



OptumRx Monthly NADAC Report - Georgia

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

Report Date: 6/13/2022

Report Period: February 2022

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
Non-ORx	No	00185067605	HYDROXYZINE PAMOATE	90	\$0.22222	\$0.08889	101%-200% Above
Non-ORx	No	00185067605	HYDROXYZINE PAMOATE	90	\$0.08889	\$0.10000	(10%-25%) Below
Non-ORx	No	00185067605	HYDROXYZINE PAMOATE	15	\$0.20000	\$0.06667	200% Above
Non-ORx	No	00185067605	HYDROXYZINE PAMOATE	30	\$0.23333	\$0.10000	101%-200% Above
Non-ORx	No	00185067605	HYDROXYZINE PAMOATE	60	\$0.21667	\$0.10000	101%-200% Above
Non-ORx	No	00185083101	AMPHETAMINE/DEXTROAMPHE TA	30	\$1.20000	\$0.20000	200% Above
Non-ORx	No	00185084201	AMPHETAMINE/DEXTROAMPHE TA	420	\$0.74048	\$0.25000	101%-200% Above
Non-ORx	No	00185084201	AMPHETAMINE/DEXTROAMPHE TA	150	\$0.52667	\$0.26667	76%-100% Above
Non-ORx	No	00185084201	AMPHETAMINE/DEXTROAMPHE TA	45	\$0.51111	\$0.26667	76%-100% Above
Non-ORx	No	00185085301	AMPHETAMINE/DEXTROAMPHE TA	60	\$0.55000	\$0.31667	51%-75% Above
Non-ORx	No	00185094098	CHOLESTYRAMINE	60	\$1.76667	\$1.28333	26%-50% Above
Non-ORx	No	00185505001	METOLAZONE	30	\$1.03333	\$0.76667	26%-50% Above
Non-ORx	No	00185505001	METOLAZONE	8	\$1.50000	\$0.75000	101%-200% Above
Non-ORx	No	00186037020	SYMBICORT	62	\$29.72581	\$35.22581	(10%-25%) Below
Non-ORx	No	00186091706	PULMICORT FLEXHALER	3	\$133.66667	\$184.00000	(26%-50%) Below
Non-ORx	No	00228158003	LAMOTRIGINE ER	90	\$2.46667	\$4.30000	(26%-50%) Below
Non-ORx	No	00228202750	ALPRAZOLAM	240	\$0.28333	\$0.01667	200% Above
Non-ORx	No	00228202750	ALPRAZOLAM	270	\$0.20741	\$0.02222	200% Above
Non-ORx	No	00228202750	ALPRAZOLAM	180	\$0.20556	\$0.02222	200% Above
Non-ORx	No	00228202750	ALPRAZOLAM	25	\$0.08000	\$0.04000	101%-200% Above
Non-ORx	No	00228202750	ALPRAZOLAM	360	\$0.18056	\$0.03333	200% Above
Non-ORx	No	00228202796	ALPRAZOLAM	120	\$0.20000	\$0.01667	200% Above
Non-ORx	No	00228202796	ALPRAZOLAM	60	\$0.16667	\$0.03333	200% Above
Non-ORx	No	00228202910	ALPRAZOLAM	60	\$0.11667	\$0.01667	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
Non-ORx	No	00228202950	ALPRAZOLAM	720	\$0.15278	\$0.01667	200% Above
Non-ORx	No	00228202950	ALPRAZOLAM	45	\$0.20000	\$0.02222	200% Above
Non-ORx	No	00228202950	ALPRAZOLAM	630	\$0.14444	\$0.02222	200% Above
Non-ORx	No	00228202950	ALPRAZOLAM	1020	\$0.15392	\$0.03333	200% Above
Non-ORx	No	00228202950	ALPRAZOLAM	40	\$0.20000	\$0.02500	200% Above
Non-ORx	No	00228202950	ALPRAZOLAM	36	\$0.11111	\$0.02778	200% Above
Non-ORx	No	00228202950	ALPRAZOLAM	31	\$0.12903	\$0.03226	200% Above
Non-ORx	No	00228202996	ALPRAZOLAM	90	\$0.01111	\$0.02222	(26%-50%) Below
Non-ORx	No	00228202996	ALPRAZOLAM	111	\$0.11712	\$0.01802	200% Above
Non-ORx	No	00228202996	ALPRAZOLAM	120	\$0.11667	\$0.02500	200% Above
Non-ORx	No	00228202996	ALPRAZOLAM	300	\$0.05667	\$0.01667	200% Above
Non-ORx	No	00228202996	ALPRAZOLAM	210	\$0.05238	\$0.03333	51%-75% Above
Non-ORx	No	00228202996	ALPRAZOLAM	45	\$0.11111	\$0.02222	200% Above
Non-ORx	No	00228203150	ALPRAZOLAM	60	\$0.06667	\$0.03333	101%-200% Above
Non-ORx	No	00228203196	ALPRAZOLAM	60	\$0.11667	\$0.03333	200% Above
Non-ORx	No	00228207610	TEMAZEPAM	60	\$0.45000	\$0.08333	200% Above
Non-ORx	No	00228207610	TEMAZEPAM	240	\$0.34167	\$0.06667	200% Above
Non-ORx	No	00228207650	TEMAZEPAM	30	\$0.03333	\$0.06667	(26%-50%) Below
Non-ORx	No	00228207710	TEMAZEPAM	60	\$0.05000	\$0.10000	(26%-50%) Below
Non-ORx	No	00228207710	TEMAZEPAM	120	\$0.53333	\$0.10000	200% Above
Non-ORx	No	00228212710	CLONIDINE HYDROCHLORIDE	60	\$0.01667	\$0.03333	(26%-50%) Below
Non-ORx	No	00228212750	CLONIDINE HYDROCHLORIDE	180	\$0.14444	\$0.02778	200% Above
Non-ORx	No	00228212750	CLONIDINE HYDROCHLORIDE	120	\$0.17500	\$0.02500	200% Above
Non-ORx	No	00228212750	CLONIDINE HYDROCHLORIDE	270	\$0.15556	\$0.03333	200% Above
Non-ORx	No	00228212750	CLONIDINE HYDROCHLORIDE	120	\$0.15000	\$0.03333	200% Above
Non-ORx	No	00228212750	CLONIDINE HYDROCHLORIDE	180	\$0.12778	\$0.03333	200% Above
Non-ORx	No	00228212810	CLONIDINE HYDROCHLORIDE	90	\$0.11111	\$0.04444	101%-200% Above
Non-ORx	No	00228212810	CLONIDINE HYDROCHLORIDE	180	\$0.21111	\$0.03889	200% Above
Non-ORx	No	00228212810	CLONIDINE HYDROCHLORIDE	60	\$0.26667	\$0.03333	200% Above
Non-ORx	No	00228212810	CLONIDINE HYDROCHLORIDE	60	\$0.26667	\$0.03333	200% Above
Non-ORx	No	00228212850	CLONIDINE HYDROCHLORIDE	180	\$0.21111	\$0.03889	200% Above
Non-ORx	No	00228212910	CLONIDINE HYDROCHLORIDE	90	\$0.24444	\$0.04444	200% Above
Non-ORx	No	00228212910	CLONIDINE HYDROCHLORIDE	270	\$0.24444	\$0.03704	200% Above
Non-ORx	No	00228253996	CARBIDOPA/LEVODOPA	720	\$0.25417	\$0.10972	101%-200% Above
Non-ORx	No	00228253996	CARBIDOPA/LEVODOPA	120	\$0.09167	\$0.10833	(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
Non-ORx	No	00228277811	PROPRANOLOL HYDROCHLORIDE	60	\$0.08333	\$0.33333	(51%-75%) Below
Non-ORx	No	00228277811	PROPRANOLOL HYDROCHLORIDE	60	\$1.43333	\$0.30000	200% Above
Non-ORx	No	00228277811	PROPRANOLOL HYDROCHLORIDE	180	\$0.70556	\$0.33333	101%-200% Above
Non-ORx	No	00228282011	HYDROCHLOROTHIAZIDE	90	\$0.11111	\$0.05556	101%-200% Above
Non-ORx	No	00228282011	HYDROCHLOROTHIAZIDE	60	\$0.43333	\$0.05000	200% Above
Non-ORx	No	00228282011	HYDROCHLOROTHIAZIDE	570	\$0.37018	\$0.06667	200% Above
Non-ORx	No	00228284903	FLUVOXAMINE MALEATE ER	30	\$1.96667	\$6.50000	(51%-75%) Below
Non-ORx	No	00228285011	GUANFACINE ER	90	\$0.57778	\$0.23333	101%-200% Above
Non-ORx	No	00228285111	GUANFACINE ER	90	\$0.85556	\$0.25556	200% Above
Non-ORx	No	00228285111	GUANFACINE ER	60	\$0.70000	\$0.25000	101%-200% Above
Non-ORx	No	00228285111	GUANFACINE ER	60	\$0.70000	\$0.26667	101%-200% Above
Non-ORx	No	00228285311	GUANFACINE ER	60	\$0.51667	\$0.26667	76%-100% Above
Non-ORx	No	00228285511	GUANFACINE ER	30	\$0.33333	\$0.23333	26%-50% Above
Non-ORx	No	00228289203	DULOXETINE HYDROCHLORIDE	30	\$0.33333	\$0.13333	101%-200% Above
Non-ORx	No	00228306011	AMPHETAMINE/DEXTROAMPHE TA	90	\$1.53333	\$0.60000	101%-200% Above
Non-ORx	No	00228306411	AMPHETAMINE/DEXTROAMPHE TA	60	\$0.86667	\$0.53333	51%-75% Above
Non-ORx	No	00228308306	ALPRAZOLAM ER	40	\$1.30000	\$0.20000	200% Above
Non-ORx	No	00228308306	ALPRAZOLAM ER	90	\$1.10000	\$0.20000	200% Above
Non-ORx	No	00228308406	ALPRAZOLAM ER	45	\$1.37778	\$0.17778	200% Above
Non-ORx	No	00228308406	ALPRAZOLAM ER	40	\$1.02500	\$0.17500	200% Above
Non-ORx	No	00228315303	BUPRENORPHINE HCL	180	\$2.57222	\$0.76667	200% Above
Non-ORx	No	00228424106	CLONIDINE HCL ER	90	\$0.17778	\$0.45556	(51%-75%) Below
Non-ORx	No	00245003660	PREVALITE	90	\$2.94444	\$1.26667	101%-200% Above
Non-ORx	No	00245007111	POTASSIUM CITRATE ER	120	\$1.34167	\$0.31667	200% Above
Non-ORx	No	00245021211	MIDODRINE HCL	180	\$0.63333	\$0.26667	101%-200% Above
Non-ORx	No	00245036030	KLOR-CON	2	\$4.00000	\$3.00000	26%-50% Above
Non-ORx	No	00245036030	KLOR-CON	100	\$5.45000	\$3.17000	51%-75% Above
Non-ORx	No	00245531611	KLOR-CON 10	60	\$0.31667	\$0.26667	10%-25% Above
Non-ORx	No	00245531911	KLOR-CON M20	30	\$0.43333	\$0.26667	51%-75% Above
Non-ORx	No	00245531911	KLOR-CON M20	5	\$0.40000	\$0.20000	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
Non-ORx	No	00245531915	KLOR-CON M20	120	\$0.44167	\$0.25000	76%-100% Above
Non-ORx	No	00245531915	KLOR-CON M20	30	\$0.43333	\$0.26667	51%-75% Above
Non-ORx	No	00245531915	KLOR-CON M20	52	\$0.44231	\$0.25000	76%-100% Above
Non-ORx	No	00254100752	ALBUTEROL SULFATE HFA	14	\$2.21429	\$4.14286	(26%-50%) Below
Non-ORx	No	00254101196	SUCRALFATE	420	\$0.39524	\$0.35000	10%-25% Above
Non-ORx	No	00254200801	COLCHICINE	60	\$0.80000	\$0.63333	26%-50% Above
Non-ORx	No	00254302902	LUBIPROSTONE	30	\$5.36667	\$4.56667	10%-25% Above
Non-ORx	No	00254302902	LUBIPROSTONE	60	\$5.36667	\$4.56667	10%-25% Above
Non-ORx	No	00310621030	FARXIGA	270	\$15.22963	\$17.56667	(10%-25%) Below
Non-ORx	No	00310621030	FARXIGA	150	\$15.58000	\$17.56667	(10%-25%) Below
Non-ORx	No	00378001401	METHOTREXATE	28	\$0.42857	\$0.28571	51%-75% Above
Non-ORx	No	00378001401	METHOTREXATE	96	\$1.25000	\$0.31250	200% Above
Non-ORx	No	00378001401	METHOTREXATE	40	\$1.25000	\$0.30000	200% Above
Non-ORx	No	00378001401	METHOTREXATE	72	\$1.25000	\$0.29167	200% Above
Non-ORx	No	00378001401	METHOTREXATE	24	\$1.25000	\$0.33333	200% Above
Non-ORx	No	00378001401	METHOTREXATE	12	\$1.25000	\$0.25000	200% Above
Non-ORx	No	00378001401	METHOTREXATE	11	\$1.27273	\$0.27273	200% Above
Non-ORx	No	00378001401	METHOTREXATE	32	\$1.25000	\$0.31250	200% Above
Non-ORx	No	00378001401	METHOTREXATE	24	\$1.25000	\$0.25000	200% Above
Non-ORx	No	00378001401	METHOTREXATE	20	\$1.25000	\$0.30000	200% Above
Non-ORx	No	00378001401	METHOTREXATE	20	\$1.25000	\$0.25000	200% Above
Non-ORx	No	00378001805	METOPROLOL TARTRATE	180	\$0.08889	\$0.02222	200% Above
Non-ORx	No	00378001805	METOPROLOL TARTRATE	540	\$0.10741	\$0.01667	200% Above
Non-ORx	No	00378001805	METOPROLOL TARTRATE	80	\$0.01250	\$0.02500	(26%-50%) Below
Non-ORx	No	00378001805	METOPROLOL TARTRATE	120	\$0.09167	\$0.03333	101%-200% Above
Non-ORx	No	00378001805	METOPROLOL TARTRATE	540	\$0.09074	\$0.01667	200% Above
Non-ORx	No	00378003210	METOPROLOL TARTRATE	240	\$0.08750	\$0.01667	200% Above
Non-ORx	No	00378004710	METOPROLOL TARTRATE	60	\$0.08333	\$0.03333	101%-200% Above
Non-ORx	No	00378008501	CARBIDOPA/LEVODOPA	90	\$0.15556	\$0.11111	26%-50% Above
Non-ORx	No	00378013701	ALLOPURINOL	60	\$0.03333	\$0.05000	(26%-50%) Below
Non-ORx	No	00378013701	ALLOPURINOL	30	\$0.23333	\$0.06667	200% Above
Non-ORx	No	00378013710	ALLOPURINOL	120	\$0.08333	\$0.06667	26%-50% Above
Non-ORx	No	00378018105	ALLOPURINOL	90	\$0.17778	\$0.10000	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
Non-ORx	No	00378018301	PROPRANOLOL HYDROCHLORIDE	60	\$0.21667	\$0.10000	101%-200% Above
Non-ORx	No	00378020801	FUROSEMIDE	30	\$0.10000	\$0.03333	200% Above
Non-ORx	No	00378020810	FUROSEMIDE	60	\$0.10000	\$0.03333	200% Above
Non-ORx	No	00378021810	ATENOLOL	60	\$0.01667	\$0.03333	(26%-50%) Below
Non-ORx	No	00378023110	ATENOLOL	60	\$0.20000	\$0.03333	200% Above
Non-ORx	No	00378027493	TAMOXIFEN CITRATE	30	\$0.56667	\$0.40000	26%-50% Above
Non-ORx	No	00378035101	HALOPERIDOL	30	\$0.23333	\$0.20000	10%-25% Above
Non-ORx	No	00378037301	HYDROXYCHLOROQUINE SULFAT	90	\$0.27778	\$0.24444	10%-25% Above
Non-ORx	No	00378037301	HYDROXYCHLOROQUINE SULFAT	150	\$0.21333	\$0.24667	(10%-25%) Below
Non-ORx	No	00378040301	SPIRONOLACTONE/HYDROCHLOR	10	\$0.80000	\$0.70000	10%-25% Above
Non-ORx	No	00378041510	DIPHENOXYLATE HYDROCHLORI	30	\$0.33333	\$0.20000	51%-75% Above
Non-ORx	No	00378041510	DIPHENOXYLATE HYDROCHLORI	24	\$0.62500	\$0.20833	200% Above
Non-ORx	No	00378041510	DIPHENOXYLATE HYDROCHLORI	16	\$0.62500	\$0.18750	200% Above
Non-ORx	No	00378041510	DIPHENOXYLATE HYDROCHLORI	18	\$0.61111	\$0.22222	101%-200% Above
Non-ORx	No	00378047705	DIAZEPAM	30	\$0.16667	\$0.03333	200% Above
Non-ORx	No	00378050101	BISOPROLOL FUMARATE/HYDRO	90	\$0.44444	\$0.35556	26%-50% Above
Non-ORx	No	00378050101	BISOPROLOL FUMARATE/HYDRO	90	\$0.68889	\$0.33333	101%-200% Above
Non-ORx	No	00378050501	BISOPROLOL FUMARATE/HYDRO	180	\$0.47222	\$0.36667	26%-50% Above
Non-ORx	No	00378050501	BISOPROLOL FUMARATE/HYDRO	30	\$0.23333	\$0.36667	(26%-50%) Below
Non-ORx	No	00378054101	CIMETIDINE	60	\$1.33333	\$0.93333	26%-50% Above
Non-ORx	No	00378054101	CIMETIDINE	30	\$1.50000	\$0.93333	51%-75% Above
Non-ORx	No	00378064010	PREDNISONE	60	\$0.13333	\$0.06667	101%-200% Above
Non-ORx	No	00378064010	PREDNISONE	51	\$0.13726	\$0.05882	101%-200% Above
Non-ORx	No	00378064010	PREDNISONE	21	\$0.14286	\$0.09524	51%-75% Above
Non-ORx	No	00378064010	PREDNISONE	90	\$0.14444	\$0.06667	101%-200% Above
Non-ORx	No	00378064010	PREDNISONE	240	\$0.13333	\$0.06667	101%-200% Above
Non-ORx	No	00378064110	PREDNISONE	36	\$0.13889	\$0.08333	51%-75% Above
Non-ORx	No	00378064110	PREDNISONE	39	\$0.15385	\$0.07692	101%-200% Above
Non-ORx	No	00378064110	PREDNISONE	90	\$0.13333	\$0.06667	101%-200% Above
Non-ORx	No	00378064110	PREDNISONE	63	\$0.14286	\$0.09524	51%-75% Above
Non-ORx	No	00378064110	PREDNISONE	95	\$0.14737	\$0.07368	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
Non-ORx	No	00378064110	PREDNISONE	60	\$0.15000	\$0.06667	101%-200% Above
Non-ORx	No	00378064110	PREDNISONE	14	\$0.14286	\$0.07143	101%-200% Above
Non-ORx	No	00378064110	PREDNISONE	45	\$0.13333	\$0.06667	101%-200% Above
Non-ORx	No	00378064110	PREDNISONE	8	\$0.25000	\$0.12500	101%-200% Above
Non-ORx	No	00378064110	PREDNISONE	24	\$0.16667	\$0.08333	101%-200% Above
Non-ORx	No	00378064110	PREDNISONE	16	\$0.12500	\$0.06250	101%-200% Above
Non-ORx	No	00378064110	PREDNISONE	60	\$0.15000	\$0.10000	51%-75% Above
Non-ORx	No	00378064110	PREDNISONE	42	\$0.14286	\$0.04762	200% Above
Non-ORx	No	00378064110	PREDNISONE	20	\$0.15000	\$0.05000	200% Above
Non-ORx	No	00378064110	PREDNISONE	54	\$0.16667	\$0.05556	200% Above
Non-ORx	No	00378064205	PREDNISONE	21	\$0.14286	\$0.09524	51%-75% Above
Non-ORx	No	00378064205	PREDNISONE	20	\$0.15000	\$0.10000	51%-75% Above
Non-ORx	No	00378064205	PREDNISONE	150	\$0.16667	\$0.10000	51%-75% Above
Non-ORx	No	00378064205	PREDNISONE	56	\$0.16071	\$0.10714	51%-75% Above
Non-ORx	No	00378064205	PREDNISONE	39	\$0.15385	\$0.10256	51%-75% Above
Non-ORx	No	00378064205	PREDNISONE	150	\$0.20000	\$0.10000	101%-200% Above
Non-ORx	No	00378064205	PREDNISONE	8	\$0.25000	\$0.12500	101%-200% Above
Non-ORx	No	00378064205	PREDNISONE	12	\$0.16667	\$0.08333	101%-200% Above
Non-ORx	No	00378086001	CLOZAPINE	120	\$1.47500	\$0.54167	101%-200% Above
Non-ORx	No	00378103093	EPLERENONE	30	\$1.36667	\$0.73333	76%-100% Above
Non-ORx	No	00378108601	COLCHICINE	10	\$1.00000	\$0.60000	51%-75% Above
Non-ORx	No	00378110101	PRAZOSIN HCL	30	\$0.16667	\$0.20000	(10%-25%) Below
Non-ORx	No	00378113401	KETOROLAC TROMETHAMINE	140	\$1.09286	\$0.65000	51%-75% Above
Non-ORx	No	00378113401	KETOROLAC TROMETHAMINE	20	\$1.45000	\$0.70000	101%-200% Above
Non-ORx	No	00378113401	KETOROLAC TROMETHAMINE	30	\$1.33333	\$0.60000	101%-200% Above
Non-ORx	No	00378113401	KETOROLAC TROMETHAMINE	30	\$1.00000	\$0.66667	51%-75% Above
Non-ORx	No	00378114501	BUSPIRONE HYDROCHLORIDE	60	\$0.38333	\$0.20000	76%-100% Above
Non-ORx	No	00378130001	LITHIUM CARBONATE ER	90	\$0.12222	\$0.15556	(10%-25%) Below
Non-ORx	No	00378145001	LITHIUM CARBONATE ER	30	\$0.33333	\$0.20000	51%-75% Above
Non-ORx	No	00378161001	DICYCLOMINE HYDROCHLORIDE	540	\$0.17963	\$0.11111	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
Non-ORx	No	00378161001	DICYCLOMINE HYDROCHLORIDE	80	\$0.12500	\$0.11250	10%-25% Above
Non-ORx	No	00378161001	DICYCLOMINE HYDROCHLORIDE	240	\$0.18333	\$0.10833	51%-75% Above
Non-ORx	No	00378161001	DICYCLOMINE HYDROCHLORIDE	180	\$0.18333	\$0.11667	51%-75% Above
Non-ORx	No	00378161001	DICYCLOMINE HYDROCHLORIDE	28	\$0.17857	\$0.10714	51%-75% Above
Non-ORx	No	00378161001	DICYCLOMINE HYDROCHLORIDE	60	\$0.20000	\$0.10000	101%-200% Above
Non-ORx	No	00378161001	DICYCLOMINE HYDROCHLORIDE	56	\$0.03571	\$0.10714	(51%-75%) Below
Non-ORx	No	00378161005	DICYCLOMINE HYDROCHLORIDE	90	\$0.13333	\$0.11111	10%-25% Above
Non-ORx	No	00378165993	SILDENAFIL CITRATE	16	\$2.18750	\$0.18750	200% Above
Non-ORx	No	00378165993	SILDENAFIL CITRATE	6	\$1.83333	\$0.16667	200% Above
Non-ORx	No	00378166093	SILDENAFIL CITRATE	6	\$1.83333	\$0.33333	200% Above
Non-ORx	No	00378172193	AMLODIPINE BESYLATE/VALSA	30	\$2.10000	\$0.53333	200% Above
Non-ORx	No	00378180010	LEVOTHYROXINE SODIUM	540	\$0.26482	\$0.15556	51%-75% Above
Non-ORx	No	00378180010	LEVOTHYROXINE SODIUM	810	\$0.26543	\$0.13333	76%-100% Above
Non-ORx	No	00378180010	LEVOTHYROXINE SODIUM	135	\$0.25926	\$0.13333	76%-100% Above
Non-ORx	No	00378180010	LEVOTHYROXINE SODIUM	15	\$0.26667	\$0.13333	101%-200% Above
Non-ORx	No	00378180010	LEVOTHYROXINE SODIUM	120	\$0.21667	\$0.13333	51%-75% Above
Non-ORx	No	00378180010	LEVOTHYROXINE SODIUM	90	\$0.26667	\$0.16667	51%-75% Above
Non-ORx	No	00378180077	LEVOTHYROXINE SODIUM	30	\$0.06667	\$0.13333	(26%-50%) Below
Non-ORx	No	00378180310	LEVOTHYROXINE SODIUM	1440	\$0.30347	\$0.14444	101%-200% Above
Non-ORx	No	00378180310	LEVOTHYROXINE SODIUM	360	\$0.30000	\$0.15556	76%-100% Above
Non-ORx	No	00378180310	LEVOTHYROXINE SODIUM	108	\$0.30556	\$0.14815	101%-200% Above
Non-ORx	No	00378180310	LEVOTHYROXINE SODIUM	133	\$0.30827	\$0.15038	101%-200% Above
Non-ORx	No	00378180310	LEVOTHYROXINE SODIUM	360	\$0.33056	\$0.13333	101%-200% Above
Non-ORx	No	00378180310	LEVOTHYROXINE SODIUM	60	\$0.33333	\$0.16667	101%-200% Above
Non-ORx	No	00378180510	LEVOTHYROXINE SODIUM	1260	\$0.23095	\$0.15556	26%-50% Above
Non-ORx	No	00378180510	LEVOTHYROXINE SODIUM	240	\$0.32917	\$0.16667	76%-100% Above
Non-ORx	No	00378180577	LEVOTHYROXINE SODIUM	30	\$0.06667	\$0.16667	(51%-75%) Below
Non-ORx	No	00378180710	LEVOTHYROXINE SODIUM	180	\$0.27778	\$0.17778	51%-75% Above
Non-ORx	No	00378180710	LEVOTHYROXINE SODIUM	450	\$0.27333	\$0.18889	26%-50% Above
Non-ORx	No	00378180710	LEVOTHYROXINE SODIUM	180	\$0.24444	\$0.18333	26%-50% Above
Non-ORx	No	00378180710	LEVOTHYROXINE SODIUM	30	\$0.33333	\$0.16667	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
Non-ORx	No	00378180710	LEVOTHYROXINE SODIUM	60	\$0.33333	\$0.20000	51%-75% Above
Non-ORx	No	00378180777	LEVOTHYROXINE SODIUM	15	\$0.06667	\$0.20000	(51%-75%) Below
Non-ORx	No	00378180910	LEVOTHYROXINE SODIUM	1080	\$0.34444	\$0.16667	101%-200% Above
Non-ORx	No	00378180910	LEVOTHYROXINE SODIUM	120	\$0.31667	\$0.16667	76%-100% Above
Non-ORx	No	00378180977	LEVOTHYROXINE SODIUM	15	\$0.06667	\$0.20000	(51%-75%) Below
Non-ORx	No	00378181110	LEVOTHYROXINE SODIUM	180	\$0.40556	\$0.17778	101%-200% Above
Non-ORx	No	00378181110	LEVOTHYROXINE SODIUM	90	\$0.40000	\$0.21111	76%-100% Above
Non-ORx	No	00378181110	LEVOTHYROXINE SODIUM	360	\$0.40000	\$0.17778	101%-200% Above
Non-ORx	No	00378181110	LEVOTHYROXINE SODIUM	30	\$0.40000	\$0.16667	101%-200% Above
Non-ORx	No	00378181377	LEVOTHYROXINE SODIUM	270	\$0.34074	\$0.21111	51%-75% Above
Non-ORx	No	00378181377	LEVOTHYROXINE SODIUM	90	\$0.31111	\$0.22222	26%-50% Above
Non-ORx	No	00378181377	LEVOTHYROXINE SODIUM	135	\$0.31111	\$0.21482	26%-50% Above
Non-ORx	No	00378181377	LEVOTHYROXINE SODIUM	60	\$0.40000	\$0.20000	101%-200% Above
Non-ORx	No	00378181377	LEVOTHYROXINE SODIUM	60	\$0.40000	\$0.23333	51%-75% Above
Non-ORx	No	00378181510	LEVOTHYROXINE SODIUM	360	\$0.28611	\$0.22222	26%-50% Above
Non-ORx	No	00378181510	LEVOTHYROXINE SODIUM	180	\$0.31111	\$0.24444	26%-50% Above
Non-ORx	No	00378181510	LEVOTHYROXINE SODIUM	60	\$0.40000	\$0.23333	51%-75% Above
Non-ORx	No	00378181710	LEVOTHYROXINE SODIUM	90	\$0.40000	\$0.26667	51%-75% Above
Non-ORx	No	00378181710	LEVOTHYROXINE SODIUM	450	\$0.40000	\$0.23333	51%-75% Above
Non-ORx	No	00378181777	LEVOTHYROXINE SODIUM	30	\$0.46667	\$0.23333	101%-200% Above
Non-ORx	No	00378181977	LEVOTHYROXINE SODIUM	360	\$0.47222	\$0.27778	51%-75% Above
Non-ORx	No	00378181977	LEVOTHYROXINE SODIUM	30	\$0.53333	\$0.26667	101%-200% Above
Non-ORx	No	00378182177	LEVOTHYROXINE SODIUM	30	\$0.16667	\$0.30000	(26%-50%) Below
Non-ORx	No	00378182377	LEVOTHYROXINE SODIUM	90	\$0.31111	\$0.21111	26%-50% Above
Non-ORx	No	00378182377	LEVOTHYROXINE SODIUM	180	\$0.46667	\$0.22222	101%-200% Above
Non-ORx	No	00378182377	LEVOTHYROXINE SODIUM	60	\$0.46667	\$0.21667	101%-200% Above
Non-ORx	No	00378182377	LEVOTHYROXINE SODIUM	30	\$0.06667	\$0.20000	(51%-75%) Below
Non-ORx	No	00378182377	LEVOTHYROXINE SODIUM	30	\$0.43333	\$0.23333	76%-100% Above
Non-ORx	No	00378193093	EMTRICITABINE/TENOFOVIR D	60	\$3.03333	\$0.83333	200% Above
Non-ORx	No	00378193093	EMTRICITABINE/TENOFOVIR D	60	\$3.03333	\$0.83333	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
Non-ORx	No	00378230201	PRAZOSIN HYDROCHLORIDE	30	\$0.70000	\$0.30000	101%-200% Above
Non-ORx	No	00378247401	DICLOFENAC POTASSIUM	30	\$0.56667	\$0.43333	26%-50% Above
Non-ORx	No	00378292077	TELMISARTAN	90	\$1.08889	\$0.32222	200% Above
Non-ORx	No	00378292093	TELMISARTAN	60	\$0.90000	\$0.33333	101%-200% Above
Non-ORx	No	00378292177	TELMISARTAN	180	\$1.09444	\$0.35556	200% Above
Non-ORx	No	00378292193	TELMISARTAN	30	\$0.80000	\$0.33333	101%-200% Above
Non-ORx	No	00378292293	TELMISARTAN	60	\$1.03333	\$0.33333	200% Above
Non-ORx	No	00378306677	FENOFIBRATE	210	\$0.42381	\$0.16667	101%-200% Above
Non-ORx	No	00378320501	PRAZOSIN HCL	30	\$1.06667	\$0.46667	101%-200% Above
Non-ORx	No	00378322593	CANDESARTAN CILEXETIL	30	\$1.23333	\$0.83333	26%-50% Above
Non-ORx	No	00378334999	ESTRADIOL	4	\$2.50000	\$11.50000	(76%-100%) Below
Non-ORx	No	00378335099	ESTRADIOL	12	\$16.25000	\$12.75000	26%-50% Above
Non-ORx	No	00378335099	ESTRADIOL	24	\$1.62500	\$12.54167	(76%-100%) Below
Non-ORx	No	00378335099	ESTRADIOL	4	\$15.75000	\$12.75000	10%-25% Above
Non-ORx	No	00378335099	ESTRADIOL	8	\$16.25000	\$12.50000	26%-50% Above
Non-ORx	No	00378336099	ESTRADIOL	4	\$15.50000	\$13.00000	10%-25% Above
Non-ORx	No	00378351501	MIRTAZAPINE	60	\$0.38333	\$0.08333	200% Above
Non-ORx	No	00378363205	CARVEDIOL	180	\$0.15000	\$0.02222	200% Above
Non-ORx	No	00378363205	CARVEDIOL	180	\$0.18333	\$0.01667	200% Above
Non-ORx	No	00378363405	CARVEDIOL	360	\$0.17778	\$0.03333	200% Above
Non-ORx	No	00378363405	CARVEDIOL	60	\$0.23333	\$0.03333	200% Above
Non-ORx	No	00378395005	ATORVASTATIN CALCIUM	120	\$0.19167	\$0.03333	200% Above
Non-ORx	No	00378395005	ATORVASTATIN CALCIUM	180	\$0.25000	\$0.03333	200% Above
Non-ORx	No	00378395005	ATORVASTATIN CALCIUM	360	\$0.25278	\$0.03333	200% Above
Non-ORx	No	00378395005	ATORVASTATIN CALCIUM	90	\$0.07778	\$0.03333	101%-200% Above
Non-ORx	No	00378395105	ATORVASTATIN CALCIUM	360	\$0.25000	\$0.04444	200% Above
Non-ORx	No	00378395105	ATORVASTATIN CALCIUM	60	\$0.16667	\$0.06667	101%-200% Above
Non-ORx	No	00378395105	ATORVASTATIN CALCIUM	210	\$0.14762	\$0.03333	200% Above
Non-ORx	No	00378395205	ATORVASTATIN CALCIUM	720	\$0.34167	\$0.05556	200% Above
Non-ORx	No	00378395205	ATORVASTATIN CALCIUM	210	\$0.28095	\$0.06667	200% Above
Non-ORx	No	00378395305	ATORVASTATIN CALCIUM	180	\$0.46667	\$0.10000	200% Above
Non-ORx	No	00378395305	ATORVASTATIN CALCIUM	30	\$0.30000	\$0.10000	200% Above
Non-ORx	No	00378416201	ATOVAQUONE/PROGUANIL HCL	38	\$4.81579	\$2.18421	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
Non-ORx	No	00378427577	VALACYCLOVIR HYDROCHLORID	80	\$0.73750	\$0.30000	101%-200% Above
Non-ORx	No	00378427577	VALACYCLOVIR HYDROCHLORID	34	\$0.20588	\$0.29412	(26%-50%) Below
Non-ORx	No	00378427577	VALACYCLOVIR HYDROCHLORID	90	\$0.21111	\$0.31111	(26%-50%) Below
Non-ORx	No	00378427577	VALACYCLOVIR HYDROCHLORID	124	\$0.20968	\$0.30645	(26%-50%) Below
Non-ORx	No	00378427577	VALACYCLOVIR HYDROCHLORID	240	\$0.72500	\$0.30000	101%-200% Above
Non-ORx	No	00378427577	VALACYCLOVIR HYDROCHLORID	780	\$0.79615	\$0.30000	101%-200% Above
Non-ORx	No	00378427577	VALACYCLOVIR HYDROCHLORID	12	\$0.66667	\$0.33333	101%-200% Above
Non-ORx	No	00378427577	VALACYCLOVIR HYDROCHLORID	15	\$0.20000	\$0.33333	(26%-50%) Below
Non-ORx	No	00378427577	VALACYCLOVIR HYDROCHLORID	21	\$0.47619	\$0.28571	51%-75% Above
Non-ORx	No	00378427577	VALACYCLOVIR HYDROCHLORID	40	\$0.72500	\$0.30000	101%-200% Above
Non-ORx	No	00378427677	VALACYCLOVIR HCL	62	\$2.00000	\$0.54839	200% Above
Non-ORx	No	00378427677	VALACYCLOVIR HCL	31	\$2.48387	\$0.58065	200% Above
Non-ORx	No	00378427677	VALACYCLOVIR HCL	390	\$1.87180	\$0.56667	200% Above
Non-ORx	No	00378427677	VALACYCLOVIR HCL	32	\$0.31250	\$0.56250	(26%-50%) Below
Non-ORx	No	00378427677	VALACYCLOVIR HCL	7	\$2.42857	\$0.57143	200% Above
Non-ORx	No	00378427677	VALACYCLOVIR HCL	8	\$2.50000	\$0.50000	200% Above
Non-ORx	No	00378427677	VALACYCLOVIR HCL	8	\$1.50000	\$0.62500	101%-200% Above
Non-ORx	No	00378427677	VALACYCLOVIR HCL	16	\$2.00000	\$0.50000	200% Above
Non-ORx	No	00378427677	VALACYCLOVIR HCL	10	\$2.50000	\$0.60000	200% Above
Non-ORx	No	00378427677	VALACYCLOVIR HCL	80	\$2.00000	\$0.55000	200% Above
Non-ORx	No	00378427677	VALACYCLOVIR HCL	63	\$1.52381	\$0.57143	101%-200% Above
Non-ORx	No	00378427677	VALACYCLOVIR HCL	16	\$0.62500	\$0.56250	10%-25% Above
Non-ORx	No	00378427677	VALACYCLOVIR HCL	14	\$2.50000	\$0.57143	200% Above
Non-ORx	No	00378427677	VALACYCLOVIR HCL	15	\$2.46667	\$0.53333	200% Above
Non-ORx	No	00378428885	ELETRIPTAN HYDROBROMIDE	4	\$19.25000	\$4.00000	200% Above
Non-ORx	No	00378456005	POTASSIUM CHLORIDE ER	30	\$0.36667	\$0.16667	101%-200% Above
Non-ORx	No	00378456105	POTASSIUM CHLORIDE ER	90	\$0.11111	\$0.14444	(10%-25%) Below
Non-ORx	No	00378456105	POTASSIUM CHLORIDE ER	120	\$0.20833	\$0.13333	51%-75% Above
Non-ORx	No	00378459577	METOPROLOL SUCCINATE ER	30	\$0.06667	\$0.10000	(26%-50%) Below
Non-ORx	No	00378462126	ESTRADIOL	72	\$6.51389	\$9.29167	(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
Non-ORx	No	00378462326	ESTRADIOL	16	\$11.62500	\$8.87500	26%-50% Above
Non-ORx	No	00378464226	ESTRADIOL	24	\$0.79167	\$9.29167	(76%-100%) Below
Non-ORx	No	00378464226	ESTRADIOL	8	\$1.25000	\$9.25000	(76%-100%) Below
Non-ORx	No	00378464326	ESTRADIOL	24	\$0.41667	\$8.00000	(76%-100%) Below
Non-ORx	No	00378518693	PRASUGREL	90	\$1.83333	\$0.35556	200% Above
Non-ORx	No	00378518693	PRASUGREL	60	\$1.83333	\$0.36667	200% Above
Non-ORx	No	00378581377	VALSARTAN	90	\$0.51111	\$0.23333	101%-200% Above
Non-ORx	No	00378581377	VALSARTAN	15	\$0.20000	\$0.26667	(10%-25%) Below
Non-ORx	No	00378581477	VALSARTAN	90	\$0.57778	\$0.27778	101%-200% Above
Non-ORx	No	00378581477	VALSARTAN	60	\$0.53333	\$0.28333	76%-100% Above
Non-ORx	No	00378581477	VALSARTAN	30	\$0.53333	\$0.23333	101%-200% Above
Non-ORx	No	00378581477	VALSARTAN	120	\$0.75833	\$0.26667	101%-200% Above
Non-ORx	No	00378581577	VALSARTAN	90	\$0.88889	\$0.36667	101%-200% Above
Non-ORx	No	00378617301	METOLAZONE	40	\$1.45000	\$0.65000	101%-200% Above
Non-ORx	No	00378623101	CITALOPRAM HYDROBROMIDE	225	\$0.18667	\$0.02667	200% Above
Non-ORx	No	00378623101	CITALOPRAM HYDROBROMIDE	90	\$0.18889	\$0.02222	200% Above
Non-ORx	No	00378623101	CITALOPRAM HYDROBROMIDE	120	\$0.26667	\$0.03333	200% Above
Non-ORx	No	00378623201	CITALOPRAM HYDROBROMIDE	810	\$0.25556	\$0.03333	200% Above
Non-ORx	No	00378623201	CITALOPRAM HYDROBROMIDE	90	\$0.11111	\$0.03333	200% Above
Non-ORx	No	00378623201	CITALOPRAM HYDROBROMIDE	120	\$0.20000	\$0.03333	200% Above
Non-ORx	No	00378623205	CITALOPRAM HYDROBROMIDE	90	\$0.02222	\$0.03333	(26%-50%) Below
Non-ORx	No	00378623301	CITALOPRAM HYDROBROMIDE	270	\$0.28889	\$0.03333	200% Above
Non-ORx	No	00378623301	CITALOPRAM HYDROBROMIDE	210	\$0.29524	\$0.03333	200% Above
Non-ORx	No	00378623305	CITALOPRAM HYDROBROMIDE	30	\$0.23333	\$0.03333	200% Above
Non-ORx	No	00378632177	VALSARTAN/HYDROCHLOROTHIA	90	\$0.60000	\$0.31111	76%-100% Above
Non-ORx	No	00378632177	VALSARTAN/HYDROCHLOROTHIA	270	\$0.60000	\$0.24444	101%-200% Above
Non-ORx	No	00378632177	VALSARTAN/HYDROCHLOROTHIA	60	\$1.20000	\$0.25000	200% Above
Non-ORx	No	00378632177	VALSARTAN/HYDROCHLOROTHIA	120	\$0.49167	\$0.23333	101%-200% Above
Non-ORx	No	00378632177	VALSARTAN/HYDROCHLOROTHIA	60	\$0.43333	\$0.30000	26%-50% Above
Non-ORx	No	00378632277	VALSARTAN/HYDROCHLOROTHIA	90	\$0.60000	\$0.25556	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
Non-ORx	No	00378632277	VALSARTAN/HYDROCHLOROTHIA	90	\$0.83333	\$0.26667	200% Above
Non-ORx	No	00378632377	VALSARTAN/HYDROCHLOROTHIA	90	\$0.37778	\$0.28889	26%-50% Above
Non-ORx	No	00378632377	VALSARTAN/HYDROCHLOROTHIA	180	\$0.52222	\$0.34444	51%-75% Above
Non-ORx	No	00378632377	VALSARTAN/HYDROCHLOROTHIA	90	\$0.56667	\$0.30000	76%-100% Above
Non-ORx	No	00378632377	VALSARTAN/HYDROCHLOROTHIA	30	\$1.03333	\$0.33333	200% Above
Non-ORx	No	00378632477	VALSARTAN/HYDROCHLOROTHIA	30	\$1.50000	\$0.43333	200% Above
Non-ORx	No	00378632477	VALSARTAN/HYDROCHLOROTHIA	60	\$1.00000	\$0.40000	101%-200% Above
Non-ORx	No	00378632577	VALSARTAN/HYDROCHLOROTHIA	180	\$0.77778	\$0.38889	101%-200% Above
Non-ORx	No	00378632577	VALSARTAN/HYDROCHLOROTHIA	180	\$0.77778	\$0.37778	101%-200% Above
Non-ORx	No	00378632577	VALSARTAN/HYDROCHLOROTHIA	31	\$1.54839	\$0.38710	200% Above
Non-ORx	No	00378632577	VALSARTAN/HYDROCHLOROTHIA	30	\$1.13333	\$0.40000	101%-200% Above
Non-ORx	No	00378647097	SCOPOLAMINE	10	\$16.10000	\$12.00000	26%-50% Above
Non-ORx	No	00378647097	SCOPOLAMINE	3	\$10.33333	\$12.00000	(10%-25%) Below
Non-ORx	No	00378647099	SCOPOLAMINE	1	\$14.00000	\$12.00000	10%-25% Above
Non-ORx	No	00378661493	AMNESTEEM	180	\$5.40556	\$2.81667	76%-100% Above
Non-ORx	No	00378668877	PANTOPRAZOLE SODIUM	180	\$0.25000	\$0.05556	200% Above
Non-ORx	No	00378668877	PANTOPRAZOLE SODIUM	60	\$0.46667	\$0.05000	200% Above
Non-ORx	No	00378668877	PANTOPRAZOLE SODIUM	30	\$0.46667	\$0.06667	200% Above
Non-ORx	No	00378668899	PANTOPRAZOLE SODIUM	90	\$0.38889	\$0.05556	200% Above
Non-ORx	No	00378668910	PANTOPRAZOLE SODIUM	120	\$0.05000	\$0.06667	(10%-25%) Below
Non-ORx	No	00378668977	PANTOPRAZOLE SODIUM	360	\$0.40000	\$0.06667	200% Above
Non-ORx	No	00378668977	PANTOPRAZOLE SODIUM	720	\$0.34306	\$0.05556	200% Above
Non-ORx	No	00378668977	PANTOPRAZOLE SODIUM	150	\$0.13333	\$0.06000	101%-200% Above
Non-ORx	No	00378668977	PANTOPRAZOLE SODIUM	360	\$0.40556	\$0.06111	200% Above
Non-ORx	No	00378668977	PANTOPRAZOLE SODIUM	1080	\$0.27407	\$0.06667	200% Above
Non-ORx	No	00378668977	PANTOPRAZOLE SODIUM	56	\$0.37500	\$0.05357	200% Above
Non-ORx	No	00378668977	PANTOPRAZOLE SODIUM	420	\$0.28095	\$0.06667	200% Above
Non-ORx	No	00378668999	PANTOPRAZOLE SODIUM	60	\$0.30000	\$0.06667	200% Above
Non-ORx	No	00378699152	ALBUTEROL SULFATE	150	\$0.38667	\$0.21333	76%-100% Above
Non-ORx	No	00378699252	ALBUTEROL SULFATE	75	\$0.38667	\$0.20000	76%-100% Above
Non-ORx	No	00378710177	FENOFIBRATE	30	\$0.66667	\$0.20000	200% Above
Non-ORx	No	00378718505	METFORMIN HYDROCHLORIDE	1620	\$0.11111	\$0.01667	200% Above
Non-ORx	No	00378718505	METFORMIN HYDROCHLORIDE	720	\$0.10833	\$0.01667	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
Non-ORx	No	00378718505	METFORMIN HYDROCHLORIDE	30	\$0.13333	\$0.03333	200% Above
Non-ORx	No	00378718505	METFORMIN HYDROCHLORIDE	360	\$0.07778	\$0.01667	200% Above
Non-ORx	No	00378718505	METFORMIN HYDROCHLORIDE	720	\$0.10556	\$0.01111	200% Above
Non-ORx	No	00378718605	METFORMIN HYDROCHLORIDE	270	\$0.18148	\$0.02963	200% Above
Non-ORx	No	00378718605	METFORMIN HYDROCHLORIDE	360	\$0.20000	\$0.02778	200% Above
Non-ORx	No	00378718705	METFORMIN HYDROCHLORIDE	1440	\$0.18056	\$0.02778	200% Above
Non-ORx	No	00378718705	METFORMIN HYDROCHLORIDE	960	\$0.09479	\$0.03333	101%-200% Above
Non-ORx	No	00378727253	NORETHINDRONE	756	\$0.38757	\$0.16667	101%-200% Above
Non-ORx	No	00378727253	NORETHINDRONE	56	\$0.07143	\$0.16071	(51%-75%) Below
Non-ORx	No	00378727253	NORETHINDRONE	84	\$0.41667	\$0.17857	101%-200% Above
Non-ORx	No	00378728153	LEVONORGESTREL/ETHINYL ES	273	\$0.57143	\$0.23077	101%-200% Above
Non-ORx	No	00378728153	LEVONORGESTREL/ETHINYL ES	91	\$0.57143	\$0.17582	200% Above
Non-ORx	No	00378728353	NORETHINDRONE ACETATE/ETH	168	\$0.71429	\$0.22619	200% Above
Non-ORx	No	00378728353	NORETHINDRONE ACETATE/ETH	672	\$0.36012	\$0.22917	51%-75% Above
Non-ORx	No	00378728353	NORETHINDRONE ACETATE/ETH	364	\$0.35989	\$0.21978	51%-75% Above
Non-ORx	No	00378728353	NORETHINDRONE ACETATE/ETH	252	\$0.36111	\$0.22222	51%-75% Above
Non-ORx	No	00378728353	NORETHINDRONE ACETATE/ETH	1848	\$0.62771	\$0.22619	101%-200% Above
Non-ORx	No	00378728353	NORETHINDRONE ACETATE/ETH	504	\$0.64286	\$0.21429	200% Above
Non-ORx	No	00378728353	NORETHINDRONE ACETATE/ETH	112	\$0.71429	\$0.21429	200% Above
Non-ORx	No	00378728353	NORETHINDRONE ACETATE/ETH	420	\$0.50000	\$0.21429	101%-200% Above
Non-ORx	No	00378728353	NORETHINDRONE ACETATE/ETH	56	\$0.71429	\$0.23214	200% Above
Non-ORx	No	00378728490	LEVONORGESTREL AND ETHINY	91	\$0.80220	\$0.40659	76%-100% Above
Non-ORx	No	00378728490	LEVONORGESTREL AND ETHINY	91	\$0.80220	\$0.31868	101%-200% Above
Non-ORx	No	00378728590	LEVONORGESTREL/ETHINYL ES	364	\$0.57143	\$0.42857	26%-50% Above
Non-ORx	No	00378728753	LEVONORGESTREL/ETHINYL ES	28	\$0.35714	\$0.25000	26%-50% Above
Non-ORx	No	00378729189	NORETHINDRONE ACETATE	60	\$0.46667	\$0.60000	(10%-25%) Below
Non-ORx	No	00378729189	NORETHINDRONE ACETATE	90	\$1.22222	\$0.60000	101%-200% Above
Non-ORx	No	00378729189	NORETHINDRONE ACETATE	270	\$0.81111	\$0.60000	26%-50% Above
Non-ORx	No	00378729189	NORETHINDRONE ACETATE	60	\$1.23333	\$0.53333	101%-200% Above
Non-ORx	No	00378729453	ESTRADIOL/NORETHINDRONE A	56	\$1.21429	\$1.75000	(26%-50%) Below
Non-ORx	No	00378729453	ESTRADIOL/NORETHINDRONE A	28	\$2.25000	\$1.39286	51%-75% Above
Non-ORx	No	00378729553	ESTRADIOL/NORETHINDRONE A	168	\$1.88095	\$1.19048	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
Non-ORx	No	00378729553	ESTRADIOL/NORETHINDRONE A	84	\$1.96429	\$1.17857	51%-75% Above
Non-ORx	No	00378729653	DESOGESTREL/ETHINYL ESTRA	168	\$0.64286	\$0.23810	101%-200% Above
Non-ORx	No	00378729653	DESOGESTREL/ETHINYL ESTRA	84	\$0.64286	\$0.33333	76%-100% Above
Non-ORx	No	00378729653	DESOGESTREL/ETHINYL ESTRA	28	\$0.67857	\$0.25000	101%-200% Above
Non-ORx	No	00378729953	DROSPIRENONE/ETHINYL ESTR	28	\$1.67857	\$0.39286	200% Above
Non-ORx	No	00378730053	DROSPIRENONE/ETHINYL ESTR	336	\$1.27381	\$0.27679	200% Above
Non-ORx	No	00378730053	DROSPIRENONE/ETHINYL ESTR	84	\$1.27381	\$0.27381	200% Above
Non-ORx	No	00378730053	DROSPIRENONE/ETHINYL ESTR	84	\$1.27381	\$0.23810	200% Above
Non-ORx	No	00378730753	ETHYNODIOL DIACETATE/ETHI	28	\$0.75000	\$0.46429	51%-75% Above
Non-ORx	No	00378773293	ONDANSETRON ODT	15	\$0.60000	\$0.20000	200% Above
Non-ORx	No	00378808220	TRETINOIN	180	\$1.53333	\$2.30000	(26%-50%) Below
Non-ORx	No	00378808320	TRETINOIN	80	\$2.68750	\$2.30000	10%-25% Above
Non-ORx	No	00378808320	TRETINOIN	60	\$2.38333	\$2.00000	10%-25% Above
Non-ORx	No	00378808345	TRETINOIN	90	\$1.33333	\$1.88889	(26%-50%) Below
Non-ORx	No	00378808420	TRETINOIN	20	\$3.40000	\$2.25000	51%-75% Above
Non-ORx	No	00378821293	ERYTHROMYCIN	60	\$1.33333	\$0.88333	51%-75% Above
Non-ORx	No	00378827052	ALBUTEROL SULFATE	600	\$0.16667	\$0.04333	200% Above
Non-ORx	No	00378827052	ALBUTEROL SULFATE	375	\$0.24800	\$0.04267	200% Above
Non-ORx	No	00378827052	ALBUTEROL SULFATE	675	\$0.22963	\$0.04000	200% Above
Non-ORx	No	00378827052	ALBUTEROL SULFATE	750	\$0.24667	\$0.04000	200% Above
Non-ORx	No	00378827093	ALBUTEROL SULFATE	270	\$0.08519	\$0.04815	76%-100% Above
Non-ORx	No	00378827093	ALBUTEROL SULFATE	270	\$0.19259	\$0.04444	200% Above
Non-ORx	No	00378827093	ALBUTEROL SULFATE	180	\$0.19444	\$0.04444	200% Above
Non-ORx	No	00378827093	ALBUTEROL SULFATE	270	\$0.15556	\$0.04444	200% Above
Non-ORx	No	00378868835	CLINDAMYCIN/BENZOYL PEROX	25	\$3.40000	\$0.96000	200% Above
Non-ORx	No	00378876793	BUPRENORPHINE HYDROCHLORI	35	\$4.62857	\$3.28571	26%-50% Above
Non-ORx	No	00378877035	ESTRADIOL	172	\$1.98256	\$0.97674	101%-200% Above
Non-ORx	No	00378912398	FENTANYL	10	\$21.50000	\$7.20000	101%-200% Above
Non-ORx	No	00378967130	IPRATROPIUM BROMIDE/ALBUT	720	\$0.13889	\$0.06389	101%-200% Above
Non-ORx	No	00378967130	IPRATROPIUM BROMIDE/ALBUT	180	\$0.20000	\$0.06667	200% Above
Non-ORx	No	00378967130	IPRATROPIUM BROMIDE/ALBUT	180	\$0.20000	\$0.06111	200% Above
Non-ORx	No	00406012301	HYDROCODONE BITARTRATE/AC	26	\$0.50000	\$0.11539	200% Above
Non-ORx	No	00406012301	HYDROCODONE BITARTRATE/AC	28	\$0.32143	\$0.10714	200% Above
Non-ORx	No	00406012301	HYDROCODONE BITARTRATE/AC	48	\$0.45833	\$0.08333	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
Non-ORx	No	00406012301	HYDROCODONE BITARTRATE/AC	80	\$0.30000	\$0.10000	200% Above
Non-ORx	No	00406012301	HYDROCODONE BITARTRATE/AC	120	\$0.27500	\$0.10000	101%-200% Above
Non-ORx	No	00406012301	HYDROCODONE BITARTRATE/AC	180	\$0.48889	\$0.10000	200% Above
Non-ORx	No	00406012301	HYDROCODONE BITARTRATE/AC	60	\$0.48333	\$0.10000	200% Above
Non-ORx	No	00406012301	HYDROCODONE BITARTRATE/AC	30	\$0.33333	\$0.10000	200% Above
Non-ORx	No	00406012301	HYDROCODONE BITARTRATE/AC	6	\$0.50000	\$0.16667	200% Above
Non-ORx	No	00406012301	HYDROCODONE BITARTRATE/AC	16	\$0.50000	\$0.12500	200% Above
Non-ORx	No	00406012301	HYDROCODONE BITARTRATE/AC	36	\$0.44444	\$0.08333	200% Above
Non-ORx	No	00406012301	HYDROCODONE BITARTRATE/AC	16	\$0.31250	\$0.12500	101%-200% Above
Non-ORx	No	00406012301	HYDROCODONE BITARTRATE/AC	60	\$0.28333	\$0.06667	200% Above
Non-ORx	No	00406012305	HYDROCODONE BITARTRATE/AC	36	\$0.41667	\$0.11111	200% Above
Non-ORx	No	00406012305	HYDROCODONE BITARTRATE/AC	80	\$0.37500	\$0.10000	200% Above
Non-ORx	No	00406012305	HYDROCODONE BITARTRATE/AC	42	\$0.35714	\$0.09524	200% Above
Non-ORx	No	00406012305	HYDROCODONE BITARTRATE/AC	36	\$0.36111	\$0.08333	200% Above
Non-ORx	No	00406012305	HYDROCODONE BITARTRATE/AC	26	\$0.30769	\$0.07692	200% Above
Non-ORx	No	00406012305	HYDROCODONE BITARTRATE/AC	28	\$0.32143	\$0.10714	200% Above
Non-ORx	No	00406012305	HYDROCODONE BITARTRATE/AC	210	\$0.30952	\$0.10000	200% Above
Non-ORx	No	00406012305	HYDROCODONE BITARTRATE/AC	46	\$0.32609	\$0.08696	200% Above
Non-ORx	No	00406012305	HYDROCODONE BITARTRATE/AC	180	\$0.36667	\$0.10000	200% Above
Non-ORx	No	00406012305	HYDROCODONE BITARTRATE/AC	112	\$0.06250	\$0.09821	(26%-50%) Below
Non-ORx	No	00406012305	HYDROCODONE BITARTRATE/AC	84	\$0.36905	\$0.09524	200% Above
Non-ORx	No	00406012305	HYDROCODONE BITARTRATE/AC	240	\$0.30833	\$0.10000	200% Above
Non-ORx	No	00406012305	HYDROCODONE BITARTRATE/AC	25	\$0.48000	\$0.08000	200% Above
Non-ORx	No	00406012305	HYDROCODONE BITARTRATE/AC	144	\$0.33333	\$0.08333	200% Above
Non-ORx	No	00406012305	HYDROCODONE BITARTRATE/AC	80	\$0.38750	\$0.10000	200% Above
Non-ORx	No	00406012305	HYDROCODONE BITARTRATE/AC	16	\$0.37500	\$0.12500	200% Above
Non-ORx	No	00406012305	HYDROCODONE BITARTRATE/AC	9	\$0.33333	\$0.11111	200% Above
Non-ORx	No	00406012305	HYDROCODONE BITARTRATE/AC	28	\$0.35714	\$0.07143	200% Above
Non-ORx	No	00406012305	HYDROCODONE BITARTRATE/AC	120	\$0.31667	\$0.10000	200% Above
Non-ORx	No	00406012305	HYDROCODONE BITARTRATE/AC	60	\$0.28333	\$0.06667	200% Above
Non-ORx	No	00406012305	HYDROCODONE BITARTRATE/AC	64	\$0.29688	\$0.12500	101%-200% Above
Non-ORx	No	00406012310	HYDROCODONE BITARTRATE/AC	30	\$0.33333	\$0.10000	200% Above
Non-ORx	No	00406012310	HYDROCODONE BITARTRATE/AC	43	\$0.06977	\$0.09302	(10%-25%) Below
Non-ORx	No	00406012310	HYDROCODONE BITARTRATE/AC	180	\$0.42222	\$0.10000	200% Above
Non-ORx	No	00406012310	HYDROCODONE BITARTRATE/AC	24	\$0.33333	\$0.08333	200% Above
Non-ORx	No	00406012310	HYDROCODONE BITARTRATE/AC	14	\$0.28571	\$0.07143	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
Non-ORx	No	00406012310	HYDROCODONE BITARTRATE/AC	40	\$0.22500	\$0.10000	101%-200% Above
Non-ORx	No	00406012310	HYDROCODONE BITARTRATE/AC	16	\$0.06250	\$0.12500	(26%-50%) Below
Non-ORx	No	00406012401	HYDROCODONE/ACETAMINOPH EN	90	\$0.31111	\$0.13333	101%-200% Above
Non-ORx	No	00406012401	HYDROCODONE/ACETAMINOPH EN	28	\$0.53571	\$0.10714	200% Above
Non-ORx	No	00406012401	HYDROCODONE/ACETAMINOPH EN	26	\$0.53846	\$0.11539	200% Above
Non-ORx	No	00406012401	HYDROCODONE/ACETAMINOPH EN	40	\$0.07500	\$0.12500	(26%-50%) Below
Non-ORx	No	00406012401	HYDROCODONE/ACETAMINOPH EN	45	\$0.28889	\$0.13333	101%-200% Above
Non-ORx	No	00406012401	HYDROCODONE/ACETAMINOPH EN	21	\$0.28571	\$0.14286	101%-200% Above
Non-ORx	No	00406012401	HYDROCODONE/ACETAMINOPH EN	30	\$0.53333	\$0.13333	200% Above
Non-ORx	No	00406012401	HYDROCODONE/ACETAMINOPH EN	60	\$0.46667	\$0.10000	200% Above
Non-ORx	No	00406012401	HYDROCODONE/ACETAMINOPH EN	16	\$0.56250	\$0.12500	200% Above
Non-ORx	No	00406012405	HYDROCODONE/ACETAMINOPH EN	240	\$0.14583	\$0.11667	26%-50% Above
Non-ORx	No	00406012405	HYDROCODONE/ACETAMINOPH EN	56	\$0.28571	\$0.12500	101%-200% Above
Non-ORx	No	00406012405	HYDROCODONE/ACETAMINOPH EN	120	\$0.32500	\$0.12500	101%-200% Above
Non-ORx	No	00406012405	HYDROCODONE/ACETAMINOPH EN	90	\$0.27778	\$0.12222	101%-200% Above
Non-ORx	No	00406012405	HYDROCODONE/ACETAMINOPH EN	60	\$0.23333	\$0.13333	76%-100% Above
Non-ORx	No	00406012405	HYDROCODONE/ACETAMINOPH EN	14	\$0.00000	\$0.14286	(76%-100%) Below
Non-ORx	No	00406012405	HYDROCODONE/ACETAMINOPH EN	30	\$0.23333	\$0.13333	76%-100% Above
Non-ORx	No	00406012405	HYDROCODONE/ACETAMINOPH EN	72	\$0.22222	\$0.08333	101%-200% Above
Non-ORx	No	00406012405	HYDROCODONE/ACETAMINOPH EN	60	\$0.30000	\$0.10000	200% Above
Non-ORx	No	00406012410	HYDROCODONE/ACETAMINOPH EN	42	\$0.33333	\$0.11905	101%-200% Above
Non-ORx	No	00406012410	HYDROCODONE/ACETAMINOPH EN	60	\$0.31667	\$0.11667	101%-200% Above
Non-ORx	No	00406012410	HYDROCODONE/ACETAMINOPH EN	120	\$0.08333	\$0.11667	(26%-50%) Below
Non-ORx	No	00406012410	HYDROCODONE/ACETAMINOPH EN	12	\$0.25000	\$0.08333	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
Non-ORx	No	00406012410	HYDROCODONE/ACETAMINOPHEN	8	\$0.37500	\$0.12500	200% Above
Non-ORx	No	00406012410	HYDROCODONE/ACETAMINOPHEN	60	\$0.33333	\$0.13333	101%-200% Above
Non-ORx	No	00406012501	HYDROCODONE BITARTRATE/AC	180	\$0.18333	\$0.12222	51%-75% Above
Non-ORx	No	00406012501	HYDROCODONE BITARTRATE/AC	60	\$0.25000	\$0.13333	76%-100% Above
Non-ORx	No	00406012501	HYDROCODONE BITARTRATE/AC	120	\$0.09167	\$0.13333	(26%-50%) Below
Non-ORx	No	00406012501	HYDROCODONE BITARTRATE/AC	120	\$0.09167	\$0.12500	(26%-50%) Below
Non-ORx	No	00406012501	HYDROCODONE BITARTRATE/AC	60	\$0.25000	\$0.11667	101%-200% Above
Non-ORx	No	00406012501	HYDROCODONE BITARTRATE/AC	28	\$0.28571	\$0.10714	101%-200% Above
Non-ORx	No	00406012501	HYDROCODONE BITARTRATE/AC	20	\$0.60000	\$0.10000	200% Above
Non-ORx	No	00406012501	HYDROCODONE BITARTRATE/AC	40	\$0.25000	\$0.12500	101%-200% Above
Non-ORx	No	00406012501	HYDROCODONE BITARTRATE/AC	30	\$0.26667	\$0.13333	101%-200% Above
Non-ORx	No	00406012505	HYDROCODONE BITARTRATE/AC	480	\$0.39792	\$0.12500	200% Above
Non-ORx	No	00406012505	HYDROCODONE BITARTRATE/AC	180	\$0.30000	\$0.13333	101%-200% Above
Non-ORx	No	00406012505	HYDROCODONE BITARTRATE/AC	240	\$0.34167	\$0.13333	101%-200% Above
Non-ORx	No	00406012505	HYDROCODONE BITARTRATE/AC	180	\$0.09444	\$0.12222	(10%-25%) Below
Non-ORx	No	00406012505	HYDROCODONE BITARTRATE/AC	126	\$0.35714	\$0.12698	101%-200% Above
Non-ORx	No	00406012505	HYDROCODONE BITARTRATE/AC	140	\$0.32857	\$0.12143	101%-200% Above
Non-ORx	No	00406012505	HYDROCODONE BITARTRATE/AC	720	\$0.26389	\$0.12222	101%-200% Above
Non-ORx	No	00406012505	HYDROCODONE BITARTRATE/AC	24	\$0.37500	\$0.12500	200% Above
Non-ORx	No	00406012505	HYDROCODONE BITARTRATE/AC	18	\$0.33333	\$0.11111	200% Above
Non-ORx	No	00406012505	HYDROCODONE BITARTRATE/AC	36	\$0.41667	\$0.08333	200% Above
Non-ORx	No	00406012505	HYDROCODONE BITARTRATE/AC	30	\$0.26667	\$0.13333	101%-200% Above
Non-ORx	No	00406012505	HYDROCODONE BITARTRATE/AC	84	\$0.35714	\$0.11905	200% Above
Non-ORx	No	00406012505	HYDROCODONE BITARTRATE/AC	75	\$0.25333	\$0.12000	101%-200% Above
Non-ORx	No	00406012510	HYDROCODONE BITARTRATE/AC	120	\$0.27500	\$0.12500	101%-200% Above
Non-ORx	No	00406012510	HYDROCODONE BITARTRATE/AC	112	\$0.08929	\$0.12500	(26%-50%) Below
Non-ORx	No	00406012510	HYDROCODONE BITARTRATE/AC	120	\$0.09167	\$0.13333	(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
Non-ORx	No	00406012510	HYDROCODONE BITARTRATE/AC	150	\$0.25333	\$0.12667	101%-200% Above
Non-ORx	No	00406012510	HYDROCODONE BITARTRATE/AC	90	\$0.25556	\$0.13333	76%-100% Above
Non-ORx	No	00406012510	HYDROCODONE BITARTRATE/AC	30	\$0.10000	\$0.13333	(10%-25%) Below
Non-ORx	No	00406012510	HYDROCODONE BITARTRATE/AC	60	\$0.10000	\$0.11667	(10%-25%) Below
Non-ORx	No	00406012510	HYDROCODONE BITARTRATE/AC	360	\$0.21944	\$0.12222	76%-100% Above
Non-ORx	No	00406012510	HYDROCODONE BITARTRATE/AC	84	\$0.09524	\$0.11905	(10%-25%) Below
Non-ORx	No	00406012701	METHYLPHENIDATE HYDROCHLO	30	\$0.33333	\$0.90000	(51%-75%) Below
Non-ORx	No	00406048401	ACETAMINOPHEN/CODEINE	30	\$0.43333	\$0.10000	200% Above
Non-ORx	No	00406048401	ACETAMINOPHEN/CODEINE	25	\$0.20000	\$0.12000	51%-75% Above
Non-ORx	No	00406048401	ACETAMINOPHEN/CODEINE	60	\$0.10000	\$0.11667	(10%-25%) Below
Non-ORx	No	00406048401	ACETAMINOPHEN/CODEINE	20	\$0.20000	\$0.10000	101%-200% Above
Non-ORx	No	00406048401	ACETAMINOPHEN/CODEINE	8	\$0.37500	\$0.12500	200% Above
Non-ORx	No	00406048401	ACETAMINOPHEN/CODEINE	15	\$0.06667	\$0.13333	(26%-50%) Below
Non-ORx	No	00406048401	ACETAMINOPHEN/CODEINE	24	\$0.25000	\$0.08333	200% Above
Non-ORx	No	00406048410	ACETAMINOPHEN/CODEINE	28	\$0.32143	\$0.10714	200% Above
Non-ORx	No	00406048410	ACETAMINOPHEN/CODEINE	72	\$0.33333	\$0.12500	101%-200% Above
Non-ORx	No	00406048410	ACETAMINOPHEN/CODEINE	42	\$0.21429	\$0.09524	101%-200% Above
Non-ORx	No	00406048410	ACETAMINOPHEN/CODEINE	120	\$0.18333	\$0.10000	76%-100% Above
Non-ORx	No	00406048410	ACETAMINOPHEN/CODEINE	60	\$0.33333	\$0.10000	200% Above
Non-ORx	No	00406048410	ACETAMINOPHEN/CODEINE	33	\$0.33333	\$0.12121	101%-200% Above
Non-ORx	No	00406048410	ACETAMINOPHEN/CODEINE	100	\$0.23000	\$0.10000	101%-200% Above
Non-ORx	No	00406048410	ACETAMINOPHEN/CODEINE	20	\$0.30000	\$0.10000	200% Above
Non-ORx	No	00406048410	ACETAMINOPHEN/CODEINE	84	\$0.30952	\$0.08333	200% Above
Non-ORx	No	00406048410	ACETAMINOPHEN/CODEINE	24	\$0.37500	\$0.12500	200% Above
Non-ORx	No	00406048410	ACETAMINOPHEN/CODEINE	72	\$0.33333	\$0.11111	200% Above
Non-ORx	No	00406048410	ACETAMINOPHEN/CODEINE	64	\$0.31250	\$0.12500	101%-200% Above
Non-ORx	No	00406048410	ACETAMINOPHEN/CODEINE	75	\$0.33333	\$0.13333	101%-200% Above
Non-ORx	No	00406048462	ACETAMINOPHEN/CODEINE	25	\$0.08000	\$0.12000	(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
Non-ORx	No	00406048501	ACETAMINOPHEN/CODEINE	90	\$0.17778	\$0.21111	(10%-25%) Below
Non-ORx	No	00406048501	ACETAMINOPHEN/CODEINE	12	\$0.33333	\$0.25000	26%-50% Above
Non-ORx	No	00406051201	OXYCODONE/ACETAMINOPHEN	56	\$0.35714	\$0.10714	200% Above
Non-ORx	No	00406051201	OXYCODONE/ACETAMINOPHEN	50	\$0.60000	\$0.08000	200% Above
Non-ORx	No	00406051201	OXYCODONE/ACETAMINOPHEN	30	\$0.40000	\$0.10000	200% Above
Non-ORx	No	00406051201	OXYCODONE/ACETAMINOPHEN	80	\$0.43750	\$0.10000	200% Above
Non-ORx	No	00406051201	OXYCODONE/ACETAMINOPHEN	60	\$0.36667	\$0.10000	200% Above
Non-ORx	No	00406051201	OXYCODONE/ACETAMINOPHEN	30	\$0.60000	\$0.10000	200% Above
Non-ORx	No	00406051201	OXYCODONE/ACETAMINOPHEN	6	\$0.66667	\$0.16667	200% Above
Non-ORx	No	00406051201	OXYCODONE/ACETAMINOPHEN	48	\$0.50000	\$0.08333	200% Above
Non-ORx	No	00406051201	OXYCODONE/ACETAMINOPHEN	36	\$0.61111	\$0.11111	200% Above
Non-ORx	No	00406051201	OXYCODONE/ACETAMINOPHEN	45	\$0.44444	\$0.06667	200% Above
Non-ORx	No	00406051205	OXYCODONE/ACETAMINOPHEN	150	\$0.63333	\$0.10000	200% Above
Non-ORx	No	00406051205	OXYCODONE/ACETAMINOPHEN	28	\$0.60714	\$0.10714	200% Above
Non-ORx	No	00406051205	OXYCODONE/ACETAMINOPHEN	120	\$0.31667	\$0.09167	200% Above
Non-ORx	No	00406051205	OXYCODONE/ACETAMINOPHEN	40	\$0.62500	\$0.10000	200% Above
Non-ORx	No	00406051205	OXYCODONE/ACETAMINOPHEN	25	\$0.60000	\$0.08000	200% Above
Non-ORx	No	00406051205	OXYCODONE/ACETAMINOPHEN	15	\$0.60000	\$0.06667	200% Above
Non-ORx	No	00406051205	OXYCODONE/ACETAMINOPHEN	12	\$0.58333	\$0.08333	200% Above
Non-ORx	No	00406051205	OXYCODONE/ACETAMINOPHEN	30	\$0.50000	\$0.10000	200% Above
Non-ORx	No	00406051205	OXYCODONE/ACETAMINOPHEN	16	\$0.62500	\$0.06250	200% Above
Non-ORx	No	00406051205	OXYCODONE/ACETAMINOPHEN	24	\$0.62500	\$0.08333	200% Above
Non-ORx	No	00406051205	OXYCODONE/ACETAMINOPHEN	60	\$0.60000	\$0.10000	200% Above
Non-ORx	No	00406052201	OXYCODONE/ACETAMINOPHEN	56	\$0.30357	\$0.10714	101%-200% Above
Non-ORx	No	00406052201	OXYCODONE/ACETAMINOPHEN	40	\$0.22500	\$0.12500	76%-100% Above
Non-ORx	No	00406052201	OXYCODONE/ACETAMINOPHEN	56	\$0.23214	\$0.10714	101%-200% Above
Non-ORx	No	00406052201	OXYCODONE/ACETAMINOPHEN	70	\$0.18571	\$0.10000	76%-100% Above
Non-ORx	No	00406052201	OXYCODONE/ACETAMINOPHEN	120	\$0.54167	\$0.10833	200% Above
Non-ORx	No	00406052201	OXYCODONE/ACETAMINOPHEN	90	\$0.31111	\$0.10000	200% Above
Non-ORx	No	00406052201	OXYCODONE/ACETAMINOPHEN	84	\$0.19048	\$0.10714	76%-100% Above
Non-ORx	No	00406052201	OXYCODONE/ACETAMINOPHEN	15	\$0.53333	\$0.13333	200% Above
Non-ORx	No	00406052201	OXYCODONE/ACETAMINOPHEN	8	\$0.25000	\$0.12500	101%-200% Above
Non-ORx	No	00406052201	OXYCODONE/ACETAMINOPHEN	40	\$0.25000	\$0.10000	101%-200% Above
Non-ORx	No	00406052201	OXYCODONE/ACETAMINOPHEN	24	\$0.20833	\$0.12500	51%-75% Above
Non-ORx	No	00406052301	OXYCODONE/ACETAMINOPHEN	100	\$0.29000	\$0.18000	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
Non-ORx	No	00406052301	OXYCODONE/ACETAMINOPHEN	180	\$0.58333	\$0.17778	200% Above
Non-ORx	No	00406052301	OXYCODONE/ACETAMINOPHEN	224	\$0.59375	\$0.17857	200% Above
Non-ORx	No	00406052301	OXYCODONE/ACETAMINOPHEN	360	\$0.58333	\$0.17778	200% Above
Non-ORx	No	00406052301	OXYCODONE/ACETAMINOPHEN	120	\$0.40000	\$0.19167	101%-200% Above
Non-ORx	No	00406052301	OXYCODONE/ACETAMINOPHEN	360	\$0.61667	\$0.17500	200% Above
Non-ORx	No	00406052301	OXYCODONE/ACETAMINOPHEN	84	\$0.51191	\$0.17857	101%-200% Above
Non-ORx	No	00406052301	OXYCODONE/ACETAMINOPHEN	20	\$0.50000	\$0.20000	101%-200% Above
Non-ORx	No	00406052301	OXYCODONE/ACETAMINOPHEN	16	\$0.50000	\$0.18750	101%-200% Above
Non-ORx	No	00406052301	OXYCODONE/ACETAMINOPHEN	21	\$0.52381	\$0.19048	101%-200% Above
Non-ORx	No	00406052301	OXYCODONE/ACETAMINOPHEN	60	\$0.51667	\$0.20000	101%-200% Above
Non-ORx	No	00406052301	OXYCODONE/ACETAMINOPHEN	60	\$0.68333	\$0.18333	200% Above
Non-ORx	No	00406052301	OXYCODONE/ACETAMINOPHEN	40	\$0.65000	\$0.17500	200% Above
Non-ORx	No	00406052301	OXYCODONE/ACETAMINOPHEN	40	\$0.50000	\$0.20000	101%-200% Above
Non-ORx	No	00406052305	OXYCODONE/ACETAMINOPHEN	180	\$0.40000	\$0.17778	101%-200% Above
Non-ORx	No	00406055201	OXYCODONE HYDROCHLORIDE	40	\$0.12500	\$0.07500	51%-75% Above
Non-ORx	No	00406055201	OXYCODONE HYDROCHLORIDE	60	\$0.33333	\$0.06667	200% Above
Non-ORx	No	00406055201	OXYCODONE HYDROCHLORIDE	60	\$0.08333	\$0.06667	26%-50% Above
Non-ORx	No	00406055201	OXYCODONE HYDROCHLORIDE	36	\$0.41667	\$0.08333	200% Above
Non-ORx	No	00406055201	OXYCODONE HYDROCHLORIDE	10	\$0.30000	\$0.10000	200% Above
Non-ORx	No	00406055201	OXYCODONE HYDROCHLORIDE	80	\$0.30000	\$0.05000	200% Above
Non-ORx	No	00406055201	OXYCODONE HYDROCHLORIDE	18	\$0.38889	\$0.05556	200% Above
Non-ORx	No	00406114201	METHYLPHENIDATE HYDROCHLO	120	\$0.51667	\$0.11667	200% Above
Non-ORx	No	00406114201	METHYLPHENIDATE HYDROCHLO	30	\$0.50000	\$0.10000	200% Above
Non-ORx	No	00406114401	METHYLPHENIDATE HYDROCHLO	90	\$0.73333	\$0.14444	200% Above
Non-ORx	No	00406114401	METHYLPHENIDATE HYDROCHLO	180	\$0.30000	\$0.15556	76%-100% Above
Non-ORx	No	00406114401	METHYLPHENIDATE HYDROCHLO	60	\$0.31667	\$0.16667	76%-100% Above
Non-ORx	No	00406114401	METHYLPHENIDATE HYDROCHLO	30	\$0.73333	\$0.13333	200% Above
Non-ORx	No	00406114401	METHYLPHENIDATE HYDROCHLO	90	\$0.58889	\$0.16667	200% Above
Non-ORx	No	00406114401	METHYLPHENIDATE HYDROCHLO	60	\$0.73333	\$0.15000	200% Above
Non-ORx	No	00406114601	METHYLPHENIDATE HYDROCHLO	60	\$0.31667	\$0.20000	51%-75% Above
Non-ORx	No	00406114601	METHYLPHENIDATE HYDROCHLO	60	\$0.83333	\$0.20000	200% Above
Non-ORx	No	00406117001	NALTREXONE HCL	30	\$1.36667	\$0.76667	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
Non-ORx	No	00406117003	NALTREXONE HCL	120	\$0.56667	\$0.76667	(26%-50%) Below
Non-ORx	No	00406117003	NALTREXONE HCL	90	\$1.90000	\$0.76667	101%-200% Above
Non-ORx	No	00406117003	NALTREXONE HCL	330	\$1.75455	\$0.76667	101%-200% Above
Non-ORx	No	00406123601	DIPHENOXYLATE HYDROCHLORI	20	\$0.30000	\$0.20000	51%-75% Above
Non-ORx	No	00406123601	DIPHENOXYLATE HYDROCHLORI	15	\$0.46667	\$0.20000	101%-200% Above
Non-ORx	No	00406123601	DIPHENOXYLATE HYDROCHLORI	14	\$0.28571	\$0.21429	26%-50% Above
Non-ORx	No	00406182001	METHYLPHENIDATE HYDROCHLO	30	\$2.50000	\$1.10000	101%-200% Above
Non-ORx	No	00406183001	METHYLPHENIDATE HYDROCHLO	30	\$1.63333	\$1.00000	51%-75% Above
Non-ORx	No	00406184001	METHYLPHENIDATE HYDROCHLO	30	\$2.16667	\$1.86667	10%-25% Above
Non-ORx	No	00406184001	METHYLPHENIDATE HYDROCHLO	30	\$3.03333	\$1.70000	76%-100% Above
Non-ORx	No	00406185001	METHYLPHENIDATE HYDROCHLO	31	\$3.12903	\$2.61290	10%-25% Above
Non-ORx	No	00406324301	HYDROMORPHONE HCL	10	\$0.30000	\$0.10000	200% Above
Non-ORx	No	00406324401	HYDROMORPHONE HCL	90	\$0.34444	\$0.08889	200% Above
Non-ORx	No	00406577101	METHADONE HCL	60	\$0.15000	\$0.08333	76%-100% Above
Non-ORx	No	00406802003	BUPRENORPHINE HCL/NALOXON	90	\$1.20000	\$1.02222	10%-25% Above
Non-ORx	No	00406833001	MORPHINE SULFATE ER	60	\$0.60000	\$0.31667	76%-100% Above
Non-ORx	No	00406833001	MORPHINE SULFATE ER	30	\$0.60000	\$0.33333	76%-100% Above
Non-ORx	No	00406851001	OXYCODONE HYDROCHLORIDE	120	\$0.67500	\$0.11667	200% Above
Non-ORx	No	00406851001	OXYCODONE HYDROCHLORIDE	60	\$0.66667	\$0.11667	200% Above
Non-ORx	No	00406851501	OXYCODONE HYDROCHLORIDE	480	\$0.33750	\$0.12500	101%-200% Above
Non-ORx	No	00406853001	OXYCODONE HYDROCHLORIDE	150	\$0.22000	\$0.25333	(10%-25%) Below
Non-ORx	No	00406853001	OXYCODONE HYDROCHLORIDE	120	\$0.42500	\$0.25000	51%-75% Above
Non-ORx	No	00406889301	AMPHETAMINE/DEXTROAMPHE TA	90	\$0.23333	\$0.32222	(26%-50%) Below
Non-ORx	No	00406895301	AMPHETAMINE/DEXTROAMPHE TA	30	\$1.13333	\$0.50000	101%-200% Above
Non-ORx	No	00406895601	AMPHETAMINE/DEXTROAMPHE TA	60	\$1.11667	\$0.56667	76%-100% Above
Non-ORx	No	00406895801	DEXTROAMPHETAMINE SULFATE	30	\$1.30000	\$0.16667	200% Above
Non-ORx	No	00406896101	DEXTROAMPHETAMINE SULFATE	300	\$2.05333	\$1.29333	51%-75% Above
Non-ORx	No	00406896201	DEXTROAMPHETAMINE SULFATE	30	\$4.16667	\$1.46667	101%-200% Above
Non-ORx	No	00406907576	FENTANYL	10	\$8.90000	\$7.20000	10%-25% Above
Non-ORx	No	00406911276	FENTANYL	10	\$4.00000	\$8.50000	(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
Non-ORx	No	00406912576	FENTANYL	10	\$1.70000	\$3.00000	(26%-50%) Below
Non-ORx	No	00406917576	FENTANYL	10	\$8.90000	\$7.30000	10%-25% Above
Non-ORx	No	00406996001	TEMAZEPAM	30	\$3.00000	\$1.76667	51%-75% Above
Non-ORx	No	00406996101	TEMAZEPAM	90	\$0.05556	\$0.06667	(10%-25%) Below
Non-ORx	No	00406996201	TEMAZEPAM	60	\$0.41667	\$0.10000	200% Above
Non-ORx	No	00409656201	TESTOSTERONE CYPIONATE	3	\$6.66667	\$15.33333	(51%-75%) Below
Non-ORx	No	00409656201	TESTOSTERONE CYPIONATE	2	\$10.50000	\$15.00000	(26%-50%) Below
Non-ORx	No	00456045801	ARMOUR THYROID	60	\$0.66667	\$0.83333	(10%-25%) Below
Non-ORx	No	00456046201	ARMOUR THYROID	30	\$1.00000	\$1.26667	(10%-25%) Below
Non-ORx	No	00456120130	LINZESS	450	\$14.06222	\$15.71111	(10%-25%) Below
Non-ORx	No	00456120330	LINZESS	60	\$11.78333	\$15.70000	(10%-25%) Below
Non-ORx	No	00456202001	LEXAPRO	30	\$9.96667	\$13.30000	(26%-50%) Below
Non-ORx	No	00469260230	MYRBETRIQ	90	\$10.56667	\$13.73333	(10%-25%) Below
Non-ORx	No	00472011720	TRETINOIN	220	\$1.10000	\$2.30000	(51%-75%) Below
Non-ORx	No	00472011720	TRETINOIN	60	\$0.56667	\$2.20000	(51%-75%) Below
Non-ORx	No	00472016615	NYSTATIN	15	\$0.26667	\$0.46667	(26%-50%) Below
Non-ORx	No	00472016630	NYSTATIN	90	\$0.60000	\$0.26667	101%-200% Above
Non-ORx	No	00472033720	HYDROCORTISONE	40	\$0.30000	\$0.12500	101%-200% Above
Non-ORx	No	00472033720	HYDROCORTISONE	40	\$0.30000	\$0.15000	101%-200% Above
Non-ORx	No	00472037915	CLOTRIMAZOLE/BETAMETHASONE	90	\$0.63333	\$0.28889	101%-200% Above
Non-ORx	No	00472037915	CLOTRIMAZOLE/BETAMETHASONE	120	\$0.65833	\$0.26667	101%-200% Above
Non-ORx	No	00472038045	BETAMETHASONE DIPROPIONATE	45	\$1.00000	\$0.68889	26%-50% Above
Non-ORx	No	00472038115	BETAMETHASONE DIPROPIONATE	30	\$2.36667	\$1.80000	26%-50% Above
Non-ORx	No	00472038115	BETAMETHASONE DIPROPIONATE	15	\$2.33333	\$1.80000	26%-50% Above
Non-ORx	No	00472038145	BETAMETHASONE DIPROPIONATE	90	\$1.57778	\$1.37778	10%-25% Above
Non-ORx	No	00472040225	CLOBETASOL PROPIONATE	25	\$0.56000	\$0.44000	26%-50% Above
Non-ORx	No	00472080302	DESONIDE	118	\$0.95763	\$1.50848	(26%-50%) Below
Non-ORx	No	00472103016	HYDROMET	120	\$0.13333	\$0.10833	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
Non-ORx	No	00472103016	HYDROMET	60	\$0.13333	\$0.10000	26%-50% Above
Non-ORx	No	00472191530	MESALAMINE	90	\$14.82222	\$3.37778	200% Above
Non-ORx	No	00487020101	IPRATROPIUM BROMIDE/ALBUT	90	\$0.07778	\$0.06667	10%-25% Above
Non-ORx	No	00487020103	IPRATROPIUM BROMIDE/ALBUT	270	\$0.07778	\$0.06296	10%-25% Above
Non-ORx	No	00487020103	IPRATROPIUM BROMIDE/ALBUT	90	\$0.03333	\$0.06667	(26%-50%) Below
Non-ORx	No	00487030101	ALBUTEROL SULFATE	90	\$0.36667	\$0.24444	51%-75% Above
Non-ORx	No	00487950103	ALBUTEROL SULFATE	180	\$0.05000	\$0.04444	10%-25% Above
Non-ORx	No	00487950103	ALBUTEROL SULFATE	90	\$0.08889	\$0.04444	101%-200% Above
Non-ORx	No	00487950125	ALBUTEROL SULFATE	300	\$0.13667	\$0.04000	200% Above
Non-ORx	No	00487950125	ALBUTEROL SULFATE	300	\$0.08333	\$0.04333	76%-100% Above
Non-ORx	No	00487950125	ALBUTEROL SULFATE	225	\$0.07111	\$0.04000	76%-100% Above
Non-ORx	No	00487950160	ALBUTEROL SULFATE	270	\$0.08519	\$0.04444	76%-100% Above
Non-ORx	No	00487950160	ALBUTEROL SULFATE	180	\$0.18889	\$0.04444	200% Above
Non-ORx	No	00487970101	BUDESONIDE	60	\$0.96667	\$0.58333	51%-75% Above
Non-ORx	No	00487990425	ALBUTEROL SULFATE	75	\$0.24000	\$0.20000	10%-25% Above
Non-ORx	No	00517003125	CYANOCOBALAMIN	3	\$1.33333	\$3.00000	(51%-75%) Below
Non-ORx	No	00527058601	DICYCLOMINE HYDROCHLORIDE	180	\$0.08889	\$0.11111	(10%-25%) Below
Non-ORx	No	00527058601	DICYCLOMINE HYDROCHLORIDE	30	\$0.03333	\$0.10000	(51%-75%) Below
Non-ORx	No	00527058601	DICYCLOMINE HYDROCHLORIDE	60	\$0.05000	\$0.11667	(51%-75%) Below
Non-ORx	No	00527058610	DICYCLOMINE HYDROCHLORIDE	21	\$0.19048	\$0.09524	101%-200% Above
Non-ORx	No	00527058610	DICYCLOMINE HYDROCHLORIDE	60	\$0.21667	\$0.10000	101%-200% Above
Non-ORx	No	00527128201	DICYCLOMINE HYDROCHLORIDE	120	\$0.20000	\$0.16667	10%-25% Above
Non-ORx	No	00527128201	DICYCLOMINE HYDROCHLORIDE	45	\$0.22222	\$0.17778	26%-50% Above
Non-ORx	No	00527128201	DICYCLOMINE HYDROCHLORIDE	40	\$0.20000	\$0.15000	26%-50% Above
Non-ORx	No	00527128201	DICYCLOMINE HYDROCHLORIDE	30	\$0.26667	\$0.16667	51%-75% Above
Non-ORx	No	00527128210	DICYCLOMINE HYDROCHLORIDE	90	\$0.21111	\$0.16667	26%-50% Above
Non-ORx	No	00527128210	DICYCLOMINE HYDROCHLORIDE	60	\$0.05000	\$0.16667	(51%-75%) Below
Non-ORx	No	00527130101	PRIMIDONE	60	\$0.35000	\$0.16667	101%-200% Above
Non-ORx	No	00527131301	PILOCARPINE HYDROCHLORIDE	180	\$0.59444	\$0.27778	101%-200% Above
Non-ORx	No	00527131301	PILOCARPINE HYDROCHLORIDE	120	\$0.75000	\$0.23333	200% Above
Non-ORx	No	00527132601	URSODIOL	60	\$0.91667	\$0.55000	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
Non-ORx	No	00527133001	BACLOFEN	120	\$0.31667	\$0.06667	200% Above
Non-ORx	No	00527133001	BACLOFEN	60	\$0.31667	\$0.06667	200% Above
Non-ORx	No	00527133501	DOXYCYCLINE MONOHYDRATE	30	\$1.16667	\$0.23333	200% Above
Non-ORx	No	00527133601	DOXYCYCLINE HYCLATE	120	\$0.11667	\$0.15833	(26%-50%) Below
Non-ORx	No	00527133850	DOXYCYCLINE MONOHYDRATE	60	\$0.56667	\$0.33333	51%-75% Above
Non-ORx	No	00527133850	DOXYCYCLINE MONOHYDRATE	120	\$0.93333	\$0.31667	101%-200% Above
Non-ORx	No	00527136710	PROBENECID	60	\$0.71667	\$2.00000	(51%-75%) Below
Non-ORx	No	00527139501	LOXAPINE	60	\$0.48333	\$0.55000	(10%-25%) Below
Non-ORx	No	00527143501	METAXALONE	81	\$2.82716	\$0.51852	200% Above
Non-ORx	No	00527143501	METAXALONE	30	\$1.73333	\$0.56667	200% Above
Non-ORx	No	00527143501	METAXALONE	10	\$1.70000	\$0.50000	200% Above
Non-ORx	No	00527150137	AMPHETAMINE/DEXTROAMPHE TA	60	\$0.75000	\$0.46667	51%-75% Above
Non-ORx	No	00527150137	AMPHETAMINE/DEXTROAMPHE TA	25	\$0.72000	\$0.48000	51%-75% Above
Non-ORx	No	00527150237	AMPHETAMINE/DEXTROAMPHE TA	105	\$1.15238	\$0.25714	200% Above
Non-ORx	No	00527150237	AMPHETAMINE/DEXTROAMPHE TA	540	\$1.07222	\$0.25556	200% Above
Non-ORx	No	00527150237	AMPHETAMINE/DEXTROAMPHE TA	120	\$1.15000	\$0.25833	200% Above
Non-ORx	No	00527150237	AMPHETAMINE/DEXTROAMPHE TA	300	\$1.15333	\$0.25333	200% Above
Non-ORx	No	00527150237	AMPHETAMINE/DEXTROAMPHE TA	630	\$0.99524	\$0.26667	200% Above
Non-ORx	No	00527150237	AMPHETAMINE/DEXTROAMPHE TA	45	\$1.15556	\$0.24444	200% Above
Non-ORx	No	00527150237	AMPHETAMINE/DEXTROAMPHE TA	1200	\$0.99417	\$0.25000	200% Above
Non-ORx	No	00527150437	AMPHETAMINE/DEXTROAMPHE TA	600	\$0.78500	\$0.26667	101%-200% Above
Non-ORx	No	00527150437	AMPHETAMINE/DEXTROAMPHE TA	120	\$0.33333	\$0.26667	26%-50% Above
Non-ORx	No	00527150437	AMPHETAMINE/DEXTROAMPHE TA	360	\$0.93333	\$0.26667	200% Above
Non-ORx	No	00527150437	AMPHETAMINE/DEXTROAMPHE TA	30	\$1.10000	\$0.23333	200% Above
Non-ORx	No	00527150437	AMPHETAMINE/DEXTROAMPHE TA	14	\$1.07143	\$0.28571	200% Above
Non-ORx	No	00527150437	AMPHETAMINE/DEXTROAMPHE TA	360	\$0.91389	\$0.26667	200% Above
Non-ORx	No	00527150437	AMPHETAMINE/DEXTROAMPHE TA	180	\$0.95000	\$0.23333	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
