.31633	\$0.19967	51%-75% Above
N	Yes	69584085450	SPIRONOLACTONE	30	\$0.14267	\$0.19967	(26%-50%) Below
N	Yes	69680011210	CYANOCOBALAMIN	2	\$2.75500	\$3.27480	(10%-25%) Below
N	No	69680011225	CYANOCOBALAMIN	27	\$2.12704	\$2.58423	(10%-25%) Below
N	No	69680011225	CYANOCOBALAMIN	27	\$2.28556	\$2.70995	(10%-25%) Below

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	Yes	69680011225	CYANOCOBALAMIN	8	\$2.27750	\$2.58423	(10%-25%) Below
N	No	69680013400	POTASSIUM CHLORIDE ER	14	\$0.40071	\$0.25123	51%-75% Above
N	No	69680015892	BUPROPION HYDROCHLORIDE ER (XL)	570	\$0.21023	\$0.16140	26%-50% Above
N	No	69680015892	BUPROPION HYDROCHLORIDE ER (XL)	180	\$0.21800	\$0.18795	10%-25% Above
N	Yes	69680015892	BUPROPION HYDROCHLORIDE ER (XL)	30	\$0.21800	\$0.16140	26%-50% Above
N	No	69784020096	CROMOLYN SODIUM	480	\$0.38063	\$0.27463	26%-50% Above
N	No	69784071413	CARVEDILOL PHOSPHATE ER	180	\$4.38833	\$5.48581	(10%-25%) Below
N	No	69918010101	DESMOPRESSIN ACETATE	135	\$0.60467	\$0.36050	51%-75% Above
N	No	69918030130	TRANEXAMIC ACID	120	\$2.39392	\$1.40290	51%-75% Above
N	No	69918030130	TRANEXAMIC ACID	151	\$2.50040	\$1.44249	51%-75% Above
N	No	69918056030	MESALAMINE	30	\$3.01167	\$1.58300	76%-100% Above
N	No	69918056030	MESALAMINE	30	\$3.01167	\$2.62189	10%-25% Above
N	No	70010000201	COLCHICINE	60	\$1.88567	\$0.28534	200% Above
N	No	70010000201	COLCHICINE	90	\$1.29311	\$0.31236	200% Above
N	Yes	70010000201	COLCHICINE	30	\$1.88567	\$0.28534	200% Above
N	No	70010000401	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	90	\$0.83300	\$1.02974	(10%-25%) Below
N	No	70010000401	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	120	\$3.81033	\$1.35438	101%-200% Above
N	No	70010000501	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	120	\$1.74292	\$1.27970	26%-50% Above
N	No	70010000501	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	150	\$2.13427	\$1.33873	51%-75% Above
N	No	70010000601	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	180	\$2.10489	\$0.71307	101%-200% Above
N	No	70010000701	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	150	\$2.57393	\$1.73901	26%-50% Above
N	No	70010000701	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	60	\$1.01700	\$1.81754	(26%-50%) Below
N	No	70010000801	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	60	\$1.29517	\$2.22721	(26%-50%) Below
N	No	70010000901	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	30	\$5.13667	\$1.71041	200% Above
N	No	70010001001	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	30	\$1.72700	\$2.95282	(26%-50%) Below
N	No	70010001301	METHYLPHENIDATE HYDROCHLORIDE ER	30	\$0.90867	\$1.46167	(26%-50%) Below
N	No	70010001401	METHYLPHENIDATE HYDROCHLORIDE ER	30	\$6.14667	\$3.44323	76%-100% Above
N	No	70010001501	METHYLPHENIDATE HYDROCHLORIDE ER	30	\$5.99200	\$2.28143	101%-200% Above

**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	70010002901	AMPHETAMINE/DEXTROAMPHETAMINE	80	\$0.84000	\$0.55836	51%-75% Above
N	No	70010003001	AMPHETAMINE/DEXTROAMPHETAMINE	30	\$0.84000	\$0.56921	26%-50% Above
N	No	70010003001	AMPHETAMINE/DEXTROAMPHETAMINE	60	\$0.84000	\$0.60532	26%-50% Above
N	No	70010003201	AMPHETAMINE/DEXTROAMPHETAMINE	180	\$0.79878	\$0.60480	26%-50% Above
N	No	70010003201	AMPHETAMINE/DEXTROAMPHETAMINE	150	\$0.81527	\$0.61509	26%-50% Above
N	No	70010003301	AMPHETAMINE/DEXTROAMPHETAMINE	60	\$0.71633	\$0.56816	26%-50% Above
N	No	70010003301	AMPHETAMINE/DEXTROAMPHETAMINE	30	\$0.71633	\$0.61559	10%-25% Above
Y	No	70010003401	AMPHETAMINE/DEXTROAMPHETAMINE	90	\$1.35322	\$0.66060	101%-200% Above
N	No	70010004201	METHYLPHENIDATE HYDROCHLORIDE ER	60	\$0.37267	\$0.32249	10%-25% Above
N	No	70010004201	METHYLPHENIDATE HYDROCHLORIDE ER	165	\$0.46618	\$0.34423	26%-50% Above
N	No	70010004301	METHYLPHENIDATE HYDROCHLORIDE ER	90	\$0.51489	\$0.34139	51%-75% Above
N	No	70010004301	METHYLPHENIDATE HYDROCHLORIDE ER	300	\$1.28197	\$0.36802	200% Above
N	No	70010006305	METFORMIN HYDROCHLORIDE	3210	\$0.04861	\$0.01613	200% Above
N	No	70010006305	METFORMIN HYDROCHLORIDE	2160	\$0.04782	\$0.01678	101%-200% Above
N	Yes	70010006305	METFORMIN HYDROCHLORIDE	240	\$0.13592	\$0.01678	200% Above
N	No	70010006310	METFORMIN HYDROCHLORIDE	600	\$0.12922	\$0.01613	200% Above
N	No	70010006310	METFORMIN HYDROCHLORIDE	690	\$0.09152	\$0.01678	200% Above
N	Yes	70010006310	METFORMIN HYDROCHLORIDE	180	\$0.03511	\$0.01613	101%-200% Above
N	Yes	70010006310	METFORMIN HYDROCHLORIDE	420	\$0.03064	\$0.01678	76%-100% Above
Y	Yes	70010006310	METFORMIN HYDROCHLORIDE	90	\$0.11444	\$0.01678	200% Above
N	No	70010006401	METFORMIN HYDROCHLORIDE	60	\$0.12983	\$0.02761	200% Above
N	No	70010006405	METFORMIN HYDROCHLORIDE	330	\$0.03330	\$0.02646	26%-50% Above
N	No	70010006405	METFORMIN HYDROCHLORIDE	591	\$0.05530	\$0.02761	101%-200% Above
N	No	70010006409	METFORMIN HYDROCHLORIDE	60	\$0.00000	\$0.02646	(76%-100%) Below
N	No	70010006501	METFORMIN HYDROCHLORIDE	60	\$0.02200	\$0.02637	(10%-25%) Below
N	No	70010006501	METFORMIN HYDROCHLORIDE	60	\$0.12100	\$0.02691	200% Above
N	Yes	70010006501	METFORMIN HYDROCHLORIDE	60	\$0.12783	\$0.02691	200% Above
N	No	70010006505	METFORMIN HYDROCHLORIDE	30	\$0.34000	\$0.02637	200% Above
N	No	70010006505	METFORMIN HYDROCHLORIDE	120	\$0.29975	\$0.02691	200% Above



Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	Yes	70010006505	METFORMIN HYDROCHLORIDE	150	\$0.04587	\$0.02637	51%-75% Above
N	No	70010006510	METFORMIN HYDROCHLORIDE	2880	\$0.03948	\$0.02637	26%-50% Above
N	No	70010006510	METFORMIN HYDROCHLORIDE	3921	\$0.04839	\$0.02691	76%-100% Above
N	Yes	70010006510	METFORMIN HYDROCHLORIDE	60	\$0.01983	\$0.02691	(26%-50%) Below
Y	No	70010006510	METFORMIN HYDROCHLORIDE	180	\$0.21761	\$0.02637	200% Above
Y	No	70010006510	METFORMIN HYDROCHLORIDE	180	\$0.21761	\$0.02691	200% Above
Y	Yes	70010006510	METFORMIN HYDROCHLORIDE	180	\$0.13539	\$0.02637	200% Above
N	No	70010013501	POTASSIUM CHLORIDE ER	7	\$0.37857	\$0.14873	101%-200% Above
N	No	70010013501	POTASSIUM CHLORIDE ER	90	\$0.42933	\$0.17134	101%-200% Above
N	No	70010013505	POTASSIUM CHLORIDE ER	60	\$0.20517	\$0.17134	10%-25% Above
N	Yes	70010013505	POTASSIUM CHLORIDE ER	60	\$0.21200	\$0.17134	10%-25% Above
N	No	70010013601	POTASSIUM CHLORIDE ER	120	\$0.32517	\$0.13658	101%-200% Above
N	No	70010013601	POTASSIUM CHLORIDE ER	60	\$0.16667	\$0.13826	10%-25% Above
N	Yes	70010013601	POTASSIUM CHLORIDE ER	30	\$0.26633	\$0.13658	76%-100% Above
N	Yes	70010013601	POTASSIUM CHLORIDE ER	60	\$0.40217	\$0.13826	101%-200% Above
N	Yes	70010013605	POTASSIUM CHLORIDE ER	60	\$0.17333	\$0.13826	26%-50% Above
N	No	70010013801	NAPROXEN	180	\$0.11933	\$0.06561	76%-100% Above
N	No	70010013901	NAPROXEN	28	\$0.24929	\$0.06174	200% Above
N	No	70010013905	NAPROXEN	1955	\$0.13851	\$0.06174	101%-200% Above
N	No	70010013905	NAPROXEN	1686	\$0.13613	\$0.06367	101%-200% Above
N	No	70010014805	POTASSIUM CHLORIDE ER	70	\$0.41643	\$0.12948	200% Above
N	No	70010014805	POTASSIUM CHLORIDE ER	90	\$0.19222	\$0.13401	26%-50% Above
N	No	70010014901	BUTALBITAL/ACETAMINOPHEN/C AFFEINE	183	\$0.25016	\$0.15181	51%-75% Above
N	No	70010014901	BUTALBITAL/ACETAMINOPHEN/C AFFEINE	212	\$0.20750	\$0.15359	26%-50% Above
N	Yes	70010014901	BUTALBITAL/ACETAMINOPHEN/C AFFEINE	6	\$0.11167	\$0.15181	(26%-50%) Below
N	No	70010014905	BUTALBITAL/ACETAMINOPHEN/C AFFEINE	40	\$0.18475	\$0.15181	10%-25% Above
N	No	70010014905	BUTALBITAL/ACETAMINOPHEN/C AFFEINE	90	\$0.57011	\$0.15359	200% Above
N	Yes	70010014905	BUTALBITAL/ACETAMINOPHEN/C AFFEINE	24	\$0.73833	\$0.15359	200% Above
N	No	70010016234	LORATADINE	45	\$0.03133	\$0.05836	(26%-50%) Below