Non-ORx	No	00527150537	AMPHETAMINE/DEXTROAMPHE TA	75	\$1.10667	\$0.32000	200% Above
Non-ORx	No	00527150537	AMPHETAMINE/DEXTROAMPHE TA	70	\$1.10000	\$0.31429	200% Above
Non-ORx	No	00527150537	AMPHETAMINE/DEXTROAMPHE TA	210	\$0.84762	\$0.31905	101%-200% Above
Non-ORx	No	00527150537	AMPHETAMINE/DEXTROAMPHE TA	120	\$0.48333	\$0.31667	51%-75% Above
Non-ORx	No	00527150537	AMPHETAMINE/DEXTROAMPHE TA	630	\$0.89841	\$0.32222	101%-200% Above
Non-ORx	No	00527150537	AMPHETAMINE/DEXTROAMPHE TA	540	\$0.94074	\$0.33333	101%-200% Above
Non-ORx	No	00527150537	AMPHETAMINE/DEXTROAMPHE TA	7	\$1.14286	\$0.28571	200% Above
Non-ORx	No	00527150537	AMPHETAMINE/DEXTROAMPHE TA	40	\$1.10000	\$0.32500	200% Above
Non-ORx	No	00527150537	AMPHETAMINE/DEXTROAMPHE TA	1920	\$0.99271	\$0.31667	200% Above
Non-ORx	No	00527150537	AMPHETAMINE/DEXTROAMPHE TA	50	\$0.56000	\$0.32000	76%-100% Above
Non-ORx	No	00527150637	AMPHETAMINE/DEXTROAMPHE TA	60	\$0.73333	\$0.31667	101%-200% Above
Non-ORx	No	00527150637	AMPHETAMINE/DEXTROAMPHE TA	240	\$0.45833	\$0.30000	51%-75% Above
Non-ORx	No	00527150637	AMPHETAMINE/DEXTROAMPHE TA	30	\$0.13333	\$0.30000	(51%-75%) Below
Non-ORx	No	00527155201	BUTALBITAL/ASPIRIN/CAFFEI	60	\$1.18333	\$0.95000	10%-25% Above
Non-ORx	No	00527155201	BUTALBITAL/ASPIRIN/CAFFEI	21	\$1.14286	\$0.90476	26%-50% Above
Non-ORx	No	00527155201	BUTALBITAL/ASPIRIN/CAFFEI	15	\$1.20000	\$0.93333	26%-50% Above
Non-ORx	No	00527155201	BUTALBITAL/ASPIRIN/CAFFEI	16	\$1.18750	\$0.93750	26%-50% Above
Non-ORx	No	00527163210	TRIAMTERENE/HYDROCHLOROT H	60	\$0.26667	\$0.13333	101%-200% Above
Non-ORx	No	00527169501	BUTALBITAL/ACETAMINOPHEN/	60	\$0.75000	\$0.16667	200% Above
Non-ORx	No	00527169501	BUTALBITAL/ACETAMINOPHEN/	90	\$1.17778	\$0.17778	200% Above
Non-ORx	No	00527169501	BUTALBITAL/ACETAMINOPHEN/	30	\$0.73333	\$0.16667	200% Above
Non-ORx	No	00527169501	BUTALBITAL/ACETAMINOPHEN/	15	\$0.73333	\$0.20000	200% Above
Non-ORx	No	00527169501	BUTALBITAL/ACETAMINOPHEN/	20	\$1.20000	\$0.15000	200% Above
Non-ORx	No	00527169505	BUTALBITAL/ACETAMINOPHEN/	60	\$0.28333	\$0.16667	51%-75% Above
Non-ORx	No	00527169505	BUTALBITAL/ACETAMINOPHEN/	90	\$0.74444	\$0.16667	200% Above
Non-ORx	No	00527169505	BUTALBITAL/ACETAMINOPHEN/	120	\$0.95000	\$0.16667	200% Above
Non-ORx	No	00527169505	BUTALBITAL/ACETAMINOPHEN/	16	\$1.12500	\$0.18750	200% Above
Non-ORx	No	00527169505	BUTALBITAL/ACETAMINOPHEN/	210	\$0.46191	\$0.16667	101%-200% Above
Non-ORx	No	00527193106	CLARITHROMYCIN	14	\$1.78571	\$0.50000	200% Above
Non-ORx	No	00527193206	CLARITHROMYCIN	28	\$2.35714	\$0.42857	200% Above
Non-ORx	No	00527193206	CLARITHROMYCIN	24	\$2.33333	\$0.45833	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
Non-ORx	No	00527193206	CLARITHROMYCIN	20	\$2.35000	\$0.45000	200% Above
Non-ORx	No	00527194947	CYPROHEPTADINE HYDROCHLOR	180	\$0.09444	\$0.06111	51%-75% Above
Non-ORx	No	00527293237	PREDNISONE	30	\$0.16667	\$0.06667	101%-200% Above
Non-ORx	No	00527293243	PREDNISONE	15	\$0.13333	\$0.06667	101%-200% Above
Non-ORx	No	00527293341	PREDNISONE	42	\$0.14286	\$0.09524	51%-75% Above
Non-ORx	No	00527293341	PREDNISONE	21	\$0.19048	\$0.04762	200% Above
Non-ORx	No	00527293437	PREDNISONE	14	\$0.21429	\$0.14286	51%-75% Above
Non-ORx	No	00527293437	PREDNISONE	5	\$0.00000	\$0.20000	(76%-100%) Below
Non-ORx	No	00527293441	PREDNISONE	14	\$0.21429	\$0.14286	51%-75% Above
Non-ORx	No	00527293441	PREDNISONE	10	\$0.00000	\$0.10000	(76%-100%) Below
Non-ORx	No	00527328043	LEVOTHYROXINE SODIUM	30	\$0.06667	\$0.13333	(26%-50%) Below
Non-ORx	No	00527328046	LEVOTHYROXINE SODIUM	150	\$0.12000	\$0.13333	(10%-25%) Below
Non-ORx	No	00527328143	LEVOTHYROXINE SODIUM	180	\$0.21667	\$0.13333	51%-75% Above
Non-ORx	No	00527328146	LEVOTHYROXINE SODIUM	30	\$0.06667	\$0.13333	(26%-50%) Below
Non-ORx	No	00527328243	LEVOTHYROXINE SODIUM	90	\$0.38889	\$0.15556	101%-200% Above
Non-ORx	No	00527328243	LEVOTHYROXINE SODIUM	150	\$0.13333	\$0.16667	(10%-25%) Below
Non-ORx	No	00527328343	LEVOTHYROXINE SODIUM	90	\$0.06667	\$0.20000	(51%-75%) Below
Non-ORx	No	00527328343	LEVOTHYROXINE SODIUM	30	\$0.06667	\$0.16667	(51%-75%) Below
Non-ORx	No	00527328346	LEVOTHYROXINE SODIUM	30	\$0.40000	\$0.20000	101%-200% Above
Non-ORx	No	00527328443	LEVOTHYROXINE SODIUM	90	\$0.06667	\$0.16667	(51%-75%) Below
Non-ORx	No	00527328546	LEVOTHYROXINE SODIUM	30	\$0.06667	\$0.20000	(51%-75%) Below
Non-ORx	No	00527328546	LEVOTHYROXINE SODIUM	30	\$0.06667	\$0.16667	(51%-75%) Below
Non-ORx	No	00527328546	LEVOTHYROXINE SODIUM	15	\$0.06667	\$0.20000	(51%-75%) Below
Non-ORx	No	00527328643	LEVOTHYROXINE SODIUM	30	\$0.06667	\$0.20000	(51%-75%) Below
Non-ORx	No	00527328646	LEVOTHYROXINE SODIUM	90	\$0.06667	\$0.20000	(51%-75%) Below
Non-ORx	No	00527328743	LEVOTHYROXINE SODIUM	120	\$0.48333	\$0.21667	101%-200% Above
Non-ORx	No	00527328743	LEVOTHYROXINE SODIUM	30	\$0.06667	\$0.20000	(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
Non-ORx	No	00527328846	LEVOTHYROXINE SODIUM	30	\$0.06667	\$0.23333	(51%-75%) Below
Non-ORx	No	00527328846	LEVOTHYROXINE SODIUM	24	\$0.33333	\$0.20833	51%-75% Above
Non-ORx	No	00527329046	LEVOTHYROXINE SODIUM	30	\$0.56667	\$0.26667	101%-200% Above
Non-ORx	No	00527331037	METHYLPHENIDATE HYDROCHLO	30	\$1.96667	\$0.86667	101%-200% Above
Non-ORx	No	00527331137	METHYLPHENIDATE HYDROCHLO	30	\$1.06667	\$0.90000	10%-25% Above
Non-ORx	No	00527331237	METHYLPHENIDATE HYDROCHLO	60	\$0.71667	\$1.00000	(26%-50%) Below
Non-ORx	No	00527331337	METHYLPHENIDATE HYDROCHLO	30	\$0.80000	\$0.96667	(10%-25%) Below
Non-ORx	No	00527409537	BUTALBITAL/ACETAMINOPHEN/	30	\$2.06667	\$0.56667	200% Above
Non-ORx	No	00527411637	PROPRANOLOL HYDROCHLORIDE	180	\$1.06111	\$0.32222	200% Above
Non-ORx	No	00527411637	PROPRANOLOL HYDROCHLORIDE	30	\$1.16667	\$0.30000	200% Above
Non-ORx	No	00527411637	PROPRANOLOL HYDROCHLORIDE	30	\$0.86667	\$0.33333	101%-200% Above
Non-ORx	No	00527411737	PROPRANOLOL HYDROCHLORIDE	60	\$1.26667	\$0.33333	200% Above
Non-ORx	No	00527411837	PROPRANOLOL HYDROCHLORIDE	60	\$1.50000	\$0.43333	200% Above
Non-ORx	No	00527457937	METHYLPHENIDATE HYDROCHLO	60	\$3.26667	\$1.23333	101%-200% Above
Non-ORx	No	00527458237	METHYLPHENIDATE HYDROCHLO	60	\$4.98333	\$1.71667	101%-200% Above
Non-ORx	No	00527518070	SULFAMETHOXAZOLE/TRIMETH	200	\$0.32000	\$0.08500	200% Above
Non-ORx	No	00527518070	SULFAMETHOXAZOLE/TRIMETH	160	\$0.31875	\$0.08750	200% Above
Non-ORx	No	00527530264	BROMPHENIRAMINE/PSEUDOEP H	200	\$0.15500	\$0.08000	76%-100% Above
Non-ORx	No	00527530264	BROMPHENIRAMINE/PSEUDOEP H	100	\$0.16000	\$0.08000	101%-200% Above
Non-ORx	No	00527530270	BROMPHENIRAMINE/PSEUDOEP H	200	\$0.15500	\$0.05000	200% Above
Non-ORx	No	00527530270	BROMPHENIRAMINE/PSEUDOEP H	280	\$0.15714	\$0.05357	101%-200% Above
Non-ORx	No	00527530270	BROMPHENIRAMINE/PSEUDOEP H	180	\$0.15556	\$0.05000	200% Above
Non-ORx	No	00527530270	BROMPHENIRAMINE/PSEUDOEP H	354	\$0.12712	\$0.05085	101%-200% Above
Non-ORx	No	00527530270	BROMPHENIRAMINE/PSEUDOEP H	480	\$0.15833	\$0.05000	200% Above
Non-ORx	No	00527551137	AMPHETAMINE/DEXTROAMPHE TA	30	\$2.36667	\$0.53333	200% Above
Non-ORx	No	00527551237	AMPHETAMINE/DEXTROAMPHE TA	30	\$1.13333	\$0.60000	76%-100% Above
Non-ORx	No	00527551337	AMPHETAMINE/DEXTROAMPHE TA	90	\$0.83333	\$0.60000	26%-50% Above
Non-ORx	No	00527551437	AMPHETAMINE/DEXTROAMPHE TA	30	\$0.86667	\$0.53333	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
Non-ORx	No	00527551537	AMPHETAMINE/DEXTROAMPHE TA	30	\$2.43333	\$0.60000	200% Above
Non-ORx	No	00527600274	LIDOCAINE HCL VISCOUS	300	\$0.09000	\$0.06000	51%-75% Above
Non-ORx	No	00527600274	LIDOCAINE HCL VISCOUS	20	\$0.10000	\$0.05000	101%-200% Above
Non-ORx	No	00527600274	LIDOCAINE HCL VISCOUS	120	\$0.10000	\$0.06667	51%-75% Above
Non-ORx	No	00527600274	LIDOCAINE HCL VISCOUS	90	\$0.08889	\$0.06667	26%-50% Above
Non-ORx	No	00527810637	DESMETHYLPHENIDATE HYDROC	30	\$5.26667	\$1.43333	200% Above
Non-ORx	No	00527810737	DESMETHYLPHENIDATE HYDROC	60	\$3.68333	\$1.46667	101%-200% Above
Non-ORx	No	00527810837	DESMETHYLPHENIDATE HYDROC	120	\$2.31667	\$1.23333	76%-100% Above
Non-ORx	No	00527810937	DESMETHYLPHENIDATE HYDROC	60	\$1.13333	\$1.43333	(10%-25%) Below
Non-ORx	No	00527811037	DESMETHYLPHENIDATE HYDROC	30	\$0.96667	\$1.80000	(26%-50%) Below
Non-ORx	No	00536110788	NICOTINE TRANSDERMAL SYST	21	\$1.47619	\$1.66667	(10%-25%) Below
Non-ORx	No	00536118365	FLUTICASON PROPRIONATE NA	32	\$0.56250	\$0.81250	(26%-50%) Below
Non-ORx	No	00536123441	ASPIRIN LOW DOSE	60	\$0.00000	\$0.01667	(76%-100%) Below
Non-ORx	No	00536589488	NICOTINE TRANSDERMAL SYST	28	\$1.46429	\$1.64286	(10%-25%) Below
Non-ORx	No	00536589671	NICOTINE TRANSDERMAL SYST	30	\$1.46667	\$1.73333	(10%-25%) Below
Non-ORx	No	00536589688	NICOTINE TRANSDERMAL SYST	28	\$1.50000	\$1.75000	(10%-25%) Below
Non-ORx	No	00548540000	MEDROXYPROGESTERONE ACETA	3	\$37.66667	\$29.66667	26%-50% Above
Non-ORx	No	00548540000	MEDROXYPROGESTERONE ACETA	2	\$39.50000	\$30.00000	26%-50% Above
Non-ORx	No	00548540000	MEDROXYPROGESTERONE ACETA	4	\$39.50000	\$29.00000	26%-50% Above
Non-ORx	No	00548560200	ENOXAPARIN SODIUM	4	\$12.25000	\$11.00000	10%-25% Above
Non-ORx	No	00548585000	GLUCAGON EMERGENCY KIT FO	1	\$235.00000	\$208.00000	10%-25% Above
Non-ORx	No	00555003302	CHLORDIAZEPOXIDE HCL	12	\$0.25000	\$0.08333	200% Above
Non-ORx	No	00555015904	CHLORDIAZEPOXIDE HYDROCHL	24	\$0.20833	\$0.08333	101%-200% Above
Non-ORx	No	00555017178	MEFLOQUINE HCL	8	\$4.75000	\$4.00000	10%-25% Above
Non-ORx	No	00555021110	NORETHINDRONE ACETATE	30	\$0.20000	\$0.60000	(51%-75%) Below
Non-ORx	No	00555030202	HYDROXYZINE PAMOATE	120	\$0.20833	\$0.08333	101%-200% Above
Non-ORx	No	00555032302	HYDROXYZINE PAMOATE	90	\$0.27778	\$0.07778	200% Above
Non-ORx	No	00555032302	HYDROXYZINE PAMOATE	180	\$0.28333	\$0.06667	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
Non-ORx	No	00555032302	HYDROXYZINE PAMOATE	90	\$0.15556	\$0.06667	101%-200% Above
Non-ORx	No	00555048302	AMILORIDE/HYDROCHLOROTHIA	90	\$0.57778	\$0.38889	26%-50% Above
Non-ORx	No	00555048302	AMILORIDE/HYDROCHLOROTHIA	30	\$0.46667	\$0.40000	10%-25% Above
Non-ORx	No	00555048401	LEUCOVORIN CALCIUM	4	\$1.50000	\$0.75000	101%-200% Above
Non-ORx	No	00555057202	METHOTREXATE	32	\$0.15625	\$0.25000	(26%-50%) Below
Non-ORx	No	00555057202	METHOTREXATE	56	\$0.17857	\$0.28571	(26%-50%) Below
Non-ORx	No	00555057202	METHOTREXATE	34	\$0.97059	\$0.29412	200% Above
Non-ORx	No	00555057202	METHOTREXATE	40	\$0.15000	\$0.30000	(26%-50%) Below
Non-ORx	No	00555057202	METHOTREXATE	28	\$0.96429	\$0.25000	200% Above
Non-ORx	No	00555057202	METHOTREXATE	16	\$0.18750	\$0.31250	(26%-50%) Below
Non-ORx	No	00555057202	METHOTREXATE	24	\$0.16667	\$0.25000	(26%-50%) Below
Non-ORx	No	00555057202	METHOTREXATE	25	\$0.96000	\$0.32000	200% Above
Non-ORx	No	00555057202	METHOTREXATE	48	\$0.16667	\$0.29167	(26%-50%) Below
Non-ORx	No	00555077502	AMPHETAMINE/DEXTROAMPHE TA	60	\$0.55000	\$0.46667	10%-25% Above
Non-ORx	No	00555077702	AMPHETAMINE/DEXTROAMPHE TA	90	\$0.21111	\$0.24444	(10%-25%) Below
Non-ORx	No	00555077702	AMPHETAMINE/DEXTROAMPHE TA	420	\$0.39048	\$0.26667	26%-50% Above
Non-ORx	No	00555077702	AMPHETAMINE/DEXTROAMPHE TA	360	\$0.32222	\$0.26667	10%-25% Above
Non-ORx	No	00555077702	AMPHETAMINE/DEXTROAMPHE TA	30	\$0.40000	\$0.23333	51%-75% Above
Non-ORx	No	00555077702	AMPHETAMINE/DEXTROAMPHE TA	120	\$0.35000	\$0.26667	26%-50% Above
Non-ORx	No	00555077702	AMPHETAMINE/DEXTROAMPHE TA	180	\$0.46667	\$0.23333	101%-200% Above
Non-ORx	No	00555077902	MEDROXYPROGESTERONE ACETA	42	\$0.23810	\$0.14286	51%-75% Above
Non-ORx	No	00555077902	MEDROXYPROGESTERONE ACETA	120	\$0.33333	\$0.13333	101%-200% Above
Non-ORx	No	00555077902	MEDROXYPROGESTERONE ACETA	60	\$0.35000	\$0.13333	101%-200% Above
Non-ORx	No	00555077902	MEDROXYPROGESTERONE ACETA	90	\$0.34444	\$0.14444	101%-200% Above
Non-ORx	No	00555077902	MEDROXYPROGESTERONE ACETA	60	\$0.35000	\$0.15000	101%-200% Above
Non-ORx	No	00555077902	MEDROXYPROGESTERONE ACETA	7	\$0.28571	\$0.14286	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
Non-ORx	No	00555077902	MEDROXYPROGESTERONE ACETA	110	\$0.29091	\$0.10000	101%-200% Above
Non-ORx	No	00555077902	MEDROXYPROGESTERONE ACETA	14	\$0.35714	\$0.14286	101%-200% Above
Non-ORx	No	00555087202	MEDROXYPROGESTERONE ACETA	270	\$0.22963	\$0.10000	101%-200% Above
Non-ORx	No	00555087302	MEDROXYPROGESTERONE ACETA	15	\$0.33333	\$0.13333	101%-200% Above
Non-ORx	No	00555087302	MEDROXYPROGESTERONE ACETA	10	\$0.30000	\$0.10000	200% Above
Non-ORx	No	00555087304	MEDROXYPROGESTERONE ACETA	90	\$0.13333	\$0.15556	(10%-25%) Below
Non-ORx	No	00555088602	ESTRADIOL	180	\$0.32222	\$0.08889	200% Above
Non-ORx	No	00555088602	ESTRADIOL	180	\$0.21667	\$0.10000	101%-200% Above
Non-ORx	No	00555088602	ESTRADIOL	540	\$0.25185	\$0.10000	101%-200% Above
Non-ORx	No	00555088602	ESTRADIOL	150	\$0.37333	\$0.08667	200% Above
Non-ORx	No	00555088602	ESTRADIOL	135	\$0.32593	\$0.08148	200% Above
Non-ORx	No	00555088602	ESTRADIOL	21	\$0.33333	\$0.09524	200% Above
Non-ORx	No	00555088602	ESTRADIOL	90	\$0.20000	\$0.08889	101%-200% Above
Non-ORx	No	00555088602	ESTRADIOL	570	\$0.29474	\$0.10000	101%-200% Above
Non-ORx	No	00555088604	ESTRADIOL	360	\$0.32222	\$0.10000	200% Above
Non-ORx	No	00555088604	ESTRADIOL	180	\$0.46111	\$0.08333	200% Above
Non-ORx	No	00555088604	ESTRADIOL	180	\$0.31111	\$0.10000	200% Above
Non-ORx	No	00555088604	ESTRADIOL	90	\$0.32222	\$0.08889	200% Above
Non-ORx	No	00555088702	ESTRADIOL	450	\$0.33778	\$0.13333	101%-200% Above
Non-ORx	No	00555088702	ESTRADIOL	120	\$0.46667	\$0.13333	200% Above
Non-ORx	No	00555088702	ESTRADIOL	180	\$0.33889	\$0.13333	101%-200% Above
Non-ORx	No	00555088702	ESTRADIOL	28	\$0.35714	\$0.14286	101%-200% Above
Non-ORx	No	00555088702	ESTRADIOL	300	\$0.30333	\$0.13333	101%-200% Above
Non-ORx	No	00555088702	ESTRADIOL	120	\$0.31667	\$0.13333	101%-200% Above
Non-ORx	No	00555088704	ESTRADIOL	300	\$0.16333	\$0.13333	10%-25% Above
Non-ORx	No	00555089902	ESTRADIOL	360	\$0.26667	\$0.08889	200% Above
Non-ORx	No	00555089902	ESTRADIOL	60	\$0.26667	\$0.08333	200% Above
Non-ORx	No	00555089902	ESTRADIOL	360	\$0.17778	\$0.10000	76%-100% Above
Non-ORx	No	00555095302	DEXTROAMPHETAMINE SULFATE	90	\$1.60000	\$0.23333	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
Non-ORx	No	00555097102	AMPHETAMINE/DEXTROAMPHE TA	90	\$1.20000	\$0.21111	200% Above
Non-ORx	No	00555097102	AMPHETAMINE/DEXTROAMPHE TA	90	\$0.91111	\$0.20000	200% Above
Non-ORx	No	00555097102	AMPHETAMINE/DEXTROAMPHE TA	30	\$1.20000	\$0.23333	200% Above
Non-ORx	No	00555097202	AMPHETAMINE/DEXTROAMPHE TA	75	\$0.65333	\$0.25333	101%-200% Above
Non-ORx	No	00555097202	AMPHETAMINE/DEXTROAMPHE TA	1140	\$0.37368	\$0.25000	26%-50% Above
Non-ORx	No	00555097202	AMPHETAMINE/DEXTROAMPHE TA	810	\$0.42963	\$0.25556	51%-75% Above
Non-ORx	No	00555097202	AMPHETAMINE/DEXTROAMPHE TA	1230	\$0.37805	\$0.26667	26%-50% Above
Non-ORx	No	00555097202	AMPHETAMINE/DEXTROAMPHE TA	50	\$0.14000	\$0.26000	(26%-50%) Below
Non-ORx	No	00555097202	AMPHETAMINE/DEXTROAMPHE TA	40	\$1.02500	\$0.25000	200% Above
Non-ORx	No	00555097302	AMPHETAMINE/DEXTROAMPHE TA	120	\$0.48333	\$0.31667	51%-75% Above
Non-ORx	No	00555097302	AMPHETAMINE/DEXTROAMPHE TA	1710	\$0.45848	\$0.32222	26%-50% Above
Non-ORx	No	00555097302	AMPHETAMINE/DEXTROAMPHE TA	120	\$0.23333	\$0.32500	(26%-50%) Below
Non-ORx	No	00555097302	AMPHETAMINE/DEXTROAMPHE TA	240	\$0.23750	\$0.32083	(26%-50%) Below
Non-ORx	No	00555097302	AMPHETAMINE/DEXTROAMPHE TA	150	\$0.63333	\$0.32000	76%-100% Above
Non-ORx	No	00555097302	AMPHETAMINE/DEXTROAMPHE TA	300	\$0.56000	\$0.32000	76%-100% Above
Non-ORx	No	00555097302	AMPHETAMINE/DEXTROAMPHE TA	750	\$0.44667	\$0.33333	26%-50% Above
Non-ORx	No	00555097302	AMPHETAMINE/DEXTROAMPHE TA	10	\$0.20000	\$0.30000	(26%-50%) Below
Non-ORx	No	00555097302	AMPHETAMINE/DEXTROAMPHE TA	2880	\$0.51250	\$0.31667	51%-75% Above
Non-ORx	No	00555097402	AMPHETAMINE/DEXTROAMPHE TA	360	\$0.35278	\$0.31111	10%-25% Above
Non-ORx	No	00555097402	AMPHETAMINE/DEXTROAMPHE TA	360	\$0.71111	\$0.32222	101%-200% Above
Non-ORx	No	00555097402	AMPHETAMINE/DEXTROAMPHE TA	100	\$0.24000	\$0.32000	(10%-25%) Below
Non-ORx	No	00555097402	AMPHETAMINE/DEXTROAMPHE TA	240	\$0.15000	\$0.31667	(51%-75%) Below
Non-ORx	No	00555097402	AMPHETAMINE/DEXTROAMPHE TA	1260	\$0.51508	\$0.30000	51%-75% Above
Non-ORx	No	00555097402	AMPHETAMINE/DEXTROAMPHE TA	60	\$0.18333	\$0.33333	(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
Non-ORx	No	00555097402	AMPHETAMINE/DEXTROAMPHE TA	120	\$0.51667	\$0.30000	51%-75% Above
Non-ORx	No	00555097402	AMPHETAMINE/DEXTROAMPHE TA	135	\$0.48889	\$0.31111	51%-75% Above
Non-ORx	No	00555105486	CLARAVIS	30	\$4.86667	\$2.53333	76%-100% Above
Non-ORx	No	00555105686	CLARAVIS	180	\$7.32222	\$3.53333	101%-200% Above
Non-ORx	No	00555105686	CLARAVIS	60	\$7.96667	\$3.23333	101%-200% Above
Non-ORx	No	00555105686	CLARAVIS	120	\$3.63333	\$3.21667	10%-25% Above
Non-ORx	No	00555105786	CLARAVIS	240	\$8.61667	\$2.81667	200% Above
Non-ORx	No	00555105786	CLARAVIS	120	\$8.60000	\$2.83333	200% Above
Non-ORx	No	00555105786	CLARAVIS	30	\$8.60000	\$3.13333	101%-200% Above
Non-ORx	No	00555900867	NORTREL 0.5/35 (28)	168	\$0.80952	\$0.64286	26%-50% Above
Non-ORx	No	00555900867	NORTREL 0.5/35 (28)	56	\$0.82143	\$0.50000	51%-75% Above
Non-ORx	No	00555900942	NORTREL 1/35	84	\$0.79762	\$0.46429	51%-75% Above
Non-ORx	No	00555901058	NORTREL 1/35	504	\$0.70833	\$0.33333	101%-200% Above
Non-ORx	No	00555901058	NORTREL 1/35	56	\$0.75000	\$0.32143	101%-200% Above
Non-ORx	No	00555901258	NORTREL 7/7/7	252	\$0.80952	\$0.42857	76%-100% Above
Non-ORx	No	00555901258	NORTREL 7/7/7	28	\$0.71429	\$0.42857	51%-75% Above
Non-ORx	No	00555901467	LESSINA	84	\$0.76191	\$0.22619	200% Above
Non-ORx	No	00555901467	LESSINA	336	\$0.59226	\$0.23810	101%-200% Above
Non-ORx	No	00555901467	LESSINA	56	\$0.73214	\$0.23214	200% Above
Non-ORx	No	00555901467	LESSINA	112	\$0.74107	\$0.25000	101%-200% Above
Non-ORx	No	00555901658	SPRINTEC 28	1344	\$0.60789	\$0.17857	200% Above
Non-ORx	No	00555901658	SPRINTEC 28	168	\$0.25000	\$0.18452	26%-50% Above
Non-ORx	No	00555901658	SPRINTEC 28	224	\$0.33482	\$0.17857	76%-100% Above
Non-ORx	No	00555901658	SPRINTEC 28	504	\$0.43849	\$0.15476	101%-200% Above
Non-ORx	No	00555901658	SPRINTEC 28	392	\$0.47194	\$0.17857	101%-200% Above
Non-ORx	No	00555901658	SPRINTEC 28	112	\$0.53571	\$0.14286	200% Above
Non-ORx	No	00555901658	SPRINTEC 28	56	\$0.25000	\$0.16071	51%-75% Above
Non-ORx	No	00555901658	SPRINTEC 28	56	\$0.25000	\$0.17857	26%-50% Above
Non-ORx	No	00555901858	TRI-SPRINTEC	504	\$0.55952	\$0.16667	200% Above
Non-ORx	No	00555901858	TRI-SPRINTEC	1680	\$0.40595	\$0.17857	101%-200% Above
Non-ORx	No	00555901858	TRI-SPRINTEC	112	\$0.23214	\$0.16071	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
Non-ORx	No	00555901858	TRI-SPRINTEC	392	\$0.39286	\$0.17857	101%-200% Above
Non-ORx	No	00555902058	PORTIA-28	252	\$0.32143	\$0.17857	76%-100% Above
Non-ORx	No	00555902542	JUNEL 1/20	420	\$0.85952	\$0.28571	200% Above
Non-ORx	No	00555902542	JUNEL 1/20	84	\$0.86905	\$0.29762	101%-200% Above
Non-ORx	No	00555902542	JUNEL 1/20	168	\$0.71429	\$0.28571	101%-200% Above
Non-ORx	No	00555902542	JUNEL 1/20	84	\$0.85714	\$0.28571	200% Above
Non-ORx	No	00555902542	JUNEL 1/20	63	\$0.84127	\$0.28571	101%-200% Above
Non-ORx	No	00555902658	JUNEL FE 1/20	112	\$0.42857	\$0.23214	76%-100% Above
Non-ORx	No	00555902658	JUNEL FE 1/20	196	\$0.42857	\$0.22959	76%-100% Above
Non-ORx	No	00555902658	JUNEL FE 1/20	168	\$0.42857	\$0.22619	76%-100% Above
Non-ORx	No	00555902658	JUNEL FE 1/20	168	\$0.42857	\$0.22024	76%-100% Above
Non-ORx	No	00555902658	JUNEL FE 1/20	3360	\$0.46131	\$0.22619	101%-200% Above
Non-ORx	No	00555902658	JUNEL FE 1/20	476	\$0.59244	\$0.21429	101%-200% Above
Non-ORx	No	00555902658	JUNEL FE 1/20	56	\$0.33929	\$0.21429	51%-75% Above
Non-ORx	No	00555902658	JUNEL FE 1/20	672	\$0.50000	\$0.21429	101%-200% Above
Non-ORx	No	00555902658	JUNEL FE 1/20	56	\$0.33929	\$0.23214	26%-50% Above
Non-ORx	No	00555902742	JUNEL 1.5/30	168	\$0.77381	\$0.57143	26%-50% Above
Non-ORx	No	00555902742	JUNEL 1.5/30	63	\$0.80952	\$0.57143	26%-50% Above
Non-ORx	No	00555902742	JUNEL 1.5/30	105	\$0.80952	\$0.57143	26%-50% Above
Non-ORx	No	00555902858	JUNEL FE 1.5/30	1764	\$0.69728	\$0.32143	101%-200% Above
Non-ORx	No	00555902858	JUNEL FE 1.5/30	112	\$0.50893	\$0.27679	76%-100% Above
Non-ORx	No	00555902858	JUNEL FE 1.5/30	168	\$0.72619	\$0.29167	101%-200% Above
Non-ORx	No	00555902858	JUNEL FE 1.5/30	112	\$0.72321	\$0.32143	101%-200% Above
Non-ORx	No	00555902858	JUNEL FE 1.5/30	224	\$0.62500	\$0.32143	76%-100% Above
Non-ORx	No	00555902858	JUNEL FE 1.5/30	168	\$0.72619	\$0.26191	101%-200% Above
Non-ORx	No	00555902858	JUNEL FE 1.5/30	56	\$0.71429	\$0.28571	101%-200% Above
Non-ORx	No	00555903270	TRI-LEGEST FE	84	\$1.42857	\$1.19048	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
Non-ORx	No	00555903458	BALZIVA	84	\$1.08333	\$0.36905	101%-200% Above
Non-ORx	No	00555903458	BALZIVA	28	\$0.17857	\$0.35714	(26%-50%) Below
Non-ORx	No	00555904358	APRI	840	\$0.50595	\$0.21429	101%-200% Above
Non-ORx	No	00555904358	APRI	112	\$0.65179	\$0.20536	200% Above
Non-ORx	No	00555904358	APRI	252	\$0.47619	\$0.16667	101%-200% Above
Non-ORx	No	00555904358	APRI	28	\$0.64286	\$0.17857	200% Above
Non-ORx	No	00555904358	APRI	224	\$0.63393	\$0.21429	101%-200% Above
Non-ORx	No	00555904558	AVIANE	84	\$0.47619	\$0.23810	101%-200% Above
Non-ORx	No	00555904558	AVIANE	140	\$0.46429	\$0.25000	76%-100% Above
Non-ORx	No	00555904558	AVIANE	28	\$0.25000	\$0.21429	10%-25% Above
Non-ORx	No	00555904958	CRYSELLE-28	84	\$0.76191	\$0.39286	76%-100% Above
Non-ORx	No	00555904958	CRYSELLE-28	756	\$0.54894	\$0.42857	26%-50% Above
Non-ORx	No	00555904958	CRYSELLE-28	112	\$0.53571	\$0.41964	26%-50% Above
Non-ORx	No	00555904958	CRYSELLE-28	56	\$0.62500	\$0.39286	51%-75% Above
Non-ORx	No	00555904958	CRYSELLE-28	140	\$0.56429	\$0.42857	26%-50% Above
Non-ORx	No	00555905058	KARIVA	84	\$0.88095	\$0.23810	200% Above
Non-ORx	No	00555905058	KARIVA	28	\$0.89286	\$0.25000	200% Above
Non-ORx	No	00555905167	VELIVET	84	\$0.84524	\$0.73810	10%-25% Above
Non-ORx	No	00555905167	VELIVET	168	\$0.82143	\$0.65476	26%-50% Above
Non-ORx	No	00555906458	KELNOR 1/35	56	\$0.75000	\$0.42857	76%-100% Above
Non-ORx	No	00555906458	KELNOR 1/35	28	\$0.75000	\$0.42857	76%-100% Above
Non-ORx	No	00555912366	JOLESSA	273	\$0.60440	\$0.23077	101%-200% Above
Non-ORx	No	00574022801	BENAZEPRIL HYDROCHLORIDE/	30	\$0.76667	\$0.46667	51%-75% Above
Non-ORx	No	00574022801	BENAZEPRIL HYDROCHLORIDE/	60	\$0.76667	\$0.40000	76%-100% Above
Non-ORx	No	00574022901	BENAZEPRIL HYDROCHLORIDE/	90	\$0.18889	\$0.56667	(51%-75%) Below
Non-ORx	No	00574022901	BENAZEPRIL HYDROCHLORIDE/	30	\$0.76667	\$0.56667	26%-50% Above
Non-ORx	No	00574024201	REPAGLINIDE	240	\$0.16667	\$0.11250	26%-50% Above
Non-ORx	No	00574027501	POTASSIUM CHLORIDE ER	30	\$0.10000	\$0.13333	(10%-25%) Below
Non-ORx	No	00574061105	PODOFILOX	4	\$19.00000	\$11.75000	51%-75% Above
Non-ORx	No	00574079201	PILOCARPINE HYDROCHLORIDE	90	\$0.34444	\$0.27778	10%-25% Above
Non-ORx	No	00574082001	TESTOSTERONE CYPIONATE	24	\$10.75000	\$15.25000	(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
Non-ORx	No	00574082001	TESTOSTERONE CYPIONATE	2	\$12.00000	\$15.00000	(10%-25%) Below
Non-ORx	No	00574082001	TESTOSTERONE CYPIONATE	6	\$8.66667	\$15.00000	(26%-50%) Below
Non-ORx	No	00574082001	TESTOSTERONE CYPIONATE	16	\$12.81250	\$15.50000	(10%-25%) Below
Non-ORx	No	00574082010	TESTOSTERONE CYPIONATE	10	\$2.00000	\$3.00000	(26%-50%) Below
Non-ORx	No	00574082701	TESTOSTERONE CYPIONATE	48	\$5.91667	\$15.25000	(51%-75%) Below
Non-ORx	No	00574082701	TESTOSTERONE CYPIONATE	7	\$7.42857	\$15.28571	(51%-75%) Below
Non-ORx	No	00574082701	TESTOSTERONE CYPIONATE	2	\$1.50000	\$15.00000	(76%-100%) Below
Non-ORx	No	00574082701	TESTOSTERONE CYPIONATE	2	\$2.00000	\$15.00000	(76%-100%) Below
Non-ORx	No	00574082701	TESTOSTERONE CYPIONATE	24	\$3.79167	\$15.50000	(76%-100%) Below
Non-ORx	No	00574082701	TESTOSTERONE CYPIONATE	9	\$5.88889	\$15.33333	(51%-75%) Below
Non-ORx	No	00574082710	TESTOSTERONE CYPIONATE	10	\$7.10000	\$3.00000	101%-200% Above
Non-ORx	No	00574110404	BROMPHEN/PSEUDOEPHEDRINE	236	\$0.04237	\$0.08051	(26%-50%) Below
Non-ORx	No	00574110404	BROMPHEN/PSEUDOEPHEDRINE	180	\$0.15556	\$0.07778	101%-200% Above
Non-ORx	No	00574110404	BROMPHEN/PSEUDOEPHEDRINE	118	\$0.14407	\$0.07627	76%-100% Above
Non-ORx	No	00574110404	BROMPHEN/PSEUDOEPHEDRINE	240	\$0.15833	\$0.07500	101%-200% Above
Non-ORx	No	00574110404	BROMPHEN/PSEUDOEPHEDRINE	150	\$0.16000	\$0.08000	101%-200% Above
Non-ORx	No	00574110404	BROMPHEN/PSEUDOEPHEDRINE	280	\$0.15000	\$0.07857	76%-100% Above
Non-ORx	No	00574110416	BROMPHEN/PSEUDOEPHEDRINE	240	\$0.15833	\$0.05000	200% Above
Non-ORx	No	00574110416	BROMPHEN/PSEUDOEPHEDRINE	120	\$0.15833	\$0.05000	200% Above
Non-ORx	No	00574110416	BROMPHEN/PSEUDOEPHEDRINE	180	\$0.15556	\$0.05000	200% Above
Non-ORx	No	00574200802	NYSTOP	120	\$0.67500	\$0.26667	101%-200% Above
Non-ORx	No	00574200815	NYSTOP	15	\$1.13333	\$0.33333	200% Above
Non-ORx	No	00574200830	NYSTOP	30	\$0.56667	\$0.30000	76%-100% Above
Non-ORx	No	00574206145	CICLOPIROX	45	\$0.42222	\$0.71111	(26%-50%) Below
Non-ORx	No	00574210745	IVERMECTIN	45	\$3.51111	\$5.40000	(26%-50%) Below
Non-ORx	No	00574220120	TRETINOIN	40	\$3.37500	\$2.70000	26%-50% Above
Non-ORx	No	00574220120	TRETINOIN	80	\$3.31250	\$2.70000	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
Non-ORx	No	00574220520	TRETINOIN	40	\$2.57500	\$2.30000	10%-25% Above
Non-ORx	No	00574220520	TRETINOIN	40	\$2.57500	\$2.00000	26%-50% Above
Non-ORx	No	00574222520	TRETINOIN	80	\$1.83750	\$2.30000	(10%-25%) Below
Non-ORx	No	00574985510	BUDESONIDE	90	\$0.32222	\$0.98889	(51%-75%) Below
Non-ORx	No	00574985510	BUDESONIDE	60	\$0.31667	\$0.95000	(51%-75%) Below
Non-ORx	No	00591024001	LORAZEPAM	30	\$0.16667	\$0.03333	200% Above
Non-ORx	No	00591024010	LORAZEPAM	60	\$0.01667	\$0.03333	(26%-50%) Below
Non-ORx	No	00591024105	LORAZEPAM	300	\$0.17667	\$0.05000	200% Above
Non-ORx	No	00591024105	LORAZEPAM	90	\$0.18889	\$0.03333	200% Above
Non-ORx	No	00591024105	LORAZEPAM	45	\$0.02222	\$0.04444	(26%-50%) Below
Non-ORx	No	00591024110	LORAZEPAM	90	\$0.02222	\$0.04444	(26%-50%) Below
Non-ORx	No	00591034501	VERAPAMIL HYDROCHLORIDE	60	\$0.15000	\$0.06667	101%-200% Above
Non-ORx	No	00591040710	LISINAPRIL	30	\$0.23333	\$0.03333	200% Above
Non-ORx	No	00591040801	LISINAPRIL	60	\$0.23333	\$0.03333	200% Above
Non-ORx	No	00591040810	LISINAPRIL	60	\$0.01667	\$0.03333	(26%-50%) Below
Non-ORx	No	00591040810	LISINAPRIL	60	\$0.11667	\$0.03333	200% Above
Non-ORx	No	00591042405	TRIAMTERENE/HYDROCHLOROTH	270	\$0.23333	\$0.10000	101%-200% Above
Non-ORx	No	00591046010	GLIPIZIDE	180	\$0.09444	\$0.03333	101%-200% Above
Non-ORx	No	00591046010	GLIPIZIDE	90	\$0.08889	\$0.03333	101%-200% Above
Non-ORx	No	00591046010	GLIPIZIDE	60	\$0.21667	\$0.03333	200% Above
Non-ORx	No	00591046105	GLIPIZIDE	60	\$0.25000	\$0.05000	200% Above
Non-ORx	No	00591046110	GLIPIZIDE	540	\$0.23333	\$0.05000	200% Above
Non-ORx	No	00591046110	GLIPIZIDE	120	\$0.21667	\$0.05000	200% Above
Non-ORx	No	00591060605	LABETALOL HYDROCHLORIDE	60	\$0.25000	\$0.18333	26%-50% Above
Non-ORx	No	00591079410	DICYCLOMINE HYDROCHLORIDE	90	\$0.03333	\$0.11111	(51%-75%) Below
Non-ORx	No	00591079501	DICYCLOMINE HYDROCHLORIDE	60	\$0.35000	\$0.16667	101%-200% Above
Non-ORx	No	00591079501	DICYCLOMINE HYDROCHLORIDE	42	\$0.26191	\$0.16667	51%-75% Above
Non-ORx	No	00591079501	DICYCLOMINE HYDROCHLORIDE	124	\$0.26613	\$0.16936	51%-75% Above
Non-ORx	No	00591079501	DICYCLOMINE HYDROCHLORIDE	90	\$0.26667	\$0.16667	51%-75% Above
Non-ORx	No	00591079501	DICYCLOMINE HYDROCHLORIDE	15	\$0.26667	\$0.20000	26%-50% Above
Non-ORx	No	00591079501	DICYCLOMINE HYDROCHLORIDE	30	\$0.26667	\$0.16667	51%-75% Above
Non-ORx	No	00591079510	DICYCLOMINE HYDROCHLORIDE	120	\$0.21667	\$0.16667	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
Non-ORx	No	00591079510	DICYCLOMINE HYDROCHLORIDE	180	\$0.20556	\$0.16667	10%-25% Above
Non-ORx	No	00591079510	DICYCLOMINE HYDROCHLORIDE	9	\$0.33333	\$0.22222	51%-75% Above
Non-ORx	No	00591084510	GLIPIZIDE ER	60	\$0.31667	\$0.16667	76%-100% Above
Non-ORx	No	00591090030	GLIPIZIDE ER	90	\$0.17778	\$0.13333	26%-50% Above
Non-ORx	No	00591090030	GLIPIZIDE ER	60	\$0.16667	\$0.13333	26%-50% Above
Non-ORx	No	00591211481	TESTOSTERONE TOPICAL SOLU	90	\$0.05556	\$1.34444	(76%-100%) Below
Non-ORx	No	00591213155	AZELAIC ACID	100	\$0.89000	\$1.28000	(26%-50%) Below
Non-ORx	No	00591215990	CICLOPIROX	240	\$0.85833	\$0.26667	200% Above
Non-ORx	No	00591215990	CICLOPIROX	240	\$0.85833	\$0.25833	200% Above
Non-ORx	No	00591247330	TAMOXIFEN CITRATE	180	\$0.84444	\$0.41111	101%-200% Above
Non-ORx	No	00591247330	TAMOXIFEN CITRATE	30	\$0.80000	\$0.40000	101%-200% Above
Non-ORx	No	00591264001	BUTALBITAL/ACETAMINOPHEN/	7	\$2.00000	\$0.57143	200% Above
Non-ORx	No	00591288201	VERAPAMIL HCL SR	90	\$1.34444	\$1.14444	10%-25% Above
Non-ORx	No	00591288201	VERAPAMIL HCL SR	30	\$1.26667	\$1.13333	10%-25% Above
Non-ORx	No	00591294460	PIMECROLIMUS	60	\$5.26667	\$4.60000	10%-25% Above
Non-ORx	No	00591333105	BUPROPION HYDROCHLORIDE E	30	\$0.10000	\$0.13333	(10%-25%) Below
Non-ORx	No	00591333130	BUPROPION HYDROCHLORIDE E	60	\$0.11667	\$0.15000	(10%-25%) Below
Non-ORx	No	00591350804	CLONIDINE HCL	12	\$13.83333	\$7.50000	76%-100% Above
Non-ORx	No	00591350904	CLONIDINE HCL	8	\$26.12500	\$11.75000	101%-200% Above
Non-ORx	No	00591352530	LIDOCAINE	60	\$5.35000	\$2.06667	101%-200% Above
Non-ORx	No	00591352530	LIDOCAINE	90	\$1.31111	\$2.03333	(26%-50%) Below
Non-ORx	No	00591352530	LIDOCAINE	30	\$1.30000	\$2.03333	(26%-50%) Below
Non-ORx	No	00591352530	LIDOCAINE	30	\$0.66667	\$2.06667	(51%-75%) Below
Non-ORx	No	00591354005	BUPROPION HYDROCHLORIDE E	60	\$0.16667	\$0.10000	51%-75% Above
Non-ORx	No	00591354060	BUPROPION HYDROCHLORIDE E	60	\$0.23333	\$0.10000	101%-200% Above
Non-ORx	No	00591354125	BUPROPION HYDROCHLORIDE E	120	\$0.22500	\$0.10000	101%-200% Above
Non-ORx	No	00591354360	BUPROPION HYDROCHLORIDE E	60	\$1.35000	\$0.36667	200% Above
Non-ORx	No	00591354360	BUPROPION HYDROCHLORIDE E	60	\$1.35000	\$0.35000	200% Above
Non-ORx	No	00591365930	DESVENLAFAXINE ER	30	\$0.76667	\$0.56667	26%-50% Above
Non-ORx	No	00591366030	DESVENLAFAXINE ER	30	\$1.20000	\$0.63333	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
Non-ORx	No	00591403946	CLOBETASOL PROPIONATE	59	\$0.89831	\$0.72881	10%-25% Above
Non-ORx	No	00591412879	TESTOSTERONE CYPIONATE	10	\$2.00000	\$3.00000	(26%-50%) Below
Non-ORx	No	00591505210	PREDNISONE	90	\$0.07778	\$0.06667	10%-25% Above
Non-ORx	No	00591505210	PREDNISONE	30	\$0.10000	\$0.06667	51%-75% Above
Non-ORx	No	00591505210	PREDNISONE	180	\$0.10000	\$0.06667	51%-75% Above
Non-ORx	No	00591530710	PROMETHAZINE HYDROCHLORID	60	\$0.13333	\$0.03333	200% Above
Non-ORx	No	00591532501	PROBENECID/COLCHICINE	120	\$0.70833	\$1.13333	(26%-50%) Below
Non-ORx	No	00591534701	PROBENECID	120	\$0.69167	\$1.99167	(51%-75%) Below
Non-ORx	No	00591534701	PROBENECID	60	\$0.63333	\$2.00000	(51%-75%) Below
Non-ORx	No	00591534701	PROBENECID	28	\$0.67857	\$2.00000	(51%-75%) Below
Non-ORx	No	00591544210	PREDNISONE	90	\$0.16667	\$0.06667	101%-200% Above
Non-ORx	No	00591544210	PREDNISONE	100	\$0.15000	\$0.10000	51%-75% Above
Non-ORx	No	00591544210	PREDNISONE	35	\$0.17143	\$0.08571	101%-200% Above
Non-ORx	No	00591544210	PREDNISONE	60	\$0.16667	\$0.06667	101%-200% Above
Non-ORx	No	00591544210	PREDNISONE	42	\$0.16667	\$0.07143	101%-200% Above
Non-ORx	No	00591544210	PREDNISONE	12	\$0.16667	\$0.08333	101%-200% Above
Non-ORx	No	00591544210	PREDNISONE	50	\$0.20000	\$0.10000	101%-200% Above
Non-ORx	No	00591544210	PREDNISONE	30	\$0.13333	\$0.06667	101%-200% Above
Non-ORx	No	00591544210	PREDNISONE	72	\$0.16667	\$0.05556	200% Above
Non-ORx	No	00591544210	PREDNISONE	16	\$0.18750	\$0.06250	200% Above
Non-ORx	No	00591544221	PREDNISONE	21	\$0.95238	\$0.57143	51%-75% Above
Non-ORx	No	00591544305	PREDNISONE	40	\$0.12500	\$0.10000	26%-50% Above
Non-ORx	No	00591544305	PREDNISONE	45	\$0.15556	\$0.13333	10%-25% Above
Non-ORx	No	00591544305	PREDNISONE	45	\$0.17778	\$0.11111	51%-75% Above
Non-ORx	No	00591544305	PREDNISONE	30	\$0.03333	\$0.10000	(51%-75%) Below
Non-ORx	No	00591544305	PREDNISONE	14	\$0.07143	\$0.14286	(26%-50%) Below
Non-ORx	No	00591544305	PREDNISONE	28	\$0.07143	\$0.14286	(26%-50%) Below
Non-ORx	No	00591544305	PREDNISONE	8	\$0.00000	\$0.12500	(76%-100%) Below
Non-ORx	No	00591544305	PREDNISONE	20	\$0.05000	\$0.20000	(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
Non-ORx	No	00591544305	PREDNISONE	9	\$0.00000	\$0.11111	(76%-100%) Below
Non-ORx	No	00591544310	PREDNISONE	15	\$0.20000	\$0.13333	51%-75% Above
Non-ORx	No	00591554301	ALLOPURINOL	30	\$0.23333	\$0.06667	200% Above
Non-ORx	No	00591554310	ALLOPURINOL	60	\$0.26667	\$0.05000	200% Above
Non-ORx	No	00591554401	ALLOPURINOL	30	\$0.40000	\$0.10000	200% Above
Non-ORx	No	00591555401	PROPRANOLOL HYDROCHLORIDE	90	\$0.06667	\$0.07778	(10%-25%) Below
Non-ORx	No	00591578201	ATENOLOL/CHLORTHALIDONE	90	\$0.44444	\$0.38889	10%-25% Above
Non-ORx	No	00591578301	ATENOLOL/CHLORTHALIDONE	90	\$0.56667	\$0.46667	10%-25% Above
Non-ORx	No	00597016430	GLYXAMBI	60	\$15.96667	\$18.26667	(10%-25%) Below
Non-ORx	No	00603211532	ALLOPURINOL	90	\$0.17778	\$0.06667	101%-200% Above
Non-ORx	No	00603243721	BENZTROPINE MESYLATE	30	\$0.26667	\$0.10000	101%-200% Above
Non-ORx	No	00603243821	BENZTROPINE MESYLATE	60	\$0.06667	\$0.08333	(10%-25%) Below
Non-ORx	No	00603243832	BENZTROPINE MESYLATE	30	\$0.23333	\$0.10000	101%-200% Above
Non-ORx	No	00603254021	BUTALBITAL/ACETAMINOPHEN	60	\$1.15000	\$0.78333	26%-50% Above
Non-ORx	No	00603254021	BUTALBITAL/ACETAMINOPHEN	10	\$1.10000	\$0.80000	26%-50% Above
Non-ORx	No	00603371834	FROVATRIPTAN SUCCINATE	9	\$32.88889	\$28.77778	10%-25% Above
Non-ORx	No	00603389128	HYDROCODONE/ACETAMINOPHEN	12	\$0.25000	\$0.08333	200% Above
Non-ORx	No	00603459315	METHYLPREDNISOLONE DOSE P	21	\$0.52381	\$0.19048	101%-200% Above
Non-ORx	No	00603459321	METHYLPREDNISOLONE	21	\$1.00000	\$0.19048	200% Above
Non-ORx	No	00603497528	OXYBUTYNIN CHLORIDE	120	\$0.29167	\$0.06667	200% Above
Non-ORx	No	00603516621	PHENOBARBITAL	120	\$0.08333	\$0.31667	(51%-75%) Below
Non-ORx	No	00603533521	PREDNISONE	180	\$0.17778	\$0.08333	101%-200% Above
Non-ORx	No	00603533521	PREDNISONE	120	\$0.17500	\$0.08333	101%-200% Above
Non-ORx	No	00603533621	PREDNISONE	90	\$0.03333	\$0.07778	(51%-75%) Below
Non-ORx	No	00603533621	PREDNISONE	30	\$0.03333	\$0.06667	(26%-50%) Below
Non-ORx	No	00603533715	PREDNISONE	21	\$0.57143	\$0.42857	26%-50% Above
Non-ORx	No	00603533732	PREDNISONE	12	\$0.16667	\$0.08333	101%-200% Above
Non-ORx	No	00603533815	PREDNISONE	126	\$0.84921	\$0.57143	26%-50% Above
Non-ORx	No	00603533821	PREDNISONE	21	\$0.09524	\$0.04762	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
Non-ORx	No	00603533831	PREDNISONE	96	\$0.60417	\$0.77083	(10%-25%) Below
Non-ORx	No	00603533928	PREDNISONE	30	\$0.16667	\$0.10000	51%-75% Above
Non-ORx	No	00603533932	PREDNISONE	20	\$0.05000	\$0.10000	(26%-50%) Below
Non-ORx	No	00603533932	PREDNISONE	60	\$0.03333	\$0.11667	(51%-75%) Below
Non-ORx	No	00603533932	PREDNISONE	20	\$0.15000	\$0.20000	(10%-25%) Below
Non-ORx	No	00603533932	PREDNISONE	6	\$0.00000	\$0.16667	(76%-100%) Below
Non-ORx	No	00603533932	PREDNISONE	8	\$0.00000	\$0.12500	(76%-100%) Below
Non-ORx	No	00603533932	PREDNISONE	100	\$0.11000	\$0.10000	10%-25% Above
Non-ORx	No	00603544825	PROPAFENONE HCL	90	\$0.36667	\$0.13333	101%-200% Above
Non-ORx	No	00603548221	PROPRANOLOL HYDROCHLORIDE	90	\$0.28889	\$0.06667	200% Above
Non-ORx	No	00603548221	PROPRANOLOL HYDROCHLORIDE	90	\$0.26667	\$0.07778	200% Above
Non-ORx	No	00603548221	PROPRANOLOL HYDROCHLORIDE	300	\$0.23000	\$0.08333	101%-200% Above
Non-ORx	No	00603548221	PROPRANOLOL HYDROCHLORIDE	120	\$0.24167	\$0.06667	200% Above
Non-ORx	No	00603548232	PROPRANOLOL HYDROCHLORIDE	240	\$0.24167	\$0.08333	101%-200% Above
Non-ORx	No	00603548232	PROPRANOLOL HYDROCHLORIDE	360	\$0.18611	\$0.07778	101%-200% Above
Non-ORx	No	00603548232	PROPRANOLOL HYDROCHLORIDE	240	\$0.24167	\$0.07500	200% Above
Non-ORx	No	00603548232	PROPRANOLOL HYDROCHLORIDE	180	\$0.25556	\$0.06667	200% Above
Non-ORx	No	00603548232	PROPRANOLOL HYDROCHLORIDE	10	\$0.30000	\$0.10000	200% Above
Non-ORx	No	00603548232	PROPRANOLOL HYDROCHLORIDE	90	\$0.27778	\$0.06667	200% Above
Non-ORx	No	00603548321	PROPRANOLOL HYDROCHLORIDE	60	\$0.13333	\$0.10000	26%-50% Above
Non-ORx	No	00603548321	PROPRANOLOL HYDROCHLORIDE	180	\$0.28889	\$0.10000	101%-200% Above
Non-ORx	No	00603548321	PROPRANOLOL HYDROCHLORIDE	60	\$0.16667	\$0.10000	51%-75% Above
Non-ORx	No	00603548321	PROPRANOLOL HYDROCHLORIDE	60	\$0.13333	\$0.08333	51%-75% Above
Non-ORx	No	00603548332	PROPRANOLOL HYDROCHLORIDE	360	\$0.30556	\$0.10000	200% Above
Non-ORx	No	00603548332	PROPRANOLOL HYDROCHLORIDE	150	\$0.13333	\$0.09333	26%-50% Above
Non-ORx	No	00603548332	PROPRANOLOL HYDROCHLORIDE	30	\$0.36667	\$0.06667	200% Above
Non-ORx	No	00603548332	PROPRANOLOL HYDROCHLORIDE	60	\$0.28333	\$0.08333	200% Above
Non-ORx	No	00603548332	PROPRANOLOL HYDROCHLORIDE	180	\$0.28333	\$0.10000	101%-200% Above
Non-ORx	No	00603548421	PROPRANOLOL HCL	60	\$0.26667	\$0.11667	101%-200% Above
Non-ORx	No	00603548432	PROPRANOLOL HCL	80	\$0.26250	\$0.11250	101%-200% Above
Non-ORx	No	00603548432	PROPRANOLOL HCL	180	\$0.42222	\$0.11667	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
Non-ORx	No	00603548521	PROPRANOLOL HCL	120	\$0.60000	\$0.36667	51%-75% Above
Non-ORx	No	00603548521	PROPRANOLOL HCL	30	\$0.86667	\$0.36667	101%-200% Above
Non-ORx	No	00603548621	PROPRANOLOL HYDROCHLORIDE	90	\$0.48889	\$0.20000	101%-200% Above
Non-ORx	No	00603548621	PROPRANOLOL HYDROCHLORIDE	120	\$0.48333	\$0.20000	101%-200% Above
Non-ORx	No	00603548621	PROPRANOLOL HYDROCHLORIDE	60	\$0.68333	\$0.18333	200% Above
Non-ORx	No	00703367101	METHOTREXATE SODIUM	8	\$4.37500	\$1.62500	101%-200% Above
Non-ORx	No	00713022515	TRIAMCINOLONE ACETONIDE	90	\$0.07778	\$0.13333	(26%-50%) Below
Non-ORx	No	00713022515	TRIAMCINOLONE ACETONIDE	30	\$0.10000	\$0.13333	(10%-25%) Below
Non-ORx	No	00713022515	TRIAMCINOLONE ACETONIDE	30	\$0.06667	\$0.13333	(26%-50%) Below
Non-ORx	No	00713022531	TRIAMCINOLONE ACETONIDE	30	\$0.10000	\$0.13333	(10%-25%) Below
Non-ORx	No	00713022580	TRIAMCINOLONE ACETONIDE	560	\$0.07679	\$0.05000	51%-75% Above
Non-ORx	No	00713022680	TRIAMCINOLONE ACETONIDE	80	\$0.08750	\$0.07500	10%-25% Above
Non-ORx	No	00713022880	TRIAMCINOLONE ACETONIDE	160	\$0.07500	\$0.06250	10%-25% Above
Non-ORx	No	00713031788	CICLOPIROX NAIL LACQUER	7	\$3.14286	\$1.71429	76%-100% Above
Non-ORx	No	00713031853	CALCIPOTRIENE	60	\$2.00000	\$0.91667	101%-200% Above
Non-ORx	No	00713032715	BETAMETHASONE VALERATE	15	\$1.00000	\$0.73333	26%-50% Above
Non-ORx	No	00713052612	PROMETHEGAN	6	\$7.50000	\$4.33333	51%-75% Above
Non-ORx	No	00713052612	PROMETHEGAN	2	\$7.50000	\$4.50000	51%-75% Above
Non-ORx	No	00713053612	PROMETHEGAN	15	\$6.00000	\$4.73333	26%-50% Above
Non-ORx	No	00713055273	TERCONAZOLE	3	\$27.00000	\$17.00000	51%-75% Above
Non-ORx	No	00713063131	FLUTICASONE PROPIONATE	30	\$0.60000	\$0.30000	101%-200% Above
Non-ORx	No	00713063231	FLUTICASONE PROPIONATE	30	\$0.43333	\$0.50000	(10%-25%) Below
Non-ORx	No	00713063337	METRONIDAZOLE	180	\$1.17778	\$0.84444	26%-50% Above
Non-ORx	No	00713063415	MOMETASONE FUROATE	15	\$1.06667	\$0.46667	101%-200% Above
Non-ORx	No	00713063437	MOMETASONE FUROATE	90	\$0.66667	\$0.33333	101%-200% Above
Non-ORx	No	00713063737	METRONIDAZOLE	90	\$2.40000	\$0.60000	200% Above
Non-ORx	No	00713063737	METRONIDAZOLE	45	\$0.46667	\$0.55556	(10%-25%) Below
Non-ORx	No	00713063831	CICLOPIROX OLAMINE	120	\$0.10000	\$0.20000	(26%-50%) Below
Non-ORx	No	00713063831	CICLOPIROX OLAMINE	30	\$0.13333	\$0.20000	(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
Non-ORx	No	00713065615	CLOBETASOL PROPIONATE	30	\$0.13333	\$0.40000	(51%-75%) Below
Non-ORx	No	00713065915	BETAMETHASONE DIPROPIONAT	60	\$0.18333	\$0.98333	(76%-100%) Below
Non-ORx	No	00713065937	BETAMETHASONE DIPROPIONAT	45	\$1.28889	\$0.68889	76%-100% Above
Non-ORx	No	00713066115	DESONIDE	30	\$2.00000	\$0.93333	101%-200% Above
Non-ORx	No	00713067031	TAZAROTENE	30	\$2.53333	\$3.66667	(26%-50%) Below
Non-ORx	No	00713067060	TAZAROTENE	60	\$9.10000	\$2.81667	200% Above
Non-ORx	No	00713067831	NYSTATIN	60	\$0.23333	\$0.16667	26%-50% Above
Non-ORx	No	00713068215	GENTAMICIN SULFATE	30	\$2.30000	\$1.56667	26%-50% Above
Non-ORx	No	00713068631	NYSTATIN	30	\$0.33333	\$0.26667	26%-50% Above
Non-ORx	No	00713072715	MOMETASONE FUROATE	45	\$0.55556	\$0.28889	76%-100% Above
Non-ORx	No	00713072853	BETAMETHASONE DIPROPIONAT	60	\$0.55000	\$0.38333	26%-50% Above
Non-ORx	No	00713076640	TRIAMCINOLONE ACETONIDE D	5	\$10.40000	\$5.60000	76%-100% Above
Non-ORx	No	00781106101	ALPRAZOLAM	30	\$0.00000	\$0.03333	(76%-100%) Below
Non-ORx	No	00781106110	ALPRAZOLAM	240	\$0.15000	\$0.01667	200% Above
Non-ORx	No	00781106110	ALPRAZOLAM	210	\$0.12381	\$0.03333	200% Above
Non-ORx	No	00781107701	ALPRAZOLAM	90	\$0.13333	\$0.03333	200% Above
Non-ORx	No	00781107710	ALPRAZOLAM	450	\$0.13556	\$0.02222	200% Above
Non-ORx	No	00781107710	ALPRAZOLAM	120	\$0.12500	\$0.02500	200% Above
Non-ORx	No	00781107710	ALPRAZOLAM	630	\$0.15238	\$0.03333	200% Above
Non-ORx	No	00781107710	ALPRAZOLAM	180	\$0.10556	\$0.02222	200% Above
Non-ORx	No	00781107710	ALPRAZOLAM	840	\$0.11548	\$0.01667	200% Above
Non-ORx	No	00781107901	ALPRAZOLAM	180	\$0.09444	\$0.01667	200% Above
Non-ORx	No	00781107901	ALPRAZOLAM	30	\$0.00000	\$0.03333	(76%-100%) Below
Non-ORx	No	00781107905	ALPRAZOLAM	450	\$0.13333	\$0.02222	200% Above
Non-ORx	No	00781107905	ALPRAZOLAM	360	\$0.16944	\$0.02500	200% Above
Non-ORx	No	00781107905	ALPRAZOLAM	360	\$0.16667	\$0.01667	200% Above
Non-ORx	No	00781107905	ALPRAZOLAM	180	\$0.16111	\$0.03333	200% Above
Non-ORx	No	00781107905	ALPRAZOLAM	25	\$0.08000	\$0.04000	101%-200% Above
Non-ORx	No	00781107905	ALPRAZOLAM	45	\$0.13333	\$0.02222	200% Above
Non-ORx	No	00781107910	ALPRAZOLAM	180	\$0.07778	\$0.02222	200% Above
Non-ORx	No	00781107910	ALPRAZOLAM	30	\$0.00000	\$0.03333	(76%-100%) Below
Non-ORx	No	00781108901	ALPRAZOLAM	120	\$0.39167	\$0.05000	200% Above
Non-ORx	No	00781108901	ALPRAZOLAM	120	\$0.40000	\$0.05000	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
Non-ORx	No	00781108901	ALPRAZOLAM	30	\$0.40000	\$0.06667	200% Above
Non-ORx	No	00781165501	PENICILLIN V POTASSIUM	40	\$0.07500	\$0.10000	(10%-25%) Below
Non-ORx	No	00781169501	ISOSORBIDE DINITRATE	90	\$0.83333	\$0.33333	101%-200% Above
Non-ORx	No	00781183120	AMOXICILLIN/CLAVULANATE P	42	\$0.73810	\$0.33333	101%-200% Above
Non-ORx	No	00781183120	AMOXICILLIN/CLAVULANATE P	30	\$1.20000	\$0.33333	200% Above
Non-ORx	No	00781183120	AMOXICILLIN/CLAVULANATE P	20	\$1.20000	\$0.30000	200% Above
Non-ORx	No	00781183120	AMOXICILLIN/CLAVULANATE P	4	\$0.50000	\$0.25000	101%-200% Above
Non-ORx	No	00781183120	AMOXICILLIN/CLAVULANATE P	10	\$1.20000	\$0.30000	200% Above
Non-ORx	No	00781183120	AMOXICILLIN/CLAVULANATE P	28	\$1.21429	\$0.35714	200% Above
Non-ORx	No	00781185220	AMOXICILLIN/CLAVULANATE P	28	\$0.57143	\$0.35714	51%-75% Above
Non-ORx	No	00781185220	AMOXICILLIN/CLAVULANATE P	112	\$0.94643	\$0.32143	101%-200% Above
Non-ORx	No	00781185220	AMOXICILLIN/CLAVULANATE P	880	\$0.89886	\$0.35000	101%-200% Above
Non-ORx	No	00781185220	AMOXICILLIN/CLAVULANATE P	42	\$1.28571	\$0.33333	200% Above
Non-ORx	No	00781185220	AMOXICILLIN/CLAVULANATE P	20	\$1.30000	\$0.40000	200% Above
Non-ORx	No	00781185220	AMOXICILLIN/CLAVULANATE P	10	\$0.60000	\$0.30000	101%-200% Above
Non-ORx	No	00781185220	AMOXICILLIN/CLAVULANATE P	17	\$1.00000	\$0.35294	101%-200% Above
Non-ORx	No	00781185220	AMOXICILLIN/CLAVULANATE P	280	\$1.00357	\$0.35714	101%-200% Above
Non-ORx	No	00781196260	CLARITHROMYCIN	15	\$0.40000	\$0.46667	(10%-25%) Below
Non-ORx	No	00781207401	TRIAMTERENE/HYDROCHLOROT H	180	\$0.17778	\$0.14444	10%-25% Above
Non-ORx	No	00781207401	TRIAMTERENE/HYDROCHLOROT H	330	\$0.21212	\$0.13333	51%-75% Above
Non-ORx	No	00781207410	TRIAMTERENE/HYDROCHLOROT H	720	\$0.24444	\$0.14444	51%-75% Above
Non-ORx	No	00781207410	TRIAMTERENE/HYDROCHLOROT H	60	\$0.25000	\$0.15000	51%-75% Above
Non-ORx	No	00781207410	TRIAMTERENE/HYDROCHLOROT H	90	\$0.26667	\$0.13333	101%-200% Above
Non-ORx	No	00781210201	TACROLIMUS	60	\$0.51667	\$0.26667	76%-100% Above
Non-ORx	No	00781210201	TACROLIMUS	30	\$0.50000	\$0.26667	76%-100% Above
Non-ORx	No	00781210301	TACROLIMUS	360	\$0.96667	\$0.37778	101%-200% Above
Non-ORx	No	00781210301	TACROLIMUS	210	\$1.42857	\$0.37619	200% Above
Non-ORx	No	00781210301	TACROLIMUS	150	\$1.42667	\$0.36667	200% Above
Non-ORx	No	00781210301	TACROLIMUS	120	\$0.60833	\$0.37500	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
Non-ORx	No	00781210301	TACROLIMUS	120	\$0.54167	\$0.38333	26%-50% Above
Non-ORx	No	00781210401	TACROLIMUS	120	\$1.58333	\$2.08333	(10%-25%) Below
Non-ORx	No	00781214501	AMPICILLIN	21	\$0.38095	\$0.47619	(10%-25%) Below
Non-ORx	No	00781214501	AMPICILLIN	14	\$0.42857	\$0.50000	(10%-25%) Below
Non-ORx	No	00781214501	AMPICILLIN	60	\$0.45000	\$0.50000	(10%-25%) Below
Non-ORx	No	00781232151	APREPITANT	1	\$77.00000	\$61.00000	26%-50% Above
Non-ORx	No	00781236101	METHYLPHENIDATE HYDROCHLO	30	\$7.20000	\$3.40000	101%-200% Above
Non-ORx	No	00781236101	METHYLPHENIDATE HYDROCHLO	60	\$4.20000	\$2.86667	26%-50% Above
Non-ORx	No	00781236201	METHYLPHENIDATE HYDROCHLO	30	\$3.96667	\$1.36667	101%-200% Above
Non-ORx	No	00781236301	METHYLPHENIDATE HYDROCHLO	60	\$4.06667	\$1.26667	200% Above
Non-ORx	No	00781236401	METHYLPHENIDATE HYDROCHLO	60	\$4.16667	\$1.30000	200% Above
Non-ORx	No	00781261301	AMOXICILLIN	30	\$0.30000	\$0.06667	200% Above
Non-ORx	No	00781261305	AMOXICILLIN	64	\$0.28125	\$0.06250	200% Above
Non-ORx	No	00781261305	AMOXICILLIN	570	\$0.16667	\$0.06667	101%-200% Above
Non-ORx	No	00781261305	AMOXICILLIN	224	\$0.14286	\$0.07143	101%-200% Above
Non-ORx	No	00781261305	AMOXICILLIN	40	\$0.05000	\$0.07500	(26%-50%) Below
Non-ORx	No	00781261305	AMOXICILLIN	60	\$0.26667	\$0.06667	200% Above
Non-ORx	No	00781261305	AMOXICILLIN	63	\$0.26984	\$0.06349	200% Above
Non-ORx	No	00781261305	AMOXICILLIN	168	\$0.16667	\$0.07143	101%-200% Above
Non-ORx	No	00781261305	AMOXICILLIN	72	\$0.11111	\$0.08333	26%-50% Above
Non-ORx	No	00781261305	AMOXICILLIN	105	\$0.18095	\$0.06667	101%-200% Above
Non-ORx	No	00781261305	AMOXICILLIN	12	\$0.25000	\$0.08333	200% Above
Non-ORx	No	00781261305	AMOXICILLIN	44	\$0.15909	\$0.09091	76%-100% Above
Non-ORx	No	00781261305	AMOXICILLIN	714	\$0.20588	\$0.04762	200% Above
Non-ORx	No	00781261305	AMOXICILLIN	160	\$0.15625	\$0.05000	200% Above
Non-ORx	No	00781268501	DEXMETHYLPHENIDATE HCL ER	30	\$6.10000	\$1.43333	200% Above
Non-ORx	No	00781285910	OMEPRAZOLE DR	30	\$0.40000	\$0.10000	200% Above
Non-ORx	No	00781285931	OMEPRAZOLE DR	60	\$0.18333	\$0.10000	76%-100% Above
Non-ORx	No	00781286810	OMEPRAZOLE	210	\$0.28095	\$0.03333	200% Above
Non-ORx	No	00781286810	OMEPRAZOLE	540	\$0.31111	\$0.03333	200% Above
Non-ORx	No	00781286810	OMEPRAZOLE	120	\$0.15000	\$0.03333	200% Above
Non-ORx	No	00781286810	OMEPRAZOLE	58	\$0.27586	\$0.03448	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
Non-ORx	No	00781286810	OMEPRAZOLE	270	\$0.20000	\$0.03704	200% Above
Non-ORx	No	00781324664	ENOXAPARIN SODIUM	12	\$19.50000	\$11.00000	76%-100% Above
Non-ORx	No	00781324664	ENOXAPARIN SODIUM	1	\$23.00000	\$13.00000	76%-100% Above
Non-ORx	No	00781329868	ENOXAPARIN SODIUM	48	\$0.00000	\$14.75000	(76%-100%) Below
Non-ORx	No	00781502207	METHYLPREDNISOLONE DOSE P	63	\$0.41270	\$0.19048	101%-200% Above
Non-ORx	No	00781517501	MYCOPHENOLATE MOFETIL	240	\$0.43333	\$0.33333	26%-50% Above
Non-ORx	No	00781517501	MYCOPHENOLATE MOFETIL	120	\$1.15000	\$0.33333	200% Above
Non-ORx	No	00781531701	ZOLPIDEM TARTRATE	240	\$0.17083	\$0.03333	200% Above
Non-ORx	No	00781531701	ZOLPIDEM TARTRATE	20	\$0.20000	\$0.05000	200% Above
Non-ORx	No	00781531810	ZOLPIDEM TARTRATE	90	\$0.16667	\$0.03333	200% Above
Non-ORx	No	00781540292	ROSUVASTATIN CALCIUM	30	\$0.43333	\$0.06667	200% Above
Non-ORx	No	00781540331	ROSUVASTATIN CALCIUM	60	\$0.66667	\$0.13333	200% Above
Non-ORx	No	00781542031	PIOGLITAZONE HYDROCHLORID	30	\$0.36667	\$0.10000	200% Above
Non-ORx	No	00781552810	BUPROPION HYDROCHLORIDE E	60	\$0.36667	\$0.13333	101%-200% Above
Non-ORx	No	00781552931	BUPROPION HYDROCHLORIDE E	60	\$0.38333	\$0.20000	76%-100% Above
Non-ORx	No	00781569005	EZETIMIBE	150	\$0.33333	\$0.13333	101%-200% Above
Non-ORx	No	00781569005	EZETIMIBE	30	\$0.56667	\$0.10000	200% Above
Non-ORx	No	00781569031	EZETIMIBE	360	\$0.50000	\$0.13333	200% Above
Non-ORx	No	00781569031	EZETIMIBE	270	\$0.35556	\$0.11111	200% Above
Non-ORx	No	00781569031	EZETIMIBE	150	\$0.09333	\$0.13333	(26%-50%) Below
Non-ORx	No	00781569031	EZETIMIBE	60	\$1.00000	\$0.10000	200% Above
Non-ORx	No	00781599401	HYDROXYCHLOROQUINE SULFAT	60	\$0.76667	\$0.25000	200% Above
Non-ORx	No	00781604155	AMOXICILLIN	150	\$0.03333	\$0.02000	51%-75% Above
Non-ORx	No	00781607846	CEFDINIR	200	\$0.27500	\$0.18000	51%-75% Above
Non-ORx	No	00781610446	AMOXICILLIN/CLAVULANATE P	100	\$0.21000	\$0.07000	200% Above
Non-ORx	No	00781613948	AMOXICILLIN/CLAVULANATE P	200	\$0.05000	\$0.06500	(10%-25%) Below
Non-ORx	No	00781613948	AMOXICILLIN/CLAVULANATE P	400	\$0.34000	\$0.06000	200% Above
Non-ORx	No	00781613954	AMOXICILLIN/CLAVULANATE P	750	\$0.21733	\$0.06400	200% Above
Non-ORx	No	00781613957	AMOXICILLIN/CLAVULANATE P	450	\$0.11556	\$0.08667	26%-50% Above
Non-ORx	No	00781615746	AMOXICILLIN	600	\$0.07000	\$0.02500	101%-200% Above
Non-ORx	No	00781615746	AMOXICILLIN	600	\$0.06833	\$0.02000	200% Above
Non-ORx	No	00781615757	AMOXICILLIN	450	\$0.06444	\$0.02222	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
Non-ORx	No	00781615757	AMOXICILLIN	1050	\$0.06381	\$0.02667	101%-200% Above
Non-ORx	No	00781618667	CIPROFLOXACIN/DEXAMETHASO	8	\$1.25000	\$19.00000	(76%-100%) Below
Non-ORx	No	00781707787	METRONIDAZOLE VAGINAL	140	\$1.02857	\$0.71429	26%-50% Above
Non-ORx	No	00781710454	ESTRADIOL	8	\$15.62500	\$12.50000	26%-50% Above
Non-ORx	No	00781711954	ESTRADIOL	4	\$16.25000	\$13.50000	10%-25% Above
Non-ORx	No	00781711954	ESTRADIOL	4	\$16.25000	\$11.50000	26%-50% Above
Non-ORx	No	00781713354	ESTRADIOL	12	\$16.25000	\$12.58333	26%-50% Above
Non-ORx	No	00781713354	ESTRADIOL	8	\$14.25000	\$12.50000	10%-25% Above
Non-ORx	No	00781713593	MOXIFLOXACIN HYDROCHLORID	12	\$11.33333	\$4.33333	101%-200% Above
Non-ORx	No	00781713593	MOXIFLOXACIN HYDROCHLORID	3	\$11.33333	\$4.00000	101%-200% Above
Non-ORx	No	00781714483	ESTRADIOL	24	\$1.95833	\$9.29167	(76%-100%) Below
Non-ORx	No	00781716783	ESTRADIOL	8	\$1.50000	\$9.25000	(76%-100%) Below
Non-ORx	No	00781717250	AZELAIC ACID	150	\$5.08000	\$1.28000	200% Above
Non-ORx	No	00781729685	ALBUTEROL SULFATE HFA	35	\$2.40000	\$3.71429	(26%-50%) Below
Non-ORx	No	00781729685	ALBUTEROL SULFATE HFA	91	\$2.31868	\$4.14286	(26%-50%) Below
Non-ORx	No	00781731331	RIVASTIGMINE TRANSDERMAL	30	\$3.76667	\$2.66667	26%-50% Above
Non-ORx	No	00781751687	BUDESONIDE	60	\$1.05000	\$0.58333	76%-100% Above
Non-ORx	No	00781803731	ARMODAFINIL	15	\$4.13333	\$0.86667	200% Above
Non-ORx	No	00781808926	AZITHROMYCIN	18	\$1.88889	\$0.50000	200% Above
Non-ORx	No	00781808926	AZITHROMYCIN	48	\$0.64583	\$0.50000	26%-50% Above
Non-ORx	No	00781808926	AZITHROMYCIN	36	\$0.80556	\$0.50000	51%-75% Above
Non-ORx	No	00781808926	AZITHROMYCIN	516	\$1.27326	\$0.50000	101%-200% Above
Non-ORx	No	00781808931	AZITHROMYCIN	6	\$1.50000	\$0.50000	200% Above
Non-ORx	No	00781809003	AZITHROMYCIN	12	\$0.66667	\$0.91667	(26%-50%) Below
Non-ORx	No	00781809003	AZITHROMYCIN	6	\$0.66667	\$0.83333	(10%-25%) Below
Non-ORx	No	00781821801	DESIPRAMINE HYDROCHLORIDE	30	\$0.26667	\$0.30000	(10%-25%) Below
Non-ORx	No	00832003800	OXYBUTYNIN CHLORIDE	90	\$0.48889	\$0.06667	200% Above
Non-ORx	No	00832003800	OXYBUTYNIN CHLORIDE	30	\$0.23333	\$0.06667	200% Above
Non-ORx	No	00832003810	OXYBUTYNIN CHLORIDE	60	\$0.23333	\$0.06667	200% Above
Non-ORx	No	00832011100	AMANTADINE HCL	90	\$1.60000	\$0.67778	101%-200% Above
Non-ORx	No	00832011100	AMANTADINE HCL	180	\$1.60000	\$0.57778	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
Non-ORx	No	00832011100	AMANTADINE HCL	60	\$1.45000	\$0.68333	101%-200% Above
Non-ORx	No	00832011100	AMANTADINE HCL	60	\$1.60000	\$0.58333	101%-200% Above
Non-ORx	No	00832030200	CHLORPROMAZINE HCL	30	\$5.16667	\$1.93333	101%-200% Above
Non-ORx	No	00832031011	VALPROIC ACID	450	\$0.28222	\$0.23778	10%-25% Above
Non-ORx	No	00832031011	VALPROIC ACID	60	\$0.48333	\$0.23333	101%-200% Above
Non-ORx	No	00832040311	FLUOXETINE HYDROCHLORIDE	30	\$1.66667	\$0.30000	200% Above
Non-ORx	No	00832046515	NYAMYC	15	\$1.33333	\$0.33333	200% Above
Non-ORx	No	00832046560	NYAMYC	60	\$0.33333	\$0.26667	26%-50% Above
Non-ORx	No	00832054111	BUMETANIDE	30	\$1.36667	\$0.23333	200% Above
Non-ORx	No	00832059010	DIPHENOXYLATE HYDROCHLORI	60	\$0.46667	\$0.20000	101%-200% Above
Non-ORx	No	00832059011	DIPHENOXYLATE HYDROCHLORI	20	\$0.60000	\$0.20000	200% Above
Non-ORx	No	00832059011	DIPHENOXYLATE HYDROCHLORI	20	\$0.60000	\$0.20000	200% Above
Non-ORx	No	00832059530	EXEMESTANE	90	\$4.65556	\$1.36667	200% Above
Non-ORx	No	00832105410	BACLOFEN	180	\$0.31111	\$0.06667	200% Above
Non-ORx	No	00832105410	BACLOFEN	60	\$0.30000	\$0.06667	200% Above
Non-ORx	No	00832105410	BACLOFEN	21	\$0.33333	\$0.04762	200% Above
Non-ORx	No	00832105410	BACLOFEN	30	\$0.33333	\$0.06667	200% Above
Non-ORx	No	00832105415	BACLOFEN	270	\$0.09259	\$0.06667	26%-50% Above
Non-ORx	No	00832105415	BACLOFEN	60	\$0.18333	\$0.06667	101%-200% Above
Non-ORx	No	00832105511	BACLOFEN	90	\$0.30000	\$0.12222	101%-200% Above
Non-ORx	No	00832105515	BACLOFEN	60	\$0.43333	\$0.13333	200% Above
Non-ORx	No	00832121300	JANTOVEN	30	\$0.20000	\$0.10000	101%-200% Above
Non-ORx	No	00832121700	JANTOVEN	30	\$0.30000	\$0.13333	101%-200% Above
Non-ORx	No	00832154011	HALOPERIDOL	30	\$0.66667	\$0.46667	26%-50% Above
Non-ORx	No	00832167111	FLUVOXAMINE MALEATE	60	\$0.63333	\$0.33333	76%-100% Above
Non-ORx	No	00832167111	FLUVOXAMINE MALEATE	28	\$0.50000	\$0.32143	51%-75% Above
Non-ORx	No	00832167111	FLUVOXAMINE MALEATE	30	\$1.23333	\$0.30000	200% Above
Non-ORx	No	00832167211	FLUVOXAMINE MALEATE	135	\$0.50370	\$0.33333	51%-75% Above
Non-ORx	No	00832167211	FLUVOXAMINE MALEATE	120	\$0.74167	\$0.33333	101%-200% Above
Non-ORx	No	00832532211	POTASSIUM CHLORIDE ER	30	\$0.36667	\$0.16667	101%-200% Above
Non-ORx	No	00832532310	POTASSIUM CHLORIDE ER	94	\$0.24468	\$0.13830	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
Non-ORx	No	00832532311	POTASSIUM CHLORIDE ER	30	\$0.10000	\$0.13333	(10%-25%) Below
Non-ORx	No	00832532410	POTASSIUM CHLORIDE ER	30	\$0.13333	\$0.20000	(26%-50%) Below
Non-ORx	No	00832532510	POTASSIUM CHLORIDE ER	120	\$0.39167	\$0.18333	101%-200% Above
Non-ORx	No	00832532510	POTASSIUM CHLORIDE ER	30	\$0.43333	\$0.20000	101%-200% Above
Non-ORx	No	00832532511	POTASSIUM CHLORIDE ER	90	\$0.44444	\$0.18889	101%-200% Above
Non-ORx	No	00832532511	POTASSIUM CHLORIDE ER	120	\$0.28333	\$0.18333	51%-75% Above
Non-ORx	No	00832532511	POTASSIUM CHLORIDE ER	120	\$0.16667	\$0.19167	(10%-25%) Below
Non-ORx	No	00832532511	POTASSIUM CHLORIDE ER	120	\$0.21667	\$0.18333	10%-25% Above
Non-ORx	No	00832532511	POTASSIUM CHLORIDE ER	10	\$0.30000	\$0.20000	51%-75% Above
Non-ORx	No	00832532511	POTASSIUM CHLORIDE ER	30	\$0.26667	\$0.20000	26%-50% Above
Non-ORx	No	00832532511	POTASSIUM CHLORIDE ER	54	\$0.27778	\$0.18519	51%-75% Above
Non-ORx	No	00832532515	POTASSIUM CHLORIDE ER	180	\$0.43889	\$0.18889	101%-200% Above
Non-ORx	No	00832532515	POTASSIUM CHLORIDE ER	270	\$0.45185	\$0.18889	101%-200% Above
Non-ORx	No	00832532515	POTASSIUM CHLORIDE ER	30	\$0.16667	\$0.20000	(10%-25%) Below
Non-ORx	No	00832712315	DIVALPROEX SODIUM DR	90	\$0.16667	\$0.07778	101%-200% Above
Non-ORx	No	00832712411	DIVALPROEX SODIUM DR	60	\$0.56667	\$0.13333	200% Above
Non-ORx	No	00832712415	DIVALPROEX SODIUM DR	124	\$0.70161	\$0.12903	200% Above
Non-ORx	No	00832712415	DIVALPROEX SODIUM DR	180	\$0.41111	\$0.13889	101%-200% Above
Non-ORx	No	00832712415	DIVALPROEX SODIUM DR	90	\$0.26667	\$0.13333	101%-200% Above
Non-ORx	No	00904404073	ASPIRIN	60	\$0.01667	\$0.03333	(26%-50%) Below
Non-ORx	No	00904404073	ASPIRIN	150	\$0.00000	\$0.03333	(76%-100%) Below
Non-ORx	No	00904675180	ASPIRIN LOW DOSE	90	\$0.00000	\$0.01111	(76%-100%) Below
Non-ORx	No	00904675180	ASPIRIN LOW DOSE	120	\$0.00000	\$0.01667	(76%-100%) Below
Non-ORx	No	00904678370	ASPIRIN ADULT LOW DOSE	120	\$0.00833	\$0.01667	(26%-50%) Below
Non-ORx	No	00904678370	ASPIRIN ADULT LOW DOSE	42	\$0.00000	\$0.02381	(76%-100%) Below
Non-ORx	No	00904679480	ASPIRIN LOW DOSE	30	\$0.00000	\$0.03333	(76%-100%) Below
Non-ORx	No	00904679489	ASPIRIN LOW DOSE	60	\$0.00000	\$0.03333	(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
Non-ORx	No	00904704761	LOSARTAN POTASSIUM	30	\$0.03333	\$0.06667	(26%-50%) Below
Non-ORx	No	00955100410	ENOXAPARIN SODIUM	6	\$16.66667	\$10.16667	51%-75% Above
Non-ORx	No	00955104690	IRBESARTAN/HYDROCHLOROTHI	30	\$0.50000	\$0.30000	51%-75% Above
Non-ORx	No	00955104818	SEVELAMER HYDROCHLORIDE	180	\$5.03889	\$4.51667	10%-25% Above
Non-ORx	No	10147068601	METHYLPHENIDATE HYDROCHLO	60	\$0.16667	\$0.98333	(76%-100%) Below
Non-ORx	No	10147068601	METHYLPHENIDATE HYDROCHLO	60	\$1.10000	\$1.00000	10%-25% Above
Non-ORx	No	10370010103	BUPROPION HYDROCHLORIDE E	30	\$0.43333	\$0.13333	200% Above
Non-ORx	No	10370010203	BUPROPION HYDROCHLORIDE E	30	\$0.46667	\$0.20000	101%-200% Above
Non-ORx	No	10370010203	BUPROPION HYDROCHLORIDE E	10	\$0.50000	\$0.20000	101%-200% Above
Non-ORx	No	10370010250	BUPROPION HYDROCHLORIDE E	90	\$0.46667	\$0.20000	101%-200% Above
Non-ORx	No	10370011610	ZOLPIDEM TARTRATE ER	30	\$1.53333	\$0.20000	200% Above
Non-ORx	No	10370011610	ZOLPIDEM TARTRATE ER	90	\$1.53333	\$0.16667	200% Above
Non-ORx	No	10370011710	ZOLPIDEM TARTRATE ER	30	\$1.53333	\$0.10000	200% Above
Non-ORx	No	10370011710	ZOLPIDEM TARTRATE ER	20	\$1.50000	\$0.15000	200% Above
Non-ORx	No	10370017611	FLUVOXAMINE MALEATE ER	180	\$7.65000	\$6.51111	10%-25% Above
Non-ORx	No	10370017611	FLUVOXAMINE MALEATE ER	60	\$7.65000	\$6.51667	10%-25% Above
Non-ORx	No	10370017611	FLUVOXAMINE MALEATE ER	60	\$7.66667	\$6.50000	10%-25% Above
Non-ORx	No	10370025702	CLONIDINE HCL ER	60	\$0.83333	\$0.46667	76%-100% Above
Non-ORx	No	10370025702	CLONIDINE HCL ER	30	\$0.83333	\$0.46667	76%-100% Above
Non-ORx	No	10370083209	DILTIAZEM HYDROCHLORIDE E	30	\$0.26667	\$0.36667	(26%-50%) Below
Non-ORx	No	10572030201	PEG-3350/NACL/NA BICARBON	24000	\$0.00333	\$0.00900	(51%-75%) Below
Non-ORx	No	10702000301	PROMETHAZINE HYDROCHLORID	30	\$0.36667	\$0.06667	200% Above
Non-ORx	No	10702000310	PROMETHAZINE HYDROCHLORID	40	\$0.30000	\$0.05000	200% Above
Non-ORx	No	10702000310	PROMETHAZINE HYDROCHLORID	60	\$0.30000	\$0.05000	200% Above
Non-ORx	No	10702000310	PROMETHAZINE HYDROCHLORID	60	\$0.30000	\$0.03333	200% Above
Non-ORx	No	10702000350	PROMETHAZINE HYDROCHLORID	40	\$0.15000	\$0.05000	200% Above
Non-ORx	No	10702000350	PROMETHAZINE HYDROCHLORID	120	\$0.24167	\$0.05000	200% Above
Non-ORx	No	10702000350	PROMETHAZINE HYDROCHLORID	90	\$0.10000	\$0.03333	200% Above
Non-ORx	No	10702000350	PROMETHAZINE HYDROCHLORID	28	\$0.25000	\$0.03571	200% Above
Non-ORx	No	10702000350	PROMETHAZINE HYDROCHLORID	60	\$0.18333	\$0.05000	200% Above
Non-ORx	No	10702001601	INDOMETHACIN ER	60	\$1.56667	\$0.23333	200% Above
Non-ORx	No	10702001601	INDOMETHACIN ER	60	\$0.31667	\$0.23333	26%-50% Above
Non-ORx	No	10702001801	OXYCODONE HYDROCHLORIDE	60	\$0.36667	\$0.06667	200% Above
Non-ORx	No	10702001801	OXYCODONE HYDROCHLORIDE	40	\$0.37500	\$0.07500	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
Non-ORx	No	10702001801	OXYCODONE HYDROCHLORIDE	120	\$0.37500	\$0.07500	200% Above
Non-ORx	No	10702001801	OXYCODONE HYDROCHLORIDE	60	\$0.38333	\$0.06667	200% Above
Non-ORx	No	10702001801	OXYCODONE HYDROCHLORIDE	45	\$0.37778	\$0.06667	200% Above
Non-ORx	No	10702001801	OXYCODONE HYDROCHLORIDE	48	\$0.25000	\$0.08333	200% Above
Non-ORx	No	10702001801	OXYCODONE HYDROCHLORIDE	30	\$0.40000	\$0.06667	200% Above
Non-ORx	No	10702001801	OXYCODONE HYDROCHLORIDE	80	\$0.27500	\$0.05000	200% Above
Non-ORx	No	10702001850	OXYCODONE HYDROCHLORIDE	35	\$0.11429	\$0.05714	101%-200% Above
Non-ORx	No	10702005701	OXYCODONE HYDROCHLORIDE	240	\$0.66667	\$0.22500	101%-200% Above
Non-ORx	No	10702010001	METHYLPHENIDATE HYDROCHLO	90	\$0.51111	\$0.11111	200% Above
Non-ORx	No	10702010001	METHYLPHENIDATE HYDROCHLO	180	\$0.38333	\$0.11667	200% Above
Non-ORx	No	10702010001	METHYLPHENIDATE HYDROCHLO	60	\$0.50000	\$0.10000	200% Above
Non-ORx	No	10702010101	METHYLPHENIDATE HYDROCHLO	90	\$0.73333	\$0.16667	200% Above