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	70010016234	LORATADINE	30	\$0.02600	\$0.05892	(51%-75%) Below
N	No	70010016305	CETIRIZINE HYDROCHLORIDE	120	\$0.04550	\$0.06548	(26%-50%) Below
N	No	70010020410	SERTRALINE HYDROCHLORIDE	30	\$0.43933	\$0.04057	200% Above
N	No	70010020410	SERTRALINE HYDROCHLORIDE	150	\$0.37207	\$0.04068	200% Above
N	Yes	70010020505	SERTRALINE HYDROCHLORIDE	30	\$0.02633	\$0.05587	(51%-75%) Below
N	No	70010049101	METFORMIN HYDROCHLORIDE ER	30	\$0.20567	\$0.03126	200% Above
N	No	70010049101	METFORMIN HYDROCHLORIDE ER	390	\$0.10905	\$0.03299	200% Above
N	No	70010049105	METFORMIN HYDROCHLORIDE ER	3610	\$0.15993	\$0.03126	200% Above
N	No	70010049105	METFORMIN HYDROCHLORIDE ER	2940	\$0.17569	\$0.03299	200% Above
N	Yes	70010049105	METFORMIN HYDROCHLORIDE ER	330	\$0.12009	\$0.03126	200% Above
N	Yes	70010049105	METFORMIN HYDROCHLORIDE ER	780	\$0.06572	\$0.03299	76%-100% Above
N	No	70010049110	METFORMIN HYDROCHLORIDE ER	1710	\$0.21362	\$0.03126	200% Above
N	No	70010049110	METFORMIN HYDROCHLORIDE ER	1290	\$0.23828	\$0.03299	200% Above
N	Yes	70010049110	METFORMIN HYDROCHLORIDE ER	60	\$0.02333	\$0.03126	(26%-50%) Below
N	Yes	70010049110	METFORMIN HYDROCHLORIDE ER	30	\$0.02467	\$0.03299	(26%-50%) Below
N	No	70010074210	LOSARTAN POTASSIUM	120	\$0.23700	\$0.04293	200% Above
N	No	70010074210	LOSARTAN POTASSIUM	30	\$0.44800	\$0.04465	200% Above
N	No	70010074310	LOSARTAN POTASSIUM	30	\$0.16000	\$0.06234	101%-200% Above
N	No	70010075401	METHOCARBAMOL	764	\$0.22478	\$0.04104	200% Above
N	No	70010075401	METHOCARBAMOL	343	\$0.24289	\$0.04243	200% Above
N	Yes	70010075401	METHOCARBAMOL	40	\$0.20925	\$0.04104	200% Above
N	Yes	70010075401	METHOCARBAMOL	94	\$0.13830	\$0.04243	200% Above
N	No	70010075405	METHOCARBAMOL	90	\$0.16622	\$0.04104	200% Above
N	No	70010075405	METHOCARBAMOL	307	\$0.22127	\$0.04243	200% Above
N	No	70010077001	METHOCARBAMOL	1376	\$0.30094	\$0.04685	200% Above
N	No	70010077001	METHOCARBAMOL	682	\$0.34720	\$0.04779	200% Above
N	Yes	70010077001	METHOCARBAMOL	412	\$0.28786	\$0.04685	200% Above
N	Yes	70010077001	METHOCARBAMOL	180	\$0.31789	\$0.04779	200% Above
N	No	70010077005	METHOCARBAMOL	51	\$0.23000	\$0.04685	200% Above
N	No	70010077005	METHOCARBAMOL	130	\$0.30831	\$0.04779	200% Above
N	Yes	70010077005	METHOCARBAMOL	120	\$0.20283	\$0.04685	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	Yes	70010077005	METHOCARBAMOL	28	\$0.04214	\$0.04779	(10%-25%) Below
N	No	70069000510	CYANOCOBALAMIN	14	\$2.94929	\$2.58423	10%-25% Above
N	No	70069000510	CYANOCOBALAMIN	27	\$2.04963	\$2.70995	(10%-25%) Below
Y	No	70069000510	CYANOCOBALAMIN	4	\$0.59000	\$2.58423	(76%-100%) Below
Y	No	70069000510	CYANOCOBALAMIN	12	\$1.54583	\$2.70995	(26%-50%) Below
N	No	70069000701	OLOPATADINE HCL	10	\$3.66800	\$4.27047	(10%-25%) Below
N	No	70069000701	OLOPATADINE HCL	15	\$3.25067	\$4.46366	(26%-50%) Below
N	Yes	70069000701	OLOPATADINE HCL	5	\$3.51400	\$4.46366	(10%-25%) Below
N	No	70069009101	AZELASTINE HYDROCHLORIDE	6	\$4.22167	\$1.00792	200% Above
N	No	70069013101	TOBRAMYCIN	25	\$0.58080	\$1.10457	(26%-50%) Below
N	No	70069013101	TOBRAMYCIN	30	\$0.69167	\$1.23198	(26%-50%) Below
N	No	70069023101	BRIMONIDINE TARTRATE	25	\$1.18680	\$0.76986	51%-75% Above
N	No	70069040101	BIMATOPROST	2.5	\$4.00000	\$16.53273	(76%-100%) Below
N	No	70069042101	LATANOPROST	10	\$8.33000	\$1.77485	200% Above
N	No	70069042101	LATANOPROST	12.5	\$8.58560	\$1.80721	200% Above
N	Yes	70069042101	LATANOPROST	5	\$7.06000	\$1.80721	200% Above
N	No	70301100101	RAYALDEE	30	\$25.98933	\$37.66474	(26%-50%) Below
N	No	70377000215	SIMVASTATIN	60	\$0.24583	\$0.03034	200% Above
N	No	70377000215	SIMVASTATIN	150	\$0.41907	\$0.03417	200% Above
N	No	70377000315	SIMVASTATIN	300	\$0.42490	\$0.03392	200% Above
N	No	70377000315	SIMVASTATIN	270	\$0.45993	\$0.03831	200% Above
N	Yes	70377000315	SIMVASTATIN	30	\$0.01933	\$0.03392	(26%-50%) Below
N	No	70377000415	SIMVASTATIN	60	\$0.48100	\$0.05511	200% Above
N	No	70377000415	SIMVASTATIN	150	\$0.40513	\$0.07012	200% Above
Y	Yes	70377000415	SIMVASTATIN	90	\$0.03289	\$0.07012	(51%-75%) Below
N	No	70377000612	ROSUVASTATIN CALCIUM	270	\$0.47378	\$0.04537	200% Above
N	No	70377000612	ROSUVASTATIN CALCIUM	135	\$0.53163	\$0.04774	200% Above
N	No	70377000613	ROSUVASTATIN CALCIUM	222	\$0.57707	\$0.04537	200% Above
N	No	70377000613	ROSUVASTATIN CALCIUM	600	\$0.66747	\$0.04774	200% Above
N	No	70377000712	ROSUVASTATIN CALCIUM	240	\$0.72225	\$0.04990	200% Above
N	No	70377000712	ROSUVASTATIN CALCIUM	420	\$0.96219	\$0.05258	200% Above
N	Yes	70377000712	ROSUVASTATIN CALCIUM	60	\$0.58450	\$0.04990	200% Above

**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	70377000713	ROSUVASTATIN CALCIUM	1422	\$0.61973	\$0.04990	200% Above
N	No	70377000713	ROSUVASTATIN CALCIUM	1170	\$0.65936	\$0.05258	200% Above
N	No	70377000812	ROSUVASTATIN CALCIUM	510	\$0.57204	\$0.06569	200% Above
N	No	70377000812	ROSUVASTATIN CALCIUM	390	\$0.69300	\$0.07194	200% Above
N	Yes	70377000812	ROSUVASTATIN CALCIUM	30	\$0.35467	\$0.07194	200% Above
N	No	70377000813	ROSUVASTATIN CALCIUM	750	\$0.58649	\$0.06569	200% Above
N	No	70377000813	ROSUVASTATIN CALCIUM	1020	\$0.69047	\$0.07194	200% Above
N	Yes	70377000813	ROSUVASTATIN CALCIUM	90	\$0.37567	\$0.06569	200% Above
N	No	70377000911	ROSUVASTATIN CALCIUM	240	\$1.08433	\$0.10464	200% Above
N	No	70377000911	ROSUVASTATIN CALCIUM	180	\$1.07267	\$0.11148	200% Above
N	Yes	70377000911	ROSUVASTATIN CALCIUM	30	\$0.74867	\$0.10464	200% Above
N	Yes	70377000911	ROSUVASTATIN CALCIUM	30	\$0.46033	\$0.11148	200% Above
N	No	70377000913	ROSUVASTATIN CALCIUM	574	\$0.82394	\$0.10464	200% Above
N	No	70377000913	ROSUVASTATIN CALCIUM	390	\$0.93456	\$0.11148	200% Above
N	No	70377002711	ATORVASTATIN CALCIUM	150	\$0.39387	\$0.03066	200% Above
N	No	70377002711	ATORVASTATIN CALCIUM	90	\$0.35767	\$0.03114	200% Above
N	No	70377002713	ATORVASTATIN CALCIUM	1110	\$0.43639	\$0.03066	200% Above
N	No	70377002713	ATORVASTATIN CALCIUM	1170	\$0.40909	\$0.03114	200% Above
N	Yes	70377002713	ATORVASTATIN CALCIUM	90	\$0.26344	\$0.03114	200% Above
N	No	70377002811	ATORVASTATIN CALCIUM	60	\$0.57700	\$0.03755	200% Above
N	No	70377002811	ATORVASTATIN CALCIUM	180	\$0.42306	\$0.04061	200% Above
N	No	70377002813	ATORVASTATIN CALCIUM	1650	\$0.50756	\$0.03755	200% Above
N	No	70377002813	ATORVASTATIN CALCIUM	1598	\$0.49513	\$0.04061	200% Above
N	Yes	70377002813	ATORVASTATIN CALCIUM	300	\$0.29840	\$0.03755	200% Above
N	Yes	70377002813	ATORVASTATIN CALCIUM	30	\$0.39433	\$0.04061	200% Above
N	No	70377002911	ATORVASTATIN CALCIUM	210	\$0.60095	\$0.05376	200% Above
N	No	70377002911	ATORVASTATIN CALCIUM	60	\$0.42517	\$0.05653	200% Above
N	No	70377002913	ATORVASTATIN CALCIUM	2427	\$0.59148	\$0.05376	200% Above
N	No	70377002913	ATORVASTATIN CALCIUM	2484	\$0.50625	\$0.05653	200% Above
N	Yes	70377002913	ATORVASTATIN CALCIUM	240	\$0.38958	\$0.05376	200% Above
N	Yes	70377002913	ATORVASTATIN CALCIUM	450	\$0.43320	\$0.05653	200% Above
N	No	70377003012	ATORVASTATIN CALCIUM	210	\$0.67952	\$0.08531	200% Above
N	No	70377003012	ATORVASTATIN CALCIUM	60	\$0.64383	\$0.09096	200% Above
N	Yes	70377003012	ATORVASTATIN CALCIUM	30	\$0.65733	\$0.09096	200% Above
N	No	70377003014	ATORVASTATIN CALCIUM	360	\$0.66719	\$0.08531	200% Above
N	No	70377003014	ATORVASTATIN CALCIUM	660	\$0.69129	\$0.09096	200% Above
N	Yes	70377003014	ATORVASTATIN CALCIUM	60	\$0.65733	\$0.09096	200% Above
N	No	70377003911	MYCOPHENOLIC ACID DR	60	\$0.44167	\$0.14868	101%-200% Above
N	No	70377003911	MYCOPHENOLIC ACID DR	120	\$0.44167	\$0.17589	101%-200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	70377004011	MYCOPHENOLIC ACID DR	120	\$1.80133	\$0.28286	200% Above
N	No	70377004512	PRAVASTATIN SODIUM	180	\$0.08056	\$0.06309	26%-50% Above
N	No	70377004612	PRAVASTATIN SODIUM	30	\$0.51000	\$0.06851	200% Above
N	No	70377004614	PRAVASTATIN SODIUM	90	\$0.10100	\$0.05865	51%-75% Above
N	No	70377004614	PRAVASTATIN SODIUM	216	\$0.10102	\$0.06851	26%-50% Above
N	No	70377004714	PRAVASTATIN SODIUM	450	\$0.14733	\$0.08261	76%-100% Above
N	No	70377004714	PRAVASTATIN SODIUM	360	\$0.14733	\$0.08636	51%-75% Above
N	No	70377004812	PRAVASTATIN SODIUM	30	\$1.02133	\$0.16702	200% Above
N	Yes	70377004812	PRAVASTATIN SODIUM	30	\$0.09167	\$0.17749	(26%-50%) Below
N	No	70377004813	PRAVASTATIN SODIUM	90	\$0.23744	\$0.16702	26%-50% Above
N	No	70377004813	PRAVASTATIN SODIUM	270	\$0.23744	\$0.17749	26%-50% Above
N	No	70377005611	ESOMEPRAZOLE MAGNESIUM	180	\$0.20467	\$0.16685	10%-25% Above
N	No	70377005612	ESOMEPRAZOLE MAGNESIUM	60	\$0.51750	\$0.15290	200% Above
N	No	70377005612	ESOMEPRAZOLE MAGNESIUM	120	\$0.33208	\$0.16685	76%-100% Above
N	No	70377005613	ESOMEPRAZOLE MAGNESIUM	120	\$0.26658	\$0.15290	51%-75% Above
N	No	70377006012	LABETALOL HYDROCHLORIDE	240	\$0.15421	\$0.10518	26%-50% Above
N	No	70377006012	LABETALOL HYDROCHLORIDE	120	\$0.13942	\$0.11764	10%-25% Above
N	No	70377006013	LABETALOL HYDROCHLORIDE	120	\$0.16333	\$0.11764	26%-50% Above
N	No	70377006112	LABETALOL HYDROCHLORIDE	540	\$0.19361	\$0.15381	26%-50% Above
N	No	70377006112	LABETALOL HYDROCHLORIDE	960	\$0.19359	\$0.16921	10%-25% Above
N	No	70377006212	LABETALOL HYDROCHLORIDE	90	\$0.26000	\$0.20501	26%-50% Above
N	No	70377006212	LABETALOL HYDROCHLORIDE	360	\$0.26000	\$0.21568	10%-25% Above
Y	No	70377006213	LABETALOL HYDROCHLORIDE	360	\$0.79411	\$0.21568	200% Above
N	No	70377006611	PRAZOSIN HYDROCHLORIDE	90	\$0.23956	\$0.13601	76%-100% Above
N	No	70436001002	BUPROPION HYDROCHLORIDE ER (XL)	1350	\$0.60588	\$0.10136	200% Above
N	No	70436001002	BUPROPION HYDROCHLORIDE ER (XL)	945	\$0.60172	\$0.10476	200% Above
N	Yes	70436001002	BUPROPION HYDROCHLORIDE ER (XL)	30	\$0.62667	\$0.10136	200% Above
N	Yes	70436001002	BUPROPION HYDROCHLORIDE ER (XL)	30	\$0.69133	\$0.10476	200% Above
N	No	70436001006	BUPROPION HYDROCHLORIDE ER (XL)	210	\$0.59819	\$0.10476	200% Above
N	No	70436001102	BUPROPION HYDROCHLORIDE ER (XL)	1830	\$0.67792	\$0.16140	200% Above
N	No	70436001102	BUPROPION HYDROCHLORIDE ER (XL)	974	\$0.73378	\$0.18795	200% Above
N	Yes	70436001102	BUPROPION HYDROCHLORIDE ER (XL)	97	\$0.46825	\$0.16140	101%-200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
Y	No	70436001102	BUPROPION HYDROCHLORIDE ER (XL)	360	\$0.26978	\$0.16140	51%-75% Above
Y	No	70436001102	BUPROPION HYDROCHLORIDE ER (XL)	90	\$0.40589	\$0.18795	101%-200% Above
N	No	70436001106	BUPROPION HYDROCHLORIDE ER (XL)	30	\$0.49867	\$0.16140	200% Above
N	No	70436001204	DESVENLAFAXINE ER	60	\$1.18533	\$0.51733	101%-200% Above
N	Yes	70436001204	DESVENLAFAXINE ER	30	\$0.27567	\$0.51733	(26%-50%) Below
N	No	70436001206	DESVENLAFAXINE ER	90	\$0.43889	\$0.51733	(10%-25%) Below
N	No	70436001306	DESVENLAFAXINE ER	90	\$1.34011	\$0.50429	101%-200% Above
N	No	70436001306	DESVENLAFAXINE ER	30	\$1.97600	\$0.51925	200% Above
N	No	70436003604	DESVENLAFAXINE ER	330	\$2.00703	\$0.45126	200% Above
N	No	70436003604	DESVENLAFAXINE ER	104	\$1.92269	\$0.49405	200% Above
N	No	70436005801	BUPROPION HYDROCHLORIDE ER (SR)	90	\$0.28456	\$0.10569	101%-200% Above
N	No	70436005801	BUPROPION HYDROCHLORIDE ER (SR)	180	\$0.45883	\$0.11534	200% Above
N	No	70436005901	BUPROPION HYDROCHLORIDE ER (SR)	270	\$0.29026	\$0.08414	200% Above
N	No	70436005901	BUPROPION HYDROCHLORIDE ER (SR)	536	\$0.25996	\$0.08973	101%-200% Above
N	No	70436005902	BUPROPION HYDROCHLORIDE ER (SR)	240	\$0.48600	\$0.08414	200% Above
N	No	70436005902	BUPROPION HYDROCHLORIDE ER (SR)	360	\$0.45050	\$0.08973	200% Above
N	Yes	70436005902	BUPROPION HYDROCHLORIDE ER (SR)	150	\$0.32287	\$0.08414	200% Above
N	Yes	70436005902	BUPROPION HYDROCHLORIDE ER (SR)	60	\$0.05300	\$0.08973	(26%-50%) Below
N	No	70436006001	BUPROPION HYDROCHLORIDE ER (SR)	60	\$0.63133	\$0.16489	200% Above
N	No	70436015301	POTASSIUM CHLORIDE ER	125	\$0.40280	\$0.25123	51%-75% Above
N	No	70436015301	POTASSIUM CHLORIDE ER	270	\$0.38619	\$0.25997	26%-50% Above
N	Yes	70436015301	POTASSIUM CHLORIDE ER	120	\$0.21300	\$0.25123	(10%-25%) Below
N	Yes	70436015541	PROMETHAZINE DM	240	\$0.03571	\$0.06039	(26%-50%) Below
N	Yes	70436015541	PROMETHAZINE DM	240	\$0.04463	\$0.06174	(26%-50%) Below
N	No	70436015542	PROMETHAZINE DM	5804	\$0.05912	\$0.03906	51%-75% Above
N	No	70436015542	PROMETHAZINE DM	6810	\$0.05379	\$0.04154	26%-50% Above
N	Yes	70436015542	PROMETHAZINE DM	120	\$0.03400	\$0.03906	(10%-25%) Below