Non-ORx	No	10702010201	METHYLPHENIDATE HYDROCHLO	180	\$0.85556	\$0.21111	200% Above
Non-ORx	No	10702010201	METHYLPHENIDATE HYDROCHLO	60	\$0.86667	\$0.20000	200% Above
Non-ORx	No	10702010201	METHYLPHENIDATE HYDROCHLO	30	\$0.86667	\$0.20000	200% Above
Non-ORx	No	10702010601	DEXMETHYLPHENIDATE HYDROC	60	\$0.48333	\$0.10000	200% Above
Non-ORx	No	10702010601	DEXMETHYLPHENIDATE HYDROC	30	\$0.46667	\$0.10000	200% Above
Non-ORx	No	10702010701	DEXMETHYLPHENIDATE HCL	90	\$0.45556	\$0.16667	101%-200% Above
Non-ORx	No	10702010801	DEXMETHYLPHENIDATE HCL	180	\$0.97778	\$0.26111	200% Above
Non-ORx	No	10702010801	DEXMETHYLPHENIDATE HCL	180	\$0.55556	\$0.26667	101%-200% Above
Non-ORx	No	10702010801	DEXMETHYLPHENIDATE HCL	30	\$0.96667	\$0.26667	200% Above
Non-ORx	No	10702019050	HYDROCODONE BITARTRATE/AC	60	\$0.08333	\$0.11667	(26%-50%) Below
Non-ORx	No	10702019101	HYDROCODONE BITARTRATE/AC	252	\$0.09127	\$0.12302	(26%-50%) Below
Non-ORx	No	10702025301	BUTALBITAL/ACETAMINOPHEN/	50	\$0.18000	\$0.16000	10%-25% Above
Non-ORx	No	10702025350	BUTALBITAL/ACETAMINOPHEN/	60	\$1.10000	\$0.16667	200% Above
Non-ORx	No	10702025350	BUTALBITAL/ACETAMINOPHEN/	9	\$1.11111	\$0.22222	200% Above
Non-ORx	No	11527070442	SODIUM FLUORIDE 5000 PPM	300	\$0.11000	\$0.13000	(10%-25%) Below
Non-ORx	No	11527073044	SODIUM FLUORIDE 5000 PPM	100	\$0.11000	\$0.10000	10%-25% Above
Non-ORx	No	11527075043	SODIUM FLUORIDE 5000 PPM	100	\$0.11000	\$0.10000	10%-25% Above
Non-ORx	No	11534016501	FOLIC ACID	30	\$0.00000	\$0.03333	(76%-100%) Below
Non-ORx	No	11534016503	FOLIC ACID	900	\$0.05556	\$0.02222	101%-200% Above
Non-ORx	No	11534016503	FOLIC ACID	120	\$0.05000	\$0.02500	101%-200% Above
Non-ORx	No	11534016503	FOLIC ACID	360	\$0.05556	\$0.02222	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
Non-ORx	No	11534016503	FOLIC ACID	780	\$0.06410	\$0.03333	76%-100% Above
Non-ORx	No	11534016503	FOLIC ACID	240	\$0.05833	\$0.03333	76%-100% Above
Non-ORx	No	11534016503	FOLIC ACID	60	\$0.05000	\$0.01667	200% Above
Non-ORx	No	11534018701	BUTALBITAL/ACETAMINOPHEN/	60	\$2.06667	\$0.56667	200% Above
Non-ORx	No	11534018701	BUTALBITAL/ACETAMINOPHEN/	12	\$2.08333	\$0.58333	200% Above
Non-ORx	No	11534019201	AMPHETAMINE/DEXTROAMPHE TA	210	\$0.85238	\$0.25238	200% Above
Non-ORx	No	11534019201	AMPHETAMINE/DEXTROAMPHE TA	165	\$0.85455	\$0.25455	200% Above
Non-ORx	No	11534019201	AMPHETAMINE/DEXTROAMPHE TA	150	\$0.85333	\$0.25333	200% Above
Non-ORx	No	11534019601	AMPHETAMINE/DEXTROAMPHE TA	60	\$1.08333	\$0.31667	200% Above
Non-ORx	No	11534019601	AMPHETAMINE/DEXTROAMPHE TA	120	\$0.90833	\$0.30000	200% Above
Non-ORx	No	11534019601	AMPHETAMINE/DEXTROAMPHE TA	60	\$0.68333	\$0.33333	101%-200% Above
Non-ORx	No	11534019601	AMPHETAMINE/DEXTROAMPHE TA	30	\$1.06667	\$0.30000	200% Above
Non-ORx	No	13107000334	MIRTAZAPINE	90	\$0.56667	\$0.10000	200% Above
Non-ORx	No	13107000334	MIRTAZAPINE	60	\$0.13333	\$0.10000	26%-50% Above
Non-ORx	No	13107000334	MIRTAZAPINE	150	\$0.35333	\$0.10000	200% Above
Non-ORx	No	13107001401	GLYCOPYRROLATE	180	\$0.51111	\$0.13333	200% Above
Non-ORx	No	13107001401	GLYCOPYRROLATE	90	\$0.62222	\$0.14444	200% Above
Non-ORx	No	13107001401	GLYCOPYRROLATE	150	\$0.62000	\$0.14000	200% Above
Non-ORx	No	13107001905	HYDROCODONE BITARTRATE/AC	30	\$0.06667	\$0.10000	(26%-50%) Below
Non-ORx	No	13107001905	HYDROCODONE BITARTRATE/AC	10	\$0.30000	\$0.10000	200% Above
Non-ORx	No	13107002001	HYDROCODONE/ACETAMINOPH EN	30	\$0.06667	\$0.13333	(26%-50%) Below
Non-ORx	No	13107002105	HYDROCODONE BITARTRATE/AC	120	\$0.09167	\$0.12500	(26%-50%) Below
Non-ORx	No	13107002105	HYDROCODONE BITARTRATE/AC	90	\$0.08889	\$0.13333	(26%-50%) Below
Non-ORx	No	13107003105	MIRTAZAPINE	60	\$0.33333	\$0.06667	200% Above
Non-ORx	No	13107003105	MIRTAZAPINE	15	\$0.40000	\$0.06667	200% Above
Non-ORx	No	13107003134	MIRTAZAPINE	90	\$0.48889	\$0.07778	200% Above
Non-ORx	No	13107003134	MIRTAZAPINE	210	\$0.34762	\$0.06667	200% Above
Non-ORx	No	13107003234	MIRTAZAPINE	30	\$0.36667	\$0.13333	101%-200% Above
Non-ORx	No	13107003234	MIRTAZAPINE	28	\$0.10714	\$0.14286	(10%-25%) Below
Non-ORx	No	13107003501	DEXTROAMPHETAMINE SULFATE	120	\$1.62500	\$0.30833	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
Non-ORx	No	13107003501	DEXTROAMPHETAMINE SULFATE	60	\$0.36667	\$0.15000	101%-200% Above
Non-ORx	No	13107003601	DEXTROAMPHETAMINE SULFATE	180	\$0.66111	\$0.27778	101%-200% Above
Non-ORx	No	13107003601	DEXTROAMPHETAMINE SULFATE	240	\$1.27917	\$0.27500	200% Above
Non-ORx	No	13107003601	DEXTROAMPHETAMINE SULFATE	90	\$0.44444	\$0.23333	76%-100% Above
Non-ORx	No	13107003601	DEXTROAMPHETAMINE SULFATE	30	\$0.36667	\$0.23333	51%-75% Above
Non-ORx	No	13107003601	DEXTROAMPHETAMINE SULFATE	30	\$0.43333	\$0.26667	51%-75% Above
Non-ORx	No	13107003601	DEXTROAMPHETAMINE SULFATE	60	\$0.93333	\$0.28333	200% Above
Non-ORx	No	13107004401	OXYCODONE/ACETAMINOPHEN	90	\$0.45556	\$0.08889	200% Above
Non-ORx	No	13107004601	OXYCODONE/ACETAMINOPHEN	60	\$0.30000	\$0.20000	51%-75% Above
Non-ORx	No	13107005901	ACETAMINOPHEN/CODEINE	12	\$0.33333	\$0.08333	200% Above
Non-ORx	No	13107005901	ACETAMINOPHEN/CODEINE	10	\$0.30000	\$0.10000	200% Above
Non-ORx	No	13107005999	ACETAMINOPHEN/CODEINE	10	\$0.30000	\$0.10000	200% Above
Non-ORx	No	13107006801	AMPHETAMINE/DEXTROAMPHE TA	60	\$0.93333	\$0.20000	200% Above
Non-ORx	No	13107006801	AMPHETAMINE/DEXTROAMPHE TA	60	\$0.93333	\$0.23333	200% Above
Non-ORx	No	13107006801	AMPHETAMINE/DEXTROAMPHE TA	180	\$0.62222	\$0.20000	200% Above
Non-ORx	No	13107006801	AMPHETAMINE/DEXTROAMPHE TA	30	\$0.93333	\$0.23333	200% Above
Non-ORx	No	13107007001	AMPHETAMINE/DEXTROAMPHE TA	120	\$0.66667	\$0.25000	101%-200% Above
Non-ORx	No	13107007001	AMPHETAMINE/DEXTROAMPHE TA	90	\$1.15556	\$0.25556	200% Above
Non-ORx	No	13107007001	AMPHETAMINE/DEXTROAMPHE TA	120	\$0.60000	\$0.26667	101%-200% Above
Non-ORx	No	13107007301	AMPHETAMINE/DEXTROAMPHE TA	90	\$0.47778	\$0.32222	26%-50% Above
Non-ORx	No	13107007301	AMPHETAMINE/DEXTROAMPHE TA	180	\$0.49444	\$0.32222	51%-75% Above
Non-ORx	No	13107007301	AMPHETAMINE/DEXTROAMPHE TA	180	\$0.60000	\$0.31667	76%-100% Above
Non-ORx	No	13107007401	AMPHETAMINE/DEXTROAMPHE TA	60	\$0.23333	\$0.31667	(26%-50%) Below
Non-ORx	No	13107007401	AMPHETAMINE/DEXTROAMPHE TA	60	\$0.23333	\$0.30000	(10%-25%) Below
Non-ORx	No	13107007401	AMPHETAMINE/DEXTROAMPHE TA	38	\$0.50000	\$0.31579	51%-75% Above
Non-ORx	No	13107008301	LORAZEPAM	60	\$0.16667	\$0.03333	200% Above
Non-ORx	No	13107008305	LORAZEPAM	240	\$0.20833	\$0.03333	200% Above
Non-ORx	No	13107008305	LORAZEPAM	90	\$0.35556	\$0.03333	200% Above
Non-ORx	No	13107008305	LORAZEPAM	120	\$0.31667	\$0.03333	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
Non-ORx	No	13107008305	LORAZEPAM	20	\$0.00000	\$0.05000	(76%-100%) Below
Non-ORx	No	13107008401	LORAZEPAM	180	\$0.07222	\$0.05000	26%-50% Above
Non-ORx	No	13107008401	LORAZEPAM	60	\$0.18333	\$0.03333	200% Above
Non-ORx	No	13107008405	LORAZEPAM	180	\$0.30000	\$0.04444	200% Above
Non-ORx	No	13107008405	LORAZEPAM	240	\$0.12500	\$0.04167	200% Above
Non-ORx	No	13107008405	LORAZEPAM	120	\$0.30000	\$0.05000	200% Above
Non-ORx	No	13107008405	LORAZEPAM	480	\$0.27083	\$0.05000	200% Above
Non-ORx	No	13107008405	LORAZEPAM	20	\$0.10000	\$0.05000	101%-200% Above
Non-ORx	No	13107008405	LORAZEPAM	330	\$0.25455	\$0.03333	200% Above
Non-ORx	No	13107008501	LORAZEPAM	60	\$0.36667	\$0.06667	200% Above
Non-ORx	No	13107015430	PAROXETINE HYDROCHLORIDE	60	\$0.15000	\$0.06667	101%-200% Above
Non-ORx	No	13107015490	PAROXETINE HYDROCHLORIDE	270	\$0.37778	\$0.06667	200% Above
Non-ORx	No	13107015490	PAROXETINE HYDROCHLORIDE	90	\$0.43333	\$0.06667	200% Above
Non-ORx	No	13107015530	PAROXETINE HYDROCHLORIDE	60	\$0.10000	\$0.08333	10%-25% Above
Non-ORx	No	13107015590	PAROXETINE HYDROCHLORIDE	135	\$0.37778	\$0.08889	200% Above
Non-ORx	No	13107015590	PAROXETINE HYDROCHLORIDE	270	\$0.37778	\$0.08889	200% Above
Non-ORx	No	13107015590	PAROXETINE HYDROCHLORIDE	120	\$0.36667	\$0.10000	200% Above
Non-ORx	No	13107015599	PAROXETINE HYDROCHLORIDE	90	\$0.37778	\$0.08889	200% Above
Non-ORx	No	13107015630	PAROXETINE HCL	60	\$0.15000	\$0.10000	51%-75% Above
Non-ORx	No	13107015690	PAROXETINE HCL	180	\$0.50000	\$0.12222	200% Above
Non-ORx	No	13107015690	PAROXETINE HCL	90	\$0.62222	\$0.11111	200% Above
Non-ORx	No	13107015690	PAROXETINE HCL	60	\$0.28333	\$0.11667	101%-200% Above
Non-ORx	No	13107015699	PAROXETINE HCL	90	\$0.50000	\$0.11111	200% Above
Non-ORx	No	13107015790	PAROXETINE HCL	90	\$0.55556	\$0.12222	200% Above
Non-ORx	No	13107015790	PAROXETINE HCL	90	\$0.33333	\$0.11111	200% Above
Non-ORx	No	13107015790	PAROXETINE HCL	30	\$0.70000	\$0.13333	200% Above
Non-ORx	No	13107015799	PAROXETINE HCL	90	\$0.55556	\$0.11111	200% Above
Non-ORx	No	13517011110	PHENOBARBITAL	270	\$0.44074	\$0.31482	26%-50% Above
Non-ORx	No	13517011201	PHENOBARBITAL	90	\$0.58889	\$0.40000	26%-50% Above
Non-ORx	No	13517075501	PHENOBARBITAL	90	\$0.04444	\$0.16667	(51%-75%) Below
Non-ORx	No	13668000701	ZOLPIDEM TARTRATE	330	\$0.23636	\$0.03333	200% Above
Non-ORx	No	13668000705	ZOLPIDEM TARTRATE	90	\$0.53333	\$0.03333	200% Above
Non-ORx	No	13668000705	ZOLPIDEM TARTRATE	420	\$0.30952	\$0.03333	200% Above
Non-ORx	No	13668000710	ZOLPIDEM TARTRATE	60	\$0.18333	\$0.03333	200% Above
Non-ORx	No	13668000801	ZOLPIDEM TARTRATE	660	\$0.25000	\$0.03333	200% Above
Non-ORx	No	13668000805	ZOLPIDEM TARTRATE	300	\$0.26667	\$0.03333	200% Above
Non-ORx	No	13668000805	ZOLPIDEM TARTRATE	90	\$0.53333	\$0.03333	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
Non-ORx	No	13668000805	ZOLPIDEM TARTRATE	20	\$0.30000	\$0.05000	200% Above
Non-ORx	No	13668000805	ZOLPIDEM TARTRATE	25	\$0.32000	\$0.04000	200% Above
Non-ORx	No	13668000805	ZOLPIDEM TARTRATE	1980	\$0.30758	\$0.03333	200% Above
Non-ORx	No	13668000810	ZOLPIDEM TARTRATE	31	\$0.22581	\$0.03226	200% Above
Non-ORx	No	13668000810	ZOLPIDEM TARTRATE	570	\$0.07719	\$0.03333	101%-200% Above
Non-ORx	No	13668000901	CITALOPRAM HYDROBROMIDE	45	\$0.33333	\$0.02222	200% Above
Non-ORx	No	13668000901	CITALOPRAM HYDROBROMIDE	120	\$0.15833	\$0.03333	200% Above
Non-ORx	No	13668000905	CITALOPRAM HYDROBROMIDE	270	\$0.23333	\$0.02222	200% Above
Non-ORx	No	13668000905	CITALOPRAM HYDROBROMIDE	210	\$0.21429	\$0.03333	200% Above
Non-ORx	No	13668001001	CITALOPRAM HYDROBROMIDE	90	\$0.11111	\$0.03333	200% Above
Non-ORx	No	13668001001	CITALOPRAM HYDROBROMIDE	270	\$0.10370	\$0.03333	200% Above
Non-ORx	No	13668001005	CITALOPRAM HYDROBROMIDE	1260	\$0.25952	\$0.03333	200% Above
Non-ORx	No	13668001005	CITALOPRAM HYDROBROMIDE	180	\$0.26111	\$0.02778	200% Above
Non-ORx	No	13668001005	CITALOPRAM HYDROBROMIDE	135	\$0.25926	\$0.02963	200% Above
Non-ORx	No	13668001005	CITALOPRAM HYDROBROMIDE	1020	\$0.23628	\$0.03333	200% Above
Non-ORx	No	13668001005	CITALOPRAM HYDROBROMIDE	135	\$0.24444	\$0.02222	200% Above
Non-ORx	No	13668001005	CITALOPRAM HYDROBROMIDE	120	\$0.19167	\$0.03333	200% Above
Non-ORx	No	13668001101	CITALOPRAM HYDROBROMIDE	120	\$0.05000	\$0.03333	51%-75% Above
Non-ORx	No	13668001105	CITALOPRAM HYDROBROMIDE	810	\$0.27654	\$0.03333	200% Above
Non-ORx	No	13668001105	CITALOPRAM HYDROBROMIDE	135	\$0.28889	\$0.03704	200% Above
Non-ORx	No	13668001105	CITALOPRAM HYDROBROMIDE	120	\$0.40000	\$0.03333	200% Above
Non-ORx	No	13668001105	CITALOPRAM HYDROBROMIDE	840	\$0.25595	\$0.03333	200% Above
Non-ORx	No	13668001105	CITALOPRAM HYDROBROMIDE	90	\$0.13333	\$0.04444	200% Above
Non-ORx	No	13668001990	VENLAFAXINE HYDROCHLORIDE	90	\$0.33333	\$0.13333	101%-200% Above
Non-ORx	No	13668004501	LAMOTRIGINE	180	\$0.07222	\$0.03333	101%-200% Above
Non-ORx	No	13668004501	LAMOTRIGINE	84	\$0.11905	\$0.02381	200% Above
Non-ORx	No	13668004501	LAMOTRIGINE	360	\$0.16111	\$0.03333	200% Above
Non-ORx	No	13668004701	LAMOTRIGINE	75	\$0.30667	\$0.06667	200% Above
Non-ORx	No	13668004701	LAMOTRIGINE	180	\$0.26111	\$0.05556	200% Above
Non-ORx	No	13668004701	LAMOTRIGINE	180	\$0.20556	\$0.06111	200% Above
Non-ORx	No	13668004701	LAMOTRIGINE	120	\$0.23333	\$0.05833	200% Above
Non-ORx	No	13668004701	LAMOTRIGINE	420	\$0.25000	\$0.06667	200% Above
Non-ORx	No	13668004701	LAMOTRIGINE	12	\$0.33333	\$0.08333	200% Above
Non-ORx	No	13668004701	LAMOTRIGINE	120	\$0.32500	\$0.06667	200% Above
Non-ORx	No	13668004705	LAMOTRIGINE	60	\$0.30000	\$0.06667	200% Above
Non-ORx	No	13668004705	LAMOTRIGINE	60	\$0.25000	\$0.06667	200% Above
Non-ORx	No	13668004805	LAMOTRIGINE	60	\$0.33333	\$0.08333	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
Non-ORx	No	13668004805	LAMOTRIGINE	60	\$0.26667	\$0.10000	101%-200% Above
Non-ORx	No	13668004805	LAMOTRIGINE	30	\$0.33333	\$0.06667	200% Above
Non-ORx	No	13668004860	LAMOTRIGINE	180	\$0.29444	\$0.08333	200% Above
Non-ORx	No	13668004905	LAMOTRIGINE	60	\$0.43333	\$0.10000	200% Above
Non-ORx	No	13668004905	LAMOTRIGINE	60	\$0.43333	\$0.10000	200% Above
Non-ORx	No	13668004960	LAMOTRIGINE	90	\$0.11111	\$0.08889	26%-50% Above
Non-ORx	No	13668004960	LAMOTRIGINE	225	\$0.29333	\$0.09778	200% Above
Non-ORx	No	13668004960	LAMOTRIGINE	120	\$0.30000	\$0.10000	200% Above
Non-ORx	No	13668004960	LAMOTRIGINE	270	\$0.41852	\$0.10000	200% Above
Non-ORx	No	13668004960	LAMOTRIGINE	40	\$0.42500	\$0.10000	200% Above
Non-ORx	No	13668008005	MONTELUKAST SODIUM	60	\$0.21667	\$0.10000	101%-200% Above
Non-ORx	No	13668008030	MONTELUKAST SODIUM	30	\$0.36667	\$0.10000	200% Above
Non-ORx	No	13668008090	MONTELUKAST SODIUM	60	\$0.08333	\$0.10000	(10%-25%) Below
Non-ORx	No	13668008105	MONTELUKAST SODIUM	180	\$0.34444	\$0.06111	200% Above
Non-ORx	No	13668008105	MONTELUKAST SODIUM	90	\$0.34444	\$0.06667	200% Above
Non-ORx	No	13668008105	MONTELUKAST SODIUM	30	\$0.16667	\$0.06667	101%-200% Above
Non-ORx	No	13668008105	MONTELUKAST SODIUM	1080	\$0.33982	\$0.05556	200% Above
Non-ORx	No	13668009290	PRAMIPEXOLE DIHYDROCHLORI	120	\$0.28333	\$0.05000	200% Above
Non-ORx	No	13668009290	PRAMIPEXOLE DIHYDROCHLORI	30	\$0.40000	\$0.06667	200% Above
Non-ORx	No	13668009390	PRAMIPEXOLE DIHYDROCHLORI	60	\$0.45000	\$0.05000	200% Above
Non-ORx	No	13668009490	PRAMIPEXOLE DIHYDROCHLORI	60	\$0.43333	\$0.05000	200% Above
Non-ORx	No	13668009590	PRAMIPEXOLE DIHYDROCHLORI	30	\$0.23333	\$0.06667	200% Above
Non-ORx	No	13668010290	DONEPEZIL HYDROCHLORIDE	30	\$0.40000	\$0.03333	200% Above
Non-ORx	No	13668010401	ISOSORBIDE MONONITRATE ER	90	\$0.23333	\$0.10000	101%-200% Above
Non-ORx	No	13668010401	ISOSORBIDE MONONITRATE ER	180	\$0.38889	\$0.08889	200% Above
Non-ORx	No	13668010401	ISOSORBIDE MONONITRATE ER	30	\$0.46667	\$0.10000	200% Above
Non-ORx	No	13668010410	ISOSORBIDE MONONITRATE ER	90	\$0.38889	\$0.08889	200% Above
Non-ORx	No	13668010410	ISOSORBIDE MONONITRATE ER	30	\$0.46667	\$0.10000	200% Above
Non-ORx	No	13668010501	ISOSORBIDE MONONITRATE ER	90	\$0.47778	\$0.12222	200% Above
Non-ORx	No	13668010501	ISOSORBIDE MONONITRATE ER	45	\$0.51111	\$0.11111	200% Above
Non-ORx	No	13668010510	ISOSORBIDE MONONITRATE ER	90	\$0.47778	\$0.12222	200% Above
Non-ORx	No	13668010790	RABEPRAZOLE SODIUM	90	\$1.20000	\$0.24444	200% Above
Non-ORx	No	13668010790	RABEPRAZOLE SODIUM	30	\$0.43333	\$0.23333	76%-100% Above
Non-ORx	No	13668011510	LOSARTAN POTASSIUM	30	\$0.06667	\$0.10000	(26%-50%) Below
Non-ORx	No	13668012090	PIOGLITAZONE HCL	30	\$0.63333	\$0.13333	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
Non-ORx	No	13668013401	FELODIPINE ER	90	\$0.67778	\$0.23333	101%-200% Above
Non-ORx	No	13668013501	ESCITALOPRAM OXALATE	630	\$0.28730	\$0.04444	200% Above
Non-ORx	No	13668013501	ESCITALOPRAM OXALATE	120	\$0.29167	\$0.05000	200% Above
Non-ORx	No	13668013501	ESCITALOPRAM OXALATE	750	\$0.32267	\$0.03333	200% Above
Non-ORx	No	13668013505	ESCITALOPRAM OXALATE	30	\$0.26667	\$0.03333	200% Above
Non-ORx	No	13668013601	ESCITALOPRAM OXALATE	104	\$0.26923	\$0.04808	200% Above
Non-ORx	No	13668013601	ESCITALOPRAM OXALATE	120	\$0.29167	\$0.05000	200% Above
Non-ORx	No	13668013601	ESCITALOPRAM OXALATE	1260	\$0.27381	\$0.05556	200% Above
Non-ORx	No	13668013601	ESCITALOPRAM OXALATE	3780	\$0.29392	\$0.04444	200% Above
Non-ORx	No	13668013601	ESCITALOPRAM OXALATE	405	\$0.25185	\$0.04444	200% Above
Non-ORx	No	13668013601	ESCITALOPRAM OXALATE	990	\$0.39899	\$0.03333	200% Above
Non-ORx	No	13668013601	ESCITALOPRAM OXALATE	300	\$0.38667	\$0.06667	200% Above
Non-ORx	No	13668013601	ESCITALOPRAM OXALATE	20	\$0.40000	\$0.05000	200% Above
Non-ORx	No	13668013601	ESCITALOPRAM OXALATE	75	\$0.38667	\$0.05333	200% Above
Non-ORx	No	13668013601	ESCITALOPRAM OXALATE	300	\$0.41000	\$0.05000	200% Above
Non-ORx	No	13668013601	ESCITALOPRAM OXALATE	270	\$0.40000	\$0.04444	200% Above
Non-ORx	No	13668013605	ESCITALOPRAM OXALATE	30	\$0.03333	\$0.06667	(26%-50%) Below
Non-ORx	No	13668013610	ESCITALOPRAM OXALATE	90	\$0.25556	\$0.04444	200% Above
Non-ORx	No	13668013610	ESCITALOPRAM OXALATE	240	\$0.31667	\$0.05000	200% Above
Non-ORx	No	13668013610	ESCITALOPRAM OXALATE	990	\$0.35657	\$0.03333	200% Above
Non-ORx	No	13668013610	ESCITALOPRAM OXALATE	14	\$0.28571	\$0.07143	200% Above
Non-ORx	No	13668013610	ESCITALOPRAM OXALATE	120	\$0.37500	\$0.06667	200% Above
Non-ORx	No	13668013610	ESCITALOPRAM OXALATE	45	\$0.37778	\$0.04444	200% Above
Non-ORx	No	13668013701	ESCITALOPRAM OXALATE	720	\$0.38889	\$0.08889	200% Above
Non-ORx	No	13668013701	ESCITALOPRAM OXALATE	120	\$0.53333	\$0.08333	200% Above
Non-ORx	No	13668013701	ESCITALOPRAM OXALATE	180	\$0.35556	\$0.08333	200% Above
Non-ORx	No	13668013701	ESCITALOPRAM OXALATE	135	\$0.35556	\$0.08148	200% Above
Non-ORx	No	13668013701	ESCITALOPRAM OXALATE	2160	\$0.38056	\$0.07778	200% Above
Non-ORx	No	13668013701	ESCITALOPRAM OXALATE	570	\$0.44737	\$0.06667	200% Above
Non-ORx	No	13668013701	ESCITALOPRAM OXALATE	210	\$0.44762	\$0.10000	200% Above
Non-ORx	No	13668013701	ESCITALOPRAM OXALATE	60	\$0.45000	\$0.08333	200% Above
Non-ORx	No	13668013710	ESCITALOPRAM OXALATE	180	\$0.24444	\$0.07778	200% Above
Non-ORx	No	13668013710	ESCITALOPRAM OXALATE	90	\$0.31111	\$0.08889	200% Above
Non-ORx	No	13668013710	ESCITALOPRAM OXALATE	90	\$0.32222	\$0.08889	200% Above
Non-ORx	No	13668013710	ESCITALOPRAM OXALATE	750	\$0.40133	\$0.06667	200% Above
Non-ORx	No	13668013710	ESCITALOPRAM OXALATE	210	\$0.41429	\$0.10000	200% Above
Non-ORx	No	13668015590	ESOMEPRAZOLE MAGNESIUM	30	\$0.50000	\$0.23333	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
Non-ORx	No	13668015830	TELMISARTAN	90	\$0.74444	\$0.34444	101%-200% Above
Non-ORx	No	13668015930	TELMISARTAN/HYDROCHLOROTH	30	\$1.86667	\$1.36667	26%-50% Above
Non-ORx	No	13668017905	ROSUVASTATIN CALCIUM	90	\$0.41111	\$0.06667	200% Above
Non-ORx	No	13668018490	PRAMIPEXOLE DIHYDROCHLORI	20	\$0.55000	\$0.10000	200% Above
Non-ORx	No	13668018801	SILDENAFIL CITRATE	18	\$0.88889	\$0.27778	200% Above
Non-ORx	No	13668018801	SILDENAFIL CITRATE	12	\$1.33333	\$0.33333	200% Above
Non-ORx	No	13668018830	SILDENAFIL CITRATE	18	\$1.33333	\$0.33333	200% Above
Non-ORx	No	13668021630	ARIPIRAZOLE	30	\$0.30000	\$0.16667	76%-100% Above
Non-ORx	No	13668021630	ARIPIRAZOLE	60	\$0.63333	\$0.13333	200% Above
Non-ORx	No	13668021690	ARIPIRAZOLE	120	\$0.45833	\$0.15000	200% Above
Non-ORx	No	13668021690	ARIPIRAZOLE	60	\$0.45000	\$0.16667	101%-200% Above
Non-ORx	No	13668021690	ARIPIRAZOLE	30	\$0.46667	\$0.16667	101%-200% Above
Non-ORx	No	13668021690	ARIPIRAZOLE	10	\$0.50000	\$0.20000	101%-200% Above
Non-ORx	No	13668021690	ARIPIRAZOLE	210	\$0.43810	\$0.13333	200% Above
Non-ORx	No	13668021730	ARIPIRAZOLE	390	\$1.02564	\$0.16667	200% Above
Non-ORx	No	13668021730	ARIPIRAZOLE	25	\$0.68000	\$0.16000	200% Above
Non-ORx	No	13668021790	ARIPIRAZOLE	180	\$0.48333	\$0.16667	101%-200% Above
Non-ORx	No	13668021790	ARIPIRAZOLE	12	\$0.50000	\$0.16667	200% Above
Non-ORx	No	13668021805	ARIPIRAZOLE	30	\$0.10000	\$0.16667	(26%-50%) Below
Non-ORx	No	13668021830	ARIPIRAZOLE	180	\$0.62222	\$0.16667	200% Above
Non-ORx	No	13668021890	ARIPIRAZOLE	60	\$0.46667	\$0.16667	101%-200% Above
Non-ORx	No	13668021930	ARIPIRAZOLE	30	\$0.30000	\$0.16667	76%-100% Above
Non-ORx	No	13668022030	ARIPIRAZOLE	60	\$0.96667	\$0.25000	200% Above
Non-ORx	No	13668022090	ARIPIRAZOLE	30	\$0.76667	\$0.23333	200% Above
Non-ORx	No	13668025030	OLMESARTAN MEDOXOMIL	30	\$0.10000	\$0.16667	(26%-50%) Below
Non-ORx	No	13668025130	OLMESARTAN MEDOXOMIL/HYDR	90	\$0.44444	\$0.23333	76%-100% Above
Non-ORx	No	13668025130	OLMESARTAN MEDOXOMIL/HYDR	30	\$0.33333	\$0.23333	26%-50% Above
Non-ORx	No	13668025330	OLMESARTAN MEDOXOMIL/HYDR	90	\$0.72222	\$0.30000	101%-200% Above
Non-ORx	No	13668026801	CARBAMAZEPINE	120	\$0.60000	\$0.21667	101%-200% Above
Non-ORx	No	13668026801	CARBAMAZEPINE	90	\$0.28889	\$0.21111	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
Non-ORx	No	13668026801	CARBAMAZEPINE	60	\$0.60000	\$0.21667	101%-200% Above
Non-ORx	No	13668026801	CARBAMAZEPINE	30	\$0.30000	\$0.20000	51%-75% Above
Non-ORx	No	13668026805	CARBAMAZEPINE	540	\$0.73148	\$0.21667	200% Above
Non-ORx	No	13668033005	TRAZODONE HYDROCHLORIDE	90	\$0.33333	\$0.04444	200% Above
Non-ORx	No	13668033005	TRAZODONE HYDROCHLORIDE	180	\$0.30000	\$0.03889	200% Above
Non-ORx	No	13668033005	TRAZODONE HYDROCHLORIDE	120	\$0.25833	\$0.04167	200% Above
Non-ORx	No	13668033005	TRAZODONE HYDROCHLORIDE	840	\$0.24762	\$0.03333	200% Above
Non-ORx	No	13668033005	TRAZODONE HYDROCHLORIDE	1320	\$0.23409	\$0.03333	200% Above
Non-ORx	No	13668033005	TRAZODONE HYDROCHLORIDE	90	\$0.30000	\$0.04444	200% Above
Non-ORx	No	13668033101	TRAZODONE HYDROCHLORIDE	240	\$0.36667	\$0.06667	200% Above
Non-ORx	No	13668033101	TRAZODONE HYDROCHLORIDE	450	\$0.32889	\$0.06667	200% Above
Non-ORx	No	13668033101	TRAZODONE HYDROCHLORIDE	45	\$0.40000	\$0.06667	200% Above
Non-ORx	No	13668033105	TRAZODONE HYDROCHLORIDE	120	\$0.27500	\$0.07500	200% Above
Non-ORx	No	13668033201	TRAZODONE HYDROCHLORIDE	90	\$0.11111	\$0.13333	(10%-25%) Below
Non-ORx	No	13668033201	TRAZODONE HYDROCHLORIDE	120	\$0.42500	\$0.13333	200% Above
Non-ORx	No	13668033201	TRAZODONE HYDROCHLORIDE	12	\$0.50000	\$0.16667	200% Above
Non-ORx	No	13668033201	TRAZODONE HYDROCHLORIDE	15	\$0.46667	\$0.13333	200% Above
Non-ORx	No	13668033201	TRAZODONE HYDROCHLORIDE	300	\$0.46667	\$0.13333	200% Above
Non-ORx	No	13668033205	TRAZODONE HYDROCHLORIDE	60	\$0.06667	\$0.13333	(26%-50%) Below
Non-ORx	No	13668033930	LAMOTRIGINE ER	60	\$3.41667	\$1.38333	101%-200% Above
Non-ORx	No	13668034230	LAMOTRIGINE ER	30	\$8.70000	\$1.66667	200% Above
Non-ORx	No	13668040910	LOSARTAN POTASSIUM	30	\$0.30000	\$0.06667	200% Above
Non-ORx	No	13668042905	PANTOPRAZOLE SODIUM	240	\$0.30417	\$0.06667	200% Above
Non-ORx	No	13668042905	PANTOPRAZOLE SODIUM	90	\$0.11111	\$0.06667	51%-75% Above
Non-ORx	No	13668042905	PANTOPRAZOLE SODIUM	14	\$0.35714	\$0.07143	200% Above
Non-ORx	No	13668042905	PANTOPRAZOLE SODIUM	540	\$0.29815	\$0.06667	200% Above
Non-ORx	No	13668042990	PANTOPRAZOLE SODIUM	90	\$0.14444	\$0.06667	101%-200% Above
Non-ORx	No	13668044101	CELECOXIB	60	\$0.41667	\$0.11667	200% Above
Non-ORx	No	13668044101	CELECOXIB	60	\$0.66667	\$0.10000	200% Above
Non-ORx	No	13668044201	CELECOXIB	60	\$0.38333	\$0.15000	101%-200% Above
Non-ORx	No	13668044201	CELECOXIB	30	\$0.26667	\$0.16667	51%-75% Above
Non-ORx	No	13668044201	CELECOXIB	28	\$0.25000	\$0.14286	76%-100% Above
Non-ORx	No	13668044201	CELECOXIB	90	\$0.31111	\$0.13333	101%-200% Above
Non-ORx	No	13668044205	CELECOXIB	120	\$0.13333	\$0.15000	(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
Non-ORx	No	13668048201	MINOCYCLINE HYDROCHLORIDE	60	\$0.53333	\$0.20000	101%-200% Above
Non-ORx	No	13668048201	MINOCYCLINE HYDROCHLORIDE	37	\$0.21622	\$0.18919	10%-25% Above
Non-ORx	No	13668048201	MINOCYCLINE HYDROCHLORIDE	90	\$0.58889	\$0.20000	101%-200% Above
Non-ORx	No	13668048301	MINOCYCLINE HCL	120	\$0.95833	\$0.36667	101%-200% Above
Non-ORx	No	13668048450	MINOCYCLINE HYDROCHLORIDE	540	\$0.85556	\$0.38333	101%-200% Above
Non-ORx	No	13668048450	MINOCYCLINE HYDROCHLORIDE	240	\$1.32917	\$0.36667	200% Above
Non-ORx	No	13668048450	MINOCYCLINE HYDROCHLORIDE	150	\$0.81333	\$0.40000	101%-200% Above
Non-ORx	No	13668056630	TADALAFIL	60	\$0.46667	\$0.20000	101%-200% Above
Non-ORx	No	13668056830	TADALAFIL	24	\$1.29167	\$0.50000	101%-200% Above
Non-ORx	No	13668056901	CLOBETASOL PROPIONATE	15	\$0.13333	\$0.60000	(76%-100%) Below
Non-ORx	No	13668059181	APREPITANT	1	\$77.00000	\$61.00000	26%-50% Above
Non-ORx	No	13668059502	NYSTATIN	60	\$0.61667	\$0.16667	200% Above
Non-ORx	No	13668059502	NYSTATIN	30	\$0.60000	\$0.16667	200% Above
Non-ORx	No	13811070910	METHYLPHENIDATE HYDROCHLO	30	\$5.16667	\$0.96667	200% Above
Non-ORx	No	13811071030	METHYLPHENIDATE HYDROCHLO	90	\$0.11111	\$16.08889	(76%-100%) Below
Non-ORx	No	13811071530	VENLAFAXINE HYDROCHLORIDE	30	\$7.86667	\$3.60000	101%-200% Above
Non-ORx	No	13811071910	NITROFURANTOIN MONOHYDRAT	56	\$0.96429	\$0.50000	76%-100% Above
Non-ORx	No	13811071910	NITROFURANTOIN MONOHYDRAT	98	\$0.62245	\$0.50000	10%-25% Above
Non-ORx	No	13811071910	NITROFURANTOIN MONOHYDRAT	60	\$0.71667	\$0.50000	26%-50% Above
Non-ORx	No	14539065305	OXYBUTYNIN CHLORIDE	60	\$0.20000	\$0.06667	200% Above
Non-ORx	No	14539067306	DIFLUNISAL	60	\$1.38333	\$1.05000	26%-50% Above
Non-ORx	No	14539067405	HYDROXYZINE PAMOATE	50	\$0.06000	\$0.08000	(10%-25%) Below
Non-ORx	No	16571012706	TOLTERODINE TARTRATE	60	\$1.15000	\$0.41667	101%-200% Above
Non-ORx	No	16571020106	DICLOFENAC SODIUM DR	2100	\$0.42048	\$0.10000	200% Above
Non-ORx	No	16571020106	DICLOFENAC SODIUM DR	42	\$0.42857	\$0.09524	200% Above
Non-ORx	No	16571020106	DICLOFENAC SODIUM DR	40	\$0.42500	\$0.10000	200% Above
Non-ORx	No	16571020106	DICLOFENAC SODIUM DR	80	\$0.37500	\$0.10000	200% Above
Non-ORx	No	16571020106	DICLOFENAC SODIUM DR	180	\$0.42778	\$0.09444	200% Above
Non-ORx	No	16571020106	DICLOFENAC SODIUM DR	240	\$0.42500	\$0.10000	200% Above
Non-ORx	No	16571020106	DICLOFENAC SODIUM DR	14	\$0.42857	\$0.07143	200% Above
Non-ORx	No	16571020106	DICLOFENAC SODIUM DR	10	\$0.40000	\$0.10000	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
Non-ORx	No	16571020106	DICLOFENAC SODIUM DR	160	\$0.42500	\$0.10000	200% Above
Non-ORx	No	16571020106	DICLOFENAC SODIUM DR	112	\$0.42857	\$0.10714	200% Above
Non-ORx	No	16571020110	DICLOFENAC SODIUM DR	60	\$0.23333	\$0.10000	101%-200% Above
Non-ORx	No	16571020110	DICLOFENAC SODIUM DR	40	\$0.25000	\$0.10000	101%-200% Above
Non-ORx	No	16571020110	DICLOFENAC SODIUM DR	20	\$0.30000	\$0.10000	200% Above
Non-ORx	No	16571020111	DICLOFENAC SODIUM DR	1560	\$0.28910	\$0.10000	101%-200% Above
Non-ORx	No	16571020111	DICLOFENAC SODIUM DR	120	\$0.33333	\$0.10000	200% Above
Non-ORx	No	16571020111	DICLOFENAC SODIUM DR	40	\$0.35000	\$0.10000	200% Above
Non-ORx	No	16571020111	DICLOFENAC SODIUM DR	14	\$0.35714	\$0.07143	200% Above
Non-ORx	No	16571020111	DICLOFENAC SODIUM DR	90	\$0.30000	\$0.10000	200% Above
Non-ORx	No	16571020150	DICLOFENAC SODIUM DR	2820	\$0.24716	\$0.10000	101%-200% Above
Non-ORx	No	16571020150	DICLOFENAC SODIUM DR	52	\$0.42308	\$0.09615	200% Above
Non-ORx	No	16571020150	DICLOFENAC SODIUM DR	42	\$0.14286	\$0.09524	51%-75% Above
Non-ORx	No	16571020150	DICLOFENAC SODIUM DR	120	\$0.34167	\$0.10000	200% Above
Non-ORx	No	16571020150	DICLOFENAC SODIUM DR	540	\$0.30370	\$0.09444	200% Above
Non-ORx	No	16571020150	DICLOFENAC SODIUM DR	90	\$0.14444	\$0.08889	51%-75% Above
Non-ORx	No	16571020150	DICLOFENAC SODIUM DR	42	\$0.26191	\$0.07143	200% Above
Non-ORx	No	16571020150	DICLOFENAC SODIUM DR	20	\$0.20000	\$0.10000	101%-200% Above
Non-ORx	No	16571020150	DICLOFENAC SODIUM DR	120	\$0.27500	\$0.10000	101%-200% Above
Non-ORx	No	16571020150	DICLOFENAC SODIUM DR	240	\$0.22500	\$0.10000	101%-200% Above
Non-ORx	No	16571020150	DICLOFENAC SODIUM DR	56	\$0.16071	\$0.10714	51%-75% Above
Non-ORx	No	16571020210	DICLOFENAC SODIUM DR	180	\$0.43889	\$0.11667	200% Above
Non-ORx	No	16571020210	DICLOFENAC SODIUM DR	480	\$0.31458	\$0.10000	200% Above
Non-ORx	No	16571020210	DICLOFENAC SODIUM DR	90	\$0.63333	\$0.11111	200% Above
Non-ORx	No	16571020210	DICLOFENAC SODIUM DR	90	\$0.08889	\$0.10000	(10%-25%) Below
Non-ORx	No	16571020210	DICLOFENAC SODIUM DR	40	\$0.35000	\$0.10000	200% Above
Non-ORx	No	16571020210	DICLOFENAC SODIUM DR	90	\$0.54444	\$0.10000	200% Above
Non-ORx	No	16571020210	DICLOFENAC SODIUM DR	28	\$0.64286	\$0.10714	200% Above
Non-ORx	No	16571041110	CIPROFLOXACIN HYDROCHLORI	20	\$1.00000	\$0.10000	200% Above
Non-ORx	No	16571041110	CIPROFLOXACIN HYDROCHLORI	14	\$0.50000	\$0.07143	200% Above
Non-ORx	No	16571041250	CIPROFLOXACIN HYDROCHLORI	20	\$1.20000	\$0.15000	200% Above
Non-ORx	No	16571041250	CIPROFLOXACIN HYDROCHLORI	42	\$1.21429	\$0.14286	200% Above
Non-ORx	No	16571041250	CIPROFLOXACIN HYDROCHLORI	6	\$1.16667	\$0.16667	200% Above
Non-ORx	No	16571041250	CIPROFLOXACIN HYDROCHLORI	10	\$1.20000	\$0.10000	200% Above
Non-ORx	No	16571065710	CEVIMELINE HYDROCHLORIDE	180	\$0.95000	\$0.83333	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
Non-ORx	No	16571066101	MECLIZINE HYDROCHLORIDE	30	\$0.20000	\$0.13333	51%-75% Above
Non-ORx	No	16571066401	METRONIDAZOLE	14	\$0.50000	\$0.14286	200% Above
Non-ORx	No	16571066401	METRONIDAZOLE	10	\$0.50000	\$0.10000	200% Above
Non-ORx	No	16571066450	METRONIDAZOLE	21	\$0.47619	\$0.14286	200% Above
Non-ORx	No	16571066450	METRONIDAZOLE	56	\$0.50000	\$0.14286	200% Above
Non-ORx	No	16571067310	PHENOBARBITAL	90	\$0.44444	\$0.31111	26%-50% Above
Non-ORx	No	16571068701	HYDROXYCHLOROQUINE SULFAT	135	\$0.54074	\$0.24444	101%-200% Above
Non-ORx	No	16571068701	HYDROXYCHLOROQUINE SULFAT	60	\$0.43333	\$0.23333	76%-100% Above
Non-ORx	No	16571068701	HYDROXYCHLOROQUINE SULFAT	420	\$0.56905	\$0.25000	101%-200% Above
Non-ORx	No	16571068701	HYDROXYCHLOROQUINE SULFAT	180	\$0.63889	\$0.24444	101%-200% Above
Non-ORx	No	16571068701	HYDROXYCHLOROQUINE SULFAT	12	\$0.41667	\$0.25000	51%-75% Above
Non-ORx	No	16571068701	HYDROXYCHLOROQUINE SULFAT	60	\$0.43333	\$0.23333	76%-100% Above
Non-ORx	No	16571073706	PROPAFENONE HYDROCHLORIDE	60	\$5.31667	\$1.68333	200% Above
Non-ORx	No	16571078150	CARISOPRODOL	60	\$0.23333	\$0.05000	200% Above
Non-ORx	No	16571078150	CARISOPRODOL	40	\$0.37500	\$0.05000	200% Above
Non-ORx	No	16714001001	ISOSORBIDE DINITRATE	90	\$0.91111	\$0.50000	76%-100% Above
Non-ORx	No	16714001401	AMOXICILLIN/CLAVULANATE P	260	\$0.81154	\$0.35000	101%-200% Above
Non-ORx	No	16714001401	AMOXICILLIN/CLAVULANATE P	28	\$1.00000	\$0.35714	101%-200% Above
Non-ORx	No	16714001830	BUDESONIDE	120	\$0.08333	\$0.75000	(76%-100%) Below
Non-ORx	No	16714002801	MEDROXYPROGESTERONE ACETA	1	\$61.00000	\$29.00000	101%-200% Above
Non-ORx	No	16714003501	LEVETIRACETAM	14	\$0.21429	\$0.07143	200% Above
Non-ORx	No	16714003610	ENOXAPARIN SODIUM	24	\$16.70833	\$10.08333	51%-75% Above
Non-ORx	No	16714004107	ALLOPURINOL	210	\$0.10000	\$0.06667	51%-75% Above
Non-ORx	No	16714004110	ALLOPURINOL	60	\$0.21667	\$0.05000	200% Above
Non-ORx	No	16714004110	ALLOPURINOL	60	\$0.21667	\$0.06667	200% Above
Non-ORx	No	16714004112	ALLOPURINOL	90	\$0.22222	\$0.05556	200% Above
Non-ORx	No	16714004112	ALLOPURINOL	60	\$0.05000	\$0.06667	(10%-25%) Below
Non-ORx	No	16714004112	ALLOPURINOL	60	\$0.25000	\$0.06667	200% Above
Non-ORx	No	16714004210	ALLOPURINOL	90	\$0.38889	\$0.08889	200% Above
Non-ORx	No	16714004211	ALLOPURINOL	270	\$0.28148	\$0.08889	200% Above
Non-ORx	No	16714004211	ALLOPURINOL	75	\$0.40000	\$0.09333	200% Above
Non-ORx	No	16714004211	ALLOPURINOL	270	\$0.24444	\$0.10000	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
Non-ORx	No	16714004301	VENLAFAXINE HYDROCHLORIDE	90	\$0.44444	\$0.10000	200% Above
Non-ORx	No	16714004401	VENLAFAXINE HYDROCHLORIDE	90	\$0.16667	\$0.12222	26%-50% Above
Non-ORx	No	16714004401	VENLAFAXINE HYDROCHLORIDE	60	\$0.48333	\$0.11667	200% Above
Non-ORx	No	16714004401	VENLAFAXINE HYDROCHLORIDE	15	\$0.46667	\$0.13333	200% Above
Non-ORx	No	16714004401	VENLAFAXINE HYDROCHLORIDE	30	\$0.16667	\$0.13333	26%-50% Above
Non-ORx	No	16714007104	BACLOFEN	90	\$0.10000	\$0.06667	51%-75% Above
Non-ORx	No	16714007106	BACLOFEN	90	\$0.17778	\$0.06667	101%-200% Above
Non-ORx	No	16714007106	BACLOFEN	30	\$0.16667	\$0.06667	101%-200% Above
Non-ORx	No	16714007501	TADALAFIL	60	\$0.60000	\$0.20000	200% Above
Non-ORx	No	16714007601	TADALAFIL	6	\$1.33333	\$0.33333	200% Above
Non-ORx	No	16714007701	TADALAFIL	6	\$1.66667	\$0.50000	200% Above
Non-ORx	No	16714007701	TADALAFIL	5	\$0.20000	\$0.40000	(26%-50%) Below
Non-ORx	No	16714008110	HYDROXYZINE HYDROCHLORIDE	180	\$0.06667	\$0.05000	26%-50% Above
Non-ORx	No	16714008110	HYDROXYZINE HYDROCHLORIDE	90	\$0.02222	\$0.03333	(26%-50%) Below
Non-ORx	No	16714008110	HYDROXYZINE HYDROCHLORIDE	60	\$0.06667	\$0.03333	101%-200% Above
Non-ORx	No	16714008110	HYDROXYZINE HYDROCHLORIDE	30	\$0.06667	\$0.03333	101%-200% Above
Non-ORx	No	16714008210	HYDROXYZINE HYDROCHLORIDE	60	\$0.10000	\$0.08333	10%-25% Above
Non-ORx	No	16714008210	HYDROXYZINE HYDROCHLORIDE	90	\$0.10000	\$0.04444	101%-200% Above
Non-ORx	No	16714008210	HYDROXYZINE HYDROCHLORIDE	60	\$0.10000	\$0.05000	101%-200% Above
Non-ORx	No	16714008210	HYDROXYZINE HYDROCHLORIDE	28	\$0.10714	\$0.07143	51%-75% Above
Non-ORx	No	16714008210	HYDROXYZINE HYDROCHLORIDE	30	\$0.10000	\$0.03333	200% Above
Non-ORx	No	16714008210	HYDROXYZINE HYDROCHLORIDE	60	\$0.16667	\$0.06667	101%-200% Above
Non-ORx	No	16714008211	HYDROXYZINE HYDROCHLORIDE	120	\$0.15000	\$0.08333	76%-100% Above
Non-ORx	No	16714008212	HYDROXYZINE HYDROCHLORIDE	270	\$0.20741	\$0.07778	101%-200% Above
Non-ORx	No	16714008212	HYDROXYZINE HYDROCHLORIDE	30	\$0.23333	\$0.06667	200% Above
Non-ORx	No	16714008310	HYDROXYZINE HCL	21	\$0.14286	\$0.09524	51%-75% Above
Non-ORx	No	16714008311	HYDROXYZINE HCL	30	\$0.23333	\$0.10000	101%-200% Above
Non-ORx	No	16714008402	SPIRONOLACTONE	30	\$0.26667	\$0.06667	200% Above
Non-ORx	No	16714008402	SPIRONOLACTONE	15	\$0.26667	\$0.06667	200% Above
Non-ORx	No	16714008403	SPIRONOLACTONE	90	\$0.23333	\$0.05556	200% Above
Non-ORx	No	16714008403	SPIRONOLACTONE	30	\$0.26667	\$0.06667	200% Above
Non-ORx	No	16714008501	SPIRONOLACTONE	60	\$0.18333	\$0.13333	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
Non-ORx	No	16714008502	SPIRONOLACTONE	60	\$0.35000	\$0.11667	200% Above
Non-ORx	No	16714008502	SPIRONOLACTONE	30	\$0.36667	\$0.10000	200% Above
Non-ORx	No	16714008603	SPIRONOLACTONE	120	\$0.34167	\$0.20000	51%-75% Above
Non-ORx	No	16714010102	GEMFIBROZIL	60	\$0.30000	\$0.10000	200% Above
Non-ORx	No	16714011001	HYDROXYCHLOROQUINE SULFAT	60	\$0.21667	\$0.25000	(10%-25%) Below
Non-ORx	No	16714011201	FLUOXETINE HYDROCHLORIDE	30	\$0.53333	\$0.26667	101%-200% Above
Non-ORx	No	16714012302	OMEPRAZOLE	60	\$0.40000	\$0.06667	200% Above
Non-ORx	No	16714012303	OMEPRAZOLE	180	\$0.20556	\$0.06667	200% Above
Non-ORx	No	16714012303	OMEPRAZOLE	120	\$0.38333	\$0.06667	200% Above
Non-ORx	No	16714012303	OMEPRAZOLE	120	\$0.35833	\$0.06667	200% Above
Non-ORx	No	16714012303	OMEPRAZOLE	510	\$0.30196	\$0.06667	200% Above
Non-ORx	No	16714012801	CHLORTHALIDONE	45	\$0.51111	\$0.17778	101%-200% Above
Non-ORx	No	16714012801	CHLORTHALIDONE	30	\$0.50000	\$0.16667	200% Above
Non-ORx	No	16714013201	DOXEPIN HYDROCHLORIDE	60	\$0.43333	\$0.21667	101%-200% Above
Non-ORx	No	16714013301	DOXEPIN HYDROCHLORIDE	30	\$0.43333	\$0.30000	26%-50% Above
Non-ORx	No	16714014101	ARIPIRAZOLE	30	\$0.40000	\$0.13333	200% Above
Non-ORx	No	16714014201	ARIPIRAZOLE	60	\$0.46667	\$0.16667	101%-200% Above
Non-ORx	No	16714014201	ARIPIRAZOLE	60	\$0.26667	\$0.16667	51%-75% Above
Non-ORx	No	16714014401	ARIPIRAZOLE	30	\$0.50000	\$0.16667	200% Above
Non-ORx	No	16714015701	PROGESTERONE	90	\$0.38889	\$0.25556	51%-75% Above
Non-ORx	No	16714015701	PROGESTERONE	60	\$0.96667	\$0.25000	200% Above
Non-ORx	No	16714015701	PROGESTERONE	30	\$0.70000	\$0.26667	101%-200% Above
Non-ORx	No	16714015801	PROGESTERONE	60	\$0.56667	\$0.43333	26%-50% Above
Non-ORx	No	16714015801	PROGESTERONE	60	\$0.88333	\$0.46667	76%-100% Above
Non-ORx	No	16714015901	ONDANSETRON HYDROCHLORIDE	28	\$0.35714	\$0.07143	200% Above
Non-ORx	No	16714015901	ONDANSETRON HYDROCHLORIDE	24	\$0.54167	\$0.08333	200% Above
Non-ORx	No	16714015901	ONDANSETRON HYDROCHLORIDE	150	\$0.52667	\$0.06667	200% Above
Non-ORx	No	16714015901	ONDANSETRON HYDROCHLORIDE	180	\$0.50000	\$0.06667	200% Above
Non-ORx	No	16714015901	ONDANSETRON HYDROCHLORIDE	80	\$0.31250	\$0.07500	200% Above
Non-ORx	No	16714015901	ONDANSETRON HYDROCHLORIDE	80	\$0.37500	\$0.05000	200% Above
Non-ORx	No	16714015901	ONDANSETRON HYDROCHLORIDE	20	\$0.60000	\$0.10000	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
Non-ORx	No	16714015901	ONDANSETRON HYDROCHLORIDE	24	\$0.45833	\$0.08333	200% Above
Non-ORx	No	16714015901	ONDANSETRON HYDROCHLORIDE	15	\$0.53333	\$0.06667	200% Above
Non-ORx	No	16714016001	ONDANSETRON HYDROCHLORIDE	60	\$0.40000	\$0.10000	200% Above
Non-ORx	No	16714016001	ONDANSETRON HYDROCHLORIDE	21	\$0.66667	\$0.09524	200% Above
Non-ORx	No	16714016001	ONDANSETRON HYDROCHLORIDE	90	\$0.42222	\$0.10000	200% Above
Non-ORx	No	16714016001	ONDANSETRON HYDROCHLORIDE	60	\$0.40000	\$0.10000	200% Above
Non-ORx	No	16714016001	ONDANSETRON HYDROCHLORIDE	6	\$0.66667	\$0.16667	200% Above
Non-ORx	No	16714016001	ONDANSETRON HYDROCHLORIDE	10	\$0.70000	\$0.10000	200% Above
Non-ORx	No	16714016001	ONDANSETRON HYDROCHLORIDE	12	\$0.41667	\$0.08333	200% Above
Non-ORx	No	16714016601	LIOTHYRONINE SODIUM	90	\$0.74444	\$0.40000	76%-100% Above
Non-ORx	No	16714016601	LIOTHYRONINE SODIUM	90	\$0.62222	\$0.36667	51%-75% Above
Non-ORx	No	16714016601	LIOTHYRONINE SODIUM	30	\$0.63333	\$0.40000	51%-75% Above
Non-ORx	No	16714016601	LIOTHYRONINE SODIUM	30	\$0.86667	\$0.36667	101%-200% Above
Non-ORx	No	16714017201	TIZANIDINE HYDROCHLORIDE	60	\$0.03333	\$0.05000	(26%-50%) Below
Non-ORx	No	16714017201	TIZANIDINE HYDROCHLORIDE	30	\$0.20000	\$0.06667	200% Above
Non-ORx	No	16714017202	TIZANIDINE HYDROCHLORIDE	270	\$0.22593	\$0.05556	200% Above
Non-ORx	No	16714017303	ATORVASTATIN CALCIUM	360	\$0.23889	\$0.03333	200% Above
Non-ORx	No	16714017303	ATORVASTATIN CALCIUM	360	\$0.18333	\$0.03333	200% Above
Non-ORx	No	16714017401	ATORVASTATIN CALCIUM	60	\$0.28333	\$0.05000	200% Above
Non-ORx	No	16714017401	ATORVASTATIN CALCIUM	30	\$0.26667	\$0.03333	200% Above
Non-ORx	No	16714017402	ATORVASTATIN CALCIUM	30	\$0.03333	\$0.06667	(26%-50%) Below
Non-ORx	No	16714017402	ATORVASTATIN CALCIUM	180	\$0.20556	\$0.03333	200% Above
Non-ORx	No	16714017403	ATORVASTATIN CALCIUM	60	\$0.26667	\$0.06667	200% Above
Non-ORx	No	16714017403	ATORVASTATIN CALCIUM	60	\$0.28333	\$0.03333	200% Above
Non-ORx	No	16714017501	ATORVASTATIN CALCIUM	180	\$0.35556	\$0.05556	200% Above
Non-ORx	No	16714017501	ATORVASTATIN CALCIUM	210	\$0.08095	\$0.06667	10%-25% Above
Non-ORx	No	16714017502	ATORVASTATIN CALCIUM	30	\$0.46667	\$0.06667	200% Above
Non-ORx	No	16714017503	ATORVASTATIN CALCIUM	90	\$0.33333	\$0.05556	200% Above
Non-ORx	No	16714017503	ATORVASTATIN CALCIUM	240	\$0.30000	\$0.06667	200% Above
Non-ORx	No	16714017503	ATORVASTATIN CALCIUM	15	\$0.33333	\$0.06667	200% Above
Non-ORx	No	16714017601	ATORVASTATIN CALCIUM	180	\$0.35556	\$0.10000	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
Non-ORx	No	16714017602	ATORVASTATIN CALCIUM	120	\$0.22500	\$0.10000	101%-200% Above
Non-ORx	No	16714017730	LIDOCAINE	30	\$2.60000	\$2.03333	26%-50% Above
Non-ORx	No	16714020030	ONDANSETRON ODT	20	\$4.15000	\$0.20000	200% Above
Non-ORx	No	16714020030	ONDANSETRON ODT	30	\$0.76667	\$0.23333	200% Above
Non-ORx	No	16714020030	ONDANSETRON ODT	60	\$0.35000	\$0.21667	51%-75% Above
Non-ORx	No	16714020030	ONDANSETRON ODT	5	\$0.80000	\$0.20000	200% Above
Non-ORx	No	16714020030	ONDANSETRON ODT	50	\$0.60000	\$0.20000	200% Above
Non-ORx	No	16714020030	ONDANSETRON ODT	36	\$0.50000	\$0.25000	101%-200% Above
Non-ORx	No	16714022402	LOSARTAN POTASSIUM/HYDRO	30	\$0.50000	\$0.16667	200% Above
Non-ORx	No	16714023501	PENICILLIN V POTASSIUM	80	\$0.40000	\$0.10000	200% Above
Non-ORx	No	16714023501	PENICILLIN V POTASSIUM	28	\$0.39286	\$0.10714	200% Above
Non-ORx	No	16714024401	FAMOTIDINE	50	\$0.80000	\$0.98000	(10%-25%) Below
Non-ORx	No	16714029401	AMOXICILLIN/CLAVULANATE P	150	\$0.15333	\$0.08667	76%-100% Above
Non-ORx	No	16714029401	AMOXICILLIN/CLAVULANATE P	300	\$0.23667	\$0.08000	101%-200% Above
Non-ORx	No	16714029402	AMOXICILLIN/CLAVULANATE P	625	\$0.21920	\$0.06400	200% Above
Non-ORx	No	16714029403	AMOXICILLIN/CLAVULANATE P	200	\$0.15500	\$0.06000	101%-200% Above
Non-ORx	No	16714029903	AMOXICILLIN	40	\$0.30000	\$0.07500	200% Above
Non-ORx	No	16714029904	AMOXICILLIN	90	\$0.26667	\$0.06667	200% Above
Non-ORx	No	16714029904	AMOXICILLIN	32	\$0.28125	\$0.06250	200% Above
Non-ORx	No	16714029904	AMOXICILLIN	36	\$0.05556	\$0.08333	(26%-50%) Below
Non-ORx	No	16714029904	AMOXICILLIN	84	\$0.19048	\$0.07143	101%-200% Above
Non-ORx	No	16714029904	AMOXICILLIN	15	\$0.26667	\$0.06667	200% Above
Non-ORx	No	16714029904	AMOXICILLIN	80	\$0.17500	\$0.05000	200% Above
Non-ORx	No	16714029904	AMOXICILLIN	126	\$0.16667	\$0.04762	200% Above
Non-ORx	No	16714033002	GABAPENTIN	120	\$0.25833	\$0.09167	101%-200% Above
Non-ORx	No	16714033002	GABAPENTIN	180	\$0.25556	\$0.09444	101%-200% Above
Non-ORx	No	16714033002	GABAPENTIN	60	\$0.31667	\$0.08333	200% Above
Non-ORx	No	16714033002	GABAPENTIN	180	\$0.28333	\$0.08889	200% Above
Non-ORx	No	16714033202	GABAPENTIN	90	\$0.24444	\$0.12222	101%-200% Above
Non-ORx	No	16714035701	LEVETIRACETAM	60	\$0.16667	\$0.23333	(26%-50%) Below
Non-ORx	No	16714035701	LEVETIRACETAM	30	\$0.16667	\$0.23333	(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
Non-ORx	No	16714035801	LEVETIRACETAM	900	\$0.01667	\$0.03111	(26%-50%) Below
Non-ORx	No	16714036004	MONO-LINYAH	840	\$0.58810	\$0.17857	200% Above
Non-ORx	No	16714036004	MONO-LINYAH	84	\$0.65476	\$0.15476	200% Above
Non-ORx	No	16714036004	MONO-LINYAH	56	\$0.57143	\$0.14286	200% Above
Non-ORx	No	16714036004	MONO-LINYAH	476	\$0.52101	\$0.17857	101%-200% Above
Non-ORx	No	16714036304	TRI-LINYAH	168	\$0.11905	\$0.16667	(26%-50%) Below
Non-ORx	No	16714036304	TRI-LINYAH	168	\$0.50000	\$0.17857	101%-200% Above
Non-ORx	No	16714036304	TRI-LINYAH	140	\$0.42143	\$0.17857	101%-200% Above
Non-ORx	No	16714036504	ELINEST	84	\$0.30952	\$0.42857	(26%-50%) Below
Non-ORx	No	16714037003	WERA	28	\$0.17857	\$0.64286	(51%-75%) Below
Non-ORx	No	16714039102	CEFDINIR	28	\$1.21429	\$0.46429	101%-200% Above
Non-ORx	No	16714039102	CEFDINIR	100	\$0.97000	\$0.45000	101%-200% Above
Non-ORx	No	16714039102	CEFDINIR	10	\$0.90000	\$0.50000	76%-100% Above
Non-ORx	No	16714039102	CEFDINIR	30	\$1.16667	\$0.46667	101%-200% Above
Non-ORx	No	16714039301	CEFDINIR	120	\$0.22500	\$0.16667	26%-50% Above
Non-ORx	No	16714039302	CEFDINIR	100	\$0.24000	\$0.18000	26%-50% Above
Non-ORx	No	16714039702	CEFPROZIL	75	\$0.21333	\$0.18667	10%-25% Above
Non-ORx	No	16714040001	CEFUROXIME AXETIL	42	\$0.76191	\$0.33333	101%-200% Above
Non-ORx	No	16714040504	LARIN FE 1.5/30	84	\$0.25000	\$0.32143	(10%-25%) Below
Non-ORx	No	16714040504	LARIN FE 1.5/30	56	\$0.64286	\$0.32143	101%-200% Above
Non-ORx	No	16714040604	LARIN FE 1/20	252	\$0.42857	\$0.21429	101%-200% Above
Non-ORx	No	16714040604	LARIN FE 1/20	588	\$0.55102	\$0.22619	101%-200% Above
Non-ORx	No	16714040604	LARIN FE 1/20	196	\$0.53571	\$0.21429	101%-200% Above
Non-ORx	No	16714040703	LARIN 1.5/30	84	\$0.65476	\$0.57143	10%-25% Above
Non-ORx	No	16714041603	LARIN 24 FE	168	\$1.39286	\$0.63095	101%-200% Above
Non-ORx	No	16714041603	LARIN 24 FE	756	\$1.00926	\$0.71429	26%-50% Above
Non-ORx	No	16714041603	LARIN 24 FE	56	\$1.03571	\$0.71429	26%-50% Above
Non-ORx	No	16714041603	LARIN 24 FE	28	\$0.25000	\$0.64286	(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
Non-ORx	No	16714041603	LARIN 24 FE	112	\$1.00000	\$0.71429	26%-50% Above
Non-ORx	No	16714043901	NITROFURANTOIN MONOHYDRAT	20	\$1.25000	\$0.50000	101%-200% Above
Non-ORx	No	16714043901	NITROFURANTOIN MONOHYDRAT	30	\$1.10000	\$0.50000	101%-200% Above
Non-ORx	No	16714043901	NITROFURANTOIN MONOHYDRAT	56	\$1.26786	\$0.50000	101%-200% Above
Non-ORx	No	16714044004	DEBLITANE	336	\$0.47024	\$0.16667	101%-200% Above
Non-ORx	No	16714044004	DEBLITANE	84	\$0.47619	\$0.17857	101%-200% Above
Non-ORx	No	16714044104	SHAROBEL	588	\$0.36905	\$0.16667	101%-200% Above
Non-ORx	No	16714044104	SHAROBEL	56	\$0.32143	\$0.16071	101%-200% Above
Non-ORx	No	16714044104	SHAROBEL	84	\$0.47619	\$0.17857	101%-200% Above
Non-ORx	No	16714044401	ENALAPRIL MALEATE	60	\$0.33333	\$0.11667	101%-200% Above
Non-ORx	No	16714044401	ENALAPRIL MALEATE	30	\$0.33333	\$0.10000	200% Above
Non-ORx	No	16714044501	ENALAPRIL MALEATE	60	\$0.33333	\$0.13333	101%-200% Above
Non-ORx	No	16714044601	AMITRIPTYLINE HYDROCHLORI	90	\$0.21111	\$0.04444	200% Above
Non-ORx	No	16714044601	AMITRIPTYLINE HYDROCHLORI	60	\$0.20000	\$0.03333	200% Above
Non-ORx	No	16714044701	AMITRIPTYLINE HCL	60	\$0.40000	\$0.06667	200% Above
Non-ORx	No	16714044702	AMITRIPTYLINE HCL	30	\$0.33333	\$0.06667	200% Above
Non-ORx	No	16714044801	AMITRIPTYLINE HYDROCHLORI	60	\$0.33333	\$0.16667	101%-200% Above
Non-ORx	No	16714045201	QUETIAPINE FUMARATE	120	\$0.01667	\$0.03333	(26%-50%) Below
Non-ORx	No	16714045301	QUETIAPINE FUMARATE	60	\$0.23333	\$0.05000	200% Above
Non-ORx	No	16714045301	QUETIAPINE FUMARATE	30	\$0.30000	\$0.03333	200% Above
Non-ORx	No	16714045302	QUETIAPINE FUMARATE	120	\$0.31667	\$0.05000	200% Above
Non-ORx	No	16714045302	QUETIAPINE FUMARATE	90	\$0.20000	\$0.03333	200% Above
Non-ORx	No	16714047701	AMOXICILLIN/CLAVULANATE P	30	\$0.66667	\$0.33333	101%-200% Above
Non-ORx	No	16714047701	AMOXICILLIN/CLAVULANATE P	21	\$0.71429	\$0.33333	101%-200% Above
Non-ORx	No	16714047701	AMOXICILLIN/CLAVULANATE P	14	\$0.71429	\$0.35714	101%-200% Above
Non-ORx	No	16714047801	AMOXICILLIN/CLAVULANATE P	28	\$1.00000	\$0.35714	101%-200% Above
Non-ORx	No	16714047802	AMOXICILLIN/CLAVULANATE P	56	\$0.98214	\$0.33929	101%-200% Above
Non-ORx	No	16714047802	AMOXICILLIN/CLAVULANATE P	14	\$1.00000	\$0.35714	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
Non-ORx	No	16714049601	CLOTRIMAZOLE/BETAMETHASO N	30	\$0.40000	\$0.26667	51%-75% Above
Non-ORx	No	16714061104	SERTRALINE HCL	30	\$0.03333	\$0.06667	(26%-50%) Below
Non-ORx	No	16714061105	SERTRALINE HCL	60	\$0.30000	\$0.06667	200% Above
Non-ORx	No	16714061106	SERTRALINE HCL	30	\$0.30000	\$0.06667	200% Above
Non-ORx	No	16714061205	SERTRALINE HCL	180	\$0.26111	\$0.04444	200% Above
Non-ORx	No	16714061205	SERTRALINE HCL	45	\$0.26667	\$0.04444	200% Above
Non-ORx	No	16714061205	SERTRALINE HCL	300	\$0.24000	\$0.03333	200% Above
Non-ORx	No	16714061205	SERTRALINE HCL	40	\$0.02500	\$0.05000	(26%-50%) Below
Non-ORx	No	16714061206	SERTRALINE HCL	90	\$0.24444	\$0.03333	200% Above
Non-ORx	No	16714061305	SERTRALINE HYDROCHLORIDE	75	\$0.24000	\$0.06667	200% Above
Non-ORx	No	16714061305	SERTRALINE HYDROCHLORIDE	90	\$0.24444	\$0.05556	200% Above
Non-ORx	No	16714061305	SERTRALINE HYDROCHLORIDE	120	\$0.28333	\$0.05833	200% Above
Non-ORx	No	16714061305	SERTRALINE HYDROCHLORIDE	120	\$0.16667	\$0.06667	101%-200% Above
Non-ORx	No	16714061305	SERTRALINE HYDROCHLORIDE	450	\$0.23556	\$0.06667	200% Above
Non-ORx	No	16714061305	SERTRALINE HYDROCHLORIDE	90	\$0.24444	\$0.06667	200% Above
Non-ORx	No	16714061306	SERTRALINE HYDROCHLORIDE	60	\$0.08333	\$0.06667	26%-50% Above
Non-ORx	No	16714061306	SERTRALINE HYDROCHLORIDE	30	\$0.23333	\$0.06667	200% Above
Non-ORx	No	16714062102	ZOLPIDEM TARTRATE	60	\$0.20000	\$0.03333	200% Above
Non-ORx	No	16714062201	ZOLPIDEM TARTRATE	30	\$0.20000	\$0.03333	200% Above
Non-ORx	No	16714062202	ZOLPIDEM TARTRATE	60	\$0.31667	\$0.03333	200% Above
Non-ORx	No	16714062202	ZOLPIDEM TARTRATE	1980	\$0.26465	\$0.03333	200% Above
Non-ORx	No	16714063301	ALENDRONATE SODIUM	8	\$1.25000	\$0.25000	200% Above
Non-ORx	No	16714065102	CIPROFLOXACIN HYDROCHLORI	10	\$0.70000	\$0.10000	200% Above
Non-ORx	No	16714065202	CIPROFLOXACIN HYDROCHLORI	10	\$0.50000	\$0.10000	200% Above
Non-ORx	No	16714065801	VENLAFAXINE HCL	30	\$0.33333	\$0.13333	101%-200% Above
Non-ORx	No	16714066102	GABAPENTIN	360	\$0.11667	\$0.03056	200% Above
Non-ORx	No	16714066102	GABAPENTIN	180	\$0.13333	\$0.03333	200% Above
Non-ORx	No	16714066201	GABAPENTIN	120	\$0.04167	\$0.05000	(10%-25%) Below
Non-ORx	No	16714066201	GABAPENTIN	150	\$0.18000	\$0.05333	200% Above
Non-ORx	No	16714066201	GABAPENTIN	90	\$0.04444	\$0.05556	(10%-25%) Below
Non-ORx	No	16714066201	GABAPENTIN	21	\$0.14286	\$0.04762	200% Above
Non-ORx	No	16714066201	GABAPENTIN	30	\$0.03333	\$0.06667	(26%-50%) Below
Non-ORx	No	16714066201	GABAPENTIN	120	\$0.10833	\$0.05000	101%-200% Above
Non-ORx	No	16714066202	GABAPENTIN	180	\$0.16667	\$0.05556	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
Non-ORx	No	16714066202	GABAPENTIN	120	\$0.17500	\$0.05000	200% Above
Non-ORx	No	16714066202	GABAPENTIN	180	\$0.16111	\$0.05000	200% Above
Non-ORx	No	16714066202	GABAPENTIN	360	\$0.17778	\$0.05278	200% Above
Non-ORx	No	16714066202	GABAPENTIN	180	\$0.14444	\$0.04444	200% Above
Non-ORx	No	16714066202	GABAPENTIN	30	\$0.16667	\$0.03333	200% Above
Non-ORx	No	16714066202	GABAPENTIN	30	\$0.16667	\$0.06667	101%-200% Above
Non-ORx	No	16714066202	GABAPENTIN	60	\$0.16667	\$0.05000	200% Above
Non-ORx	No	16714066302	GABAPENTIN	120	\$0.15833	\$0.06667	101%-200% Above
Non-ORx	No	16714066302	GABAPENTIN	90	\$0.18889	\$0.06667	101%-200% Above
Non-ORx	No	16714066302	GABAPENTIN	56	\$0.17857	\$0.07143	101%-200% Above
Non-ORx	No	16714067102	ONDANSETRON HCL	50	\$0.38000	\$0.26000	26%-50% Above
Non-ORx	No	16714067102	ONDANSETRON HCL	38	\$0.47368	\$0.26316	76%-100% Above
Non-ORx	No	16714068102	SIMVASTATIN	30	\$0.23333	\$0.03333	200% Above
Non-ORx	No	16714068203	SIMVASTATIN	60	\$0.23333	\$0.03333	200% Above
Non-ORx	No	16714068302	SIMVASTATIN	30	\$0.23333	\$0.03333	200% Above
Non-ORx	No	16714068303	SIMVASTATIN	90	\$0.26667	\$0.03333	200% Above
Non-ORx	No	16714068303	SIMVASTATIN	240	\$0.23333	\$0.03333	200% Above
Non-ORx	No	16714068403	SIMVASTATIN	90	\$0.08889	\$0.04444	101%-200% Above
Non-ORx	No	16714068403	SIMVASTATIN	60	\$0.31667	\$0.05000	200% Above
Non-ORx	No	16714068403	SIMVASTATIN	240	\$0.25833	\$0.03333	200% Above
Non-ORx	No	16714069211	FLUCONAZOLE	8	\$5.00000	\$0.75000	200% Above
Non-ORx	No	16714069211	FLUCONAZOLE	5	\$5.00000	\$0.80000	200% Above
Non-ORx	No	16714069211	FLUCONAZOLE	6	\$5.33333	\$0.66667	200% Above
Non-ORx	No	16714069211	FLUCONAZOLE	2	\$3.00000	\$1.00000	200% Above
Non-ORx	No	16714069211	FLUCONAZOLE	6	\$3.66667	\$0.50000	200% Above
Non-ORx	No	16714069211	FLUCONAZOLE	8	\$4.00000	\$1.00000	200% Above
Non-ORx	No	16714069301	FLUCONAZOLE	14	\$1.78571	\$0.50000	200% Above
Non-ORx	No	16714069301	FLUCONAZOLE	10	\$0.70000	\$0.60000	10%-25% Above
Non-ORx	No	16714069302	FLUCONAZOLE	8	\$0.75000	\$0.50000	51%-75% Above
Non-ORx	No	16714069302	FLUCONAZOLE	4	\$1.75000	\$0.50000	200% Above
Non-ORx	No	16714069703	VALACYCLOVIR HCL	150	\$0.82667	\$0.56667	26%-50% Above
Non-ORx	No	16714069703	VALACYCLOVIR HCL	21	\$1.19048	\$0.57143	101%-200% Above
Non-ORx	No	16714069703	VALACYCLOVIR HCL	6	\$1.16667	\$0.50000	101%-200% Above
Non-ORx	No	16714069703	VALACYCLOVIR HCL	8	\$1.25000	\$0.50000	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
Non-ORx	No	16714069801	VALACYCLOVIR HYDROCHLORID	30	\$1.03333	\$0.30000	200% Above
Non-ORx	No	16714069803	VALACYCLOVIR HYDROCHLORID	120	\$1.03333	\$0.30000	200% Above
Non-ORx	No	16714069803	VALACYCLOVIR HYDROCHLORID	90	\$0.90000	\$0.31111	101%-200% Above
Non-ORx	No	16714069803	VALACYCLOVIR HYDROCHLORID	270	\$0.82222	\$0.30000	101%-200% Above
Non-ORx	No	16714070001	LAMOTRIGINE	180	\$0.12222	\$0.03333	200% Above
Non-ORx	No	16714070101	LAMOTRIGINE	120	\$0.20833	\$0.05833	200% Above
Non-ORx	No	16714070101	LAMOTRIGINE	90	\$0.21111	\$0.05556	200% Above
Non-ORx	No	16714070101	LAMOTRIGINE	60	\$0.20000	\$0.06667	200% Above
Non-ORx	No	16714070101	LAMOTRIGINE	60	\$0.23333	\$0.06667	200% Above
Non-ORx	No	16714071301	TAMSULOSIN HYDROCHLORIDE	90	\$0.31111	\$0.06667	200% Above
Non-ORx	No	16714071301	TAMSULOSIN HYDROCHLORIDE	60	\$0.31667	\$0.06667	200% Above
Non-ORx	No	16714071301	TAMSULOSIN HYDROCHLORIDE	44	\$0.31818	\$0.06818	200% Above
Non-ORx	No	16714071301	TAMSULOSIN HYDROCHLORIDE	150	\$0.34667	\$0.06667	200% Above
Non-ORx	No	16714071302	TAMSULOSIN HYDROCHLORIDE	90	\$0.31111	\$0.06667	200% Above
Non-ORx	No	16714071302	TAMSULOSIN HYDROCHLORIDE	60	\$0.31667	\$0.06667	200% Above
Non-ORx	No	16714071302	TAMSULOSIN HYDROCHLORIDE	120	\$0.30000	\$0.06667	200% Above
Non-ORx	No	16714071502	OMEPRAZOLE	60	\$0.05000	\$0.03333	51%-75% Above
Non-ORx	No	16714071503	OMEPRAZOLE	390	\$0.24103	\$0.03333	200% Above
Non-ORx	No	16714072002	FLUOXETINE HYDROCHLORIDE	90	\$0.27778	\$0.03333	200% Above
Non-ORx	No	16714072002	FLUOXETINE HYDROCHLORIDE	30	\$0.26667	\$0.03333	200% Above
Non-ORx	No	16714072003	FLUOXETINE HYDROCHLORIDE	90	\$0.24444	\$0.03333	200% Above
Non-ORx	No	16714072102	FLUOXETINE HYDROCHLORIDE	60	\$0.18333	\$0.03333	200% Above
Non-ORx	No	16714072103	FLUOXETINE HYDROCHLORIDE	180	\$0.21667	\$0.03333	200% Above
Non-ORx	No	16714072103	FLUOXETINE HYDROCHLORIDE	60	\$0.18333	\$0.03333	200% Above
Non-ORx	No	16714072103	FLUOXETINE HYDROCHLORIDE	15	\$0.26667	\$0.06667	200% Above
Non-ORx	No	16714072103	FLUOXETINE HYDROCHLORIDE	210	\$0.21905	\$0.03333	200% Above
Non-ORx	No	16714072202	FLUOXETINE HYDROCHLORIDE	90	\$0.28889	\$0.07778	200% Above
Non-ORx	No	16714072203	FLUOXETINE HYDROCHLORIDE	30	\$0.30000	\$0.10000	200% Above
Non-ORx	No	16714072203	FLUOXETINE HYDROCHLORIDE	30	\$0.16667	\$0.06667	101%-200% Above
Non-ORx	No	16714072204	FLUOXETINE HYDROCHLORIDE	90	\$0.35556	\$0.07778	200% Above
Non-ORx	No	16714072204	FLUOXETINE HYDROCHLORIDE	60	\$0.35000	\$0.08333	200% Above
Non-ORx	No	16714072204	FLUOXETINE HYDROCHLORIDE	90	\$0.37778	\$0.10000	200% Above
Non-ORx	No	16714072204	FLUOXETINE HYDROCHLORIDE	30	\$0.36667	\$0.06667	200% Above
Non-ORx	No	16714073201	CELECOXIB	28	\$0.42857	\$0.10714	200% Above
Non-ORx	No	16714073201	CELECOXIB	60	\$0.26667	\$0.10000	101%-200% Above
Non-ORx	No	16714073201	CELECOXIB	30	\$0.36667	\$0.10000	200% Above
Non-ORx	No	16714073301	CELECOXIB	60	\$0.45000	\$0.16667	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
Non-ORx	No	16714073301	CELECOXIB	30	\$0.43333	\$0.13333	200% Above
Non-ORx	No	16714073302	CELECOXIB	240	\$0.37083	\$0.15000	101%-200% Above
Non-ORx	No	16714073302	CELECOXIB	30	\$0.43333	\$0.13333	200% Above
Non-ORx	No	16714075701	ATOMOXETINE HYDROCHLORIDE	44	\$0.56818	\$1.04546	(26%-50%) Below
Non-ORx	No	16714076001	ATOMOXETINE HYDROCHLORIDE	30	\$1.50000	\$1.33333	10%-25% Above
Non-ORx	No	16714076101	ATOMOXETINE HYDROCHLORIDE	30	\$4.73333	\$1.86667	101%-200% Above
Non-ORx	No	16714076301	CALCIPOTRIENE	60	\$0.90000	\$1.30000	(26%-50%) Below
Non-ORx	No	16714078501	ARIPIRAZOLE	30	\$0.10000	\$0.16667	(26%-50%) Below
Non-ORx	No	16714079501	TERBINAFINE HYDROCHLORIDE	30	\$0.40000	\$0.13333	200% Above
Non-ORx	No	16714079701	SUMATRIPTAN SUCCINATE	20	\$1.25000	\$0.50000	101%-200% Above
Non-ORx	No	16714079701	SUMATRIPTAN SUCCINATE	27	\$1.55556	\$0.55556	101%-200% Above
Non-ORx	No	16714079801	SUMATRIPTAN SUCCINATE	15	\$1.73333	\$0.53333	200% Above
Non-ORx	No	16714079801	SUMATRIPTAN SUCCINATE	36	\$1.66667	\$0.55556	200% Above
Non-ORx	No	16714080401	AMPHETAMINE/DEXTROAMPHE TA	30	\$0.23333	\$0.26667	(10%-25%) Below
Non-ORx	No	16714080701	AMPHETAMINE/DEXTROAMPHE TA	120	\$0.51667	\$0.31667	51%-75% Above
Non-ORx	No	16714080801	AMPHETAMINE/DEXTROAMPHE TA	60	\$0.73333	\$0.31667	101%-200% Above
Non-ORx	No	16714080801	AMPHETAMINE/DEXTROAMPHE TA	90	\$0.55556	\$0.31111	76%-100% Above
Non-ORx	No	16714080801	AMPHETAMINE/DEXTROAMPHE TA	60	\$0.55000	\$0.30000	76%-100% Above
Non-ORx	No	16714080801	AMPHETAMINE/DEXTROAMPHE TA	30	\$0.56667	\$0.30000	76%-100% Above
Non-ORx	No	16714081302	EZETIMIBE	30	\$0.43333	\$0.13333	200% Above
Non-ORx	No	16714081303	EZETIMIBE	60	\$0.26667	\$0.13333	101%-200% Above
Non-ORx	No	16714081303	EZETIMIBE	90	\$0.41111	\$0.10000	200% Above
Non-ORx	No	16714081601	BICALUTAMIDE	30	\$0.66667	\$0.33333	101%-200% Above
Non-ORx	No	16714082101	METHYLPHENIDATE HYDROCHLO	60	\$0.08333	\$0.11667	(26%-50%) Below
Non-ORx	No	16714082201	METHYLPHENIDATE HYDROCHLO	60	\$0.08333	\$0.16667	(26%-50%) Below
Non-ORx	No	16714082301	METHYLPHENIDATE HYDROCHLO	90	\$0.50000	\$0.21111	101%-200% Above
Non-ORx	No	16714082901	BUDESONIDE	90	\$2.52222	\$0.95556	101%-200% Above
Non-ORx	No	16714084201	DOFETILIDE	60	\$1.75000	\$1.06667	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
Non-ORx	No	16714085201	METOPROLOL SUCCINATE ER	60	\$0.31667	\$0.08333	200% Above
Non-ORx	No	16714085201	METOPROLOL SUCCINATE ER	15	\$0.33333	\$0.06667	200% Above
Non-ORx	No	16714085201	METOPROLOL SUCCINATE ER	90	\$0.35556	\$0.10000	200% Above
Non-ORx	No	16714085202	METOPROLOL SUCCINATE ER	90	\$0.11111	\$0.08889	26%-50% Above
Non-ORx	No	16714085202	METOPROLOL SUCCINATE ER	60	\$0.35000	\$0.08333	200% Above
Non-ORx	No	16714085202	METOPROLOL SUCCINATE ER	120	\$0.35833	\$0.10000	200% Above
Non-ORx	No	16714085203	METOPROLOL SUCCINATE ER	60	\$0.35000	\$0.08333	200% Above
Non-ORx	No	16714085203	METOPROLOL SUCCINATE ER	15	\$0.33333	\$0.06667	200% Above
Non-ORx	No	16714085302	METOPROLOL SUCCINATE ER	150	\$0.33333	\$0.10000	200% Above
Non-ORx	No	16714085303	METOPROLOL SUCCINATE ER	90	\$0.24444	\$0.10000	101%-200% Above
Non-ORx	No	16714085402	METOPROLOL SUCCINATE ER	60	\$0.08333	\$0.16667	(26%-50%) Below
Non-ORx	No	16714085402	METOPROLOL SUCCINATE ER	30	\$0.46667	\$0.13333	200% Above
Non-ORx	No	16714085403	METOPROLOL SUCCINATE ER	30	\$0.46667	\$0.13333	200% Above
Non-ORx	No	16714087403	ATORVASTATIN CALCIUM	120	\$0.13333	\$0.03333	200% Above
Non-ORx	No	16714087501	ATORVASTATIN CALCIUM	30	\$0.26667	\$0.06667	200% Above
Non-ORx	No	16714087502	ATORVASTATIN CALCIUM	30	\$0.26667	\$0.03333	200% Above
Non-ORx	No	16714087503	ATORVASTATIN CALCIUM	90	\$0.26667	\$0.04444	200% Above
Non-ORx	No	16714087503	ATORVASTATIN CALCIUM	30	\$0.26667	\$0.03333	200% Above
Non-ORx	No	16714087601	ATORVASTATIN CALCIUM	90	\$0.35556	\$0.05556	200% Above
Non-ORx	No	16714087602	ATORVASTATIN CALCIUM	60	\$0.33333	\$0.06667	200% Above
Non-ORx	No	16714087603	ATORVASTATIN CALCIUM	60	\$0.20000	\$0.06667	200% Above
Non-ORx	No	16714087702	ATORVASTATIN CALCIUM	60	\$0.40000	\$0.10000	200% Above
Non-ORx	No	16714087702	ATORVASTATIN CALCIUM	30	\$0.36667	\$0.10000	200% Above
Non-ORx	No	16714087703	ATORVASTATIN CALCIUM	30	\$0.36667	\$0.10000	200% Above
Non-ORx	No	16714088401	DESMOPRESSIN ACETATE	60	\$0.83333	\$0.43333	76%-100% Above
Non-ORx	No	16714088401	DESMOPRESSIN ACETATE	30	\$0.83333	\$0.43333	76%-100% Above
Non-ORx	No	16714088801	CLOBAZAM	60	\$0.41667	\$0.65000	(26%-50%) Below
Non-ORx	No	16714089502	GLIPIZIDE ER	90	\$0.28889	\$0.11111	101%-200% Above
Non-ORx	No	16714089602	GLIPIZIDE ER	30	\$0.20000	\$0.16667	10%-25% Above
Non-ORx	No	16714094801	AMPHETAMINE/DEXTROAMPHE TA	120	\$0.48333	\$0.20000	101%-200% Above
Non-ORx	No	16714094801	AMPHETAMINE/DEXTROAMPHE TA	45	\$0.42222	\$0.20000	101%-200% Above
Non-ORx	No	16714094801	AMPHETAMINE/DEXTROAMPHE TA	120	\$0.50833	\$0.20000	101%-200% Above
Non-ORx	No	16714094801	AMPHETAMINE/DEXTROAMPHE TA	30	\$0.43333	\$0.23333	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
Non-ORx	No	16714095001	AMPHETAMINE/DEXTROAMPHE TA	180	\$0.55556	\$0.25000	101%-200% Above
Non-ORx	No	16714095001	AMPHETAMINE/DEXTROAMPHE TA	240	\$0.74583	\$0.25833	101%-200% Above
Non-ORx	No	16714095001	AMPHETAMINE/DEXTROAMPHE TA	15	\$0.93333	\$0.26667	200% Above
Non-ORx	No	16714095001	AMPHETAMINE/DEXTROAMPHE TA	150	\$0.60000	\$0.26667	101%-200% Above
Non-ORx	No	16714095301	AMPHETAMINE/DEXTROAMPHE TA	90	\$0.55556	\$0.32222	51%-75% Above
Non-ORx	No	16714095301	AMPHETAMINE/DEXTROAMPHE TA	120	\$0.55000	\$0.31667	51%-75% Above
Non-ORx	No	16714095301	AMPHETAMINE/DEXTROAMPHE TA	180	\$0.42222	\$0.31667	26%-50% Above
Non-ORx	No	16714095301	AMPHETAMINE/DEXTROAMPHE TA	150	\$0.46000	\$0.33333	26%-50% Above
Non-ORx	No	16714095401	AMPHETAMINE/DEXTROAMPHE TA	60	\$0.55000	\$0.30000	76%-100% Above
Non-ORx	No	16714095401	AMPHETAMINE/DEXTROAMPHE TA	30	\$0.56667	\$0.30000	76%-100% Above
Non-ORx	No	16714095501	KETOCONAZOLE	30	\$0.43333	\$0.50000	(10%-25%) Below
Non-ORx	No	16714095502	KETOCONAZOLE	60	\$0.80000	\$0.46667	51%-75% Above
Non-ORx	No	16714097902	ESOMEPRAZOLE MAGNESIUM	30	\$0.26667	\$0.23333	10%-25% Above
Non-ORx	No	16714098801	ROSUVASTATIN CALCIUM	90	\$0.32222	\$0.06667	200% Above
Non-ORx	No	16714098801	ROSUVASTATIN CALCIUM	60	\$0.33333	\$0.06667	200% Above
Non-ORx	No	16714098901	ROSUVASTATIN CALCIUM	180	\$0.31667	\$0.06667	200% Above
Non-ORx	No	16714098901	ROSUVASTATIN CALCIUM	450	\$0.32667	\$0.06667	200% Above
Non-ORx	No	16714099001	ROSUVASTATIN CALCIUM	90	\$0.36667	\$0.07778	200% Above
Non-ORx	No	16714099001	ROSUVASTATIN CALCIUM	300	\$0.40333	\$0.06667	200% Above
Non-ORx	No	16714099101	ROSUVASTATIN CALCIUM	90	\$0.55556	\$0.13333	200% Above
Non-ORx	No	16714099602	BETAMETHASONE DIPROPIONAT	45	\$1.13333	\$0.66667	51%-75% Above
Non-ORx	No	16714099901	MEDROXYPROGESTERONE ACETA	1	\$68.00000	\$42.00000	51%-75% Above
Non-ORx	No	16729000101	GLIMEPIRIDE	30	\$0.26667	\$0.03333	200% Above
Non-ORx	No	16729000116	GLIMEPIRIDE	90	\$0.14444	\$0.03333	200% Above
Non-ORx	No	16729000116	GLIMEPIRIDE	30	\$0.23333	\$0.03333	200% Above
Non-ORx	No	16729000201	GLIMEPIRIDE	60	\$0.23333	\$0.03333	200% Above
Non-ORx	No	16729000216	GLIMEPIRIDE	180	\$0.31667	\$0.04444	200% Above
Non-ORx	No	16729000216	GLIMEPIRIDE	60	\$0.28333	\$0.05000	200% Above
Non-ORx	No	16729000216	GLIMEPIRIDE	60	\$0.23333	\$0.03333	200% Above
Non-ORx	No	16729000301	GLIMEPIRIDE	180	\$0.25000	\$0.04444	200% Above
Non-ORx	No	16729000301	GLIMEPIRIDE	90	\$0.18889	\$0.03333	200% Above
Non-ORx	No	16729000316	GLIMEPIRIDE	180	\$0.27778	\$0.04444	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
Non-ORx	No	16729000316	GLIMEPIRIDE	135	\$0.27407	\$0.04444	200% Above
Non-ORx	No	16729000316	GLIMEPIRIDE	180	\$0.27778	\$0.05000	200% Above
Non-ORx	No	16729000316	GLIMEPIRIDE	120	\$0.19167	\$0.03333	200% Above
Non-ORx	No	16729000316	GLIMEPIRIDE	120	\$0.30000	\$0.05000	200% Above
Non-ORx	No	16729000415	SIMVASTATIN	90	\$0.06667	\$0.03333	101%-200% Above
Non-ORx	No	16729000417	SIMVASTATIN	180	\$0.12222	\$0.02778	200% Above
Non-ORx	No	16729000417	SIMVASTATIN	180	\$0.13333	\$0.03333	200% Above
Non-ORx	No	16729000417	SIMVASTATIN	180	\$0.20556	\$0.03333	200% Above
Non-ORx	No	16729000517	SIMVASTATIN	990	\$0.12424	\$0.03333	200% Above
Non-ORx	No	16729000517	SIMVASTATIN	390	\$0.11282	\$0.03333	200% Above
Non-ORx	No	16729000615	SIMVASTATIN	90	\$0.03333	\$0.04444	(10%-25%) Below
Non-ORx	No	16729000615	SIMVASTATIN	60	\$0.06667	\$0.03333	101%-200% Above
Non-ORx	No	16729000617	SIMVASTATIN	900	\$0.18889	\$0.04444	200% Above
Non-ORx	No	16729000617	SIMVASTATIN	60	\$0.03333	\$0.05000	(26%-50%) Below
Non-ORx	No	16729000617	SIMVASTATIN	240	\$0.17083	\$0.03333	200% Above
Non-ORx	No	16729000715	SIMVASTATIN	30	\$0.36667	\$0.10000	200% Above
Non-ORx	No	16729001015	PRAVASTATIN SODIUM	30	\$0.40000	\$0.10000	200% Above
Non-ORx	No	16729001901	MYCOPHENOLATE MOFETIL	120	\$0.43333	\$0.33333	26%-50% Above
Non-ORx	No	16729001901	MYCOPHENOLATE MOFETIL	60	\$0.25000	\$0.33333	(10%-25%) Below
Non-ORx	No	16729001916	MYCOPHENOLATE MOFETIL	240	\$0.82500	\$0.33333	101%-200% Above
Non-ORx	No	16729002015	PIOGLITAZONE HYDROCHLORID	60	\$0.63333	\$0.10000	200% Above
Non-ORx	No	16729002016	PIOGLITAZONE HYDROCHLORID	30	\$0.63333	\$0.10000	200% Above
Non-ORx	No	16729002115	PIOGLITAZONE HYDROCHLORID	45	\$0.77778	\$0.13333	200% Above
Non-ORx	No	16729002115	PIOGLITAZONE HYDROCHLORID	90	\$0.11111	\$0.13333	(10%-25%) Below
Non-ORx	No	16729002115	PIOGLITAZONE HYDROCHLORID	120	\$0.37500	\$0.13333	101%-200% Above
Non-ORx	No	16729002116	PIOGLITAZONE HYDROCHLORID	60	\$0.76667	\$0.13333	200% Above
Non-ORx	No	16729002215	PIOGLITAZONE HCL	30	\$0.46667	\$0.13333	200% Above
Non-ORx	No	16729002301	BICALUTAMIDE	90	\$1.12222	\$0.33333	200% Above
Non-ORx	No	16729003410	LETROZOLE	120	\$0.73333	\$0.13333	200% Above
Non-ORx	No	16729003410	LETROZOLE	20	\$0.40000	\$0.20000	101%-200% Above
Non-ORx	No	16729003410	LETROZOLE	10	\$0.40000	\$0.10000	200% Above
Non-ORx	No	16729003415	LETROZOLE	28	\$0.53571	\$0.14286	200% Above
Non-ORx	No	16729003415	LETROZOLE	300	\$0.49333	\$0.13333	200% Above
Non-ORx	No	16729003415	LETROZOLE	270	\$1.37778	\$0.13333	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
Non-ORx	No	16729003415	LETROZOLE	20	\$0.70000	\$0.20000	200% Above
Non-ORx	No	16729003415	LETROZOLE	50	\$1.08000	\$0.10000	200% Above
Non-ORx	No	16729003415	LETROZOLE	15	\$0.60000	\$0.13333	200% Above
Non-ORx	No	16729003510	ANASTROZOLE	180	\$0.68333	\$0.13333	200% Above
Non-ORx	No	16729003510	ANASTROZOLE	60	\$0.60000	\$0.10000	200% Above
Non-ORx	No	16729003510	ANASTROZOLE	16	\$0.62500	\$0.12500	200% Above
Non-ORx	No	16729003510	ANASTROZOLE	7	\$0.85714	\$0.14286	200% Above
Non-ORx	No	16729003515	ANASTROZOLE	30	\$0.46667	\$0.13333	200% Above
Non-ORx	No	16729003515	ANASTROZOLE	30	\$0.13333	\$0.10000	26%-50% Above
Non-ORx	No	16729003515	ANASTROZOLE	8	\$0.50000	\$0.12500	200% Above
Non-ORx	No	16729003516	ANASTROZOLE	150	\$0.72000	\$0.13333	200% Above
Non-ORx	No	16729003516	ANASTROZOLE	31	\$0.74194	\$0.12903	200% Above
Non-ORx	No	16729003516	ANASTROZOLE	270	\$0.42593	\$0.12222	200% Above
Non-ORx	No	16729003516	ANASTROZOLE	6	\$0.66667	\$0.16667	200% Above
Non-ORx	No	16729003516	ANASTROZOLE	12	\$0.50000	\$0.08333	200% Above
Non-ORx	No	16729004201	TACROLIMUS	810	\$0.50494	\$0.37654	26%-50% Above
Non-ORx	No	16729004201	TACROLIMUS	120	\$0.50833	\$0.37500	26%-50% Above
Non-ORx	No	16729004201	TACROLIMUS	60	\$0.50000	\$0.38333	26%-50% Above
Non-ORx	No	16729004417	ATORVASTATIN CALCIUM	90	\$0.14444	\$0.03333	200% Above
Non-ORx	No	16729004517	ATORVASTATIN CALCIUM	60	\$0.26667	\$0.05000	200% Above
Non-ORx	No	16729004517	ATORVASTATIN CALCIUM	90	\$0.18889	\$0.06667	101%-200% Above
Non-ORx	No	16729004517	ATORVASTATIN CALCIUM	28	\$0.03571	\$0.07143	(26%-50%) Below
Non-ORx	No	16729004517	ATORVASTATIN CALCIUM	240	\$0.21667	\$0.03333	200% Above
Non-ORx	No	16729004617	ATORVASTATIN CALCIUM	60	\$0.03333	\$0.06667	(26%-50%) Below
Non-ORx	No	16729008110	NALTREXONE HCL	180	\$2.57222	\$0.76667	200% Above
Non-ORx	No	16729008110	NALTREXONE HCL	15	\$3.00000	\$0.80000	200% Above
Non-ORx	No	16729009001	FINASTERIDE	120	\$0.33333	\$0.08333	200% Above
Non-ORx	No	16729009001	FINASTERIDE	30	\$0.33333	\$0.06667	200% Above
Non-ORx	No	16729009010	FINASTERIDE	90	\$0.05556	\$0.07778	(26%-50%) Below
Non-ORx	No	16729009010	FINASTERIDE	60	\$0.35000	\$0.06667	200% Above
Non-ORx	No	16729009010	FINASTERIDE	7	\$0.42857	\$0.14286	200% Above
Non-ORx	No	16729009015	FINASTERIDE	90	\$0.22222	\$0.07778	101%-200% Above
Non-ORx	No	16729009016	FINASTERIDE	270	\$0.41111	\$0.07778	200% Above
Non-ORx	No	16729009016	FINASTERIDE	120	\$0.40833	\$0.06667	200% Above
Non-ORx	No	16729009016	FINASTERIDE	7	\$0.57143	\$0.14286	200% Above
Non-ORx	No	16729009416	MYCOPHENOLATE MOFETIL	540	\$0.15000	\$0.16667	(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
Non-ORx	No	16729009712	QUETIAPINE FUMARATE ER	30	\$0.80000	\$0.43333	76%-100% Above
Non-ORx	No	16729010912	QUETIAPINE FUMARATE ER	60	\$0.51667	\$0.28333	76%-100% Above
Non-ORx	No	16729011910	MONTELUKAST SODIUM	30	\$0.33333	\$0.06667	200% Above
Non-ORx	No	16729011917	MONTELUKAST SODIUM	60	\$0.31667	\$0.06667	200% Above
Non-ORx	No	16729011917	MONTELUKAST SODIUM	600	\$0.21333	\$0.06667	200% Above
Non-ORx	No	16729013401	ALLOPURINOL	540	\$0.17963	\$0.05556	200% Above
Non-ORx	No	16729013401	ALLOPURINOL	180	\$0.18333	\$0.05556	200% Above
Non-ORx	No	16729013401	ALLOPURINOL	120	\$0.11667	\$0.06667	76%-100% Above
Non-ORx	No	16729013401	ALLOPURINOL	180	\$0.13333	\$0.05000	101%-200% Above
Non-ORx	No	16729013416	ALLOPURINOL	120	\$0.22500	\$0.05833	200% Above
Non-ORx	No	16729013416	ALLOPURINOL	540	\$0.18519	\$0.05556	200% Above
Non-ORx	No	16729013416	ALLOPURINOL	180	\$0.18333	\$0.06111	200% Above
Non-ORx	No	16729013416	ALLOPURINOL	90	\$0.22222	\$0.05556	200% Above
Non-ORx	No	16729013416	ALLOPURINOL	210	\$0.21905	\$0.06667	200% Above
Non-ORx	No	16729013516	ALLOPURINOL	540	\$0.20000	\$0.08889	101%-200% Above
Non-ORx	No	16729013516	ALLOPURINOL	450	\$0.21778	\$0.10000	101%-200% Above
Non-ORx	No	16729013600	CLONAZEPAM	90	\$0.23333	\$0.02222	200% Above
Non-ORx	No	16729013600	CLONAZEPAM	120	\$0.18333	\$0.01667	200% Above
Non-ORx	No	16729013600	CLONAZEPAM	120	\$0.23333	\$0.03333	200% Above
Non-ORx	No	16729013616	CLONAZEPAM	270	\$0.15556	\$0.02222	200% Above
Non-ORx	No	16729013616	CLONAZEPAM	155	\$0.18710	\$0.02581	200% Above
Non-ORx	No	16729013616	CLONAZEPAM	1080	\$0.17778	\$0.01667	200% Above
Non-ORx	No	16729013616	CLONAZEPAM	660	\$0.12424	\$0.03333	200% Above
Non-ORx	No	16729013616	CLONAZEPAM	90	\$0.15556	\$0.02222	200% Above
Non-ORx	No	16729013700	CLONAZEPAM	90	\$0.02222	\$0.03333	(26%-50%) Below
Non-ORx	No	16729013700	CLONAZEPAM	180	\$0.13333	\$0.03333	200% Above
Non-ORx	No	16729013716	CLONAZEPAM	840	\$0.13691	\$0.03333	200% Above
Non-ORx	No	16729013716	CLONAZEPAM	360	\$0.12222	\$0.03333	200% Above
Non-ORx	No	16729013716	CLONAZEPAM	100	\$0.10000	\$0.04000	101%-200% Above
Non-ORx	No	16729013716	CLONAZEPAM	390	\$0.13590	\$0.03333	200% Above
Non-ORx	No	16729013716	CLONAZEPAM	135	\$0.14815	\$0.02222	200% Above
Non-ORx	No	16729013816	CLONAZEPAM	90	\$0.10000	\$0.04444	101%-200% Above
Non-ORx	No	16729013816	CLONAZEPAM	90	\$0.30000	\$0.03333	200% Above
Non-ORx	No	16729013816	CLONAZEPAM	90	\$0.20000	\$0.03333	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
Non-ORx	No	16729014701	QUETIAPINE FUMARATE	30	\$0.23333	\$0.06667	200% Above
Non-ORx	No	16729015615	SIMVASTATIN	30	\$0.16667	\$0.03333	200% Above
Non-ORx	No	16729016801	ESCITALOPRAM OXALATE	30	\$0.26667	\$0.03333	200% Above
Non-ORx	No	16729016901	ESCITALOPRAM OXALATE	60	\$0.03333	\$0.05000	(26%-50%) Below
Non-ORx	No	16729016901	ESCITALOPRAM OXALATE	90	\$0.18889	\$0.06667	101%-200% Above
Non-ORx	No	16729016901	ESCITALOPRAM OXALATE	150	\$0.12667	\$0.03333	200% Above
Non-ORx	No	16729016917	ESCITALOPRAM OXALATE	90	\$0.11111	\$0.04444	101%-200% Above
Non-ORx	No	16729016917	ESCITALOPRAM OXALATE	90	\$0.20000	\$0.04444	200% Above
Non-ORx	No	16729016917	ESCITALOPRAM OXALATE	480	\$0.18333	\$0.03333	200% Above
Non-ORx	No	16729016917	ESCITALOPRAM OXALATE	90	\$0.18889	\$0.06667	101%-200% Above
Non-ORx	No	16729017001	ESCITALOPRAM OXALATE	90	\$0.04444	\$0.08889	(26%-50%) Below
Non-ORx	No	16729017001	ESCITALOPRAM OXALATE	60	\$0.03333	\$0.08333	(51%-75%) Below
Non-ORx	No	16729017001	ESCITALOPRAM OXALATE	60	\$0.16667	\$0.06667	101%-200% Above
Non-ORx	No	16729017017	ESCITALOPRAM OXALATE	480	\$0.30625	\$0.08333	200% Above
Non-ORx	No	16729017017	ESCITALOPRAM OXALATE	180	\$0.31111	\$0.07778	200% Above
Non-ORx	No	16729017017	ESCITALOPRAM OXALATE	135	\$0.27407	\$0.08889	200% Above
Non-ORx	No	16729017017	ESCITALOPRAM OXALATE	1170	\$0.31709	\$0.06667	200% Above
Non-ORx	No	16729017017	ESCITALOPRAM OXALATE	300	\$0.30333	\$0.10000	200% Above
Non-ORx	No	16729017101	AMITRIPTYLINE HYDROCHLORI	150	\$0.05333	\$0.04667	10%-25% Above
Non-ORx	No	16729017101	AMITRIPTYLINE HYDROCHLORI	240	\$0.14583	\$0.04583	200% Above
Non-ORx	No	16729017101	AMITRIPTYLINE HYDROCHLORI	60	\$0.16667	\$0.03333	200% Above
Non-ORx	No	16729017117	AMITRIPTYLINE HYDROCHLORI	180	\$0.13333	\$0.04444	200% Above
Non-ORx	No	16729017117	AMITRIPTYLINE HYDROCHLORI	120	\$0.06667	\$0.04167	51%-75% Above
Non-ORx	No	16729017117	AMITRIPTYLINE HYDROCHLORI	240	\$0.15833	\$0.03333	200% Above
Non-ORx	No	16729017201	AMITRIPTYLINE HCL	60	\$0.35000	\$0.08333	200% Above
Non-ORx	No	16729017201	AMITRIPTYLINE HCL	120	\$0.22500	\$0.06667	200% Above
Non-ORx	No	16729017217	AMITRIPTYLINE HCL	180	\$0.23333	\$0.07778	200% Above
Non-ORx	No	16729017217	AMITRIPTYLINE HCL	180	\$0.29444	\$0.07222	200% Above
Non-ORx	No	16729017217	AMITRIPTYLINE HCL	120	\$0.23333	\$0.06667	200% Above
Non-ORx	No	16729017217	AMITRIPTYLINE HCL	31	\$0.12903	\$0.06452	101%-200% Above
Non-ORx	No	16729017301	AMITRIPTYLINE HYDROCHLORI	56	\$0.14286	\$0.16071	(10%-25%) Below
Non-ORx	No	16729017301	AMITRIPTYLINE HYDROCHLORI	90	\$0.24444	\$0.16667	26%-50% Above
Non-ORx	No	16729017317	AMITRIPTYLINE HYDROCHLORI	90	\$0.27778	\$0.15556	76%-100% Above
Non-ORx	No	16729017317	AMITRIPTYLINE HYDROCHLORI	60	\$0.51667	\$0.15000	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
Non-ORx	No	16729017317	AMITRIPTYLINE HYDROCHLORI	60	\$0.73333	\$0.16667	200% Above
Non-ORx	No	16729017401	AMITRIPTYLINE HCL	90	\$0.47778	\$0.26667	76%-100% Above
Non-ORx	No	16729017501	AMITRIPTYLINE HCL	60	\$0.83333	\$0.31667	101%-200% Above
Non-ORx	No	16729017501	AMITRIPTYLINE HCL	60	\$0.58333	\$0.33333	76%-100% Above
Non-ORx	No	16729017501	AMITRIPTYLINE HCL	180	\$0.53889	\$0.33333	51%-75% Above
Non-ORx	No	16729018201	HYDROCHLOROTHIAZIDE	1620	\$0.24506	\$0.05556	200% Above
Non-ORx	No	16729018201	HYDROCHLOROTHIAZIDE	120	\$0.30000	\$0.05833	200% Above
Non-ORx	No	16729018201	HYDROCHLOROTHIAZIDE	12	\$0.00000	\$0.08333	(76%-100%) Below
Non-ORx	No	16729018201	HYDROCHLOROTHIAZIDE	1110	\$0.13514	\$0.06667	101%-200% Above
Non-ORx	No	16729018217	HYDROCHLOROTHIAZIDE	90	\$0.23333	\$0.05556	200% Above
Non-ORx	No	16729018217	HYDROCHLOROTHIAZIDE	180	\$0.25000	\$0.05000	200% Above
Non-ORx	No	16729018217	HYDROCHLOROTHIAZIDE	330	\$0.15758	\$0.06667	101%-200% Above
Non-ORx	No	16729018301	HYDROCHLOROTHIAZIDE	60	\$0.00000	\$0.01667	(76%-100%) Below
Non-ORx	No	16729018317	HYDROCHLOROTHIAZIDE	1710	\$0.05614	\$0.01111	200% Above
Non-ORx	No	16729018317	HYDROCHLOROTHIAZIDE	58	\$0.00000	\$0.01724	(76%-100%) Below
Non-ORx	No	16729018317	HYDROCHLOROTHIAZIDE	60	\$0.00000	\$0.01667	(76%-100%) Below
Non-ORx	No	16729018401	HYDROCHLOROTHIAZIDE	30	\$0.10000	\$0.03333	200% Above
Non-ORx	No	16729018417	HYDROCHLOROTHIAZIDE	180	\$0.08889	\$0.02222	200% Above
Non-ORx	No	16729018417	HYDROCHLOROTHIAZIDE	30	\$0.10000	\$0.03333	200% Above
Non-ORx	No	16729020001	BUSPIRONE HYDROCHLORIDE	270	\$0.25556	\$0.03333	200% Above
Non-ORx	No	16729020001	BUSPIRONE HYDROCHLORIDE	90	\$0.26667	\$0.03333	200% Above
Non-ORx	No	16729020001	BUSPIRONE HYDROCHLORIDE	42	\$0.26191	\$0.02381	200% Above
Non-ORx	No	16729020001	BUSPIRONE HYDROCHLORIDE	780	\$0.21923	\$0.03333	200% Above
Non-ORx	No	16729020101	BUSPIRONE HYDROCHLORIDE	120	\$0.45833	\$0.20000	101%-200% Above
Non-ORx	No	16729020101	BUSPIRONE HYDROCHLORIDE	12	\$1.08333	\$0.16667	200% Above
Non-ORx	No	16729020201	BUSPIRONE HYDROCHLORIDE	270	\$0.31111	\$0.03333	200% Above
Non-ORx	No	16729020201	BUSPIRONE HYDROCHLORIDE	180	\$0.31111	\$0.03889	200% Above
Non-ORx	No	16729020201	BUSPIRONE HYDROCHLORIDE	180	\$0.31667	\$0.05000	200% Above
Non-ORx	No	16729020201	BUSPIRONE HYDROCHLORIDE	90	\$0.30000	\$0.03333	200% Above
Non-ORx	No	16729020201	BUSPIRONE HYDROCHLORIDE	900	\$0.31667	\$0.03333	200% Above
Non-ORx	No	16729020216	BUSPIRONE HYDROCHLORIDE	90	\$0.06667	\$0.03333	101%-200% Above
Non-ORx	No	16729020216	BUSPIRONE HYDROCHLORIDE	30	\$0.26667	\$0.03333	200% Above
Non-ORx	No	16729020216	BUSPIRONE HYDROCHLORIDE	120	\$0.11667	\$0.03333	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
Non-ORx	No	16729020301	BUSPIRONE HCL	240	\$0.36667	\$0.05000	200% Above
Non-ORx	No	16729020301	BUSPIRONE HCL	28	\$0.21429	\$0.03571	200% Above
Non-ORx	No	16729021101	DOXAZOSIN MESYLATE	90	\$0.03333	\$0.08889	(51%-75%) Below
Non-ORx	No	16729021101	DOXAZOSIN MESYLATE	60	\$0.18333	\$0.10000	76%-100% Above
Non-ORx	No	16729021301	DOXAZOSIN MESYLATE	60	\$0.28333	\$0.10000	101%-200% Above
Non-ORx	No	16729021301	DOXAZOSIN MESYLATE	90	\$0.33333	\$0.10000	200% Above
Non-ORx	No	16729021516	SERTRALINE HCL	60	\$0.25000	\$0.06667	200% Above
Non-ORx	No	16729021616	SERTRALINE HCL	45	\$0.24444	\$0.04444	200% Above
Non-ORx	No	16729021616	SERTRALINE HCL	120	\$0.08333	\$0.03333	101%-200% Above
Non-ORx	No	16729021816	CLOPIDOGREL	630	\$0.46032	\$0.06667	200% Above
Non-ORx	No	16729021816	CLOPIDOGREL	90	\$0.50000	\$0.06667	200% Above
Non-ORx	No	16729022501	SPIRONOLACTONE	120	\$0.09167	\$0.05000	76%-100% Above
Non-ORx	No	16729022501	SPIRONOLACTONE	120	\$0.21667	\$0.05000	200% Above
Non-ORx	No	16729022501	SPIRONOLACTONE	45	\$0.24444	\$0.06667	200% Above
Non-ORx	No	16729022501	SPIRONOLACTONE	270	\$0.17407	\$0.06667	101%-200% Above
Non-ORx	No	16729022501	SPIRONOLACTONE	31	\$0.19355	\$0.06452	200% Above
Non-ORx	No	16729022516	SPIRONOLACTONE	30	\$0.26667	\$0.06667	200% Above
Non-ORx	No	16729022516	SPIRONOLACTONE	150	\$0.12667	\$0.06667	76%-100% Above
Non-ORx	No	16729022517	SPIRONOLACTONE	90	\$0.30000	\$0.05556	200% Above
Non-ORx	No	16729022517	SPIRONOLACTONE	120	\$0.22500	\$0.06667	200% Above
Non-ORx	No	16729022601	SPIRONOLACTONE	300	\$0.38667	\$0.11667	200% Above
Non-ORx	No	16729022601	SPIRONOLACTONE	30	\$0.56667	\$0.10000	200% Above
Non-ORx	No	16729022601	SPIRONOLACTONE	240	\$0.31667	\$0.13333	101%-200% Above
Non-ORx	No	16729022616	SPIRONOLACTONE	90	\$0.35556	\$0.11111	200% Above
Non-ORx	No	16729022616	SPIRONOLACTONE	270	\$0.39630	\$0.12222	200% Above
Non-ORx	No	16729022616	SPIRONOLACTONE	120	\$0.57500	\$0.11667	200% Above
Non-ORx	No	16729022616	SPIRONOLACTONE	180	\$0.20556	\$0.11667	76%-100% Above
Non-ORx	No	16729022616	SPIRONOLACTONE	30	\$0.56667	\$0.10000	200% Above
Non-ORx	No	16729022616	SPIRONOLACTONE	90	\$0.46667	\$0.13333	200% Above
Non-ORx	No	16729022701	SPIRONOLACTONE	240	\$0.37083	\$0.20000	76%-100% Above
Non-ORx	No	16729022701	SPIRONOLACTONE	90	\$0.43333	\$0.20000	101%-200% Above
Non-ORx	No	16729022701	SPIRONOLACTONE	180	\$0.43333	\$0.20556	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
Non-ORx	No	16729022701	SPIRONOLACTONE	180	\$0.35556	\$0.20000	76%-100% Above
Non-ORx	No	16729022701	SPIRONOLACTONE	45	\$0.46667	\$0.20000	101%-200% Above
Non-ORx	No	16729023601	ROPINIROLE HYDROCHLORIDE	30	\$0.06667	\$0.10000	(26%-50%) Below
Non-ORx	No	16729026129	MYCOPHENOLIC ACID DR	480	\$1.94375	\$0.65833	101%-200% Above
Non-ORx	No	16729027310	PRASUGREL	30	\$0.26667	\$0.36667	(26%-50%) Below
Non-ORx	No	16729027730	METHOTREXATE SODIUM	16	\$1.43750	\$1.62500	(10%-25%) Below
Non-ORx	No	16729027910	ARIPIRAZOLE	30	\$1.10000	\$0.16667	200% Above
Non-ORx	No	16729028417	ROSUVASTATIN CALCIUM	90	\$0.41111	\$0.06667	200% Above
Non-ORx	No	16729028417	ROSUVASTATIN CALCIUM	60	\$0.20000	\$0.06667	200% Above
Non-ORx	No	16729028517	ROSUVASTATIN CALCIUM	30	\$0.33333	\$0.06667	200% Above
Non-ORx	No	16729028717	ROSUVASTATIN CALCIUM	30	\$0.46667	\$0.13333	200% Above
Non-ORx	No	16729028912	BUSPIRONE HCL	120	\$0.88333	\$0.20000	200% Above
Non-ORx	No	16729028912	BUSPIRONE HCL	60	\$0.70000	\$0.20000	200% Above
Non-ORx	No	16729028912	BUSPIRONE HCL	60	\$0.70000	\$0.18333	200% Above
Non-ORx	No	16729029410	EPLERENONE	30	\$3.03333	\$0.96667	200% Above
Non-ORx	No	16729030201	TRAZODONE HYDROCHLORIDE	30	\$3.80000	\$1.20000	200% Above
Non-ORx	No	16729030401	DILTIAZEM HYDROCHLORIDE E	30	\$0.60000	\$0.53333	10%-25% Above
Non-ORx	No	16729031701	OXYBUTYNIN CHLORIDE ER	60	\$0.40000	\$0.13333	200% Above
Non-ORx	No	16729031801	OXYBUTYNIN CHLORIDE ER	90	\$0.23333	\$0.16667	26%-50% Above
Non-ORx	No	16729031801	OXYBUTYNIN CHLORIDE ER	60	\$0.76667	\$0.16667	200% Above
Non-ORx	No	16729031816	OXYBUTYNIN CHLORIDE ER	60	\$0.33333	\$0.16667	101%-200% Above
Non-ORx	No	16729031901	OXYBUTYNIN CHLORIDE ER	60	\$0.45000	\$0.20000	101%-200% Above
Non-ORx	No	16729031901	OXYBUTYNIN CHLORIDE ER	60	\$0.76667	\$0.20000	200% Above
Non-ORx	No	16729032010	OLMESARTAN MEDOXOMIL	30	\$0.46667	\$0.10000	200% Above
Non-ORx	No	16729032110	OLMESARTAN MEDOXOMIL	120	\$0.39167	\$0.10000	200% Above
Non-ORx	No	16729032110	OLMESARTAN MEDOXOMIL	90	\$0.53333	\$0.10000	200% Above
Non-ORx	No	16729032115	OLMESARTAN MEDOXOMIL	180	\$0.20556	\$0.11111	76%-100% Above
Non-ORx	No	16729032115	OLMESARTAN MEDOXOMIL	15	\$0.40000	\$0.13333	200% Above
Non-ORx	No	16729032115	OLMESARTAN MEDOXOMIL	360	\$0.40556	\$0.10000	200% Above
Non-ORx	No	16729032117	OLMESARTAN MEDOXOMIL	90	\$0.36667	\$0.10000	200% Above
Non-ORx	No	16729032210	OLMESARTAN MEDOXOMIL	45	\$0.37778	\$0.15556	101%-200% Above
Non-ORx	No	16729032210	OLMESARTAN MEDOXOMIL	120	\$0.61667	\$0.16667	200% Above
Non-ORx	No	16729032215	OLMESARTAN MEDOXOMIL	180	\$0.35556	\$0.15556	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
Non-ORx	No	16729032215	OLMESARTAN MEDOXOMIL	180	\$0.38333	\$0.13333	101%-200% Above
Non-ORx	No	16729032215	OLMESARTAN MEDOXOMIL	510	\$0.53137	\$0.16667	200% Above
Non-ORx	No	16729036615	OLMESARTAN MEDOXOMIL/HYDR	30	\$0.40000	\$0.23333	51%-75% Above
Non-ORx	No	16729036715	OLMESARTAN MEDOXOMIL/HYDR	450	\$0.96667	\$0.28889	200% Above
Non-ORx	No	16729036815	OLMESARTAN MEDOXOMIL/HYDR	90	\$1.11111	\$0.28889	200% Above
Non-ORx	No	16729036815	OLMESARTAN MEDOXOMIL/HYDR	30	\$1.33333	\$0.30000	200% Above
Non-ORx	No	16729037010	TADALAFIL	30	\$0.06667	\$0.20000	(51%-75%) Below
Non-ORx	No	16729037016	TADALAFIL	180	\$0.44444	\$0.18333	101%-200% Above
Non-ORx	No	16729037016	TADALAFIL	30	\$0.50000	\$0.20000	101%-200% Above
Non-ORx	No	16729037210	TADALAFIL	6	\$0.16667	\$0.50000	(51%-75%) Below
Non-ORx	No	16729041401	DOXAZOSIN MESYLATE	120	\$0.25000	\$0.08333	200% Above
Non-ORx	No	16729041401	DOXAZOSIN MESYLATE	60	\$0.35000	\$0.10000	200% Above
Non-ORx	No	16729041417	DOXAZOSIN MESYLATE	30	\$0.26667	\$0.06667	200% Above
Non-ORx	No	16729041501	DOXAZOSIN MESYLATE	30	\$0.33333	\$0.10000	200% Above
Non-ORx	No	16729041501	DOXAZOSIN MESYLATE	30	\$0.33333	\$0.13333	101%-200% Above
Non-ORx	No	16729043310	EZETIMIBE	90	\$0.78889	\$0.13333	200% Above
Non-ORx	No	16729043310	EZETIMIBE	120	\$0.61667	\$0.13333	200% Above
Non-ORx	No	16729043315	EZETIMIBE	120	\$0.76667	\$0.13333	200% Above
Non-ORx	No	16729043316	EZETIMIBE	180	\$0.41667	\$0.13333	200% Above
Non-ORx	No	16729044310	BUPROPION HYDROCHLORIDE E	90	\$0.11111	\$0.14444	(10%-25%) Below
Non-ORx	No	16729044310	BUPROPION HYDROCHLORIDE E	120	\$0.11667	\$0.15000	(10%-25%) Below
Non-ORx	No	16729044310	BUPROPION HYDROCHLORIDE E	180	\$0.15556	\$0.13333	10%-25% Above
Non-ORx	No	16729044315	BUPROPION HYDROCHLORIDE E	180	\$0.37778	\$0.14444	101%-200% Above
Non-ORx	No	16729044315	BUPROPION HYDROCHLORIDE E	120	\$0.41667	\$0.14167	101%-200% Above
Non-ORx	No	16729044315	BUPROPION HYDROCHLORIDE E	480	\$0.25833	\$0.13333	76%-100% Above
Non-ORx	No	16729044315	BUPROPION HYDROCHLORIDE E	60	\$0.63333	\$0.13333	200% Above
Non-ORx	No	16729044316	BUPROPION HYDROCHLORIDE E	360	\$0.43333	\$0.14444	200% Above
Non-ORx	No	16729044316	BUPROPION HYDROCHLORIDE E	903	\$0.75637	\$0.14175	200% Above
Non-ORx	No	16729044316	BUPROPION HYDROCHLORIDE E	630	\$0.32698	\$0.13333	101%-200% Above
Non-ORx	No	16729044316	BUPROPION HYDROCHLORIDE E	60	\$0.75000	\$0.13333	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
Non-ORx	No	16729044316	BUPROPION HYDROCHLORIDE E	60	\$0.11667	\$0.15000	(10%-25%) Below
Non-ORx	No	16729044410	BUPROPION HYDROCHLORIDE E	60	\$0.16667	\$0.20000	(10%-25%) Below
Non-ORx	No	16729044416	BUPROPION HYDROCHLORIDE E	120	\$0.80000	\$0.19167	200% Above
Non-ORx	No	16729044416	BUPROPION HYDROCHLORIDE E	150	\$0.38667	\$0.19333	101%-200% Above
Non-ORx	No	16729044416	BUPROPION HYDROCHLORIDE E	510	\$0.80000	\$0.19608	200% Above
Non-ORx	No	16729044416	BUPROPION HYDROCHLORIDE E	360	\$0.71111	\$0.20000	200% Above
Non-ORx	No	16729044416	BUPROPION HYDROCHLORIDE E	600	\$0.40167	\$0.20000	101%-200% Above
Non-ORx	No	16729044416	BUPROPION HYDROCHLORIDE E	120	\$0.47500	\$0.20000	101%-200% Above
Non-ORx	No	16729044717	LEVOTHYROXINE SODIUM	45	\$0.11111	\$0.13333	(10%-25%) Below
Non-ORx	No	16729044717	LEVOTHYROXINE SODIUM	30	\$0.33333	\$0.16667	101%-200% Above
Non-ORx	No	16729044717	LEVOTHYROXINE SODIUM	90	\$0.24444	\$0.13333	76%-100% Above
Non-ORx	No	16729044815	LEVOTHYROXINE SODIUM	90	\$0.35556	\$0.14444	101%-200% Above
Non-ORx	No	16729044815	LEVOTHYROXINE SODIUM	60	\$0.21667	\$0.13333	51%-75% Above
Non-ORx	No	16729044817	LEVOTHYROXINE SODIUM	90	\$0.38889	\$0.14444	101%-200% Above
Non-ORx	No	16729044817	LEVOTHYROXINE SODIUM	30	\$0.40000	\$0.16667	101%-200% Above
Non-ORx	No	16729044817	LEVOTHYROXINE SODIUM	60	\$0.11667	\$0.13333	(10%-25%) Below
Non-ORx	No	16729044917	LEVOTHYROXINE SODIUM	180	\$0.43333	\$0.15556	101%-200% Above
Non-ORx	No	16729044917	LEVOTHYROXINE SODIUM	150	\$0.42000	\$0.16667	101%-200% Above
Non-ORx	No	16729045117	LEVOTHYROXINE SODIUM	120	\$0.24167	\$0.16667	26%-50% Above
Non-ORx	No	16729045215	LEVOTHYROXINE SODIUM	30	\$0.06667	\$0.16667	(51%-75%) Below
Non-ORx	No	16729045415	LEVOTHYROXINE SODIUM	30	\$0.46667	\$0.23333	101%-200% Above
Non-ORx	No	16729045515	LEVOTHYROXINE SODIUM	90	\$0.47778	\$0.22222	101%-200% Above
Non-ORx	No	16729045617	LEVOTHYROXINE SODIUM	30	\$0.66667	\$0.23333	101%-200% Above
Non-ORx	No	16729047901	METHYLPHENIDATE HYDROCHLO	120	\$0.59167	\$0.16667	200% Above
Non-ORx	No	16729047901	METHYLPHENIDATE HYDROCHLO	30	\$0.70000	\$0.16667	200% Above
Non-ORx	No	16729048001	METHYLPHENIDATE HYDROCHLO	90	\$1.02222	\$0.21111	200% Above
Non-ORx	No	16729048001	METHYLPHENIDATE HYDROCHLO	30	\$1.03333	\$0.20000	200% Above
Non-ORx	No	16729048516	HYDROXYCHLOROQUINE SULFAT	90	\$0.80000	\$0.24444	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
Non-ORx	No	16729048516	HYDROXYCHLOROQUINE SULFAT	16	\$0.18750	\$0.25000	(10%-25%) Below
Non-ORx	No	16729048516	HYDROXYCHLOROQUINE SULFAT	60	\$0.86667	\$0.23333	200% Above
Non-ORx	No	16729048601	METHOTREXATE SODIUM	32	\$0.31250	\$0.25000	26%-50% Above
Non-ORx	No	16729048601	METHOTREXATE SODIUM	64	\$0.53125	\$0.28125	76%-100% Above
Non-ORx	No	16729048601	METHOTREXATE SODIUM	40	\$0.47500	\$0.27500	51%-75% Above
Non-ORx	No	16729048601	METHOTREXATE SODIUM	40	\$0.95000	\$0.25000	200% Above
Non-ORx	No	16729048601	METHOTREXATE SODIUM	64	\$1.25000	\$0.31250	200% Above
Non-ORx	No	16729048601	METHOTREXATE SODIUM	48	\$1.25000	\$0.29167	200% Above
Non-ORx	No	16729048601	METHOTREXATE SODIUM	12	\$1.25000	\$0.33333	200% Above
Non-ORx	No	16729048601	METHOTREXATE SODIUM	32	\$1.09375	\$0.31250	200% Above
Non-ORx	No	16729048601	METHOTREXATE SODIUM	24	\$0.87500	\$0.25000	200% Above
Non-ORx	No	16729048601	METHOTREXATE SODIUM	40	\$1.25000	\$0.30000	200% Above
Non-ORx	No	16729049012	DOFETILIDE	60	\$0.38333	\$0.98333	(51%-75%) Below
Non-ORx	No	17478021505	ATROPINE SULFATE	10	\$8.20000	\$9.60000	(10%-25%) Below
Non-ORx	No	17478028810	TIMOLOL MALEATE	5	\$0.80000	\$1.20000	(26%-50%) Below
Non-ORx	No	17478029010	TOBRAMYCIN SULFATE	15	\$2.00000	\$1.20000	51%-75% Above
Non-ORx	No	17478029010	TOBRAMYCIN SULFATE	10	\$1.20000	\$1.40000	(10%-25%) Below
Non-ORx	No	17478062512	LATANOPROST	3	\$4.66667	\$1.66667	101%-200% Above
Non-ORx	No	17478071310	OFLOXACIN	10	\$1.60000	\$1.80000	(10%-25%) Below
Non-ORx	No	17478071310	OFLOXACIN	20	\$3.00000	\$1.80000	51%-75% Above
Non-ORx	No	17478071311	OFLOXACIN	10	\$2.80000	\$1.60000	76%-100% Above
Non-ORx	No	17478076106	DRONABINOL	60	\$0.81667	\$1.28333	(26%-50%) Below
Non-ORx	No	17478076106	DRONABINOL	30	\$0.33333	\$1.20000	(51%-75%) Below
Non-ORx	No	17478076610	PROGESTERONE	30	\$0.96667	\$0.26667	200% Above
Non-ORx	No	17478076710	PROGESTERONE	60	\$1.10000	\$0.46667	101%-200% Above
Non-ORx	No	17478076710	PROGESTERONE	12	\$0.91667	\$0.50000	76%-100% Above
Non-ORx	No	17772010130	TROKENDI XR	30	\$8.36667	\$11.10000	(10%-25%) Below
Non-ORx	No	21922000221	CLINDAMYCIN PHOSPHATE	60	\$0.41667	\$0.25000	51%-75% Above
Non-ORx	No	21922000221	CLINDAMYCIN PHOSPHATE	150	\$0.62000	\$0.26667	101%-200% Above
Non-ORx	No	21922000407	DESONIDE	60	\$0.38333	\$0.80000	(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
Non-ORx	No	21922001604	CLOBETASOL PROPIONATE	30	\$0.46667	\$0.60000	(10%-25%) Below
Non-ORx	No	21922001604	CLOBETASOL PROPIONATE	15	\$0.13333	\$0.53333	(51%-75%) Below
Non-ORx	No	21922001704	CLOBETASOL PROPIONATE	90	\$0.75556	\$0.40000	76%-100% Above
Non-ORx	No	21922002107	PERMETHRIN	120	\$1.38333	\$0.33333	200% Above
Non-ORx	No	21922002107	PERMETHRIN	60	\$0.25000	\$0.31667	(10%-25%) Below
Non-ORx	No	21922002504	KETOCONAZOLE	60	\$0.63333	\$0.50000	26%-50% Above
Non-ORx	No	21922002505	KETOCONAZOLE	60	\$0.63333	\$0.46667	26%-50% Above
Non-ORx	No	21922002507	KETOCONAZOLE	60	\$0.40000	\$0.33333	10%-25% Above
Non-ORx	No	21922002705	CLINDAMYCIN PHOSPHATE	180	\$2.25556	\$0.73333	200% Above
Non-ORx	No	21922002705	CLINDAMYCIN PHOSPHATE	60	\$2.25000	\$0.75000	200% Above
Non-ORx	No	23155000101	HYDRALAZINE HCL	270	\$0.19259	\$0.03704	200% Above
Non-ORx	No	23155000110	HYDRALAZINE HCL	90	\$0.15556	\$0.03333	200% Above
Non-ORx	No	23155000201	HYDRALAZINE HYDROCHLORIDE	180	\$0.19444	\$0.03889	200% Above
Non-ORx	No	23155000201	HYDRALAZINE HYDROCHLORIDE	90	\$0.10000	\$0.04444	101%-200% Above
Non-ORx	No	23155000201	HYDRALAZINE HYDROCHLORIDE	180	\$0.13889	\$0.03333	200% Above
Non-ORx	No	23155000301	HYDRALAZINE HYDROCHLORIDE	180	\$0.08333	\$0.05000	51%-75% Above
Non-ORx	No	23155000301	HYDRALAZINE HYDROCHLORIDE	270	\$0.22222	\$0.04815	200% Above
Non-ORx	No	23155000301	HYDRALAZINE HYDROCHLORIDE	60	\$0.11667	\$0.05000	101%-200% Above
Non-ORx	No	23155000301	HYDRALAZINE HYDROCHLORIDE	90	\$0.04444	\$0.05556	(10%-25%) Below
Non-ORx	No	23155000310	HYDRALAZINE HYDROCHLORIDE	270	\$0.22222	\$0.04815	200% Above
Non-ORx	No	23155000310	HYDRALAZINE HYDROCHLORIDE	90	\$0.15556	\$0.04444	200% Above
Non-ORx	No	23155000401	HYDRALAZINE HYDROCHLORIDE	270	\$0.39259	\$0.08519	200% Above
Non-ORx	No	23155000810	HYDROCHLOROTHIAZIDE	2520	\$0.02222	\$0.01111	101%-200% Above
Non-ORx	No	23155002401	BUSPIRONE HYDROCHLORIDE	60	\$0.03333	\$0.05000	(26%-50%) Below
Non-ORx	No	23155002401	BUSPIRONE HYDROCHLORIDE	60	\$0.06667	\$0.03333	101%-200% Above
Non-ORx	No	23155002405	BUSPIRONE HYDROCHLORIDE	60	\$0.06667	\$0.03333	101%-200% Above
Non-ORx	No	23155002601	VERAPAMIL HCL	45	\$0.15556	\$0.04444	200% Above
Non-ORx	No	23155002601	VERAPAMIL HCL	30	\$0.03333	\$0.06667	(26%-50%) Below
Non-ORx	No	23155002801	FLUOXETINE HYDROCHLORIDE	180	\$0.04444	\$0.03333	26%-50% Above
Non-ORx	No	23155002801	FLUOXETINE HYDROCHLORIDE	210	\$0.03810	\$0.03333	10%-25% Above
Non-ORx	No	23155002901	FLUOXETINE HYDROCHLORIDE	360	\$0.04444	\$0.03333	26%-50% Above
Non-ORx	No	23155002901	FLUOXETINE HYDROCHLORIDE	120	\$0.05000	\$0.03333	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
Non-ORx	No	23155002910	FLUOXETINE HYDROCHLORIDE	270	\$0.04444	\$0.03333	26%-50% Above
Non-ORx	No	23155003001	FLUOXETINE HYDROCHLORIDE	180	\$0.08889	\$0.07778	10%-25% Above
Non-ORx	No	23155003001	FLUOXETINE HYDROCHLORIDE	180	\$0.10556	\$0.06667	51%-75% Above
Non-ORx	No	23155004303	LEFLUNOMIDE	30	\$1.03333	\$0.70000	26%-50% Above
Non-ORx	No	23155004303	LEFLUNOMIDE	30	\$1.40000	\$0.63333	101%-200% Above
Non-ORx	No	23155005519	NARATRIPTAN HCL	4	\$5.25000	\$1.75000	200% Above
Non-ORx	No	23155005519	NARATRIPTAN HCL	12	\$5.41667	\$1.50000	200% Above
Non-ORx	No	23155005701	GLYBURIDE	30	\$0.06667	\$0.10000	(26%-50%) Below
Non-ORx	No	23155005901	VERAPAMIL HCL	180	\$0.15556	\$0.13889	10%-25% Above
Non-ORx	No	23155005901	VERAPAMIL HCL	90	\$0.18889	\$0.13333	26%-50% Above
Non-ORx	No	23155005901	VERAPAMIL HCL	60	\$0.20000	\$0.13333	51%-75% Above
Non-ORx	No	23155005901	VERAPAMIL HCL	30	\$0.20000	\$0.13333	51%-75% Above
Non-ORx	No	23155007001	METHIMAZOLE	65	\$0.24615	\$0.07692	200% Above
Non-ORx	No	23155007001	METHIMAZOLE	90	\$0.31111	\$0.06667	200% Above
Non-ORx	No	23155007001	METHIMAZOLE	45	\$0.22222	\$0.06667	200% Above
Non-ORx	No	23155007001	METHIMAZOLE	300	\$0.27333	\$0.06667	200% Above
Non-ORx	No	23155007101	METHIMAZOLE	90	\$0.08889	\$0.11111	(10%-25%) Below
Non-ORx	No	23155007101	METHIMAZOLE	120	\$0.08333	\$0.11667	(26%-50%) Below
Non-ORx	No	23155007101	METHIMAZOLE	60	\$0.08333	\$0.11667	(26%-50%) Below
Non-ORx	No	23155007101	METHIMAZOLE	60	\$0.15000	\$0.10000	51%-75% Above
Non-ORx	No	23155010205	METFORMIN HYDROCHLORIDE	120	\$0.02500	\$0.01667	51%-75% Above
Non-ORx	No	23155010205	METFORMIN HYDROCHLORIDE	240	\$0.03333	\$0.01667	101%-200% Above
Non-ORx	No	23155010210	METFORMIN HYDROCHLORIDE	120	\$0.02500	\$0.01667	51%-75% Above
Non-ORx	No	23155010401	METFORMIN HYDROCHLORIDE	120	\$0.01667	\$0.03333	(26%-50%) Below
Non-ORx	No	23155010405	METFORMIN HYDROCHLORIDE	180	\$0.03889	\$0.03333	10%-25% Above
Non-ORx	No	23155010410	METFORMIN HYDROCHLORIDE	240	\$0.04167	\$0.03333	26%-50% Above
Non-ORx	No	23155013301	DOXYCYCLINE MONOHYDRATE	60	\$1.53333	\$0.23333	200% Above
Non-ORx	No	23155013301	DOXYCYCLINE MONOHYDRATE	20	\$1.50000	\$0.25000	200% Above
Non-ORx	No	23155013525	DOXYCYCLINE MONOHYDRATE	60	\$0.80000	\$0.31667	101%-200% Above
Non-ORx	No	23155013525	DOXYCYCLINE MONOHYDRATE	56	\$0.60714	\$0.32143	76%-100% Above
Non-ORx	No	23155013525	DOXYCYCLINE MONOHYDRATE	56	\$1.69643	\$0.35714	200% Above
Non-ORx	No	23155013525	DOXYCYCLINE MONOHYDRATE	20	\$1.70000	\$0.30000	200% Above
Non-ORx	No	23155017801	ISOSORBIDE MONONITRATE ER	60	\$0.13333	\$0.11667	10%-25% Above
Non-ORx	No	23155019101	BUPROPION HCL	270	\$0.23333	\$0.12222	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
Non-ORx	No	23155019101	BUPROPION HCL	90	\$0.23333	\$0.13333	76%-100% Above
Non-ORx	No	23155019101	BUPROPION HCL	120	\$0.23333	\$0.12500	76%-100% Above
Non-ORx	No	23155019101	BUPROPION HCL	90	\$0.18889	\$0.13333	26%-50% Above
Non-ORx	No	23155019201	BUPROPION HCL	90	\$0.31111	\$0.14444	101%-200% Above
Non-ORx	No	23155022701	ACYCLOVIR	15	\$0.33333	\$0.13333	101%-200% Above
Non-ORx	No	23155022801	ACYCLOVIR	30	\$0.96667	\$0.20000	200% Above
Non-ORx	No	23155028701	ACETAZOLAMIDE	20	\$1.50000	\$0.15000	200% Above
Non-ORx	No	23155028801	ACETAZOLAMIDE	150	\$0.86000	\$0.30667	101%-200% Above
Non-ORx	No	23155028801	ACETAZOLAMIDE	360	\$0.86111	\$0.28333	200% Above
Non-ORx	No	23155028801	ACETAZOLAMIDE	120	\$1.11667	\$0.28333	200% Above
Non-ORx	No	23155028801	ACETAZOLAMIDE	10	\$1.10000	\$0.30000	200% Above
Non-ORx	No	23155036201	AMANTADINE HCL	28	\$0.17857	\$0.28571	(26%-50%) Below
Non-ORx	No	23155048601	VERAPAMIL HYDROCHLORIDE	90	\$0.26667	\$0.07778	200% Above
Non-ORx	No	23155048901	DESMOPRESSIN ACETATE	60	\$0.55000	\$0.45000	10%-25% Above
Non-ORx	No	23155049001	DESMOPRESSIN ACETATE	180	\$0.99444	\$0.43333	101%-200% Above
Non-ORx	No	23155050001	HYDROXYZINE HYDROCHLORIDE	135	\$0.20741	\$0.04444	200% Above
Non-ORx	No	23155050001	HYDROXYZINE HYDROCHLORIDE	60	\$0.20000	\$0.05000	200% Above
Non-ORx	No	23155050001	HYDROXYZINE HYDROCHLORIDE	30	\$0.13333	\$0.03333	200% Above
Non-ORx	No	23155050010	HYDROXYZINE HYDROCHLORIDE	110	\$0.07273	\$0.04546	51%-75% Above
Non-ORx	No	23155050010	HYDROXYZINE HYDROCHLORIDE	90	\$0.07778	\$0.04444	76%-100% Above
Non-ORx	No	23155050010	HYDROXYZINE HYDROCHLORIDE	30	\$0.06667	\$0.03333	101%-200% Above
Non-ORx	No	23155050101	HYDROXYZINE HYDROCHLORIDE	60	\$0.20000	\$0.08333	101%-200% Above
Non-ORx	No	23155050105	HYDROXYZINE HYDROCHLORIDE	60	\$0.35000	\$0.05000	200% Above
Non-ORx	No	23155050105	HYDROXYZINE HYDROCHLORIDE	180	\$0.31111	\$0.08333	200% Above
Non-ORx	No	23155050105	HYDROXYZINE HYDROCHLORIDE	120	\$0.23333	\$0.07500	200% Above
Non-ORx	No	23155050105	HYDROXYZINE HYDROCHLORIDE	45	\$0.33333	\$0.06667	200% Above
Non-ORx	No	23155050105	HYDROXYZINE HYDROCHLORIDE	90	\$0.33333	\$0.03333	200% Above
Non-ORx	No	23155050105	HYDROXYZINE HYDROCHLORIDE	30	\$0.33333	\$0.06667	200% Above
Non-ORx	No	23155050110	HYDROXYZINE HYDROCHLORIDE	30	\$0.06667	\$0.03333	101%-200% Above
Non-ORx	No	23155050201	HYDROXYZINE HCL	60	\$0.41667	\$0.10000	200% Above
Non-ORx	No	23155050201	HYDROXYZINE HCL	120	\$0.31667	\$0.10000	200% Above
Non-ORx	No	23155050210	HYDROXYZINE HCL	180	\$0.03889	\$0.09444	(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
Non-ORx	No	23155050210	HYDROXYZINE HCL	60	\$0.10000	\$0.08333	10%-25% Above
Non-ORx	No	23155051901	ISOSORBIDE MONONITRATE ER	90	\$0.30000	\$0.10000	200% Above
Non-ORx	No	23155051901	ISOSORBIDE MONONITRATE ER	15	\$0.60000	\$0.06667	200% Above
Non-ORx	No	23155051905	ISOSORBIDE MONONITRATE ER	30	\$0.30000	\$0.10000	200% Above
Non-ORx	No	23155053006	TROSPIUM CHLORIDE	30	\$0.73333	\$0.36667	101%-200% Above
Non-ORx	No	23155053102	CALCIUM ACETATE	180	\$0.71667	\$0.30000	101%-200% Above
Non-ORx	No	23155060503	MODAFINIL	90	\$1.65556	\$0.56667	101%-200% Above
Non-ORx	No	23155060503	MODAFINIL	60	\$0.73333	\$0.56667	26%-50% Above
Non-ORx	No	23155060503	MODAFINIL	30	\$0.83333	\$0.56667	26%-50% Above
Non-ORx	No	23155060509	MODAFINIL	60	\$1.48333	\$0.56667	101%-200% Above
Non-ORx	No	23155060509	MODAFINIL	90	\$0.98889	\$0.56667	51%-75% Above
Non-ORx	No	23155060601	GLYCOPYRROLATE	90	\$0.11111	\$0.13333	(10%-25%) Below
Non-ORx	No	23155060601	GLYCOPYRROLATE	90	\$0.10000	\$0.14444	(26%-50%) Below
Non-ORx	No	23155060601	GLYCOPYRROLATE	240	\$0.10000	\$0.13333	(10%-25%) Below
Non-ORx	No	23155060601	GLYCOPYRROLATE	30	\$0.10000	\$0.13333	(10%-25%) Below
Non-ORx	No	23155060701	GLYCOPYRROLATE	90	\$0.17778	\$0.32222	(26%-50%) Below
Non-ORx	No	23155060701	GLYCOPYRROLATE	30	\$0.16667	\$0.33333	(26%-50%) Below
Non-ORx	No	23155065201	METRONIDAZOLE	20	\$0.10000	\$0.15000	(26%-50%) Below
Non-ORx	No	23155065205	METRONIDAZOLE	84	\$0.48810	\$0.14286	200% Above
Non-ORx	No	23155066301	CALCITRIOL	90	\$1.00000	\$0.32222	200% Above
Non-ORx	No	23155069301	ALLOPURINOL	90	\$0.08889	\$0.05556	51%-75% Above
Non-ORx	No	23155069310	ALLOPURINOL	60	\$0.08333	\$0.05000	51%-75% Above
Non-ORx	No	23155069310	ALLOPURINOL	120	\$0.08333	\$0.06667	26%-50% Above
Non-ORx	No	23155069405	ALLOPURINOL	60	\$0.16667	\$0.10000	51%-75% Above
Non-ORx	No	23155070501	ENALAPRIL MALEATE	90	\$0.17778	\$0.12222	26%-50% Above
Non-ORx	No	23155072401	LABETALOL HYDROCHLORIDE	180	\$0.34444	\$0.18333	76%-100% Above
Non-ORx	No	23155073610	TERAZOSIN HYDROCHLORIDE	180	\$0.16111	\$0.14444	10%-25% Above
Non-ORx	No	23155077210	ENALAPRIL MALEATE	90	\$0.18889	\$0.12222	51%-75% Above
Non-ORx	No	24208029005	TOBRAMYCIN SULFATE	5	\$2.00000	\$1.20000	51%-75% Above
Non-ORx	No	24208029505	TOBRAMYCIN/DEXAMETHASONE	15	\$17.06667	\$15.40000	10%-25% Above
Non-ORx	No	24208029505	TOBRAMYCIN/DEXAMETHASONE	5	\$2.80000	\$15.40000	(76%-100%) Below
Non-ORx	No	24208029510	TOBRAMYCIN/DEXAMETHASONE	10	\$17.00000	\$14.30000	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
Non-ORx	No	24208031510	POLYMYXIN B SULFATE/TRIME	30	\$0.90000	\$0.40000	101%-200% Above
Non-ORx	No	24208039830	IPRATROPIUM BROMIDE	30	\$1.06667	\$0.76667	26%-50% Above
Non-ORx	No	24208039830	IPRATROPIUM BROMIDE	30	\$1.06667	\$0.73333	26%-50% Above
Non-ORx	No	24208039915	IPRATROPIUM BROMIDE	30	\$2.13333	\$1.40000	51%-75% Above
Non-ORx	No	24208039915	IPRATROPIUM BROMIDE	15	\$2.13333	\$1.46667	26%-50% Above
Non-ORx	No	24208039915	IPRATROPIUM BROMIDE	135	\$1.74074	\$1.40000	10%-25% Above
Non-ORx	No	24208041005	OFLOXACIN	10	\$12.00000	\$2.20000	200% Above
Non-ORx	No	24208041105	BRIMONIDINE TARTRATE	5	\$1.80000	\$0.80000	101%-200% Above
Non-ORx	No	24208046325	LATANOPROST	24	\$3.87500	\$1.62500	101%-200% Above
Non-ORx	No	24208046325	LATANOPROST	8	\$4.00000	\$1.87500	101%-200% Above
Non-ORx	No	24208046325	LATANOPROST	21	\$5.09524	\$1.33333	200% Above
Non-ORx	No	24208046325	LATANOPROST	6	\$5.16667	\$1.66667	200% Above
Non-ORx	No	24208048510	DORZOLAMIDE HCL	20	\$3.20000	\$1.35000	101%-200% Above
Non-ORx	No	24208048510	DORZOLAMIDE HCL	10	\$2.10000	\$1.30000	51%-75% Above
Non-ORx	No	24208048610	DORZOLAMIDE HCL/TIMOLOL M	30	\$4.43333	\$1.33333	200% Above
Non-ORx	No	24208055555	BACITRACIN/POLYMYXIN B	4	\$5.00000	\$3.00000	51%-75% Above
Non-ORx	No	24208060203	PROLENSA	3	\$63.66667	\$101.66667	(26%-50%) Below
Non-ORx	No	24208063110	NEOMYCIN/POLYMYXIN/HC	20	\$7.00000	\$5.70000	10%-25% Above
Non-ORx	No	24208063562	NEOMYCIN/POLYMYXIN/HYDRO C	10	\$7.00000	\$6.20000	10%-25% Above
Non-ORx	No	24208067004	SODIUM SULFACETAMIDE	15	\$2.86667	\$2.46667	10%-25% Above
Non-ORx	No	24208067004	SODIUM SULFACETAMIDE	15	\$2.86667	\$2.26667	26%-50% Above
Non-ORx	No	24208072002	DEXAMETHASONE SODIUM PHOS	10	\$9.00000	\$8.00000	10%-25% Above
Non-ORx	No	24208078055	NEOMYCIN/BACITRACIN/POLYM	4	\$10.00000	\$6.25000	51%-75% Above
Non-ORx	No	24208079535	NEOMYCIN/POLYMYXIN/DEXAM E	8	\$2.50000	\$3.00000	(10%-25%) Below
Non-ORx	No	24208079535	NEOMYCIN/POLYMYXIN/DEXAM E	4	\$1.50000	\$2.50000	(26%-50%) Below
Non-ORx	No	24208091055	ERYTHROMYCIN	7	\$3.85714	\$3.00000	26%-50% Above
Non-ORx	No	24208091055	ERYTHROMYCIN	64	\$3.12500	\$2.50000	26%-50% Above
Non-ORx	No	24338085603	ZENZEDI	60	\$4.41667	\$7.05000	(26%-50%) Below
Non-ORx	No	24385002868	GNP ADULT ASPIRIN LOW STR	30	\$0.00000	\$0.03333	(76%-100%) Below
Non-ORx	No	24510012010	XTAMPZA ER	60	\$8.41667	\$10.63333	(10%-25%) Below
Non-ORx	No	24658031205	DOXYCYCLINE HYCLATE	37	\$0.70270	\$0.13514	200% Above
Non-ORx	No	24658031205	DOXYCYCLINE HYCLATE	30	\$0.70000	\$0.13333	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
Non-ORx	No	24658031205	DOXYCYCLINE HYCLATE	40	\$0.60000	\$0.15000	200% Above
Non-ORx	No	24658031205	DOXYCYCLINE HYCLATE	90	\$0.55556	\$0.13333	200% Above
Non-ORx	No	24658031205	DOXYCYCLINE HYCLATE	56	\$0.62500	\$0.14286	200% Above
Non-ORx	No	24658031205	DOXYCYCLINE HYCLATE	10	\$0.60000	\$0.10000	200% Above
Non-ORx	No	24658031205	DOXYCYCLINE HYCLATE	18	\$0.61111	\$0.16667	200% Above
Non-ORx	No	24658031205	DOXYCYCLINE HYCLATE	196	\$0.61225	\$0.14286	200% Above
Non-ORx	No	24658031205	DOXYCYCLINE HYCLATE	100	\$0.64000	\$0.15000	200% Above
Non-ORx	No	24689079201	TERAZOSIN HYDROCHLORIDE	90	\$0.17778	\$0.15556	10%-25% Above
Non-ORx	No	24689088201	TERAZOSIN HYDROCHLORIDE	90	\$0.36667	\$0.15556	101%-200% Above
Non-ORx	No	24979000901	NIFEDIPINE ER	90	\$0.51111	\$0.40000	26%-50% Above
Non-ORx	No	24979000912	NIFEDIPINE ER	30	\$1.06667	\$0.40000	101%-200% Above
Non-ORx	No	24979001012	NIFEDIPINE ER	120	\$0.82500	\$0.23333	200% Above
Non-ORx	No	24979001101	NIFEDIPINE ER	30	\$0.36667	\$0.16667	101%-200% Above
Non-ORx	No	24979001112	NIFEDIPINE ER	30	\$0.76667	\$0.16667	200% Above
Non-ORx	No	24979002602	DILTIAZEM HYDROCHLORIDE E	60	\$0.35000	\$0.16667	101%-200% Above
Non-ORx	No	24979002607	DILTIAZEM HYDROCHLORIDE E	90	\$0.35556	\$0.17778	101%-200% Above
Non-ORx	No	24979002707	DILTIAZEM HYDROCHLORIDE E	60	\$0.38333	\$0.23333	51%-75% Above
Non-ORx	No	24979002807	DILTIAZEM HYDROCHLORIDE E	60	\$0.43333	\$0.26667	51%-75% Above
Non-ORx	No	24979002907	DILTIAZEM HYDROCHLORIDE E	30	\$1.13333	\$0.36667	200% Above
Non-ORx	No	24979003701	METOPROLOL SUCCINATE ER	150	\$0.20000	\$0.08667	101%-200% Above
Non-ORx	No	24979003701	METOPROLOL SUCCINATE ER	90	\$0.11111	\$0.10000	10%-25% Above
Non-ORx	No	24979003703	METOPROLOL SUCCINATE ER	120	\$0.20000	\$0.09167	101%-200% Above
Non-ORx	No	24979003703	METOPROLOL SUCCINATE ER	120	\$0.16667	\$0.10000	51%-75% Above
Non-ORx	No	24979003801	METOPROLOL SUCCINATE ER	120	\$0.20000	\$0.10000	101%-200% Above
Non-ORx	No	24979003802	METOPROLOL SUCCINATE ER	60	\$0.13333	\$0.10000	26%-50% Above
Non-ORx	No	24979003803	METOPROLOL SUCCINATE ER	90	\$0.20000	\$0.10000	101%-200% Above
Non-ORx	No	24979003903	METOPROLOL SUCCINATE ER	30	\$0.23333	\$0.13333	76%-100% Above
Non-ORx	No	24979008504	PROPAFENONE HYDROCHLORIDE	180	\$2.97222	\$1.35000	101%-200% Above
Non-ORx	No	24979010107	BUPROPION HYDROCHLORIDE E	30	\$0.43333	\$0.13333	200% Above
Non-ORx	No	24979010202	BUPROPION HYDROCHLORIDE E	30	\$0.16667	\$0.20000	(10%-25%) Below
Non-ORx	No	24979010207	BUPROPION HYDROCHLORIDE E	30	\$0.16667	\$0.20000	(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
Non-ORx	No	24979053301	GUANFACINE ER	90	\$0.52222	\$0.23333	101%-200% Above
Non-ORx	No	24979053401	GUANFACINE ER	60	\$0.43333	\$0.26667	51%-75% Above
Non-ORx	No	24979053601	GUANFACINE ER	30	\$0.93333	\$0.26667	200% Above
Non-ORx	No	27241000106	RISPERIDONE	45	\$0.02222	\$0.04444	(26%-50%) Below
Non-ORx	No	27241000250	RISPERIDONE	60	\$0.05000	\$0.03333	51%-75% Above
Non-ORx	No	27241000306	RISPERIDONE	60	\$0.08333	\$0.03333	101%-200% Above
Non-ORx	No	27241001531	MONTELUKAST SODIUM	30	\$3.60000	\$1.20000	200% Above
Non-ORx	No	27241002168	ZOLMITRIPTAN	8	\$8.75000	\$1.00000	200% Above
Non-ORx	No	27241004021	ELETRIPTAN HYDROBROMIDE	4	\$6.25000	\$4.00000	51%-75% Above
Non-ORx	No	27241005103	ARIPIRAZOLE	60	\$0.45000	\$0.15000	200% Above
Non-ORx	No	27241005103	ARIPIRAZOLE	30	\$0.43333	\$0.16667	101%-200% Above
Non-ORx	No	27241005103	ARIPIRAZOLE	120	\$0.58333	\$0.13333	200% Above
Non-ORx	No	27241005203	ARIPIRAZOLE	45	\$0.68889	\$0.17778	200% Above
Non-ORx	No	27241005203	ARIPIRAZOLE	90	\$2.24444	\$0.16667	200% Above
Non-ORx	No	27241005203	ARIPIRAZOLE	180	\$0.58333	\$0.16667	200% Above
Non-ORx	No	27241005303	ARIPIRAZOLE	30	\$2.23333	\$0.16667	200% Above
Non-ORx	No	27241005303	ARIPIRAZOLE	15	\$0.46667	\$0.13333	200% Above
Non-ORx	No	27241005503	ARIPIRAZOLE	60	\$1.00000	\$0.23333	200% Above
Non-ORx	No	27241006703	SILDENAFIL CITRATE	6	\$2.16667	\$0.16667	200% Above
Non-ORx	No	27241006803	SILDENAFIL CITRATE	12	\$1.75000	\$0.16667	200% Above
Non-ORx	No	27241006903	SILDENAFIL CITRATE	36	\$2.33333	\$0.25000	200% Above
Non-ORx	No	27241006903	SILDENAFIL CITRATE	18	\$2.00000	\$0.33333	200% Above
Non-ORx	No	27241009706	DULOXETINE HYDROCHLORIDE	120	\$0.40000	\$0.13333	200% Above
Non-ORx	No	27241009803	DULOXETINE HCL	90	\$0.50000	\$0.10000	200% Above
Non-ORx	No	27241009803	DULOXETINE HCL	120	\$0.21667	\$0.13333	51%-75% Above
Non-ORx	No	27241009803	DULOXETINE HCL	300	\$0.37000	\$0.10000	200% Above
Non-ORx	No	27241009809	DULOXETINE HCL	15	\$0.73333	\$0.13333	200% Above
Non-ORx	No	27241009810	DULOXETINE HCL	30	\$0.50000	\$0.10000	200% Above
Non-ORx	No	27241009810	DULOXETINE HCL	7	\$0.42857	\$0.14286	200% Above
Non-ORx	No	27241009903	DULOXETINE HYDROCHLORIDE	180	\$0.63333	\$0.12222	200% Above
Non-ORx	No	27241009903	DULOXETINE HYDROCHLORIDE	180	\$0.63333	\$0.12778	200% Above
Non-ORx	No	27241009903	DULOXETINE HYDROCHLORIDE	60	\$0.10000	\$0.15000	(26%-50%) Below
Non-ORx	No	27241009903	DULOXETINE HYDROCHLORIDE	450	\$0.44889	\$0.13333	200% Above
Non-ORx	No	27241009903	DULOXETINE HYDROCHLORIDE	360	\$0.24444	\$0.13333	76%-100% Above
Non-ORx	No	27241009990	DULOXETINE HYDROCHLORIDE	660	\$0.33030	\$0.13333	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
Non-ORx	No	27241009990	DULOXETINE HYDROCHLORIDE	60	\$0.10000	\$0.15000	(26%-50%) Below
Non-ORx	No	27241009990	DULOXETINE HYDROCHLORIDE	120	\$0.49167	\$0.13333	200% Above
Non-ORx	No	27241009990	DULOXETINE HYDROCHLORIDE	420	\$0.34286	\$0.13333	101%-200% Above
Non-ORx	No	27241011103	TADALAFIL	6	\$0.83333	\$0.16667	200% Above
Non-ORx	No	27241011203	TADALAFIL	210	\$0.40952	\$0.20000	101%-200% Above
Non-ORx	No	27241011203	TADALAFIL	18	\$0.33333	\$0.16667	101%-200% Above
Non-ORx	No	27241011205	TADALAFIL	30	\$0.50000	\$0.20000	101%-200% Above
Non-ORx	No	27241011303	TADALAFIL	18	\$2.61111	\$0.33333	200% Above
Non-ORx	No	27241011403	TADALAFIL	12	\$2.25000	\$0.41667	200% Above
Non-ORx	No	27241011403	TADALAFIL	6	\$1.66667	\$0.50000	200% Above
Non-ORx	No	27241011405	TADALAFIL	6	\$1.66667	\$0.50000	200% Above
Non-ORx	No	27241011501	DIVALPROEX SODIUM	90	\$0.37778	\$0.32222	10%-25% Above
Non-ORx	No	27241011603	FENOFIBRATE	150	\$0.45333	\$0.13333	200% Above
Non-ORx	No	27241011703	FENOFIBRATE	90	\$0.63333	\$0.15556	200% Above
Non-ORx	No	27241011703	FENOFIBRATE	120	\$0.43333	\$0.16667	101%-200% Above
Non-ORx	No	27241011703	FENOFIBRATE	750	\$0.50933	\$0.20000	101%-200% Above
Non-ORx	No	27241012403	SILDENAFIL CITRATE	90	\$0.51111	\$0.06667	200% Above
Non-ORx	No	27241012403	SILDENAFIL CITRATE	8	\$0.62500	\$0.12500	200% Above
Non-ORx	No	27241012403	SILDENAFIL CITRATE	10	\$0.60000	\$0.10000	200% Above
Non-ORx	No	27241012502	RANOLAZINE ER	120	\$0.42500	\$0.33333	26%-50% Above
Non-ORx	No	27241012602	RANOLAZINE ER	30	\$0.63333	\$0.46667	26%-50% Above
Non-ORx	No	27241013909	OSELTAMIVIR PHOSPHATE	120	\$0.44167	\$0.60833	(26%-50%) Below
Non-ORx	No	27241013909	OSELTAMIVIR PHOSPHATE	120	\$1.05833	\$0.60000	76%-100% Above
Non-ORx	No	27241014401	SILODOSIN	30	\$0.56667	\$0.73333	(10%-25%) Below
Non-ORx	No	27241015604	OXYBUTYNIN CHLORIDE ER	60	\$0.41667	\$0.16667	101%-200% Above
Non-ORx	No	27241015860	VALGANCICLOVIR	60	\$10.96667	\$2.60000	200% Above
Non-ORx	No	27241016701	DOXEPIN HYDROCHLORIDE	30	\$0.43333	\$0.23333	76%-100% Above
Non-ORx	No	27241016701	DOXEPIN HYDROCHLORIDE	30	\$0.43333	\$0.20000	101%-200% Above
Non-ORx	No	27241021201	CLOMIPRAMINE HYDROCHLORID	30	\$0.63333	\$0.73333	(10%-25%) Below
Non-ORx	No	27241021601	CHLORTHALIDONE	30	\$0.50000	\$0.16667	200% Above
Non-ORx	No	27808003501	HYDROCODONE BITARTRATE/AC	26	\$0.07692	\$0.11539	(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
Non-ORx	No	27808003501	HYDROCODONE BITARTRATE/AC	40	\$0.32500	\$0.10000	200% Above
Non-ORx	No	27808003501	HYDROCODONE BITARTRATE/AC	6	\$0.33333	\$0.16667	101%-200% Above
Non-ORx	No	27808003501	HYDROCODONE BITARTRATE/AC	15	\$0.33333	\$0.06667	200% Above
Non-ORx	No	27808003502	HYDROCODONE BITARTRATE/AC	40	\$0.22500	\$0.10000	101%-200% Above
Non-ORx	No	27808003502	HYDROCODONE BITARTRATE/AC	15	\$0.33333	\$0.06667	200% Above
Non-ORx	No	27808003502	HYDROCODONE BITARTRATE/AC	48	\$0.35417	\$0.08333	200% Above
Non-ORx	No	27808003503	HYDROCODONE BITARTRATE/AC	25	\$0.32000	\$0.08000	200% Above
Non-ORx	No	27808003503	HYDROCODONE BITARTRATE/AC	24	\$0.45833	\$0.08333	200% Above
Non-ORx	No	27808003503	HYDROCODONE BITARTRATE/AC	120	\$0.42500	\$0.10000	200% Above
Non-ORx	No	27808003503	HYDROCODONE BITARTRATE/AC	26	\$0.46154	\$0.07692	200% Above
Non-ORx	No	27808003503	HYDROCODONE BITARTRATE/AC	28	\$0.46429	\$0.10714	200% Above
Non-ORx	No	27808003503	HYDROCODONE BITARTRATE/AC	80	\$0.45000	\$0.10000	200% Above
Non-ORx	No	27808003503	HYDROCODONE BITARTRATE/AC	60	\$0.40000	\$0.10000	200% Above
Non-ORx	No	27808003503	HYDROCODONE BITARTRATE/AC	10	\$0.50000	\$0.10000	200% Above
Non-ORx	No	27808003503	HYDROCODONE BITARTRATE/AC	16	\$0.43750	\$0.12500	200% Above
Non-ORx	No	27808003503	HYDROCODONE BITARTRATE/AC	60	\$0.40000	\$0.08333	200% Above
Non-ORx	No	27808003503	HYDROCODONE BITARTRATE/AC	90	\$0.37778	\$0.06667	200% Above
Non-ORx	No	27808003503	HYDROCODONE BITARTRATE/AC	64	\$0.40625	\$0.12500	200% Above
Non-ORx	No	27808003503	HYDROCODONE BITARTRATE/AC	13	\$0.46154	\$0.07692	200% Above
Non-ORx	No	27808003503	HYDROCODONE BITARTRATE/AC	14	\$0.42857	\$0.07143	200% Above
Non-ORx	No	27808003601	HYDROCODONE/ACETAMINOPH EN	120	\$0.27500	\$0.11667	101%-200% Above
Non-ORx	No	27808003602	HYDROCODONE/ACETAMINOPH EN	180	\$0.18889	\$0.12222	51%-75% Above
Non-ORx	No	27808003602	HYDROCODONE/ACETAMINOPH EN	16	\$0.37500	\$0.12500	200% Above
Non-ORx	No	27808003603	HYDROCODONE/ACETAMINOPH EN	30	\$0.43333	\$0.13333	200% Above
Non-ORx	No	27808003603	HYDROCODONE/ACETAMINOPH EN	80	\$0.42500	\$0.12500	200% Above
Non-ORx	No	27808003603	HYDROCODONE/ACETAMINOPH EN	45	\$0.42222	\$0.13333	200% Above
Non-ORx	No	27808003603	HYDROCODONE/ACETAMINOPH EN	120	\$0.42500	\$0.12500	200% Above
Non-ORx	No	27808003603	HYDROCODONE/ACETAMINOPH EN	10	\$0.40000	\$0.10000	200% Above
Non-ORx	No	27808003603	HYDROCODONE/ACETAMINOPH EN	8	\$0.37500	\$0.12500	200% Above
Non-ORx	No	27808003603	HYDROCODONE/ACETAMINOPH EN	12	\$0.25000	\$0.08333	200% Above
Non-ORx	No	27808003603	HYDROCODONE/ACETAMINOPH EN	18	\$0.44444	\$0.11111	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
Non-ORx	No	27808003603	HYDROCODONE/ACETAMINOPHEN	40	\$0.40000	\$0.10000	200% Above
Non-ORx	No	27808003603	HYDROCODONE/ACETAMINOPHEN	16	\$0.43750	\$0.12500	200% Above
Non-ORx	No	27808003603	HYDROCODONE/ACETAMINOPHEN	15	\$0.40000	\$0.13333	200% Above
Non-ORx	No	27808003702	HYDROCODONE BITARTRATE/AC	120	\$0.35833	\$0.12500	101%-200% Above
Non-ORx	No	27808003702	HYDROCODONE BITARTRATE/AC	30	\$0.33333	\$0.13333	101%-200% Above
Non-ORx	No	27808003703	HYDROCODONE BITARTRATE/AC	112	\$0.25893	\$0.12500	101%-200% Above
Non-ORx	No	27808003703	HYDROCODONE BITARTRATE/AC	270	\$0.26296	\$0.12222	101%-200% Above
Non-ORx	No	27808003703	HYDROCODONE BITARTRATE/AC	120	\$0.27500	\$0.13333	101%-200% Above
Non-ORx	No	27808003703	HYDROCODONE BITARTRATE/AC	240	\$0.26250	\$0.12500	101%-200% Above
Non-ORx	No	27808003703	HYDROCODONE BITARTRATE/AC	40	\$0.25000	\$0.12500	101%-200% Above
Non-ORx	No	27808003703	HYDROCODONE BITARTRATE/AC	24	\$0.33333	\$0.08333	200% Above
Non-ORx	No	27808003703	HYDROCODONE BITARTRATE/AC	5	\$0.40000	\$0.20000	101%-200% Above
Non-ORx	No	27808008602	HYDROCODONE POLISTIREX/CH	120	\$0.45833	\$0.37500	10%-25% Above
Non-ORx	No	27808009301	DEXMETHYLPHENIDATE HCL	60	\$0.60000	\$0.26667	101%-200% Above
Non-ORx	No	27808009301	DEXMETHYLPHENIDATE HCL	90	\$0.52222	\$0.26667	76%-100% Above
Non-ORx	No	27808009301	DEXMETHYLPHENIDATE HCL	60	\$0.98333	\$0.26667	200% Above
Non-ORx	No	27808009301	DEXMETHYLPHENIDATE HCL	60	\$0.98333	\$0.25000	200% Above
Non-ORx	No	27808015501	ROSUVASTATIN CALCIUM	180	\$0.20000	\$0.06667	200% Above
Non-ORx	No	27808015503	ROSUVASTATIN CALCIUM	120	\$0.15000	\$0.06667	101%-200% Above
Non-ORx	No	27808015601	ROSUVASTATIN CALCIUM	90	\$0.28889	\$0.06667	200% Above
Non-ORx	No	27808015601	ROSUVASTATIN CALCIUM	450	\$0.19556	\$0.06667	101%-200% Above
Non-ORx	No	27808015603	ROSUVASTATIN CALCIUM	90	\$0.05556	\$0.06667	(10%-25%) Below
Non-ORx	No	27808015603	ROSUVASTATIN CALCIUM	150	\$0.20667	\$0.06667	200% Above
Non-ORx	No	27808015701	ROSUVASTATIN CALCIUM	180	\$0.25000	\$0.07778	200% Above
Non-ORx	No	27808015701	ROSUVASTATIN CALCIUM	60	\$0.43333	\$0.08333	200% Above
Non-ORx	No	27808015701	ROSUVASTATIN CALCIUM	10	\$0.40000	\$0.10000	200% Above
Non-ORx	No	27808015703	ROSUVASTATIN CALCIUM	60	\$0.06667	\$0.08333	(10%-25%) Below
Non-ORx	No	27808015703	ROSUVASTATIN CALCIUM	210	\$0.22381	\$0.06667	200% Above
Non-ORx	No	29033000305	SUCRALFATE	360	\$0.25833	\$0.20000	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
Non-ORx	No	29033000305	SUCRALFATE	180	\$0.31111	\$0.20000	51%-75% Above
Non-ORx	No	29033000305	SUCRALFATE	12	\$0.25000	\$0.16667	51%-75% Above
Non-ORx	No	29033000305	SUCRALFATE	21	\$0.28571	\$0.19048	51%-75% Above
Non-ORx	No	29033000305	SUCRALFATE	120	\$0.24167	\$0.20000	10%-25% Above
Non-ORx	No	29033001201	PIROXICAM	30	\$0.16667	\$0.26667	(26%-50%) Below
Non-ORx	No	29033001301	PIROXICAM	90	\$0.11111	\$0.42222	(51%-75%) Below
Non-ORx	No	29300011101	LAMOTRIGINE	120	\$0.10000	\$0.03333	200% Above
Non-ORx	No	29300011101	LAMOTRIGINE	120	\$0.02500	\$0.03333	(10%-25%) Below
Non-ORx	No	29300011101	LAMOTRIGINE	60	\$0.26667	\$0.03333	200% Above
Non-ORx	No	29300011105	LAMOTRIGINE	120	\$0.02500	\$0.03333	(10%-25%) Below
Non-ORx	No	29300011105	LAMOTRIGINE	60	\$0.11667	\$0.03333	200% Above
Non-ORx	No	29300011105	LAMOTRIGINE	50	\$0.02000	\$0.04000	(26%-50%) Below
Non-ORx	No	29300011201	LAMOTRIGINE	75	\$0.04000	\$0.06667	(26%-50%) Below
Non-ORx	No	29300011201	LAMOTRIGINE	180	\$0.09444	\$0.06667	26%-50% Above
Non-ORx	No	29300011201	LAMOTRIGINE	90	\$0.08889	\$0.06667	26%-50% Above
Non-ORx	No	29300011205	LAMOTRIGINE	150	\$0.20667	\$0.06000	200% Above
Non-ORx	No	29300011205	LAMOTRIGINE	30	\$0.03333	\$0.06667	(26%-50%) Below
Non-ORx	No	29300011205	LAMOTRIGINE	120	\$0.11667	\$0.06667	76%-100% Above
Non-ORx	No	29300011316	LAMOTRIGINE	120	\$0.15000	\$0.08333	76%-100% Above
Non-ORx	No	29300011316	LAMOTRIGINE	14	\$0.42857	\$0.07143	200% Above
Non-ORx	No	29300011405	LAMOTRIGINE	60	\$0.06667	\$0.10000	(26%-50%) Below
Non-ORx	No	29300011405	LAMOTRIGINE	37	\$0.05405	\$0.08108	(26%-50%) Below
Non-ORx	No	29300011416	LAMOTRIGINE	120	\$0.07500	\$0.10000	(10%-25%) Below
Non-ORx	No	29300011416	LAMOTRIGINE	45	\$0.28889	\$0.08889	200% Above
Non-ORx	No	29300011416	LAMOTRIGINE	7	\$0.28571	\$0.14286	101%-200% Above
Non-ORx	No	29300011510	TOPIRAMATE	30	\$0.23333	\$0.03333	200% Above
Non-ORx	No	29300011705	TOPIRAMATE	60	\$0.31667	\$0.06667	200% Above
Non-ORx	No	29300012410	MELOXICAM	420	\$0.04048	\$0.01667	101%-200% Above
Non-ORx	No	29300012410	MELOXICAM	28	\$0.00000	\$0.03571	(76%-100%) Below
Non-ORx	No	29300012410	MELOXICAM	330	\$0.10303	\$0.03333	200% Above
Non-ORx	No	29300012501	MELOXICAM	90	\$0.04444	\$0.03333	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
Non-ORx	No	29300012510	MELOXICAM	120	\$0.22500	\$0.01667	200% Above
Non-ORx	No	29300012510	MELOXICAM	600	\$0.19833	\$0.03333	200% Above
Non-ORx	No	29300012601	BISOPROLOL FUMARATE	90	\$0.11111	\$0.37778	(51%-75%) Below
Non-ORx	No	29300012601	BISOPROLOL FUMARATE	60	\$0.45000	\$0.38333	10%-25% Above
Non-ORx	No	29300012601	BISOPROLOL FUMARATE	60	\$0.70000	\$0.36667	76%-100% Above
Non-ORx	No	29300012601	BISOPROLOL FUMARATE	30	\$0.96667	\$0.40000	101%-200% Above
Non-ORx	No	29300012701	BISOPROLOL FUMARATE	60	\$0.98333	\$0.48333	101%-200% Above
Non-ORx	No	29300012701	BISOPROLOL FUMARATE	30	\$0.53333	\$0.46667	10%-25% Above
Non-ORx	No	29300012713	BISOPROLOL FUMARATE	90	\$0.61111	\$0.46667	26%-50% Above
Non-ORx	No	29300012713	BISOPROLOL FUMARATE	30	\$0.80000	\$0.46667	51%-75% Above
Non-ORx	No	29300012810	HYDROCHLOROTHIAZIDE	1440	\$0.05278	\$0.01111	200% Above
Non-ORx	No	29300012810	HYDROCHLOROTHIAZIDE	120	\$0.05833	\$0.01667	200% Above
Non-ORx	No	29300012901	HYDROCHLOROTHIAZIDE	30	\$0.10000	\$0.03333	200% Above
Non-ORx	No	29300012910	HYDROCHLOROTHIAZIDE	60	\$0.05000	\$0.03333	51%-75% Above
Non-ORx	No	29300013005	HYDROCHLOROTHIAZIDE	240	\$0.19167	\$0.03333	200% Above
Non-ORx	No	29300013010	HYDROCHLOROTHIAZIDE	30	\$0.26667	\$0.03333	200% Above
Non-ORx	No	29300013201	ZALEPLON	60	\$0.51667	\$0.16667	200% Above
Non-ORx	No	29300013201	ZALEPLON	60	\$0.61667	\$0.16667	200% Above
Non-ORx	No	29300013201	ZALEPLON	20	\$0.50000	\$0.15000	200% Above
Non-ORx	No	29300013201	ZALEPLON	24	\$0.25000	\$0.16667	51%-75% Above
Non-ORx	No	29300013601	CLONIDINE HYDROCHLORIDE	56	\$0.25000	\$0.03571	200% Above
Non-ORx	No	29300013601	CLONIDINE HYDROCHLORIDE	60	\$0.16667	\$0.03333	200% Above
Non-ORx	No	29300013605	CLONIDINE HYDROCHLORIDE	30	\$0.20000	\$0.03333	200% Above
Non-ORx	No	29300013610	CLONIDINE HYDROCHLORIDE	60	\$0.16667	\$0.03333	200% Above
Non-ORx	No	29300013610	CLONIDINE HYDROCHLORIDE	60	\$0.18333	\$0.03333	200% Above
Non-ORx	No	29300013701	CLONIDINE HYDROCHLORIDE	90	\$0.17778	\$0.03333	200% Above
Non-ORx	No	29300013701	CLONIDINE HYDROCHLORIDE	270	\$0.24444	\$0.03704	200% Above
Non-ORx	No	29300013701	CLONIDINE HYDROCHLORIDE	120	\$0.30000	\$0.03333	200% Above
Non-ORx	No	29300013705	CLONIDINE HYDROCHLORIDE	60	\$0.21667	\$0.03333	200% Above
Non-ORx	No	29300013705	CLONIDINE HYDROCHLORIDE	30	\$0.16667	\$0.03333	200% Above
Non-ORx	No	29300014001	DIVALPROEX SODIUM DR	90	\$0.45556	\$0.13333	200% Above
Non-ORx	No	29300014001	DIVALPROEX SODIUM DR	120	\$0.60000	\$0.13333	200% Above
Non-ORx	No	29300014001	DIVALPROEX SODIUM DR	30	\$0.40000	\$0.13333	200% Above
Non-ORx	No	29300014701	QUETIAPINE FUMARATE	60	\$0.13333	\$0.03333	200% Above
Non-ORx	No	29300014901	QUETIAPINE FUMARATE	60	\$0.21667	\$0.05000	200% Above
Non-ORx	No	29300015519	ALFUZOSIN HCL ER	30	\$0.30000	\$0.13333	101%-200% Above
Non-ORx	No	29300016910	TIZANIDINE HYDROCHLORIDE	21	\$0.23810	\$0.04762	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
Non-ORx	No	29300016910	TIZANIDINE HYDROCHLORIDE	60	\$0.11667	\$0.06667	76%-100% Above
Non-ORx	No	29300018701	BISOPROLOL FUMARATE/HYDRO	90	\$0.53333	\$0.35556	51%-75% Above
Non-ORx	No	29300018701	BISOPROLOL FUMARATE/HYDRO	30	\$0.26667	\$0.36667	(26%-50%) Below
Non-ORx	No	29300018705	BISOPROLOL FUMARATE/HYDRO	30	\$0.63333	\$0.36667	51%-75% Above
Non-ORx	No	29300018801	BISOPROLOL FUMARATE/HYDRO	180	\$0.51111	\$0.35556	26%-50% Above
Non-ORx	No	29300018801	BISOPROLOL FUMARATE/HYDRO	60	\$0.41667	\$0.35000	10%-25% Above
Non-ORx	No	29300018805	BISOPROLOL FUMARATE/HYDRO	90	\$0.41111	\$0.35556	10%-25% Above
Non-ORx	No	29300018805	BISOPROLOL FUMARATE/HYDRO	30	\$0.70000	\$0.36667	76%-100% Above
Non-ORx	No	29300018901	BISOPROLOL FUMARATE/HYDRO	111	\$0.47748	\$0.32432	26%-50% Above
Non-ORx	No	29300018901	BISOPROLOL FUMARATE/HYDRO	60	\$0.41667	\$0.36667	10%-25% Above
Non-ORx	No	29300018905	BISOPROLOL FUMARATE/HYDRO	30	\$0.56667	\$0.36667	51%-75% Above
Non-ORx	No	29300019010	LOSARTAN POTASSIUM/HYDROC	60	\$0.36667	\$0.16667	101%-200% Above
Non-ORx	No	29300019019	LOSARTAN POTASSIUM/HYDROC	90	\$0.06667	\$0.16667	(51%-75%) Below
Non-ORx	No	29300019019	LOSARTAN POTASSIUM/HYDROC	60	\$0.21667	\$0.16667	26%-50% Above
Non-ORx	No	29300019119	LOSARTAN POTASSIUM/HYDROC	30	\$0.86667	\$0.16667	200% Above
Non-ORx	No	29300019219	LOSARTAN POTASSIUM/HYDROC	450	\$0.44222	\$0.18889	101%-200% Above
Non-ORx	No	29300019219	LOSARTAN POTASSIUM/HYDROC	15	\$0.46667	\$0.20000	101%-200% Above
Non-ORx	No	29300019219	LOSARTAN POTASSIUM/HYDROC	120	\$0.39167	\$0.20000	76%-100% Above
Non-ORx	No	29300022010	MONTELUKAST SODIUM	60	\$0.18333	\$0.06667	101%-200% Above
Non-ORx	No	29300022019	MONTELUKAST SODIUM	90	\$0.27778	\$0.05556	200% Above
Non-ORx	No	29300022019	MONTELUKAST SODIUM	1050	\$0.21333	\$0.06667	200% Above
Non-ORx	No	29300022701	METRONIDAZOLE	25	\$0.52000	\$0.16000	200% Above
Non-ORx	No	29300022701	METRONIDAZOLE	21	\$0.52381	\$0.14286	200% Above
Non-ORx	No	29300022701	METRONIDAZOLE	42	\$0.50000	\$0.14286	200% Above
Non-ORx	No	29300022701	METRONIDAZOLE	20	\$0.50000	\$0.15000	200% Above
Non-ORx	No	29300022701	METRONIDAZOLE	9	\$0.55556	\$0.11111	200% Above
Non-ORx	No	29300022701	METRONIDAZOLE	16	\$0.50000	\$0.12500	200% Above
Non-ORx	No	29300022701	METRONIDAZOLE	182	\$0.50000	\$0.14286	200% Above
Non-ORx	No	29300022705	METRONIDAZOLE	30	\$0.50000	\$0.13333	200% Above
Non-ORx	No	29300024401	BUSPIRONE HYDROCHLORIDE	180	\$0.10000	\$0.03333	200% Above
Non-ORx	No	29300024405	BUSPIRONE HYDROCHLORIDE	60	\$0.20000	\$0.03333	200% Above
Non-ORx	No	29300024505	BUSPIRONE HYDROCHLORIDE	480	\$0.09583	\$0.03333	101%-200% Above
Non-ORx	No	29300024505	BUSPIRONE HYDROCHLORIDE	30	\$0.13333	\$0.03333	200% Above
Non-ORx	No	29300024505	BUSPIRONE HYDROCHLORIDE	45	\$0.15556	\$0.04444	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
Non-ORx	No	29300024601	BUSPIRONE HYDROCHLORIDE	270	\$0.12593	\$0.05556	101%-200% Above
Non-ORx	No	29300024601	BUSPIRONE HYDROCHLORIDE	120	\$0.09167	\$0.05000	76%-100% Above