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	70436016602	METOPROLOL SUCCINATE ER	30	\$0.39333	\$0.12979	200% Above
N	No	70436016701	METOPROLOL SUCCINATE ER	30	\$0.50000	\$0.17498	101%-200% Above
N	Yes	70436018301	METOPROLOL SUCCINATE ER	30	\$0.02633	\$0.07290	(51%-75%) Below
N	No	70436018302	METOPROLOL SUCCINATE ER	90	\$0.50056	\$0.07290	200% Above
N	No	70436018302	METOPROLOL SUCCINATE ER	60	\$0.02767	\$0.07734	(51%-75%) Below
N	No	70436019704	DILTIAZEM HYDROCHLORIDE ER	60	\$1.38983	\$1.67953	(10%-25%) Below
N	No	70436020201	METOPROLOL SUCCINATE ER	30	\$0.36733	\$0.07422	200% Above
N	No	70436020201	METOPROLOL SUCCINATE ER	60	\$0.20733	\$0.07937	101%-200% Above
N	No	70436020202	METOPROLOL SUCCINATE ER	90	\$0.24567	\$0.07422	200% Above
N	No	70436020202	METOPROLOL SUCCINATE ER	15	\$0.68733	\$0.07937	200% Above
N	Yes	70436020202	METOPROLOL SUCCINATE ER	60	\$0.04850	\$0.07422	(26%-50%) Below
N	Yes	70436020202	METOPROLOL SUCCINATE ER	60	\$0.04850	\$0.07937	(26%-50%) Below
N	No	70505010010	DOXYLAMINE SUCCINATE/PYRIDOXINE HYDROCHLORIDE	30	\$4.58700	\$2.09324	101%-200% Above
N	Yes	70512084025	CYANOCOBALAMIN	6	\$0.88167	\$2.58423	(51%-75%) Below
N	Yes	70512084025	CYANOCOBALAMIN	3	\$1.98333	\$2.70995	(26%-50%) Below
N	No	70512086008	CABERGOLINE	4	\$0.00500	\$1.80752	(76%-100%) Below
N	No	70700010185	NORETHINDRONE ACETATE/ETHINYL ESTRADIOL/FERROUS FUMARATE	28	\$1.55429	\$0.16016	200% Above
N	No	70700010615	CLOBETASOL PROPIONATE	120	\$0.30733	\$0.21144	26%-50% Above
N	No	70700010615	CLOBETASOL PROPIONATE	105	\$0.30733	\$0.21323	26%-50% Above
N	No	70700010616	CLOBETASOL PROPIONATE	180	\$0.30700	\$0.18334	51%-75% Above
N	No	70700010616	CLOBETASOL PROPIONATE	270	\$0.30700	\$0.19154	51%-75% Above
N	No	70700010617	CLOBETASOL PROPIONATE	360	\$0.30700	\$0.14678	101%-200% Above
N	No	70700010618	CLOBETASOL PROPIONATE	45	\$0.30711	\$0.14616	101%-200% Above
N	No	70700010915	CLOBETASOL PROPIONATE	75	\$0.44107	\$0.20199	101%-200% Above
N	No	70700010915	CLOBETASOL PROPIONATE	30	\$1.23967	\$0.23199	200% Above
N	No	70700010916	CLOBETASOL PROPIONATE	90	\$1.07433	\$0.19156	200% Above
N	No	70700010916	CLOBETASOL PROPIONATE	30	\$1.23967	\$0.20680	200% Above
N	Yes	70700010916	CLOBETASOL PROPIONATE	30	\$0.63233	\$0.20680	200% Above
N	No	70700010917	CLOBETASOL PROPIONATE	120	\$0.83783	\$0.15849	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	70700010917	CLOBETASOL PROPIONATE	120	\$1.03867	\$0.16141	200% Above
N	No	70700011221	TESTOSTERONE	75	\$1.35493	\$0.46147	101%-200% Above
N	No	70700011221	TESTOSTERONE	150	\$1.74993	\$0.48775	200% Above
N	No	70700011385	ISIBLOOM	700	\$0.62801	\$0.15085	200% Above
N	No	70700011385	ISIBLOOM	952	\$0.70179	\$0.15560	200% Above
N	Yes	70700011385	ISIBLOOM	84	\$0.09488	\$0.15085	(26%-50%) Below
N	No	70700011485	LORYNA	476	\$1.21681	\$0.25331	200% Above
N	No	70700011485	LORYNA	1232	\$1.37671	\$0.25336	200% Above
N	No	70700011584	SYEDA	84	\$0.60000	\$0.18195	200% Above
N	No	70700011585	SYEDA	644	\$0.43728	\$0.18195	101%-200% Above
N	No	70700011585	SYEDA	840	\$0.58127	\$0.19229	200% Above
N	No	70700011685	ALTAVERA	504	\$0.52417	\$0.15097	200% Above
N	No	70700011685	ALTAVERA	168	\$0.37381	\$0.16711	101%-200% Above
N	No	70700011885	VIENVA	1344	\$0.53467	\$0.17927	101%-200% Above
N	No	70700011885	VIENVA	1120	\$0.45882	\$0.19249	101%-200% Above
N	Yes	70700011885	VIENVA	84	\$0.64048	\$0.17927	200% Above
N	No	70700011985	ESTARYLLA	588	\$0.41599	\$0.12270	200% Above
N	No	70700011985	ESTARYLLA	1036	\$0.38119	\$0.12775	101%-200% Above
N	No	70700012085	TRI-LO-ESTARYLLA	224	\$0.58629	\$0.12940	200% Above
N	No	70700012085	TRI-LO-ESTARYLLA	84	\$1.00321	\$0.13423	200% Above
N	No	70700012185	TRI-ESTARYLLA	672	\$0.57356	\$0.13593	200% Above
N	No	70700012185	TRI-ESTARYLLA	868	\$0.47127	\$0.14130	200% Above
N	No	70700012285	VOLNEA	476	\$0.42275	\$0.18010	101%-200% Above
N	No	70700012285	VOLNEA	140	\$0.69257	\$0.20424	200% Above
N	No	70700012387	JAIMIESS	455	\$0.72563	\$0.27060	101%-200% Above
N	No	70700014535	ESTRADIOL	30	\$4.42600	\$4.01030	10%-25% Above
N	No	70700014616	FLUOCINONIDE	120	\$0.29833	\$0.42731	(26%-50%) Below
N	No	70700014617	FLUOCINONIDE	120	\$0.29833	\$0.24824	10%-25% Above
N	No	70700014617	FLUOCINONIDE	60	\$0.29833	\$0.26637	10%-25% Above
N	No	70700015010	OMEPRAZOLE	4076	\$0.12898	\$0.03293	200% Above
N	No	70700015010	OMEPRAZOLE	4214	\$0.11761	\$0.03461	200% Above
N	Yes	70700015010	OMEPRAZOLE	88	\$0.27023	\$0.03293	200% Above
N	Yes	70700015010	OMEPRAZOLE	270	\$0.25626	\$0.03461	200% Above
N	No	70700016201	PROGESTERONE	1573	\$1.00031	\$0.24760	200% Above



Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	70700016201	PROGESTERONE	1662	\$1.13695	\$0.24871	200% Above
N	Yes	70700016201	PROGESTERONE	30	\$1.39700	\$0.24760	200% Above
N	No	70700016301	PROGESTERONE	1224	\$1.25287	\$0.49929	101%-200% Above
N	No	70700016301	PROGESTERONE	1434	\$1.23105	\$0.52510	101%-200% Above
N	Yes	70700016301	PROGESTERONE	30	\$0.42500	\$0.49929	(10%-25%) Below
N	Yes	70700016301	PROGESTERONE	120	\$1.51325	\$0.52510	101%-200% Above
N	No	70700019435	ESTRADIOL	30	\$4.42600	\$3.62254	10%-25% Above
N	No	70700026305	LANSOPRAZOLE	30	\$0.29967	\$0.11040	101%-200% Above
N	No	70700026305	LANSOPRAZOLE	30	\$0.29967	\$0.11231	101%-200% Above
N	No	70700026330	LANSOPRAZOLE	28	\$0.46036	\$0.11040	200% Above
N	No	70700026390	LANSOPRAZOLE	120	\$0.25125	\$0.11231	101%-200% Above
N	No	70700028822	TESTOSTERONE CYPIONATE	10	\$4.11900	\$4.68617	(10%-25%) Below
N	No	70700028922	TESTOSTERONE CYPIONATE	24	\$10.23375	\$13.13104	(10%-25%) Below
N	No	70700028922	TESTOSTERONE CYPIONATE	47	\$11.48574	\$13.66959	(10%-25%) Below
N	Yes	70700028922	TESTOSTERONE CYPIONATE	8	\$7.79625	\$13.13104	(26%-50%) Below
N	Yes	70700028922	TESTOSTERONE CYPIONATE	8	\$8.99750	\$13.66959	(26%-50%) Below
N	Yes	70710101002	OSELTAMIVIR PHOSPHATE	10	\$3.74000	\$1.27713	101%-200% Above
N	No	70710104103	TOPIRAMATE ER	30	\$17.94400	\$10.71407	51%-75% Above
N	No	70710107103	VARDENAFIL HYDROCHLORIDE	8	\$17.13750	\$2.26508	200% Above
N	No	70710111000	CYPROHEPTADINE HYDROCHLORIDE	30	\$0.03267	\$0.08720	(51%-75%) Below
N	No	70710111001	CYPROHEPTADINE HYDROCHLORIDE	120	\$0.05808	\$0.08471	(26%-50%) Below
N	No	70710111001	CYPROHEPTADINE HYDROCHLORIDE	120	\$0.32183	\$0.08720	200% Above
N	No	70710112101	DOXYCYCLINE MONOHYDRATE	42	\$1.11310	\$0.16901	200% Above
N	No	70710112307	DOXYCYCLINE MONOHYDRATE	82	\$0.95305	\$0.29744	200% Above
N	No	70710112307	DOXYCYCLINE MONOHYDRATE	115	\$1.09104	\$0.33141	200% Above
N	Yes	70710112307	DOXYCYCLINE MONOHYDRATE	20	\$1.23700	\$0.33141	200% Above
N	No	70710113703	FLUCONAZOLE	3	\$1.70667	\$0.15720	200% Above
N	No	70710113801	FLUCONAZOLE	28	\$2.70107	\$0.27798	200% Above
N	No	70710113803	FLUCONAZOLE	14	\$2.11643	\$0.27798	200% Above
N	No	70710113803	FLUCONAZOLE	134	\$1.09097	\$0.32135	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	Yes	70710113803	FLUCONAZOLE	3	\$2.58667	\$0.27798	200% Above
N	No	70710113908	FLUCONAZOLE	88	\$6.80602	\$0.69680	200% Above
N	No	70710113908	FLUCONAZOLE	38	\$8.80553	\$0.82466	200% Above
N	Yes	70710113908	FLUCONAZOLE	1	\$6.86000	\$0.69680	200% Above
N	Yes	70710113908	FLUCONAZOLE	2	\$8.57000	\$0.82466	200% Above
N	No	70710114001	FLUCONAZOLE	1	\$2.63000	\$0.44418	200% Above
N	No	70710114001	FLUCONAZOLE	4	\$2.18250	\$0.45123	200% Above
N	No	70710114003	FLUCONAZOLE	19	\$2.56737	\$0.44418	200% Above
N	No	70710114003	FLUCONAZOLE	13	\$2.54000	\$0.45123	200% Above
N	Yes	70710114003	FLUCONAZOLE	2	\$2.40500	\$0.44418	200% Above
N	No	70710114801	ISOSORBIDE DINITRATE	90	\$0.56311	\$0.20472	101%-200% Above
N	No	70710114901	ISOSORBIDE DINITRATE	90	\$0.68322	\$0.30047	101%-200% Above
N	No	70710115703	LEFLUNOMIDE	50	\$1.32000	\$0.38841	200% Above
N	Yes	70710115703	LEFLUNOMIDE	90	\$1.07756	\$0.40014	101%-200% Above
N	No	70710115803	LEFLUNOMIDE	30	\$1.62500	\$0.36579	200% Above
N	No	70710115803	LEFLUNOMIDE	30	\$1.58167	\$0.38330	200% Above
N	No	70710116201	MECLIZINE HYDROCHLORIDE	104	\$0.15356	\$0.09569	51%-75% Above
N	No	70710116201	MECLIZINE HYDROCHLORIDE	70	\$0.19671	\$0.10653	76%-100% Above
N	No	70710116506	OSELTAMIVIR PHOSPHATE	240	\$0.20421	\$0.25635	(10%-25%) Below
N	No	70710116801	ATENOLOL/CHLORTHALIDONE	60	\$0.70483	\$0.39899	76%-100% Above
N	Yes	70710116801	ATENOLOL/CHLORTHALIDONE	30	\$0.53033	\$0.39899	26%-50% Above
N	No	70710122500	AMITRIPTYLINE HYDROCHLORIDE	90	\$0.02756	\$0.04195	(26%-50%) Below
N	No	70710122500	AMITRIPTYLINE HYDROCHLORIDE	90	\$0.17567	\$0.04365	200% Above
N	No	70710122501	AMITRIPTYLINE HYDROCHLORIDE	465	\$0.12845	\$0.04195	200% Above
N	No	70710122501	AMITRIPTYLINE HYDROCHLORIDE	330	\$0.14376	\$0.04365	200% Above
N	Yes	70710122501	AMITRIPTYLINE HYDROCHLORIDE	60	\$0.10467	\$0.04365	101%-200% Above
N	No	70710122600	AMITRIPTYLINE HYDROCHLORIDE	120	\$0.37050	\$0.06226	200% Above
N	No	70710122600	AMITRIPTYLINE HYDROCHLORIDE	120	\$0.28175	\$0.06301	200% Above
N	No	70710122601	AMITRIPTYLINE HYDROCHLORIDE	60	\$0.26717	\$0.06226	200% Above
N	No	70710122601	AMITRIPTYLINE HYDROCHLORIDE	60	\$0.08900	\$0.06301	26%-50% Above
N	No	70710122700	AMITRIPTYLINE HYDROCHLORIDE	30	\$0.49733	\$0.09514	200% Above
N	No	70710122701	AMITRIPTYLINE HYDROCHLORIDE	76	\$0.52474	\$0.09514	200% Above
N	No	70710122801	AMITRIPTYLINE HYDROCHLORIDE	60	\$0.55117	\$0.12048	200% Above
N	No	70710122801	AMITRIPTYLINE HYDROCHLORIDE	30	\$0.79167	\$0.18304	200% Above
N	No	70710122901	AMITRIPTYLINE HYDROCHLORIDE	90	\$0.23133	\$0.15299	51%-75% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	Yes	70710123304	BETAMETHASONE DIPROPIONATE	45	\$0.64044	\$0.53648	10%-25% Above
N	No	70710128403	FLUOCINONIDE	120	\$0.79900	\$0.19602	200% Above
N	No	70710128403	FLUOCINONIDE	120	\$0.83825	\$0.21145	200% Above
N	No	70710128501	BACLOFEN	90	\$0.25144	\$0.04653	200% Above
N	No	70710128505	BACLOFEN	30	\$0.15567	\$0.04809	200% Above
N	No	70710128605	BACLOFEN	150	\$0.35247	\$0.07312	200% Above
N	No	70710128901	TRIAZOLAM	1	\$3.19000	\$0.59006	200% Above
N	No	70710128901	TRIAZOLAM	4	\$2.47250	\$0.72698	200% Above
N	No	70710130207	MESALAMINE	30	\$0.33333	\$1.58300	(76%-100%) Below
N	No	70710134403	RAMELTEON	30	\$1.45900	\$0.95891	51%-75% Above
N	No	70710136703	EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE	30	\$0.77500	\$0.55160	26%-50% Above
N	No	70710144504	CLINDAMYCIN PHOSPHATE/BENZOYL PEROXIDE	45	\$1.39667	\$0.56402	101%-200% Above
N	No	70710145701	AZITHROMYCIN	30	\$0.66667	\$0.44717	26%-50% Above
N	No	70710145802	AZITHROMYCIN	180	\$0.88211	\$0.40201	101%-200% Above
N	No	70710145802	AZITHROMYCIN	150	\$0.76547	\$0.42703	76%-100% Above
N	Yes	70710145802	AZITHROMYCIN	15	\$0.73400	\$0.42703	51%-75% Above
N	No	70710145902	AZITHROMYCIN	45	\$0.61556	\$0.29382	101%-200% Above
N	No	70710145902	AZITHROMYCIN	112.5	\$0.66471	\$0.31550	101%-200% Above
N	No	70710146002	AZITHROMYCIN	210	\$0.73290	\$0.25715	101%-200% Above
N	No	70710146002	AZITHROMYCIN	120	\$0.54133	\$0.26320	101%-200% Above
N	Yes	70710146002	AZITHROMYCIN	30	\$0.38833	\$0.25715	51%-75% Above
N	No	70710159101	ACETAZOLAMIDE ER	60	\$1.55400	\$0.32176	200% Above
N	No	70710160901	BACLOFEN	90	\$0.12078	\$0.15693	(10%-25%) Below
N	No	70710160901	BACLOFEN	90	\$0.12078	\$0.18058	(26%-50%) Below
N	No	70710166701	PROCHLORPERAZINE MALEATE	30	\$0.33300	\$0.23795	26%-50% Above
N	No	70710166701	PROCHLORPERAZINE MALEATE	30	\$0.41000	\$0.27372	26%-50% Above
N	No	70710166801	PROCHLORPERAZINE MALEATE	30	\$0.48933	\$0.43112	10%-25% Above
N	No	70710168400	FAMOTIDINE	90	\$0.53078	\$0.05666	200% Above
N	No	70710171001	KETOROLAC TROMETHAMINE	61	\$0.88082	\$0.51239	51%-75% Above
N	No	70710171001	KETOROLAC TROMETHAMINE	117	\$0.78607	\$0.52799	26%-50% Above
N	Yes	70710171001	KETOROLAC TROMETHAMINE	20	\$0.09650	\$0.51239	(76%-100%) Below
N	Yes	70710175706	ENOXAPARIN SODIUM	9	\$19.53667	\$13.71949	26%-50% Above

**Information in this report is proprietary and confidential to OptumRx.**

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	70710175806	ENOXAPARIN SODIUM	6.8	\$14.70294	\$10.41494	26%-50% Above
N	No	70710175806	ENOXAPARIN SODIUM	1.2	\$14.59167	\$12.42253	10%-25% Above
N	No	70710183201	DICLOFENAC POTASSIUM	30	\$1.40400	\$0.17317	200% Above
N	No	70710183201	DICLOFENAC POTASSIUM	30	\$0.33333	\$0.18203	76%-100% Above
N	No	70727049725	RHOPRESSA	2.5	\$136.01600	\$119.43836	10%-25% Above
N	No	70727049725	RHOPRESSA	5	\$136.01600	\$119.79256	10%-25% Above
N	No	70748013006	LEFLUNOMIDE	90	\$1.73156	\$0.36579	200% Above
N	Yes	70748013006	LEFLUNOMIDE	30	\$0.44333	\$0.38330	10%-25% Above
N	No	70752010212	ALBUTEROL SULFATE	90	\$0.05578	\$0.03675	51%-75% Above
N	Yes	70752010710	CYPROHEPTADINE HYDROCHLORIDE	60	\$0.03983	\$0.08471	(51%-75%) Below
N	No	70752011304	LIDOCAINE	50	\$0.87900	\$0.18176	200% Above
N	No	70752015320	CLOBETASOL PROPIONATE	25	\$0.57240	\$0.39448	26%-50% Above
N	No	70752015320	CLOBETASOL PROPIONATE	25	\$1.13080	\$0.43479	101%-200% Above
N	No	70752018006	GUAIFENESIN/CODEINE PHOSPHATE	118	\$0.07669	\$0.05155	26%-50% Above
N	Yes	70756001112	CHLORTHALIDONE	30	\$0.03433	\$0.08635	(51%-75%) Below
N	No	70756001912	PANTOPRAZOLE SODIUM	30	\$0.43767	\$0.05797	200% Above
N	No	70756008511	BACLOFEN	90	\$0.12544	\$0.18058	(26%-50%) Below
N	No	70756020111	AMITRIPTYLINE HYDROCHLORIDE	60	\$0.14633	\$0.04195	200% Above
N	No	70756020111	AMITRIPTYLINE HYDROCHLORIDE	180	\$0.13383	\$0.04365	200% Above
N	No	70756020212	AMITRIPTYLINE HYDROCHLORIDE	60	\$0.29533	\$0.06226	200% Above
N	Yes	70756020311	AMITRIPTYLINE HYDROCHLORIDE	60	\$0.04600	\$0.09106	(26%-50%) Below
Y	No	70756020312	AMITRIPTYLINE HYDROCHLORIDE	90	\$0.20111	\$0.09514	101%-200% Above
N	No	70756021490	FENOFIBRATE	60	\$0.10467	\$0.09462	10%-25% Above
N	Yes	70756021490	FENOFIBRATE	60	\$0.27950	\$0.09635	101%-200% Above
N	No	70756021551	FENOFIBRATE	44	\$0.58864	\$0.13441	200% Above
N	No	70756021551	FENOFIBRATE	330	\$0.42985	\$0.15036	101%-200% Above
N	Yes	70756021551	FENOFIBRATE	180	\$0.52600	\$0.13441	200% Above
Y	No	70756021551	FENOFIBRATE	180	\$0.24667	\$0.13441	76%-100% Above
Y	No	70756021551	FENOFIBRATE	90	\$0.67144	\$0.15036	200% Above
N	No	70756021590	FENOFIBRATE	150	\$0.17400	\$0.13441	26%-50% Above
N	No	70756021590	FENOFIBRATE	285	\$0.20702	\$0.15036	26%-50% Above
N	Yes	70756021590	FENOFIBRATE	30	\$0.04100	\$0.15036	(51%-75%) Below