Non-ORx	No	29300024605	BUSPIRONE HYDROCHLORIDE	120	\$0.21667	\$0.05000	200% Above
Non-ORx	No	29300024705	BUSPIRONE HYDROCHLORIDE	60	\$0.10000	\$0.20000	(26%-50%) Below
Non-ORx	No	29300024716	BUSPIRONE HYDROCHLORIDE	480	\$0.53750	\$0.20000	101%-200% Above
Non-ORx	No	29300024716	BUSPIRONE HYDROCHLORIDE	120	\$0.31667	\$0.18333	51%-75% Above
Non-ORx	No	29300024716	BUSPIRONE HYDROCHLORIDE	60	\$0.61667	\$0.20000	200% Above
Non-ORx	No	29300025601	PIROXICAM	30	\$0.66667	\$0.43333	51%-75% Above
Non-ORx	No	29300026981	RIZATRIPTAN BENZOATE ODT	2	\$1.00000	\$0.50000	101%-200% Above
Non-ORx	No	29300033301	CHLORTHALIDONE	450	\$0.54444	\$0.16667	200% Above
Non-ORx	No	29300034310	BACLOFEN	120	\$0.24167	\$0.06667	200% Above
Non-ORx	No	29300034310	BACLOFEN	270	\$0.22593	\$0.06667	200% Above
Non-ORx	No	29300034310	BACLOFEN	120	\$0.21667	\$0.06667	200% Above
Non-ORx	No	29300034410	BACLOFEN	10	\$0.40000	\$0.10000	200% Above
Non-ORx	No	29300034901	ALLOPURINOL	180	\$0.18333	\$0.05556	200% Above
Non-ORx	No	29300034901	ALLOPURINOL	180	\$0.17778	\$0.05556	200% Above
Non-ORx	No	29300034901	ALLOPURINOL	180	\$0.12778	\$0.05000	101%-200% Above
Non-ORx	No	29300035001	ALLOPURINOL	30	\$0.06667	\$0.10000	(26%-50%) Below
Non-ORx	No	29300035005	ALLOPURINOL	360	\$0.17778	\$0.08889	101%-200% Above
Non-ORx	No	29300035005	ALLOPURINOL	60	\$0.40000	\$0.08333	200% Above
Non-ORx	No	29300035005	ALLOPURINOL	90	\$0.28889	\$0.10000	101%-200% Above
Non-ORx	No	29300035501	TRAMADOL HYDROCHLORIDE	60	\$0.20000	\$0.01667	200% Above
Non-ORx	No	29300035501	TRAMADOL HYDROCHLORIDE	90	\$0.15556	\$0.02222	200% Above
Non-ORx	No	29300035501	TRAMADOL HYDROCHLORIDE	120	\$0.15000	\$0.02500	200% Above
Non-ORx	No	29300035501	TRAMADOL HYDROCHLORIDE	26	\$0.15385	\$0.03846	200% Above
Non-ORx	No	29300035501	TRAMADOL HYDROCHLORIDE	60	\$0.20000	\$0.03333	200% Above
Non-ORx	No	29300035505	TRAMADOL HYDROCHLORIDE	180	\$0.15000	\$0.02222	200% Above
Non-ORx	No	29300035505	TRAMADOL HYDROCHLORIDE	60	\$0.20000	\$0.03333	200% Above
Non-ORx	No	29300035505	TRAMADOL HYDROCHLORIDE	80	\$0.17500	\$0.02500	200% Above
Non-ORx	No	29300035510	TRAMADOL HYDROCHLORIDE	90	\$0.13333	\$0.02222	200% Above
Non-ORx	No	29300035916	AMIODARONE HYDROCHLORIDE	60	\$0.41667	\$0.13333	200% Above
Non-ORx	No	29300039705	AMLODIPINE BESYLATE	60	\$0.18333	\$0.01667	200% Above
Non-ORx	No	29300039710	AMLODIPINE BESYLATE	180	\$0.22222	\$0.01111	200% Above
Non-ORx	No	29300039805	AMLODIPINE BESYLATE	180	\$0.20000	\$0.01111	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
Non-ORx	No	29300039805	AMLODIPINE BESYLATE	90	\$0.01111	\$0.02222	(26%-50%) Below
Non-ORx	No	29300039805	AMLODIPINE BESYLATE	60	\$0.23333	\$0.01667	200% Above
Non-ORx	No	29300039805	AMLODIPINE BESYLATE	90	\$0.06667	\$0.03333	101%-200% Above
Non-ORx	No	29300039810	AMLODIPINE BESYLATE	90	\$0.23333	\$0.01111	200% Above
Non-ORx	No	29300039810	AMLODIPINE BESYLATE	60	\$0.23333	\$0.01667	200% Above
Non-ORx	No	29300041001	ATENOLOL	450	\$0.05778	\$0.03333	51%-75% Above
Non-ORx	No	29300041005	ATENOLOL	60	\$0.11667	\$0.03333	200% Above
Non-ORx	No	29300041101	ATENOLOL	180	\$0.11667	\$0.03333	200% Above
Non-ORx	No	29300041101	ATENOLOL	30	\$0.26667	\$0.03333	200% Above
Non-ORx	No	29300041301	CYCLOBENZAPRINE HYDROCHLO	90	\$0.15556	\$0.03333	200% Above
Non-ORx	No	29300041301	CYCLOBENZAPRINE HYDROCHLO	60	\$0.01667	\$0.03333	(26%-50%) Below
Non-ORx	No	29300041501	CYCLOBENZAPRINE HYDROCHLO	30	\$0.00000	\$0.03333	(76%-100%) Below
Non-ORx	No	29300041901	AMITRIPTYLINE HYDROCHLORI	60	\$0.23333	\$0.03333	200% Above
Non-ORx	No	29300042301	AMITRIPTYLINE HYDROCHLORI	60	\$1.06667	\$0.31667	200% Above
Non-ORx	No	29300042401	AMITRIPTYLINE HYDROCHLORI	28	\$1.71429	\$0.53571	200% Above
Non-ORx	No	29300045801	GUANFACINE HYDROCHLORIDE	60	\$0.90000	\$0.50000	76%-100% Above
Non-ORx	No	29300045901	GUANFACINE HYDROCHLORIDE	30	\$0.40000	\$0.80000	(26%-50%) Below
Non-ORx	No	29300046805	CLONIDINE HYDROCHLORIDE	60	\$0.16667	\$0.03333	200% Above
Non-ORx	No	29300046805	CLONIDINE HYDROCHLORIDE	120	\$0.20000	\$0.03333	200% Above
Non-ORx	No	29300046810	CLONIDINE HYDROCHLORIDE	270	\$0.04444	\$0.02963	51%-75% Above
Non-ORx	No	29300046810	CLONIDINE HYDROCHLORIDE	270	\$0.04444	\$0.03333	26%-50% Above
Non-ORx	No	29300046810	CLONIDINE HYDROCHLORIDE	45	\$0.04444	\$0.02222	101%-200% Above
Non-ORx	No	29300046810	CLONIDINE HYDROCHLORIDE	300	\$0.04333	\$0.03333	26%-50% Above
Non-ORx	No	31722000290	VENLAFAXINE HYDROCHLORIDE	30	\$0.13333	\$0.10000	26%-50% Above
Non-ORx	No	31722000390	VENLAFAXINE HYDROCHLORIDE	30	\$0.16667	\$0.13333	26%-50% Above
Non-ORx	No	31722000490	VENLAFAXINE HYDROCHLORIDE	90	\$0.23333	\$0.16667	26%-50% Above
Non-ORx	No	31722000530	MESALAMINE	90	\$16.55556	\$3.36667	200% Above
Non-ORx	No	31722012805	GEMFIBROZIL	240	\$0.33333	\$0.10833	200% Above
Non-ORx	No	31722012805	GEMFIBROZIL	60	\$0.43333	\$0.10000	200% Above
Non-ORx	No	31722013130	DUTASTERIDE	270	\$0.71111	\$0.21111	200% Above
Non-ORx	No	31722013130	DUTASTERIDE	30	\$0.13333	\$0.20000	(26%-50%) Below
Non-ORx	No	31722013190	DUTASTERIDE	90	\$0.71111	\$0.21111	200% Above
Non-ORx	No	31722013190	DUTASTERIDE	150	\$0.39333	\$0.20000	76%-100% Above
Non-ORx	No	31722013201	POTASSIUM CITRATE ER	60	\$0.35000	\$0.78333	(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
Non-ORx	No	31722013305	POTASSIUM CHLORIDE ER	30	\$0.33333	\$0.20000	51%-75% Above
Non-ORx	No	31722015390	VALSARTAN	30	\$0.43333	\$0.26667	51%-75% Above
Non-ORx	No	31722015501	AMPHETAMINE/DEXTROAMPHE TA	90	\$1.20000	\$0.20000	200% Above
Non-ORx	No	31722015501	AMPHETAMINE/DEXTROAMPHE TA	240	\$0.91250	\$0.20000	200% Above
Non-ORx	No	31722015501	AMPHETAMINE/DEXTROAMPHE TA	30	\$1.20000	\$0.23333	200% Above
Non-ORx	No	31722015501	AMPHETAMINE/DEXTROAMPHE TA	60	\$0.41667	\$0.20000	101%-200% Above
Non-ORx	No	31722015601	AMPHETAMINE/DEXTROAMPHE TA	30	\$0.30000	\$0.46667	(26%-50%) Below
Non-ORx	No	31722015701	AMPHETAMINE/DEXTROAMPHE TA	540	\$0.85556	\$0.25556	200% Above
Non-ORx	No	31722015701	AMPHETAMINE/DEXTROAMPHE TA	300	\$1.03333	\$0.25000	200% Above
Non-ORx	No	31722015701	AMPHETAMINE/DEXTROAMPHE TA	390	\$0.91026	\$0.26667	200% Above
Non-ORx	No	31722015901	AMPHETAMINE/DEXTROAMPHE TA	120	\$0.98333	\$0.26667	200% Above
Non-ORx	No	31722015901	AMPHETAMINE/DEXTROAMPHE TA	120	\$1.09167	\$0.26667	200% Above
Non-ORx	No	31722016301	AMPHETAMINE/DEXTROAMPHE TA	90	\$1.07778	\$0.32222	200% Above
Non-ORx	No	31722016301	AMPHETAMINE/DEXTROAMPHE TA	720	\$0.85694	\$0.31667	101%-200% Above
Non-ORx	No	31722016301	AMPHETAMINE/DEXTROAMPHE TA	90	\$0.86667	\$0.33333	101%-200% Above
Non-ORx	No	31722016401	AMPHETAMINE/DEXTROAMPHE TA	90	\$1.07778	\$0.31111	200% Above
Non-ORx	No	31722016401	AMPHETAMINE/DEXTROAMPHE TA	180	\$0.81111	\$0.30556	101%-200% Above
Non-ORx	No	31722016401	AMPHETAMINE/DEXTROAMPHE TA	240	\$0.97083	\$0.31667	200% Above
Non-ORx	No	31722016401	AMPHETAMINE/DEXTROAMPHE TA	210	\$0.88095	\$0.30000	101%-200% Above
Non-ORx	No	31722016401	AMPHETAMINE/DEXTROAMPHE TA	420	\$0.79048	\$0.30000	101%-200% Above
Non-ORx	No	31722017301	METHYLPHENIDATE HYDROCHLO	60	\$0.50000	\$0.10000	200% Above
Non-ORx	No	31722017401	METHYLPHENIDATE HYDROCHLO	240	\$0.40417	\$0.16667	101%-200% Above
Non-ORx	No	31722017401	METHYLPHENIDATE HYDROCHLO	45	\$0.46667	\$0.15556	200% Above
Non-ORx	No	31722017401	METHYLPHENIDATE HYDROCHLO	90	\$0.16667	\$0.13333	26%-50% Above
Non-ORx	No	31722017401	METHYLPHENIDATE HYDROCHLO	60	\$0.56667	\$0.16667	200% Above
Non-ORx	No	31722017501	METHYLPHENIDATE HYDROCHLO	90	\$0.75556	\$0.21111	200% Above
Non-ORx	No	31722017501	METHYLPHENIDATE HYDROCHLO	135	\$0.40741	\$0.20741	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
Non-ORx	No	31722017501	METHYLPHENIDATE HYDROCHLO	90	\$0.75556	\$0.17778	200% Above
Non-ORx	No	31722017501	METHYLPHENIDATE HYDROCHLO	60	\$1.03333	\$0.18333	200% Above
Non-ORx	No	31722017501	METHYLPHENIDATE HYDROCHLO	240	\$0.68333	\$0.20000	200% Above
Non-ORx	No	31722051901	HYDRALAZINE HCL	270	\$0.19259	\$0.03704	200% Above
Non-ORx	No	31722051901	HYDRALAZINE HCL	90	\$0.22222	\$0.03333	200% Above
Non-ORx	No	31722051901	HYDRALAZINE HCL	60	\$0.11667	\$0.03333	200% Above
Non-ORx	No	31722052001	HYDRALAZINE HYDROCHLORIDE	180	\$0.21111	\$0.03889	200% Above
Non-ORx	No	31722052001	HYDRALAZINE HYDROCHLORIDE	180	\$0.07222	\$0.03333	101%-200% Above
Non-ORx	No	31722052010	HYDRALAZINE HYDROCHLORIDE	90	\$0.25556	\$0.04444	200% Above
Non-ORx	No	31722052010	HYDRALAZINE HYDROCHLORIDE	120	\$0.07500	\$0.03333	101%-200% Above
Non-ORx	No	31722052010	HYDRALAZINE HYDROCHLORIDE	14	\$0.00000	\$0.07143	(76%-100%) Below
Non-ORx	No	31722052101	HYDRALAZINE HYDROCHLORIDE	270	\$0.13704	\$0.04815	101%-200% Above
Non-ORx	No	31722052101	HYDRALAZINE HYDROCHLORIDE	90	\$0.13333	\$0.05556	101%-200% Above
Non-ORx	No	31722052101	HYDRALAZINE HYDROCHLORIDE	90	\$0.31111	\$0.04444	200% Above
Non-ORx	No	31722052110	HYDRALAZINE HYDROCHLORIDE	90	\$0.32222	\$0.04444	200% Above
Non-ORx	No	31722052110	HYDRALAZINE HYDROCHLORIDE	60	\$0.15000	\$0.05000	200% Above
Non-ORx	No	31722052201	HYDRALAZINE HYDROCHLORIDE	270	\$0.39259	\$0.08889	200% Above
Non-ORx	No	31722052201	HYDRALAZINE HYDROCHLORIDE	300	\$0.15000	\$0.08333	76%-100% Above
Non-ORx	No	31722052201	HYDRALAZINE HYDROCHLORIDE	720	\$0.23333	\$0.08889	101%-200% Above
Non-ORx	No	31722052530	FINASTERIDE	7	\$0.00000	\$0.14286	(76%-100%) Below
Non-ORx	No	31722052590	FINASTERIDE	30	\$0.33333	\$0.06667	200% Above
Non-ORx	No	31722053101	TORSEMIDE	240	\$0.36250	\$0.08333	200% Above
Non-ORx	No	31722053101	TORSEMIDE	12	\$0.58333	\$0.08333	200% Above
Non-ORx	No	31722053301	METHOCARBAMOL	60	\$0.25000	\$0.06667	200% Above
Non-ORx	No	31722053301	METHOCARBAMOL	40	\$0.12500	\$0.07500	51%-75% Above
Non-ORx	No	31722053401	METHOCARBAMOL	60	\$0.05000	\$0.08333	(26%-50%) Below
Non-ORx	No	31722053401	METHOCARBAMOL	40	\$0.35000	\$0.10000	200% Above
Non-ORx	No	31722053401	METHOCARBAMOL	18	\$0.22222	\$0.11111	101%-200% Above
Non-ORx	No	31722053401	METHOCARBAMOL	20	\$0.35000	\$0.10000	200% Above
Non-ORx	No	31722053612	LEVETIRACETAM	90	\$0.27778	\$0.07778	200% Above
Non-ORx	No	31722053705	LEVETIRACETAM	270	\$0.24074	\$0.10370	101%-200% Above
Non-ORx	No	31722053705	LEVETIRACETAM	360	\$0.23889	\$0.10556	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
Non-ORx	No	31722053705	LEVETIRACETAM	90	\$0.05556	\$0.10000	(26%-50%) Below
Non-ORx	No	31722053705	LEVETIRACETAM	120	\$0.13333	\$0.10000	26%-50% Above
Non-ORx	No	31722053712	LEVETIRACETAM	60	\$0.21667	\$0.10000	101%-200% Above
Non-ORx	No	31722053812	LEVETIRACETAM	120	\$0.50833	\$0.15000	200% Above
Non-ORx	No	31722053812	LEVETIRACETAM	60	\$0.13333	\$0.15000	(10%-25%) Below
Non-ORx	No	31722053960	LEVETIRACETAM	120	\$0.10000	\$0.22500	(51%-75%) Below
Non-ORx	No	31722053960	LEVETIRACETAM	120	\$0.41667	\$0.23333	76%-100% Above
Non-ORx	No	31722054201	INDOMETHACIN	60	\$0.26667	\$0.10000	101%-200% Above
Non-ORx	No	31722054201	INDOMETHACIN	90	\$0.22222	\$0.10000	101%-200% Above
Non-ORx	No	31722054201	INDOMETHACIN	10	\$0.30000	\$0.10000	200% Above
Non-ORx	No	31722054301	INDOMETHACIN	180	\$0.27222	\$0.11667	101%-200% Above
Non-ORx	No	31722054301	INDOMETHACIN	45	\$0.37778	\$0.11111	200% Above
Non-ORx	No	31722054301	INDOMETHACIN	100	\$0.34000	\$0.12000	101%-200% Above
Non-ORx	No	31722054301	INDOMETHACIN	270	\$0.28889	\$0.11111	101%-200% Above
Non-ORx	No	31722054301	INDOMETHACIN	35	\$0.28571	\$0.11429	101%-200% Above
Non-ORx	No	31722054301	INDOMETHACIN	21	\$0.28571	\$0.09524	200% Above
Non-ORx	No	31722054301	INDOMETHACIN	60	\$0.36667	\$0.13333	101%-200% Above
Non-ORx	No	31722054301	INDOMETHACIN	60	\$0.36667	\$0.10000	200% Above
Non-ORx	No	31722054501	LITHIUM CARBONATE	90	\$0.11111	\$0.04444	101%-200% Above
Non-ORx	No	31722054501	LITHIUM CARBONATE	120	\$0.11667	\$0.05000	101%-200% Above
Non-ORx	No	31722055190	LEVOCETIRIZINE DIHYDROCHL	60	\$0.31667	\$0.08333	200% Above
Non-ORx	No	31722055190	LEVOCETIRIZINE DIHYDROCHL	90	\$0.16667	\$0.06667	101%-200% Above
Non-ORx	No	31722055190	LEVOCETIRIZINE DIHYDROCHL	90	\$0.16667	\$0.07778	101%-200% Above
Non-ORx	No	31722055190	LEVOCETIRIZINE DIHYDROCHL	120	\$0.35000	\$0.07500	200% Above
Non-ORx	No	31722055190	LEVOCETIRIZINE DIHYDROCHL	240	\$0.25417	\$0.06667	200% Above
Non-ORx	No	31722056501	INDOMETHACIN ER	60	\$1.56667	\$0.23333	200% Above
Non-ORx	No	31722056501	INDOMETHACIN ER	60	\$1.56667	\$0.21667	200% Above
Non-ORx	No	31722056501	INDOMETHACIN ER	30	\$0.46667	\$0.23333	101%-200% Above
Non-ORx	No	31722056560	INDOMETHACIN ER	120	\$0.80833	\$0.23333	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
Non-ORx	No	31722056560	INDOMETHACIN ER	30	\$0.46667	\$0.23333	101%-200% Above
Non-ORx	No	31722056924	ESCITALOPRAM OXALATE	300	\$0.55333	\$0.27000	101%-200% Above
Non-ORx	No	31722057190	LANSOPRAZOLE	90	\$0.11111	\$0.13333	(10%-25%) Below
Non-ORx	No	31722057447	LEVETIRACETAM	270	\$0.05556	\$0.03333	51%-75% Above
Non-ORx	No	31722057447	LEVETIRACETAM	60	\$0.05000	\$0.03333	51%-75% Above
Non-ORx	No	31722058330	DULOXETINE HYDROCHLORIDE	60	\$0.10000	\$0.13333	(10%-25%) Below
Non-ORx	No	31722058630	NEBIVOLOL HYDROCHLORIDE	90	\$0.24444	\$0.55556	(51%-75%) Below
Non-ORx	No	31722058730	NEBIVOLOL HYDROCHLORIDE	180	\$0.11111	\$0.56667	(76%-100%) Below
Non-ORx	No	31722058730	NEBIVOLOL HYDROCHLORIDE	30	\$0.16667	\$0.56667	(51%-75%) Below
Non-ORx	No	31722058830	NEBIVOLOL HYDROCHLORIDE	30	\$0.33333	\$0.63333	(26%-50%) Below
Non-ORx	No	31722059690	FENOFIBRATE	60	\$0.18333	\$0.16667	10%-25% Above
Non-ORx	No	31722059690	FENOFIBRATE	150	\$0.37333	\$0.16667	101%-200% Above
Non-ORx	No	31722061190	PREGABALIN	90	\$0.27778	\$0.08889	200% Above
Non-ORx	No	31722061190	PREGABALIN	30	\$0.36667	\$0.10000	200% Above
Non-ORx	No	31722061290	PREGABALIN	60	\$0.13333	\$0.08333	51%-75% Above
Non-ORx	No	31722061290	PREGABALIN	112	\$0.21429	\$0.07143	200% Above
Non-ORx	No	31722061390	PREGABALIN	90	\$0.37778	\$0.08889	200% Above
Non-ORx	No	31722061390	PREGABALIN	60	\$0.38333	\$0.08333	200% Above
Non-ORx	No	31722061490	PREGABALIN	90	\$0.14444	\$0.08889	51%-75% Above
Non-ORx	No	31722061490	PREGABALIN	120	\$0.25000	\$0.08333	200% Above
Non-ORx	No	31722061490	PREGABALIN	56	\$0.07143	\$0.08929	(10%-25%) Below
Non-ORx	No	31722061590	PREGABALIN	90	\$0.61111	\$0.11111	200% Above
Non-ORx	No	31722062921	ATOVAQUONE	420	\$3.55952	\$1.12857	200% Above
Non-ORx	No	31722062921	ATOVAQUONE	300	\$1.33667	\$1.08333	10%-25% Above
Non-ORx	No	31722063231	OSELTAMIVIR PHOSPHATE	20	\$4.30000	\$1.30000	200% Above
Non-ORx	No	31722064630	TADALAFIL	12	\$0.16667	\$0.50000	(51%-75%) Below
Non-ORx	No	31722066530	ESOMEPRAZOLE MAGNESIUM	30	\$0.86667	\$0.20000	200% Above
Non-ORx	No	31722070010	LOSARTAN POTASSIUM	180	\$0.24444	\$0.05556	200% Above
Non-ORx	No	31722070010	LOSARTAN POTASSIUM	120	\$0.04167	\$0.05000	(10%-25%) Below
Non-ORx	No	31722070010	LOSARTAN POTASSIUM	180	\$0.11111	\$0.05556	101%-200% Above
Non-ORx	No	31722070010	LOSARTAN POTASSIUM	240	\$0.20833	\$0.06667	200% Above
Non-ORx	No	31722070010	LOSARTAN POTASSIUM	15	\$0.20000	\$0.06667	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
Non-ORx	No	31722070010	LOSARTAN POTASSIUM	60	\$0.33333	\$0.05000	200% Above
Non-ORx	No	31722070090	LOSARTAN POTASSIUM	720	\$0.23611	\$0.05556	200% Above
Non-ORx	No	31722070090	LOSARTAN POTASSIUM	180	\$0.27778	\$0.05556	200% Above
Non-ORx	No	31722070090	LOSARTAN POTASSIUM	60	\$0.41667	\$0.05000	200% Above
Non-ORx	No	31722070090	LOSARTAN POTASSIUM	15	\$0.26667	\$0.06667	200% Above
Non-ORx	No	31722070090	LOSARTAN POTASSIUM	750	\$0.22800	\$0.06667	200% Above
Non-ORx	No	31722070110	LOSARTAN POTASSIUM	810	\$0.28889	\$0.06667	200% Above
Non-ORx	No	31722070110	LOSARTAN POTASSIUM	270	\$0.30000	\$0.07778	200% Above
Non-ORx	No	31722070110	LOSARTAN POTASSIUM	360	\$0.26944	\$0.06667	200% Above
Non-ORx	No	31722070110	LOSARTAN POTASSIUM	180	\$0.26667	\$0.08333	200% Above
Non-ORx	No	31722070110	LOSARTAN POTASSIUM	480	\$0.21667	\$0.06667	200% Above
Non-ORx	No	31722070110	LOSARTAN POTASSIUM	120	\$0.23333	\$0.06667	200% Above
Non-ORx	No	31722070190	LOSARTAN POTASSIUM	120	\$0.22500	\$0.08333	101%-200% Above
Non-ORx	No	31722070190	LOSARTAN POTASSIUM	1260	\$0.26746	\$0.06667	200% Above
Non-ORx	No	31722070190	LOSARTAN POTASSIUM	180	\$0.30556	\$0.06667	200% Above
Non-ORx	No	31722070190	LOSARTAN POTASSIUM	90	\$0.30000	\$0.07778	200% Above
Non-ORx	No	31722070190	LOSARTAN POTASSIUM	300	\$0.28667	\$0.06667	200% Above
Non-ORx	No	31722070190	LOSARTAN POTASSIUM	1380	\$0.27246	\$0.06667	200% Above
Non-ORx	No	31722070190	LOSARTAN POTASSIUM	90	\$0.36667	\$0.06667	200% Above
Non-ORx	No	31722070210	LOSARTAN POTASSIUM	450	\$0.35556	\$0.08889	200% Above
Non-ORx	No	31722070210	LOSARTAN POTASSIUM	90	\$0.33333	\$0.10000	200% Above
Non-ORx	No	31722070210	LOSARTAN POTASSIUM	480	\$0.29583	\$0.10000	101%-200% Above
Non-ORx	No	31722070230	LOSARTAN POTASSIUM	120	\$0.33333	\$0.10000	200% Above
Non-ORx	No	31722070290	LOSARTAN POTASSIUM	1260	\$0.40873	\$0.08889	200% Above
Non-ORx	No	31722070290	LOSARTAN POTASSIUM	450	\$0.29333	\$0.10000	101%-200% Above
Non-ORx	No	31722070290	LOSARTAN POTASSIUM	45	\$0.44444	\$0.08889	200% Above
Non-ORx	No	31722070290	LOSARTAN POTASSIUM	30	\$0.10000	\$0.06667	51%-75% Above
Non-ORx	No	31722070290	LOSARTAN POTASSIUM	900	\$0.23889	\$0.10000	101%-200% Above
Non-ORx	No	31722070430	VALACYCLOVIR HYDROCHLORID	42	\$1.00000	\$0.30952	200% Above
Non-ORx	No	31722070430	VALACYCLOVIR HYDROCHLORID	1350	\$1.39037	\$0.30000	200% Above
Non-ORx	No	31722070430	VALACYCLOVIR HYDROCHLORID	240	\$1.50000	\$0.30000	200% Above
Non-ORx	No	31722070430	VALACYCLOVIR HYDROCHLORID	21	\$0.80952	\$0.28571	101%-200% Above
Non-ORx	No	31722070430	VALACYCLOVIR HYDROCHLORID	24	\$1.00000	\$0.25000	200% Above
Non-ORx	No	31722070430	VALACYCLOVIR HYDROCHLORID	6	\$1.00000	\$0.33333	200% Above
Non-ORx	No	31722070430	VALACYCLOVIR HYDROCHLORID	10	\$1.00000	\$0.30000	200% Above
Non-ORx	No	31722070430	VALACYCLOVIR HYDROCHLORID	60	\$1.50000	\$0.30000	200% Above
Non-ORx	No	31722070430	VALACYCLOVIR HYDROCHLORID	28	\$1.50000	\$0.28571	200% Above

All Optum trademarks and logos are owned by Optum, Inc. All other brand or product names are trademarks or registered marks of their respective owners. This document contains information that is considered proprietary to OptumRx and should not be reproduced without express written consent of OptumRx. ©2022 Optum, Inc. All rights reserved.

Information in this report is proprietary and confidential to OptumRx.

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
Non-ORx	No	31722070490	VALACYCLOVIR HYDROCHLORID	360	\$0.90278	\$0.30000	200% Above
Non-ORx	No	31722070490	VALACYCLOVIR HYDROCHLORID	60	\$1.03333	\$0.30000	200% Above
Non-ORx	No	31722070490	VALACYCLOVIR HYDROCHLORID	6	\$1.00000	\$0.33333	200% Above
Non-ORx	No	31722070490	VALACYCLOVIR HYDROCHLORID	14	\$1.00000	\$0.28571	200% Above
Non-ORx	No	31722070530	VALACYCLOVIR HCL	25	\$2.76000	\$0.56000	200% Above
Non-ORx	No	31722070530	VALACYCLOVIR HCL	28	\$2.46429	\$0.57143	200% Above
Non-ORx	No	31722070530	VALACYCLOVIR HCL	105	\$1.86667	\$0.57143	200% Above
Non-ORx	No	31722070530	VALACYCLOVIR HCL	1020	\$2.31961	\$0.56667	200% Above
Non-ORx	No	31722070530	VALACYCLOVIR HCL	32	\$2.46875	\$0.56250	200% Above
Non-ORx	No	31722070530	VALACYCLOVIR HCL	20	\$2.50000	\$0.60000	200% Above
Non-ORx	No	31722070530	VALACYCLOVIR HCL	16	\$2.50000	\$0.50000	200% Above
Non-ORx	No	31722070530	VALACYCLOVIR HCL	36	\$2.30556	\$0.50000	200% Above
Non-ORx	No	31722070530	VALACYCLOVIR HCL	15	\$1.73333	\$0.60000	101%-200% Above
Non-ORx	No	31722070530	VALACYCLOVIR HCL	120	\$1.81667	\$0.55000	200% Above
Non-ORx	No	31722070590	VALACYCLOVIR HCL	210	\$1.18571	\$0.56667	101%-200% Above
Non-ORx	No	31722070590	VALACYCLOVIR HCL	31	\$2.74194	\$0.58065	200% Above
Non-ORx	No	31722070590	VALACYCLOVIR HCL	60	\$0.43333	\$0.55000	(10%-25%) Below
Non-ORx	No	31722070590	VALACYCLOVIR HCL	50	\$1.18000	\$0.56000	101%-200% Above
Non-ORx	No	31722070590	VALACYCLOVIR HCL	42	\$1.16667	\$0.57143	101%-200% Above
Non-ORx	No	31722070590	VALACYCLOVIR HCL	42	\$1.59524	\$0.57143	101%-200% Above
Non-ORx	No	31722070590	VALACYCLOVIR HCL	8	\$2.00000	\$0.50000	200% Above
Non-ORx	No	31722070590	VALACYCLOVIR HCL	14	\$0.50000	\$0.57143	(10%-25%) Below
Non-ORx	No	31722070590	VALACYCLOVIR HCL	20	\$2.75000	\$0.55000	200% Above
Non-ORx	No	31722070590	VALACYCLOVIR HCL	15	\$2.73333	\$0.53333	200% Above
Non-ORx	No	31722071030	SILDENAFIL CITRATE	42	\$1.30952	\$0.16667	200% Above
Non-ORx	No	31722071101	SILDENAFIL	12	\$1.33333	\$0.33333	200% Above
Non-ORx	No	31722071101	SILDENAFIL	10	\$2.30000	\$0.30000	200% Above
Non-ORx	No	31722071101	SILDENAFIL	4	\$1.75000	\$0.25000	200% Above
Non-ORx	No	31722071130	SILDENAFIL	66	\$1.46970	\$0.33333	200% Above
Non-ORx	No	31722071130	SILDENAFIL	5	\$0.80000	\$0.20000	200% Above
Non-ORx	No	31722071290	PANTOPRAZOLE SODIUM	90	\$0.36667	\$0.05556	200% Above
Non-ORx	No	31722071290	PANTOPRAZOLE SODIUM	60	\$0.48333	\$0.05000	200% Above
Non-ORx	No	31722071290	PANTOPRAZOLE SODIUM	90	\$0.38889	\$0.06667	200% Above
Non-ORx	No	31722071310	PANTOPRAZOLE SODIUM	120	\$0.05000	\$0.05833	(10%-25%) Below
Non-ORx	No	31722071310	PANTOPRAZOLE SODIUM	300	\$0.29333	\$0.06667	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
Non-ORx	No	31722071310	PANTOPRAZOLE SODIUM	120	\$0.05000	\$0.06667	(10%-25%) Below
Non-ORx	No	31722071390	PANTOPRAZOLE SODIUM	300	\$0.21667	\$0.06667	200% Above
Non-ORx	No	31722071390	PANTOPRAZOLE SODIUM	120	\$0.33333	\$0.06667	200% Above
Non-ORx	No	31722071390	PANTOPRAZOLE SODIUM	930	\$0.21720	\$0.06667	200% Above
Non-ORx	No	31722071390	PANTOPRAZOLE SODIUM	40	\$0.25000	\$0.05000	200% Above
Non-ORx	No	31722071630	ATOMOXETINE HYDROCHLORIDE	60	\$3.48333	\$1.05000	200% Above
Non-ORx	No	31722071630	ATOMOXETINE HYDROCHLORIDE	15	\$1.46667	\$1.06667	26%-50% Above
Non-ORx	No	31722071730	ATOMOXETINE HYDROCHLORIDE	90	\$4.06667	\$1.13333	200% Above
Non-ORx	No	31722071730	ATOMOXETINE HYDROCHLORIDE	7	\$4.00000	\$1.14286	200% Above
Non-ORx	No	31722071930	ATOMOXETINE HYDROCHLORIDE	30	\$4.73333	\$1.33333	200% Above
Non-ORx	No	31722072250	LEVOFLOXACIN	11	\$1.81818	\$0.18182	200% Above
Non-ORx	No	31722072250	LEVOFLOXACIN	14	\$0.85714	\$0.21429	200% Above
Non-ORx	No	31722072250	LEVOFLOXACIN	42	\$1.11905	\$0.14286	200% Above
Non-ORx	No	31722072250	LEVOFLOXACIN	70	\$1.45714	\$0.20000	200% Above
Non-ORx	No	31722072320	LEVOFLOXACIN	10	\$1.80000	\$0.40000	200% Above
Non-ORx	No	31722072320	LEVOFLOXACIN	3	\$1.66667	\$0.33333	200% Above
Non-ORx	No	31722072320	LEVOFLOXACIN	15	\$1.13333	\$0.40000	101%-200% Above
Non-ORx	No	31722072610	MONTELUKAST SODIUM	90	\$0.06667	\$0.05556	10%-25% Above
Non-ORx	No	31722072610	MONTELUKAST SODIUM	240	\$0.28333	\$0.06667	200% Above
Non-ORx	No	31722072610	MONTELUKAST SODIUM	14	\$0.28571	\$0.07143	200% Above
Non-ORx	No	31722072610	MONTELUKAST SODIUM	2160	\$0.36389	\$0.06667	200% Above
Non-ORx	No	31722072690	MONTELUKAST SODIUM	1440	\$0.34444	\$0.05556	200% Above
Non-ORx	No	31722072690	MONTELUKAST SODIUM	360	\$0.34444	\$0.06667	200% Above
Non-ORx	No	31722072690	MONTELUKAST SODIUM	1230	\$0.15529	\$0.06667	101%-200% Above
Non-ORx	No	31722072690	MONTELUKAST SODIUM	60	\$0.05000	\$0.06667	(10%-25%) Below
Non-ORx	No	31722072730	MONTELUKAST SODIUM	60	\$0.28333	\$0.10000	101%-200% Above
Non-ORx	No	31722072790	MONTELUKAST SODIUM	90	\$0.34444	\$0.10000	200% Above
Non-ORx	No	31722072830	MONTELUKAST SODIUM	30	\$0.36667	\$0.10000	200% Above
Non-ORx	No	31722072890	MONTELUKAST SODIUM	300	\$0.32667	\$0.10000	200% Above
Non-ORx	No	31722073030	IRBESARTAN	60	\$0.43333	\$0.23333	76%-100% Above
Non-ORx	No	31722073090	IRBESARTAN	60	\$1.01667	\$0.21667	200% Above
Non-ORx	No	31722073090	IRBESARTAN	120	\$0.71667	\$0.23333	200% Above
Non-ORx	No	31722073090	IRBESARTAN	30	\$0.50000	\$0.20000	101%-200% Above
Non-ORx	No	31722073190	IRBESARTAN	180	\$0.88333	\$0.30000	101%-200% Above
Non-ORx	No	31722077690	SILDENAFIL CITRATE	30	\$0.53333	\$0.10000	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
Non-ORx	No	31722077690	SILDENAFIL CITRATE	15	\$0.53333	\$0.06667	200% Above
Non-ORx	No	31722077701	ACYCLOVIR	35	\$0.34286	\$0.08571	200% Above
Non-ORx	No	31722077701	ACYCLOVIR	420	\$0.44048	\$0.10000	200% Above
Non-ORx	No	31722077701	ACYCLOVIR	14	\$0.35714	\$0.07143	200% Above
Non-ORx	No	31722077701	ACYCLOVIR	15	\$0.06667	\$0.13333	(26%-50%) Below
Non-ORx	No	31722077701	ACYCLOVIR	20	\$0.25000	\$0.10000	101%-200% Above
Non-ORx	No	31722077701	ACYCLOVIR	120	\$0.35000	\$0.10000	200% Above
Non-ORx	No	31722077705	ACYCLOVIR	90	\$0.20000	\$0.10000	101%-200% Above
Non-ORx	No	31722077705	ACYCLOVIR	180	\$0.20000	\$0.10000	101%-200% Above
Non-ORx	No	31722077705	ACYCLOVIR	240	\$0.37500	\$0.10000	200% Above
Non-ORx	No	31722077705	ACYCLOVIR	120	\$0.35000	\$0.10000	200% Above
Non-ORx	No	31722077705	ACYCLOVIR	50	\$0.38000	\$0.10000	200% Above
Non-ORx	No	31722077801	ACYCLOVIR	120	\$0.64167	\$0.20000	200% Above
Non-ORx	No	31722082730	ARIPIRAZOLE	30	\$0.46667	\$0.16667	101%-200% Above
Non-ORx	No	31722088290	ROSUVASTATIN CALCIUM	60	\$0.41667	\$0.06667	200% Above
Non-ORx	No	31722088290	ROSUVASTATIN CALCIUM	990	\$0.38687	\$0.06667	200% Above
Non-ORx	No	31722088290	ROSUVASTATIN CALCIUM	45	\$0.40000	\$0.06667	200% Above
Non-ORx	No	31722088290	ROSUVASTATIN CALCIUM	15	\$0.33333	\$0.06667	200% Above
Non-ORx	No	31722088290	ROSUVASTATIN CALCIUM	120	\$0.33333	\$0.06667	200% Above
Non-ORx	No	31722088390	ROSUVASTATIN CALCIUM	1260	\$0.38254	\$0.06667	200% Above
Non-ORx	No	31722088390	ROSUVASTATIN CALCIUM	300	\$0.20333	\$0.06667	200% Above
Non-ORx	No	31722088490	ROSUVASTATIN CALCIUM	1260	\$0.36667	\$0.07778	200% Above
Non-ORx	No	31722088490	ROSUVASTATIN CALCIUM	90	\$0.12222	\$0.06667	76%-100% Above
Non-ORx	No	31722088530	ROSUVASTATIN CALCIUM	720	\$0.53333	\$0.13333	200% Above
Non-ORx	No	31722088530	ROSUVASTATIN CALCIUM	120	\$0.39167	\$0.13333	101%-200% Above
Non-ORx	No	31722093432	DROSPIRENONE/ETHINYL ESTR	28	\$0.17857	\$0.39286	(51%-75%) Below
Non-ORx	No	31722093612	OMEGA-3-ACID ETHYL ESTERS	360	\$0.76944	\$0.17778	200% Above
Non-ORx	No	31722093612	OMEGA-3-ACID ETHYL ESTERS	480	\$0.67292	\$0.17917	200% Above
Non-ORx	No	31722093612	OMEGA-3-ACID ETHYL ESTERS	240	\$0.49583	\$0.17500	101%-200% Above
Non-ORx	No	31722094201	HYDROCODONE BITARTRATE/AC	60	\$0.43333	\$0.11667	200% Above
Non-ORx	No	31722094201	HYDROCODONE BITARTRATE/AC	120	\$0.09167	\$0.12500	(26%-50%) Below
Non-ORx	No	31722094201	HYDROCODONE BITARTRATE/AC	84	\$0.09524	\$0.11905	(10%-25%) Below
Non-ORx	No	31722094201	HYDROCODONE BITARTRATE/AC	60	\$0.43333	\$0.13333	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
Non-ORx	No	31722094201	HYDROCODONE BITARTRATE/AC	36	\$0.25000	\$0.08333	200% Above
Non-ORx	No	31722094201	HYDROCODONE BITARTRATE/AC	24	\$0.45833	\$0.12500	200% Above
Non-ORx	No	31722094201	HYDROCODONE BITARTRATE/AC	21	\$0.42857	\$0.14286	200% Above
Non-ORx	No	31722094531	DROSPIRENONE/ETHINYL ESTR	252	\$1.42064	\$0.27381	200% Above
Non-ORx	No	31722094901	OXYCODONE/ACETAMINOPHEN	40	\$0.40000	\$0.10000	200% Above
Non-ORx	No	31722094905	OXYCODONE/ACETAMINOPHEN	36	\$0.47222	\$0.08333	200% Above
Non-ORx	No	31722094905	OXYCODONE/ACETAMINOPHEN	90	\$0.44444	\$0.10000	200% Above
Non-ORx	No	31722094905	OXYCODONE/ACETAMINOPHEN	56	\$0.42857	\$0.10714	200% Above
Non-ORx	No	31722094905	OXYCODONE/ACETAMINOPHEN	40	\$0.47500	\$0.10000	200% Above
Non-ORx	No	31722094905	OXYCODONE/ACETAMINOPHEN	60	\$0.40000	\$0.08333	200% Above
Non-ORx	No	31722094905	OXYCODONE/ACETAMINOPHEN	60	\$0.46667	\$0.10000	200% Above
Non-ORx	No	31722094905	OXYCODONE/ACETAMINOPHEN	24	\$0.45833	\$0.08333	200% Above
Non-ORx	No	31722094905	OXYCODONE/ACETAMINOPHEN	10	\$0.50000	\$0.10000	200% Above
Non-ORx	No	31722094905	OXYCODONE/ACETAMINOPHEN	8	\$0.50000	\$0.12500	200% Above
Non-ORx	No	31722094905	OXYCODONE/ACETAMINOPHEN	14	\$0.50000	\$0.07143	200% Above
Non-ORx	No	31722094905	OXYCODONE/ACETAMINOPHEN	24	\$0.45833	\$0.08333	200% Above
Non-ORx	No	31722094905	OXYCODONE/ACETAMINOPHEN	40	\$0.42500	\$0.10000	200% Above
Non-ORx	No	31722094905	OXYCODONE/ACETAMINOPHEN	15	\$0.46667	\$0.06667	200% Above
Non-ORx	No	31722095001	OXYCODONE/ACETAMINOPHEN	28	\$0.28571	\$0.10714	101%-200% Above
Non-ORx	No	31722095005	OXYCODONE/ACETAMINOPHEN	180	\$0.40000	\$0.10000	200% Above
Non-ORx	No	31722095005	OXYCODONE/ACETAMINOPHEN	10	\$0.20000	\$0.10000	101%-200% Above
Non-ORx	No	31722095005	OXYCODONE/ACETAMINOPHEN	40	\$0.40000	\$0.10000	200% Above
Non-ORx	No	31722095105	OXYCODONE/ACETAMINOPHEN	120	\$0.50000	\$0.19167	101%-200% Above
Non-ORx	No	31722095105	OXYCODONE/ACETAMINOPHEN	240	\$0.45000	\$0.17500	101%-200% Above
Non-ORx	No	31722095105	OXYCODONE/ACETAMINOPHEN	140	\$0.33571	\$0.17857	76%-100% Above
Non-ORx	No	31722095105	OXYCODONE/ACETAMINOPHEN	180	\$0.50000	\$0.17778	101%-200% Above
Non-ORx	No	31722095105	OXYCODONE/ACETAMINOPHEN	105	\$0.40000	\$0.19048	101%-200% Above
Non-ORx	No	31722095105	OXYCODONE/ACETAMINOPHEN	20	\$0.50000	\$0.20000	101%-200% Above
Non-ORx	No	31722095201	METHYLPHENIDATE HYDROCHLO	30	\$1.36667	\$0.63333	101%-200% Above
Non-ORx	No	31722095301	METHYLPHENIDATE HYDROCHLO	30	\$3.80000	\$0.90000	200% Above
Non-ORx	No	31722095401	METHYLPHENIDATE HYDROCHLO	60	\$0.86667	\$1.00000	(10%-25%) Below
Non-ORx	No	31722095501	METHYLPHENIDATE HYDROCHLO	30	\$1.53333	\$0.96667	51%-75% Above
Non-ORx	No	31722095801	BENZONATATE	150	\$0.70000	\$0.13333	200% Above
Non-ORx	No	31722095801	BENZONATATE	30	\$0.86667	\$0.13333	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
Non-ORx	No	31722095801	BENZONATATE	20	\$0.30000	\$0.15000	101%-200% Above
Non-ORx	No	31722095801	BENZONATATE	63	\$0.79365	\$0.14286	200% Above
Non-ORx	No	31722099601	HYDROCODONE BITARTRATE/AC	32	\$0.50000	\$0.12500	200% Above
Non-ORx	No	31722099601	HYDROCODONE BITARTRATE/AC	24	\$0.50000	\$0.08333	200% Above
Non-ORx	No	31722099601	HYDROCODONE BITARTRATE/AC	75	\$0.48000	\$0.09333	200% Above
Non-ORx	No	31722099601	HYDROCODONE BITARTRATE/AC	44	\$0.47727	\$0.09091	200% Above
Non-ORx	No	31722099601	HYDROCODONE BITARTRATE/AC	15	\$0.46667	\$0.06667	200% Above
Non-ORx	No	31722099601	HYDROCODONE BITARTRATE/AC	9	\$0.44444	\$0.11111	200% Above
Non-ORx	No	31722099601	HYDROCODONE BITARTRATE/AC	8	\$0.50000	\$0.12500	200% Above
Non-ORx	No	31722099601	HYDROCODONE BITARTRATE/AC	7	\$0.42857	\$0.14286	200% Above
Non-ORx	No	31722099601	HYDROCODONE BITARTRATE/AC	12	\$0.33333	\$0.16667	101%-200% Above
Non-ORx	No	31722099601	HYDROCODONE BITARTRATE/AC	30	\$0.36667	\$0.10000	200% Above
Non-ORx	No	31722099601	HYDROCODONE BITARTRATE/AC	14	\$0.50000	\$0.07143	200% Above
Non-ORx	No	31722099601	HYDROCODONE BITARTRATE/AC	60	\$0.43333	\$0.08333	200% Above
Non-ORx	No	31722099701	HYDROCODONE BITARTRATE/AC	90	\$0.60000	\$0.12222	200% Above
Non-ORx	No	31722099701	HYDROCODONE BITARTRATE/AC	120	\$0.60000	\$0.12500	200% Above
Non-ORx	No	31722099701	HYDROCODONE BITARTRATE/AC	80	\$0.11250	\$0.12500	(10%-25%) Below
Non-ORx	No	31722099701	HYDROCODONE BITARTRATE/AC	18	\$0.61111	\$0.11111	200% Above
Non-ORx	No	31722099701	HYDROCODONE BITARTRATE/AC	20	\$0.60000	\$0.10000	200% Above
Non-ORx	No	33342002208	LEVOFLOXACIN	28	\$1.39286	\$0.21429	200% Above
Non-ORx	No	33342002208	LEVOFLOXACIN	60	\$1.28333	\$0.20000	200% Above
Non-ORx	No	33342002208	LEVOFLOXACIN	3	\$1.00000	\$0.33333	200% Above
Non-ORx	No	33342002208	LEVOFLOXACIN	42	\$1.09524	\$0.14286	200% Above
Non-ORx	No	33342002332	LEVOFLOXACIN	10	\$2.40000	\$0.40000	200% Above
Non-ORx	No	33342002332	LEVOFLOXACIN	28	\$2.14286	\$0.35714	200% Above
Non-ORx	No	33342002332	LEVOFLOXACIN	14	\$1.07143	\$0.42857	101%-200% Above
Non-ORx	No	33342002332	LEVOFLOXACIN	3	\$2.00000	\$0.33333	200% Above
Non-ORx	No	33342002607	FAMCICLOVIR	30	\$3.13333	\$0.86667	200% Above
Non-ORx	No	33342002715	DONEPEZIL HYDROCHLORIDE	30	\$0.16667	\$0.03333	200% Above
Non-ORx	No	33342004710	IRBESARTAN	180	\$0.42222	\$0.21111	101%-200% Above
Non-ORx	No	33342004807	IRBESARTAN	90	\$0.51111	\$0.22222	101%-200% Above
Non-ORx	No	33342004810	IRBESARTAN	90	\$0.34444	\$0.21111	51%-75% Above
Non-ORx	No	33342004810	IRBESARTAN	60	\$0.78333	\$0.23333	200% Above
Non-ORx	No	33342004910	IRBESARTAN	180	\$0.56667	\$0.31111	76%-100% Above
Non-ORx	No	33342004910	IRBESARTAN	30	\$0.86667	\$0.30000	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
Non-ORx	No	33342005244	LOSARTAN POTASSIUM/HYDROC	60	\$0.13333	\$0.20000	(26%-50%) Below
Non-ORx	No	33342005415	PIOGLITAZONE HYDROCHLORID	30	\$0.26667	\$0.10000	101%-200% Above
Non-ORx	No	33342005507	PIOGLITAZONE HYDROCHLORID	90	\$0.43333	\$0.13333	200% Above
Non-ORx	No	33342005507	PIOGLITAZONE HYDROCHLORID	30	\$0.33333	\$0.13333	101%-200% Above
Non-ORx	No	33342005510	PIOGLITAZONE HYDROCHLORID	90	\$0.26667	\$0.13333	101%-200% Above
Non-ORx	No	33342005610	PIOGLITAZONE HCL	60	\$0.16667	\$0.13333	26%-50% Above
Non-ORx	No	33342005707	IRBESARTAN/HYDROCHLOROTHI	60	\$0.81667	\$0.26667	200% Above
Non-ORx	No	33342005807	IRBESARTAN/HYDROCHLOROTHI	90	\$0.74444	\$0.30000	101%-200% Above
Non-ORx	No	33342005807	IRBESARTAN/HYDROCHLOROTHI	30	\$0.76667	\$0.30000	101%-200% Above
Non-ORx	No	33342006207	VALSARTAN	90	\$0.46667	\$0.23333	101%-200% Above
Non-ORx	No	33342006310	VALSARTAN	60	\$0.08333	\$0.23333	(51%-75%) Below
Non-ORx	No	33342006310	VALSARTAN	90	\$0.48889	\$0.23333	101%-200% Above
Non-ORx	No	33342006410	VALSARTAN	90	\$0.62222	\$0.24444	101%-200% Above
Non-ORx	No	33342006410	VALSARTAN	180	\$0.60000	\$0.27778	101%-200% Above
Non-ORx	No	33342006410	VALSARTAN	60	\$0.53333	\$0.25000	101%-200% Above
Non-ORx	No	33342006410	VALSARTAN	90	\$0.54444	\$0.23333	101%-200% Above
Non-ORx	No	33342006410	VALSARTAN	90	\$0.52222	\$0.26667	76%-100% Above
Non-ORx	No	33342006510	VALSARTAN	90	\$0.94444	\$0.37778	101%-200% Above
Non-ORx	No	33342006510	VALSARTAN	30	\$0.50000	\$0.36667	26%-50% Above
Non-ORx	No	33342006707	OLANZAPINE	150	\$0.32667	\$0.10000	200% Above
Non-ORx	No	33342006807	OLANZAPINE	60	\$0.26667	\$0.10000	101%-200% Above
Non-ORx	No	33342006807	OLANZAPINE	15	\$0.26667	\$0.06667	200% Above
Non-ORx	No	33342006807	OLANZAPINE	18	\$0.27778	\$0.11111	101%-200% Above
Non-ORx	No	33342006807	OLANZAPINE	60	\$0.30000	\$0.10000	200% Above
Non-ORx	No	33342006907	OLANZAPINE	30	\$0.83333	\$0.13333	200% Above
Non-ORx	No	33342007007	OLANZAPINE	60	\$0.66667	\$0.11667	200% Above
Non-ORx	No	33342007007	OLANZAPINE	30	\$0.36667	\$0.13333	101%-200% Above
Non-ORx	No	33342007207	OLANZAPINE	30	\$0.36667	\$0.16667	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
Non-ORx	No	33342007510	VALSARTAN/HYDROCHLOROTHIA	180	\$0.60000	\$0.25556	101%-200% Above
Non-ORx	No	33342007510	VALSARTAN/HYDROCHLOROTHIA	18	\$0.50000	\$0.27778	76%-100% Above
Non-ORx	No	33342007610	VALSARTAN/HYDROCHLOROTHIA	90	\$0.53333	\$0.28889	76%-100% Above
Non-ORx	No	33342007610	VALSARTAN/HYDROCHLOROTHIA	30	\$0.53333	\$0.30000	76%-100% Above
Non-ORx	No	33342007710	VALSARTAN/HYDROCHLOROTHIA	60	\$1.71667	\$0.40000	200% Above
Non-ORx	No	33342007810	VALSARTAN/HYDROCHLOROTHIA	270	\$0.67407	\$0.38889	51%-75% Above
Non-ORx	No	33342007810	VALSARTAN/HYDROCHLOROTHIA	60	\$0.46667	\$0.40000	10%-25% Above
Non-ORx	No	33342007810	VALSARTAN/HYDROCHLOROTHIA	45	\$0.80000	\$0.40000	101%-200% Above
Non-ORx	No	33342007810	VALSARTAN/HYDROCHLOROTHIA	30	\$1.56667	\$0.36667	200% Above
Non-ORx	No	33342007810	VALSARTAN/HYDROCHLOROTHIA	30	\$0.80000	\$0.40000	101%-200% Above
Non-ORx	No	33342008841	RIZATRIPTAN BENZOATE	8	\$1.37500	\$0.50000	101%-200% Above
Non-ORx	No	33342008841	RIZATRIPTAN BENZOATE	20	\$2.95000	\$0.50000	200% Above
Non-ORx	No	33342008845	RIZATRIPTAN BENZOATE	20	\$4.00000	\$0.50000	200% Above
Non-ORx	No	33342009441	RIZATRIPTAN BENZOATE ODT	18	\$0.27778	\$0.66667	(51%-75%) Below
Non-ORx	No	33342009441	RIZATRIPTAN BENZOATE ODT	4	\$2.00000	\$0.75000	101%-200% Above
Non-ORx	No	33342010210	MONTELUKAST SODIUM	30	\$0.30000	\$0.06667	200% Above
Non-ORx	No	33342010215	MONTELUKAST SODIUM	420	\$0.36667	\$0.05952	200% Above
Non-ORx	No	33342010215	MONTELUKAST SODIUM	90	\$0.36667	\$0.05556	200% Above
Non-ORx	No	33342010215	MONTELUKAST SODIUM	60	\$0.36667	\$0.06667	200% Above
Non-ORx	No	33342010215	MONTELUKAST SODIUM	60	\$0.18333	\$0.06667	101%-200% Above
Non-ORx	No	33342011110	MONTELUKAST SODIUM	30	\$0.36667	\$0.10000	200% Above
Non-ORx	No	33342011407	CANDESARTAN CILEXETIL	30	\$2.13333	\$0.96667	101%-200% Above
Non-ORx	No	33342011407	CANDESARTAN CILEXETIL	90	\$1.47778	\$0.95556	51%-75% Above
Non-ORx	No	33342011507	CANDESARTAN CILEXETIL	60	\$2.13333	\$0.70000	200% Above
Non-ORx	No	33342011607	CANDESARTAN CILEXETIL	30	\$1.60000	\$0.86667	76%-100% Above
Non-ORx	No	33342011707	CANDESARTAN CILEXETIL	90	\$2.63333	\$1.24444	101%-200% Above
Non-ORx	No	33342015053	IBANDRONATE SODIUM	3	\$9.66667	\$5.00000	76%-100% Above
Non-ORx	No	33342015053	IBANDRONATE SODIUM	2	\$15.50000	\$5.00000	200% Above
Non-ORx	No	33342015407	VARDENAFIL HYDROCHLORIDE	3	\$37.66667	\$4.33333	200% Above
Non-ORx	No	33342015711	CELECOXIB	60	\$0.13333	\$0.15000	(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
Non-ORx	No	33342015715	CELECOXIB	30	\$0.43333	\$0.16667	101%-200% Above
Non-ORx	No	33342015715	CELECOXIB	30	\$0.66667	\$0.13333	200% Above
Non-ORx	No	33342015915	TAMSULOSIN HYDROCHLORIDE	60	\$0.20000	\$0.06667	200% Above
Non-ORx	No	33342017709	PIOGLITAZONE HCL/METFORMI	60	\$0.91667	\$0.41667	101%-200% Above
Non-ORx	No	33342017807	OLMESARTAN MEDOXOMIL	90	\$0.35556	\$0.08889	200% Above
Non-ORx	No	33342017807	OLMESARTAN MEDOXOMIL	30	\$0.56667	\$0.06667	200% Above
Non-ORx	No	33342017910	OLMESARTAN MEDOXOMIL	720	\$0.42639	\$0.11111	200% Above
Non-ORx	No	33342017910	OLMESARTAN MEDOXOMIL	45	\$0.22222	\$0.11111	101%-200% Above
Non-ORx	No	33342017910	OLMESARTAN MEDOXOMIL	180	\$0.48333	\$0.10000	200% Above
Non-ORx	No	33342018010	OLMESARTAN MEDOXOMIL	270	\$0.70000	\$0.15556	200% Above
Non-ORx	No	33342018010	OLMESARTAN MEDOXOMIL	180	\$0.77222	\$0.14444	200% Above
Non-ORx	No	33342018010	OLMESARTAN MEDOXOMIL	30	\$0.10000	\$0.13333	(10%-25%) Below
Non-ORx	No	33342018010	OLMESARTAN MEDOXOMIL	210	\$0.66191	\$0.16667	200% Above
Non-ORx	No	33342020010	LEVOCETIRIZINE DIHYDROCHL	120	\$0.20000	\$0.06667	200% Above
Non-ORx	No	33342026011	ENTACAPONE	150	\$0.71333	\$0.49333	26%-50% Above
Non-ORx	No	33342030011	ESZOPICLONE	30	\$1.23333	\$0.26667	200% Above
Non-ORx	No	33342030011	ESZOPICLONE	60	\$1.20000	\$0.23333	200% Above
Non-ORx	No	33342030111	ESZOPICLONE	210	\$0.53333	\$0.16667	200% Above
Non-ORx	No	33342030111	ESZOPICLONE	30	\$0.60000	\$0.13333	200% Above
Non-ORx	No	33342032715	TRIAMCINOLONE ACETONIDE	60	\$0.03333	\$0.16667	(76%-100%) Below
Non-ORx	No	33342032715	TRIAMCINOLONE ACETONIDE	30	\$0.10000	\$0.16667	(26%-50%) Below
Non-ORx	No	33342032780	TRIAMCINOLONE ACETONIDE	80	\$0.03750	\$0.07500	(26%-50%) Below
Non-ORx	No	33342032815	TRIAMCINOLONE ACETONIDE	15	\$0.53333	\$0.26667	101%-200% Above
Non-ORx	No	33342032915	TRIAMCINOLONE ACETONIDE	60	\$0.05000	\$0.13333	(51%-75%) Below
Non-ORx	No	33342032915	TRIAMCINOLONE ACETONIDE	135	\$0.05185	\$0.13333	(51%-75%) Below
Non-ORx	No	33342032915	TRIAMCINOLONE ACETONIDE	45	\$0.08889	\$0.13333	(26%-50%) Below
Non-ORx	No	33342032915	TRIAMCINOLONE ACETONIDE	90	\$0.03333	\$0.13333	(51%-75%) Below
Non-ORx	No	33342032980	TRIAMCINOLONE ACETONIDE	640	\$0.07813	\$0.05000	51%-75% Above
Non-ORx	No	33342033315	TRIAMCINOLONE ACETONIDE	60	\$0.03333	\$0.15000	(76%-100%) Below
Non-ORx	No	33342033315	TRIAMCINOLONE ACETONIDE	15	\$0.06667	\$0.13333	(26%-50%) Below
Non-ORx	No	33342033354	TRIAMCINOLONE ACETONIDE	454	\$0.03965	\$0.04405	(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
Non-ORx	No	33342033380	TRIAMCINOLONE ACETONIDE	160	\$0.06875	\$0.06250	10%-25% Above
Non-ORx	No	35573041530	ATOMOXETINE HYDROCHLORIDE	30	\$2.50000	\$1.20000	101%-200% Above
Non-ORx	No	35573041730	ATOMOXETINE HYDROCHLORIDE	60	\$3.35000	\$1.03333	200% Above
Non-ORx	No	35573041730	ATOMOXETINE HYDROCHLORIDE	51	\$3.33333	\$1.05882	200% Above
Non-ORx	No	35573041830	ATOMOXETINE HYDROCHLORIDE	90	\$2.67778	\$1.13333	101%-200% Above
Non-ORx	No	35573041830	ATOMOXETINE HYDROCHLORIDE	30	\$3.93333	\$1.10000	200% Above
Non-ORx	No	35573041830	ATOMOXETINE HYDROCHLORIDE	3	\$9.66667	\$1.00000	200% Above
Non-ORx	No	35573041930	ATOMOXETINE HYDROCHLORIDE	60	\$0.86667	\$1.33333	(26%-50%) Below
Non-ORx	No	35573041930	ATOMOXETINE HYDROCHLORIDE	30	\$4.06667	\$1.13333	200% Above
Non-ORx	No	35573042030	ATOMOXETINE HYDROCHLORIDE	90	\$2.43333	\$1.33333	76%-100% Above
Non-ORx	No	35573042130	ATOMOXETINE HYDROCHLORIDE	30	\$3.10000	\$1.33333	101%-200% Above
Non-ORx	No	35573043556	SODIUM FLUORIDE	56	\$0.14286	\$0.12500	10%-25% Above
Non-ORx	No	39328010610	PRENATAL	60	\$0.15000	\$0.11667	26%-50% Above
Non-ORx	No	39328010610	PRENATAL	30	\$0.06667	\$0.13333	(26%-50%) Below
Non-ORx	No	39328010610	PRENATAL	60	\$0.20000	\$0.10000	101%-200% Above
Non-ORx	No	42043016103	MODAFINIL	60	\$0.93333	\$0.56667	51%-75% Above
Non-ORx	No	42043016190	MODAFINIL	30	\$1.50000	\$0.56667	101%-200% Above
Non-ORx	No	42043032003	ESZOPICLONE	5	\$1.00000	\$0.20000	200% Above
Non-ORx	No	42043032201	ESZOPICLONE	30	\$0.60000	\$0.16667	200% Above
Non-ORx	No	42043041003	TERBINAFINE HYDROCHLORIDE	30	\$0.40000	\$0.13333	200% Above
Non-ORx	No	42192013606	SULFACETAMIDE SODIUM/SULF	510	\$0.20000	\$0.15882	26%-50% Above
Non-ORx	No	42192032701	NP THYROID 15	270	\$0.55926	\$0.50741	10%-25% Above
Non-ORx	No	42192032701	NP THYROID 15	120	\$0.16667	\$0.50000	(51%-75%) Below
Non-ORx	No	42192032801	NP THYROID 120	90	\$1.33333	\$1.21111	10%-25% Above
Non-ORx	No	42192033001	NP THYROID 60	270	\$0.72593	\$0.65926	10%-25% Above
Non-ORx	No	42192033001	NP THYROID 60	360	\$0.72222	\$0.65556	10%-25% Above
Non-ORx	No	42192033001	NP THYROID 60	28	\$0.71429	\$0.64286	10%-25% Above
Non-ORx	No	42192033001	NP THYROID 60	78	\$0.73077	\$0.65385	10%-25% Above
Non-ORx	No	42192033801	HYOSCYAMINE SULFATE ODT	60	\$0.28333	\$0.20000	26%-50% Above
Non-ORx	No	42192033901	HYOSCYAMINE SULFATE	48	\$0.06250	\$0.12500	(26%-50%) Below
Non-ORx	No	42192033901	HYOSCYAMINE SULFATE	360	\$0.26944	\$0.13333	101%-200% Above
Non-ORx	No	42192033901	HYOSCYAMINE SULFATE	180	\$0.07222	\$0.13889	(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
Non-ORx	No	42192033901	HYOSCYAMINE SULFATE	120	\$0.06667	\$0.14167	(51%-75%) Below
Non-ORx	No	42192033901	HYOSCYAMINE SULFATE	120	\$0.28333	\$0.13333	101%-200% Above
Non-ORx	No	42192033901	HYOSCYAMINE SULFATE	20	\$0.45000	\$0.15000	200% Above
Non-ORx	No	42192033901	HYOSCYAMINE SULFATE	80	\$0.33750	\$0.12500	101%-200% Above
Non-ORx	No	42192033901	HYOSCYAMINE SULFATE	60	\$0.10000	\$0.13333	(10%-25%) Below
Non-ORx	No	42192034001	HYOSCYAMINE SULFATE	60	\$0.33333	\$0.13333	101%-200% Above
Non-ORx	No	42192034001	HYOSCYAMINE SULFATE	120	\$0.59167	\$0.13333	200% Above
Non-ORx	No	42192034001	HYOSCYAMINE SULFATE	180	\$0.59444	\$0.13333	200% Above
Non-ORx	No	42192034001	HYOSCYAMINE SULFATE	12	\$0.58333	\$0.16667	200% Above
Non-ORx	No	42192034001	HYOSCYAMINE SULFATE	40	\$0.42500	\$0.15000	101%-200% Above
Non-ORx	No	42192060704	BROMPHEN/PSEUDOEPHEDRINE	280	\$0.15714	\$0.07857	101%-200% Above
Non-ORx	No	42192060704	BROMPHEN/PSEUDOEPHEDRINE	298	\$0.12752	\$0.07718	51%-75% Above
Non-ORx	No	42192060716	BROMPHEN/PSEUDOEPHEDRINE	220	\$0.15455	\$0.05000	200% Above
Non-ORx	No	42192060716	BROMPHEN/PSEUDOEPHEDRINE	180	\$0.15556	\$0.05000	200% Above
Non-ORx	No	42192060716	BROMPHEN/PSEUDOEPHEDRINE	480	\$0.11667	\$0.05000	101%-200% Above
Non-ORx	No	42192060716	BROMPHEN/PSEUDOEPHEDRINE	300	\$0.15667	\$0.05000	200% Above
Non-ORx	No	42192060716	BROMPHEN/PSEUDOEPHEDRINE	156	\$0.15385	\$0.05128	200% Above
Non-ORx	No	42192060716	BROMPHEN/PSEUDOEPHEDRINE	118	\$0.07627	\$0.05085	51%-75% Above
Non-ORx	No	42192060716	BROMPHEN/PSEUDOEPHEDRINE	120	\$0.08333	\$0.05000	51%-75% Above
Non-ORx	No	42192060716	BROMPHEN/PSEUDOEPHEDRINE	1200	\$0.11250	\$0.05000	101%-200% Above
Non-ORx	No	42192060716	BROMPHEN/PSEUDOEPHEDRINE	300	\$0.13333	\$0.05333	101%-200% Above
Non-ORx	No	42192060816	GABAPENTIN	210	\$0.19048	\$0.10952	51%-75% Above
Non-ORx	No	42192060816	GABAPENTIN	180	\$0.26111	\$0.11111	101%-200% Above
Non-ORx	No	42192060816	GABAPENTIN	25	\$0.28000	\$0.12000	101%-200% Above
Non-ORx	No	42192060816	GABAPENTIN	97	\$0.17526	\$0.10309	51%-75% Above
Non-ORx	No	42192071506	CICLOPIROX NAIL LACQUER	7	\$4.28571	\$1.71429	101%-200% Above
Non-ORx	No	42192080101	PHENAZOPYRIDINE HYDROCHLO	9	\$1.55556	\$0.33333	200% Above
Non-ORx	No	42192080201	PHENAZOPYRIDINE HCL	15	\$2.40000	\$0.46667	200% Above
Non-ORx	No	42192080201	PHENAZOPYRIDINE HCL	9	\$1.66667	\$0.55556	200% Above
Non-ORx	No	42192080201	PHENAZOPYRIDINE HCL	9	\$2.00000	\$0.44444	200% Above
Non-ORx	No	42192080201	PHENAZOPYRIDINE HCL	6	\$1.33333	\$0.50000	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
Non-ORx	No	42195095510	BUTALBITAL/ACETAMINOPHEN/	20	\$1.75000	\$0.55000	200% Above
Non-ORx	No	42385095330	EMTRICITABINE/TENOFOVIR D	90	\$3.70000	\$0.83333	200% Above
Non-ORx	No	42385095330	EMTRICITABINE/TENOFOVIR D	30	\$3.03333	\$0.83333	200% Above
Non-ORx	No	42543014050	HYDROCORTISONE	120	\$0.18333	\$0.20833	(10%-25%) Below
Non-ORx	No	42543070010	CARISOPRODOL	90	\$0.18889	\$0.05556	200% Above
Non-ORx	No	42543071904	EMTRICITABINE/TENOFOVIR D	30	\$20.00000	\$0.83333	200% Above
Non-ORx	No	42571012290	LEVOCETIRIZINE DIHYDROCHL	60	\$0.45000	\$0.06667	200% Above
Non-ORx	No	42571012290	LEVOCETIRIZINE DIHYDROCHL	90	\$0.33333	\$0.07778	200% Above
Non-ORx	No	42571012290	LEVOCETIRIZINE DIHYDROCHL	10	\$0.50000	\$0.10000	200% Above
Non-ORx	No	42571012290	LEVOCETIRIZINE DIHYDROCHL	14	\$0.35714	\$0.07143	200% Above
Non-ORx	No	42571012290	LEVOCETIRIZINE DIHYDROCHL	15	\$0.33333	\$0.06667	200% Above
Non-ORx	No	42571012290	LEVOCETIRIZINE DIHYDROCHL	1110	\$0.39369	\$0.06667	200% Above
Non-ORx	No	42571013252	CROMOLYN SODIUM	1440	\$0.86875	\$0.26667	200% Above
Non-ORx	No	42571014126	DORZOLAMIDE HYDROCHLORIDE	20	\$1.70000	\$1.30000	26%-50% Above
Non-ORx	No	42571014301	CELECOXIB	60	\$0.26667	\$0.11667	101%-200% Above
Non-ORx	No	42571014301	CELECOXIB	90	\$0.30000	\$0.10000	200% Above
Non-ORx	No	42571014301	CELECOXIB	7	\$0.57143	\$0.14286	200% Above
Non-ORx	No	42571014401	CELECOXIB	60	\$0.13333	\$0.15000	(10%-25%) Below
Non-ORx	No	42571014405	CELECOXIB	45	\$0.68889	\$0.13333	200% Above
Non-ORx	No	42571014405	CELECOXIB	240	\$0.55417	\$0.15000	200% Above
Non-ORx	No	42571014405	CELECOXIB	180	\$0.67778	\$0.16667	200% Above
Non-ORx	No	42571014405	CELECOXIB	120	\$0.66667	\$0.15000	200% Above
Non-ORx	No	42571014405	CELECOXIB	7	\$0.71429	\$0.14286	200% Above
Non-ORx	No	42571014405	CELECOXIB	330	\$0.61212	\$0.13333	200% Above
Non-ORx	No	42571014726	DORZOLAMIDE HCL/TIMOLOL M	10	\$0.50000	\$1.30000	(51%-75%) Below
Non-ORx	No	42571016101	AMOXICILLIN/CLAVULANATE P	21	\$0.14286	\$0.33333	(51%-75%) Below
Non-ORx	No	42571016101	AMOXICILLIN/CLAVULANATE P	30	\$0.93333	\$0.33333	101%-200% Above
Non-ORx	No	42571016101	AMOXICILLIN/CLAVULANATE P	20	\$0.95000	\$0.30000	200% Above
Non-ORx	No	42571016101	AMOXICILLIN/CLAVULANATE P	42	\$0.54762	\$0.35714	51%-75% Above
Non-ORx	No	42571016142	AMOXICILLIN/CLAVULANATE P	20	\$1.25000	\$0.30000	200% Above
Non-ORx	No	42571016201	AMOXICILLIN/CLAVULANATE P	160	\$0.87500	\$0.35000	101%-200% Above
Non-ORx	No	42571016201	AMOXICILLIN/CLAVULANATE P	10	\$1.40000	\$0.30000	200% Above
Non-ORx	No	42571016201	AMOXICILLIN/CLAVULANATE P	28	\$0.85714	\$0.35714	101%-200% Above
Non-ORx	No	42571016242	AMOXICILLIN/CLAVULANATE P	28	\$1.03571	\$0.35714	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
Non-ORx	No	42571016242	AMOXICILLIN/CLAVULANATE P	780	\$1.13333	\$0.35000	200% Above
Non-ORx	No	42571016242	AMOXICILLIN/CLAVULANATE P	40	\$1.42500	\$0.32500	200% Above
Non-ORx	No	42571016242	AMOXICILLIN/CLAVULANATE P	20	\$1.40000	\$0.30000	200% Above
Non-ORx	No	42571016242	AMOXICILLIN/CLAVULANATE P	154	\$1.35065	\$0.35714	200% Above
Non-ORx	No	42571017410	ATORVASTATIN CALCIUM	90	\$0.33333	\$0.06667	200% Above
Non-ORx	No	42571017590	ATORVASTATIN CALCIUM	30	\$0.36667	\$0.10000	200% Above
Non-ORx	No	42571017701	PIROXICAM	60	\$0.93333	\$0.43333	101%-200% Above
Non-ORx	No	42571022130	RASAGILINE MESYLATE	180	\$4.63889	\$1.96667	101%-200% Above
Non-ORx	No	42571022630	TELMISARTAN	180	\$1.09444	\$0.31667	200% Above
Non-ORx	No	42571022730	TELMISARTAN	90	\$0.73333	\$0.34444	101%-200% Above
Non-ORx	No	42571022730	TELMISARTAN	60	\$0.43333	\$0.33333	26%-50% Above
Non-ORx	No	42571022830	TELMISARTAN	180	\$0.94444	\$0.34444	101%-200% Above
Non-ORx	No	42571025101	CLINDAMYCIN HYDROCHLORIDE	80	\$0.21250	\$0.12500	51%-75% Above
Non-ORx	No	42571025101	CLINDAMYCIN HYDROCHLORIDE	56	\$0.55357	\$0.12500	200% Above
Non-ORx	No	42571025101	CLINDAMYCIN HYDROCHLORIDE	42	\$0.57143	\$0.14286	200% Above
Non-ORx	No	42571025101	CLINDAMYCIN HYDROCHLORIDE	40	\$0.20000	\$0.10000	101%-200% Above
Non-ORx	No	42571025101	CLINDAMYCIN HYDROCHLORIDE	60	\$0.20000	\$0.13333	51%-75% Above
Non-ORx	No	42571025101	CLINDAMYCIN HYDROCHLORIDE	28	\$0.57143	\$0.10714	200% Above
Non-ORx	No	42571025201	CLINDAMYCIN HYDROCHLORIDE	180	\$0.82778	\$0.26667	200% Above
Non-ORx	No	42571025201	CLINDAMYCIN HYDROCHLORIDE	140	\$0.81429	\$0.25000	200% Above
Non-ORx	No	42571025201	CLINDAMYCIN HYDROCHLORIDE	40	\$0.62500	\$0.25000	101%-200% Above
Non-ORx	No	42571025201	CLINDAMYCIN HYDROCHLORIDE	63	\$1.04762	\$0.25397	200% Above
Non-ORx	No	42571025201	CLINDAMYCIN HYDROCHLORIDE	240	\$0.73333	\$0.25000	101%-200% Above
Non-ORx	No	42571025201	CLINDAMYCIN HYDROCHLORIDE	84	\$0.63095	\$0.26191	101%-200% Above
Non-ORx	No	42571025201	CLINDAMYCIN HYDROCHLORIDE	12	\$1.08333	\$0.25000	200% Above
Non-ORx	No	42571025201	CLINDAMYCIN HYDROCHLORIDE	2	\$1.00000	\$0.50000	101%-200% Above
Non-ORx	No	42571025201	CLINDAMYCIN HYDROCHLORIDE	12	\$0.41667	\$0.33333	26%-50% Above
Non-ORx	No	42571025201	CLINDAMYCIN HYDROCHLORIDE	13	\$1.07692	\$0.23077	200% Above
Non-ORx	No	42571025201	CLINDAMYCIN HYDROCHLORIDE	147	\$0.77551	\$0.23810	200% Above
Non-ORx	No	42571025830	MEFENAMIC ACID	30	\$2.80000	\$2.16667	26%-50% Above
Non-ORx	No	42571031501	CLOBAZAM	45	\$0.55556	\$0.33333	51%-75% Above
Non-ORx	No	42571033201	METHENAMINE HIPPURATE	60	\$1.16667	\$0.83333	26%-50% Above
Non-ORx	No	42571036281	CLOBETASOL PROPIONATE	100	\$1.12000	\$0.46000	101%-200% Above
Non-ORx	No	42571036281	CLOBETASOL PROPIONATE	175	\$1.41143	\$0.44000	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
Non-ORx	No	42571036299	CLOBETASOL PROPIONATE	100	\$0.47000	\$0.36000	26%-50% Above
Non-ORx	No	42571038425	ERYTHROMYCIN	60	\$0.50000	\$0.40000	26%-50% Above
Non-ORx	No	42794001802	LIOTHYRONINE SODIUM	60	\$0.55000	\$0.40000	26%-50% Above
Non-ORx	No	42794001812	LIOTHYRONINE SODIUM	90	\$0.60000	\$0.36667	51%-75% Above
Non-ORx	No	42794001812	LIOTHYRONINE SODIUM	540	\$0.56482	\$0.40000	26%-50% Above
Non-ORx	No	42794001812	LIOTHYRONINE SODIUM	60	\$0.60000	\$0.38333	51%-75% Above
Non-ORx	No	42794001812	LIOTHYRONINE SODIUM	25	\$0.60000	\$0.40000	51%-75% Above
Non-ORx	No	42794001812	LIOTHYRONINE SODIUM	30	\$0.60000	\$0.40000	51%-75% Above
Non-ORx	No	42794001812	LIOTHYRONINE SODIUM	90	\$0.60000	\$0.36667	51%-75% Above
Non-ORx	No	42794001812	LIOTHYRONINE SODIUM	120	\$0.60000	\$0.36667	51%-75% Above
Non-ORx	No	42794001812	LIOTHYRONINE SODIUM	330	\$0.45152	\$0.40000	10%-25% Above
Non-ORx	No	42794001912	LIOTHYRONINE SODIUM	180	\$0.71111	\$0.50000	26%-50% Above
Non-ORx	No	42794008008	ACITRETIN	30	\$5.13333	\$7.00000	(26%-50%) Below
Non-ORx	No	42799012001	BUMETANIDE	60	\$0.85000	\$0.25000	200% Above
Non-ORx	No	42799012001	BUMETANIDE	30	\$0.70000	\$0.23333	200% Above
Non-ORx	No	42799020801	TINIDAZOLE	10	\$3.90000	\$2.50000	51%-75% Above
Non-ORx	No	42799020801	TINIDAZOLE	12	\$1.83333	\$2.75000	(26%-50%) Below
Non-ORx	No	42799020801	TINIDAZOLE	8	\$5.37500	\$2.75000	76%-100% Above
Non-ORx	No	42799020801	TINIDAZOLE	8	\$1.25000	\$2.50000	(26%-50%) Below
Non-ORx	No	42799092001	BISOPROLOL FUMARATE/HYDRO	30	\$0.73333	\$0.36667	101%-200% Above
Non-ORx	No	42799092001	BISOPROLOL FUMARATE/HYDRO	30	\$0.73333	\$0.33333	101%-200% Above
Non-ORx	No	42799092101	BISOPROLOL FUMARATE/HYDRO	60	\$0.83333	\$0.36667	101%-200% Above
Non-ORx	No	42799092101	BISOPROLOL FUMARATE/HYDRO	90	\$0.95556	\$0.33333	101%-200% Above
Non-ORx	No	42799092201	BISOPROLOL FUMARATE/HYDRO	180	\$0.56667	\$0.36667	51%-75% Above
Non-ORx	No	42799092201	BISOPROLOL FUMARATE/HYDRO	31	\$1.32258	\$0.35484	200% Above
Non-ORx	No	42799092202	BISOPROLOL FUMARATE/HYDRO	90	\$0.24444	\$0.36667	(26%-50%) Below
Non-ORx	No	42799092202	BISOPROLOL FUMARATE/HYDRO	30	\$0.70000	\$0.36667	76%-100% Above
Non-ORx	No	42806001101	SULINDAC	120	\$0.35833	\$0.25000	26%-50% Above
Non-ORx	No	42806001801	SULINDAC	120	\$0.53333	\$0.16667	200% Above
Non-ORx	No	42806004801	GUANFACINE HCL	240	\$0.39583	\$0.48333	(10%-25%) Below
Non-ORx	No	42806004801	GUANFACINE HCL	30	\$0.90000	\$0.50000	76%-100% Above
Non-ORx	No	42806004801	GUANFACINE HCL	15	\$0.26667	\$0.46667	(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
Non-ORx	No	42806008301	BUSPIRONE HYDROCHLORIDE	120	\$1.10000	\$0.20000	200% Above
Non-ORx	No	42806008301	BUSPIRONE HYDROCHLORIDE	30	\$1.10000	\$0.20000	200% Above
Non-ORx	No	42806008305	BUSPIRONE HYDROCHLORIDE	210	\$0.87143	\$0.20476	200% Above
Non-ORx	No	42806008505	BUSPIRONE HYDROCHLORIDE	120	\$0.15000	\$0.05000	200% Above
Non-ORx	No	42806008701	ESTRADIOL	30	\$0.03333	\$0.10000	(51%-75%) Below
Non-ORx	No	42806008705	ESTRADIOL	180	\$0.26667	\$0.08889	200% Above
Non-ORx	No	42806008705	ESTRADIOL	30	\$0.03333	\$0.10000	(51%-75%) Below
Non-ORx	No	42806008801	ESTRADIOL	60	\$0.30000	\$0.10000	200% Above
Non-ORx	No	42806008901	ESTRADIOL	90	\$0.21111	\$0.13333	51%-75% Above
Non-ORx	No	42806008901	ESTRADIOL	90	\$0.06667	\$0.13333	(26%-50%) Below
Non-ORx	No	42806008905	ESTRADIOL	90	\$0.11111	\$0.13333	(10%-25%) Below
Non-ORx	No	42806014731	AZITHROMYCIN	30	\$1.40000	\$0.53333	101%-200% Above
Non-ORx	No	42806014731	AZITHROMYCIN	30	\$1.50000	\$0.60000	101%-200% Above
Non-ORx	No	42806014932	AZITHROMYCIN	75	\$1.05333	\$0.46667	101%-200% Above
Non-ORx	No	42806015033	AZITHROMYCIN	90	\$0.82222	\$0.35556	101%-200% Above
Non-ORx	No	42806015033	AZITHROMYCIN	46	\$0.78261	\$0.34783	101%-200% Above
Non-ORx	No	42806015134	AZITHROMYCIN	90	\$0.72222	\$0.30000	101%-200% Above
Non-ORx	No	42806015901	HYDROXYZINE HYDROCHLORIDE	60	\$0.15000	\$0.05000	200% Above
Non-ORx	No	42806015901	HYDROXYZINE HYDROCHLORIDE	90	\$0.15556	\$0.04444	200% Above
Non-ORx	No	42806015901	HYDROXYZINE HYDROCHLORIDE	150	\$0.19333	\$0.04667	200% Above
Non-ORx	No	42806015901	HYDROXYZINE HYDROCHLORIDE	14	\$0.21429	\$0.07143	200% Above
Non-ORx	No	42806015901	HYDROXYZINE HYDROCHLORIDE	30	\$0.16667	\$0.03333	200% Above
Non-ORx	No	42806015901	HYDROXYZINE HYDROCHLORIDE	240	\$0.20000	\$0.03333	200% Above
Non-ORx	No	42806015905	HYDROXYZINE HYDROCHLORIDE	240	\$0.22083	\$0.05000	200% Above
Non-ORx	No	42806015905	HYDROXYZINE HYDROCHLORIDE	180	\$0.24444	\$0.04444	200% Above
Non-ORx	No	42806015905	HYDROXYZINE HYDROCHLORIDE	45	\$0.26667	\$0.04444	200% Above
Non-ORx	No	42806015905	HYDROXYZINE HYDROCHLORIDE	60	\$0.20000	\$0.03333	200% Above
Non-ORx	No	42806016005	HYDROXYZINE HYDROCHLORIDE	60	\$0.11667	\$0.05000	101%-200% Above
Non-ORx	No	42806016005	HYDROXYZINE HYDROCHLORIDE	45	\$0.42222	\$0.06667	200% Above
Non-ORx	No	42806016005	HYDROXYZINE HYDROCHLORIDE	420	\$0.41667	\$0.08333	200% Above
Non-ORx	No	42806016005	HYDROXYZINE HYDROCHLORIDE	150	\$0.42000	\$0.07333	200% Above
Non-ORx	No	42806016005	HYDROXYZINE HYDROCHLORIDE	90	\$0.42222	\$0.07778	200% Above
Non-ORx	No	42806016005	HYDROXYZINE HYDROCHLORIDE	42	\$0.42857	\$0.07143	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
Non-ORx	No	42806016005	HYDROXYZINE HYDROCHLORIDE	42	\$0.42857	\$0.04762	200% Above
Non-ORx	No	42806016005	HYDROXYZINE HYDROCHLORIDE	20	\$0.40000	\$0.05000	200% Above
Non-ORx	No	42806016005	HYDROXYZINE HYDROCHLORIDE	15	\$0.40000	\$0.06667	200% Above
Non-ORx	No	42806016005	HYDROXYZINE HYDROCHLORIDE	90	\$0.43333	\$0.03333	200% Above
Non-ORx	No	42806016005	HYDROXYZINE HYDROCHLORIDE	120	\$0.43333	\$0.06667	200% Above
Non-ORx	No	42806016105	HYDROXYZINE HCL	120	\$0.34167	\$0.09167	200% Above
Non-ORx	No	42806016105	HYDROXYZINE HCL	120	\$0.35000	\$0.10000	200% Above
Non-ORx	No	42806016105	HYDROXYZINE HCL	60	\$0.33333	\$0.10000	200% Above
Non-ORx	No	42806026005	GEMFIBROZIL	60	\$0.30000	\$0.10000	200% Above
Non-ORx	No	42806029601	GUANFACINE HYDROCHLORIDE	30	\$1.20000	\$0.80000	51%-75% Above
Non-ORx	No	42806031205	DOXYCYCLINE HYCLATE	100	\$0.46000	\$0.13000	200% Above
Non-ORx	No	42806031205	DOXYCYCLINE HYCLATE	14	\$0.07143	\$0.14286	(26%-50%) Below
Non-ORx	No	42806031205	DOXYCYCLINE HYCLATE	80	\$0.26250	\$0.15000	76%-100% Above
Non-ORx	No	42806031205	DOXYCYCLINE HYCLATE	28	\$0.46429	\$0.14286	200% Above
Non-ORx	No	42806031250	DOXYCYCLINE HYCLATE	30	\$0.56667	\$0.13333	200% Above
Non-ORx	No	42806031250	DOXYCYCLINE HYCLATE	60	\$0.71667	\$0.13333	200% Above
Non-ORx	No	42806031250	DOXYCYCLINE HYCLATE	10	\$0.60000	\$0.10000	200% Above
Non-ORx	No	42806031250	DOXYCYCLINE HYCLATE	6	\$0.50000	\$0.16667	200% Above
Non-ORx	No	42806031250	DOXYCYCLINE HYCLATE	120	\$0.51667	\$0.15000	200% Above
Non-ORx	No	42806031250	DOXYCYCLINE HYCLATE	112	\$0.60714	\$0.14286	200% Above
Non-ORx	No	42806033901	AMPHETAMINE/DEXTROAMPHE TA	150	\$0.92667	\$0.21333	200% Above
Non-ORx	No	42806033901	AMPHETAMINE/DEXTROAMPHE TA	30	\$0.30000	\$0.20000	51%-75% Above
Non-ORx	No	42806034301	AMPHETAMINE/DEXTROAMPHE TA	120	\$0.54167	\$0.26667	101%-200% Above
Non-ORx	No	42806034301	AMPHETAMINE/DEXTROAMPHE TA	180	\$0.41111	\$0.23333	76%-100% Above
Non-ORx	No	42806034301	AMPHETAMINE/DEXTROAMPHE TA	60	\$0.71667	\$0.26667	101%-200% Above
Non-ORx	No	42806034401	AMPHETAMINE/DEXTROAMPHE TA	90	\$0.81111	\$0.32222	101%-200% Above
Non-ORx	No	42806034401	AMPHETAMINE/DEXTROAMPHE TA	120	\$0.81667	\$0.31667	101%-200% Above
Non-ORx	No	42806034401	AMPHETAMINE/DEXTROAMPHE TA	120	\$0.80000	\$0.33333	101%-200% Above
Non-ORx	No	42806034501	AMPHETAMINE/DEXTROAMPHE TA	120	\$0.85000	\$0.31667	101%-200% Above
Non-ORx	No	42806034501	AMPHETAMINE/DEXTROAMPHE TA	60	\$0.73333	\$0.30000	101%-200% Above
Non-ORx	No	42806034809	BUPROPION HYDROCHLORIDE E	90	\$0.11111	\$0.14444	(10%-25%) Below
Non-ORx	No	42806035830	LEUCOVORIN CALCIUM	90	\$1.17778	\$0.85556	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
Non-ORx	No	42806036201	DOXYCYCLINE HYCLATE	180	\$0.30556	\$0.14444	101%-200% Above
Non-ORx	No	42806036201	DOXYCYCLINE HYCLATE	60	\$0.43333	\$0.15000	101%-200% Above
Non-ORx	No	42806040021	METHYLPREDNISOLONE DOSE P	252	\$0.41667	\$0.19048	101%-200% Above
Non-ORx	No	42806040021	METHYLPREDNISOLONE DOSE P	5	\$0.80000	\$0.20000	200% Above
Non-ORx	No	42806040021	METHYLPREDNISOLONE DOSE P	2289	\$0.43600	\$0.19048	101%-200% Above
Non-ORx	No	42806040021	METHYLPREDNISOLONE DOSE P	30	\$0.66667	\$0.16667	200% Above
Non-ORx	No	42806050301	URSODIOL	180	\$2.02778	\$0.58333	200% Above
Non-ORx	No	42806054701	VITAMIN D	17	\$0.58824	\$0.11765	200% Above
Non-ORx	No	42806054701	VITAMIN D	24	\$1.08333	\$0.16667	200% Above
Non-ORx	No	42806054701	VITAMIN D	296	\$1.12162	\$0.25000	200% Above
Non-ORx	No	42806054701	VITAMIN D	5	\$1.40000	\$0.20000	200% Above
Non-ORx	No	42806054701	VITAMIN D	56	\$1.14286	\$0.12500	200% Above
Non-ORx	No	42806054909	DUTASTERIDE	180	\$0.71111	\$0.21111	200% Above
Non-ORx	No	42806054909	DUTASTERIDE	90	\$0.95556	\$0.20000	200% Above
Non-ORx	No	42806054930	DUTASTERIDE	24	\$0.62500	\$0.20833	200% Above
Non-ORx	No	42806055212	OMEGA-3-ACID ETHYL ESTERS	1200	\$0.38083	\$0.17500	101%-200% Above
Non-ORx	No	42806063301	METFORMIN HYDROCHLORIDE E	60	\$0.16667	\$0.08333	101%-200% Above
Non-ORx	No	42806066201	BUSPIRONE HYDROCHLORIDE	90	\$0.25556	\$0.03333	200% Above
Non-ORx	No	42806066201	BUSPIRONE HYDROCHLORIDE	180	\$0.25000	\$0.03333	200% Above
Non-ORx	No	42806066201	BUSPIRONE HYDROCHLORIDE	30	\$0.13333	\$0.03333	200% Above
Non-ORx	No	42806066205	BUSPIRONE HYDROCHLORIDE	120	\$0.19167	\$0.03333	200% Above
Non-ORx	No	42806066301	BUSPIRONE HYDROCHLORIDE	120	\$0.14167	\$0.04167	200% Above
Non-ORx	No	42806066301	BUSPIRONE HYDROCHLORIDE	90	\$0.11111	\$0.03333	200% Above
Non-ORx	No	42806066301	BUSPIRONE HYDROCHLORIDE	360	\$0.25833	\$0.03333	200% Above
Non-ORx	No	42806066301	BUSPIRONE HYDROCHLORIDE	60	\$0.31667	\$0.05000	200% Above
Non-ORx	No	42806066305	BUSPIRONE HYDROCHLORIDE	240	\$0.11250	\$0.04167	101%-200% Above
Non-ORx	No	42806066305	BUSPIRONE HYDROCHLORIDE	180	\$0.31111	\$0.03333	200% Above
Non-ORx	No	42806066305	BUSPIRONE HYDROCHLORIDE	420	\$0.24524	\$0.03333	200% Above
Non-ORx	No	42806066305	BUSPIRONE HYDROCHLORIDE	60	\$0.31667	\$0.05000	200% Above
Non-ORx	No	42806066401	BUSPIRONE HYDROCHLORIDE	120	\$0.25000	\$0.05000	200% Above
Non-ORx	No	42806066401	BUSPIRONE HYDROCHLORIDE	90	\$0.04444	\$0.05556	(10%-25%) Below
Non-ORx	No	42806066405	BUSPIRONE HYDROCHLORIDE	555	\$0.09189	\$0.05225	76%-100% Above
Non-ORx	No	42806066405	BUSPIRONE HYDROCHLORIDE	180	\$0.09444	\$0.05556	51%-75% Above
Non-ORx	No	42806066405	BUSPIRONE HYDROCHLORIDE	120	\$0.17500	\$0.05000	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
Non-ORx	No	42806066405	BUSPIRONE HYDROCHLORIDE	90	\$0.24444	\$0.05556	200% Above
Non-ORx	No	42806066560	BUSPIRONE HYDROCHLORIDE	60	\$0.53333	\$0.18333	101%-200% Above
Non-ORx	No	42806066560	BUSPIRONE HYDROCHLORIDE	30	\$0.70000	\$0.16667	200% Above
Non-ORx	No	42806066560	BUSPIRONE HYDROCHLORIDE	120	\$0.61667	\$0.20000	200% Above
Non-ORx	No	42806071401	BENZONATATE	45	\$0.42222	\$0.08889	200% Above
Non-ORx	No	42806071401	BENZONATATE	42	\$0.30952	\$0.09524	200% Above
Non-ORx	No	42806071401	BENZONATATE	90	\$0.40000	\$0.08889	200% Above
Non-ORx	No	42806071401	BENZONATATE	60	\$0.36667	\$0.10000	200% Above
Non-ORx	No	42806071401	BENZONATATE	30	\$0.23333	\$0.06667	200% Above
Non-ORx	No	42806071401	BENZONATATE	330	\$0.33636	\$0.10000	200% Above
Non-ORx	No	42806071401	BENZONATATE	42	\$0.23810	\$0.09524	101%-200% Above
Non-ORx	No	42806071405	BENZONATATE	42	\$0.40476	\$0.09524	200% Above
Non-ORx	No	42806071405	BENZONATATE	146	\$0.06849	\$0.08904	(10%-25%) Below
Non-ORx	No	42806071405	BENZONATATE	120	\$0.40833	\$0.08333	200% Above
Non-ORx	No	42806071405	BENZONATATE	480	\$0.38750	\$0.10000	200% Above
Non-ORx	No	42806071405	BENZONATATE	15	\$0.46667	\$0.06667	200% Above
Non-ORx	No	42806071405	BENZONATATE	12	\$0.41667	\$0.08333	200% Above
Non-ORx	No	42806071405	BENZONATATE	40	\$0.45000	\$0.10000	200% Above
Non-ORx	No	42806071405	BENZONATATE	42	\$0.47619	\$0.09524	200% Above
Non-ORx	No	42806071501	BENZONATATE	210	\$0.55238	\$0.13333	200% Above
Non-ORx	No	42806071501	BENZONATATE	28	\$0.64286	\$0.14286	200% Above
Non-ORx	No	42806071501	BENZONATATE	21	\$0.80952	\$0.14286	200% Above
Non-ORx	No	42806071501	BENZONATATE	40	\$0.80000	\$0.15000	200% Above
Non-ORx	No	42806071505	BENZONATATE	45	\$0.11111	\$0.13333	(10%-25%) Below
Non-ORx	No	42806071505	BENZONATATE	28	\$0.46429	\$0.14286	200% Above
Non-ORx	No	42806071505	BENZONATATE	20	\$0.10000	\$0.15000	(26%-50%) Below
Non-ORx	No	42806071505	BENZONATATE	42	\$0.69048	\$0.14286	200% Above
Non-ORx	No	42858000101	OXYCODONE HYDROCHLORIDE	60	\$0.05000	\$0.06667	(10%-25%) Below
Non-ORx	No	42858000201	OXYCODONE HYDROCHLORIDE	360	\$0.10278	\$0.11667	(10%-25%) Below
Non-ORx	No	42858000201	OXYCODONE HYDROCHLORIDE	180	\$0.10000	\$0.12222	(10%-25%) Below
Non-ORx	No	42858000201	OXYCODONE HYDROCHLORIDE	60	\$0.10000	\$0.11667	(10%-25%) Below
Non-ORx	No	42858000401	OXYCODONE HYDROCHLORIDE	180	\$0.18889	\$0.22222	(10%-25%) Below
Non-ORx	No	42858010201	OXYCODONE/ACETAMINOPHEN	80	\$0.06250	\$0.10000	(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
Non-ORx	No	42858010201	OXYCODONE/ACETAMINOPHEN	90	\$0.05556	\$0.10000	(26%-50%) Below
Non-ORx	No	42858010201	OXYCODONE/ACETAMINOPHEN	78	\$0.06410	\$0.08974	(26%-50%) Below
Non-ORx	No	42858010201	OXYCODONE/ACETAMINOPHEN	60	\$0.06667	\$0.08333	(10%-25%) Below
Non-ORx	No	42858010201	OXYCODONE/ACETAMINOPHEN	150	\$0.06667	\$0.10000	(26%-50%) Below
Non-ORx	No	42858010201	OXYCODONE/ACETAMINOPHEN	120	\$0.05000	\$0.10000	(26%-50%) Below
Non-ORx	No	42858010201	OXYCODONE/ACETAMINOPHEN	56	\$0.08929	\$0.10714	(10%-25%) Below
Non-ORx	No	42858010201	OXYCODONE/ACETAMINOPHEN	25	\$0.04000	\$0.08000	(26%-50%) Below
Non-ORx	No	42858010201	OXYCODONE/ACETAMINOPHEN	48	\$0.04167	\$0.08333	(26%-50%) Below
Non-ORx	No	42858010250	OXYCODONE/ACETAMINOPHEN	120	\$0.23333	\$0.08333	101%-200% Above
Non-ORx	No	42858010250	OXYCODONE/ACETAMINOPHEN	120	\$0.47500	\$0.10000	200% Above
Non-ORx	No	42858010250	OXYCODONE/ACETAMINOPHEN	60	\$0.40000	\$0.10000	200% Above
Non-ORx	No	42858010250	OXYCODONE/ACETAMINOPHEN	120	\$0.07500	\$0.09167	(10%-25%) Below
Non-ORx	No	42858010250	OXYCODONE/ACETAMINOPHEN	35	\$0.31429	\$0.08571	200% Above
Non-ORx	No	42858010250	OXYCODONE/ACETAMINOPHEN	18	\$0.38889	\$0.11111	200% Above
Non-ORx	No	42858010250	OXYCODONE/ACETAMINOPHEN	20	\$0.40000	\$0.10000	200% Above
Non-ORx	No	42858010250	OXYCODONE/ACETAMINOPHEN	60	\$0.40000	\$0.10000	200% Above
Non-ORx	No	42858010301	OXYCODONE/ACETAMINOPHEN	84	\$0.07143	\$0.11905	(26%-50%) Below
Non-ORx	No	42858010301	OXYCODONE/ACETAMINOPHEN	90	\$0.07778	\$0.12222	(26%-50%) Below
Non-ORx	No	42858010301	OXYCODONE/ACETAMINOPHEN	20	\$0.05000	\$0.10000	(26%-50%) Below
Non-ORx	No	42858010301	OXYCODONE/ACETAMINOPHEN	30	\$0.06667	\$0.10000	(26%-50%) Below
Non-ORx	No	42858010350	OXYCODONE/ACETAMINOPHEN	90	\$0.08889	\$0.12222	(26%-50%) Below
Non-ORx	No	42858010350	OXYCODONE/ACETAMINOPHEN	28	\$0.07143	\$0.10714	(26%-50%) Below
Non-ORx	No	42858010401	OXYCODONE/ACETAMINOPHEN	480	\$0.09167	\$0.17500	(26%-50%) Below
Non-ORx	No	42858010401	OXYCODONE/ACETAMINOPHEN	90	\$0.08889	\$0.18889	(51%-75%) Below
Non-ORx	No	42858010401	OXYCODONE/ACETAMINOPHEN	90	\$0.08889	\$0.17778	(26%-50%) Below
Non-ORx	No	42858010401	OXYCODONE/ACETAMINOPHEN	120	\$0.09167	\$0.19167	(51%-75%) Below
Non-ORx	No	42858010401	OXYCODONE/ACETAMINOPHEN	150	\$0.09333	\$0.18000	(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
Non-ORx	No	42858010401	OXYCODONE/ACETAMINOPHEN	140	\$0.09286	\$0.17857	(26%-50%) Below
Non-ORx	No	42858010401	OXYCODONE/ACETAMINOPHEN	4	\$0.00000	\$0.25000	(76%-100%) Below
Non-ORx	No	42858010401	OXYCODONE/ACETAMINOPHEN	30	\$0.10000	\$0.16667	(26%-50%) Below
Non-ORx	No	42858010401	OXYCODONE/ACETAMINOPHEN	30	\$0.10000	\$0.20000	(26%-50%) Below
Non-ORx	No	42858010401	OXYCODONE/ACETAMINOPHEN	84	\$0.09524	\$0.17857	(26%-50%) Below
Non-ORx	No	42858010401	OXYCODONE/ACETAMINOPHEN	56	\$0.08929	\$0.17857	(26%-50%) Below
Non-ORx	No	42858010450	OXYCODONE/ACETAMINOPHEN	360	\$0.36389	\$0.17500	101%-200% Above
Non-ORx	No	42858010450	OXYCODONE/ACETAMINOPHEN	195	\$0.10769	\$0.17949	(26%-50%) Below
Non-ORx	No	42858010450	OXYCODONE/ACETAMINOPHEN	150	\$0.29333	\$0.19333	51%-75% Above
Non-ORx	No	42858010450	OXYCODONE/ACETAMINOPHEN	144	\$0.39583	\$0.18750	101%-200% Above
Non-ORx	No	42858010450	OXYCODONE/ACETAMINOPHEN	20	\$0.10000	\$0.20000	(26%-50%) Below
Non-ORx	No	42858010450	OXYCODONE/ACETAMINOPHEN	16	\$0.12500	\$0.18750	(26%-50%) Below
Non-ORx	No	42858010450	OXYCODONE/ACETAMINOPHEN	180	\$0.25556	\$0.17778	26%-50% Above
Non-ORx	No	42858010450	OXYCODONE/ACETAMINOPHEN	60	\$0.30000	\$0.20000	51%-75% Above
Non-ORx	No	42858020101	HYDROCODONE BITARTRATE/AC	20	\$0.40000	\$0.10000	200% Above
Non-ORx	No	42858020150	HYDROCODONE BITARTRATE/AC	7	\$0.42857	\$0.14286	200% Above
Non-ORx	No	42858030201	HYDROMORPHONE HCL	70	\$0.08571	\$0.10000	(10%-25%) Below
Non-ORx	No	42858030301	HYDROMORPHONE HCL	4	\$0.50000	\$0.25000	101%-200% Above
Non-ORx	No	42858050103	BUPRENORPHINE HCL	30	\$0.26667	\$0.46667	(26%-50%) Below
Non-ORx	No	42858050203	BUPRENORPHINE HCL	70	\$0.50000	\$0.77143	(26%-50%) Below
Non-ORx	No	42858050203	BUPRENORPHINE HCL	75	\$0.54667	\$0.81333	(26%-50%) Below
Non-ORx	No	42858050203	BUPRENORPHINE HCL	63	\$0.50794	\$0.76191	(26%-50%) Below
Non-ORx	No	42858050203	BUPRENORPHINE HCL	56	\$0.50000	\$0.76786	(26%-50%) Below
Non-ORx	No	42858050203	BUPRENORPHINE HCL	56	\$0.50000	\$0.80357	(26%-50%) Below
Non-ORx	No	42858066045	FENOFIBRATE	30	\$0.50000	\$0.16667	200% Above
Non-ORx	No	42858070101	THEOPHYLLINE ER	30	\$0.96667	\$0.60000	51%-75% Above
Non-ORx	No	42858072301	AMPHETAMINE/DEXTROAMPHE TA	150	\$0.13333	\$0.25333	(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
Non-ORx	No	42858080101	MORPHINE SULFATE ER	56	\$0.26786	\$0.19643	26%-50% Above
Non-ORx	No	42858086706	DRONABINOL	60	\$1.41667	\$1.21667	10%-25% Above
Non-ORx	No	43199001101	HYOSCYAMINE SULFATE	90	\$0.11111	\$0.14444	(10%-25%) Below
Non-ORx	No	43199001101	HYOSCYAMINE SULFATE	270	\$0.22963	\$0.13333	51%-75% Above
Non-ORx	No	43199001101	HYOSCYAMINE SULFATE	60	\$0.60000	\$0.13333	200% Above
Non-ORx	No	43199001101	HYOSCYAMINE SULFATE	60	\$0.60000	\$0.13333	200% Above
Non-ORx	No	43199001201	HYOSCYAMINE SULFATE	60	\$0.46667	\$0.18333	101%-200% Above
Non-ORx	No	43199001201	HYOSCYAMINE SULFATE	8	\$0.62500	\$0.12500	200% Above
Non-ORx	No	43199001201	HYOSCYAMINE SULFATE	20	\$0.60000	\$0.20000	200% Above
Non-ORx	No	43199001201	HYOSCYAMINE SULFATE	30	\$0.60000	\$0.20000	200% Above
Non-ORx	No	43199001301	HYOSCYAMINE SULFATE	12	\$0.58333	\$0.16667	200% Above
Non-ORx	No	43199001301	HYOSCYAMINE SULFATE	30	\$0.60000	\$0.13333	200% Above
Non-ORx	No	43386002606	FLUOCINONIDE	120	\$1.21667	\$0.42500	101%-200% Above
Non-ORx	No	43386002606	FLUOCINONIDE	120	\$0.42500	\$0.34167	10%-25% Above
Non-ORx	No	43386002606	FLUOCINONIDE	240	\$0.87917	\$0.41667	101%-200% Above
Non-ORx	No	43386006019	GAVILYTE-C	28000	\$0.00336	\$0.00275	10%-25% Above
Non-ORx	No	43386006019	GAVILYTE-C	16000	\$0.00300	\$0.00250	10%-25% Above
Non-ORx	No	43386009019	GAVILYTE-G	4000	\$0.00375	\$0.00325	10%-25% Above
Non-ORx	No	43386009019	GAVILYTE-G	16000	\$0.00375	\$0.00300	26%-50% Above
Non-ORx	No	43386009660	CLOBETASOL PROPIONATE	105	\$1.06667	\$0.40000	101%-200% Above
Non-ORx	No	43386016106	MISOPROSTOL	4	\$1.00000	\$0.75000	26%-50% Above
Non-ORx	No	43386016106	MISOPROSTOL	1	\$2.00000	\$1.00000	101%-200% Above
Non-ORx	No	43386035701	HYDROCODONE/ACETAMINOPHEN	20	\$0.55000	\$0.10000	200% Above
Non-ORx	No	43386035701	HYDROCODONE/ACETAMINOPHEN	120	\$0.54167	\$0.12500	200% Above
Non-ORx	No	43386035701	HYDROCODONE/ACETAMINOPHEN	60	\$0.53333	\$0.11667	200% Above
Non-ORx	No	43386035701	HYDROCODONE/ACETAMINOPHEN	43	\$0.53488	\$0.11628	200% Above
Non-ORx	No	43386035701	HYDROCODONE/ACETAMINOPHEN	36	\$0.55556	\$0.11111	200% Above
Non-ORx	No	43386035701	HYDROCODONE/ACETAMINOPHEN	48	\$0.50000	\$0.08333	200% Above
Non-ORx	No	43386035701	HYDROCODONE/ACETAMINOPHEN	32	\$0.56250	\$0.12500	200% Above
Non-ORx	No	43386035701	HYDROCODONE/ACETAMINOPHEN	15	\$0.53333	\$0.13333	200% Above
Non-ORx	No	43386035801	HYDROCODONE BITARTRATE/AC	90	\$0.60000	\$0.13333	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
Non-ORx	No	43386035801	HYDROCODONE BITARTRATE/AC	60	\$0.60000	\$0.11667	200% Above
Non-ORx	No	43386035801	HYDROCODONE BITARTRATE/AC	120	\$0.60000	\$0.12500	200% Above
Non-ORx	No	43386035801	HYDROCODONE BITARTRATE/AC	180	\$0.10000	\$0.12778	(10%-25%) Below
Non-ORx	No	43386035801	HYDROCODONE BITARTRATE/AC	42	\$0.59524	\$0.11905	200% Above
Non-ORx	No	43386035801	HYDROCODONE BITARTRATE/AC	40	\$0.60000	\$0.12500	200% Above
Non-ORx	No	43386035801	HYDROCODONE BITARTRATE/AC	20	\$0.15000	\$0.10000	51%-75% Above
Non-ORx	No	43386035801	HYDROCODONE BITARTRATE/AC	12	\$0.58333	\$0.08333	200% Above
Non-ORx	No	43386035801	HYDROCODONE BITARTRATE/AC	5	\$0.60000	\$0.20000	200% Above
Non-ORx	No	43386035801	HYDROCODONE BITARTRATE/AC	21	\$0.61905	\$0.14286	200% Above
Non-ORx	No	43386035801	HYDROCODONE BITARTRATE/AC	30	\$0.60000	\$0.13333	200% Above
Non-ORx	No	43386048024	ORPHENADRINE CITRATE ER	60	\$0.41667	\$0.33333	26%-50% Above
Non-ORx	No	43386048024	ORPHENADRINE CITRATE ER	20	\$0.40000	\$0.35000	10%-25% Above
Non-ORx	No	43386048024	ORPHENADRINE CITRATE ER	10	\$0.50000	\$0.30000	51%-75% Above
Non-ORx	No	43386048024	ORPHENADRINE CITRATE ER	14	\$1.28571	\$0.35714	200% Above
Non-ORx	No	43386048026	ORPHENADRINE CITRATE ER	30	\$0.56667	\$0.33333	51%-75% Above
Non-ORx	No	43547026810	ROPINIROLE HYDROCHLORIDE	120	\$0.50833	\$0.05833	200% Above
Non-ORx	No	43547026810	ROPINIROLE HYDROCHLORIDE	90	\$0.26667	\$0.05556	200% Above
Non-ORx	No	43547026810	ROPINIROLE HYDROCHLORIDE	60	\$0.28333	\$0.05000	200% Above
Non-ORx	No	43547026810	ROPINIROLE HYDROCHLORIDE	30	\$0.50000	\$0.06667	200% Above
Non-ORx	No	43547026910	ROPINIROLE HCL	90	\$0.21111	\$0.04444	200% Above
Non-ORx	No	43547027010	ROPINIROLE HCL	135	\$0.34815	\$0.05185	200% Above
Non-ORx	No	43547027010	ROPINIROLE HCL	90	\$0.34444	\$0.05556	200% Above
Non-ORx	No	43547027010	ROPINIROLE HCL	30	\$0.20000	\$0.06667	200% Above
Non-ORx	No	43547027150	ROPINIROLE HCL	360	\$0.35833	\$0.06389	200% Above
Non-ORx	No	43547027511	DONEPEZIL HYDROCHLORIDE	90	\$0.30000	\$0.04444	200% Above
Non-ORx	No	43547027603	DONEPEZIL HCL	30	\$0.03333	\$0.06667	(26%-50%) Below
Non-ORx	No	43547028010	ESCITALOPRAM OXALATE	180	\$0.26111	\$0.04444	200% Above
Non-ORx	No	43547028010	ESCITALOPRAM OXALATE	540	\$0.12778	\$0.04630	101%-200% Above
Non-ORx	No	43547028010	ESCITALOPRAM OXALATE	180	\$0.25556	\$0.05000	200% Above
Non-ORx	No	43547028010	ESCITALOPRAM OXALATE	14	\$0.28571	\$0.07143	200% Above
Non-ORx	No	43547028010	ESCITALOPRAM OXALATE	750	\$0.25600	\$0.03333	200% Above
Non-ORx	No	43547028010	ESCITALOPRAM OXALATE	90	\$0.25556	\$0.04444	200% Above
Non-ORx	No	43547028011	ESCITALOPRAM OXALATE	90	\$0.07778	\$0.03333	101%-200% Above
Non-ORx	No	43547028111	ESCITALOPRAM OXALATE	135	\$0.25185	\$0.05185	200% Above
Non-ORx	No	43547028111	ESCITALOPRAM OXALATE	90	\$0.11111	\$0.05556	101%-200% Above
Non-ORx	No	43547028111	ESCITALOPRAM OXALATE	900	\$0.25111	\$0.04444	200% Above
Non-ORx	No	43547028111	ESCITALOPRAM OXALATE	852	\$0.28286	\$0.04812	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
Non-ORx	No	43547028111	ESCITALOPRAM OXALATE	150	\$0.28667	\$0.04667	200% Above
Non-ORx	No	43547028111	ESCITALOPRAM OXALATE	75	\$0.28000	\$0.05333	200% Above
Non-ORx	No	43547028111	ESCITALOPRAM OXALATE	31	\$0.29032	\$0.03226	200% Above
Non-ORx	No	43547028111	ESCITALOPRAM OXALATE	480	\$0.29583	\$0.06667	200% Above
Non-ORx	No	43547028111	ESCITALOPRAM OXALATE	1500	\$0.28400	\$0.03333	200% Above
Non-ORx	No	43547028111	ESCITALOPRAM OXALATE	315	\$0.27619	\$0.04444	200% Above
Non-ORx	No	43547028111	ESCITALOPRAM OXALATE	420	\$0.26667	\$0.05000	200% Above
Non-ORx	No	43547028210	ESCITALOPRAM OXALATE	30	\$0.33333	\$0.06667	200% Above
Non-ORx	No	43547028211	ESCITALOPRAM OXALATE	150	\$0.36667	\$0.08667	200% Above
Non-ORx	No	43547028211	ESCITALOPRAM OXALATE	360	\$0.29722	\$0.08889	200% Above
Non-ORx	No	43547028211	ESCITALOPRAM OXALATE	622	\$0.36978	\$0.08521	200% Above
Non-ORx	No	43547028211	ESCITALOPRAM OXALATE	180	\$0.31111	\$0.10000	200% Above
Non-ORx	No	43547028211	ESCITALOPRAM OXALATE	450	\$0.26889	\$0.06667	200% Above
Non-ORx	No	43547028211	ESCITALOPRAM OXALATE	90	\$0.33333	\$0.08889	200% Above
Non-ORx	No	43547028211	ESCITALOPRAM OXALATE	540	\$0.33889	\$0.07778	200% Above
Non-ORx	No	43547028810	BUPROPION HYDROCHLORIDE E	90	\$0.50000	\$0.11111	200% Above
Non-ORx	No	43547028810	BUPROPION HYDROCHLORIDE E	420	\$0.40714	\$0.10000	200% Above
Non-ORx	No	43547028810	BUPROPION HYDROCHLORIDE E	60	\$0.65000	\$0.10000	200% Above
Non-ORx	No	43547028810	BUPROPION HYDROCHLORIDE E	360	\$0.28611	\$0.11667	101%-200% Above
Non-ORx	No	43547028910	BUPROPION HYDROCHLORIDE E	180	\$0.41667	\$0.10000	200% Above
Non-ORx	No	43547028910	BUPROPION HYDROCHLORIDE E	90	\$0.58889	\$0.11111	200% Above
Non-ORx	No	43547028910	BUPROPION HYDROCHLORIDE E	120	\$0.24167	\$0.10000	101%-200% Above
Non-ORx	No	43547028910	BUPROPION HYDROCHLORIDE E	300	\$0.41667	\$0.10000	200% Above
Non-ORx	No	43547028910	BUPROPION HYDROCHLORIDE E	240	\$0.35000	\$0.10000	200% Above
Non-ORx	No	43547028950	BUPROPION HYDROCHLORIDE E	62	\$0.50000	\$0.09677	200% Above
Non-ORx	No	43547028950	BUPROPION HYDROCHLORIDE E	540	\$0.42222	\$0.10000	200% Above
Non-ORx	No	43547028950	BUPROPION HYDROCHLORIDE E	90	\$0.45556	\$0.10000	200% Above
Non-ORx	No	43547029010	BUPROPION HYDROCHLORIDE E	180	\$0.47222	\$0.18333	101%-200% Above
Non-ORx	No	43547029010	BUPROPION HYDROCHLORIDE E	60	\$0.53333	\$0.16667	200% Above
Non-ORx	No	43547030203	ARIPIRAZOLE	45	\$0.64444	\$0.17778	200% Above
Non-ORx	No	43547030203	ARIPIRAZOLE	120	\$0.65000	\$0.15000	200% Above
Non-ORx	No	43547030203	ARIPIRAZOLE	30	\$0.63333	\$0.16667	200% Above
Non-ORx	No	43547030203	ARIPIRAZOLE	15	\$0.66667	\$0.20000	200% Above
Non-ORx	No	43547030203	ARIPIRAZOLE	210	\$0.99048	\$0.13333	200% Above
Non-ORx	No	43547030303	ARIPIRAZOLE	45	\$0.68889	\$0.15556	200% Above
Non-ORx	No	43547030303	ARIPIRAZOLE	480	\$0.85208	\$0.16667	200% Above
Non-ORx	No	43547030303	ARIPIRAZOLE	15	\$0.66667	\$0.20000	200% Above
Non-ORx	No	43547030403	ARIPIRAZOLE	150	\$0.80000	\$0.16667	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
Non-ORx	No	43547030503	ARIPIRAZOLE	30	\$0.80000	\$0.16667	200% Above
Non-ORx	No	43547030603	ARIPIRAZOLE	30	\$1.00000	\$0.23333	200% Above
Non-ORx	No	43547033650	BENAZEPRIL HCL	30	\$0.60000	\$0.06667	200% Above
Non-ORx	No	43547033703	BENAZEPRIL HYDROCHLORIDE	60	\$0.05000	\$0.10000	(26%-50%) Below
Non-ORx	No	43547033710	BENAZEPRIL HYDROCHLORIDE	60	\$0.23333	\$0.10000	101%-200% Above
Non-ORx	No	43547033710	BENAZEPRIL HYDROCHLORIDE	30	\$0.20000	\$0.06667	200% Above
Non-ORx	No	43547033750	BENAZEPRIL HYDROCHLORIDE	60	\$0.23333	\$0.10000	101%-200% Above
Non-ORx	No	43547033803	BENAZEPRIL HCL	30	\$0.06667	\$0.13333	(26%-50%) Below
Non-ORx	No	43547033850	BENAZEPRIL HCL	60	\$0.16667	\$0.13333	26%-50% Above
Non-ORx	No	43547033906	RISPERIDONE	120	\$0.23333	\$0.03333	200% Above
Non-ORx	No	43547034006	RISPERIDONE	90	\$0.16667	\$0.04444	200% Above
Non-ORx	No	43547034006	RISPERIDONE	60	\$0.26667	\$0.03333	200% Above
Non-ORx	No	43547034006	RISPERIDONE	90	\$0.22222	\$0.03333	200% Above
Non-ORx	No	43547034050	RISPERIDONE	120	\$0.12500	\$0.03333	200% Above
Non-ORx	No	43547034050	RISPERIDONE	30	\$0.36667	\$0.03333	200% Above
Non-ORx	No	43547034106	RISPERIDONE	60	\$0.50000	\$0.05000	200% Above
Non-ORx	No	43547034106	RISPERIDONE	90	\$0.27778	\$0.04444	200% Above
Non-ORx	No	43547034106	RISPERIDONE	45	\$0.37778	\$0.04444	200% Above
Non-ORx	No	43547034106	RISPERIDONE	30	\$0.40000	\$0.03333	200% Above
Non-ORx	No	43547034150	RISPERIDONE	60	\$0.03333	\$0.05000	(26%-50%) Below
Non-ORx	No	43547034150	RISPERIDONE	90	\$0.24444	\$0.03333	200% Above
Non-ORx	No	43547034206	RISPERIDONE	120	\$0.40833	\$0.05833	200% Above
Non-ORx	No	43547034206	RISPERIDONE	90	\$0.44444	\$0.06667	200% Above
Non-ORx	No	43547034250	RISPERIDONE	30	\$0.40000	\$0.06667	200% Above
Non-ORx	No	43547034803	PAROXETINE HYDROCHLORIDE	30	\$0.03333	\$0.10000	(51%-75%) Below
Non-ORx	No	43547034809	PAROXETINE HYDROCHLORIDE	30	\$0.33333	\$0.10000	200% Above
Non-ORx	No	43547034911	PAROXETINE HCL	30	\$0.36667	\$0.10000	200% Above
Non-ORx	No	43547035009	PAROXETINE HCL	30	\$0.16667	\$0.10000	51%-75% Above
Non-ORx	No	43547035011	PAROXETINE HCL	60	\$0.41667	\$0.10000	200% Above
Non-ORx	No	43547035210	LISINOPRIL	60	\$0.20000	\$0.03333	200% Above
Non-ORx	No	43547035211	LISINOPRIL	90	\$0.11111	\$0.02222	200% Above
Non-ORx	No	43547035211	LISINOPRIL	90	\$0.11111	\$0.01111	200% Above
Non-ORx	No	43547035211	LISINOPRIL	67	\$0.20896	\$0.01493	200% Above
Non-ORx	No	43547035211	LISINOPRIL	330	\$0.06061	\$0.03333	76%-100% Above
Non-ORx	No	43547035211	LISINOPRIL	45	\$0.20000	\$0.02222	200% Above
Non-ORx	No	43547035211	LISINOPRIL	180	\$0.13889	\$0.01667	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
Non-ORx	No	43547035311	LISINOPRIL	630	\$0.16032	\$0.02222	200% Above
Non-ORx	No	43547035311	LISINOPRIL	180	\$0.15000	\$0.01667	200% Above
Non-ORx	No	43547035311	LISINOPRIL	28	\$0.21429	\$0.03571	200% Above
Non-ORx	No	43547035311	LISINOPRIL	810	\$0.12593	\$0.03333	200% Above
Non-ORx	No	43547035410	LISINOPRIL	30	\$0.26667	\$0.03333	200% Above
Non-ORx	No	43547035411	LISINOPRIL	540	\$0.19444	\$0.02222	200% Above
Non-ORx	No	43547035411	LISINOPRIL	240	\$0.15000	\$0.03333	200% Above
Non-ORx	No	43547035411	LISINOPRIL	870	\$0.20115	\$0.03333	200% Above
Non-ORx	No	43547035510	LISINOPRIL	60	\$0.38333	\$0.05000	200% Above
Non-ORx	No	43547035510	LISINOPRIL	60	\$0.30000	\$0.06667	200% Above
Non-ORx	No	43547035610	LISINOPRIL	90	\$0.25556	\$0.05556	200% Above
Non-ORx	No	43547035610	LISINOPRIL	30	\$0.30000	\$0.06667	200% Above
Non-ORx	No	43547035611	LISINOPRIL	1080	\$0.27685	\$0.05556	200% Above
Non-ORx	No	43547035611	LISINOPRIL	180	\$0.15000	\$0.05000	200% Above
Non-ORx	No	43547035611	LISINOPRIL	600	\$0.16000	\$0.06667	101%-200% Above
Non-ORx	No	43547035611	LISINOPRIL	45	\$0.26667	\$0.04444	200% Above
Non-ORx	No	43547036211	LOSARTAN POTASSIUM	30	\$0.33333	\$0.10000	200% Above
Non-ORx	No	43547037906	DULOXETINE HYDROCHLORIDE	240	\$0.55000	\$0.13333	200% Above
Non-ORx	No	43547037906	DULOXETINE HYDROCHLORIDE	90	\$0.51111	\$0.13333	200% Above
Non-ORx	No	43547037909	DULOXETINE HYDROCHLORIDE	30	\$0.53333	\$0.13333	200% Above
Non-ORx	No	43547039910	CYCLOBENZAPRINE HYDROCHLO	60	\$0.23333	\$0.03333	200% Above
Non-ORx	No	43547039910	CYCLOBENZAPRINE HYDROCHLO	300	\$0.19333	\$0.03333	200% Above
Non-ORx	No	43547039950	CYCLOBENZAPRINE HYDROCHLO	90	\$0.31111	\$0.03333	200% Above
Non-ORx	No	43547040011	CYCLOBENZAPRINE HYDROCHLO	120	\$0.21667	\$0.03333	200% Above
Non-ORx	No	43547040011	CYCLOBENZAPRINE HYDROCHLO	120	\$0.21667	\$0.01667	200% Above
Non-ORx	No	43547040011	CYCLOBENZAPRINE HYDROCHLO	90	\$0.12222	\$0.02222	200% Above
Non-ORx	No	43547040011	CYCLOBENZAPRINE HYDROCHLO	120	\$0.05000	\$0.02500	101%-200% Above
Non-ORx	No	43547040011	CYCLOBENZAPRINE HYDROCHLO	270	\$0.22222	\$0.02222	200% Above
Non-ORx	No	43547040011	CYCLOBENZAPRINE HYDROCHLO	40	\$0.22500	\$0.02500	200% Above
Non-ORx	No	43547040011	CYCLOBENZAPRINE HYDROCHLO	21	\$0.23810	\$0.04762	200% Above
Non-ORx	No	43547040011	CYCLOBENZAPRINE HYDROCHLO	360	\$0.18333	\$0.03333	200% Above
Non-ORx	No	43547040111	FUROSEMIDE	1080	\$0.10278	\$0.03333	200% Above
Non-ORx	No	43547040111	FUROSEMIDE	360	\$0.08889	\$0.02778	200% Above
Non-ORx	No	43547040111	FUROSEMIDE	330	\$0.06970	\$0.03333	101%-200% Above
Non-ORx	No	43547040111	FUROSEMIDE	360	\$0.08056	\$0.03333	101%-200% Above
Non-ORx	No	43547040211	FUROSEMIDE	270	\$0.09259	\$0.03333	101%-200% Above
Non-ORx	No	43547040211	FUROSEMIDE	180	\$0.11111	\$0.03333	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
Non-ORx	No	43547040211	FUROSEMIDE	120	\$0.12500	\$0.03333	200% Above
Non-ORx	No	43547040211	FUROSEMIDE	420	\$0.08810	\$0.03333	101%-200% Above
Non-ORx	No	43547040211	FUROSEMIDE	20	\$0.10000	\$0.05000	101%-200% Above
Non-ORx	No	43547040211	FUROSEMIDE	600	\$0.07333	\$0.03333	101%-200% Above
Non-ORx	No	43547040610	CLONAZEPAM	21	\$0.00000	\$0.04762	(76%-100%) Below
Non-ORx	No	43547040611	CLONAZEPAM	30	\$0.13333	\$0.03333	200% Above
Non-ORx	No	43547040710	CLONAZEPAM	60	\$0.13333	\$0.03333	200% Above
Non-ORx	No	43547040711	CLONAZEPAM	60	\$0.20000	\$0.03333	200% Above
Non-ORx	No	43547040750	CLONAZEPAM	60	\$0.16667	\$0.03333	200% Above
Non-ORx	No	43547041209	QUINAPRIL HYDROCHLORIDE	30	\$0.56667	\$0.10000	200% Above
Non-ORx	No	43547041711	LISINAPRIL	30	\$0.20000	\$0.03333	200% Above
Non-ORx	No	43547042409	LOSARTAN POTASSIUM/HYDROCHLORIDE	90	\$0.62222	\$0.21111	101%-200% Above
Non-ORx	No	43547042509	LOSARTAN POTASSIUM/HYDROCHLORIDE	90	\$0.57778	\$0.17778	200% Above
Non-ORx	No	43547042509	LOSARTAN POTASSIUM/HYDROCHLORIDE	34	\$0.91177	\$0.17647	200% Above
Non-ORx	No	43547043109	FENOFIBRATE	390	\$0.61026	\$0.16667	200% Above
Non-ORx	No	43547048710	METHYLPHENIDATE HYDROCHLORIDE	90	\$0.72222	\$0.15556	200% Above
Non-ORx	No	43547048710	METHYLPHENIDATE HYDROCHLORIDE	30	\$0.73333	\$0.16667	200% Above
Non-ORx	No	43547055350	POTASSIUM CHLORIDE ER	30	\$0.70000	\$0.13333	200% Above
Non-ORx	No	43598016405	OLANZAPINE	30	\$0.56667	\$0.10000	200% Above
Non-ORx	No	43598016530	OLANZAPINE	60	\$0.50000	\$0.13333	200% Above
Non-ORx	No	43598021040	SSD	800	\$0.08625	\$0.07750	10%-25% Above
Non-ORx	No	43598021050	SSD	100	\$0.16000	\$0.14000	10%-25% Above
Non-ORx	No	43598021055	SSD	50	\$0.04000	\$0.14000	(51%-75%) Below
Non-ORx	No	43598026704	ICOSAPENT ETHYL	240	\$0.08333	\$2.25000	(76%-100%) Below
Non-ORx	No	43598029290	PREGABALIN	180	\$0.23889	\$0.08333	101%-200% Above
Non-ORx	No	43598029290	PREGABALIN	90	\$0.35556	\$0.08889	200% Above
Non-ORx	No	43598029290	PREGABALIN	30	\$0.36667	\$0.10000	200% Above
Non-ORx	No	43598029290	PREGABALIN	60	\$0.35000	\$0.08333	200% Above
Non-ORx	No	43598029390	PREGABALIN	360	\$0.37778	\$0.07778	200% Above
Non-ORx	No	43598029390	PREGABALIN	180	\$0.25556	\$0.07778	200% Above
Non-ORx	No	43598029390	PREGABALIN	60	\$0.38333	\$0.08333	200% Above
Non-ORx	No	43598029490	PREGABALIN	60	\$0.38333	\$0.08333	200% Above
Non-ORx	No	43598029590	PREGABALIN	180	\$0.37222	\$0.08889	200% Above
Non-ORx	No	43598029590	PREGABALIN	60	\$0.43333	\$0.10000	200% Above
Non-ORx	No	43598029590	PREGABALIN	28	\$0.42857	\$0.10714	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
Non-ORx	No	43598032675	CIPROFLOXACIN/DEXAMETHASO	8	\$23.50000	\$18.00000	26%-50% Above
Non-ORx	No	43598032675	CIPROFLOXACIN/DEXAMETHASO	8	\$1.25000	\$19.00000	(76%-100%) Below
Non-ORx	No	43598043601	NITROGLYCERIN	25	\$0.32000	\$0.20000	51%-75% Above
Non-ORx	No	43598043611	NITROGLYCERIN	100	\$0.67000	\$0.28000	101%-200% Above
Non-ORx	No	43598043611	NITROGLYCERIN	100	\$0.33000	\$0.26000	26%-50% Above
Non-ORx	No	43598043611	NITROGLYCERIN	150	\$0.68000	\$0.28000	101%-200% Above
Non-ORx	No	43598044828	NICOTINE TRANSDERMAL SYST	28	\$1.35714	\$1.75000	(10%-25%) Below
Non-ORx	No	43598044874	NICOTINE TRANSDERMAL SYST	28	\$1.50000	\$1.75000	(10%-25%) Below
Non-ORx	No	43598049501	NAPROXEN SODIUM	20	\$1.35000	\$0.35000	200% Above
Non-ORx	No	43598050501	RALOXIFENE HYDROCHLORIDE	90	\$1.41111	\$0.36667	200% Above
Non-ORx	No	43598050530	RALOXIFENE HYDROCHLORIDE	30	\$2.70000	\$0.36667	200% Above
Non-ORx	No	43598055230	LAMOTRIGINE ODT	45	\$6.91111	\$4.68889	26%-50% Above
Non-ORx	No	43598056601	FLUOXETINE HYDROCHLORIDE	45	\$0.64444	\$0.31111	101%-200% Above
Non-ORx	No	43598056601	FLUOXETINE HYDROCHLORIDE	180	\$0.62222	\$0.31111	101%-200% Above
Non-ORx	No	43598056601	FLUOXETINE HYDROCHLORIDE	180	\$0.62778	\$0.31667	76%-100% Above
Non-ORx	No	43598056601	FLUOXETINE HYDROCHLORIDE	90	\$0.55556	\$0.28889	76%-100% Above
Non-ORx	No	43598056601	FLUOXETINE HYDROCHLORIDE	60	\$0.73333	\$0.26667	101%-200% Above
Non-ORx	No	43598056601	FLUOXETINE HYDROCHLORIDE	150	\$0.66667	\$0.30000	101%-200% Above
Non-ORx	No	43598057330	TADALAFIL	48	\$1.91667	\$0.50000	200% Above
Non-ORx	No	43598057330	TADALAFIL	5	\$1.80000	\$0.40000	200% Above
Non-ORx	No	43598057430	TADALAFIL	12	\$1.75000	\$0.33333	200% Above
Non-ORx	No	43598057530	TADALAFIL	180	\$0.11111	\$0.18889	(26%-50%) Below
Non-ORx	No	43598057530	TADALAFIL	24	\$0.00000	\$0.16667	(76%-100%) Below
Non-ORx	No	43598057630	TADALAFIL	6	\$0.50000	\$0.16667	200% Above
Non-ORx	No	43598058030	BUPRENORPHINE HYDROCHLORI	30	\$6.16667	\$4.63333	26%-50% Above
Non-ORx	No	43598058230	BUPRENORPHINE HYDROCHLORI	180	\$5.38333	\$3.30000	51%-75% Above
Non-ORx	No	43598058230	BUPRENORPHINE HYDROCHLORI	90	\$4.63333	\$3.28889	26%-50% Above
Non-ORx	No	43598058230	BUPRENORPHINE HYDROCHLORI	56	\$4.62500	\$3.28571	26%-50% Above
Non-ORx	No	43598058230	BUPRENORPHINE HYDROCHLORI	60	\$5.91667	\$3.30000	76%-100% Above
Non-ORx	No	43598058230	BUPRENORPHINE HYDROCHLORI	90	\$4.57778	\$3.28889	26%-50% Above
Non-ORx	No	43598071901	CHLORTHALIDONE	90	\$0.33333	\$0.16667	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
Non-ORx	No	43598071910	CHLORTHALIDONE	90	\$0.52222	\$0.16667	200% Above
Non-ORx	No	43598072101	HYDROXYCHLOROQUINE SULFAT	90	\$1.20000	\$0.24444	200% Above
Non-ORx	No	43598072101	HYDROXYCHLOROQUINE SULFAT	300	\$1.06667	\$0.25000	200% Above
Non-ORx	No	43598072101	HYDROXYCHLOROQUINE SULFAT	720	\$0.80000	\$0.24444	200% Above
Non-ORx	No	43598072101	HYDROXYCHLOROQUINE SULFAT	135	\$0.80000	\$0.24444	200% Above
Non-ORx	No	43598072101	HYDROXYCHLOROQUINE SULFAT	120	\$0.84167	\$0.23333	200% Above
Non-ORx	No	43598072101	HYDROXYCHLOROQUINE SULFAT	90	\$0.97778	\$0.24444	200% Above
Non-ORx	No	43598075160	BUPROPION HYDROCHLORIDE E	60	\$0.73333	\$0.11667	200% Above
Non-ORx	No	43598075160	BUPROPION HYDROCHLORIDE E	30	\$0.73333	\$0.10000	200% Above
Non-ORx	No	43598075205	BUPROPION HYDROCHLORIDE E	180	\$0.36667	\$0.10000	200% Above
Non-ORx	No	43598075205	BUPROPION HYDROCHLORIDE E	540	\$0.37407	\$0.10000	200% Above
Non-ORx	No	43598075260	BUPROPION HYDROCHLORIDE E	180	\$0.46667	\$0.10000	200% Above
Non-ORx	No	43598075260	BUPROPION HYDROCHLORIDE E	30	\$0.36667	\$0.10000	200% Above
Non-ORx	No	43598075360	BUPROPION HYDROCHLORIDE E	60	\$0.36667	\$0.15000	101%-200% Above
Non-ORx	No	43598075360	BUPROPION HYDROCHLORIDE E	30	\$0.63333	\$0.16667	200% Above
Non-ORx	No	43598090990	FENOFIBRATE	90	\$0.20000	\$0.13333	51%-75% Above
Non-ORx	No	43598091005	FENOFIBRATE	30	\$0.66667	\$0.20000	200% Above
Non-ORx	No	43598091090	FENOFIBRATE	30	\$0.76667	\$0.20000	200% Above
Non-ORx	No	43975028010	AMPHETAMINE/DEXTROAMPHE TA	60	\$0.83333	\$0.60000	26%-50% Above
Non-ORx	No	43975028210	AMPHETAMINE/DEXTROAMPHE TA	60	\$0.53333	\$0.60000	(10%-25%) Below
Non-ORx	No	43975028210	AMPHETAMINE/DEXTROAMPHE TA	30	\$1.16667	\$0.56667	101%-200% Above
Non-ORx	No	43975035003	PALIPERIDONE ER	30	\$10.26667	\$5.16667	76%-100% Above
Non-ORx	No	45802000125	NICOTINE POLACRILEX	110	\$0.20000	\$0.25455	(10%-25%) Below
Non-ORx	No	45802000403	HYDROCORTISONE	56	\$0.14286	\$0.08929	51%-75% Above
Non-ORx	No	45802000403	HYDROCORTISONE	57	\$0.26316	\$0.08772	200% Above
Non-ORx	No	45802000403	HYDROCORTISONE	56	\$0.28571	\$0.07143	200% Above
Non-ORx	No	45802000403	HYDROCORTISONE	280	\$0.21071	\$0.10714	76%-100% Above
Non-ORx	No	45802000910	FLUOCINOLONE ACETONIDE	20	\$0.50000	\$1.90000	(51%-75%) Below
Non-ORx	No	45802000910	FLUOCINOLONE ACETONIDE	40	\$2.40000	\$1.70000	26%-50% Above
Non-ORx	No	45802001402	HYDROCORTISONE	60	\$0.16667	\$0.11667	26%-50% Above
Non-ORx	No	45802001402	HYDROCORTISONE	40	\$0.17500	\$0.10000	76%-100% Above
Non-ORx	No	45802001402	HYDROCORTISONE	100	\$0.15000	\$0.10000	51%-75% Above
Non-ORx	No	45802002146	BETAMETHASONE DIPROPIONAT	120	\$0.53333	\$0.40000	26%-50% Above
Non-ORx	No	45802002683	AZELASTINE HCL	30	\$0.33333	\$0.60000	(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
Non-ORx	No	45802004064	SELENIUM SULFIDE	240	\$0.11667	\$0.06667	76%-100% Above
Non-ORx	No	45802004811	NYSTATIN	30	\$0.40000	\$0.30000	26%-50% Above
Non-ORx	No	45802004811	NYSTATIN	60	\$0.51667	\$0.26667	76%-100% Above
Non-ORx	No	45802004935	TRIAMCINOLONE ACETONIDE	30	\$0.36667	\$0.33333	10%-25% Above
Non-ORx	No	45802005435	TRIAMCINOLONE ACETONIDE	120	\$0.10000	\$0.26667	(51%-75%) Below
Non-ORx	No	45802005435	TRIAMCINOLONE ACETONIDE	120	\$0.10833	\$0.26667	(51%-75%) Below
Non-ORx	No	45802005435	TRIAMCINOLONE ACETONIDE	15	\$0.13333	\$0.26667	(26%-50%) Below
Non-ORx	No	45802005436	TRIAMCINOLONE ACETONIDE	80	\$0.08750	\$0.07500	10%-25% Above
Non-ORx	No	45802005505	TRIAMCINOLONE ACETONIDE	3632	\$0.05865	\$0.04405	26%-50% Above
Non-ORx	No	45802005505	TRIAMCINOLONE ACETONIDE	908	\$0.06388	\$0.04185	51%-75% Above
Non-ORx	No	45802005535	TRIAMCINOLONE ACETONIDE	60	\$0.06667	\$0.15000	(51%-75%) Below
Non-ORx	No	45802005535	TRIAMCINOLONE ACETONIDE	30	\$0.10000	\$0.16667	(26%-50%) Below
Non-ORx	No	45802005535	TRIAMCINOLONE ACETONIDE	45	\$0.08889	\$0.13333	(26%-50%) Below
Non-ORx	No	45802005535	TRIAMCINOLONE ACETONIDE	30	\$0.10000	\$0.13333	(10%-25%) Below
Non-ORx	No	45802005536	TRIAMCINOLONE ACETONIDE	320	\$0.08750	\$0.06250	26%-50% Above
Non-ORx	No	45802005911	NYSTATIN	60	\$0.60000	\$0.16667	200% Above
Non-ORx	No	45802006335	TRIAMCINOLONE ACETONIDE	60	\$0.11667	\$0.16667	(26%-50%) Below
Non-ORx	No	45802006435	TRIAMCINOLONE ACETONIDE	45	\$0.08889	\$0.13333	(26%-50%) Below
Non-ORx	No	45802006435	TRIAMCINOLONE ACETONIDE	60	\$0.03333	\$0.13333	(51%-75%) Below
Non-ORx	No	45802006435	TRIAMCINOLONE ACETONIDE	120	\$0.06667	\$0.13333	(26%-50%) Below
Non-ORx	No	45802006435	TRIAMCINOLONE ACETONIDE	120	\$0.06667	\$0.13333	(26%-50%) Below
Non-ORx	No	45802006436	TRIAMCINOLONE ACETONIDE	160	\$0.07500	\$0.05000	51%-75% Above
Non-ORx	No	45802006436	TRIAMCINOLONE ACETONIDE	800	\$0.07750	\$0.05000	51%-75% Above
Non-ORx	No	45802006535	TRIAMCINOLONE ACETONIDE	30	\$0.30000	\$0.26667	10%-25% Above
Non-ORx	No	45802009735	ESTRADIOL	215	\$1.39070	\$0.97674	26%-50% Above
Non-ORx	No	45802009851	MESALAMINE	1680	\$0.28333	\$0.16607	51%-75% Above
Non-ORx	No	45802009851	MESALAMINE	1260	\$0.17778	\$0.14762	10%-25% Above
Non-ORx	No	45802010401	OLOPATADINE HCL	31	\$2.45161	\$1.22581	101%-200% Above
Non-ORx	No	45802011222	MUPIROCIN	132	\$0.35606	\$0.17424	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
Non-ORx	No	45802011222	MUPIROCIN	154	\$0.35714	\$0.17533	101%-200% Above
Non-ORx	No	45802011222	MUPIROCIN	88	\$0.29546	\$0.18182	51%-75% Above
Non-ORx	No	45802011222	MUPIROCIN	594	\$0.36195	\$0.18182	76%-100% Above
Non-ORx	No	45802011859	MOMETASONE FUROATE	120	\$0.70000	\$0.38333	76%-100% Above
Non-ORx	No	45802011859	MOMETASONE FUROATE	30	\$0.70000	\$0.36667	76%-100% Above
Non-ORx	No	45802012801	CLINDAMYCIN PHOSPHATE	180	\$1.32778	\$0.83333	51%-75% Above
Non-ORx	No	45802012801	CLINDAMYCIN PHOSPHATE	120	\$1.35000	\$0.71667	76%-100% Above
Non-ORx	No	45802013970	METRONIDAZOLE VAGINAL	140	\$1.22143	\$0.71429	51%-75% Above
Non-ORx	No	45802013970	METRONIDAZOLE VAGINAL	490	\$0.92245	\$0.71429	26%-50% Above
Non-ORx	No	45802013970	METRONIDAZOLE VAGINAL	350	\$0.85429	\$0.60000	26%-50% Above
Non-ORx	No	45802014167	CICLOPIROX NAIL LACQUER	42	\$5.80952	\$1.71429	200% Above
Non-ORx	No	45802025735	MOMETASONE FUROATE	45	\$1.06667	\$0.48889	101%-200% Above
Non-ORx	No	45802025735	MOMETASONE FUROATE	15	\$0.80000	\$0.53333	51%-75% Above
Non-ORx	No	45802025742	MOMETASONE FUROATE	450	\$0.82222	\$0.32444	101%-200% Above
Non-ORx	No	45802025742	MOMETASONE FUROATE	135	\$0.71852	\$0.33333	101%-200% Above
Non-ORx	No	45802025742	MOMETASONE FUROATE	45	\$0.51111	\$0.31111	51%-75% Above
Non-ORx	No	45802026337	CLINDAMYCIN PHOSPHATE	960	\$0.49375	\$0.43333	10%-25% Above
Non-ORx	No	45802026337	CLINDAMYCIN PHOSPHATE	120	\$0.58333	\$0.31667	76%-100% Above
Non-ORx	No	45802026937	PERMETHRIN	60	\$0.61667	\$0.33333	76%-100% Above
Non-ORx	No	45802036862	IMIQUIMOD	24	\$1.75000	\$0.91667	76%-100% Above
Non-ORx	No	45802036862	IMIQUIMOD	12	\$1.75000	\$1.00000	76%-100% Above
Non-ORx	No	45802036862	IMIQUIMOD	24	\$1.75000	\$0.91667	76%-100% Above
Non-ORx	No	45802037635	AUGMENTED BETAMETHASONE D	15	\$0.20000	\$0.26667	(10%-25%) Below
Non-ORx	No	45802040109	CICLOPIROX	240	\$0.08750	\$0.25833	(51%-75%) Below
Non-ORx	No	45802040109	CICLOPIROX	360	\$0.54722	\$0.26667	101%-200% Above
Non-ORx	No	45802040109	CICLOPIROX	120	\$0.55000	\$0.25833	101%-200% Above
Non-ORx	No	45802046564	KETOCONAZOLE	720	\$0.16667	\$0.09583	51%-75% Above
Non-ORx	No	45802046564	KETOCONAZOLE	5640	\$0.13227	\$0.09167	26%-50% Above
Non-ORx	No	45802049535	DESOXIMETASONE	15	\$0.86667	\$1.06667	(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
Non-ORx	No	45802050901	CLINDAMYCIN/BENZOYL PEROX	25	\$2.52000	\$1.00000	101%-200% Above
Non-ORx	No	45802056201	CLINDAMYCIN PHOSPHATE	210	\$0.50476	\$0.26667	76%-100% Above
Non-ORx	No	45802058046	SCOPOLAMINE	10	\$16.10000	\$12.00000	26%-50% Above
Non-ORx	No	45802058046	SCOPOLAMINE	4	\$16.00000	\$12.00000	26%-50% Above
Non-ORx	No	45802058046	SCOPOLAMINE	2	\$16.00000	\$11.00000	26%-50% Above
Non-ORx	No	45802058046	SCOPOLAMINE	2	\$16.00000	\$12.00000	26%-50% Above
Non-ORx	No	45802058062	SCOPOLAMINE	4	\$16.00000	\$11.00000	26%-50% Above
Non-ORx	No	45802058062	SCOPOLAMINE	1	\$5.00000	\$12.00000	(51%-75%) Below
Non-ORx	No	45802058084	SCOPOLAMINE	10	\$13.50000	\$11.00000	10%-25% Above
Non-ORx	No	45802058084	SCOPOLAMINE	10	\$13.50000	\$12.00000	10%-25% Above
Non-ORx	No	45802058084	SCOPOLAMINE	8	\$13.50000	\$11.00000	10%-25% Above
Non-ORx	No	45802059806	SUMATRIPTAN	18	\$16.00000	\$24.50000	(26%-50%) Below
Non-ORx	No	45802068028	LEVOCETIRIZINE DIHYDROCHL	75	\$0.44000	\$0.20000	101%-200% Above
Non-ORx	No	45802071708	TERCONAZOLE	6	\$23.00000	\$17.00000	26%-50% Above
Non-ORx	No	45802073684	CLINDAMYCIN PHOSPHATE/BEN	45	\$0.95556	\$0.75556	26%-50% Above
Non-ORx	No	45802075930	PROMETHAZINE HCL	12	\$7.16667	\$4.41667	51%-75% Above
Non-ORx	No	45802075930	PROMETHAZINE HCL	3	\$7.33333	\$4.33333	51%-75% Above
Non-ORx	No	45802084601	ADAPALENE/BENZOYL PEROXID	45	\$1.35556	\$0.71111	76%-100% Above
Non-ORx	No	45802086803	POLYETHYLENE GLYCOL 3350	510	\$0.00980	\$0.01961	(26%-50%) Below
Non-ORx	No	45802088726	FLUOCINOLONE ACETONIDE BO	118	\$0.46610	\$0.26271	76%-100% Above
Non-ORx	No	45802089626	SULFACETAMIDE SODIUM	118	\$1.07627	\$0.82203	26%-50% Above
Non-ORx	No	45802089626	SULFACETAMIDE SODIUM	354	\$1.09040	\$0.69492	51%-75% Above
Non-ORx	No	45802090094	CLINDAMYCIN PHOSPHATE	30	\$1.00000	\$0.76667	26%-50% Above
Non-ORx	No	45802090094	CLINDAMYCIN PHOSPHATE	30	\$1.00000	\$0.63333	51%-75% Above
Non-ORx	No	45802090096	CLINDAMYCIN PHOSPHATE	360	\$1.07222	\$0.55000	76%-100% Above
Non-ORx	No	45802093716	HYDROCORTISONE	118	\$0.52542	\$0.18644	101%-200% Above
Non-ORx	No	45802093716	HYDROCORTISONE	59	\$0.13559	\$0.18644	(26%-50%) Below
Non-ORx	No	45802093716	HYDROCORTISONE	177	\$0.41808	\$0.16949	101%-200% Above
Non-ORx	No	45802096694	ERYTHROMYCIN	30	\$1.30000	\$0.86667	51%-75% Above
Non-ORx	No	45963014205	BUPROPION HYDROCHLORIDE E	270	\$0.45926	\$0.20000	101%-200% Above
Non-ORx	No	45963030509	DEXTROAMPHETAMINE SULFATE	30	\$4.50000	\$1.46667	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
Non-ORx	No	45963053930	ONDANSETRON HYDROCHLORIDE	10	\$0.50000	\$0.10000	200% Above
Non-ORx	No	45963055550	GABAPENTIN	90	\$0.12222	\$0.03333	200% Above
Non-ORx	No	45963067611	METOPROLOL SUCCINATE ER	135	\$0.33333	\$0.10370	200% Above
Non-ORx	No	45963067611	METOPROLOL SUCCINATE ER	180	\$0.33333	\$0.10000	200% Above
Non-ORx	No	45963067611	METOPROLOL SUCCINATE ER	150	\$0.27333	\$0.10000	101%-200% Above
Non-ORx	No	45963067611	METOPROLOL SUCCINATE ER	60	\$0.40000	\$0.10000	200% Above
Non-ORx	No	45963067696	METOPROLOL SUCCINATE ER	30	\$0.33333	\$0.10000	200% Above
Non-ORx	No	45963067711	METOPROLOL SUCCINATE ER	120	\$0.26667	\$0.13333	101%-200% Above
Non-ORx	No	45963067711	METOPROLOL SUCCINATE ER	360	\$0.57778	\$0.13333	200% Above
Non-ORx	No	45963067711	METOPROLOL SUCCINATE ER	10	\$0.30000	\$0.20000	51%-75% Above
Non-ORx	No	45963067711	METOPROLOL SUCCINATE ER	60	\$0.33333	\$0.13333	101%-200% Above
Non-ORx	No	45963070911	METOPROLOL SUCCINATE ER	720	\$0.32500	\$0.08889	200% Above
Non-ORx	No	45963070911	METOPROLOL SUCCINATE ER	360	\$0.36111	\$0.08889	200% Above
Non-ORx	No	45963070911	METOPROLOL SUCCINATE ER	210	\$0.35714	\$0.10000	200% Above
Non-ORx	No	45963070911	METOPROLOL SUCCINATE ER	135	\$0.38519	\$0.08889	200% Above
Non-ORx	No	45963070996	METOPROLOL SUCCINATE ER	60	\$0.06667	\$0.10000	(26%-50%) Below
Non-ORx	No	46122035274	GNP NICOTINE TRANSDERMAL	28	\$1.42857	\$1.64286	(10%-25%) Below
Non-ORx	No	46122035474	GNP NICOTINE TRANSDERMAL	14	\$1.42857	\$1.78571	(10%-25%) Below
Non-ORx	No	47335001283	TADALAFIL	6	\$2.16667	\$0.50000	200% Above
Non-ORx	No	47335023583	METHOTREXATE	24	\$0.91667	\$0.29167	200% Above
Non-ORx	No	47335023583	METHOTREXATE	32	\$0.96875	\$0.25000	200% Above
Non-ORx	No	47335023583	METHOTREXATE	64	\$0.56250	\$0.31250	76%-100% Above
Non-ORx	No	47335023583	METHOTREXATE	44	\$0.90909	\$0.29546	200% Above
Non-ORx	No	47335023583	METHOTREXATE	32	\$0.93750	\$0.31250	200% Above
Non-ORx	No	47335023583	METHOTREXATE	20	\$0.90000	\$0.25000	200% Above
Non-ORx	No	47335023583	METHOTREXATE	24	\$0.91667	\$0.25000	200% Above
Non-ORx	No	47335023583	METHOTREXATE	20	\$0.90000	\$0.30000	200% Above
Non-ORx	No	47335023596	METHOTREXATE	32	\$0.21875	\$0.25000	(10%-25%) Below
Non-ORx	No	47335023596	METHOTREXATE	24	\$0.20833	\$0.25000	(10%-25%) Below
Non-ORx	No	47335027641	SUMATRIPTAN SUCCINATE	4	\$129.00000	\$73.25000	76%-100% Above
Non-ORx	No	47335027641	SUMATRIPTAN SUCCINATE	2	\$129.00000	\$72.50000	76%-100% Above
Non-ORx	No	47335027641	SUMATRIPTAN SUCCINATE	2	\$129.00000	\$73.50000	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
Non-ORx	No	47335030888	ZOLPIDEM TARTRATE ER	180	\$0.49444	\$0.16667	101%-200% Above
Non-ORx	No	47335032286	MEMANTINE HYDROCHLORIDE	60	\$0.50000	\$0.08333	200% Above
Non-ORx	No	47335032688	NALTREXONE HCL	90	\$0.68889	\$0.76667	(10%-25%) Below
Non-ORx	No	47335058481	ROSUVASTATIN CALCIUM	30	\$0.43333	\$0.06667	200% Above
Non-ORx	No	47335067081	DILTIAZEM HCL ER	30	\$0.46667	\$0.26667	76%-100% Above
Non-ORx	No	47335067981	DILTIAZEM HYDROCHLORIDE E	90	\$3.14444	\$1.86667	51%-75% Above
Non-ORx	No	47335070649	IPRATROPIUM BROMIDE	125	\$0.09600	\$0.05600	51%-75% Above
Non-ORx	No	47335071113	TOPIRAMATE	30	\$0.26667	\$0.06667	200% Above
Non-ORx	No	47335075983	VENLAFAXINE HYDROCHLORIDE	90	\$0.11111	\$1.82222	(76%-100%) Below
Non-ORx	No	47335076583	PALIPERIDONE ER	90	\$5.76667	\$5.17778	10%-25% Above
Non-ORx	No	47335077991	AZELASTINE HYDROCHLORIDE	60	\$1.50000	\$0.26667	200% Above
Non-ORx	No	47335089413	CLOPIDOGREL	60	\$0.36667	\$0.06667	200% Above
Non-ORx	No	47335090788	QUETIAPINE FUMARATE	30	\$0.43333	\$0.20000	101%-200% Above
Non-ORx	No	47335092860	RISEDRONATE SODIUM	1	\$72.00000	\$21.00000	200% Above
Non-ORx	No	47335095688	ALFUZOSIN HCL ER	30	\$0.33333	\$0.13333	101%-200% Above
Non-ORx	No	47781010444	ESTRADIOL	86	\$2.12791	\$0.97674	101%-200% Above
Non-ORx	No	47781017601	AMPHETAMINE/DEXTROAMPHE TA	75	\$1.01333	\$0.25333	200% Above
Non-ORx	No	47781017601	AMPHETAMINE/DEXTROAMPHE TA	540	\$0.84074	\$0.25556	200% Above
Non-ORx	No	47781017601	AMPHETAMINE/DEXTROAMPHE TA	720	\$0.80000	\$0.25000	200% Above
Non-ORx	No	47781017601	AMPHETAMINE/DEXTROAMPHE TA	540	\$0.85370	\$0.26667	200% Above
Non-ORx	No	47781017901	AMPHETAMINE/DEXTROAMPHE TA	360	\$0.60278	\$0.32222	76%-100% Above
Non-ORx	No	47781017901	AMPHETAMINE/DEXTROAMPHE TA	960	\$0.78333	\$0.31667	101%-200% Above
Non-ORx	No	47781017901	AMPHETAMINE/DEXTROAMPHE TA	180	\$0.55000	\$0.33333	51%-75% Above
Non-ORx	No	47781017901	AMPHETAMINE/DEXTROAMPHE TA	45	\$0.97778	\$0.31111	200% Above
Non-ORx	No	47781018001	AMPHETAMINE/DEXTROAMPHE TA	180	\$0.74444	\$0.31111	101%-200% Above
Non-ORx	No	47781018001	AMPHETAMINE/DEXTROAMPHE TA	60	\$0.73333	\$0.31667	101%-200% Above
Non-ORx	No	47781018001	AMPHETAMINE/DEXTROAMPHE TA	480	\$0.92083	\$0.30000	200% Above
Non-ORx	No	47781018001	AMPHETAMINE/DEXTROAMPHE TA	120	\$0.90833	\$0.30000	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
Non-ORx	No	47781018001	AMPHETAMINE/DEXTROAMPHE TA	60	\$0.96667	\$0.33333	101%-200% Above
Non-ORx	No	47781019601	OXYCODONE/ACETAMINOPHEN	30	\$0.63333	\$0.10000	200% Above
Non-ORx	No	47781022901	OXYCODONE/ACETAMINOPHEN	28	\$0.53571	\$0.10714	200% Above
Non-ORx	No	47781026301	OXYCODONE HYDROCHLORIDE	20	\$0.40000	\$0.05000	200% Above
Non-ORx	No	47781026301	OXYCODONE HYDROCHLORIDE	15	\$0.40000	\$0.06667	200% Above
Non-ORx	No	47781030301	NITROFURANTOIN MONOHYDRAT	56	\$2.05357	\$0.50000	200% Above
Non-ORx	No	47781030301	NITROFURANTOIN MONOHYDRAT	24	\$1.79167	\$0.50000	200% Above
Non-ORx	No	47781030301	NITROFURANTOIN MONOHYDRAT	60	\$2.05000	\$0.50000	200% Above
Non-ORx	No	47781030301	NITROFURANTOIN MONOHYDRAT	80	\$1.55000	\$0.50000	200% Above
Non-ORx	No	47781030301	NITROFURANTOIN MONOHYDRAT	270	\$1.79630	\$0.50000	200% Above
Non-ORx	No	47781030301	NITROFURANTOIN MONOHYDRAT	12	\$1.66667	\$0.50000	200% Above
Non-ORx	No	47781030301	NITROFURANTOIN MONOHYDRAT	532	\$1.88722	\$0.50000	200% Above
Non-ORx	No	47781030301	NITROFURANTOIN MONOHYDRAT	16	\$2.31250	\$0.50000	200% Above
Non-ORx	No	47781030701	NITROFURANTOIN MACROCRYST	30	\$1.46667	\$0.43333	200% Above
Non-ORx	No	47781030701	NITROFURANTOIN MACROCRYST	30	\$1.00000	\$0.40000	101%-200% Above
Non-ORx	No	47781030701	NITROFURANTOIN MACROCRYST	28	\$1.00000	\$0.39286	101%-200% Above
Non-ORx	No	47781030801	NITROFURANTOIN MACROCRYST	60	\$1.15000	\$0.53333	101%-200% Above
Non-ORx	No	47781030801	NITROFURANTOIN MACROCRYST	60	\$1.18333	\$0.45000	101%-200% Above
Non-ORx	No	47781030801	NITROFURANTOIN MACROCRYST	20	\$1.50000	\$0.50000	200% Above
Non-ORx	No	47781030801	NITROFURANTOIN MACROCRYST	28	\$1.50000	\$0.50000	200% Above
Non-ORx	No	47781035603	BUPRENORPHINE HYDROCHLORI	60	\$5.85000	\$4.63333	26%-50% Above
Non-ORx	No	47781035603	BUPRENORPHINE HYDROCHLORI	30	\$5.83333	\$4.90000	10%-25% Above
Non-ORx	No	47781035703	BUPRENORPHINE HYDROCHLORI	120	\$6.15000	\$3.30000	76%-100% Above
Non-ORx	No	47781035703	BUPRENORPHINE HYDROCHLORI	112	\$4.83929	\$3.28571	26%-50% Above
Non-ORx	No	47781035703	BUPRENORPHINE HYDROCHLORI	180	\$5.15556	\$3.28889	51%-75% Above
Non-ORx	No	47781035703	BUPRENORPHINE HYDROCHLORI	300	\$4.60000	\$3.29333	26%-50% Above
Non-ORx	No	47781035703	BUPRENORPHINE HYDROCHLORI	21	\$4.00000	\$3.28571	10%-25% Above
Non-ORx	No	47781035703	BUPRENORPHINE HYDROCHLORI	18	\$5.66667	\$3.27778	51%-75% Above
Non-ORx	No	47781035703	BUPRENORPHINE HYDROCHLORI	24	\$5.66667	\$3.29167	51%-75% Above
Non-ORx	No	47781035703	BUPRENORPHINE HYDROCHLORI	210	\$5.57143	\$3.30000	51%-75% Above
Non-ORx	No	47781038426	OSELTAMIVIR PHOSPHATE	240	\$1.04583	\$0.60833	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
Non-ORx	No	47781038426	OSELTAMIVIR PHOSPHATE	120	\$1.05000	\$0.60833	51%-75% Above
Non-ORx	No	47781038426	OSELTAMIVIR PHOSPHATE	120	\$1.05000	\$0.52500	101%-200% Above
Non-ORx	No	47781045704	NITROGLYCERIN	50	\$0.68000	\$0.28000	101%-200% Above
Non-ORx	No	47781046813	OSELTAMIVIR PHOSPHATE	20	\$0.90000	\$1.95000	(51%-75%) Below
Non-ORx	No	47781047013	OSELTAMIVIR PHOSPHATE	20	\$2.55000	\$1.35000	76%-100% Above
Non-ORx	No	47781047013	OSELTAMIVIR PHOSPHATE	20	\$2.70000	\$1.30000	101%-200% Above
Non-ORx	No	47781054650	MINOCYCLINE HYDROCHLORIDE	60	\$0.91667	\$0.36667	101%-200% Above
Non-ORx	No	47781056972	FLUOCINONIDE	45	\$0.48889	\$0.42222	10%-25% Above
Non-ORx	No	47781056973	FLUOCINONIDE	30	\$0.83333	\$0.46667	76%-100% Above
Non-ORx	No	47781057701	METHENAMINE HIPPURATE	60	\$1.46667	\$0.83333	76%-100% Above
Non-ORx	No	47781060730	DISULFIRAM	60	\$2.83333	\$1.86667	51%-75% Above
Non-ORx	No	47781060730	DISULFIRAM	30	\$2.83333	\$2.10000	26%-50% Above
Non-ORx	No	47781064010	LEVOTHYROXINE SODIUM	45	\$0.11111	\$0.13333	(10%-25%) Below
Non-ORx	No	47781064010	LEVOTHYROXINE SODIUM	90	\$0.31111	\$0.13333	101%-200% Above
Non-ORx	No	47781064010	LEVOTHYROXINE SODIUM	90	\$0.05556	\$0.15556	(51%-75%) Below
Non-ORx	No	47781064010	LEVOTHYROXINE SODIUM	90	\$0.22222	\$0.16667	26%-50% Above
Non-ORx	No	47781064010	LEVOTHYROXINE SODIUM	30	\$0.06667	\$0.13333	(26%-50%) Below
Non-ORx	No	47781064090	LEVOTHYROXINE SODIUM	42	\$0.07143	\$0.14286	(26%-50%) Below
Non-ORx	No	47781064090	LEVOTHYROXINE SODIUM	30	\$0.30000	\$0.16667	76%-100% Above
Non-ORx	No	47781064090	LEVOTHYROXINE SODIUM	360	\$0.28056	\$0.13333	101%-200% Above
Non-ORx	No	47781064310	LEVOTHYROXINE SODIUM	45	\$0.35556	\$0.15556	101%-200% Above
Non-ORx	No	47781064310	LEVOTHYROXINE SODIUM	360	\$0.22778	\$0.14444	51%-75% Above
Non-ORx	No	47781064310	LEVOTHYROXINE SODIUM	32	\$0.34375	\$0.15625	101%-200% Above
Non-ORx	No	47781064310	LEVOTHYROXINE SODIUM	15	\$0.33333	\$0.13333	101%-200% Above
Non-ORx	No	47781064310	LEVOTHYROXINE SODIUM	570	\$0.33860	\$0.13333	101%-200% Above
Non-ORx	No	47781064310	LEVOTHYROXINE SODIUM	240	\$0.30000	\$0.16667	76%-100% Above
Non-ORx	No	47781064390	LEVOTHYROXINE SODIUM	31	\$0.06452	\$0.16129	(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
Non-ORx	No	47781064610	LEVOTHYROXINE SODIUM	360	\$0.31944	\$0.15556	101%-200% Above
Non-ORx	No	47781064610	LEVOTHYROXINE SODIUM	30	\$0.36667	\$0.13333	101%-200% Above
Non-ORx	No	47781064610	LEVOTHYROXINE SODIUM	960	\$0.37604	\$0.16667	101%-200% Above
Non-ORx	No	47781064910	LEVOTHYROXINE SODIUM	60	\$0.23333	\$0.20000	10%-25% Above
Non-ORx	No	47781064910	LEVOTHYROXINE SODIUM	30	\$0.40000	\$0.16667	101%-200% Above
Non-ORx	No	47781064990	LEVOTHYROXINE SODIUM	60	\$0.38333	\$0.18333	101%-200% Above
Non-ORx	No	47781064990	LEVOTHYROXINE SODIUM	90	\$0.38889	\$0.18889	101%-200% Above
Non-ORx	No	47781064990	LEVOTHYROXINE SODIUM	34	\$0.38235	\$0.17647	101%-200% Above
Non-ORx	No	47781064990	LEVOTHYROXINE SODIUM	90	\$0.40000	\$0.16667	101%-200% Above
Non-ORx	No	47781064990	LEVOTHYROXINE SODIUM	150	\$0.40000	\$0.20000	101%-200% Above
Non-ORx	No	47781065110	LEVOTHYROXINE SODIUM	180	\$0.38889	\$0.16667	101%-200% Above
Non-ORx	No	47781065110	LEVOTHYROXINE SODIUM	14	\$0.42857	\$0.14286	200% Above
Non-ORx	No	47781065110	LEVOTHYROXINE SODIUM	600	\$0.38333	\$0.16667	101%-200% Above
Non-ORx	No	47781065190	LEVOTHYROXINE SODIUM	60	\$0.06667	\$0.16667	(51%-75%) Below
Non-ORx	No	47781065410	LEVOTHYROXINE SODIUM	90	\$0.11111	\$0.17778	(26%-50%) Below
Non-ORx	No	47781065410	LEVOTHYROXINE SODIUM	90	\$0.46667	\$0.16667	101%-200% Above
Non-ORx	No	47781065490	LEVOTHYROXINE SODIUM	90	\$0.11111	\$0.17778	(26%-50%) Below
Non-ORx	No	47781065490	LEVOTHYROXINE SODIUM	90	\$0.46667	\$0.16667	101%-200% Above
Non-ORx	No	47781065490	LEVOTHYROXINE SODIUM	26	\$0.46154	\$0.19231	101%-200% Above
Non-ORx	No	47781065710	LEVOTHYROXINE SODIUM	34	\$0.47059	\$0.20588	101%-200% Above
Non-ORx	No	47781065710	LEVOTHYROXINE SODIUM	60	\$0.46667	\$0.21667	101%-200% Above
Non-ORx	No	47781065710	LEVOTHYROXINE SODIUM	90	\$0.11111	\$0.21111	(26%-50%) Below
Non-ORx	No	47781065710	LEVOTHYROXINE SODIUM	32	\$0.46875	\$0.21875	101%-200% Above
Non-ORx	No	47781065710	LEVOTHYROXINE SODIUM	240	\$0.46667	\$0.20000	101%-200% Above
Non-ORx	No	47781065710	LEVOTHYROXINE SODIUM	90	\$0.46667	\$0.23333	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
Non-ORx	No	47781065790	LEVOTHYROXINE SODIUM	30	\$0.06667	\$0.20000	(51%-75%) Below
Non-ORx	No	47781065910	LEVOTHYROXINE SODIUM	60	\$0.46667	\$0.20000	101%-200% Above
Non-ORx	No	47781065910	LEVOTHYROXINE SODIUM	15	\$0.33333	\$0.20000	51%-75% Above
Non-ORx	No	47781065990	LEVOTHYROXINE SODIUM	60	\$0.46667	\$0.21667	101%-200% Above
Non-ORx	No	47781065990	LEVOTHYROXINE SODIUM	120	\$0.36667	\$0.20000	76%-100% Above
Non-ORx	No	47781066210	LEVOTHYROXINE SODIUM	120	\$0.29167	\$0.23333	26%-50% Above
Non-ORx	No	47781066290	LEVOTHYROXINE SODIUM	240	\$0.40000	\$0.23333	51%-75% Above
Non-ORx	No	47781066510	LEVOTHYROXINE SODIUM	90	\$0.56667	\$0.23333	101%-200% Above
Non-ORx	No	47781066590	LEVOTHYROXINE SODIUM	60	\$0.56667	\$0.23333	101%-200% Above
Non-ORx	No	47781066810	LEVOTHYROXINE SODIUM	30	\$0.56667	\$0.26667	101%-200% Above
Non-ORx	No	47781066890	LEVOTHYROXINE SODIUM	120	\$0.33333	\$0.26667	26%-50% Above
Non-ORx	No	47781067190	LEVOTHYROXINE SODIUM	60	\$0.71667	\$0.30000	101%-200% Above
Non-ORx	No	47781091401	DEXAMETHASONE	20	\$0.80000	\$0.50000	51%-75% Above
Non-ORx	No	47781091401	DEXAMETHASONE	20	\$0.45000	\$0.55000	(10%-25%) Below
Non-ORx	No	47781091401	DEXAMETHASONE	60	\$0.83333	\$0.48333	51%-75% Above
Non-ORx	No	47781091401	DEXAMETHASONE	30	\$0.36667	\$0.53333	(26%-50%) Below
Non-ORx	No	47781091401	DEXAMETHASONE	10	\$0.80000	\$0.40000	101%-200% Above
Non-ORx	No	47781091401	DEXAMETHASONE	8	\$1.00000	\$0.50000	101%-200% Above
Non-ORx	No	47781091401	DEXAMETHASONE	5	\$0.80000	\$0.40000	101%-200% Above
Non-ORx	No	47781091401	DEXAMETHASONE	14	\$0.85714	\$0.57143	51%-75% Above
Non-ORx	No	47781091601	DEXAMETHASONE	10	\$1.20000	\$1.40000	(10%-25%) Below
Non-ORx	No	47781091601	DEXAMETHASONE	14	\$1.21429	\$1.42857	(10%-25%) Below
Non-ORx	No	47781091601	DEXAMETHASONE	15	\$1.20000	\$1.40000	(10%-25%) Below
Non-ORx	No	47781091601	DEXAMETHASONE	7	\$1.28571	\$1.00000	26%-50% Above
Non-ORx	No	48102005101	DEXAMETHASONE	6	\$0.83333	\$0.50000	51%-75% Above
Non-ORx	No	49483048110	ASPIRIN LOW DOSE	180	\$0.04444	\$0.01111	200% Above
Non-ORx	No	49483048112	ASPIRIN LOW DOSE	60	\$0.00000	\$0.01667	(76%-100%) Below
Non-ORx	No	49483060201	IBUPROFEN	30	\$0.13333	\$0.03333	200% Above
Non-ORx	No	49483060201	IBUPROFEN	15	\$0.20000	\$0.06667	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
Non-ORx	No	49483060250	IBUPROFEN	30	\$0.20000	\$0.03333	200% Above
Non-ORx	No	49483060250	IBUPROFEN	60	\$0.20000	\$0.05000	200% Above
Non-ORx	No	49483060350	IBUPROFEN	200	\$0.25000	\$0.05000	200% Above
Non-ORx	No	49483060350	IBUPROFEN	360	\$0.22222	\$0.06667	200% Above
Non-ORx	No	49483060350	IBUPROFEN	84	\$0.22619	\$0.07143	200% Above
Non-ORx	No	49483060350	IBUPROFEN	42	\$0.23810	\$0.07143	200% Above
Non-ORx	No	49483060350	IBUPROFEN	90	\$0.20000	\$0.05556	200% Above
Non-ORx	No	49483060350	IBUPROFEN	100	\$0.25000	\$0.06000	200% Above
Non-ORx	No	49483060350	IBUPROFEN	60	\$0.26667	\$0.06667	200% Above
Non-ORx	No	49483060350	IBUPROFEN	15	\$0.26667	\$0.06667	200% Above
Non-ORx	No	49483060350	IBUPROFEN	14	\$0.28571	\$0.07143	200% Above
Non-ORx	No	49483060350	IBUPROFEN	32	\$0.12500	\$0.06250	101%-200% Above
Non-ORx	No	49483060350	IBUPROFEN	21	\$0.23810	\$0.04762	200% Above
Non-ORx	No	49483060350	IBUPROFEN	120	\$0.24167	\$0.05000	200% Above
Non-ORx	No	49483060450	IBUPROFEN	45	\$0.31111	\$0.06667	200% Above
Non-ORx	No	49483060450	IBUPROFEN	50	\$0.30000	\$0.08000	200% Above
Non-ORx	No	49483060450	IBUPROFEN	84	\$0.16667	\$0.07143	101%-200% Above
Non-ORx	No	49483060450	IBUPROFEN	1140	\$0.25263	\$0.06667	200% Above
Non-ORx	No	49483060450	IBUPROFEN	160	\$0.29375	\$0.07500	200% Above
Non-ORx	No	49483060450	IBUPROFEN	660	\$0.27273	\$0.06667	200% Above
Non-ORx	No	49483060450	IBUPROFEN	240	\$0.27500	\$0.07500	200% Above
Non-ORx	No	49483060450	IBUPROFEN	1620	\$0.24074	\$0.07778	200% Above
Non-ORx	No	49483060450	IBUPROFEN	75	\$0.30667	\$0.08000	200% Above
Non-ORx	No	49483060450	IBUPROFEN	28	\$0.28571	\$0.07143	200% Above
Non-ORx	No	49483060450	IBUPROFEN	180	\$0.28889	\$0.06667	200% Above
Non-ORx	No	49483060450	IBUPROFEN	9	\$0.33333	\$0.11111	200% Above
Non-ORx	No	49483060450	IBUPROFEN	30	\$0.26667	\$0.10000	101%-200% Above
Non-ORx	No	49483060450	IBUPROFEN	60	\$0.28333	\$0.08333	200% Above
Non-ORx	No	49483060450	IBUPROFEN	64	\$0.21875	\$0.06250	200% Above
Non-ORx	No	49483060450	IBUPROFEN	48	\$0.29167	\$0.08333	200% Above
Non-ORx	No	49483060450	IBUPROFEN	25	\$0.32000	\$0.08000	200% Above
Non-ORx	No	49483060450	IBUPROFEN	252	\$0.26191	\$0.09524	101%-200% Above
Non-ORx	No	49483060450	IBUPROFEN	540	\$0.27037	\$0.05000	200% Above
Non-ORx	No	49483060550	GABAPENTIN	630	\$0.13492	\$0.03333	200% Above
Non-ORx	No	49483060550	GABAPENTIN	240	\$0.11667	\$0.03333	200% Above
Non-ORx	No	49483060550	GABAPENTIN	180	\$0.15556	\$0.03333	200% Above
Non-ORx	No	49483060550	GABAPENTIN	21	\$0.14286	\$0.04762	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
Non-ORx	No	49483060550	GABAPENTIN	180	\$0.15556	\$0.03333	200% Above
Non-ORx	No	49483060550	GABAPENTIN	240	\$0.14167	\$0.03333	200% Above
Non-ORx	No	49483060550	GABAPENTIN	50	\$0.12000	\$0.04000	200% Above
Non-ORx	No	49483060601	GABAPENTIN	100	\$0.10000	\$0.05000	101%-200% Above
Non-ORx	No	49483060610	GABAPENTIN	30	\$0.13333	\$0.06667	101%-200% Above
Non-ORx	No	49483060650	GABAPENTIN	480	\$0.20833	\$0.05000	200% Above
Non-ORx	No	49483060650	GABAPENTIN	900	\$0.19778	\$0.05556	200% Above
Non-ORx	No	49483060650	GABAPENTIN	300	\$0.15000	\$0.05333	101%-200% Above
Non-ORx	No	49483060650	GABAPENTIN	300	\$0.16000	\$0.05000	200% Above
Non-ORx	No	49483060650	GABAPENTIN	360	\$0.19444	\$0.05000	200% Above
Non-ORx	No	49483060650	GABAPENTIN	540	\$0.14444	\$0.04444	200% Above
Non-ORx	No	49483060650	GABAPENTIN	120	\$0.20833	\$0.03333	200% Above
Non-ORx	No	49483060650	GABAPENTIN	20	\$0.25000	\$0.05000	200% Above
Non-ORx	No	49483060650	GABAPENTIN	14	\$0.21429	\$0.07143	200% Above
Non-ORx	No	49483060650	GABAPENTIN	180	\$0.16667	\$0.06667	101%-200% Above
Non-ORx	No	49483060650	GABAPENTIN	40	\$0.22500	\$0.05000	200% Above
Non-ORx	No	49483060650	GABAPENTIN	480	\$0.19583	\$0.05000	200% Above
Non-ORx	No	49483060701	GABAPENTIN	120	\$0.26667	\$0.06667	200% Above
Non-ORx	No	49483060701	GABAPENTIN	90	\$0.17778	\$0.06667	101%-200% Above
Non-ORx	No	49483060750	GABAPENTIN	120	\$0.05000	\$0.06667	(10%-25%) Below
Non-ORx	No	49483061850	NAPROXEN	60	\$0.33333	\$0.06667	200% Above
Non-ORx	No	49483061850	NAPROXEN	360	\$0.24167	\$0.08333	101%-200% Above
Non-ORx	No	49483061850	NAPROXEN	28	\$0.32143	\$0.07143	200% Above
Non-ORx	No	49483061850	NAPROXEN	10	\$0.30000	\$0.10000	200% Above
Non-ORx	No	49483061850	NAPROXEN	21	\$0.33333	\$0.09524	200% Above
Non-ORx	No	49483061850	NAPROXEN	20	\$0.30000	\$0.10000	200% Above
Non-ORx	No	49483062401	METFORMIN HYDROCHLORIDE E	360	\$0.36667	\$0.08333	200% Above
Non-ORx	No	49483062401	METFORMIN HYDROCHLORIDE E	60	\$0.36667	\$0.06667	200% Above
Non-ORx	No	49483062401	METFORMIN HYDROCHLORIDE E	30	\$0.16667	\$0.10000	51%-75% Above
Non-ORx	No	49502010202	EPINEPHRINE	20	\$120.35000	\$142.50000	(10%-25%) Below
Non-ORx	No	49702023113	TRIUMEQ	90	\$82.14444	\$108.08889	(10%-25%) Below
Non-ORx	No	49884000901	ISOSORBIDE DINITRATE	30	\$0.76667	\$0.50000	51%-75% Above
Non-ORx	No	49884002101	ISOSORBIDE DINITRATE	90	\$0.42222	\$0.33333	26%-50% Above
Non-ORx	No	49884004901	DEXMETHYLPHENIDATE HCL ER	30	\$5.30000	\$1.46667	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
Non-ORx	No	49884005601	IMIPRAMINE HCL	180	\$0.53889	\$0.14444	200% Above
Non-ORx	No	49884006601	GLYCOPYRROLATE	10	\$1.10000	\$0.30000	200% Above
Non-ORx	No	49884012201	LABETALOL HYDROCHLORIDE	180	\$0.46667	\$0.12222	200% Above
Non-ORx	No	49884012201	LABETALOL HYDROCHLORIDE	180	\$0.46667	\$0.12778	200% Above
Non-ORx	No	49884012201	LABETALOL HYDROCHLORIDE	405	\$0.46914	\$0.12346	200% Above
Non-ORx	No	49884012201	LABETALOL HYDROCHLORIDE	90	\$0.46667	\$0.12222	200% Above
Non-ORx	No	49884012201	LABETALOL HYDROCHLORIDE	300	\$0.45333	\$0.11667	200% Above
Non-ORx	No	49884012201	LABETALOL HYDROCHLORIDE	180	\$0.45556	\$0.13333	200% Above
Non-ORx	No	49884012301	LABETALOL HYDROCHLORIDE	120	\$0.51667	\$0.18333	101%-200% Above
Non-ORx	No	49884012301	LABETALOL HYDROCHLORIDE	540	\$0.53519	\$0.18333	101%-200% Above
Non-ORx	No	49884012301	LABETALOL HYDROCHLORIDE	90	\$0.24444	\$0.17778	26%-50% Above
Non-ORx	No	49884012301	LABETALOL HYDROCHLORIDE	240	\$0.47083	\$0.18333	101%-200% Above
Non-ORx	No	49884012305	LABETALOL HYDROCHLORIDE	360	\$0.25000	\$0.18056	26%-50% Above
Non-ORx	No	49884012305	LABETALOL HYDROCHLORIDE	60	\$0.25000	\$0.18333	26%-50% Above
Non-ORx	No	49884012401	LABETALOL HYDROCHLORIDE	180	\$0.66667	\$0.20000	200% Above
Non-ORx	No	49884012401	LABETALOL HYDROCHLORIDE	90	\$0.42222	\$0.23333	76%-100% Above
Non-ORx	No	49884012401	LABETALOL HYDROCHLORIDE	90	\$0.11111	\$0.20000	(26%-50%) Below
Non-ORx	No	49884012401	LABETALOL HYDROCHLORIDE	240	\$0.62500	\$0.20000	200% Above
Non-ORx	No	49884012401	LABETALOL HYDROCHLORIDE	60	\$0.61667	\$0.23333	101%-200% Above
Non-ORx	No	49884015676	VARENICLINE TARTRATE	56	\$0.60714	\$6.25000	(76%-100%) Below
Non-ORx	No	49884021701	DOXEPIN HCL	60	\$0.41667	\$0.23333	76%-100% Above
Non-ORx	No	49884023911	ITRACONAZOLE	10	\$1.90000	\$0.90000	101%-200% Above
Non-ORx	No	49884024801	DEXMETHYLPHENIDATE HCL ER	60	\$4.18333	\$1.43333	101%-200% Above
Non-ORx	No	49884025011	OLANZAPINE/FLUOXETINE	30	\$1.60000	\$6.46667	(76%-100%) Below
Non-ORx	No	49884025601	MINOXIDIL	60	\$0.08333	\$0.11667	(26%-50%) Below
Non-ORx	No	49884025601	MINOXIDIL	30	\$0.23333	\$0.10000	101%-200% Above
Non-ORx	No	49884025601	MINOXIDIL	8	\$0.25000	\$0.12500	101%-200% Above
Non-ORx	No	49884025601	MINOXIDIL	15	\$0.06667	\$0.13333	(26%-50%) Below
Non-ORx	No	49884029001	MEGESTROL ACETATE	30	\$0.66667	\$0.20000	200% Above
Non-ORx	No	49884029001	MEGESTROL ACETATE	14	\$0.42857	\$0.21429	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
Non-ORx	No	49884030602	CLONAZEPAM ODT	14	\$0.92857	\$0.71429	26%-50% Above
Non-ORx	No	49884030702	CLONAZEPAM ODT	15	\$0.93333	\$0.66667	26%-50% Above
Non-ORx	No	49884030702	CLONAZEPAM ODT	10	\$0.90000	\$0.70000	26%-50% Above
Non-ORx	No	49884030702	CLONAZEPAM ODT	90	\$0.91111	\$0.67778	26%-50% Above
Non-ORx	No	49884033601	FLUOXETINE HYDROCHLORIDE	30	\$0.66667	\$0.30000	101%-200% Above
Non-ORx	No	49884041301	URSODIOL	90	\$1.16667	\$0.93333	26%-50% Above
Non-ORx	No	49884042801	DEXMETHYLPHENIDATE HYDROC	60	\$0.43333	\$1.23333	(51%-75%) Below
Non-ORx	No	49884046565	CHOLESTYRAMINE	28	\$1.67857	\$1.25000	26%-50% Above
Non-ORx	No	49884060411	LAMOTRIGINE ER	60	\$14.28333	\$5.86667	101%-200% Above
Non-ORx	No	49884064001	METHIMAZOLE	180	\$0.31111	\$0.06667	200% Above
Non-ORx	No	49884064101	METHIMAZOLE	60	\$0.53333	\$0.11667	200% Above
Non-ORx	No	49884064101	METHIMAZOLE	60	\$0.36667	\$0.10000	200% Above
Non-ORx	No	49884068905	METOCLOPRAMIDE HYDROCHLOR	28	\$0.17857	\$0.03571	200% Above
Non-ORx	No	49884068905	METOCLOPRAMIDE HYDROCHLOR	21	\$0.14286	\$0.04762	200% Above
Non-ORx	No	49884068905	METOCLOPRAMIDE HYDROCHLOR	20	\$0.20000	\$0.05000	200% Above
Non-ORx	No	49884072401	HYDROXYUREA	90	\$0.61111	\$0.26667	101%-200% Above
Non-ORx	No	49884072401	HYDROXYUREA	240	\$0.89167	\$0.26667	200% Above
Non-ORx	No	49884072401	HYDROXYUREA	60	\$0.61667	\$0.26667	101%-200% Above
Non-ORx	No	49884072401	HYDROXYUREA	30	\$0.40000	\$0.26667	51%-75% Above
Non-ORx	No	49884072703	DOXYCYCLINE MONOHYDRATE	30	\$1.33333	\$0.23333	200% Above
Non-ORx	No	49884072703	DOXYCYCLINE MONOHYDRATE	48	\$0.39583	\$0.25000	51%-75% Above
Non-ORx	No	49884072703	DOXYCYCLINE MONOHYDRATE	60	\$1.33333	\$0.25000	200% Above
Non-ORx	No	49884072703	DOXYCYCLINE MONOHYDRATE	60	\$0.60000	\$0.25000	101%-200% Above
Non-ORx	No	49884072703	DOXYCYCLINE MONOHYDRATE	12	\$0.58333	\$0.25000	101%-200% Above
Non-ORx	No	49884072703	DOXYCYCLINE MONOHYDRATE	42	\$1.35714	\$0.21429	200% Above