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
Y	No	70756021590	FENOFIBRATE	28	\$0.67143	\$0.15036	200% Above
N	No	70756041111	NITROFURANTOIN MACROCRYSTALS	30	\$1.50033	\$0.22437	200% Above
N	No	70756041111	NITROFURANTOIN MACROCRYSTALS	30	\$1.50033	\$0.23451	200% Above
N	No	70756060730	OFLOXACIN	35	\$3.17086	\$2.17543	26%-50% Above
N	No	70756060730	OFLOXACIN	15	\$3.06867	\$2.29919	26%-50% Above
N	Yes	70756060730	OFLOXACIN	5	\$3.44000	\$2.17543	51%-75% Above
N	No	70756060915	OFLOXACIN	36	\$6.02083	\$1.63551	200% Above
N	No	70756060915	OFLOXACIN	15	\$5.56267	\$1.68684	200% Above
N	No	70756061030	OFLOXACIN	10	\$5.96000	\$1.55440	200% Above
N	No	70756061030	OFLOXACIN	40	\$5.01575	\$1.81619	101%-200% Above
N	Yes	70756072111	ACETAZOLAMIDE	210	\$0.24152	\$0.17719	26%-50% Above
N	No	70756080751	LANSOPRAZOLE	120	\$0.62967	\$0.11231	200% Above
N	Yes	70756081230	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	30	\$0.26133	\$0.19923	26%-50% Above
N	No	70756081330	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	30	\$0.50500	\$0.23074	101%-200% Above
N	No	70954000510	OXYBUTYNIN CHLORIDE	90	\$0.22867	\$0.06198	200% Above
N	No	70954000520	OXYBUTYNIN CHLORIDE	180	\$0.26494	\$0.06077	200% Above
N	No	70954000520	OXYBUTYNIN CHLORIDE	120	\$0.23925	\$0.06198	200% Above
N	No	70954001910	PRAZOSIN HYDROCHLORIDE	120	\$0.30717	\$0.13601	101%-200% Above
N	No	70954001910	PRAZOSIN HYDROCHLORIDE	52	\$0.26154	\$0.16669	51%-75% Above
N	Yes	70954001910	PRAZOSIN HYDROCHLORIDE	30	\$0.61200	\$0.13601	200% Above
N	Yes	70954001910	PRAZOSIN HYDROCHLORIDE	30	\$0.54533	\$0.16669	200% Above
N	No	70954002010	PRAZOSIN HYDROCHLORIDE	450	\$0.44567	\$0.17037	101%-200% Above
N	No	70954002010	PRAZOSIN HYDROCHLORIDE	30	\$0.74767	\$0.19922	200% Above
N	No	70954002110	PRAZOSIN HYDROCHLORIDE	30	\$0.76467	\$0.31409	101%-200% Above
N	No	70954005820	PREDNISONE	30	\$0.15367	\$0.04631	200% Above
N	No	70954005820	PREDNISONE	216	\$0.13806	\$0.04988	101%-200% Above
N	Yes	70954005820	PREDNISONE	20	\$0.15350	\$0.04631	200% Above
N	Yes	70954005820	PREDNISONE	30	\$0.12300	\$0.04988	101%-200% Above
N	No	70954005830	PREDNISONE	42	\$0.51619	\$0.35767	26%-50% Above
N	No	70954005830	PREDNISONE	42	\$0.56286	\$0.40394	26%-50% Above
N	Yes	70954005830	PREDNISONE	21	\$0.46952	\$0.35767	26%-50% Above
N	No	70954005920	PREDNISONE	115	\$0.16035	\$0.05601	101%-200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	70954005920	PREDNISONE	280	\$0.12421	\$0.05744	101%-200% Above
N	Yes	70954005920	PREDNISONE	14	\$0.16286	\$0.05744	101%-200% Above
N	No	70954005930	PREDNISONE	147	\$0.95510	\$0.51552	76%-100% Above
N	No	70954005930	PREDNISONE	147	\$0.87850	\$0.54033	51%-75% Above
N	Yes	70954005930	PREDNISONE	21	\$0.84810	\$0.51552	51%-75% Above
N	No	70954005940	PREDNISONE	96	\$0.45813	\$0.51552	(10%-25%) Below
N	No	70954005940	PREDNISONE	48	\$0.60375	\$0.54033	10%-25% Above
N	No	70954006020	PREDNISONE	625	\$0.15712	\$0.08401	76%-100% Above
N	No	70954006020	PREDNISONE	812	\$0.17011	\$0.08601	76%-100% Above
N	Yes	70954006020	PREDNISONE	65	\$0.17554	\$0.08601	101%-200% Above
N	No	70954006110	PREDNISONE	10	\$0.28600	\$0.25414	10%-25% Above
N	No	70954006110	PREDNISONE	19	\$0.31579	\$0.26498	10%-25% Above
N	No	70954008510	CHLORZOXAZONE	30	\$0.48767	\$0.23401	101%-200% Above
N	No	70954013610	DAPSONE	90	\$1.78933	\$0.96179	76%-100% Above
N	No	70954013910	LEVOCARNITINE	300	\$0.27530	\$0.16191	51%-75% Above
N	No	70954018810	ACYCLOVIR	400	\$0.65885	\$0.13539	200% Above
N	Yes	70954018810	ACYCLOVIR	105	\$0.65886	\$0.13539	200% Above
N	Yes	70954020110	DIGOXIN	90	\$0.44867	\$0.19381	101%-200% Above
N	No	70954020120	DIGOXIN	15	\$0.23267	\$0.19177	10%-25% Above
N	No	70954021210	TRIHEXYPHENIDYL HYDROCHLORIDE	45	\$0.25600	\$0.05514	200% Above
N	No	70954025220	FLUDROCORTISONE ACETATE	30	\$0.51933	\$0.42777	10%-25% Above
N	No	70954025810	SULFAMETHOXAZOLE/TRIMETHO PRIM	600	\$0.02398	\$0.05975	(51%-75%) Below
N	No	70954031610	FAMOTIDINE	100	\$0.44200	\$0.55585	(10%-25%) Below
N	No	70954031610	FAMOTIDINE	200	\$1.19965	\$0.57272	101%-200% Above
N	No	70954040310	DEXAMETHASONE	78	\$0.59077	\$0.34465	51%-75% Above
N	No	70954040310	DEXAMETHASONE	52	\$0.68865	\$0.38690	76%-100% Above
N	No	70954040410	DEXAMETHASONE	5	\$1.25000	\$1.04047	10%-25% Above
N	No	70954041230	BISOPROLOL FUMARATE/HYDROCHLOROTHIA ZIDE	30	\$1.31300	\$0.20553	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	70954041230	BISOPROLOL FUMARATE/HYDROCHLOROTHIA ZIDE	30	\$0.76833	\$0.22374	200% Above
N	No	70954041330	BISOPROLOL FUMARATE/HYDROCHLOROTHIA ZIDE	120	\$1.36975	\$0.23736	200% Above
N	No	70954041330	BISOPROLOL FUMARATE/HYDROCHLOROTHIA ZIDE	180	\$1.06667	\$0.24919	200% Above
N	No	70954041410	BISOPROLOL FUMARATE/HYDROCHLOROTHIA ZIDE	30	\$1.36633	\$0.27967	200% Above
N	No	70954044410	MISOPROSTOL	16	\$1.00125	\$0.68620	26%-50% Above
N	No	70954044410	MISOPROSTOL	2	\$1.00000	\$0.73076	26%-50% Above
N	Yes	70954044410	MISOPROSTOL	60	\$0.35333	\$0.68620	(26%-50%) Below
Y	No	70954045520	BISOPROLOL FUMARATE	90	\$0.93478	\$0.27204	200% Above
Y	No	70954045520	BISOPROLOL FUMARATE	90	\$0.75567	\$0.28082	101%-200% Above
N	No	70954045610	BISOPROLOL FUMARATE	90	\$0.32867	\$0.29439	10%-25% Above
N	No	70954045620	BISOPROLOL FUMARATE	90	\$0.32878	\$0.29439	10%-25% Above
N	No	70954060010	FLUOXETINE HYDROCHLORIDE	150	\$0.62827	\$0.25150	101%-200% Above
N	No	70954068910	PROCHLORPERAZINE MALEATE	75	\$0.48653	\$0.43112	10%-25% Above
N	No	71093011105	GABAPENTIN	970	\$0.35275	\$0.09614	200% Above
N	No	71093011105	GABAPENTIN	480	\$0.47748	\$0.09749	200% Above
N	Yes	71093011105	GABAPENTIN	270	\$0.38974	\$0.09614	200% Above
N	No	71093011205	GABAPENTIN	120	\$0.45975	\$0.12506	200% Above
N	No	71093011205	GABAPENTIN	90	\$0.42789	\$0.12667	200% Above
N	Yes	71093011205	GABAPENTIN	360	\$0.46156	\$0.12506	200% Above
N	No	71093011906	TRAMADOL HYDROCHLORIDE	58	\$0.03086	\$0.02747	10%-25% Above
N	No	71093011906	TRAMADOL HYDROCHLORIDE	328	\$0.21549	\$0.03046	200% Above
N	Yes	71093011906	TRAMADOL HYDROCHLORIDE	180	\$0.25028	\$0.02747	200% Above
N	Yes	71093011906	TRAMADOL HYDROCHLORIDE	70	\$0.29700	\$0.03046	200% Above
N	No	71093012005	GABAPENTIN	210	\$0.13200	\$0.02583	200% Above
N	No	71093012105	GABAPENTIN	270	\$0.17663	\$0.04095	200% Above
N	No	71093012803	DONEPEZIL HYDROCHLORIDE	90	\$0.08333	\$0.04535	76%-100% Above
N	No	71093015504	ZOLPIDEM TARTRATE	60	\$0.15400	\$0.03355	200% Above
N	No	71093016305	GABAPENTIN	60	\$0.16383	\$0.06067	101%-200% Above
N	No	71288030302	CYANOCOBALAMIN	9	\$2.99000	\$2.58423	10%-25% Above
N	No	71288041089	ENOXAPARIN SODIUM	30	\$12.60000	\$10.10288	10%-25% Above
N	No	71403000330	RHOFADE	30	\$20.98800	\$18.10825	10%-25% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	71858002504	TIROSINT	120	\$3.69217	\$4.38818	(10%-25%) Below
N	No	71921019033	EXEMESTANE	60	\$1.40350	\$0.90395	51%-75% Above
N	Yes	71921019033	EXEMESTANE	30	\$0.53933	\$0.90395	(26%-50%) Below
N	No	71930001952	HYDROCODONE BITARTRATE/ACETAMINOPHEN	5	\$0.15000	\$0.13129	10%-25% Above
N	No	71930002012	HYDROCODONE BITARTRATE/ACETAMINOPHEN	8	\$0.15500	\$0.12826	10%-25% Above
N	No	71930002743	HYDROCODONE BITARTRATE/ACETAMINOPHEN	240	\$0.07396	\$0.06206	10%-25% Above
N	No	71930004512	OXYCODONE/ACETAMINOPHEN	12	\$0.20417	\$0.10648	76%-100% Above
N	No	71930005552	ACETAMINOPHEN/CODEINE PHOSPHATE	112	\$0.12946	\$0.18990	(26%-50%) Below
N	No	71930005552	ACETAMINOPHEN/CODEINE PHOSPHATE	288	\$0.14389	\$0.19768	(26%-50%) Below
N	Yes	71930005612	ACETAMINOPHEN/CODEINE PHOSPHATE	90	\$0.16522	\$0.37606	(51%-75%) Below
N	No	71930006612	BACLOFEN	90	\$0.75600	\$0.15693	200% Above
N	No	72205000390	ROSUVASTATIN CALCIUM	30	\$0.68500	\$0.04990	200% Above
N	No	72205000390	ROSUVASTATIN CALCIUM	60	\$0.26333	\$0.05258	200% Above
N	No	72205000399	ROSUVASTATIN CALCIUM	480	\$0.49254	\$0.04990	200% Above
N	No	72205000399	ROSUVASTATIN CALCIUM	615	\$0.50904	\$0.05258	200% Above
N	Yes	72205000399	ROSUVASTATIN CALCIUM	90	\$0.20844	\$0.04990	200% Above
N	Yes	72205000399	ROSUVASTATIN CALCIUM	30	\$0.03767	\$0.05258	(26%-50%) Below
N	No	72205000499	ROSUVASTATIN CALCIUM	450	\$0.40611	\$0.06569	200% Above
N	No	72205000499	ROSUVASTATIN CALCIUM	360	\$0.46858	\$0.07194	200% Above
N	Yes	72205000499	ROSUVASTATIN CALCIUM	90	\$0.66944	\$0.06569	200% Above
N	Yes	72205000499	ROSUVASTATIN CALCIUM	90	\$0.35467	\$0.07194	200% Above
N	No	72205000530	ROSUVASTATIN CALCIUM	30	\$0.74867	\$0.10464	200% Above
N	No	72205000599	ROSUVASTATIN CALCIUM	270	\$0.59774	\$0.10464	200% Above
N	No	72205000599	ROSUVASTATIN CALCIUM	180	\$0.60278	\$0.11148	200% Above
N	Yes	72205000599	ROSUVASTATIN CALCIUM	30	\$0.93600	\$0.11148	200% Above
N	Yes	72205001290	PREGABALIN	60	\$0.03083	\$0.06180	(51%-75%) Below
N	No	72205001390	PREGABALIN	60	\$0.36517	\$0.05405	200% Above
N	No	72205001390	PREGABALIN	150	\$0.80327	\$0.06258	200% Above
N	No	72205001490	PREGABALIN	210	\$0.39848	\$0.05835	200% Above
N	No	72205001490	PREGABALIN	240	\$0.22213	\$0.06425	200% Above
N	Yes	72205001490	PREGABALIN	60	\$0.25400	\$0.06425	200% Above
N	No	72205001590	PREGABALIN	60	\$0.36333	\$0.07465	200% Above
N	No	72205001690	PREGABALIN	90	\$0.91556	\$0.07266	200% Above



Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	72205001690	PREGABALIN	90	\$0.15833	\$0.08244	76%-100% Above
N	Yes	72205001690	PREGABALIN	90	\$0.05656	\$0.07266	(10%-25%) Below
N	No	72205002205	ATORVASTATIN CALCIUM	30	\$0.48533	\$0.03066	200% Above
N	No	72205002205	ATORVASTATIN CALCIUM	60	\$0.48533	\$0.03114	200% Above
N	No	72205002290	ATORVASTATIN CALCIUM	270	\$0.06667	\$0.03114	101%-200% Above
N	Yes	72205002290	ATORVASTATIN CALCIUM	30	\$0.01800	\$0.03066	(26%-50%) Below
N	No	72205002299	ATORVASTATIN CALCIUM	1155	\$0.06667	\$0.03066	101%-200% Above
N	No	72205002299	ATORVASTATIN CALCIUM	950	\$0.06666	\$0.03114	101%-200% Above
N	No	72205002305	ATORVASTATIN CALCIUM	30	\$0.02267	\$0.03755	(26%-50%) Below
N	No	72205002305	ATORVASTATIN CALCIUM	60	\$0.25133	\$0.04061	200% Above
N	Yes	72205002305	ATORVASTATIN CALCIUM	30	\$0.02267	\$0.04061	(26%-50%) Below
N	No	72205002390	ATORVASTATIN CALCIUM	30	\$0.02267	\$0.04061	(26%-50%) Below
N	Yes	72205002390	ATORVASTATIN CALCIUM	30	\$0.02267	\$0.03755	(26%-50%) Below
N	No	72205002399	ATORVASTATIN CALCIUM	1410	\$0.07104	\$0.03755	76%-100% Above
N	No	72205002399	ATORVASTATIN CALCIUM	3180	\$0.07507	\$0.04061	76%-100% Above
N	No	72205002405	ATORVASTATIN CALCIUM	30	\$0.35167	\$0.05653	200% Above
N	No	72205002490	ATORVASTATIN CALCIUM	90	\$0.33256	\$0.05653	200% Above
N	No	72205002499	ATORVASTATIN CALCIUM	2835	\$0.11401	\$0.05376	101%-200% Above
N	No	72205002499	ATORVASTATIN CALCIUM	2970	\$0.07788	\$0.05653	26%-50% Above
N	Yes	72205002499	ATORVASTATIN CALCIUM	30	\$0.55800	\$0.05376	200% Above
N	No	72205002505	ATORVASTATIN CALCIUM	30	\$0.48700	\$0.09096	200% Above
N	No	72205002590	ATORVASTATIN CALCIUM	150	\$0.33480	\$0.09096	200% Above
N	No	72205002599	ATORVASTATIN CALCIUM	855	\$0.30699	\$0.08531	200% Above
N	No	72205002599	ATORVASTATIN CALCIUM	990	\$0.31245	\$0.09096	200% Above
N	No	72205002790	ROSUVASTATIN CALCIUM	244	\$0.47918	\$0.04537	200% Above
N	No	72205002790	ROSUVASTATIN CALCIUM	540	\$0.43730	\$0.04774	200% Above
N	Yes	72205002790	ROSUVASTATIN CALCIUM	60	\$0.63800	\$0.04774	200% Above
N	No	72205002799	ROSUVASTATIN CALCIUM	150	\$0.50280	\$0.04537	200% Above
N	No	72205002799	ROSUVASTATIN CALCIUM	255	\$0.50808	\$0.04774	200% Above
N	Yes	72205002799	ROSUVASTATIN CALCIUM	30	\$0.41267	\$0.04537	200% Above
N	Yes	72205002799	ROSUVASTATIN CALCIUM	60	\$0.03433	\$0.04774	(26%-50%) Below

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	72205002830	FEBUXOSTAT	90	\$1.78278	\$0.55154	200% Above
N	Yes	72205002830	FEBUXOSTAT	30	\$0.34600	\$0.53527	(26%-50%) Below
N	No	72205002930	FEBUXOSTAT	180	\$0.42828	\$0.62827	(26%-50%) Below
N	No	72205004160	DOFETILIDE	60	\$1.48900	\$0.54471	101%-200% Above
N	No	72205005108	ALBENDAZOLE	4	\$13.27500	\$7.32705	76%-100% Above
N	No	72205005108	ALBENDAZOLE	4	\$13.27500	\$10.25125	26%-50% Above
N	No	72205020730	LURASIDONE HYDROCHLORIDE	60	\$0.54967	\$0.20014	101%-200% Above
N	No	72205020730	LURASIDONE HYDROCHLORIDE	30	\$1.04800	\$0.22711	200% Above
N	No	72205020830	LURASIDONE HYDROCHLORIDE	30	\$0.74833	\$0.31797	101%-200% Above
N	No	72205020830	LURASIDONE HYDROCHLORIDE	30	\$1.20567	\$0.32138	200% Above
N	No	72205020930	LURASIDONE HYDROCHLORIDE	30	\$1.69667	\$0.41761	200% Above
N	No	72241002410	CELECOXIB	15	\$0.38200	\$0.10817	200% Above
N	No	72266013901	BIMATOPROST	2.5	\$19.38800	\$15.69575	10%-25% Above
N	No	72266014201	BROMFENAC	3.4	\$38.13824	\$43.36588	(10%-25%) Below
Y	No	72305007530	EUTHYROX	90	\$0.18033	\$0.07314	101%-200% Above
N	No	72305010030	EUTHYROX	30	\$0.13833	\$0.08133	51%-75% Above
N	No	72426011803	NEXLETOL	60	\$11.32433	\$12.64059	(10%-25%) Below
N	No	72426011803	NEXLETOL	30	\$9.50300	\$12.66092	(10%-25%) Below
N	No	72511077001	REPATHA PUSHTRONEX SYSTEM	3.5	\$112.45429	\$164.35929	(26%-50%) Below
N	No	72516003010	METOPROLOL SUCCINATE ER	60	\$0.34733	\$0.07422	200% Above
N	No	72516003010	METOPROLOL SUCCINATE ER	30	\$0.48133	\$0.07937	200% Above
N	Yes	72516003010	METOPROLOL SUCCINATE ER	30	\$0.29600	\$0.07422	200% Above
N	Yes	72516003010	METOPROLOL SUCCINATE ER	30	\$0.26200	\$0.07937	200% Above
N	No	72516003110	METOPROLOL SUCCINATE ER	30	\$0.04700	\$0.07734	(26%-50%) Below
N	No	72516003201	METOPROLOL SUCCINATE ER	120	\$0.15700	\$0.12979	10%-25% Above
N	No	72516003201	METOPROLOL SUCCINATE ER	255	\$0.11639	\$0.13342	(10%-25%) Below
N	No	72516003210	METOPROLOL SUCCINATE ER	60	\$0.30433	\$0.12979	101%-200% Above
N	Yes	72516003210	METOPROLOL SUCCINATE ER	60	\$0.04867	\$0.12979	(51%-75%) Below
N	Yes	72516003210	METOPROLOL SUCCINATE ER	30	\$0.54400	\$0.13342	200% Above
N	No	72578000105	DOXYCYCLINE HYCLATE	20	\$0.55000	\$0.13569	200% Above
N	No	72578000105	DOXYCYCLINE HYCLATE	80	\$0.23713	\$0.13760	51%-75% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	72578000118	DOXYCYCLINE HYCLATE	14	\$0.28357	\$0.13760	101%-200% Above
N	No	72578000201	ACYCLOVIR	150	\$0.21000	\$0.10400	101%-200% Above
N	No	72578000201	ACYCLOVIR	150	\$0.21000	\$0.11465	76%-100% Above
N	No	72578000314	MEMANTINE HYDROCHLORIDE	28	\$0.36500	\$0.07873	200% Above
N	No	72578000414	MEMANTINE HYDROCHLORIDE	60	\$0.58933	\$0.07351	200% Above
N	Yes	72578000805	METRONIDAZOLE	14	\$0.06286	\$0.11994	(26%-50%) Below
N	No	72578003601	METFORMIN HYDROCHLORIDE ER	90	\$0.43467	\$0.06457	200% Above
N	No	72578003601	METFORMIN HYDROCHLORIDE ER	90	\$0.52433	\$0.06777	200% Above
N	No	72578005418	DOXYCYCLINE HYCLATE	74	\$0.72000	\$0.17081	200% Above
N	No	72578005418	DOXYCYCLINE HYCLATE	178	\$0.67882	\$0.17209	200% Above
N	Yes	72578005418	DOXYCYCLINE HYCLATE	60	\$1.01383	\$0.17209	200% Above
N	No	72578005505	DOXYCYCLINE HYCLATE	40	\$0.23300	\$0.12965	76%-100% Above
N	No	72578005505	DOXYCYCLINE HYCLATE	20	\$0.03600	\$0.13081	(51%-75%) Below
N	No	72578005518	DOXYCYCLINE HYCLATE	160	\$0.87775	\$0.12965	200% Above
N	No	72578005518	DOXYCYCLINE HYCLATE	210	\$1.00800	\$0.13081	200% Above
N	Yes	72578005518	DOXYCYCLINE HYCLATE	20	\$0.79500	\$0.12965	200% Above
N	Yes	72578005518	DOXYCYCLINE HYCLATE	14	\$0.39714	\$0.13081	200% Above
N	No	72578006414	RANOLAZINE ER	60	\$1.24833	\$0.22666	200% Above
N	Yes	72578008402	CLINDAMYCIN PHOSPHATE	30	\$0.27567	\$0.31110	(10%-25%) Below
N	No	72578008403	CLINDAMYCIN PHOSPHATE	60	\$0.71900	\$0.21267	200% Above
N	No	72578008601	DESONIDE	15	\$0.66667	\$0.43202	51%-75% Above
N	No	72578008801	NYSTATIN/TRIAMCINOLONE ACETONIDE	15	\$0.76200	\$0.35032	101%-200% Above
N	No	72578008904	NYSTATIN	30	\$0.50867	\$0.23883	101%-200% Above
N	No	72578009001	TRIAMTERENE/HYDROCHLOROT HIAZIDE	90	\$0.15467	\$0.12021	26%-50% Above
N	No	72578009001	TRIAMTERENE/HYDROCHLOROT HIAZIDE	180	\$0.19933	\$0.12645	51%-75% Above
N	No	72578009010	TRIAMTERENE/HYDROCHLOROT HIAZIDE	30	\$0.25167	\$0.12021	101%-200% Above
N	No	72578009010	TRIAMTERENE/HYDROCHLOROT HIAZIDE	15	\$0.24667	\$0.12645	76%-100% Above
N	No	72578009102	DESOXIMETASONE	60	\$0.84000	\$0.41331	101%-200% Above
N	No	72578009301	BETAMETHASONE DIPROPIONATE	15	\$0.66667	\$0.74168	(10%-25%) Below