Non-ORx	No	49884078811	OLMESARTAN MEDOXOMIL/AMLO	30	\$0.96667	\$1.36667	(26%-50%) Below
Non-ORx	No	49884090738	MEGESTROL ACETATE	480	\$0.29167	\$0.10000	101%-200% Above
Non-ORx	No	50102022023	AUBRA EQ	28	\$0.10714	\$0.25000	(51%-75%) Below
Non-ORx	No	50102022823	TARINA FE 1/20 EQ	28	\$0.35714	\$0.21429	51%-75% Above
Non-ORx	No	50102023023	CHATEAL EQ	28	\$0.46429	\$0.17857	101%-200% Above
Non-ORx	No	50111032703	HYDRALAZINE HYDROCHLORIDE	60	\$0.11667	\$0.03333	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
Non-ORx	No	50111032801	HYDRALAZINE HYDROCHLORIDE	90	\$0.17778	\$0.04444	200% Above
Non-ORx	No	50111032803	HYDRALAZINE HYDROCHLORIDE	180	\$0.11111	\$0.04444	101%-200% Above
Non-ORx	No	50111032803	HYDRALAZINE HYDROCHLORIDE	60	\$0.18333	\$0.05000	200% Above
Non-ORx	No	50111033301	METRONIDAZOLE	14	\$0.28571	\$0.14286	101%-200% Above
Non-ORx	No	50111033401	METRONIDAZOLE	56	\$0.50000	\$0.14286	200% Above
Non-ORx	No	50111033401	METRONIDAZOLE	63	\$0.41270	\$0.14286	101%-200% Above
Non-ORx	No	50111033401	METRONIDAZOLE	120	\$0.50000	\$0.13333	200% Above
Non-ORx	No	50111033401	METRONIDAZOLE	60	\$0.51667	\$0.15000	200% Above
Non-ORx	No	50111033401	METRONIDAZOLE	126	\$0.50000	\$0.14286	200% Above
Non-ORx	No	50111033401	METRONIDAZOLE	40	\$0.50000	\$0.15000	200% Above
Non-ORx	No	50111033401	METRONIDAZOLE	34	\$0.50000	\$0.14706	200% Above
Non-ORx	No	50111033401	METRONIDAZOLE	16	\$0.50000	\$0.25000	101%-200% Above
Non-ORx	No	50111033401	METRONIDAZOLE	12	\$0.50000	\$0.16667	200% Above
Non-ORx	No	50111033401	METRONIDAZOLE	560	\$0.49464	\$0.14286	200% Above
Non-ORx	No	50111033401	METRONIDAZOLE	40	\$0.50000	\$0.15000	200% Above
Non-ORx	No	50111033401	METRONIDAZOLE	18	\$0.50000	\$0.16667	200% Above
Non-ORx	No	50111033402	METRONIDAZOLE	30	\$0.50000	\$0.13333	200% Above
Non-ORx	No	50111033402	METRONIDAZOLE	84	\$0.29762	\$0.14286	101%-200% Above
Non-ORx	No	50111033402	METRONIDAZOLE	126	\$0.37302	\$0.14286	101%-200% Above
Non-ORx	No	50111033402	METRONIDAZOLE	11	\$0.45455	\$0.18182	101%-200% Above
Non-ORx	No	50111033402	METRONIDAZOLE	10	\$0.50000	\$0.10000	200% Above
Non-ORx	No	50111033402	METRONIDAZOLE	8	\$0.50000	\$0.25000	101%-200% Above
Non-ORx	No	50111033402	METRONIDAZOLE	350	\$0.46000	\$0.14286	200% Above
Non-ORx	No	50111033402	METRONIDAZOLE	20	\$0.10000	\$0.15000	(26%-50%) Below
Non-ORx	No	50111039701	HYDRALAZINE HYDROCHLORIDE	180	\$0.18889	\$0.08889	101%-200% Above
Non-ORx	No	50111043301	TRAZODONE HYDROCHLORIDE	270	\$0.28519	\$0.03704	200% Above
Non-ORx	No	50111045001	TRAZODONE HYDROCHLORIDE	135	\$0.50370	\$0.14074	200% Above
Non-ORx	No	50111045001	TRAZODONE HYDROCHLORIDE	180	\$0.50000	\$0.13889	200% Above
Non-ORx	No	50111045001	TRAZODONE HYDROCHLORIDE	180	\$0.56111	\$0.13333	200% Above
Non-ORx	No	50111045001	TRAZODONE HYDROCHLORIDE	390	\$0.48718	\$0.13333	200% Above
Non-ORx	No	50111045001	TRAZODONE HYDROCHLORIDE	45	\$0.51111	\$0.13333	200% Above
Non-ORx	No	50111045002	TRAZODONE HYDROCHLORIDE	47	\$0.51064	\$0.12766	200% Above
Non-ORx	No	50111056001	TRAZODONE HYDROCHLORIDE	300	\$0.29000	\$0.03333	200% Above
Non-ORx	No	50111056001	TRAZODONE HYDROCHLORIDE	1080	\$0.30370	\$0.04444	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
Non-ORx	No	50111056001	TRAZODONE HYDROCHLORIDE	540	\$0.32778	\$0.03889	200% Above
Non-ORx	No	50111056001	TRAZODONE HYDROCHLORIDE	120	\$0.35000	\$0.04167	200% Above
Non-ORx	No	50111056001	TRAZODONE HYDROCHLORIDE	15	\$0.33333	\$0.06667	200% Above
Non-ORx	No	50111056001	TRAZODONE HYDROCHLORIDE	28	\$0.32143	\$0.03571	200% Above
Non-ORx	No	50111056001	TRAZODONE HYDROCHLORIDE	45	\$0.31111	\$0.04444	200% Above
Non-ORx	No	50111056001	TRAZODONE HYDROCHLORIDE	720	\$0.28472	\$0.03333	200% Above
Non-ORx	No	50111056002	TRAZODONE HYDROCHLORIDE	120	\$0.25000	\$0.03333	200% Above
Non-ORx	No	50111056002	TRAZODONE HYDROCHLORIDE	30	\$0.26667	\$0.03333	200% Above
Non-ORx	No	50111056003	TRAZODONE HYDROCHLORIDE	360	\$0.30278	\$0.04444	200% Above
Non-ORx	No	50111056003	TRAZODONE HYDROCHLORIDE	435	\$0.21379	\$0.03908	200% Above
Non-ORx	No	50111056003	TRAZODONE HYDROCHLORIDE	270	\$0.23333	\$0.04074	200% Above
Non-ORx	No	50111056003	TRAZODONE HYDROCHLORIDE	135	\$0.33333	\$0.03704	200% Above
Non-ORx	No	50111056003	TRAZODONE HYDROCHLORIDE	62	\$0.32258	\$0.03226	200% Above
Non-ORx	No	50111056003	TRAZODONE HYDROCHLORIDE	840	\$0.26786	\$0.03333	200% Above
Non-ORx	No	50111056003	TRAZODONE HYDROCHLORIDE	31	\$0.32258	\$0.03226	200% Above
Non-ORx	No	50111056003	TRAZODONE HYDROCHLORIDE	240	\$0.14167	\$0.03333	200% Above
Non-ORx	No	50111056003	TRAZODONE HYDROCHLORIDE	37	\$0.21622	\$0.02703	200% Above
Non-ORx	No	50111056101	TRAZODONE HYDROCHLORIDE	120	\$0.52500	\$0.07500	200% Above
Non-ORx	No	50111056101	TRAZODONE HYDROCHLORIDE	225	\$0.35556	\$0.07111	200% Above
Non-ORx	No	50111056101	TRAZODONE HYDROCHLORIDE	180	\$0.35556	\$0.07222	200% Above
Non-ORx	No	50111056101	TRAZODONE HYDROCHLORIDE	990	\$0.33232	\$0.06667	200% Above
Non-ORx	No	50111056101	TRAZODONE HYDROCHLORIDE	330	\$0.38788	\$0.06667	200% Above
Non-ORx	No	50111056101	TRAZODONE HYDROCHLORIDE	15	\$0.53333	\$0.06667	200% Above
Non-ORx	No	50111056101	TRAZODONE HYDROCHLORIDE	60	\$0.26667	\$0.06667	200% Above
Non-ORx	No	50111056102	TRAZODONE HYDROCHLORIDE	60	\$0.05000	\$0.06667	(10%-25%) Below
Non-ORx	No	50111056102	TRAZODONE HYDROCHLORIDE	90	\$0.05556	\$0.06667	(10%-25%) Below
Non-ORx	No	50111056102	TRAZODONE HYDROCHLORIDE	45	\$0.31111	\$0.06667	200% Above
Non-ORx	No	50111056102	TRAZODONE HYDROCHLORIDE	90	\$0.13333	\$0.06667	101%-200% Above
Non-ORx	No	50111056103	TRAZODONE HYDROCHLORIDE	90	\$0.32222	\$0.06667	200% Above
Non-ORx	No	50111056103	TRAZODONE HYDROCHLORIDE	60	\$0.26667	\$0.06667	200% Above
Non-ORx	No	50111056103	TRAZODONE HYDROCHLORIDE	60	\$0.21667	\$0.06667	200% Above
Non-ORx	No	50111056103	TRAZODONE HYDROCHLORIDE	58	\$0.27586	\$0.06897	200% Above
Non-ORx	No	50111064701	FLUOXETINE HYDROCHLORIDE	1170	\$0.16838	\$0.03333	200% Above
Non-ORx	No	50111064701	FLUOXETINE HYDROCHLORIDE	360	\$0.17222	\$0.03333	200% Above
Non-ORx	No	50111064701	FLUOXETINE HYDROCHLORIDE	270	\$0.17407	\$0.03333	200% Above
Non-ORx	No	50111064701	FLUOXETINE HYDROCHLORIDE	30	\$0.40000	\$0.06667	200% Above
Non-ORx	No	50111064701	FLUOXETINE HYDROCHLORIDE	630	\$0.26349	\$0.03333	200% Above
Non-ORx	No	50111064701	FLUOXETINE HYDROCHLORIDE	180	\$0.19444	\$0.03333	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
Non-ORx	No	50111064801	FLUOXETINE HCL	900	\$0.17222	\$0.03333	200% Above
Non-ORx	No	50111064801	FLUOXETINE HCL	360	\$0.25556	\$0.03333	200% Above
Non-ORx	No	50111064801	FLUOXETINE HCL	270	\$0.17407	\$0.03333	200% Above
Non-ORx	No	50111064801	FLUOXETINE HCL	3420	\$0.19532	\$0.03333	200% Above
Non-ORx	No	50111064801	FLUOXETINE HCL	40	\$0.32500	\$0.02500	200% Above
Non-ORx	No	50111064801	FLUOXETINE HCL	1560	\$0.33846	\$0.03333	200% Above
Non-ORx	No	50111064801	FLUOXETINE HCL	15	\$0.33333	\$0.06667	200% Above
Non-ORx	No	50111064801	FLUOXETINE HCL	420	\$0.25476	\$0.03333	200% Above
Non-ORx	No	50111064801	FLUOXETINE HCL	45	\$0.22222	\$0.04444	200% Above
Non-ORx	No	50111064803	FLUOXETINE HCL	60	\$0.11667	\$0.03333	200% Above
Non-ORx	No	50111078710	AZITHROMYCIN	10	\$1.70000	\$0.50000	200% Above
Non-ORx	No	50111078710	AZITHROMYCIN	12	\$1.00000	\$0.50000	101%-200% Above
Non-ORx	No	50111078710	AZITHROMYCIN	4	\$1.75000	\$0.50000	200% Above
Non-ORx	No	50111078710	AZITHROMYCIN	72	\$1.38889	\$0.50000	101%-200% Above
Non-ORx	No	50111078751	AZITHROMYCIN	12	\$0.25000	\$0.50000	(26%-50%) Below
Non-ORx	No	50111078751	AZITHROMYCIN	210	\$0.94762	\$0.50000	76%-100% Above
Non-ORx	No	50111078810	AZITHROMYCIN	7	\$3.57143	\$0.85714	200% Above
Non-ORx	No	50111078810	AZITHROMYCIN	5	\$2.40000	\$0.80000	200% Above
Non-ORx	No	50111078810	AZITHROMYCIN	4	\$3.50000	\$1.00000	200% Above
Non-ORx	No	50111078810	AZITHROMYCIN	3	\$4.33333	\$1.00000	200% Above
Non-ORx	No	50111078910	AZITHROMYCIN	30	\$3.46667	\$1.06667	200% Above
Non-ORx	No	50111091501	TORSEMIDE	30	\$0.33333	\$0.06667	200% Above
Non-ORx	No	50111091701	TORSEMIDE	90	\$0.35556	\$0.07778	200% Above
Non-ORx	No	50111091701	TORSEMIDE	120	\$0.25000	\$0.08333	200% Above
Non-ORx	No	50111091701	TORSEMIDE	90	\$0.22222	\$0.06667	200% Above
Non-ORx	No	50111091703	TORSEMIDE	60	\$0.26667	\$0.06667	200% Above
Non-ORx	No	50111091801	TORSEMIDE	60	\$1.18333	\$0.25000	200% Above
Non-ORx	No	50228010505	METFORMIN HYDROCHLORIDE	60	\$0.13333	\$0.01667	200% Above
Non-ORx	No	50228010510	METFORMIN HYDROCHLORIDE	120	\$0.07500	\$0.01667	200% Above
Non-ORx	No	50228010710	METFORMIN HYDROCHLORIDE	120	\$0.01667	\$0.03333	(26%-50%) Below
Non-ORx	No	50228010901	CARISOPRODOL	30	\$0.03333	\$0.06667	(26%-50%) Below
Non-ORx	No	50228010905	CARISOPRODOL	210	\$0.04762	\$0.05714	(10%-25%) Below
Non-ORx	No	50228010905	CARISOPRODOL	120	\$0.23333	\$0.05000	200% Above
Non-ORx	No	50228010905	CARISOPRODOL	60	\$0.36667	\$0.06667	200% Above
Non-ORx	No	50228010910	CARISOPRODOL	120	\$0.23333	\$0.05000	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
Non-ORx	No	50228010910	CARISOPRODOL	30	\$0.16667	\$0.06667	101%-200% Above
Non-ORx	No	50228011410	FLUOXETINE HYDROCHLORIDE	90	\$0.02222	\$0.03333	(26%-50%) Below
Non-ORx	No	50228011410	FLUOXETINE HYDROCHLORIDE	150	\$0.13333	\$0.03333	200% Above
Non-ORx	No	50228011505	FLUOXETINE HYDROCHLORIDE	30	\$0.30000	\$0.10000	200% Above
Non-ORx	No	50228011505	FLUOXETINE HYDROCHLORIDE	30	\$0.30000	\$0.06667	200% Above
Non-ORx	No	50228012405	CLOPIDOGREL	60	\$0.36667	\$0.06667	200% Above
Non-ORx	No	50228012410	CLOPIDOGREL	30	\$0.36667	\$0.06667	200% Above
Non-ORx	No	50228013630	LEVOCETIRIZINE DIHYDROCHL	30	\$0.30000	\$0.06667	200% Above
Non-ORx	No	50228013690	LEVOCETIRIZINE DIHYDROCHL	60	\$0.35000	\$0.08333	200% Above
Non-ORx	No	50228013690	LEVOCETIRIZINE DIHYDROCHL	150	\$0.24667	\$0.06667	200% Above
Non-ORx	No	50228014601	HYDROCHLOROTHIAZIDE	30	\$0.23333	\$0.03333	200% Above
Non-ORx	No	50228014605	HYDROCHLOROTHIAZIDE	90	\$0.05556	\$0.03333	51%-75% Above
Non-ORx	No	50228014605	HYDROCHLOROTHIAZIDE	300	\$0.03667	\$0.03333	10%-25% Above
Non-ORx	No	50228014605	HYDROCHLOROTHIAZIDE	480	\$0.11250	\$0.03333	200% Above
Non-ORx	No	50228014610	HYDROCHLOROTHIAZIDE	990	\$0.23737	\$0.03333	200% Above
Non-ORx	No	50228014610	HYDROCHLOROTHIAZIDE	180	\$0.23333	\$0.03333	200% Above
Non-ORx	No	50228014610	HYDROCHLOROTHIAZIDE	270	\$0.23333	\$0.03333	200% Above
Non-ORx	No	50228015805	CELECOXIB	30	\$0.13333	\$0.16667	(10%-25%) Below
Non-ORx	No	50228017505	BUPROPION HYDROCHLORIDE E	120	\$0.28333	\$0.10000	101%-200% Above
Non-ORx	No	50228017505	BUPROPION HYDROCHLORIDE E	30	\$0.26667	\$0.10000	101%-200% Above
Non-ORx	No	50228017705	GABAPENTIN	630	\$0.27937	\$0.08889	200% Above
Non-ORx	No	50228017705	GABAPENTIN	31	\$0.32258	\$0.09677	200% Above
Non-ORx	No	50228017705	GABAPENTIN	180	\$0.21667	\$0.08333	101%-200% Above
Non-ORx	No	50228017801	GABAPENTIN	120	\$0.18333	\$0.12500	26%-50% Above
Non-ORx	No	50228017801	GABAPENTIN	30	\$0.63333	\$0.13333	200% Above
Non-ORx	No	50228017801	GABAPENTIN	60	\$0.63333	\$0.11667	200% Above
Non-ORx	No	50228017805	GABAPENTIN	120	\$0.25000	\$0.12500	101%-200% Above
Non-ORx	No	50228017905	GABAPENTIN	90	\$0.02222	\$0.03333	(26%-50%) Below
Non-ORx	No	50228017910	GABAPENTIN	270	\$0.14815	\$0.02963	200% Above
Non-ORx	No	50228017910	GABAPENTIN	90	\$0.14444	\$0.03333	200% Above
Non-ORx	No	50228018005	GABAPENTIN	180	\$0.16111	\$0.05000	200% Above
Non-ORx	No	50228018005	GABAPENTIN	60	\$0.16667	\$0.05000	200% Above
Non-ORx	No	50228018010	GABAPENTIN	270	\$0.20370	\$0.05185	200% Above
Non-ORx	No	50228018010	GABAPENTIN	540	\$0.13333	\$0.05000	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
Non-ORx	No	50228018010	GABAPENTIN	540	\$0.20370	\$0.04815	200% Above
Non-ORx	No	50228018010	GABAPENTIN	60	\$0.20000	\$0.05000	200% Above
Non-ORx	No	50228018010	GABAPENTIN	180	\$0.20556	\$0.05000	200% Above
Non-ORx	No	50228018105	GABAPENTIN	270	\$0.18148	\$0.06296	101%-200% Above
Non-ORx	No	50228035190	PREGABALIN	90	\$0.21111	\$0.08889	101%-200% Above
Non-ORx	No	50228042101	FLUOXETINE HYDROCHLORIDE	30	\$3.16667	\$0.26667	200% Above
Non-ORx	No	50228042360	RANOLAZINE ER	60	\$0.26667	\$0.33333	(10%-25%) Below
Non-ORx	No	50228043301	NAPROXEN SODIUM	60	\$0.85000	\$0.33333	101%-200% Above
Non-ORx	No	50228043605	NAPROXEN	60	\$0.13333	\$0.08333	51%-75% Above
Non-ORx	No	50228043605	NAPROXEN	180	\$0.21667	\$0.07778	101%-200% Above
Non-ORx	No	50228045205	ATORVASTATIN CALCIUM	30	\$0.26667	\$0.06667	200% Above
Non-ORx	No	50228045310	ATORVASTATIN CALCIUM	30	\$0.33333	\$0.06667	200% Above
Non-ORx	No	50228046501	NABUMETONE	120	\$0.66667	\$0.23333	101%-200% Above
Non-ORx	No	50228046501	NABUMETONE	90	\$0.27778	\$0.18889	26%-50% Above
Non-ORx	No	50228046501	NABUMETONE	60	\$0.66667	\$0.23333	101%-200% Above
Non-ORx	No	50228046501	NABUMETONE	60	\$0.23333	\$0.18333	26%-50% Above
Non-ORx	No	50228046505	NABUMETONE	60	\$0.35000	\$0.23333	51%-75% Above
Non-ORx	No	50383004224	PREDNISOLONE	50	\$0.34000	\$0.16000	101%-200% Above
Non-ORx	No	50383004224	PREDNISOLONE	75	\$0.33333	\$0.16000	101%-200% Above
Non-ORx	No	50383004224	PREDNISOLONE	15	\$0.26667	\$0.13333	101%-200% Above
Non-ORx	No	50383004224	PREDNISOLONE	14	\$0.35714	\$0.14286	101%-200% Above
Non-ORx	No	50383004224	PREDNISOLONE	40	\$0.22500	\$0.15000	51%-75% Above
Non-ORx	No	50383004224	PREDNISOLONE	35	\$0.20000	\$0.14286	26%-50% Above
Non-ORx	No	50383004224	PREDNISOLONE	30	\$0.16667	\$0.13333	26%-50% Above
Non-ORx	No	50383004248	PREDNISOLONE	45	\$0.22222	\$0.15556	26%-50% Above
Non-ORx	No	50383004248	PREDNISOLONE	65	\$0.27692	\$0.16923	51%-75% Above
Non-ORx	No	50383004248	PREDNISOLONE	44	\$0.27273	\$0.15909	51%-75% Above
Non-ORx	No	50383004248	PREDNISOLONE	15	\$0.26667	\$0.13333	101%-200% Above
Non-ORx	No	50383004248	PREDNISOLONE	13	\$0.30769	\$0.15385	101%-200% Above
Non-ORx	No	50383004248	PREDNISOLONE	12	\$0.25000	\$0.16667	51%-75% Above
Non-ORx	No	50383004248	PREDNISOLONE	20	\$0.25000	\$0.15000	51%-75% Above
Non-ORx	No	50383004248	PREDNISOLONE	90	\$0.24444	\$0.16667	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
Non-ORx	No	50383008704	GUAIATUSSIN AC	100	\$0.03000	\$0.07000	(51%-75%) Below
Non-ORx	No	50383008716	GUAIATUSSIN AC	180	\$0.02222	\$0.02778	(10%-25%) Below
Non-ORx	No	50383023310	DORZOLAMIDE HCL/TIMOLOL M	30	\$4.43333	\$1.33333	200% Above
Non-ORx	No	50383023310	DORZOLAMIDE HCL/TIMOLOL M	20	\$5.30000	\$1.30000	200% Above
Non-ORx	No	50383024116	LEVETIRACETAM	180	\$0.06111	\$0.03333	76%-100% Above
Non-ORx	No	50383026505	LOTEPREDNOL ETABONATE	10	\$36.00000	\$31.40000	10%-25% Above
Non-ORx	No	50383026715	CLOBETASOL PROPIONATE	15	\$0.46667	\$0.60000	(10%-25%) Below
Non-ORx	No	50383026745	CLOBETASOL PROPIONATE	45	\$0.11111	\$0.44444	(51%-75%) Below
Non-ORx	No	50383034135	LIDOCAINE	35	\$0.65714	\$0.22857	101%-200% Above
Non-ORx	No	50383034135	LIDOCAINE	35	\$0.22857	\$0.20000	10%-25% Above
Non-ORx	No	50383041906	CICLOPIROX NAIL LACQUER	7	\$3.42857	\$1.71429	101%-200% Above
Non-ORx	No	50383066730	LIDOCAINE/PRILOCAINE	150	\$0.34000	\$0.27333	10%-25% Above
Non-ORx	No	50383066730	LIDOCAINE/PRILOCAINE	60	\$0.78333	\$0.26667	101%-200% Above
Non-ORx	No	50383066730	LIDOCAINE/PRILOCAINE	150	\$1.05333	\$0.40000	101%-200% Above
Non-ORx	No	50383070016	FLUTICASONE PROPIONATE	32	\$0.78125	\$0.28125	101%-200% Above
Non-ORx	No	50383070016	FLUTICASONE PROPIONATE	48	\$0.97917	\$0.29167	200% Above
Non-ORx	No	50383070016	FLUTICASONE PROPIONATE	32	\$1.00000	\$0.31250	200% Above
Non-ORx	No	50383070016	FLUTICASONE PROPIONATE	256	\$0.75391	\$0.25000	200% Above
Non-ORx	No	50383077504	LIDOCAINE VISCOUS	300	\$0.09333	\$0.06333	26%-50% Above
Non-ORx	No	50383077504	LIDOCAINE VISCOUS	400	\$0.09250	\$0.06250	26%-50% Above
Non-ORx	No	50383077504	LIDOCAINE VISCOUS	120	\$0.09167	\$0.06667	26%-50% Above
Non-ORx	No	50383079516	LACTULOSE	946	\$0.03171	\$0.01480	101%-200% Above
Non-ORx	No	50383080416	PROMETHAZINE/CODEINE	240	\$0.04167	\$0.05000	(10%-25%) Below
Non-ORx	No	50383090110	HYDROCORTISONE/ACETIC ACI	10	\$8.10000	\$6.60000	10%-25% Above
Non-ORx	No	50383090110	HYDROCORTISONE/ACETIC ACI	30	\$11.83333	\$5.90000	101%-200% Above
Non-ORx	No	50383093093	BUPRENORPHINE HCL	60	\$1.85000	\$0.76667	101%-200% Above
Non-ORx	No	50383093093	BUPRENORPHINE HCL	56	\$0.60714	\$0.76786	(10%-25%) Below
Non-ORx	No	50383094230	AZELASTINE HYDROCHLORIDE	30	\$0.33333	\$0.60000	(26%-50%) Below
Non-ORx	No	50458057930	XARELTO	540	\$14.45741	\$16.54444	(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
Non-ORx	No	50458058030	XARELTO	20	\$11.35000	\$16.55000	(26%-50%) Below
Non-ORx	No	50458058701	CONCERTA	120	\$12.11667	\$13.95000	(10%-25%) Below
Non-ORx	No	50458059601	RISPERIDONE	90	\$1.32222	\$0.35556	200% Above
Non-ORx	No	50742011301	DESIPRAMINE HYDROCHLORIDE	30	\$0.13333	\$0.40000	(51%-75%) Below
Non-ORx	No	50742011808	CABERGOLINE	8	\$14.62500	\$2.50000	200% Above
Non-ORx	No	50742011808	CABERGOLINE	4	\$10.50000	\$2.50000	200% Above
Non-ORx	No	50742017501	ISOSORBIDE MONONITRATE ER	60	\$0.28333	\$0.10000	101%-200% Above
Non-ORx	No	50742017505	ISOSORBIDE MONONITRATE ER	150	\$0.18000	\$0.10000	76%-100% Above
Non-ORx	No	50742024990	DILTIAZEM HYDROCHLORIDE E	90	\$0.86667	\$0.22222	200% Above
Non-ORx	No	50742025190	DILTIAZEM HYDROCHLORIDE E	180	\$0.81111	\$0.35556	101%-200% Above
Non-ORx	No	50742025190	DILTIAZEM HYDROCHLORIDE E	30	\$1.13333	\$0.36667	200% Above
Non-ORx	No	50742026001	NIFEDIPINE ER	90	\$0.81111	\$0.18889	200% Above
Non-ORx	No	50742026001	NIFEDIPINE ER	90	\$0.81111	\$0.17778	200% Above
Non-ORx	No	50742026001	NIFEDIPINE ER	30	\$0.93333	\$0.20000	200% Above
Non-ORx	No	50742026003	NIFEDIPINE ER	30	\$0.16667	\$0.20000	(10%-25%) Below
Non-ORx	No	50742026003	NIFEDIPINE ER	60	\$0.36667	\$0.16667	101%-200% Above
Non-ORx	No	50742026101	NIFEDIPINE ER	90	\$0.71111	\$0.24444	101%-200% Above
Non-ORx	No	50742026101	NIFEDIPINE ER	60	\$0.20000	\$0.25000	(10%-25%) Below
Non-ORx	No	50742026101	NIFEDIPINE ER	150	\$0.88667	\$0.23333	200% Above
Non-ORx	No	50742026103	NIFEDIPINE ER	30	\$0.40000	\$0.23333	51%-75% Above
Non-ORx	No	50742026201	NIFEDIPINE ER	90	\$1.04444	\$0.41111	101%-200% Above
Non-ORx	No	50742026201	NIFEDIPINE ER	30	\$1.80000	\$0.40000	200% Above
Non-ORx	No	50742026301	PROBENECID/COLCHICINE	30	\$0.93333	\$1.13333	(10%-25%) Below
Non-ORx	No	50742026301	PROBENECID/COLCHICINE	24	\$1.00000	\$1.12500	(10%-25%) Below
Non-ORx	No	50742050504	SCOPOLAMINE	12	\$14.25000	\$12.00000	10%-25% Above
Non-ORx	No	50742050504	SCOPOLAMINE	10	\$14.20000	\$12.00000	10%-25% Above
Non-ORx	No	50742050504	SCOPOLAMINE	6	\$8.66667	\$12.00000	(26%-50%) Below
Non-ORx	No	50742050510	SCOPOLAMINE	1	\$16.00000	\$11.00000	26%-50% Above
Non-ORx	No	50742050524	SCOPOLAMINE	10	\$16.10000	\$12.00000	26%-50% Above
Non-ORx	No	50742061510	METOPROLOL SUCCINATE ER	3150	\$0.32349	\$0.08889	200% Above
Non-ORx	No	50742061510	METOPROLOL SUCCINATE ER	135	\$0.35556	\$0.08889	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
Non-ORx	No	50742061510	METOPROLOL SUCCINATE ER	120	\$0.35833	\$0.09167	200% Above
Non-ORx	No	50742061510	METOPROLOL SUCCINATE ER	900	\$0.25000	\$0.10000	101%-200% Above
Non-ORx	No	50742061510	METOPROLOL SUCCINATE ER	180	\$0.27222	\$0.08333	200% Above
Non-ORx	No	50742061510	METOPROLOL SUCCINATE ER	45	\$0.22222	\$0.08889	101%-200% Above
Non-ORx	No	50742061610	METOPROLOL SUCCINATE ER	360	\$0.33333	\$0.11111	200% Above
Non-ORx	No	50742061610	METOPROLOL SUCCINATE ER	1170	\$0.30086	\$0.10000	200% Above
Non-ORx	No	50742061610	METOPROLOL SUCCINATE ER	210	\$0.32857	\$0.10952	200% Above
Non-ORx	No	50742061610	METOPROLOL SUCCINATE ER	360	\$0.33333	\$0.10000	200% Above
Non-ORx	No	50742061610	METOPROLOL SUCCINATE ER	135	\$0.33333	\$0.10370	200% Above
Non-ORx	No	50742061610	METOPROLOL SUCCINATE ER	480	\$0.24375	\$0.10000	101%-200% Above
Non-ORx	No	50742061610	METOPROLOL SUCCINATE ER	135	\$0.26667	\$0.11111	101%-200% Above
Non-ORx	No	50742061610	METOPROLOL SUCCINATE ER	60	\$0.23333	\$0.10000	101%-200% Above
Non-ORx	No	50742061701	METOPROLOL SUCCINATE ER	135	\$0.39259	\$0.13333	101%-200% Above
Non-ORx	No	50742061710	METOPROLOL SUCCINATE ER	270	\$0.46667	\$0.13333	200% Above
Non-ORx	No	50742061710	METOPROLOL SUCCINATE ER	180	\$0.38333	\$0.16667	101%-200% Above
Non-ORx	No	50742061710	METOPROLOL SUCCINATE ER	135	\$0.57778	\$0.13333	200% Above
Non-ORx	No	50742061710	METOPROLOL SUCCINATE ER	225	\$0.36444	\$0.15111	101%-200% Above
Non-ORx	No	50742061710	METOPROLOL SUCCINATE ER	45	\$0.60000	\$0.13333	200% Above
Non-ORx	No	50742061710	METOPROLOL SUCCINATE ER	300	\$0.52667	\$0.13333	200% Above
Non-ORx	No	50742061710	METOPROLOL SUCCINATE ER	120	\$0.60000	\$0.16667	200% Above
Non-ORx	No	50742061801	METOPROLOL SUCCINATE ER	90	\$0.72222	\$0.27778	101%-200% Above
Non-ORx	No	50742061801	METOPROLOL SUCCINATE ER	90	\$0.72222	\$0.25556	101%-200% Above
Non-ORx	No	50742061801	METOPROLOL SUCCINATE ER	60	\$0.90000	\$0.25000	200% Above
Non-ORx	No	50742061801	METOPROLOL SUCCINATE ER	60	\$0.90000	\$0.26667	200% Above
Non-ORx	No	50742062001	NIFEDIPINE ER	90	\$0.83333	\$0.20000	200% Above
Non-ORx	No	50742062001	NIFEDIPINE ER	180	\$0.33333	\$0.19444	51%-75% Above
Non-ORx	No	50742062001	NIFEDIPINE ER	45	\$0.82222	\$0.20000	200% Above
Non-ORx	No	50742062001	NIFEDIPINE ER	90	\$0.33333	\$0.20000	51%-75% Above
Non-ORx	No	50742062101	NIFEDIPINE ER	60	\$0.41667	\$0.26667	51%-75% Above
Non-ORx	No	50742062101	NIFEDIPINE ER	90	\$0.62222	\$0.23333	101%-200% Above
Non-ORx	No	50742062101	NIFEDIPINE ER	90	\$0.52222	\$0.26667	76%-100% Above
Non-ORx	No	50742062201	NIFEDIPINE ER	90	\$1.86667	\$0.33333	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
Non-ORx	No	50742062201	NIFEDIPINE ER	30	\$1.23333	\$0.40000	200% Above
Non-ORx	No	50742062201	NIFEDIPINE ER	90	\$1.48889	\$0.33333	200% Above
Non-ORx	No	50742064601	TRIAZOLAM	60	\$0.40000	\$1.20000	(51%-75%) Below
Non-ORx	No	50742064601	TRIAZOLAM	1	\$2.00000	\$1.00000	101%-200% Above
Non-ORx	No	50742064601	TRIAZOLAM	2	\$1.50000	\$1.00000	51%-75% Above
Non-ORx	No	50742065601	CARISOPRODOL	180	\$0.37778	\$0.05556	200% Above
Non-ORx	No	50742065601	CARISOPRODOL	15	\$0.40000	\$0.06667	200% Above
Non-ORx	No	50742065601	CARISOPRODOL	42	\$0.38095	\$0.04762	200% Above
Non-ORx	No	50742065728	ESTRADIOL/NORETHINDRONE A	112	\$2.29464	\$1.17857	76%-100% Above
Non-ORx	No	50742065828	ESTRADIOL/NORETHINDRONE A	28	\$2.46429	\$1.39286	76%-100% Above
Non-ORx	No	51079002420	METOLAZONE	30	\$1.43333	\$0.83333	51%-75% Above
Non-ORx	No	51224000160	BENZONATATE	60	\$0.11667	\$0.13333	(10%-25%) Below
Non-ORx	No	51224000160	BENZONATATE	150	\$0.40000	\$0.13333	200% Above
Non-ORx	No	51224000160	BENZONATATE	15	\$0.40000	\$0.13333	200% Above
Non-ORx	No	51224000160	BENZONATATE	20	\$0.50000	\$0.15000	200% Above
Non-ORx	No	51224000760	METFORMIN HYDROCHLORIDE E	180	\$0.12778	\$0.03333	200% Above
Non-ORx	No	51224000760	METFORMIN HYDROCHLORIDE E	150	\$0.12667	\$0.03333	200% Above
Non-ORx	No	51224000760	METFORMIN HYDROCHLORIDE E	360	\$0.05833	\$0.03333	76%-100% Above
Non-ORx	No	51224000760	METFORMIN HYDROCHLORIDE E	240	\$0.10417	\$0.03333	200% Above
Non-ORx	No	51224000760	METFORMIN HYDROCHLORIDE E	30	\$0.13333	\$0.03333	200% Above
Non-ORx	No	51224000760	METFORMIN HYDROCHLORIDE E	270	\$0.15926	\$0.03333	200% Above
Non-ORx	No	51224001050	BENZONATATE	30	\$0.46667	\$0.10000	200% Above
Non-ORx	No	51224001050	BENZONATATE	20	\$0.45000	\$0.10000	200% Above
Non-ORx	No	51224001060	BENZONATATE	60	\$0.36667	\$0.10000	200% Above
Non-ORx	No	51224001060	BENZONATATE	50	\$0.32000	\$0.08000	200% Above
Non-ORx	No	51224001060	BENZONATATE	21	\$0.38095	\$0.09524	200% Above
Non-ORx	No	51224001060	BENZONATATE	40	\$0.30000	\$0.10000	200% Above
Non-ORx	No	51224002060	METFORMIN HYDROCHLORIDE	30	\$0.10000	\$0.03333	200% Above
Non-ORx	No	51224002160	GABAPENTIN	90	\$0.31111	\$0.08889	200% Above
Non-ORx	No	51224002206	AZITHROMYCIN	42	\$1.54762	\$0.50000	200% Above
Non-ORx	No	51224002218	AZITHROMYCIN	84	\$1.09524	\$0.50000	101%-200% Above
Non-ORx	No	51224002250	AZITHROMYCIN	10	\$1.10000	\$0.50000	101%-200% Above
Non-ORx	No	51224010750	METFORMIN HYDROCHLORIDE E	90	\$0.34444	\$0.08889	200% Above
Non-ORx	No	51224010750	METFORMIN HYDROCHLORIDE E	10	\$0.20000	\$0.10000	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
Non-ORx	No	51224010750	METFORMIN HYDROCHLORIDE E	90	\$0.14444	\$0.10000	26%-50% Above
Non-ORx	No	51224010750	METFORMIN HYDROCHLORIDE E	60	\$0.20000	\$0.08333	101%-200% Above
Non-ORx	No	51224011950	GABAPENTIN	300	\$0.13667	\$0.05333	101%-200% Above
Non-ORx	No	51224012160	GABAPENTIN	112	\$0.09821	\$0.12500	(10%-25%) Below
Non-ORx	No	51224012209	AZITHROMYCIN	5	\$3.60000	\$0.80000	200% Above
Non-ORx	No	51224012230	AZITHROMYCIN	8	\$2.62500	\$0.87500	200% Above
Non-ORx	No	51224012230	AZITHROMYCIN	6	\$1.83333	\$1.00000	76%-100% Above
Non-ORx	No	51224012250	AZITHROMYCIN	7	\$4.14286	\$0.85714	200% Above
Non-ORx	No	51224012250	AZITHROMYCIN	5	\$4.20000	\$0.80000	200% Above
Non-ORx	No	51224012250	AZITHROMYCIN	6	\$4.00000	\$1.00000	200% Above
Non-ORx	No	51224012250	AZITHROMYCIN	4	\$4.00000	\$1.00000	200% Above
Non-ORx	No	51224012250	AZITHROMYCIN	6	\$4.00000	\$1.00000	200% Above
Non-ORx	No	51224022070	METFORMIN HYDROCHLORIDE	120	\$0.15000	\$0.03333	200% Above
Non-ORx	No	51293061101	PHENAZOPYRIDINE HYDROCHLO	9	\$1.88889	\$0.33333	200% Above
Non-ORx	No	51293061201	PHENAZOPYRIDINE HCL	15	\$1.66667	\$0.53333	200% Above
Non-ORx	No	51293061201	PHENAZOPYRIDINE HCL	30	\$2.36667	\$0.46667	200% Above
Non-ORx	No	51293061201	PHENAZOPYRIDINE HCL	15	\$2.40000	\$0.46667	200% Above
Non-ORx	No	51293061201	PHENAZOPYRIDINE HCL	14	\$2.35714	\$0.50000	200% Above
Non-ORx	No	51293061201	PHENAZOPYRIDINE HCL	18	\$2.33333	\$0.44444	200% Above
Non-ORx	No	51293064701	BETHANECHOL CHLORIDE	270	\$0.22963	\$0.25926	(10%-25%) Below
Non-ORx	No	51293081001	PHENAZOPYRIDINE HYDROCHLO	15	\$1.86667	\$0.33333	200% Above
Non-ORx	No	51293081101	PHENAZOPYRIDINE HCL	20	\$1.40000	\$0.50000	101%-200% Above
Non-ORx	No	51293081101	PHENAZOPYRIDINE HCL	10	\$1.40000	\$0.50000	101%-200% Above
Non-ORx	No	51293082001	METHIMAZOLE	8	\$0.25000	\$0.12500	101%-200% Above
Non-ORx	No	51293082101	METHIMAZOLE	60	\$0.53333	\$0.11667	200% Above
Non-ORx	No	51293082101	METHIMAZOLE	30	\$0.46667	\$0.10000	200% Above
Non-ORx	No	51525011201	HYOSCYAMINE SULFATE	30	\$0.23333	\$0.13333	76%-100% Above
Non-ORx	No	51672125801	CLOBETASOL PROPIONATE	45	\$0.73333	\$0.60000	10%-25% Above
Non-ORx	No	51672125901	CLOBETASOL PROPIONATE	150	\$0.62667	\$0.40000	51%-75% Above
Non-ORx	No	51672125902	CLOBETASOL PROPIONATE	60	\$0.16667	\$0.38333	(51%-75%) Below
Non-ORx	No	51672125902	CLOBETASOL PROPIONATE	60	\$0.18333	\$0.40000	(51%-75%) Below
Non-ORx	No	51672126301	NYSTATIN/TRIAMCINOLONE	15	\$1.20000	\$0.66667	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
Non-ORx	No	51672126401	FLUOCINONIDE	30	\$1.10000	\$0.43333	101%-200% Above
Non-ORx	No	51672126705	TRIAMCINOLONE ACETONIDE D	10	\$11.30000	\$5.50000	101%-200% Above
Non-ORx	No	51672126705	TRIAMCINOLONE ACETONIDE D	10	\$11.20000	\$5.60000	101%-200% Above
Non-ORx	No	51672126901	BETAMETHASONE VALERATE	30	\$0.60000	\$0.70000	(10%-25%) Below
Non-ORx	No	51672126901	BETAMETHASONE VALERATE	15	\$0.86667	\$0.66667	26%-50% Above
Non-ORx	No	51672127001	DESOXIMETASONE	15	\$0.86667	\$1.06667	(10%-25%) Below
Non-ORx	No	51672127406	BETAMETHASONE DIPROPIONAT	90	\$0.86667	\$0.68889	26%-50% Above
Non-ORx	No	51672128001	DESONIDE	15	\$1.13333	\$0.93333	10%-25% Above
Non-ORx	No	51672128003	DESONIDE	60	\$2.50000	\$0.65000	200% Above
Non-ORx	No	51672128101	DESONIDE	45	\$1.73333	\$1.13333	51%-75% Above
Non-ORx	No	51672128101	DESONIDE	15	\$1.86667	\$0.86667	101%-200% Above
Non-ORx	No	51672128202	TRIAMCINOLONE ACETONIDE	120	\$0.06667	\$0.13333	(26%-50%) Below
Non-ORx	No	51672128202	TRIAMCINOLONE ACETONIDE	360	\$0.08889	\$0.13333	(26%-50%) Below
Non-ORx	No	51672128401	TRIAMCINOLONE ACETONIDE	30	\$0.23333	\$0.16667	26%-50% Above
Non-ORx	No	51672128401	TRIAMCINOLONE ACETONIDE	30	\$0.16667	\$0.13333	26%-50% Above
Non-ORx	No	51672128402	TRIAMCINOLONE ACETONIDE	60	\$0.15000	\$0.16667	(10%-25%) Below
Non-ORx	No	51672128402	TRIAMCINOLONE ACETONIDE	90	\$0.07778	\$0.16667	(51%-75%) Below
Non-ORx	No	51672128901	NYSTATIN	15	\$0.66667	\$0.26667	101%-200% Above
Non-ORx	No	51672128902	NYSTATIN	90	\$0.60000	\$0.16667	200% Above
Non-ORx	No	51672129302	CLOBETASOL PROPIONATE	50	\$1.66000	\$0.46000	200% Above
Non-ORx	No	51672129302	CLOBETASOL PROPIONATE	75	\$1.80000	\$0.44000	200% Above
Non-ORx	No	51672129401	CLOBETASOL PROPIONATE	30	\$1.76667	\$0.46667	200% Above
Non-ORx	No	51672129802	KETOCONAZOLE	90	\$0.73333	\$0.46667	51%-75% Above
Non-ORx	No	51672129802	KETOCONAZOLE	150	\$0.71333	\$0.46667	51%-75% Above
Non-ORx	No	51672130200	TERCONAZOLE	160	\$1.45000	\$1.30000	10%-25% Above
Non-ORx	No	51672130301	ECONAZOLE NITRATE	15	\$0.86667	\$0.40000	101%-200% Above
Non-ORx	No	51672130301	ECONAZOLE NITRATE	30	\$0.53333	\$0.33333	51%-75% Above
Non-ORx	No	51672130603	ALCLOMETASONE DIPROPIONAT	120	\$1.05000	\$0.75000	26%-50% Above
Non-ORx	No	51672130606	ALCLOMETASONE DIPROPIONAT	45	\$0.48889	\$0.86667	(26%-50%) Below
Non-ORx	No	51672130803	CLOTRIMAZOLE/BETAMETHASONE	90	\$3.28889	\$2.53333	26%-50% Above
Non-ORx	No	51672131001	AUGMENTED BETAMETHASONE D	45	\$0.71111	\$0.24444	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
Non-ORx	No	51672131003	AUGMENTED BETAMETHASONE D	100	\$0.52000	\$0.15000	200% Above
Non-ORx	No	51672131003	AUGMENTED BETAMETHASONE D	150	\$0.43333	\$0.16000	101%-200% Above
Non-ORx	No	51672131200	MUPIROCIN	66	\$0.25758	\$0.18182	26%-50% Above
Non-ORx	No	51672131200	MUPIROCIN	440	\$0.68864	\$0.18182	200% Above
Non-ORx	No	51672131201	MUPIROCIN	30	\$0.16667	\$0.26667	(26%-50%) Below
Non-ORx	No	51672131201	MUPIROCIN	30	\$0.53333	\$0.26667	101%-200% Above
Non-ORx	No	51672131801	CICLOPIROX OLAMINE	30	\$0.50000	\$0.23333	101%-200% Above
Non-ORx	No	51672131801	CICLOPIROX OLAMINE	15	\$0.53333	\$0.20000	101%-200% Above
Non-ORx	No	51672135608	FLUOCINOLONE ACETONIDE BO	118	\$0.96610	\$0.22881	200% Above
Non-ORx	No	51672135608	FLUOCINOLONE ACETONIDE BO	118	\$0.16949	\$0.26271	(26%-50%) Below
Non-ORx	No	51672135708	FLUOCINOLONE ACETONIDE SC	355	\$0.98592	\$0.27606	200% Above
Non-ORx	No	51672135708	FLUOCINOLONE ACETONIDE SC	118	\$0.99153	\$0.27966	200% Above
Non-ORx	No	51672136606	CLINDAMYCIN PHOSPHATE/BEN	45	\$2.08889	\$0.80000	101%-200% Above
Non-ORx	No	51672136606	CLINDAMYCIN PHOSPHATE/BEN	90	\$2.03333	\$0.75556	101%-200% Above
Non-ORx	No	51672137001	MUPIROCIN	60	\$1.08333	\$7.66667	(76%-100%) Below
Non-ORx	No	51672138903	AZELAIC ACID	250	\$2.50000	\$1.28000	76%-100% Above
Non-ORx	No	51672138903	AZELAIC ACID	150	\$3.87333	\$1.26000	200% Above
Non-ORx	No	51672139400	TRETINOIN	40	\$2.87500	\$2.30000	26%-50% Above
Non-ORx	No	51672139500	TRETINOIN	40	\$4.42500	\$2.70000	51%-75% Above
Non-ORx	No	51672140004	CLINDAMYCIN PHOSPHATE	300	\$1.33333	\$0.83333	51%-75% Above
Non-ORx	No	51672140004	CLINDAMYCIN PHOSPHATE	420	\$1.15952	\$0.71667	51%-75% Above
Non-ORx	No	51672300302	HYDROCORTISONE	224	\$0.25000	\$0.10714	101%-200% Above
Non-ORx	No	51672300302	HYDROCORTISONE	28	\$0.25000	\$0.07143	200% Above
Non-ORx	No	51672400101	NORTRIPTYLINE HYDROCHLORI	90	\$0.28889	\$0.06667	200% Above
Non-ORx	No	51672400101	NORTRIPTYLINE HYDROCHLORI	120	\$0.28333	\$0.06667	200% Above
Non-ORx	No	51672400101	NORTRIPTYLINE HYDROCHLORI	60	\$0.30000	\$0.06667	200% Above
Non-ORx	No	51672400101	NORTRIPTYLINE HYDROCHLORI	60	\$0.18333	\$0.06667	101%-200% Above
Non-ORx	No	51672400102	NORTRIPTYLINE HYDROCHLORI	60	\$0.08333	\$0.06667	26%-50% Above
Non-ORx	No	51672400102	NORTRIPTYLINE HYDROCHLORI	270	\$0.08889	\$0.07037	26%-50% Above
Non-ORx	No	51672400102	NORTRIPTYLINE HYDROCHLORI	30	\$0.10000	\$0.06667	51%-75% Above
Non-ORx	No	51672400105	NORTRIPTYLINE HYDROCHLORI	30	\$0.10000	\$0.06667	51%-75% Above
Non-ORx	No	51672400201	NORTRIPTYLINE HCL	180	\$0.41667	\$0.10000	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
Non-ORx	No	51672400205	NORTRIPTYLINE HCL	30	\$0.13333	\$0.10000	26%-50% Above
Non-ORx	No	51672400301	NORTRIPTYLINE HYDROCHLORI	60	\$0.33333	\$0.13333	101%-200% Above
Non-ORx	No	51672400305	NORTRIPTYLINE HYDROCHLORI	30	\$0.16667	\$0.13333	26%-50% Above
Non-ORx	No	51672400405	NORTRIPTYLINE HCL	30	\$0.20000	\$0.16667	10%-25% Above
Non-ORx	No	51672400501	CARBAMAZEPINE	270	\$0.73333	\$0.20370	200% Above
Non-ORx	No	51672400501	CARBAMAZEPINE	60	\$0.60000	\$0.21667	101%-200% Above
Non-ORx	No	51672401801	ETODOLAC	30	\$1.03333	\$0.30000	200% Above
Non-ORx	No	51672401801	ETODOLAC	20	\$0.90000	\$0.35000	101%-200% Above
Non-ORx	No	51672402301	ACETAZOLAMIDE	60	\$0.73333	\$0.28333	101%-200% Above
Non-ORx	No	51672402504	AMIODARONE HYDROCHLORIDE	240	\$0.36667	\$0.13333	101%-200% Above
Non-ORx	No	51672402701	WARFARIN SODIUM	30	\$0.00000	\$0.10000	(76%-100%) Below
Non-ORx	No	51672402901	WARFARIN SODIUM	60	\$0.28333	\$0.10000	101%-200% Above
Non-ORx	No	51672403101	WARFARIN SODIUM	60	\$0.28333	\$0.10000	101%-200% Above
Non-ORx	No	51672403201	WARFARIN SODIUM	34	\$0.26471	\$0.11765	101%-200% Above
Non-ORx	No	51672403201	WARFARIN SODIUM	90	\$0.44444	\$0.10000	200% Above
Non-ORx	No	51672403203	WARFARIN SODIUM	90	\$0.38889	\$0.11111	200% Above
Non-ORx	No	51672403203	WARFARIN SODIUM	60	\$0.40000	\$0.10000	200% Above
Non-ORx	No	51672403401	WARFARIN SODIUM	30	\$0.33333	\$0.13333	101%-200% Above
Non-ORx	No	51672403501	WARFARIN SODIUM	90	\$0.63333	\$0.11111	200% Above
Non-ORx	No	51672403501	WARFARIN SODIUM	60	\$0.63333	\$0.11667	200% Above
Non-ORx	No	51672403601	ETODOLAC	60	\$1.05000	\$0.35000	200% Above
Non-ORx	No	51672403701	ENALAPRIL MALEATE	30	\$0.23333	\$0.13333	76%-100% Above
Non-ORx	No	51672403803	ENALAPRIL MALEATE	30	\$0.40000	\$0.13333	200% Above
Non-ORx	No	51672403903	ENALAPRIL MALEATE	90	\$0.46667	\$0.11111	200% Above
Non-ORx	No	51672403903	ENALAPRIL MALEATE	30	\$0.20000	\$0.10000	101%-200% Above
Non-ORx	No	51672404001	ENALAPRIL MALEATE	30	\$0.36667	\$0.13333	101%-200% Above
Non-ORx	No	51672404101	CARBAMAZEPINE	120	\$0.39167	\$0.31667	10%-25% Above
Non-ORx	No	51672404201	CLORAZEPATE DIPOTASSIUM	72	\$3.02778	\$0.91667	200% Above
Non-ORx	No	51672404601	ENALAPRIL MALEATE/HYDROCH	90	\$0.53333	\$0.16667	200% Above
Non-ORx	No	51672404601	ENALAPRIL MALEATE/HYDROCH	60	\$0.43333	\$0.16667	101%-200% Above
Non-ORx	No	51672404801	CLOTRIMAZOLE/BETAMETHASO N	120	\$0.56667	\$0.30000	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
Non-ORx	No	51672404801	CLOTRIMAZOLE/BETAMETHASO N	120	\$0.40833	\$0.30000	26%-50% Above
Non-ORx	No	51672404801	CLOTRIMAZOLE/BETAMETHASO N	225	\$0.72000	\$0.26667	101%-200% Above
Non-ORx	No	51672404806	CLOTRIMAZOLE/BETAMETHASO N	90	\$0.23333	\$0.18889	10%-25% Above
Non-ORx	No	51672407008	CETIRIZINE HYDROCHLORIDE	150	\$0.03333	\$0.02000	51%-75% Above
Non-ORx	No	51672407401	HYDROCORTISONE BUTYRATE	60	\$2.93333	\$2.65000	10%-25% Above
Non-ORx	No	51672408103	CLINDAMYCIN PHOSPHATE	210	\$0.51905	\$0.26667	76%-100% Above
Non-ORx	No	51672411101	PHENYTOIN SODIUM EXTENDED	120	\$0.25833	\$0.16667	51%-75% Above
Non-ORx	No	51672411101	PHENYTOIN SODIUM EXTENDED	90	\$0.25556	\$0.15556	51%-75% Above
Non-ORx	No	51672411606	METRONIDAZOLE	90	\$1.72222	\$0.60000	101%-200% Above
Non-ORx	No	51672411806	FLUOROURACIL	40	\$4.02500	\$1.35000	101%-200% Above
Non-ORx	No	51672411806	FLUOROURACIL	160	\$2.82500	\$1.30000	101%-200% Above
Non-ORx	No	51672412301	CARBAMAZEPINE ER	30	\$0.80000	\$0.56667	26%-50% Above
Non-ORx	No	51672413101	LAMOTRIGINE	90	\$0.21111	\$0.05556	200% Above
Non-ORx	No	51672413101	LAMOTRIGINE	30	\$0.16667	\$0.06667	101%-200% Above
Non-ORx	No	51672413204	LAMOTRIGINE	90	\$0.05556	\$0.08889	(26%-50%) Below
Non-ORx	No	51672413204	LAMOTRIGINE	120	\$0.13333	\$0.08333	51%-75% Above
Non-ORx	No	51672413304	LAMOTRIGINE	30	\$0.33333	\$0.10000	200% Above
Non-ORx	No	51672414506	IMIQUIMOD	24	\$1.66667	\$0.91667	76%-100% Above
Non-ORx	No	51672414506	IMIQUIMOD	12	\$1.66667	\$0.91667	76%-100% Above
Non-ORx	No	51672421701	DOXEPIN HYDROCHLORIDE	60	\$0.43333	\$0.21667	101%-200% Above
Non-ORx	No	51672421801	DOXEPIN HYDROCHLORIDE	30	\$0.50000	\$0.30000	51%-75% Above
Non-ORx	No	51672421901	DOXEPIN HYDROCHLORIDE	60	\$0.81667	\$0.35000	101%-200% Above
Non-ORx	No	51672422101	DOXEPIN HYDROCHLORIDE	30	\$1.36667	\$0.56667	101%-200% Above
Non-ORx	No	51862000706	MICROGESTIN 1/20	21	\$0.52381	\$0.28571	76%-100% Above
Non-ORx	No	51862001206	MICROGESTIN FE 1/20	84	\$0.71429	\$0.22619	200% Above
Non-ORx	No	51862001206	MICROGESTIN FE 1/20	28	\$0.25000	\$0.21429	10%-25% Above
Non-ORx	No	51862009706	LEVORA 0.15/30-28	84	\$0.35714	\$0.17857	101%-200% Above
Non-ORx	No	51862024160	AMIODARONE HYDROCHLORIDE	45	\$0.51111	\$0.13333	200% Above
Non-ORx	No	51862029206	MICROGESTIN FE 1.5/30	84	\$0.26191	\$0.32143	(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
Non-ORx	No	51862032001	LIOTHYRONINE SODIUM	120	\$1.05833	\$0.38333	101%-200% Above
Non-ORx	No	51862032001	LIOTHYRONINE SODIUM	360	\$0.53333	\$0.40000	26%-50% Above
Non-ORx	No	51862032001	LIOTHYRONINE SODIUM	360	\$0.72500	\$0.40278	76%-100% Above
Non-ORx	No	51862032001	LIOTHYRONINE SODIUM	90	\$0.72222	\$0.36667	76%-100% Above
Non-ORx	No	51862032001	LIOTHYRONINE SODIUM	30	\$1.06667	\$0.40000	101%-200% Above
Non-ORx	No	51862032001	LIOTHYRONINE SODIUM	60	\$0.16667	\$0.36667	(51%-75%) Below
Non-ORx	No	51862033201	ESTRADIOL	30	\$0.03333	\$0.10000	(51%-75%) Below
Non-ORx	No	51862033301	ESTRADIOL	45	\$0.11111	\$0.08889	26%-50% Above
Non-ORx	No	51862033305	ESTRADIOL	30	\$0.36667	\$0.10000	200% Above
Non-ORx	No	51862033401	ESTRADIOL	120	\$0.30000	\$0.13333	101%-200% Above
Non-ORx	No	51862033405	ESTRADIOL	60	\$0.06667	\$0.13333	(26%-50%) Below
Non-ORx	No	51862036240	FLUOROURACIL	120	\$2.61667	\$1.30000	101%-200% Above
Non-ORx	No	51862044630	TAMOXIFEN CITRATE	30	\$1.30000	\$0.43333	200% Above
Non-ORx	No	51862044630	TAMOXIFEN CITRATE	180	\$0.93333	\$0.40000	101%-200% Above
Non-ORx	No	51862048601	TRIMETHOPRIM	60	\$0.53333	\$1.00000	(26%-50%) Below
Non-ORx	No	51862048601	TRIMETHOPRIM	13	\$0.15385	\$1.00000	(76%-100%) Below
Non-ORx	No	51862049415	FLUOCINONIDE	45	\$0.62222	\$0.77778	(10%-25%) Below
Non-ORx	No	51862049430	FLUOCINONIDE	30	\$1.23333	\$0.66667	76%-100% Above
Non-ORx	No	51862051006	TRIVORA-28	84	\$0.69048	\$0.42857	51%-75% Above
Non-ORx	No	51862051006	TRIVORA-28	84	\$0.69048	\$0.34524	101%-200% Above
Non-ORx	No	51862051006	TRIVORA-28	28	\$0.67857	\$0.42857	51%-75% Above
Non-ORx	No	51862051403	DESOGESTREL/ETHINYL ESTRA	28	\$0.57143	\$0.21429	101%-200% Above
Non-ORx	No	51862054506	SRONYX	588	\$0.56293	\$0.23810	101%-200% Above
Non-ORx	No	51862054506	SRONYX	252	\$0.71032	\$0.22619	200% Above
Non-ORx	No	51862054506	SRONYX	56	\$0.30357	\$0.25000	10%-25% Above
Non-ORx	No	51862056406	LOW-OGESTREL	168	\$0.75595	\$0.39286	76%-100% Above
Non-ORx	No	51862056406	LOW-OGESTREL	336	\$0.75000	\$0.42857	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
Non-ORx	No	51862056406	LOW-OGESTREL	84	\$0.75000	\$0.42857	76%-100% Above
Non-ORx	No	51862060901	METHYLPHENIDATE HYDROCHLO	90	\$5.90000	\$3.40000	51%-75% Above
Non-ORx	No	51862061001	METHYLPHENIDATE HYDROCHLO	60	\$4.75000	\$1.36667	200% Above
Non-ORx	No	51862061101	METHYLPHENIDATE HYDROCHLO	30	\$4.43333	\$1.56667	101%-200% Above
Non-ORx	No	51862061101	METHYLPHENIDATE HYDROCHLO	60	\$4.31667	\$1.26667	200% Above
Non-ORx	No	51862061201	METHYLPHENIDATE HYDROCHLO	30	\$5.56667	\$1.30000	200% Above
Non-ORx	No	51862064606	TRI-NYMYO	28	\$0.10714	\$0.17857	(26%-50%) Below
Non-ORx	No	51862085601	CARBIDOPA/LEVODOPA	360	\$0.25278	\$0.10833	101%-200% Above
Non-ORx	No	51862085601	CARBIDOPA/LEVODOPA	180	\$0.23889	\$0.11111	101%-200% Above
Non-ORx	No	51862085605	CARBIDOPA/LEVODOPA	405	\$0.25432	\$0.10864	101%-200% Above
Non-ORx	No	51862085605	CARBIDOPA/LEVODOPA	270	\$0.36667	\$0.10741	200% Above
Non-ORx	No	51862085801	CARBIDOPA/LEVODOPA	150	\$0.12667	\$0.17333	(26%-50%) Below
Non-ORx	No	51862086606	MICROGESTIN FE 1/20	84	\$0.71429	\$0.22619	200% Above
Non-ORx	No	51862086606	MICROGESTIN FE 1/20	56	\$0.71429	\$0.21429	200% Above
Non-ORx	No	51862086806	MICROGESTIN 1/20	63	\$0.33333	\$0.28571	10%-25% Above
Non-ORx	No	51862086806	MICROGESTIN 1/20	21	\$0.33333	\$0.28571	10%-25% Above
Non-ORx	No	51862087206	MICROGESTIN 1.5/30	84	\$0.85714	\$0.57143	51%-75% Above
Non-ORx	No	51862088403	CAMILA	28	\$0.07143	\$0.17857	(51%-75%) Below
Non-ORx	No	51862088603	ERRIN	84	\$0.50000	\$0.16667	200% Above
Non-ORx	No	51862089006	AZURETTE	84	\$0.88095	\$0.33333	101%-200% Above
Non-ORx	No	51862089006	AZURETTE	56	\$0.89286	\$0.25000	200% Above
Non-ORx	No	51862094205	DIAZEPAM	60	\$0.13333	\$0.01667	200% Above
Non-ORx	No	51862094505	NORTRIPTYLINE HYDROCHLORI	120	\$0.26667	\$0.06667	200% Above
Non-ORx	No	51862094601	NORTRIPTYLINE HYDROCHLORI	90	\$0.37778	\$0.11111	200% Above
Non-ORx	No	51862094701	NORTRIPTYLINE HYDROCHLORI	90	\$0.53333	\$0.13333	200% Above
Non-ORx	No	51862094801	NORTRIPTYLINE HYDROCHLORI	30	\$0.36667	\$0.16667	101%-200% Above
Non-ORx	No	51991000633	DESVENLAFAXINE ER	7	\$4.71429	\$0.71429	200% Above
Non-ORx	No	51991007301	BUTALBITAL/ACETAMINOPHEN/	90	\$1.04444	\$0.85556	10%-25% Above
Non-ORx	No	51991007301	BUTALBITAL/ACETAMINOPHEN/	120	\$1.05000	\$0.85833	10%-25% Above
Non-ORx	No	51991007301	BUTALBITAL/ACETAMINOPHEN/	15	\$1.06667	\$0.86667	10%-25% Above
Non-ORx	No	51991007301	BUTALBITAL/ACETAMINOPHEN/	30	\$1.00000	\$0.86667	10%-25% Above
Non-ORx	No	51991007301	BUTALBITAL/ACETAMINOPHEN/	45	\$0.95556	\$0.84444	10%-25% Above
Non-ORx	No	51991007401	ASCOMP/CODEINE	30	\$1.93333	\$1.16667	51%-75% Above
Non-ORx	No	51991029201	OXCARBAZEPINE	90	\$0.76667	\$0.14444	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
Non-ORx	No	51991029201	OXCARBAZEPINE	120	\$0.77500	\$0.14167	200% Above
Non-ORx	No	51991029201	OXCARBAZEPINE	360	\$0.77222	\$0.14444	200% Above
Non-ORx	No	51991029201	OXCARBAZEPINE	120	\$0.56667	\$0.15000	200% Above
Non-ORx	No	51991029205	OXCARBAZEPINE	90	\$0.28889	\$0.14444	101%-200% Above
Non-ORx	No	51991029301	OXCARBAZEPINE	15	\$1.06667	\$0.20000	200% Above
Non-ORx	No	51991029301	OXCARBAZEPINE	360	\$0.40000	\$0.21389	76%-100% Above
Non-ORx	No	51991029301	OXCARBAZEPINE	120	\$0.87500	\$0.21667	200% Above
Non-ORx	No	51991029401	OXCARBAZEPINE	60	\$0.96667	\$0.43333	101%-200% Above
Non-ORx	No	51991031133	DESVENLAFAXINE ER	150	\$3.00000	\$0.56667	200% Above
Non-ORx	No	51991031190	DESVENLAFAXINE ER	90	\$2.01111	\$0.56667	200% Above
Non-ORx	No	51991031190	DESVENLAFAXINE ER	60	\$1.03333	\$0.56667	76%-100% Above
Non-ORx	No	51991031233	DESVENLAFAXINE ER	90	\$3.02222	\$0.63333	200% Above
Non-ORx	No	51991031290	DESVENLAFAXINE ER	90	\$2.03333	\$0.63333	200% Above
Non-ORx	No	51991031290	DESVENLAFAXINE ER	28	\$0.67857	\$0.60714	10%-25% Above
Non-ORx	No	51991031290	DESVENLAFAXINE ER	90	\$0.80000	\$0.63333	26%-50% Above
Non-ORx	No	51991036378	RIZATRIPTAN BENZOATE ODT	20	\$4.50000	\$0.75000	200% Above
Non-ORx	No	51991047428	ESTRADIOL/NORETHINDRONE A	56	\$3.00000	\$1.19643	101%-200% Above
Non-ORx	No	51991047428	ESTRADIOL/NORETHINDRONE A	84	\$0.50000	\$1.19048	(51%-75%) Below
Non-ORx	No	51991047428	ESTRADIOL/NORETHINDRONE A	28	\$3.00000	\$1.10714	101%-200% Above
Non-ORx	No	51991047428	ESTRADIOL/NORETHINDRONE A	56	\$2.01786	\$1.17857	51%-75% Above
Non-ORx	No	51991052633	TERBINAFINE HCL	30	\$0.60000	\$0.13333	200% Above
Non-ORx	No	51991062033	ANASTROZOLE	30	\$0.60000	\$0.13333	200% Above
Non-ORx	No	51991064405	OMEPRAZOLE	30	\$0.33333	\$0.06667	200% Above
Non-ORx	No	51991065116	LEVETIRACETAM	550	\$0.06000	\$0.03091	76%-100% Above
Non-ORx	No	51991065116	LEVETIRACETAM	720	\$0.05972	\$0.03194	76%-100% Above
Non-ORx	No	51991065116	LEVETIRACETAM	1200	\$0.04167	\$0.03250	26%-50% Above
Non-ORx	No	51991065116	LEVETIRACETAM	480	\$0.05000	\$0.02917	51%-75% Above
Non-ORx	No	51991070401	ALPRAZOLAM	180	\$0.18333	\$0.01667	200% Above
Non-ORx	No	51991070401	ALPRAZOLAM	60	\$0.21667	\$0.03333	200% Above
Non-ORx	No	51991070405	ALPRAZOLAM	90	\$0.24444	\$0.03333	200% Above
Non-ORx	No	51991070410	ALPRAZOLAM	180	\$0.18889	\$0.01667	200% Above
Non-ORx	No	51991070410	ALPRAZOLAM	210	\$0.19048	\$0.03333	200% Above
Non-ORx	No	51991070501	ALPRAZOLAM	360	\$0.18056	\$0.02222	200% Above
Non-ORx	No	51991070501	ALPRAZOLAM	120	\$0.15833	\$0.01667	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
Non-ORx	No	51991070501	ALPRAZOLAM	420	\$0.17143	\$0.03333	200% Above
Non-ORx	No	51991070501	ALPRAZOLAM	40	\$0.20000	\$0.02500	200% Above
Non-ORx	No	51991070505	ALPRAZOLAM	180	\$0.20000	\$0.02222	200% Above
Non-ORx	No	51991070505	ALPRAZOLAM	180	\$0.08889	\$0.01667	200% Above
Non-ORx	No	51991070505	ALPRAZOLAM	150	\$0.16000	\$0.03333	200% Above
Non-ORx	No	51991070510	ALPRAZOLAM	630	\$0.11905	\$0.02222	200% Above
Non-ORx	No	51991070510	ALPRAZOLAM	120	\$0.05000	\$0.02500	101%-200% Above
Non-ORx	No	51991070510	ALPRAZOLAM	600	\$0.13667	\$0.01667	200% Above
Non-ORx	No	51991070510	ALPRAZOLAM	540	\$0.11482	\$0.03333	200% Above
Non-ORx	No	51991070510	ALPRAZOLAM	25	\$0.16000	\$0.04000	200% Above
Non-ORx	No	51991070510	ALPRAZOLAM	45	\$0.15556	\$0.02222	200% Above
Non-ORx	No	51991070601	ALPRAZOLAM	180	\$0.16111	\$0.01667	200% Above
Non-ORx	No	51991070601	ALPRAZOLAM	180	\$0.18889	\$0.02222	200% Above
Non-ORx	No	51991070601	ALPRAZOLAM	50	\$0.18000	\$0.02000	200% Above
Non-ORx	No	51991070601	ALPRAZOLAM	90	\$0.13333	\$0.03333	200% Above
Non-ORx	No	51991070601	ALPRAZOLAM	45	\$0.06667	\$0.02222	200% Above
Non-ORx	No	51991070605	ALPRAZOLAM	90	\$0.18889	\$0.02222	200% Above
Non-ORx	No	51991070605	ALPRAZOLAM	120	\$0.19167	\$0.02500	200% Above
Non-ORx	No	51991070605	ALPRAZOLAM	240	\$0.08750	\$0.01667	200% Above
Non-ORx	No	51991070605	ALPRAZOLAM	150	\$0.16000	\$0.03333	200% Above
Non-ORx	No	51991070605	ALPRAZOLAM	45	\$0.11111	\$0.02222	200% Above
Non-ORx	No	51991070610	ALPRAZOLAM	630	\$0.12857	\$0.02222	200% Above
Non-ORx	No	51991070610	ALPRAZOLAM	120	\$0.14167	\$0.02500	200% Above
Non-ORx	No	51991070610	ALPRAZOLAM	240	\$0.09167	\$0.01667	200% Above
Non-ORx	No	51991070610	ALPRAZOLAM	300	\$0.11333	\$0.03333	200% Above
Non-ORx	No	51991070610	ALPRAZOLAM	42	\$0.14286	\$0.02381	200% Above
Non-ORx	No	51991070701	ALPRAZOLAM	90	\$0.41111	\$0.05556	200% Above
Non-ORx	No	51991070701	ALPRAZOLAM	45	\$0.42222	\$0.04444	200% Above
Non-ORx	No	51991070701	ALPRAZOLAM	60	\$0.43333	\$0.06667	200% Above
Non-ORx	No	51991070701	ALPRAZOLAM	30	\$0.13333	\$0.03333	200% Above
Non-ORx	No	51991074605	DULOXETINE HYDROCHLORIDE	60	\$0.08333	\$0.13333	(26%-50%) Below
Non-ORx	No	51991074690	DULOXETINE HYDROCHLORIDE	90	\$0.56667	\$0.13333	200% Above
Non-ORx	No	51991074690	DULOXETINE HYDROCHLORIDE	180	\$0.67222	\$0.13333	200% Above
Non-ORx	No	51991074690	DULOXETINE HYDROCHLORIDE	60	\$0.55000	\$0.13333	200% Above
Non-ORx	No	51991074710	DULOXETINE HCL	60	\$0.56667	\$0.10000	200% Above
Non-ORx	No	51991074710	DULOXETINE HCL	150	\$0.46667	\$0.13333	200% Above
Non-ORx	No	51991074710	DULOXETINE HCL	330	\$0.50909	\$0.10000	200% Above
Non-ORx	No	51991074790	DULOXETINE HCL	360	\$0.50000	\$0.10000	200% Above
Non-ORx	No	51991074790	DULOXETINE HCL	90	\$0.50000	\$0.12222	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
Non-ORx	No	51991074790	DULOXETINE HCL	150	\$0.76667	\$0.10000	200% Above
Non-ORx	No	51991074790	DULOXETINE HCL	120	\$0.68333	\$0.13333	200% Above
Non-ORx	No	51991074810	DULOXETINE HYDROCHLORIDE	480	\$0.47292	\$0.13333	200% Above
Non-ORx	No	51991074810	DULOXETINE HYDROCHLORIDE	60	\$0.76667	\$0.15000	200% Above
Non-ORx	No	51991074810	DULOXETINE HYDROCHLORIDE	180	\$0.53333	\$0.12222	200% Above
Non-ORx	No	51991074810	DULOXETINE HYDROCHLORIDE	90	\$0.11111	\$0.14444	(10%-25%) Below
Non-ORx	No	51991074810	DULOXETINE HYDROCHLORIDE	120	\$0.60833	\$0.13333	200% Above
Non-ORx	No	51991074810	DULOXETINE HYDROCHLORIDE	12	\$0.58333	\$0.16667	200% Above
Non-ORx	No	51991074810	DULOXETINE HYDROCHLORIDE	1230	\$0.58293	\$0.13333	200% Above
Non-ORx	No	51991074890	DULOXETINE HYDROCHLORIDE	540	\$0.69630	\$0.12222	200% Above
Non-ORx	No	51991074890	DULOXETINE HYDROCHLORIDE	180	\$0.63333	\$0.14444	200% Above
Non-ORx	No	51991074890	DULOXETINE HYDROCHLORIDE	180	\$0.63333	\$0.12778	200% Above
Non-ORx	No	51991074890	DULOXETINE HYDROCHLORIDE	60	\$0.76667	\$0.15000	200% Above
Non-ORx	No	51991074890	DULOXETINE HYDROCHLORIDE	510	\$0.76275	\$0.13333	200% Above
Non-ORx	No	51991074890	DULOXETINE HYDROCHLORIDE	240	\$0.76667	\$0.13333	200% Above
Non-ORx	No	51991075033	DULOXETINE HYDROCHLORIDE	30	\$0.33333	\$1.86667	(76%-100%) Below
Non-ORx	No	51991075933	LETROZOLE	360	\$0.53889	\$0.13333	200% Above
Non-ORx	No	51991075933	LETROZOLE	60	\$0.25000	\$0.13333	76%-100% Above
Non-ORx	No	51991081403	AZELASTINE HYDROCHLORIDE	720	\$1.40139	\$0.26667	200% Above
Non-ORx	No	51991081701	PROPRANOLOL HYDROCHLORIDE	90	\$1.43333	\$0.31111	200% Above
Non-ORx	No	51991081701	PROPRANOLOL HYDROCHLORIDE	90	\$1.43333	\$0.32222	200% Above
Non-ORx	No	51991081701	PROPRANOLOL HYDROCHLORIDE	150	\$0.75333	\$0.33333	101%-200% Above
Non-ORx	No	51991081801	PROPRANOLOL HYDROCHLORIDE	270	\$1.13333	\$0.33333	200% Above
Non-ORx	No	51991081801	PROPRANOLOL HYDROCHLORIDE	60	\$0.43333	\$0.33333	26%-50% Above
Non-ORx	No	51991081901	PROPRANOLOL HCL ER	30	\$1.00000	\$0.43333	101%-200% Above
Non-ORx	No	51991083801	CYPROHEPTADINE HYDROCHLOR	360	\$0.29444	\$0.08889	200% Above
Non-ORx	No	51991083801	CYPROHEPTADINE HYDROCHLOR	30	\$0.16667	\$0.10000	51%-75% Above
Non-ORx	No	51991088401	ACETAZOLAMIDE	30	\$1.53333	\$0.13333	200% Above
Non-ORx	No	51991088501	ACETAZOLAMIDE	14	\$1.21429	\$0.28571	200% Above
Non-ORx	No	51991090001	CLOBAZAM	30	\$1.20000	\$0.33333	200% Above
Non-ORx	No	51991090101	CLOBAZAM	30	\$1.80000	\$0.66667	101%-200% Above
Non-ORx	No	51991098101	ZOLPIDEM TARTRATE ER	30	\$1.53333	\$0.10000	200% Above
Non-ORx	No	51991098201	ZOLPIDEM TARTRATE ER	60	\$1.31667	\$0.16667	200% Above
Non-ORx	No	51991098201	ZOLPIDEM TARTRATE ER	30	\$0.80000	\$0.20000	200% Above
Non-ORx	No	52536062501	TESTOSTERONE CYPIONATE	4	\$10.50000	\$15.25000	(26%-50%) Below
Non-ORx	No	52544029528	AMETHYST	28	\$1.50000	\$1.32143	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
Non-ORx	No	52544069130	MATZIM LA	180	\$1.20556	\$2.17778	(26%-50%) Below
Non-ORx	No	52817018000	CLONIDINE HYDROCHLORIDE	150	\$0.14667	\$0.02667	200% Above
Non-ORx	No	52817018000	CLONIDINE HYDROCHLORIDE	180	\$0.12778	\$0.03333	200% Above
Non-ORx	No	52817018000	CLONIDINE HYDROCHLORIDE	90	\$0.13333	\$0.03333	200% Above
Non-ORx	No	52817018000	CLONIDINE HYDROCHLORIDE	120	\$0.15000	\$0.03333	200% Above
Non-ORx	No	52817018010	CLONIDINE HYDROCHLORIDE	120	\$0.14167	\$0.02500	200% Above
Non-ORx	No	52817018110	CLONIDINE HYDROCHLORIDE	60	\$0.26667	\$0.03333	200% Above
Non-ORx	No	52817018110	CLONIDINE HYDROCHLORIDE	30	\$0.26667	\$0.03333	200% Above
Non-ORx	No	52817018210	CLONIDINE HYDROCHLORIDE	90	\$0.28889	\$0.04444	200% Above
Non-ORx	No	52817019500	TRAMADOL HYDROCHLORIDE	180	\$0.15000	\$0.02222	200% Above
Non-ORx	No	52817019500	TRAMADOL HYDROCHLORIDE	23	\$0.13044	\$0.04348	200% Above
Non-ORx	No	52817021010	CYPROHEPTADINE HYDROCHLOR	120	\$0.23333	\$0.08333	101%-200% Above
Non-ORx	No	52817021010	CYPROHEPTADINE HYDROCHLOR	90	\$0.23333	\$0.10000	101%-200% Above
Non-ORx	No	52817021010	CYPROHEPTADINE HYDROCHLOR	15	\$0.26667	\$0.06667	200% Above
Non-ORx	No	52817026050	OXYBUTYNIN CHLORIDE	60	\$0.26667	\$0.06667	200% Above
Non-ORx	No	52817027010	BISOPROLOL FUMARATE	90	\$0.50000	\$0.38889	26%-50% Above
Non-ORx	No	52817027010	BISOPROLOL FUMARATE	90	\$0.50000	\$0.37778	26%-50% Above
Non-ORx	No	52817027010	BISOPROLOL FUMARATE	30	\$1.36667	\$0.36667	200% Above
Non-ORx	No	52817027010	BISOPROLOL FUMARATE	8	\$1.37500	\$0.37500	200% Above
Non-ORx	No	52817027110	BISOPROLOL FUMARATE	90	\$0.67778	\$0.46667	26%-50% Above
Non-ORx	No	52817027110	BISOPROLOL FUMARATE	60	\$1.56667	\$0.46667	200% Above
Non-ORx	No	52817027130	BISOPROLOL FUMARATE	30	\$0.80000	\$0.46667	51%-75% Above
Non-ORx	No	52817032000	BACLOFEN	90	\$0.32222	\$0.06667	200% Above
Non-ORx	No	52817032000	BACLOFEN	60	\$0.20000	\$0.06667	200% Above
Non-ORx	No	52817032010	BACLOFEN	450	\$0.26222	\$0.06667	200% Above
Non-ORx	No	52817032010	BACLOFEN	120	\$0.31667	\$0.06667	200% Above
Non-ORx	No	52817032010	BACLOFEN	20	\$0.35000	\$0.05000	200% Above
Non-ORx	No	52817032010	BACLOFEN	120	\$0.31667	\$0.06667	200% Above
Non-ORx	No	52817032110	BACLOFEN	135	\$0.42222	\$0.11852	200% Above
Non-ORx	No	52817032110	BACLOFEN	90	\$0.45556	\$0.12222	200% Above
Non-ORx	No	52817032110	BACLOFEN	30	\$0.16667	\$0.13333	26%-50% Above
Non-ORx	No	52817032110	BACLOFEN	60	\$0.15000	\$0.11667	26%-50% Above
Non-ORx	No	52817032310	MIDODRINE HYDROCHLORIDE	90	\$0.66667	\$0.21111	200% Above
Non-ORx	No	52817032410	MIDODRINE HYDROCHLORIDE	90	\$0.63333	\$0.26667	101%-200% Above
Non-ORx	No	52817032510	MIDODRINE HYDROCHLORIDE	90	\$1.00000	\$0.45556	101%-200% Above
Non-ORx	No	52817033010	CYCLOBENZAPRINE HYDROCHLO	120	\$0.23333	\$0.03333	200% Above
Non-ORx	No	52817033010	CYCLOBENZAPRINE HYDROCHLO	45	\$0.17778	\$0.02222	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
Non-ORx	No	52817033010	CYCLOBENZAPRINE HYDROCHLO	90	\$0.32222	\$0.03333	200% Above
Non-ORx	No	52817033010	CYCLOBENZAPRINE HYDROCHLO	40	\$0.30000	\$0.02500	200% Above
Non-ORx	No	52817033010	CYCLOBENZAPRINE HYDROCHLO	40	\$0.20000	\$0.05000	200% Above
Non-ORx	No	52817033010	CYCLOBENZAPRINE HYDROCHLO	330	\$0.23030	\$0.03333	200% Above
Non-ORx	No	52817033050	CYCLOBENZAPRINE HYDROCHLO	120	\$0.15833	\$0.03333	200% Above
Non-ORx	No	52817033050	CYCLOBENZAPRINE HYDROCHLO	60	\$0.15000	\$0.05000	200% Above
Non-ORx	No	52817033200	CYCLOBENZAPRINE HYDROCHLO	1260	\$0.12619	\$0.02222	200% Above
Non-ORx	No	52817033200	CYCLOBENZAPRINE HYDROCHLO	600	\$0.12500	\$0.01667	200% Above
Non-ORx	No	52817033200	CYCLOBENZAPRINE HYDROCHLO	56	\$0.16071	\$0.01786	200% Above
Non-ORx	No	52817033200	CYCLOBENZAPRINE HYDROCHLO	110	\$0.14546	\$0.02727	200% Above
Non-ORx	No	52817033200	CYCLOBENZAPRINE HYDROCHLO	120	\$0.01667	\$0.02500	(26%-50%) Below
Non-ORx	No	52817033200	CYCLOBENZAPRINE HYDROCHLO	24	\$0.16667	\$0.04167	200% Above
Non-ORx	No	52817033200	CYCLOBENZAPRINE HYDROCHLO	20	\$0.00000	\$0.05000	(76%-100%) Below
Non-ORx	No	52817033200	CYCLOBENZAPRINE HYDROCHLO	45	\$0.15556	\$0.02222	200% Above
Non-ORx	No	52817033200	CYCLOBENZAPRINE HYDROCHLO	1170	\$0.11197	\$0.03333	200% Above
Non-ORx	No	52817033210	CYCLOBENZAPRINE HYDROCHLO	90	\$0.30000	\$0.02222	200% Above
Non-ORx	No	52817033210	CYCLOBENZAPRINE HYDROCHLO	30	\$0.13333	\$0.03333	200% Above
Non-ORx	No	52817033250	CYCLOBENZAPRINE HYDROCHLO	60	\$0.01667	\$0.03333	(26%-50%) Below
Non-ORx	No	52817036000	METOPROLOL TARTRATE	90	\$0.13333	\$0.02222	200% Above
Non-ORx	No	52817036000	METOPROLOL TARTRATE	600	\$0.12167	\$0.01667	200% Above
Non-ORx	No	52817036000	METOPROLOL TARTRATE	240	\$0.15000	\$0.03333	200% Above
Non-ORx	No	52817036010	METOPROLOL TARTRATE	300	\$0.12000	\$0.01667	200% Above
Non-ORx	No	52817036100	METOPROLOL TARTRATE	180	\$0.13333	\$0.02222	200% Above
Non-ORx	No	52817036100	METOPROLOL TARTRATE	360	\$0.16944	\$0.02222	200% Above
Non-ORx	No	52817036100	METOPROLOL TARTRATE	90	\$0.15556	\$0.03333	200% Above
Non-ORx	No	52817036100	METOPROLOL TARTRATE	300	\$0.09667	\$0.01667	200% Above
Non-ORx	No	52817036200	METOPROLOL TARTRATE	120	\$0.13333	\$0.03333	200% Above
Non-ORx	No	52817036200	METOPROLOL TARTRATE	60	\$0.13333	\$0.03333	200% Above
Non-ORx	No	52817036210	METOPROLOL TARTRATE	60	\$0.20000	\$0.03333	200% Above
Non-ORx	No	52937000120	VASCEPA	1080	\$2.34074	\$2.83333	(10%-25%) Below
Non-ORx	No	53489011802	DOXYCYCLINE HYCLATE	60	\$1.58333	\$0.25000	200% Above
Non-ORx	No	53489011802	DOXYCYCLINE HYCLATE	120	\$1.57500	\$0.23333	200% Above
Non-ORx	No	53489011802	DOXYCYCLINE HYCLATE	180	\$1.25556	\$0.21667	200% Above
Non-ORx	No	53489011802	DOXYCYCLINE HYCLATE	30	\$1.56667	\$0.20000	200% Above
Non-ORx	No	53489011802	DOXYCYCLINE HYCLATE	210	\$0.95238	\$0.26667	200% Above
Non-ORx	No	53489011905	DOXYCYCLINE HYCLATE	60	\$1.00000	\$0.13333	200% Above
Non-ORx	No	53489011905	DOXYCYCLINE HYCLATE	196	\$1.00000	\$0.14286	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
Non-ORx	No	53489011905	DOXYCYCLINE HYCLATE	180	\$0.80000	\$0.16667	200% Above
Non-ORx	No	53489011905	DOXYCYCLINE HYCLATE	600	\$0.94333	\$0.15000	200% Above
Non-ORx	No	53489011905	DOXYCYCLINE HYCLATE	7	\$1.00000	\$0.14286	200% Above
Non-ORx	No	53489011905	DOXYCYCLINE HYCLATE	6	\$1.00000	\$0.16667	200% Above
Non-ORx	No	53489011905	DOXYCYCLINE HYCLATE	10	\$1.00000	\$0.20000	200% Above
Non-ORx	No	53489011905	DOXYCYCLINE HYCLATE	160	\$0.83750	\$0.15000	200% Above
Non-ORx	No	53489011905	DOXYCYCLINE HYCLATE	196	\$1.00000	\$0.14286	200% Above
Non-ORx	No	53489012002	DOXYCYCLINE HYCLATE	20	\$0.55000	\$0.15000	200% Above
Non-ORx	No	53489012005	DOXYCYCLINE HYCLATE	60	\$0.06667	\$0.13333	(26%-50%) Below
Non-ORx	No	53489014305	SPIRONOLACTONE	180	\$0.20556	\$0.05556	200% Above
Non-ORx	No	53489014305	SPIRONOLACTONE	30	\$0.16667	\$0.06667	101%-200% Above
Non-ORx	No	53489014401	SPIRONOLACTONE/HYDROCHLOR	60	\$0.16667	\$0.60000	(51%-75%) Below
Non-ORx	No	53489014401	SPIRONOLACTONE/HYDROCHLOR	30	\$0.66667	\$0.60000	10%-25% Above
Non-ORx	No	53489015610	ALLOPURINOL	30	\$0.23333	\$0.06667	200% Above
Non-ORx	No	53489015705	ALLOPURINOL	30	\$0.40000	\$0.10000	200% Above
Non-ORx	No	53489032801	SPIRONOLACTONE	30	\$0.10000	\$0.13333	(10%-25%) Below
Non-ORx	No	53489032805	SPIRONOLACTONE	30	\$0.36667	\$0.13333	101%-200% Above
Non-ORx	No	53489038601	MINOXIDIL	45	\$0.31111	\$0.11111	101%-200% Above
Non-ORx	No	53489047801	SULINDAC	60	\$0.36667	\$0.16667	101%-200% Above
Non-ORx	No	53489047801	SULINDAC	30	\$0.70000	\$0.16667	200% Above
Non-ORx	No	53489064701	DOXYCYCLINE HYCLATE	60	\$0.43333	\$0.16667	101%-200% Above
Non-ORx	No	53489064701	DOXYCYCLINE HYCLATE	480	\$0.61875	\$0.15000	200% Above
Non-ORx	No	53746010901	HYDROCODONE BITARTRATE/AC	26	\$0.38462	\$0.07692	200% Above
Non-ORx	No	53746010901	HYDROCODONE BITARTRATE/AC	90	\$0.36667	\$0.10000	200% Above
Non-ORx	No	53746010901	HYDROCODONE BITARTRATE/AC	50	\$0.36000	\$0.08000	200% Above
Non-ORx	No	53746010901	HYDROCODONE BITARTRATE/AC	42	\$0.38095	\$0.09524	200% Above
Non-ORx	No	53746010901	HYDROCODONE BITARTRATE/AC	48	\$0.37500	\$0.08333	200% Above
Non-ORx	No	53746010901	HYDROCODONE BITARTRATE/AC	32	\$0.37500	\$0.09375	200% Above
Non-ORx	No	53746010901	HYDROCODONE BITARTRATE/AC	180	\$0.37778	\$0.10000	200% Above
Non-ORx	No	53746010901	HYDROCODONE BITARTRATE/AC	80	\$0.37500	\$0.10000	200% Above
Non-ORx	No	53746010901	HYDROCODONE BITARTRATE/AC	80	\$0.37500	\$0.10000	200% Above
Non-ORx	No	53746010901	HYDROCODONE BITARTRATE/AC	140	\$0.40000	\$0.10000	200% Above
Non-ORx	No	53746010901	HYDROCODONE BITARTRATE/AC	120	\$0.41667	\$0.08333	200% Above
Non-ORx	No	53746010901	HYDROCODONE BITARTRATE/AC	40	\$0.35000	\$0.10000	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
Non-ORx	No	53746010901	HYDROCODONE BITARTRATE/AC	24	\$0.29167	\$0.12500	101%-200% Above
Non-ORx	No	53746010901	HYDROCODONE BITARTRATE/AC	14	\$0.35714	\$0.07143	200% Above
Non-ORx	No	53746010901	HYDROCODONE BITARTRATE/AC	36	\$0.38889	\$0.11111	200% Above
Non-ORx	No	53746010901	HYDROCODONE BITARTRATE/AC	16	\$0.37500	\$0.12500	200% Above
Non-ORx	No	53746010901	HYDROCODONE BITARTRATE/AC	45	\$0.40000	\$0.06667	200% Above
Non-ORx	No	53746016960	MEMANTINE HYDROCHLORIDE	180	\$0.38333	\$0.08333	200% Above
Non-ORx	No	53746016960	MEMANTINE HYDROCHLORIDE	60	\$0.68333	\$0.08333	200% Above
Non-ORx	No	53746017360	MEMANTINE HYDROCHLORIDE	60	\$0.68333	\$0.08333	200% Above
Non-ORx	No	53746017360	MEMANTINE HYDROCHLORIDE	30	\$0.53333	\$0.10000	200% Above
Non-ORx	No	53746020401	OXYCODONE/ACETAMINOPHEN	20	\$0.40000	\$0.20000	101%-200% Above
Non-ORx	No	53746051101	SPIRONOLACTONE	180	\$0.27778	\$0.05556	200% Above
Non-ORx	No	53746051101	SPIRONOLACTONE	180	\$0.32222	\$0.05000	200% Above
Non-ORx	No	53746051101	SPIRONOLACTONE	30	\$0.26667	\$0.06667	200% Above
Non-ORx	No	53746051101	SPIRONOLACTONE	120	\$0.28333	\$0.05000	200% Above
Non-ORx	No	53746051105	SPIRONOLACTONE	360	\$0.24722	\$0.05556	200% Above
Non-ORx	No	53746051105	SPIRONOLACTONE	120	\$0.14167	\$0.05000	101%-200% Above
Non-ORx	No	53746051105	SPIRONOLACTONE	270	\$0.12222	\$0.06667	76%-100% Above
Non-ORx	No	53746051401	SPIRONOLACTONE	900	\$0.36111	\$0.12222	101%-200% Above
Non-ORx	No	53746051401	SPIRONOLACTONE	540	\$0.51111	\$0.11852	200% Above
Non-ORx	No	53746051401	SPIRONOLACTONE	1080	\$0.44907	\$0.11667	200% Above
Non-ORx	No	53746051401	SPIRONOLACTONE	450	\$0.38444	\$0.11111	200% Above
Non-ORx	No	53746051401	SPIRONOLACTONE	180	\$0.37222	\$0.13333	101%-200% Above
Non-ORx	No	53746051401	SPIRONOLACTONE	180	\$0.33333	\$0.10000	200% Above
Non-ORx	No	53746051401	SPIRONOLACTONE	660	\$0.41667	\$0.11667	200% Above
Non-ORx	No	53746051401	SPIRONOLACTONE	45	\$0.08889	\$0.11111	(10%-25%) Below