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	72578009306	BETAMETHASONE DIPROPIONATE	45	\$0.42333	\$0.75863	(26%-50%) Below
N	No	72578009621	TIZANIDINE HCL	30	\$0.55000	\$0.03954	200% Above
N	Yes	72578009621	TIZANIDINE HCL	60	\$0.52417	\$0.03954	200% Above
N	No	72578009721	TIZANIDINE HYDROCHLORIDE	562	\$0.36986	\$0.03510	200% Above
N	No	72578009721	TIZANIDINE HYDROCHLORIDE	484	\$0.34721	\$0.04289	200% Above
N	Yes	72578009721	TIZANIDINE HYDROCHLORIDE	30	\$0.31267	\$0.03510	200% Above
N	Yes	72578009721	TIZANIDINE HYDROCHLORIDE	21	\$0.28333	\$0.04289	200% Above
N	No	72578009918	LEVOFLOXACIN	10	\$0.48800	\$0.15137	200% Above
N	Yes	72578009918	LEVOFLOXACIN	7	\$1.04429	\$0.15554	200% Above
N	No	72578010092	LEVOFLOXACIN	19	\$1.77000	\$0.28359	200% Above
N	No	72578010484	MIRTAZAPINE ODT	30	\$1.69167	\$0.55142	200% Above
N	No	72578010584	MIRTAZAPINE ODT	30	\$0.88200	\$0.50183	76%-100% Above
N	No	72578012008	IVERMECTIN	45	\$1.65956	\$4.48145	(51%-75%) Below
N	No	72603011501	TAMSULOSIN HYDROCHLORIDE	60	\$0.51983	\$0.05642	200% Above
N	No	72603011502	TAMSULOSIN HYDROCHLORIDE	90	\$0.12844	\$0.05642	101%-200% Above
N	No	72603011502	TAMSULOSIN HYDROCHLORIDE	30	\$0.06600	\$0.05878	10%-25% Above
N	No	72603012601	VILAZODONE HYDROCHLORIDE	30	\$7.20667	\$1.32426	200% Above
N	No	72603013101	DOFETILIDE	120	\$0.54967	\$0.71103	(10%-25%) Below
N	No	72603013201	DOFETILIDE	60	\$0.78250	\$0.54471	26%-50% Above
N	No	72603013201	DOFETILIDE	54	\$0.94926	\$0.65113	26%-50% Above
N	No	72603014202	METOPROLOL SUCCINATE ER	90	\$0.25356	\$0.07937	200% Above
N	No	72603014302	METOPROLOL SUCCINATE ER	30	\$0.02633	\$0.07290	(51%-75%) Below
N	Yes	72603014302	METOPROLOL SUCCINATE ER	30	\$0.30867	\$0.07290	200% Above
N	No	72888000115	TIZANIDINE HYDROCHLORIDE	30	\$1.14133	\$0.09305	200% Above
N	No	72888000315	TIZANIDINE HYDROCHLORIDE	90	\$1.23056	\$0.16845	200% Above
N	No	72888000400	METOPROLOL TARTRATE	1007	\$0.10184	\$0.01788	200% Above
N	No	72888000400	METOPROLOL TARTRATE	660	\$0.08918	\$0.01833	200% Above
N	Yes	72888000400	METOPROLOL TARTRATE	390	\$0.05844	\$0.01788	200% Above
N	Yes	72888000400	METOPROLOL TARTRATE	60	\$0.06667	\$0.01833	200% Above
N	No	72888000401	METOPROLOL TARTRATE	180	\$0.01128	\$0.01788	(26%-50%) Below
N	No	72888000405	METOPROLOL TARTRATE	1593	\$0.03235	\$0.01788	76%-100% Above
N	No	72888000405	METOPROLOL TARTRATE	1440	\$0.03329	\$0.01833	76%-100% Above
N	No	72888000500	METOPROLOL TARTRATE	420	\$0.14638	\$0.02059	200% Above
N	No	72888000500	METOPROLOL TARTRATE	1050	\$0.09109	\$0.02218	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	Yes	72888000500	METOPROLOL TARTRATE	180	\$0.18772	\$0.02059	200% Above
N	Yes	72888000500	METOPROLOL TARTRATE	270	\$0.13789	\$0.02218	200% Above
N	No	72888000600	METOPROLOL TARTRATE	390	\$0.05605	\$0.02694	101%-200% Above
N	No	72888000600	METOPROLOL TARTRATE	270	\$0.05367	\$0.02852	76%-100% Above
N	Yes	72888000600	METOPROLOL TARTRATE	60	\$0.01450	\$0.02694	(26%-50%) Below
N	Yes	72888000600	METOPROLOL TARTRATE	180	\$0.16333	\$0.02852	200% Above
N	No	72888000601	METOPROLOL TARTRATE	30	\$0.09767	\$0.02852	200% Above
N	No	72888000901	BACLOFEN	42	\$0.79929	\$0.15693	200% Above
N	No	72888001001	BACLOFEN	150	\$0.28040	\$0.04653	200% Above
N	No	72888001001	BACLOFEN	34	\$0.19735	\$0.04809	200% Above
N	Yes	72888001001	BACLOFEN	90	\$0.24556	\$0.04653	200% Above
N	Yes	72888001001	BACLOFEN	30	\$0.17933	\$0.04809	200% Above
N	No	72888001205	CYCLOBENZAPRINE HYDROCHLORIDE	62	\$0.11758	\$0.02198	200% Above
N	No	72888001205	CYCLOBENZAPRINE HYDROCHLORIDE	90	\$0.14200	\$0.02249	200% Above
N	No	72888001400	CYCLOBENZAPRINE HYDROCHLORIDE	646	\$0.37992	\$0.02251	200% Above
N	No	72888001400	CYCLOBENZAPRINE HYDROCHLORIDE	611	\$0.39771	\$0.02342	200% Above
N	Yes	72888001400	CYCLOBENZAPRINE HYDROCHLORIDE	90	\$0.01511	\$0.02251	(26%-50%) Below
N	Yes	72888001400	CYCLOBENZAPRINE HYDROCHLORIDE	30	\$0.01600	\$0.02342	(26%-50%) Below
N	No	72888002301	METOPROLOL TARTRATE	60	\$0.40400	\$0.15548	101%-200% Above
N	No	72888003101	OXYBUTYNIN CHLORIDE ER	30	\$0.45833	\$0.10582	200% Above
N	No	72888003401	CARVEDIOL	630	\$0.03329	\$0.01726	76%-100% Above
N	No	72888003401	CARVEDIOL	540	\$0.03328	\$0.01891	76%-100% Above
N	No	72888003405	CARVEDIOL	300	\$0.09100	\$0.01726	200% Above
N	No	72888003405	CARVEDIOL	210	\$0.22195	\$0.01891	200% Above
N	No	72888003505	CARVEDIOL	1290	\$0.03898	\$0.01967	76%-100% Above
N	No	72888003505	CARVEDIOL	2190	\$0.07645	\$0.01981	200% Above
N	Yes	72888003600	CARVEDIOL	30	\$0.09767	\$0.02287	200% Above
N	No	72888003605	CARVEDIOL	2100	\$0.08083	\$0.02287	200% Above
N	No	72888003605	CARVEDIOL	1410	\$0.08634	\$0.02293	200% Above
N	Yes	72888003605	CARVEDIOL	60	\$0.26050	\$0.02293	200% Above
N	No	72888003700	CARVEDIOL	60	\$0.25000	\$0.03239	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	72888003705	CARVEDIOL	2370	\$0.09006	\$0.03132	101%-200% Above
N	No	72888003705	CARVEDIOL	1740	\$0.05361	\$0.03239	51%-75% Above
N	Yes	72888003705	CARVEDIOL	180	\$0.31500	\$0.03132	200% Above
N	No	72888003905	AMIODARONE HYDROCHLORIDE	30	\$0.43667	\$0.10779	200% Above
N	No	72888004801	ACETAZOLAMIDE	336	\$0.22438	\$0.17719	26%-50% Above
N	No	72888004801	ACETAZOLAMIDE	84	\$0.22440	\$0.19090	10%-25% Above
N	No	72888005301	METOLAZONE	30	\$0.50000	\$0.36915	26%-50% Above
N	No	72888005990	RABEPRAZOLE SODIUM	30	\$0.36667	\$0.20878	76%-100% Above
N	No	72888006205	BUSPIRONE HYDROCHLORIDE	690	\$0.03332	\$0.02495	26%-50% Above
N	No	72888006205	BUSPIRONE HYDROCHLORIDE	1410	\$0.03329	\$0.02497	26%-50% Above
N	No	72888006301	BUSPIRONE HYDROCHLORIDE	60	\$0.04100	\$0.14939	(51%-75%) Below
N	No	72888006501	BUSPIRONE HYDROCHLORIDE	60	\$0.10167	\$0.04764	101%-200% Above
N	No	72888006505	BUSPIRONE HYDROCHLORIDE	420	\$0.10169	\$0.04868	101%-200% Above
N	No	72888006560	BUSPIRONE HYDROCHLORIDE	360	\$0.10167	\$0.04764	101%-200% Above
N	No	72888006560	BUSPIRONE HYDROCHLORIDE	450	\$0.10167	\$0.04868	101%-200% Above
N	No	72888006660	BUSPIRONE HYDROCHLORIDE	60	\$0.21133	\$0.11771	76%-100% Above
N	No	72888007301	DICLOFENAC POTASSIUM	60	\$0.27400	\$0.17317	51%-75% Above
N	No	72888007301	DICLOFENAC POTASSIUM	74	\$0.44703	\$0.18203	101%-200% Above
N	No	72888007601	POTASSIUM CHLORIDE ER	30	\$0.37500	\$0.25997	26%-50% Above
N	Yes	72888007601	POTASSIUM CHLORIDE ER	30	\$0.36600	\$0.25997	26%-50% Above
N	No	72888008000	TRAMADOL HYDROCHLORIDE	120	\$0.32042	\$0.02747	200% Above
N	No	72888008301	ISOSORBIDE DINITRATE	180	\$0.19122	\$0.25590	(26%-50%) Below
N	No	72888009201	BISOPROLOL FUMARATE	120	\$0.41367	\$0.27204	51%-75% Above
N	No	72888009201	BISOPROLOL FUMARATE	15	\$1.57733	\$0.28082	200% Above
N	No	72888009301	BISOPROLOL FUMARATE	30	\$1.57700	\$0.32486	200% Above
N	No	72888009401	TRIAMTERENE/HYDROCHLOROT HIAZIDE	30	\$0.04733	\$0.09131	(26%-50%) Below
N	No	72888009405	TRIAMTERENE/HYDROCHLOROT HIAZIDE	30	\$0.27167	\$0.09131	101%-200% Above
Y	No	72888009405	TRIAMTERENE/HYDROCHLOROT HIAZIDE	225	\$0.06111	\$0.08630	(26%-50%) Below
N	No	72888011201	MIDODRINE HYDROCHLORIDE	30	\$0.69967	\$0.11184	200% Above
N	Yes	72888012001	LABETALOL HYDROCHLORIDE	60	\$0.19683	\$0.10518	76%-100% Above
N	No	72888013933	NITROGLYCERIN	50	\$0.71880	\$0.21106	200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	72888015205	CLONAZEPAM	150	\$0.19833	\$0.02623	200% Above
N	No	72888015205	CLONAZEPAM	170	\$0.25700	\$0.02643	200% Above
N	Yes	72888015205	CLONAZEPAM	60	\$0.12133	\$0.02623	200% Above
N	Yes	72888015205	CLONAZEPAM	30	\$0.16333	\$0.02643	200% Above
N	No	72888015301	CLONAZEPAM	60	\$0.08967	\$0.03142	101%-200% Above
N	No	72888015305	CLONAZEPAM	315	\$0.34765	\$0.03142	200% Above
N	No	72888015405	CLONAZEPAM	60	\$0.44900	\$0.03843	200% Above
N	No	73473030030	CLINDAMYCIN PHOSPHATE	60	\$0.58000	\$0.32762	76%-100% Above
N	No	73473030030	CLINDAMYCIN PHOSPHATE	90	\$0.91533	\$0.38135	101%-200% Above
N	No	73473030060	CLINDAMYCIN PHOSPHATE	60	\$0.82383	\$0.27557	101%-200% Above
N	No	73473030060	CLINDAMYCIN PHOSPHATE	240	\$0.74450	\$0.27588	101%-200% Above
N	Yes	73473030060	CLINDAMYCIN PHOSPHATE	60	\$0.90900	\$0.27588	200% Above
N	No	73521003002	TYRVAYA	8.4	\$57.49048	\$72.54226	(10%-25%) Below
N	No	75826010700	DIPHENOXYLATE HYDROCHLORIDE/ATROPINE SULFATE	10	\$0.08100	\$0.16124	(26%-50%) Below
N	No	75826011410	PHENAZOPYRIDINE HYDROCHLORIDE	26	\$0.67192	\$0.16927	200% Above
N	No	75826011410	PHENAZOPYRIDINE HYDROCHLORIDE	40	\$0.67200	\$0.18268	200% Above
N	Yes	75826011410	PHENAZOPYRIDINE HYDROCHLORIDE	21	\$0.67190	\$0.16927	200% Above
N	No	75826011510	PHENAZOPYRIDINE HYDROCHLORIDE	121	\$1.19322	\$0.19953	200% Above
N	No	75826011510	PHENAZOPYRIDINE HYDROCHLORIDE	146	\$1.14267	\$0.21833	200% Above
N	Yes	75826011510	PHENAZOPYRIDINE HYDROCHLORIDE	6	\$1.31000	\$0.21833	200% Above
N	No	75834014830	FLUOXETINE HYDROCHLORIDE	90	\$0.38911	\$0.48948	(10%-25%) Below
N	No	75834015801	VERAPAMIL HYDROCHLORIDE ER	30	\$0.38900	\$0.18857	101%-200% Above
N	No	75834015801	VERAPAMIL HYDROCHLORIDE ER	90	\$0.69333	\$0.19124	200% Above
N	Yes	75834015801	VERAPAMIL HYDROCHLORIDE ER	30	\$0.38867	\$0.18857	101%-200% Above
N	No	75834015901	VERAPAMIL HYDROCHLORIDE ER	270	\$0.23704	\$0.16884	26%-50% Above
N	Yes	75834015901	VERAPAMIL HYDROCHLORIDE ER	60	\$0.30000	\$0.17058	76%-100% Above
N	No	75834015905	VERAPAMIL HYDROCHLORIDE ER	120	\$0.32925	\$0.16884	76%-100% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	75834022100	CARBAMAZEPINE	300	\$0.33977	\$0.11345	101%-200% Above
N	No	75834023801	CELECOXIB	30	\$0.38200	\$0.10817	200% Above
N	No	75834023805	CELECOXIB	570	\$0.62742	\$0.10817	200% Above
N	No	75834023805	CELECOXIB	210	\$0.72910	\$0.10988	200% Above
N	Yes	75834023805	CELECOXIB	30	\$0.66067	\$0.10988	200% Above
N	Yes	75834024100	SILDENAFIL CITRATE	6	\$0.82333	\$0.20455	200% Above
N	No	75834024330	ERYTHROMYCIN BASE	14	\$9.04643	\$8.03328	10%-25% Above
N	No	75834025501	ATORVASTATIN CALCIUM	120	\$0.15500	\$0.03066	200% Above
N	No	75834025501	ATORVASTATIN CALCIUM	30	\$0.02633	\$0.03114	(10%-25%) Below
N	Yes	75834025501	ATORVASTATIN CALCIUM	60	\$0.01800	\$0.03114	(26%-50%) Below
N	No	75834025601	ATORVASTATIN CALCIUM	90	\$0.25822	\$0.03755	200% Above
N	No	75834025601	ATORVASTATIN CALCIUM	60	\$0.25783	\$0.04061	200% Above
N	Yes	75834025601	ATORVASTATIN CALCIUM	60	\$0.15650	\$0.04061	200% Above
N	No	75834025701	ATORVASTATIN CALCIUM	120	\$0.55392	\$0.05376	200% Above
N	No	75834025701	ATORVASTATIN CALCIUM	120	\$0.28517	\$0.05653	200% Above
N	Yes	75834025701	ATORVASTATIN CALCIUM	60	\$0.16300	\$0.05376	200% Above
N	Yes	75834025701	ATORVASTATIN CALCIUM	120	\$0.27350	\$0.05653	200% Above
N	No	75834025801	ATORVASTATIN CALCIUM	30	\$0.81967	\$0.08531	200% Above
N	No	75834025801	ATORVASTATIN CALCIUM	60	\$0.47750	\$0.09096	200% Above
N	No	75834029200	METOPROLOL SUCCINATE ER	60	\$0.08000	\$0.13342	(26%-50%) Below
N	No	75834029201	METOPROLOL SUCCINATE ER	30	\$0.61300	\$0.13342	200% Above
N	No	75834029301	METOPROLOL SUCCINATE ER	30	\$0.08200	\$0.17498	(51%-75%) Below
N	Yes	75834029301	METOPROLOL SUCCINATE ER	30	\$0.19500	\$0.17674	10%-25% Above
N	No	75834050005	METFORMIN HYDROCHLORIDE ER	30	\$0.20567	\$0.03126	200% Above
N	No	76204010025	IPRATROPIUM BROMIDE	562.5	\$0.13088	\$0.07878	51%-75% Above
N	No	76204010025	IPRATROPIUM BROMIDE	62.5	\$0.21600	\$0.08314	101%-200% Above
N	No	76204010060	IPRATROPIUM BROMIDE	150	\$0.33427	\$0.07857	200% Above
N	No	76204020001	ALBUTEROL SULFATE	90	\$0.08000	\$0.06389	26%-50% Above
N	No	76204020025	ALBUTEROL SULFATE	1575	\$0.20751	\$0.06318	200% Above
N	No	76204020025	ALBUTEROL SULFATE	1425	\$0.15397	\$0.06618	101%-200% Above
N	Yes	76204020025	ALBUTEROL SULFATE	225	\$0.24569	\$0.06318	200% Above
N	No	76204020030	ALBUTEROL SULFATE	720	\$0.09810	\$0.06345	51%-75% Above
N	No	76204020030	ALBUTEROL SULFATE	1860	\$0.09856	\$0.06389	51%-75% Above
N	No	76204020060	ALBUTEROL SULFATE	720	\$0.22324	\$0.05464	200% Above
N	No	76204020060	ALBUTEROL SULFATE	360	\$0.29250	\$0.06039	200% Above



Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	Yes	76204020060	ALBUTEROL SULFATE	180	\$0.18328	\$0.05464	200% Above
N	No	76204060001	IPRATROPIUM BROMIDE/ALBUTEROL SULFATE	270	\$0.21000	\$0.09741	101%-200% Above
N	No	76204060030	IPRATROPIUM BROMIDE/ALBUTEROL SULFATE	90	\$0.16956	\$0.09741	51%-75% Above
N	No	76204060030	IPRATROPIUM BROMIDE/ALBUTEROL SULFATE	180	\$0.23861	\$0.09974	101%-200% Above
N	No	76204060060	IPRATROPIUM BROMIDE/ALBUTEROL SULFATE	180	\$0.21000	\$0.07320	101%-200% Above
N	Yes	76204060060	IPRATROPIUM BROMIDE/ALBUTEROL SULFATE	360	\$0.31125	\$0.07320	200% Above
N	No	76204090001	LEVALBUTEROL HCL	180	\$0.21656	\$0.39069	(26%-50%) Below
N	No	76282021305	SERTRALINE HCL	30	\$0.01767	\$0.04057	(51%-75%) Below
N	No	76282021305	SERTRALINE HCL	30	\$0.01767	\$0.04068	(51%-75%) Below
N	No	76282054630	VILAZODONE HYDROCHLORIDE	30	\$2.36200	\$1.49660	51%-75% Above
N	No	76282064501	SILDENAFIL	18	\$0.06833	\$0.20939	(51%-75%) Below
N	No	76282066339	DICLOFENAC SODIUM	200	\$0.22075	\$0.10718	101%-200% Above
N	No	76385011050	CARVEDIOL	60	\$0.11333	\$0.01891	200% Above
N	Yes	76385011050	CARVEDIOL	180	\$0.17922	\$0.01726	200% Above
N	No	76385011250	CARVEDIOL	360	\$0.05944	\$0.02287	101%-200% Above
N	No	76385011250	CARVEDIOL	60	\$0.06667	\$0.02293	101%-200% Above
N	Yes	76385011250	CARVEDIOL	120	\$0.06667	\$0.02293	101%-200% Above
N	No	76385011350	CARVEDIOL	240	\$0.08333	\$0.03132	101%-200% Above
N	No	76385011350	CARVEDIOL	360	\$0.06667	\$0.03239	101%-200% Above
N	No	76385011801	ETODOLAC	80	\$0.34263	\$0.28970	10%-25% Above
N	No	76385012350	METHOCARBAMOL	241	\$0.23407	\$0.04104	200% Above
N	No	76385012350	METHOCARBAMOL	287	\$0.21031	\$0.04243	200% Above
N	Yes	76385012350	METHOCARBAMOL	30	\$0.20900	\$0.04104	200% Above
N	No	76385012450	METHOCARBAMOL	141	\$0.33177	\$0.04685	200% Above
N	No	76385012450	METHOCARBAMOL	280	\$0.43236	\$0.04779	200% Above
N	Yes	76385012450	METHOCARBAMOL	180	\$0.44867	\$0.04779	200% Above
N	No	76385012901	METFORMIN HYDROCHLORIDE ER	90	\$0.03567	\$0.06457	(26%-50%) Below
N	No	76385012901	METFORMIN HYDROCHLORIDE ER	60	\$0.31817	\$0.06777	200% Above
N	No	76385013101	PINDOLOL	60	\$1.20267	\$0.52893	101%-200% Above

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
N	No	76385013301	NADOLOL	30	\$0.50000	\$0.15963	200% Above
N	Yes	76385013301	NADOLOL	90	\$0.53000	\$0.15963	200% Above
N	No	76385013401	NADOLOL	30	\$1.12133	\$0.33458	200% Above
N	No	76385013801	METOLAZONE	30	\$1.28767	\$0.60602	101%-200% Above
N	No	78206011301	ASMANEX HFA	13	\$15.46077	\$17.40744	(10%-25%) Below
N	No	81964020351	AMOXICILLIN/CLAVULANATE POTASSIUM	300	\$0.25363	\$0.08291	200% Above
N	No	81964020351	AMOXICILLIN/CLAVULANATE POTASSIUM	450	\$0.18487	\$0.10807	51%-75% Above
N	No	81964020354	AMOXICILLIN/CLAVULANATE POTASSIUM	800	\$0.13143	\$0.05694	101%-200% Above
N	No	81964020354	AMOXICILLIN/CLAVULANATE POTASSIUM	200	\$0.03500	\$0.06548	(26%-50%) Below
N	No	81964020369	AMOXICILLIN/CLAVULANATE POTASSIUM	125	\$0.07544	\$0.06244	10%-25% Above
N	No	81964020369	AMOXICILLIN/CLAVULANATE POTASSIUM	250	\$0.23412	\$0.06362	200% Above
N	No	81964020407	AMOXICILLIN/CLAVULANATE POTASSIUM	75	\$0.61613	\$0.38937	51%-75% Above
N	No	81964020407	AMOXICILLIN/CLAVULANATE POTASSIUM	75	\$0.61613	\$0.39230	51%-75% Above
N	No	81964020505	AMOXICILLIN	30	\$0.25267	\$0.10233	101%-200% Above
N	No	81964022114	AMOXICILLIN/CLAVULANATE POTASSIUM	859	\$1.42132	\$0.29889	200% Above
N	No	81964022114	AMOXICILLIN/CLAVULANATE POTASSIUM	614	\$1.55337	\$0.33189	200% Above
N	Yes	81964022114	AMOXICILLIN/CLAVULANATE POTASSIUM	20	\$1.57250	\$0.29889	200% Above
N	Yes	81964022114	AMOXICILLIN/CLAVULANATE POTASSIUM	34	\$1.96588	\$0.33189	200% Above