Non-ORx	No	53746051405	SPIRONOLACTONE	30	\$0.10000	\$0.13333	(10%-25%) Below
Non-ORx	No	53746051501	SPIRONOLACTONE	1440	\$0.50486	\$0.20000	101%-200% Above
Non-ORx	No	53746051501	SPIRONOLACTONE	360	\$0.56667	\$0.20556	101%-200% Above
Non-ORx	No	53746051501	SPIRONOLACTONE	330	\$0.67273	\$0.20000	200% Above
Non-ORx	No	53746051501	SPIRONOLACTONE	180	\$0.30000	\$0.20000	51%-75% Above
Non-ORx	No	53746054201	POTASSIUM CHLORIDE ER	90	\$0.11111	\$0.15556	(26%-50%) Below
Non-ORx	No	53746054201	POTASSIUM CHLORIDE ER	90	\$0.70000	\$0.14444	200% Above
Non-ORx	No	53746054201	POTASSIUM CHLORIDE ER	60	\$0.16667	\$0.15000	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
Non-ORx	No	53746054205	POTASSIUM CHLORIDE ER	60	\$0.08333	\$0.15000	(26%-50%) Below
Non-ORx	No	53746054401	PRIMIDONE	120	\$0.30833	\$0.15833	76%-100% Above
Non-ORx	No	53746054401	PRIMIDONE	30	\$0.20000	\$0.16667	10%-25% Above
Non-ORx	No	53746054401	PRIMIDONE	45	\$0.22222	\$0.15556	26%-50% Above
Non-ORx	No	53746054405	PRIMIDONE	45	\$0.24444	\$0.15556	51%-75% Above
Non-ORx	No	53746054501	PRIMIDONE	90	\$0.62222	\$0.32222	76%-100% Above
Non-ORx	No	53746054501	PRIMIDONE	60	\$0.08333	\$0.31667	(51%-75%) Below
Non-ORx	No	53746061701	TRAMADOL HYDROCHLORIDE/AC	60	\$0.41667	\$0.10000	200% Above
Non-ORx	No	53746061701	TRAMADOL HYDROCHLORIDE/AC	21	\$0.33333	\$0.09524	200% Above
Non-ORx	No	53746061705	TRAMADOL HYDROCHLORIDE/AC	40	\$0.72500	\$0.10000	200% Above
Non-ORx	No	53746061705	TRAMADOL HYDROCHLORIDE/AC	16	\$0.68750	\$0.12500	200% Above
Non-ORx	No	53746061705	TRAMADOL HYDROCHLORIDE/AC	15	\$0.73333	\$0.13333	200% Above
Non-ORx	No	53746064101	FLECAINIDE ACETATE	60	\$0.71667	\$0.15000	200% Above
Non-ORx	No	53746064201	FLECAINIDE ACETATE	240	\$0.64583	\$0.23333	101%-200% Above
Non-ORx	No	54092010001	MESALAMINE DR	30	\$3.46667	\$3.06667	10%-25% Above
Non-ORx	No	54295030121	SODIUM SULFACETAMIDE/SULF	454	\$0.22908	\$0.14317	51%-75% Above
Non-ORx	No	54838050280	HYDROXYZINE HCL	165	\$0.11515	\$0.07879	26%-50% Above
Non-ORx	No	54838050280	HYDROXYZINE HCL	240	\$0.05417	\$0.07917	(26%-50%) Below
Non-ORx	No	54838050280	HYDROXYZINE HCL	473	\$0.02114	\$0.07822	(51%-75%) Below
Non-ORx	No	54838050280	HYDROXYZINE HCL	120	\$0.11667	\$0.07500	51%-75% Above
Non-ORx	No	54838051240	DOXEPIN HCL	30	\$0.40000	\$0.30000	26%-50% Above
Non-ORx	No	54838052340	FLUOXETINE HYDROCHLORIDE	150	\$0.53333	\$0.36000	26%-50% Above
Non-ORx	No	54838055550	ONDANSETRON HCL	60	\$0.88333	\$0.26667	200% Above
Non-ORx	No	55111011230	MOXIFLOXACIN HYDROCHLORID	7	\$9.00000	\$2.00000	200% Above
Non-ORx	No	55111011381	ZENATANE	30	\$9.00000	\$3.53333	101%-200% Above
Non-ORx	No	55111011901	FAMOTIDINE	90	\$0.11111	\$0.03333	200% Above
Non-ORx	No	55111012105	ATORVASTATIN CALCIUM	1530	\$0.25490	\$0.03333	200% Above
Non-ORx	No	55111012105	ATORVASTATIN CALCIUM	150	\$0.11333	\$0.03333	200% Above
Non-ORx	No	55111012205	ATORVASTATIN CALCIUM	270	\$0.17407	\$0.05556	200% Above
Non-ORx	No	55111012205	ATORVASTATIN CALCIUM	1620	\$0.26605	\$0.04444	200% Above
Non-ORx	No	55111012205	ATORVASTATIN CALCIUM	300	\$0.07333	\$0.03333	101%-200% Above
Non-ORx	No	55111012205	ATORVASTATIN CALCIUM	30	\$0.03333	\$0.06667	(26%-50%) Below
Non-ORx	No	55111012305	ATORVASTATIN CALCIUM	1710	\$0.33860	\$0.05556	200% Above
Non-ORx	No	55111012305	ATORVASTATIN CALCIUM	270	\$0.27778	\$0.06667	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
Non-ORx	No	55111012405	ATORVASTATIN CALCIUM	810	\$0.42716	\$0.10000	200% Above
Non-ORx	No	55111012405	ATORVASTATIN CALCIUM	210	\$0.18571	\$0.10000	76%-100% Above
Non-ORx	No	55111012490	ATORVASTATIN CALCIUM	30	\$0.06667	\$0.10000	(26%-50%) Below
Non-ORx	No	55111012601	CIPROFLOXACIN HYDROCHLORI	20	\$0.75000	\$0.10000	200% Above
Non-ORx	No	55111012601	CIPROFLOXACIN HYDROCHLORI	12	\$0.41667	\$0.16667	101%-200% Above
Non-ORx	No	55111012705	CIPROFLOXACIN HYDROCHLORI	80	\$0.61250	\$0.15000	200% Above
Non-ORx	No	55111012705	CIPROFLOXACIN HYDROCHLORI	40	\$0.50000	\$0.15000	200% Above
Non-ORx	No	55111012705	CIPROFLOXACIN HYDROCHLORI	112	\$0.79464	\$0.14286	200% Above
Non-ORx	No	55111012705	CIPROFLOXACIN HYDROCHLORI	18	\$0.61111	\$0.16667	200% Above
Non-ORx	No	55111012705	CIPROFLOXACIN HYDROCHLORI	70	\$0.60000	\$0.14286	200% Above
Non-ORx	No	55111012705	CIPROFLOXACIN HYDROCHLORI	20	\$0.70000	\$0.10000	200% Above
Non-ORx	No	55111013681	ZENATANE	30	\$3.26667	\$2.66667	10%-25% Above
Non-ORx	No	55111013781	ZENATANE	60	\$0.78333	\$3.13333	(51%-75%) Below
Non-ORx	No	55111013781	ZENATANE	300	\$4.09333	\$2.81667	26%-50% Above
Non-ORx	No	55111013781	ZENATANE	210	\$3.71429	\$2.83333	26%-50% Above
Non-ORx	No	55111014512	FLUCONAZOLE	24	\$4.62500	\$0.75000	200% Above
Non-ORx	No	55111014512	FLUCONAZOLE	5	\$5.00000	\$0.80000	200% Above
Non-ORx	No	55111014512	FLUCONAZOLE	16	\$4.00000	\$0.87500	200% Above
Non-ORx	No	55111014512	FLUCONAZOLE	14	\$2.57143	\$0.85714	200% Above
Non-ORx	No	55111014512	FLUCONAZOLE	20	\$5.70000	\$0.50000	200% Above
Non-ORx	No	55111014512	FLUCONAZOLE	27	\$4.70370	\$1.00000	200% Above
Non-ORx	No	55111014512	FLUCONAZOLE	27	\$6.44444	\$0.66667	200% Above
Non-ORx	No	55111014512	FLUCONAZOLE	58	\$4.79310	\$1.00000	200% Above
Non-ORx	No	55111014601	FLUCONAZOLE	8	\$1.75000	\$0.62500	101%-200% Above
Non-ORx	No	55111014601	FLUCONAZOLE	14	\$1.71429	\$0.57143	200% Above
Non-ORx	No	55111014601	FLUCONAZOLE	5	\$1.80000	\$0.60000	200% Above
Non-ORx	No	55111014601	FLUCONAZOLE	2	\$1.50000	\$1.00000	51%-75% Above
Non-ORx	No	55111014601	FLUCONAZOLE	2	\$4.50000	\$0.50000	200% Above
Non-ORx	No	55111014601	FLUCONAZOLE	4	\$1.75000	\$0.50000	200% Above
Non-ORx	No	55111015001	FLUOXETINE HYDROCHLORIDE	180	\$0.37222	\$0.26667	26%-50% Above
Non-ORx	No	55111015030	FLUOXETINE HYDROCHLORIDE	30	\$1.06667	\$0.26667	200% Above
Non-ORx	No	55111015330	ONDANSETRON HYDROCHLORIDE	120	\$0.59167	\$0.06667	200% Above
Non-ORx	No	55111015330	ONDANSETRON HYDROCHLORIDE	28	\$0.75000	\$0.07143	200% Above
Non-ORx	No	55111015330	ONDANSETRON HYDROCHLORIDE	90	\$0.07778	\$0.06667	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
Non-ORx	No	55111015330	ONDANSETRON HYDROCHLORIDE	40	\$0.75000	\$0.05000	200% Above
Non-ORx	No	55111015330	ONDANSETRON HYDROCHLORIDE	20	\$0.30000	\$0.10000	200% Above
Non-ORx	No	55111015330	ONDANSETRON HYDROCHLORIDE	14	\$0.78571	\$0.07143	200% Above
Non-ORx	No	55111015330	ONDANSETRON HYDROCHLORIDE	30	\$0.73333	\$0.06667	200% Above
Non-ORx	No	55111015430	ONDANSETRON HYDROCHLORIDE	15	\$0.93333	\$0.13333	200% Above
Non-ORx	No	55111015430	ONDANSETRON HYDROCHLORIDE	9	\$0.44444	\$0.11111	200% Above
Non-ORx	No	55111015430	ONDANSETRON HYDROCHLORIDE	12	\$0.91667	\$0.08333	200% Above
Non-ORx	No	55111015801	OMEPRAZOLE	60	\$0.26667	\$0.03333	200% Above
Non-ORx	No	55111015810	OMEPRAZOLE	120	\$0.25000	\$0.03333	200% Above
Non-ORx	No	55111015810	OMEPRAZOLE	270	\$0.11111	\$0.03333	200% Above
Non-ORx	No	55111015810	OMEPRAZOLE	40	\$0.30000	\$0.05000	200% Above
Non-ORx	No	55111015810	OMEPRAZOLE	840	\$0.19048	\$0.03333	200% Above
Non-ORx	No	55111015830	OMEPRAZOLE	30	\$0.26667	\$0.03333	200% Above
Non-ORx	No	55111015834	OMEPRAZOLE	60	\$0.16667	\$0.03333	200% Above
Non-ORx	No	55111015930	OMEPRAZOLE	90	\$0.33333	\$0.06667	200% Above
Non-ORx	No	55111016330	OLANZAPINE	30	\$0.40000	\$0.10000	200% Above
Non-ORx	No	55111016730	OLANZAPINE	60	\$0.36667	\$0.16667	101%-200% Above
Non-ORx	No	55111017001	OXAPROZIN	60	\$0.28333	\$0.68333	(51%-75%) Below
Non-ORx	No	55111017915	TIZANIDINE HCL	50	\$0.14000	\$0.06000	101%-200% Above
Non-ORx	No	55111017915	TIZANIDINE HCL	180	\$0.15556	\$0.06667	101%-200% Above
Non-ORx	No	55111017915	TIZANIDINE HCL	270	\$0.20370	\$0.05556	200% Above
Non-ORx	No	55111017915	TIZANIDINE HCL	15	\$0.33333	\$0.06667	200% Above
Non-ORx	No	55111017915	TIZANIDINE HCL	20	\$0.15000	\$0.05000	200% Above
Non-ORx	No	55111017915	TIZANIDINE HCL	120	\$0.20000	\$0.06667	200% Above
Non-ORx	No	55111018010	TIZANIDINE HYDROCHLORIDE	630	\$0.18254	\$0.05556	200% Above
Non-ORx	No	55111018010	TIZANIDINE HYDROCHLORIDE	135	\$0.25185	\$0.05926	200% Above
Non-ORx	No	55111018010	TIZANIDINE HYDROCHLORIDE	240	\$0.12500	\$0.05833	101%-200% Above
Non-ORx	No	55111018010	TIZANIDINE HYDROCHLORIDE	600	\$0.15500	\$0.05000	200% Above
Non-ORx	No	55111018010	TIZANIDINE HYDROCHLORIDE	80	\$0.11250	\$0.05000	101%-200% Above
Non-ORx	No	55111018010	TIZANIDINE HYDROCHLORIDE	31	\$0.32258	\$0.06452	200% Above
Non-ORx	No	55111018010	TIZANIDINE HYDROCHLORIDE	330	\$0.20909	\$0.06667	200% Above
Non-ORx	No	55111018015	TIZANIDINE HYDROCHLORIDE	900	\$0.21111	\$0.05556	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
Non-ORx	No	55111018015	TIZANIDINE HYDROCHLORIDE	1020	\$0.24314	\$0.05000	200% Above
Non-ORx	No	55111018015	TIZANIDINE HYDROCHLORIDE	360	\$0.15000	\$0.05556	101%-200% Above
Non-ORx	No	55111018015	TIZANIDINE HYDROCHLORIDE	150	\$0.26000	\$0.05333	200% Above
Non-ORx	No	55111018015	TIZANIDINE HYDROCHLORIDE	120	\$0.25000	\$0.05000	200% Above
Non-ORx	No	55111018015	TIZANIDINE HYDROCHLORIDE	240	\$0.15000	\$0.05833	101%-200% Above
Non-ORx	No	55111018015	TIZANIDINE HYDROCHLORIDE	21	\$0.33333	\$0.04762	200% Above
Non-ORx	No	55111018015	TIZANIDINE HYDROCHLORIDE	28	\$0.32143	\$0.03571	200% Above
Non-ORx	No	55111018015	TIZANIDINE HYDROCHLORIDE	30	\$0.30000	\$0.06667	200% Above
Non-ORx	No	55111018015	TIZANIDINE HYDROCHLORIDE	10	\$0.20000	\$0.10000	101%-200% Above
Non-ORx	No	55111018015	TIZANIDINE HYDROCHLORIDE	28	\$0.21429	\$0.07143	200% Above
Non-ORx	No	55111018015	TIZANIDINE HYDROCHLORIDE	28	\$0.25000	\$0.07143	200% Above
Non-ORx	No	55111018015	TIZANIDINE HYDROCHLORIDE	45	\$0.33333	\$0.04444	200% Above
Non-ORx	No	55111018015	TIZANIDINE HYDROCHLORIDE	90	\$0.33333	\$0.06667	200% Above
Non-ORx	No	55111018015	TIZANIDINE HYDROCHLORIDE	1050	\$0.21333	\$0.06667	200% Above
Non-ORx	No	55111019605	CLOPIDOGREL	90	\$0.48889	\$0.06667	200% Above
Non-ORx	No	55111019605	CLOPIDOGREL	360	\$0.49167	\$0.06667	200% Above
Non-ORx	No	55111019630	CLOPIDOGREL	60	\$0.48333	\$0.06667	200% Above
Non-ORx	No	55111019690	CLOPIDOGREL	90	\$0.26667	\$0.06667	200% Above
Non-ORx	No	55111019905	SIMVASTATIN	30	\$0.23333	\$0.03333	200% Above
Non-ORx	No	55111022990	PRAVASTATIN SODIUM	30	\$0.30000	\$0.06667	200% Above
Non-ORx	No	55111025660	ZIPRASIDONE HCL	21	\$0.42857	\$0.28571	51%-75% Above
Non-ORx	No	55111025760	ZIPRASIDONE HCL	60	\$1.58333	\$0.30000	200% Above
Non-ORx	No	55111025760	ZIPRASIDONE HCL	30	\$0.33333	\$0.30000	10%-25% Above
Non-ORx	No	55111028050	LEVOFLOXACIN	30	\$1.16667	\$0.16667	200% Above
Non-ORx	No	55111028050	LEVOFLOXACIN	14	\$1.92857	\$0.21429	200% Above
Non-ORx	No	55111028050	LEVOFLOXACIN	3	\$2.00000	\$0.33333	200% Above
Non-ORx	No	55111028050	LEVOFLOXACIN	10	\$1.20000	\$0.20000	200% Above
Non-ORx	No	55111028130	LEVOFLOXACIN	14	\$3.00000	\$0.42857	200% Above
Non-ORx	No	55111029136	SUMATRIPTAN SUCCINATE	10	\$2.70000	\$0.60000	200% Above
Non-ORx	No	55111029198	SUMATRIPTAN SUCCINATE	10	\$2.00000	\$0.60000	200% Above
Non-ORx	No	55111029198	SUMATRIPTAN SUCCINATE	36	\$1.75000	\$0.55556	200% Above
Non-ORx	No	55111029236	SUMATRIPTAN SUCCINATE	10	\$3.40000	\$0.50000	200% Above
Non-ORx	No	55111029236	SUMATRIPTAN SUCCINATE	9	\$0.66667	\$0.55556	10%-25% Above
Non-ORx	No	55111029298	SUMATRIPTAN SUCCINATE	40	\$2.40000	\$0.50000	200% Above
Non-ORx	No	55111029298	SUMATRIPTAN SUCCINATE	18	\$2.94444	\$0.55556	200% Above
Non-ORx	No	55111029336	SUMATRIPTAN SUCCINATE	10	\$0.60000	\$0.50000	10%-25% Above
Non-ORx	No	55111029336	SUMATRIPTAN SUCCINATE	8	\$0.62500	\$0.50000	26%-50% Above
Non-ORx	No	55111029336	SUMATRIPTAN SUCCINATE	18	\$0.66667	\$0.55556	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
Non-ORx	No	55111029398	SUMATRIPTAN SUCCINATE	24	\$0.62500	\$0.54167	10%-25% Above
Non-ORx	No	55111029398	SUMATRIPTAN SUCCINATE	40	\$1.52500	\$0.60000	101%-200% Above
Non-ORx	No	55111029398	SUMATRIPTAN SUCCINATE	8	\$2.00000	\$0.50000	200% Above
Non-ORx	No	55111029398	SUMATRIPTAN SUCCINATE	144	\$1.97222	\$0.55556	200% Above
Non-ORx	No	55111029398	SUMATRIPTAN SUCCINATE	20	\$2.25000	\$0.50000	200% Above
Non-ORx	No	55111032001	GLIMEPIRIDE	270	\$0.13333	\$0.03333	200% Above
Non-ORx	No	55111032001	GLIMEPIRIDE	180	\$0.13889	\$0.03333	200% Above
Non-ORx	No	55111032001	GLIMEPIRIDE	60	\$0.28333	\$0.03333	200% Above
Non-ORx	No	55111032001	GLIMEPIRIDE	18	\$0.27778	\$0.05556	200% Above
Non-ORx	No	55111032001	GLIMEPIRIDE	90	\$0.18889	\$0.03333	200% Above
Non-ORx	No	55111032101	GLIMEPIRIDE	180	\$0.21111	\$0.04444	200% Above
Non-ORx	No	55111032101	GLIMEPIRIDE	170	\$0.31177	\$0.04118	200% Above
Non-ORx	No	55111032101	GLIMEPIRIDE	180	\$0.38333	\$0.04444	200% Above
Non-ORx	No	55111032101	GLIMEPIRIDE	180	\$0.15556	\$0.05000	200% Above
Non-ORx	No	55111032101	GLIMEPIRIDE	60	\$0.10000	\$0.03333	200% Above
Non-ORx	No	55111032101	GLIMEPIRIDE	45	\$0.31111	\$0.04444	200% Above
Non-ORx	No	55111032101	GLIMEPIRIDE	120	\$0.20000	\$0.03333	200% Above
Non-ORx	No	55111032105	GLIMEPIRIDE	60	\$0.16667	\$0.05000	200% Above
Non-ORx	No	55111032105	GLIMEPIRIDE	90	\$0.18889	\$0.03333	200% Above
Non-ORx	No	55111032105	GLIMEPIRIDE	60	\$0.23333	\$0.03333	200% Above
Non-ORx	No	55111032201	GLIMEPIRIDE	135	\$0.27407	\$0.05185	200% Above
Non-ORx	No	55111032201	GLIMEPIRIDE	900	\$0.27778	\$0.04444	200% Above
Non-ORx	No	55111032201	GLIMEPIRIDE	540	\$0.27778	\$0.04444	200% Above
Non-ORx	No	55111032201	GLIMEPIRIDE	60	\$0.15000	\$0.03333	200% Above
Non-ORx	No	55111032205	GLIMEPIRIDE	120	\$0.25000	\$0.05000	200% Above
Non-ORx	No	55111032205	GLIMEPIRIDE	120	\$0.19167	\$0.03333	200% Above
Non-ORx	No	55111033290	PANTOPRAZOLE SODIUM	150	\$0.35333	\$0.06667	200% Above
Non-ORx	No	55111033290	PANTOPRAZOLE SODIUM	28	\$0.35714	\$0.03571	200% Above
Non-ORx	No	55111033390	PANTOPRAZOLE SODIUM	60	\$0.31667	\$0.06667	200% Above
Non-ORx	No	55111033390	PANTOPRAZOLE SODIUM	120	\$0.21667	\$0.06667	200% Above
Non-ORx	No	55111034001	AMLODIPINE BESYLATE/BENAZ	30	\$0.40000	\$0.13333	200% Above
Non-ORx	No	55111034205	CITALOPRAM HYDROBROMIDE	60	\$0.11667	\$0.03333	200% Above
Non-ORx	No	55111034305	CITALOPRAM HYDROBROMIDE	90	\$0.23333	\$0.03333	200% Above
Non-ORx	No	55111034305	CITALOPRAM HYDROBROMIDE	45	\$0.28889	\$0.02222	200% Above
Non-ORx	No	55111034305	CITALOPRAM HYDROBROMIDE	20	\$0.30000	\$0.05000	200% Above
Non-ORx	No	55111034305	CITALOPRAM HYDROBROMIDE	360	\$0.12500	\$0.03333	200% Above
Non-ORx	No	55111034405	CITALOPRAM HYDROBROMIDE	60	\$0.26667	\$0.03333	200% Above
Non-ORx	No	55111034405	CITALOPRAM HYDROBROMIDE	60	\$0.30000	\$0.03333	200% Above
Non-ORx	No	55111039905	LANSOPRAZOLE	90	\$0.42222	\$0.13333	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
Non-ORx	No	55111039990	LANSOPRAZOLE	30	\$0.40000	\$0.13333	200% Above
Non-ORx	No	55111041930	LAMOTRIGINE ER	180	\$12.70000	\$5.36111	101%-200% Above
Non-ORx	No	55111042830	LAMOTRIGINE ER	60	\$6.73333	\$4.30000	51%-75% Above
Non-ORx	No	55111046601	METOPROLOL SUCCINATE ER	270	\$0.33333	\$0.08889	200% Above
Non-ORx	No	55111046601	METOPROLOL SUCCINATE ER	360	\$0.36111	\$0.08889	200% Above
Non-ORx	No	55111046601	METOPROLOL SUCCINATE ER	180	\$0.43333	\$0.08333	200% Above
Non-ORx	No	55111046601	METOPROLOL SUCCINATE ER	60	\$0.35000	\$0.06667	200% Above
Non-ORx	No	55111046601	METOPROLOL SUCCINATE ER	720	\$0.38750	\$0.10000	200% Above
Non-ORx	No	55111046601	METOPROLOL SUCCINATE ER	90	\$0.34444	\$0.08889	200% Above
Non-ORx	No	55111046605	METOPROLOL SUCCINATE ER	180	\$0.38333	\$0.08333	200% Above
Non-ORx	No	55111046605	METOPROLOL SUCCINATE ER	45	\$0.37778	\$0.06667	200% Above
Non-ORx	No	55111046605	METOPROLOL SUCCINATE ER	780	\$0.37692	\$0.10000	200% Above
Non-ORx	No	55111046701	METOPROLOL SUCCINATE ER	90	\$0.33333	\$0.10000	200% Above
Non-ORx	No	55111046701	METOPROLOL SUCCINATE ER	90	\$0.33333	\$0.11111	200% Above
Non-ORx	No	55111046701	METOPROLOL SUCCINATE ER	60	\$0.50000	\$0.10000	200% Above
Non-ORx	No	55111046701	METOPROLOL SUCCINATE ER	690	\$0.42464	\$0.10000	200% Above
Non-ORx	No	55111046705	METOPROLOL SUCCINATE ER	180	\$0.11111	\$0.10000	10%-25% Above
Non-ORx	No	55111046705	METOPROLOL SUCCINATE ER	45	\$0.31111	\$0.11111	101%-200% Above
Non-ORx	No	55111046705	METOPROLOL SUCCINATE ER	10	\$0.40000	\$0.10000	200% Above
Non-ORx	No	55111046705	METOPROLOL SUCCINATE ER	780	\$0.42308	\$0.10000	200% Above
Non-ORx	No	55111046801	METOPROLOL SUCCINATE ER	90	\$0.57778	\$0.13333	200% Above
Non-ORx	No	55111046801	METOPROLOL SUCCINATE ER	90	\$0.57778	\$0.16667	200% Above
Non-ORx	No	55111046801	METOPROLOL SUCCINATE ER	180	\$0.56667	\$0.13333	200% Above
Non-ORx	No	55111046801	METOPROLOL SUCCINATE ER	45	\$0.64444	\$0.13333	200% Above
Non-ORx	No	55111046801	METOPROLOL SUCCINATE ER	14	\$0.64286	\$0.14286	200% Above
Non-ORx	No	55111046801	METOPROLOL SUCCINATE ER	210	\$0.50000	\$0.13333	200% Above
Non-ORx	No	55111046801	METOPROLOL SUCCINATE ER	60	\$0.55000	\$0.16667	200% Above
Non-ORx	No	55111046805	METOPROLOL SUCCINATE ER	240	\$0.59583	\$0.13333	200% Above
Non-ORx	No	55111046805	METOPROLOL SUCCINATE ER	60	\$0.63333	\$0.16667	200% Above
Non-ORx	No	55111046805	METOPROLOL SUCCINATE ER	45	\$0.60000	\$0.13333	200% Above
Non-ORx	No	55111046901	METOPROLOL SUCCINATE ER	30	\$0.70000	\$0.26667	101%-200% Above
Non-ORx	No	55111046905	METOPROLOL SUCCINATE ER	90	\$0.88889	\$0.27778	200% Above
Non-ORx	No	55111046905	METOPROLOL SUCCINATE ER	30	\$0.90000	\$0.26667	200% Above
Non-ORx	No	55111051930	ATOMOXETINE HYDROCHLORIDE	60	\$3.48333	\$1.11667	200% Above
Non-ORx	No	55111052130	ATOMOXETINE HYDROCHLORIDE	30	\$2.96667	\$1.13333	101%-200% Above
Non-ORx	No	55111052130	ATOMOXETINE HYDROCHLORIDE	180	\$2.85556	\$1.13333	101%-200% Above
Non-ORx	No	55111052130	ATOMOXETINE HYDROCHLORIDE	30	\$4.06667	\$1.10000	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
Non-ORx	No	55111052130	ATOMOXETINE HYDROCHLORIDE	10	\$2.40000	\$1.10000	101%-200% Above
Non-ORx	No	55111052230	ATOMOXETINE HYDROCHLORIDE	60	\$2.98333	\$1.23333	101%-200% Above
Non-ORx	No	55111052230	ATOMOXETINE HYDROCHLORIDE	60	\$5.73333	\$1.31667	200% Above
Non-ORx	No	55111052230	ATOMOXETINE HYDROCHLORIDE	120	\$2.70833	\$1.33333	101%-200% Above
Non-ORx	No	55111052601	TACROLIMUS	180	\$0.46111	\$0.37778	10%-25% Above
Non-ORx	No	55111052830	ATOMOXETINE HYDROCHLORIDE	90	\$1.91111	\$1.06667	76%-100% Above
Non-ORx	No	55111053301	DIVALPROEX SODIUM ER	540	\$0.69630	\$0.20000	200% Above
Non-ORx	No	55111053405	DIVALPROEX SODIUM ER	120	\$1.13333	\$0.22500	200% Above
Non-ORx	No	55111053405	DIVALPROEX SODIUM ER	120	\$1.01667	\$0.24167	200% Above
Non-ORx	No	55111053405	DIVALPROEX SODIUM ER	180	\$0.41667	\$0.22222	76%-100% Above
Non-ORx	No	55111053405	DIVALPROEX SODIUM ER	4	\$1.25000	\$0.25000	200% Above
Non-ORx	No	55111053405	DIVALPROEX SODIUM ER	30	\$1.13333	\$0.23333	200% Above
Non-ORx	No	55111053405	DIVALPROEX SODIUM ER	60	\$0.41667	\$0.21667	76%-100% Above
Non-ORx	No	55111056330	ATOMOXETINE HYDROCHLORIDE	120	\$4.41667	\$1.33333	200% Above
Non-ORx	No	55111056430	ATOMOXETINE HYDROCHLORIDE	60	\$6.13333	\$1.61667	200% Above
Non-ORx	No	55111056430	ATOMOXETINE HYDROCHLORIDE	60	\$2.96667	\$1.86667	51%-75% Above
Non-ORx	No	55111057503	IBANDRONATE SODIUM	2	\$7.50000	\$5.00000	51%-75% Above
Non-ORx	No	55111058601	AMLODIPINE BESYLATE/BENAZ	30	\$0.20000	\$0.16667	10%-25% Above
Non-ORx	No	55111058701	AMLODIPINE BESYLATE/BENAZ	30	\$0.63333	\$0.13333	200% Above
Non-ORx	No	55111059660	MEMANTINE HYDROCHLORIDE	120	\$0.39167	\$0.09167	200% Above
Non-ORx	No	55111059760	MEMANTINE HYDROCHLORIDE	60	\$0.33333	\$0.08333	200% Above
Non-ORx	No	55111059760	MEMANTINE HYDROCHLORIDE	45	\$0.26667	\$0.08889	200% Above
Non-ORx	No	55111061901	ESZOPICLONE	7	\$0.85714	\$0.28571	200% Above
Non-ORx	No	55111061901	ESZOPICLONE	30	\$0.33333	\$0.23333	26%-50% Above
Non-ORx	No	55111061901	ESZOPICLONE	25	\$0.92000	\$0.24000	200% Above
Non-ORx	No	55111062560	ZAFIRLUKAST	60	\$1.51667	\$1.08333	26%-50% Above
Non-ORx	No	55111062660	ZAFIRLUKAST	60	\$0.16667	\$1.01667	(76%-100%) Below
Non-ORx	No	55111064501	OMEPRAZOLE	30	\$0.30000	\$0.06667	200% Above
Non-ORx	No	55111064505	OMEPRAZOLE	270	\$0.32593	\$0.06667	200% Above
Non-ORx	No	55111064505	OMEPRAZOLE	180	\$0.33333	\$0.06111	200% Above
Non-ORx	No	55111064505	OMEPRAZOLE	180	\$0.34444	\$0.06667	200% Above
Non-ORx	No	55111064505	OMEPRAZOLE	1170	\$0.46923	\$0.06667	200% Above
Non-ORx	No	55111064530	OMEPRAZOLE	60	\$0.16667	\$0.06667	101%-200% Above
Non-ORx	No	55111064534	OMEPRAZOLE	270	\$0.52593	\$0.06667	200% Above
Non-ORx	No	55111064534	OMEPRAZOLE	60	\$0.61667	\$0.06667	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
Non-ORx	No	55111064534	OMEPRAZOLE	240	\$0.55833	\$0.06667	200% Above
Non-ORx	No	55111068305	IBU	24	\$0.16667	\$0.04167	200% Above
Non-ORx	No	55111069312	SUMATRIPTAN SUCCINATE	2	\$80.50000	\$72.50000	10%-25% Above
Non-ORx	No	55111072030	LAMOTRIGINE ER	60	\$4.01667	\$1.68333	101%-200% Above
Non-ORx	No	55111072510	MONTELUKAST SODIUM	150	\$0.36667	\$0.06000	200% Above
Non-ORx	No	55111072510	MONTELUKAST SODIUM	180	\$0.11111	\$0.05556	101%-200% Above
Non-ORx	No	55111072510	MONTELUKAST SODIUM	2220	\$0.38829	\$0.06667	200% Above
Non-ORx	No	55111072510	MONTELUKAST SODIUM	180	\$0.43333	\$0.06667	200% Above
Non-ORx	No	55111072590	MONTELUKAST SODIUM	30	\$1.40000	\$0.06667	200% Above
Non-ORx	No	55111072901	ALLOPURINOL	900	\$0.17778	\$0.05556	200% Above
Non-ORx	No	55111072901	ALLOPURINOL	360	\$0.18333	\$0.05556	200% Above
Non-ORx	No	55111072901	ALLOPURINOL	180	\$0.18333	\$0.06111	200% Above
Non-ORx	No	55111072901	ALLOPURINOL	30	\$0.26667	\$0.06667	200% Above
Non-ORx	No	55111072901	ALLOPURINOL	60	\$0.03333	\$0.05000	(26%-50%) Below
Non-ORx	No	55111072910	ALLOPURINOL	60	\$0.21667	\$0.06667	200% Above
Non-ORx	No	55111072910	ALLOPURINOL	60	\$0.25000	\$0.06667	200% Above
Non-ORx	No	55111073001	ALLOPURINOL	60	\$0.48333	\$0.10000	200% Above
Non-ORx	No	55111073005	ALLOPURINOL	1260	\$0.21429	\$0.08889	101%-200% Above
Non-ORx	No	55111073005	ALLOPURINOL	240	\$0.39167	\$0.08333	200% Above
Non-ORx	No	55111073005	ALLOPURINOL	24	\$0.20833	\$0.08333	101%-200% Above
Non-ORx	No	55111073005	ALLOPURINOL	360	\$0.36389	\$0.10000	200% Above
Non-ORx	No	55111073005	ALLOPURINOL	45	\$0.22222	\$0.08889	101%-200% Above
Non-ORx	No	55111073390	VALSARTAN	90	\$0.57778	\$0.26667	101%-200% Above
Non-ORx	No	55111073490	VALSARTAN	30	\$0.60000	\$0.36667	51%-75% Above
Non-ORx	No	55111073490	VALSARTAN	30	\$1.40000	\$0.33333	200% Above
Non-ORx	No	55111076260	VALGANCICLOVIR	30	\$3.00000	\$3.46667	(10%-25%) Below
Non-ORx	No	55150030610	PROGESTERONE	30	\$3.50000	\$2.66667	26%-50% Above
Non-ORx	No	55150030610	PROGESTERONE	40	\$3.50000	\$2.67500	26%-50% Above
Non-ORx	No	55150030610	PROGESTERONE	20	\$3.50000	\$2.65000	26%-50% Above
Non-ORx	No	55513080060	CORLANOR	60	\$6.61667	\$8.38333	(10%-25%) Below
Non-ORx	No	57237000201	HYDROCHLOROTHIAZIDE	120	\$0.30000	\$0.03333	200% Above
Non-ORx	No	57237000299	HYDROCHLOROTHIAZIDE	180	\$0.23333	\$0.03333	200% Above
Non-ORx	No	57237000299	HYDROCHLOROTHIAZIDE	120	\$0.20833	\$0.03333	200% Above
Non-ORx	No	57237000299	HYDROCHLOROTHIAZIDE	210	\$0.18095	\$0.03333	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
Non-ORx	No	57237000330	FLUCONAZOLE	14	\$1.14286	\$0.42857	101%-200% Above
Non-ORx	No	57237000430	FLUCONAZOLE	30	\$1.36667	\$0.36667	200% Above
Non-ORx	No	57237000430	FLUCONAZOLE	7	\$1.28571	\$0.28571	200% Above
Non-ORx	No	57237000430	FLUCONAZOLE	5	\$1.40000	\$0.40000	200% Above
Non-ORx	No	57237000511	FLUCONAZOLE	7	\$0.42857	\$0.85714	(26%-50%) Below
Non-ORx	No	57237000511	FLUCONAZOLE	6	\$5.00000	\$0.66667	200% Above
Non-ORx	No	57237000511	FLUCONAZOLE	9	\$4.88889	\$0.77778	200% Above
Non-ORx	No	57237000511	FLUCONAZOLE	10	\$0.40000	\$0.80000	(26%-50%) Below
Non-ORx	No	57237000511	FLUCONAZOLE	2	\$2.00000	\$0.50000	200% Above
Non-ORx	No	57237000511	FLUCONAZOLE	26	\$0.76923	\$1.00000	(10%-25%) Below
Non-ORx	No	57237000511	FLUCONAZOLE	58	\$1.74138	\$1.00000	51%-75% Above
Non-ORx	No	57237000511	FLUCONAZOLE	24	\$1.00000	\$0.75000	26%-50% Above
Non-ORx	No	57237000511	FLUCONAZOLE	33	\$1.63636	\$0.66667	101%-200% Above
Non-ORx	No	57237000630	FLUCONAZOLE	8	\$2.37500	\$0.50000	200% Above
Non-ORx	No	57237000630	FLUCONAZOLE	7	\$1.85714	\$0.57143	200% Above
Non-ORx	No	57237000630	FLUCONAZOLE	2	\$2.50000	\$1.00000	101%-200% Above
Non-ORx	No	57237000630	FLUCONAZOLE	4	\$2.50000	\$0.50000	200% Above
Non-ORx	No	57237000630	FLUCONAZOLE	12	\$2.58333	\$0.66667	200% Above
Non-ORx	No	57237000730	MIRTAZAPINE	30	\$1.13333	\$0.76667	26%-50% Above
Non-ORx	No	57237000830	MIRTAZAPINE	60	\$0.58333	\$0.08333	200% Above
Non-ORx	No	57237000830	MIRTAZAPINE	60	\$0.38333	\$0.06667	200% Above
Non-ORx	No	57237001106	MIRTAZAPINE ODT	30	\$1.63333	\$0.56667	101%-200% Above
Non-ORx	No	57237001401	TAMSULOSIN HYDROCHLORIDE	1170	\$0.38462	\$0.06667	200% Above
Non-ORx	No	57237001401	TAMSULOSIN HYDROCHLORIDE	720	\$0.37639	\$0.06111	200% Above
Non-ORx	No	57237001401	TAMSULOSIN HYDROCHLORIDE	60	\$0.41667	\$0.06667	200% Above
Non-ORx	No	57237001401	TAMSULOSIN HYDROCHLORIDE	20	\$0.45000	\$0.10000	200% Above
Non-ORx	No	57237001401	TAMSULOSIN HYDROCHLORIDE	270	\$0.40741	\$0.06667	200% Above
Non-ORx	No	57237001405	TAMSULOSIN HYDROCHLORIDE	90	\$0.17778	\$0.06667	101%-200% Above
Non-ORx	No	57237001760	DULOXETINE HYDROCHLORIDE	90	\$0.44444	\$0.13333	200% Above
Non-ORx	No	57237001760	DULOXETINE HYDROCHLORIDE	120	\$0.45000	\$0.12500	200% Above
Non-ORx	No	57237001760	DULOXETINE HYDROCHLORIDE	120	\$0.32500	\$0.13333	101%-200% Above
Non-ORx	No	57237001760	DULOXETINE HYDROCHLORIDE	60	\$0.46667	\$0.13333	200% Above
Non-ORx	No	57237001890	DULOXETINE HYDROCHLORIDE	30	\$0.10000	\$0.13333	(10%-25%) Below
Non-ORx	No	57237001899	DULOXETINE HYDROCHLORIDE	180	\$0.50000	\$0.12222	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
Non-ORx	No	57237001899	DULOXETINE HYDROCHLORIDE	130	\$0.47692	\$0.10769	200% Above
Non-ORx	No	57237001899	DULOXETINE HYDROCHLORIDE	180	\$0.40000	\$0.10556	200% Above
Non-ORx	No	57237001899	DULOXETINE HYDROCHLORIDE	90	\$0.50000	\$0.10000	200% Above
Non-ORx	No	57237001899	DULOXETINE HYDROCHLORIDE	60	\$0.48333	\$0.10000	200% Above
Non-ORx	No	57237001930	DULOXETINE HYDROCHLORIDE	120	\$0.36667	\$0.13333	101%-200% Above
Non-ORx	No	57237001990	DULOXETINE HYDROCHLORIDE	30	\$0.43333	\$0.13333	200% Above
Non-ORx	No	57237001999	DULOXETINE HYDROCHLORIDE	180	\$0.34444	\$0.13333	101%-200% Above
Non-ORx	No	57237001999	DULOXETINE HYDROCHLORIDE	200	\$0.50500	\$0.13000	200% Above
Non-ORx	No	57237001999	DULOXETINE HYDROCHLORIDE	450	\$0.58000	\$0.12222	200% Above
Non-ORx	No	57237002505	GLYBURIDE/METFORMIN HYDRO	360	\$0.17500	\$0.05556	200% Above
Non-ORx	No	57237002801	AMOXICILLIN	120	\$0.33333	\$0.13333	101%-200% Above
Non-ORx	No	57237002801	AMOXICILLIN	28	\$0.35714	\$0.10714	200% Above
Non-ORx	No	57237002801	AMOXICILLIN	80	\$0.35000	\$0.12500	101%-200% Above
Non-ORx	No	57237002801	AMOXICILLIN	84	\$0.34524	\$0.11905	101%-200% Above
Non-ORx	No	57237002801	AMOXICILLIN	44	\$0.36364	\$0.13636	101%-200% Above
Non-ORx	No	57237002801	AMOXICILLIN	14	\$0.35714	\$0.14286	101%-200% Above
Non-ORx	No	57237002801	AMOXICILLIN	12	\$0.33333	\$0.08333	200% Above
Non-ORx	No	57237002801	AMOXICILLIN	10	\$0.30000	\$0.10000	200% Above
Non-ORx	No	57237002801	AMOXICILLIN	60	\$0.35000	\$0.10000	200% Above
Non-ORx	No	57237002801	AMOXICILLIN	189	\$0.26984	\$0.14286	76%-100% Above
Non-ORx	No	57237002801	AMOXICILLIN	21	\$0.33333	\$0.09524	200% Above
Non-ORx	No	57237002901	AMOXICILLIN	20	\$0.10000	\$0.15000	(26%-50%) Below
Non-ORx	No	57237002901	AMOXICILLIN	14	\$0.42857	\$0.14286	200% Above
Non-ORx	No	57237003501	CEFPROZIL	200	\$0.39500	\$0.25000	51%-75% Above
Non-ORx	No	57237003750	CEFPROZIL	20	\$1.25000	\$1.05000	10%-25% Above
Non-ORx	No	57237004101	PENICILLIN V POTASSIUM	56	\$0.07143	\$0.10714	(26%-50%) Below
Non-ORx	No	57237004101	PENICILLIN V POTASSIUM	20	\$0.05000	\$0.10000	(26%-50%) Below
Non-ORx	No	57237004101	PENICILLIN V POTASSIUM	56	\$0.28571	\$0.10714	101%-200% Above
Non-ORx	No	57237004105	PENICILLIN V POTASSIUM	40	\$0.52500	\$0.10000	200% Above
Non-ORx	No	57237004105	PENICILLIN V POTASSIUM	84	\$0.39286	\$0.10714	200% Above
Non-ORx	No	57237004105	PENICILLIN V POTASSIUM	20	\$0.40000	\$0.10000	200% Above
Non-ORx	No	57237004199	PENICILLIN V POTASSIUM	42	\$0.30952	\$0.09524	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
Non-ORx	No	57237004199	PENICILLIN V POTASSIUM	90	\$0.35556	\$0.10000	200% Above
Non-ORx	No	57237004199	PENICILLIN V POTASSIUM	60	\$0.40000	\$0.10000	200% Above
Non-ORx	No	57237004199	PENICILLIN V POTASSIUM	40	\$0.30000	\$0.10000	200% Above
Non-ORx	No	57237004199	PENICILLIN V POTASSIUM	21	\$0.42857	\$0.09524	200% Above
Non-ORx	No	57237004199	PENICILLIN V POTASSIUM	56	\$0.46429	\$0.10714	200% Above
Non-ORx	No	57237004230	VALACYCLOVIR HYDROCHLORID	180	\$0.52778	\$0.31111	51%-75% Above
Non-ORx	No	57237004230	VALACYCLOVIR HYDROCHLORID	120	\$0.79167	\$0.30833	101%-200% Above
Non-ORx	No	57237004230	VALACYCLOVIR HYDROCHLORID	150	\$0.62667	\$0.30000	101%-200% Above
Non-ORx	No	57237004330	VALACYCLOVIR HCL	88	\$0.70455	\$0.56818	10%-25% Above
Non-ORx	No	57237004330	VALACYCLOVIR HCL	30	\$0.43333	\$0.56667	(10%-25%) Below
Non-ORx	No	57237004330	VALACYCLOVIR HCL	4	\$2.00000	\$0.50000	200% Above
Non-ORx	No	57237004330	VALACYCLOVIR HCL	20	\$0.70000	\$0.55000	26%-50% Above
Non-ORx	No	57237004390	VALACYCLOVIR HCL	28	\$0.96429	\$0.57143	51%-75% Above
Non-ORx	No	57237004390	VALACYCLOVIR HCL	60	\$0.80000	\$0.56667	26%-50% Above
Non-ORx	No	57237004390	VALACYCLOVIR HCL	4	\$1.25000	\$0.50000	101%-200% Above
Non-ORx	No	57237004390	VALACYCLOVIR HCL	13	\$0.69231	\$0.53846	26%-50% Above
Non-ORx	No	57237004390	VALACYCLOVIR HCL	14	\$1.14286	\$0.57143	101%-200% Above
Non-ORx	No	57237005920	CEFUROXIME AXETIL	28	\$0.78571	\$0.53571	26%-50% Above
Non-ORx	No	57237005920	CEFUROXIME AXETIL	20	\$2.30000	\$0.55000	200% Above
Non-ORx	No	57237005920	CEFUROXIME AXETIL	14	\$1.35714	\$0.57143	101%-200% Above
Non-ORx	No	57237006290	FINASTERIDE	30	\$0.13333	\$0.06667	101%-200% Above
Non-ORx	No	57237006301	FLECAINIDE ACETATE	120	\$0.34167	\$0.15000	101%-200% Above
Non-ORx	No	57237007530	ONDANSETRON HYDROCHLORIDE	120	\$0.63333	\$0.06667	200% Above
Non-ORx	No	57237007530	ONDANSETRON HYDROCHLORIDE	40	\$0.35000	\$0.07500	200% Above
Non-ORx	No	57237007530	ONDANSETRON HYDROCHLORIDE	120	\$0.07500	\$0.06667	10%-25% Above
Non-ORx	No	57237007530	ONDANSETRON HYDROCHLORIDE	140	\$0.21429	\$0.05000	200% Above
Non-ORx	No	57237007530	ONDANSETRON HYDROCHLORIDE	18	\$0.33333	\$0.11111	200% Above
Non-ORx	No	57237007530	ONDANSETRON HYDROCHLORIDE	8	\$0.37500	\$0.12500	200% Above
Non-ORx	No	57237007530	ONDANSETRON HYDROCHLORIDE	40	\$0.57500	\$0.10000	200% Above
Non-ORx	No	57237007530	ONDANSETRON HYDROCHLORIDE	48	\$0.33333	\$0.08333	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
Non-ORx	No	57237007630	ONDANSETRON HYDROCHLORIDE	40	\$0.45000	\$0.10000	200% Above
Non-ORx	No	57237007630	ONDANSETRON HYDROCHLORIDE	120	\$0.34167	\$0.10000	200% Above
Non-ORx	No	57237007630	ONDANSETRON HYDROCHLORIDE	180	\$0.39444	\$0.10556	200% Above
Non-ORx	No	57237007630	ONDANSETRON HYDROCHLORIDE	90	\$0.44444	\$0.10000	200% Above
Non-ORx	No	57237007630	ONDANSETRON HYDROCHLORIDE	12	\$0.41667	\$0.08333	200% Above
Non-ORx	No	57237007630	ONDANSETRON HYDROCHLORIDE	20	\$0.40000	\$0.10000	200% Above
Non-ORx	No	57237007630	ONDANSETRON HYDROCHLORIDE	16	\$0.37500	\$0.12500	200% Above
Non-ORx	No	57237007630	ONDANSETRON HYDROCHLORIDE	30	\$0.43333	\$0.13333	200% Above
Non-ORx	No	57237007710	ONDANSETRON ODT	24	\$0.45833	\$0.20833	101%-200% Above
Non-ORx	No	57237007710	ONDANSETRON ODT	120	\$0.40000	\$0.25000	51%-75% Above
Non-ORx	No	57237007710	ONDANSETRON ODT	140	\$0.60000	\$0.20000	200% Above
Non-ORx	No	57237007710	ONDANSETRON ODT	16	\$0.75000	\$0.18750	200% Above
Non-ORx	No	57237007710	ONDANSETRON ODT	90	\$0.47778	\$0.22222	101%-200% Above
Non-ORx	No	57237007710	ONDANSETRON ODT	45	\$0.75556	\$0.22222	200% Above
Non-ORx	No	57237007710	ONDANSETRON ODT	270	\$0.55926	\$0.23333	101%-200% Above
Non-ORx	No	57237007710	ONDANSETRON ODT	40	\$0.75000	\$0.22500	200% Above
Non-ORx	No	57237007710	ONDANSETRON ODT	60	\$0.33333	\$0.20000	51%-75% Above
Non-ORx	No	57237007710	ONDANSETRON ODT	12	\$0.50000	\$0.16667	200% Above
Non-ORx	No	57237007710	ONDANSETRON ODT	5	\$0.40000	\$0.20000	101%-200% Above
Non-ORx	No	57237007710	ONDANSETRON ODT	8	\$0.50000	\$0.25000	101%-200% Above
Non-ORx	No	57237007710	ONDANSETRON ODT	8	\$0.75000	\$0.25000	200% Above
Non-ORx	No	57237007710	ONDANSETRON ODT	48	\$0.56250	\$0.25000	101%-200% Above
Non-ORx	No	57237007710	ONDANSETRON ODT	70	\$0.52857	\$0.20000	101%-200% Above
Non-ORx	No	57237007730	ONDANSETRON ODT	16	\$0.18750	\$0.25000	(10%-25%) Below
Non-ORx	No	57237007730	ONDANSETRON ODT	12	\$0.75000	\$0.25000	200% Above
Non-ORx	No	57237007810	ONDANSETRON ODT	120	\$1.41667	\$0.25000	200% Above
Non-ORx	No	57237007810	ONDANSETRON ODT	90	\$1.05556	\$0.23333	200% Above
Non-ORx	No	57237007810	ONDANSETRON ODT	80	\$1.51250	\$0.22500	200% Above
Non-ORx	No	57237007810	ONDANSETRON ODT	30	\$1.50000	\$0.20000	200% Above
Non-ORx	No	57237007810	ONDANSETRON ODT	12	\$0.91667	\$0.16667	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
Non-ORx	No	57237007810	ONDANSETRON ODT	3	\$1.00000	\$0.33333	200% Above
Non-ORx	No	57237007810	ONDANSETRON ODT	40	\$1.17500	\$0.20000	200% Above
Non-ORx	No	57237007830	ONDANSETRON ODT	30	\$0.20000	\$0.23333	(10%-25%) Below
Non-ORx	No	57237007830	ONDANSETRON ODT	20	\$0.75000	\$0.25000	200% Above
Non-ORx	No	57237009960	CEFDINIR	28	\$1.82143	\$0.46429	200% Above
Non-ORx	No	57237009960	CEFDINIR	240	\$1.02917	\$0.45000	101%-200% Above
Non-ORx	No	57237009960	CEFDINIR	20	\$1.35000	\$0.50000	101%-200% Above
Non-ORx	No	57237009960	CEFDINIR	42	\$1.54762	\$0.42857	200% Above
Non-ORx	No	57237010099	METOPROLOL TARTRATE	360	\$0.08889	\$0.01667	200% Above
Non-ORx	No	57237010099	METOPROLOL TARTRATE	360	\$0.06944	\$0.02222	200% Above
Non-ORx	No	57237010099	METOPROLOL TARTRATE	30	\$0.00000	\$0.03333	(76%-100%) Below
Non-ORx	No	57237010099	METOPROLOL TARTRATE	180	\$0.10000	\$0.01667	200% Above
Non-ORx	No	57237010101	METOPROLOL TARTRATE	60	\$0.15000	\$0.01667	200% Above
Non-ORx	No	57237010199	METOPROLOL TARTRATE	180	\$0.09444	\$0.02222	200% Above
Non-ORx	No	57237011490	ALFUZOSIN HCL ER	360	\$0.41389	\$0.13333	200% Above
Non-ORx	No	57237011490	ALFUZOSIN HCL ER	360	\$0.25833	\$0.13333	76%-100% Above
Non-ORx	No	57237011901	WARFARIN SODIUM	30	\$0.16667	\$0.10000	51%-75% Above
Non-ORx	No	57237012101	WARFARIN SODIUM	23	\$0.08696	\$0.13044	(26%-50%) Below
Non-ORx	No	57237012401	WARFARIN SODIUM	70	\$0.12857	\$0.11429	10%-25% Above
Non-ORx	No	57237012401	WARFARIN SODIUM	35	\$0.45714	\$0.11429	200% Above
Non-ORx	No	57237012401	WARFARIN SODIUM	60	\$0.13333	\$0.10000	26%-50% Above
Non-ORx	No	57237014301	AMLODIPINE BESYLATE/BENAZ	60	\$0.41667	\$0.13333	200% Above
Non-ORx	No	57237014401	AMLODIPINE BESYLATE/BENAZ	180	\$0.70000	\$0.13333	200% Above
Non-ORx	No	57237014601	AMLODIPINE BESYLATE/BENAZ	60	\$0.70000	\$0.13333	200% Above
Non-ORx	No	57237014701	AMLODIPINE BESYLATE/BENAZ	90	\$0.35556	\$0.16667	101%-200% Above
Non-ORx	No	57237014701	AMLODIPINE BESYLATE/BENAZ	90	\$0.93333	\$0.16667	200% Above
Non-ORx	No	57237015035	FLUCONAZOLE	70	\$2.08571	\$0.54286	200% Above
Non-ORx	No	57237016199	OMEPRAZOLE	2070	\$0.31111	\$0.03333	200% Above
Non-ORx	No	57237016199	OMEPRAZOLE	240	\$0.43750	\$0.03333	200% Above
Non-ORx	No	57237016199	OMEPRAZOLE	180	\$0.30556	\$0.03333	200% Above
Non-ORx	No	57237016199	OMEPRAZOLE	120	\$0.43333	\$0.03333	200% Above
Non-ORx	No	57237016199	OMEPRAZOLE	28	\$0.42857	\$0.03571	200% Above
Non-ORx	No	57237016199	OMEPRAZOLE	420	\$0.40714	\$0.03333	200% Above
Non-ORx	No	57237016230	OMEPRAZOLE	90	\$0.24444	\$0.06667	200% Above
Non-ORx	No	57237016250	OMEPRAZOLE	900	\$0.42000	\$0.06667	200% Above
Non-ORx	No	57237016250	OMEPRAZOLE	360	\$0.45556	\$0.06111	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
Non-ORx	No	57237016250	OMEPRAZOLE	60	\$0.26667	\$0.06667	200% Above
Non-ORx	No	57237016290	OMEPRAZOLE	120	\$0.08333	\$0.06667	26%-50% Above
Non-ORx	No	57237016290	OMEPRAZOLE	90	\$0.17778	\$0.06667	101%-200% Above
Non-ORx	No	57237016890	ROSUVASTATIN CALCIUM	45	\$0.42222	\$0.06667	200% Above
Non-ORx	No	57237016890	ROSUVASTATIN CALCIUM	60	\$0.23333	\$0.06667	200% Above
Non-ORx	No	57237016990	ROSUVASTATIN CALCIUM	90	\$0.37778	\$0.06667	200% Above
Non-ORx	No	57237016999	ROSUVASTATIN CALCIUM	60	\$0.28333	\$0.06667	200% Above
Non-ORx	No	57237016999	ROSUVASTATIN CALCIUM	240	\$0.33750	\$0.06667	200% Above
Non-ORx	No	57237017090	ROSUVASTATIN CALCIUM	31	\$0.35484	\$0.06452	200% Above
Non-ORx	No	57237017090	ROSUVASTATIN CALCIUM	30	\$0.43333	\$0.06667	200% Above
Non-ORx	No	57237017099	ROSUVASTATIN CALCIUM	60	\$0.21667	\$0.06667	200% Above
Non-ORx	No	57237017105	ROSUVASTATIN CALCIUM	30	\$0.46667	\$0.13333	200% Above
Non-ORx	No	57237017130	ROSUVASTATIN CALCIUM	90	\$0.63333	\$0.13333	200% Above
Non-ORx	No	57237017130	ROSUVASTATIN CALCIUM	30	\$0.66667	\$0.13333	200% Above
Non-ORx	No	57237017190	ROSUVASTATIN CALCIUM	30	\$0.63333	\$0.13333	200% Above
Non-ORx	No	57237017190	ROSUVASTATIN CALCIUM	15	\$0.46667	\$0.13333	200% Above
Non-ORx	No	57237017501	VENLAFAXINE HCL	270	\$0.36296	\$0.10741	200% Above
Non-ORx	No	57237017501	VENLAFAXINE HCL	270	\$0.36296	\$0.12222	101%-200% Above
Non-ORx	No	57237018090	PRAMIPEXOLE DIHYDROCHLORI	30	\$0.20000	\$0.06667	200% Above
Non-ORx	No	57237018190	PRAMIPEXOLE DIHYDROCHLORI	60	\$0.20000	\$0.06667	200% Above
Non-ORx	No	57237021230	MONTELUKAST SODIUM	120	\$0.66667	\$0.10000	200% Above
Non-ORx	No	57237021330	MONTELUKAST SODIUM	150	\$0.24000	\$0.10000	101%-200% Above
Non-ORx	No	57237021860	PIOGLITAZONE HCL/METFORMI	60	\$0.63333	\$0.41667	51%-75% Above
Non-ORx	No	57237021905	PIOGLITAZONE HYDROCHLORID	90	\$0.45556	\$0.08889	200% Above
Non-ORx	No	57237021990	PIOGLITAZONE HYDROCHLORID	30	\$0.26667	\$0.10000	101%-200% Above
Non-ORx	No	57237022005	PIOGLITAZONE HYDROCHLORID	90	\$0.54444	\$0.13333	200% Above
Non-ORx	No	57237022005	PIOGLITAZONE HYDROCHLORID	30	\$0.33333	\$0.13333	101%-200% Above
Non-ORx	No	57237022030	PIOGLITAZONE HYDROCHLORID	150	\$0.31333	\$0.13333	101%-200% Above
Non-ORx	No	57237022090	PIOGLITAZONE HYDROCHLORID	60	\$0.43333	\$0.13333	200% Above
Non-ORx	No	57237022130	PIOGLITAZONE HCL	30	\$0.40000	\$0.13333	200% Above
Non-ORx	No	57237022190	PIOGLITAZONE HCL	30	\$0.46667	\$0.13333	200% Above
Non-ORx	No	57237022401	RAMIPRIL	30	\$0.43333	\$0.06667	200% Above
Non-ORx	No	57237022401	RAMIPRIL	60	\$0.45000	\$0.06667	200% Above
Non-ORx	No	57237022505	RAMIPRIL	60	\$0.30000	\$0.06667	200% Above
Non-ORx	No	57237022505	RAMIPRIL	30	\$0.30000	\$0.06667	200% Above
Non-ORx	No	57237023301	SULFAMETHOXAZOLE/TRIMETH	40	\$0.37500	\$0.05000	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
Non-ORx	No	57237023305	SULFAMETHOXAZOLE/TRIMETH	60	\$0.28333	\$0.05000	200% Above
Non-ORx	No	57237023305	SULFAMETHOXAZOLE/TRIMETH	60	\$0.38333	\$0.06667	200% Above
Non-ORx	No	57237023305	SULFAMETHOXAZOLE/TRIMETH	54	\$0.37037	\$0.05556	200% Above
Non-ORx	No	57237023305	SULFAMETHOXAZOLE/TRIMETH	10	\$0.40000	\$0.10000	200% Above
Non-ORx	No	57237023305	SULFAMETHOXAZOLE/TRIMETH	12	\$0.41667	\$0.08333	200% Above
Non-ORx	No	57237023305	SULFAMETHOXAZOLE/TRIMETH	15	\$0.40000	\$0.06667	200% Above
Non-ORx	No	57237023305	SULFAMETHOXAZOLE/TRIMETH	28	\$0.25000	\$0.07143	200% Above
Non-ORx	No	57237024001	ZALEPLON	60	\$0.58333	\$0.16667	200% Above
Non-ORx	No	57664016752	METOPROLOL TARTRATE	60	\$0.01667	\$0.03333	(26%-50%) Below
Non-ORx	No	57664016758	METOPROLOL TARTRATE	180	\$0.13333	\$0.03333	200% Above
Non-ORx	No	57664016758	METOPROLOL TARTRATE	240	\$0.10417	\$0.03333	200% Above
Non-ORx	No	57664023088	METHYLPHENIDATE HYDROCHLO	90	\$0.50000	\$0.21111	101%-200% Above
Non-ORx	No	57664023288	NITROFURANTOIN MACROCRYST	30	\$0.83333	\$0.43333	76%-100% Above
Non-ORx	No	57664037708	TRAMADOL HCL	120	\$0.15000	\$0.02500	200% Above
Non-ORx	No	57664037708	TRAMADOL HCL	240	\$0.15000	\$0.02500	200% Above
Non-ORx	No	57664037708	TRAMADOL HCL	30	\$0.20000	\$0.03333	200% Above
Non-ORx	No	57664037708	TRAMADOL HCL	84	\$0.14286	\$0.02381	200% Above
Non-ORx	No	57664037713	TRAMADOL HCL	360	\$0.15556	\$0.02222	200% Above
Non-ORx	No	57664037713	TRAMADOL HCL	120	\$0.09167	\$0.01667	200% Above
Non-ORx	No	57664037713	TRAMADOL HCL	100	\$0.15000	\$0.02000	200% Above
Non-ORx	No	57664037713	TRAMADOL HCL	222	\$0.16216	\$0.02252	200% Above
Non-ORx	No	57664037713	TRAMADOL HCL	56	\$0.10714	\$0.03571	200% Above
Non-ORx	No	57664037713	TRAMADOL HCL	48	\$0.20833	\$0.04167	200% Above
Non-ORx	No	57664037713	TRAMADOL HCL	42	\$0.09524	\$0.04762	101%-200% Above
Non-ORx	No	57664037713	TRAMADOL HCL	180	\$0.15000	\$0.03333	200% Above
Non-ORx	No	57664037713	TRAMADOL HCL	42	\$0.16667	\$0.02381	200% Above
Non-ORx	No	57664037718	TRAMADOL HCL	180	\$0.08333	\$0.02222	200% Above
Non-ORx	No	57664037718	TRAMADOL HCL	300	\$0.15000	\$0.01667	200% Above
Non-ORx	No	57664037718	TRAMADOL HCL	397	\$0.01511	\$0.02519	(26%-50%) Below
Non-ORx	No	57664037718	TRAMADOL HCL	540	\$0.08704	\$0.02222	200% Above
Non-ORx	No	57664037718	TRAMADOL HCL	120	\$0.15000	\$0.02500	200% Above
Non-ORx	No	57664037718	TRAMADOL HCL	112	\$0.11607	\$0.03571	200% Above
Non-ORx	No	57664037718	TRAMADOL HCL	25	\$0.00000	\$0.04000	(76%-100%) Below
Non-ORx	No	57664037718	TRAMADOL HCL	84	\$0.14286	\$0.04762	200% Above
Non-ORx	No	57664037718	TRAMADOL HCL	24	\$0.16667	\$0.04167	200% Above
Non-ORx	No	57664037718	TRAMADOL HCL	80	\$0.15000	\$0.02500	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
Non-ORx	No	57664037718	TRAMADOL HCL	300	\$0.13000	\$0.03333	200% Above
Non-ORx	No	57664037718	TRAMADOL HCL	35	\$0.20000	\$0.02857	200% Above
Non-ORx	No	57664037888	DEXMETHYLPHENIDATE HCL	60	\$0.11667	\$0.16667	(26%-50%) Below
Non-ORx	No	57664037888	DEXMETHYLPHENIDATE HCL	30	\$0.66667	\$0.16667	200% Above
Non-ORx	No	57664037988	DEXMETHYLPHENIDATE HCL	180	\$0.30556	\$0.26111	10%-25% Above
Non-ORx	No	57664043718	DIGOXIN	90	\$0.36667	\$0.24444	51%-75% Above
Non-ORx	No	57664044118	DIGOXIN	90	\$0.41111	\$0.31111	26%-50% Above
Non-ORx	No	57664044118	DIGOXIN	30	\$0.83333	\$0.30000	101%-200% Above
Non-ORx	No	57664047458	METFORMIN HYDROCHLORIDE	180	\$0.18889	\$0.03333	200% Above
Non-ORx	No	57664047752	METOPROLOL TARTRATE	180	\$0.21667	\$0.02222	200% Above
Non-ORx	No	57664047758	METOPROLOL TARTRATE	1440	\$0.17222	\$0.02222	200% Above
Non-ORx	No	57664047758	METOPROLOL TARTRATE	90	\$0.11111	\$0.02222	200% Above
Non-ORx	No	57664047758	METOPROLOL TARTRATE	780	\$0.07821	\$0.01667	200% Above
Non-ORx	No	57664049918	MIRTAZAPINE	120	\$0.33333	\$0.07500	200% Above
Non-ORx	No	57664049918	MIRTAZAPINE	150	\$0.39333	\$0.06667	200% Above
Non-ORx	No	57664049983	MIRTAZAPINE	120	\$0.45000	\$0.08333	200% Above
Non-ORx	No	57664049983	MIRTAZAPINE	90	\$0.48889	\$0.07778	200% Above
Non-ORx	No	57664049983	MIRTAZAPINE	120	\$0.60000	\$0.06667	200% Above
Non-ORx	No	57664050083	MIRTAZAPINE	180	\$0.56667	\$0.10000	200% Above
Non-ORx	No	57664050083	MIRTAZAPINE	30	\$0.70000	\$0.10000	200% Above
Non-ORx	No	57664050083	MIRTAZAPINE	15	\$0.73333	\$0.06667	200% Above
Non-ORx	No	57664050183	MIRTAZAPINE	30	\$0.90000	\$0.13333	200% Above
Non-ORx	No	57664050318	TIZANIDINE HYDROCHLORIDE	180	\$0.12778	\$0.05556	101%-200% Above
Non-ORx	No	57664050318	TIZANIDINE HYDROCHLORIDE	60	\$0.03333	\$0.05000	(26%-50%) Below
Non-ORx	No	57664050389	TIZANIDINE HYDROCHLORIDE	30	\$0.26667	\$0.06667	200% Above
Non-ORx	No	57664050652	METOPROLOL TARTRATE	60	\$0.11667	\$0.01667	200% Above
Non-ORx	No	57664050652	METOPROLOL TARTRATE	30	\$0.00000	\$0.03333	(76%-100%) Below
Non-ORx	No	57664050658	METOPROLOL TARTRATE	720	\$0.07361	\$0.01667	200% Above
Non-ORx	No	57664050658	METOPROLOL TARTRATE	540	\$0.09074	\$0.01852	200% Above
Non-ORx	No	57664050658	METOPROLOL TARTRATE	240	\$0.01250	\$0.02083	(26%-50%) Below
Non-ORx	No	57664050658	METOPROLOL TARTRATE	210	\$0.05714	\$0.03333	51%-75% Above
Non-ORx	No	57664050658	METOPROLOL TARTRATE	1020	\$0.09510	\$0.01667	200% Above
Non-ORx	No	57664050658	METOPROLOL TARTRATE	180	\$0.07778	\$0.02222	200% Above
Non-ORx	No	57664051083	MIRTAZAPINE	90	\$1.80000	\$0.77778	101%-200% Above
Non-ORx	No	57664051083	MIRTAZAPINE	60	\$1.81667	\$0.76667	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
Non-ORx	No	57664068818	AMITRIPTYLINE HYDROCHLORI	30	\$0.23333	\$0.06667	200% Above
Non-ORx	No	57664078486	CLONAZEPAM ODT	60	\$0.91667	\$0.68333	26%-50% Above
Non-ORx	No	57664080818	PHENYTOIN SODIUM EXTENDED	90	\$0.07778	\$0.16667	(51%-75%) Below
Non-ORx	No	57664085385	MINOCYCLINE HYDROCHLORIDE	30	\$0.16667	\$0.36667	(51%-75%) Below
Non-ORx	No	58657017001	M-NATAL PLUS	30	\$0.16667	\$0.10000	51%-75% Above
Non-ORx	No	58657045001	PHENAZOPYRIDINE HYDROCHLO	12	\$0.25000	\$0.33333	(10%-25%) Below
Non-ORx	No	58657045601	URO-MP	21	\$2.14286	\$1.80952	10%-25% Above
Non-ORx	No	58657045601	URO-MP	90	\$2.15556	\$1.83333	10%-25% Above
Non-ORx	No	58657045601	URO-MP	15	\$2.06667	\$1.86667	10%-25% Above
Non-ORx	No	58657047806	SELENIUM SULFIDE	180	\$0.61111	\$0.31111	76%-100% Above
Non-ORx	No	58657050016	CODEINE/GUAIFENESIN	600	\$0.02333	\$0.02667	(10%-25%) Below
Non-ORx	No	58657050016	CODEINE/GUAIFENESIN	237	\$0.02532	\$0.02954	(10%-25%) Below
Non-ORx	No	58657050016	CODEINE/GUAIFENESIN	720	\$0.03194	\$0.02500	26%-50% Above
Non-ORx	No	58657050016	CODEINE/GUAIFENESIN	180	\$0.02222	\$0.02778	(10%-25%) Below
Non-ORx	No	58657050016	CODEINE/GUAIFENESIN	200	\$0.07000	\$0.03000	101%-200% Above
Non-ORx	No	58657050016	CODEINE/GUAIFENESIN	236	\$0.05509	\$0.02542	101%-200% Above
Non-ORx	No	58657050016	CODEINE/GUAIFENESIN	960	\$0.03021	\$0.02500	10%-25% Above
Non-ORx	No	58657064510	CARISOPRODOL	90	\$0.20000	\$0.05556	200% Above
Non-ORx	No	58657064510	CARISOPRODOL	60	\$0.18333	\$0.05000	200% Above
Non-ORx	No	58657064550	CARISOPRODOL	90	\$0.17778	\$0.05556	200% Above
Non-ORx	No	59148003713	REXULTI	90	\$32.77778	\$42.58889	(10%-25%) Below
Non-ORx	No	59651000205	OMEPRAZOLE	150	\$0.12667	\$0.03333	200% Above
Non-ORx	No	59651000305	OMEPRAZOLE DR	120	\$0.49167	\$0.05833	200% Above
Non-ORx	No	59651000305	OMEPRAZOLE DR	2250	\$0.48489	\$0.06667	200% Above
Non-ORx	No	59651000305	OMEPRAZOLE DR	240	\$0.49583	\$0.06250	200% Above
Non-ORx	No	59651000305	OMEPRAZOLE DR	180	\$0.45556	\$0.06111	200% Above
Non-ORx	No	59651000305	OMEPRAZOLE DR	660	\$0.66970	\$0.06667	200% Above
Non-ORx	No	59651000305	OMEPRAZOLE DR	14	\$0.64286	\$0.07143	200% Above
Non-ORx	No	59651000305	OMEPRAZOLE DR	180	\$0.61667	\$0.06667	200% Above
Non-ORx	No	59651000330	OMEPRAZOLE DR	60	\$0.16667	\$0.06667	101%-200% Above
Non-ORx	No	59651000330	OMEPRAZOLE DR	360	\$0.16667	\$0.06667	101%-200% Above
Non-ORx	No	59651000815	AZITHROMYCIN	30	\$1.33333	\$0.46667	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
Non-ORx	No	59651000823	AZITHROMYCIN	45	\$1.08889	\$0.35556	200% Above
Non-ORx	No	59651000823	AZITHROMYCIN	23	\$1.04348	\$0.34783	200% Above
Non-ORx	No	59651000830	AZITHROMYCIN	60	\$0.80000	\$0.30000	101%-200% Above
Non-ORx	No	59651001890	NIACIN ER	60	\$0.53333	\$0.26667	101%-200% Above
Non-ORx	No	59651001890	NIACIN ER	30	\$0.53333	\$0.26667	101%-200% Above
Non-ORx	No	59651002655	AMOXICILLIN/CLAVULANATE P	150	\$0.43333	\$0.39333	10%-25% Above
Non-ORx	No	59651002675	AMOXICILLIN/CLAVULANATE P	150	\$0.60000	\$0.47333	26%-50% Above
Non-ORx	No	59651002988	LO-ZUMANDIMINE	84	\$0.16667	\$0.38095	(51%-75%) Below
Non-ORx	No	59651005205	EZETIMIBE	30	\$0.10000	\$0.13333	(10%-25%) Below
Non-ORx	No	59651005230	EZETIMIBE	30	\$0.56667	\$0.13333	200% Above
Non-ORx	No	59651005290	EZETIMIBE	60	\$0.10000	\$0.13333	(10%-25%) Below
Non-ORx	No	59651010469	ELETRIPTAN HYDROBROMIDE	12	\$6.00000	\$4.50000	26%-50% Above
Non-ORx	No	59651010569	ELETRIPTAN HYDROBROMIDE	12	\$15.25000	\$4.00000	200% Above
Non-ORx	No	59651010569	ELETRIPTAN HYDROBROMIDE	4	\$6.75000	\$3.75000	76%-100% Above
Non-ORx	No	59651015201	PROGESTERONE	270	\$1.38889	\$0.25556	200% Above
Non-ORx	No	59651015201	PROGESTERONE	180	\$1.38889	\$0.25000	200% Above
Non-ORx	No	59651015201	PROGESTERONE	180	\$1.38889	\$0.28889	200% Above
Non-ORx	No	59651015201	PROGESTERONE	330	\$0.61515	\$0.26667	101%-200% Above
Non-ORx	No	59651015201	PROGESTERONE	40	\$0.80000	\$0.25000	200% Above
Non-ORx	No	59651015301	PROGESTERONE	120	\$1.41667	\$0.46667	200% Above
Non-ORx	No	59651015301	PROGESTERONE	90	\$1.41111	\$0.46667	200% Above
Non-ORx	No	59651015301	PROGESTERONE	10	\$1.40000	\$0.50000	101%-200% Above
Non-ORx	No	59651015301	PROGESTERONE	15	\$1.46667	\$0.46667	200% Above
Non-ORx	No	59651015301	PROGESTERONE	120	\$1.05000	\$0.46667	101%-200% Above
Non-ORx	No	59651015301	PROGESTERONE	30	\$1.40000	\$0.43333	200% Above
Non-ORx	No	59651017301	DOXEPIN HYDROCHLORIDE	120	\$0.43333	\$0.23333	76%-100% Above
Non-ORx	No	59651017301	DOXEPIN HYDROCHLORIDE	90	\$0.43333	\$0.23333	76%-100% Above
Non-ORx	No	59651017301	DOXEPIN HYDROCHLORIDE	60	\$0.43333	\$0.21667	101%-200% Above
Non-ORx	No	59651017301	DOXEPIN HYDROCHLORIDE	30	\$0.43333	\$0.20000	101%-200% Above
Non-ORx	No	59651017301	DOXEPIN HYDROCHLORIDE	30	\$0.06667	\$0.23333	(51%-75%) Below
Non-ORx	No	59651017401	DOXEPIN HYDROCHLORIDE	240	\$0.36250	\$0.30000	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
Non-ORx	No	59651017401	DOXEPIN HYDROCHLORIDE	30	\$0.56667	\$0.30000	76%-100% Above
Non-ORx	No	59651017501	DOXEPIN HYDROCHLORIDE	60	\$0.80000	\$0.31667	101%-200% Above
Non-ORx	No	59651018030	LETROZOLE	15	\$0.86667	\$0.13333	200% Above
Non-ORx	No	59651018201	METHOTREXATE	20	\$0.15000	\$0.30000	(26%-50%) Below
Non-ORx	No	59651021430	AZELASTINE HYDROCHLORIDE	480	\$0.90208	\$0.26667	200% Above
Non-ORx	No	59651023690	ANASTROZOLE	60	\$0.58333	\$0.13333	200% Above
Non-ORx	No	59651023690	ANASTROZOLE	30	\$0.50000	\$0.10000	200% Above
Non-ORx	No	59651023690	ANASTROZOLE	12	\$0.66667	\$0.08333	200% Above
Non-ORx	No	59651024601	MIDODRINE HYDROCHLORIDE	60	\$0.50000	\$0.21667	101%-200% Above
Non-ORx	No	59651024701	MIDODRINE HYDROCHLORIDE	150	\$0.63333	\$0.26667	101%-200% Above
Non-ORx	No	59651024801	MIDODRINE HYDROCHLORIDE	90	\$1.10000	\$0.45556	101%-200% Above
Non-ORx	No	59651026830	GLIPIZIDE ER	90	\$0.28889	\$0.13333	101%-200% Above
Non-ORx	No	59651026830	GLIPIZIDE ER	30	\$0.30000	\$0.13333	101%-200% Above
Non-ORx	No	59651026905	GLIPIZIDE ER	180	\$0.26667	\$0.10000	101%-200% Above
Non-ORx	No	59651027005	GLIPIZIDE ER	90	\$0.56667	\$0.17778	200% Above
Non-ORx	No	59651030030	TAMOXIFEN CITRATE	180	\$0.80556	\$0.44444	76%-100% Above
Non-ORx	No	59651030030	TAMOXIFEN CITRATE	180	\$0.50556	\$0.41111	10%-25% Above
Non-ORx	No	59651030030	TAMOXIFEN CITRATE	180	\$0.78333	\$0.40000	76%-100% Above
Non-ORx	No	59651030830	FLUOXETINE HYDROCHLORIDE	60	\$0.46667	\$0.26667	76%-100% Above
Non-ORx	No	59651030901	FLUOXETINE HYDROCHLORIDE	135	\$0.62963	\$0.31852	76%-100% Above
Non-ORx	No	59651030901	FLUOXETINE HYDROCHLORIDE	45	\$0.80000	\$0.31111	101%-200% Above
Non-ORx	No	59651030901	FLUOXETINE HYDROCHLORIDE	60	\$0.56667	\$0.30000	76%-100% Above
Non-ORx	No	59651031477	TIZANIDINE HYDROCHLORIDE	30	\$0.43333	\$0.06667	200% Above
Non-ORx	No	59651031577	TIZANIDINE HYDROCHLORIDE	30	\$0.50000	\$0.13333	200% Above
Non-ORx	No	59651032430	FLUOXETINE HYDROCHLORIDE	60	\$2.51667	\$1.06667	101%-200% Above
Non-ORx	No	59651032930	MONTELUKAST SODIUM	30	\$2.76667	\$1.20000	101%-200% Above
Non-ORx	No	59651034830	LEFLUNOMIDE	60	\$1.56667	\$0.70000	101%-200% Above
Non-ORx	No	59651034930	LEFLUNOMIDE	30	\$0.93333	\$0.70000	26%-50% Above
Non-ORx	No	59651036105	IBUPROFEN	90	\$0.23333	\$0.05556	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
Non-ORx	No	59651036105	IBUPROFEN	40	\$0.22500	\$0.05000	200% Above
Non-ORx	No	59651036205	IBUPROFEN	60	\$0.20000	\$0.06667	200% Above
Non-ORx	No	59651036205	IBUPROFEN	90	\$0.16667	\$0.07778	101%-200% Above
Non-ORx	No	59651036205	IBUPROFEN	150	\$0.30667	\$0.06667	200% Above
Non-ORx	No	59651036205	IBUPROFEN	48	\$0.33333	\$0.08333	200% Above
Non-ORx	No	59651036205	IBUPROFEN	16	\$0.31250	\$0.06250	200% Above
Non-ORx	No	59651036205	IBUPROFEN	20	\$0.35000	\$0.05000	200% Above
Non-ORx	No	59651039001	BUSPIRONE HYDROCHLORIDE	120	\$0.53333	\$0.21667	101%-200% Above
Non-ORx	No	59651039001	BUSPIRONE HYDROCHLORIDE	90	\$0.52222	\$0.20000	101%-200% Above
Non-ORx	No	59651039001	BUSPIRONE HYDROCHLORIDE	480	\$1.10000	\$0.20000	200% Above
Non-ORx	No	59651039001	BUSPIRONE HYDROCHLORIDE	30	\$1.10000	\$0.20000	200% Above
Non-ORx	No	59676056630	PREZISTA	60	\$56.80000	\$63.20000	(10%-25%) Below
Non-ORx	No	59746000103	METHYLPREDNISOLONE DOSE P	252	\$0.82143	\$0.19048	200% Above
Non-ORx	No	59746000103	METHYLPREDNISOLONE DOSE P	378	\$0.70900	\$0.19048	200% Above
Non-ORx	No	59746000103	METHYLPREDNISOLONE DOSE P	3906	\$0.71096	\$0.19048	200% Above
Non-ORx	No	59746000106	METHYLPREDNISOLONE	210	\$0.92857	\$0.19048	200% Above
Non-ORx	No	59746000106	METHYLPREDNISOLONE	42	\$1.16667	\$0.21429	200% Above
Non-ORx	No	59746000106	METHYLPREDNISOLONE	20	\$0.35000	\$0.20000	76%-100% Above
Non-ORx	No	59746000106	METHYLPREDNISOLONE	10	\$1.00000	\$0.20000	200% Above
Non-ORx	No	59746000106	METHYLPREDNISOLONE	12	\$0.33333	\$0.25000	26%-50% Above
Non-ORx	No	59746011306	PROCHLORPERAZINE MALEATE	90	\$0.41111	\$0.28889	26%-50% Above
Non-ORx	No	59746011506	PROCHLORPERAZINE MALEATE	45	\$0.31111	\$0.42222	(26%-50%) Below
Non-ORx	No	59746011506	PROCHLORPERAZINE MALEATE	10	\$0.60000	\$0.40000	51%-75% Above
Non-ORx	No	59746011506	PROCHLORPERAZINE MALEATE	20	\$0.35000	\$0.40000	(10%-25%) Below
Non-ORx	No	59746017106	PREDNISONE	60	\$0.45000	\$0.08333	200% Above
Non-ORx	No	59746017206	PREDNISONE	90	\$0.11111	\$0.06667	51%-75% Above
Non-ORx	No	59746017206	PREDNISONE	60	\$0.31667	\$0.06667	200% Above
Non-ORx	No	59746017206	PREDNISONE	15	\$0.13333	\$0.06667	101%-200% Above
Non-ORx	No	59746017210	PREDNISONE	60	\$0.26667	\$0.08333	200% Above
Non-ORx	No	59746017210	PREDNISONE	180	\$0.30000	\$0.06667	200% Above
Non-ORx	No	59746017210	PREDNISONE	180	\$0.12222	\$0.06667	76%-100% Above
Non-ORx	No	59746017210	PREDNISONE	112	\$0.26786	\$0.07143	200% Above
Non-ORx	No	59746017210	PREDNISONE	10	\$0.30000	\$0.10000	200% Above
Non-ORx	No	59746017210	PREDNISONE	8	\$0.25000	\$0.12500	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
Non-ORx	No	59746017210	PREDNISON	14	\$0.35714	\$0.07143	200% Above
Non-ORx	No	59746017210	PREDNISON	390	\$0.25385	\$0.06667	200% Above
Non-ORx	No	59746017210	PREDNISON	28	\$0.28571	\$0.07143	200% Above
Non-ORx	No	59746017306	PREDNISON	32	\$0.34375	\$0.06250	200% Above
Non-ORx	No	59746017306	PREDNISON	42	\$0.33333	\$0.07143	200% Above
Non-ORx	No	59746017306	PREDNISON	60	\$0.36667	\$0.08333	200% Above
Non-ORx	No	59746017306	PREDNISON	48	\$0.33333	\$0.08333	200% Above
Non-ORx	No	59746017306	PREDNISON	42	\$0.21429	\$0.09524	101%-200% Above
Non-ORx	No	59746017306	PREDNISON	40	\$0.32500	\$0.10000	200% Above
Non-ORx	No	59746017306	PREDNISON	9	\$0.33333	\$0.11111	200% Above
Non-ORx	No	59746017306	PREDNISON	30	\$0.33333	\$0.06667	200% Above
Non-ORx	No	59746017306	PREDNISON	40	\$0.25000	\$0.10000	101%-200% Above
Non-ORx	No	59746017306	PREDNISON	18	\$0.38889	\$0.05556	200% Above
Non-ORx	No	59746017310	PREDNISON	34	\$0.17647	\$0.08824	101%-200% Above
Non-ORx	No	59746017310	PREDNISON	35	\$0.42857	\$0.08571	200% Above
Non-ORx	No	59746017310	PREDNISON	32	\$0.37500	\$0.06250	200% Above
Non-ORx	No	59746017310	PREDNISON	300	\$0.27000	\$0.06667	200% Above
Non-ORx	No	59746017310	PREDNISON	80	\$0.16250	\$0.07500	101%-200% Above
Non-ORx	No	59746017310	PREDNISON	66	\$0.15152	\$0.07576	101%-200% Above
Non-ORx	No	59746017310	PREDNISON	240	\$0.30000	\$0.07500	200% Above
Non-ORx	No	59746017310	PREDNISON	43	\$0.58140	\$0.06977	200% Above
Non-ORx	No	59746017310	PREDNISON	45	\$0.33333	\$0.06667	200% Above
Non-ORx	No	59746017310	PREDNISON	48	\$0.16667	\$0.08333	101%-200% Above
Non-ORx	No	59746017310	PREDNISON	27	\$0.40741	\$0.07407	200% Above
Non-ORx	No	59746017310	PREDNISON	30	\$0.36667	\$0.06667	200% Above
Non-ORx	No	59746017310	PREDNISON	36	\$0.19444	\$0.08333	101%-200% Above
Non-ORx	No	59746017310	PREDNISON	16	\$0.50000	\$0.12500	200% Above
Non-ORx	No	59746017310	PREDNISON	40	\$0.32500	\$0.10000	200% Above
Non-ORx	No	59746017310	PREDNISON	108	\$0.34259	\$0.05556	200% Above
Non-ORx	No	59746017310	PREDNISON	42	\$0.40476	\$0.09524	200% Above
Non-ORx	No	59746017310	PREDNISON	24	\$0.12500	\$0.08333	51%-75% Above
Non-ORx	No	59746017310	PREDNISON	21	\$0.42857	\$0.04762	200% Above
Non-ORx	No	59746017310	PREDNISON	80	\$0.23750	\$0.10000	101%-200% Above
Non-ORx	No	59746017506	PREDNISON	30	\$0.40000	\$0.13333	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
Non-ORx	No	59746017506	PREDNISONE	25	\$0.08000	\$0.12000	(26%-50%) Below
Non-ORx	No	59746017506	PREDNISONE	90	\$0.71111	\$0.11111	200% Above
Non-ORx	No	59746017506	PREDNISONE	20	\$0.65000	\$0.20000	200% Above
Non-ORx	No	59746017506	PREDNISONE	14	\$0.35714	\$0.14286	101%-200% Above
Non-ORx	No	59746017506	PREDNISONE	40	\$0.72500	\$0.10000	200% Above
Non-ORx	No	59746017509	PREDNISONE	20	\$0.30000	\$0.10000	200% Above
Non-ORx	No	59746017509	PREDNISONE	45	\$0.37778	\$0.13333	101%-200% Above
Non-ORx	No	59746017509	PREDNISONE	16	\$0.18750	\$0.12500	51%-75% Above
Non-ORx	No	59746017509	PREDNISONE	24	\$0.20833	\$0.12500	51%-75% Above
Non-ORx	No	59746017509	PREDNISONE	90	\$0.08889	\$0.11111	(10%-25%) Below
Non-ORx	No	59746017509	PREDNISONE	55	\$0.18182	\$0.10909	51%-75% Above
Non-ORx	No	59746017509	PREDNISONE	90	\$0.33333	\$0.10000	200% Above
Non-ORx	No	59746017509	PREDNISONE	8	\$0.25000	\$0.12500	101%-200% Above
Non-ORx	No	59746017509	PREDNISONE	55	\$0.43636	\$0.20000	101%-200% Above
Non-ORx	No	59746017509	PREDNISONE	18	\$0.38889	\$0.16667	101%-200% Above
Non-ORx	No	59746017509	PREDNISONE	27	\$0.33333	\$0.11111	200% Above
Non-ORx	No	59746017509	PREDNISONE	12	\$0.25000	\$0.08333	200% Above
Non-ORx	No	59746017509	PREDNISONE	42	\$0.40476	\$0.14286	101%-200% Above
Non-ORx	No	59746017509	PREDNISONE	190	\$0.31579	\$0.10000	200% Above
Non-ORx	No	59746017710	CYCLOBENZAPRINE HYDROCHLO	60	\$0.06667	\$0.03333	101%-200% Above
Non-ORx	No	59746021601	SPIRONOLACTONE	180	\$0.03889	\$0.05000	(10%-25%) Below
Non-ORx	No	59746021701	SPIRONOLACTONE	90	\$0.26667	\$0.12222	101%-200% Above
Non-ORx	No	59746028001	ESCITALOPRAM OXALATE	30	\$0.26667	\$0.03333	200% Above
Non-ORx	No	59746032430	VALACYCLOVIR HYDROCHLORID	150	\$1.11333	\$0.30000	200% Above
Non-ORx	No	59746032430	VALACYCLOVIR HYDROCHLORID	10	\$1.20000	\$0.30000	200% Above
Non-ORx	No	59746032430	VALACYCLOVIR HYDROCHLORID	2	\$1.00000	\$0.50000	101%-200% Above
Non-ORx	No	59746033890	LOSARTAN POTASSIUM/HYDROC	60	\$0.15000	\$0.16667	(10%-25%) Below
Non-ORx	No	59746033990	LOSARTAN POTASSIUM/HYDROC	13	\$0.69231	\$0.15385	200% Above
Non-ORx	No	59746033990	LOSARTAN POTASSIUM/HYDROC	270	\$0.73333	\$0.20000	200% Above
Non-ORx	No	59746036290	VALSARTAN	30	\$0.23333	\$0.26667	(10%-25%) Below
Non-ORx	No	59746036290	VALSARTAN	30	\$0.43333	\$0.23333	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
Non-ORx	No	59746038210	HYDROCHLOROTHIAZIDE	30	\$0.23333	\$0.03333	200% Above
Non-ORx	No	59746038306	TERAZOSIN HCL	60	\$0.28333	\$0.16667	51%-75% Above
Non-ORx	No	59746038406	TERAZOSIN HYDROCHLORIDE	60	\$0.50000	\$0.13333	200% Above
Non-ORx	No	59746038506	TERAZOSIN HCL	60	\$0.26667	\$0.16667	51%-75% Above
Non-ORx	No	59746038606	TERAZOSIN HCL	90	\$0.26667	\$0.16667	51%-75% Above
Non-ORx	No	59746038610	TERAZOSIN HCL	30	\$0.26667	\$0.16667	51%-75% Above
Non-ORx	No	59746044990	IRBESARTAN	60	\$0.33333	\$0.30000	10%-25% Above
Non-ORx	No	59762005501	MEDROXYPROGESTERONE ACETA	120	\$0.14167	\$0.10000	26%-50% Above
Non-ORx	No	59762005601	MEDROXYPROGESTERONE ACETA	90	\$0.25556	\$0.13333	76%-100% Above
Non-ORx	No	59762005601	MEDROXYPROGESTERONE ACETA	80	\$0.35000	\$0.15000	101%-200% Above
Non-ORx	No	59762005601	MEDROXYPROGESTERONE ACETA	20	\$0.30000	\$0.10000	200% Above
Non-ORx	No	59762005601	MEDROXYPROGESTERONE ACETA	20	\$0.35000	\$0.15000	101%-200% Above
Non-ORx	No	59762005701	ALPRAZOLAM XR	30	\$0.90000	\$0.20000	200% Above
Non-ORx	No	59762005801	MEDROXYPROGESTERONE ACETA	30	\$0.30000	\$0.13333	101%-200% Above
Non-ORx	No	59762005901	ALPRAZOLAM XR	30	\$0.50000	\$0.20000	101%-200% Above
Non-ORx	No	59762005901	ALPRAZOLAM XR	30	\$0.70000	\$0.16667	200% Above
Non-ORx	No	59762007301	HYDROCORTISONE	180	\$0.23889	\$0.21111	10%-25% Above
Non-ORx	No	59762007501	HYDROCORTISONE	45	\$0.33333	\$0.48889	(26%-50%) Below
Non-ORx	No	59762010406	SULFASALAZINE	120	\$0.28333	\$0.25000	10%-25% Above
Non-ORx	No	59762011701	MESALAMINE DR	180	\$0.42778	\$2.16111	(76%-100%) Below
Non-ORx	No	59762015702	ATORVASTATIN CALCIUM	30	\$0.46667	\$0.06667	200% Above
Non-ORx	No	59762033302	LATANOPROST	5	\$0.80000	\$1.80000	(51%-75%) Below
Non-ORx	No	59762033302	LATANOPROST	16	\$4.12500	\$1.62500	101%-200% Above
Non-ORx	No	59762033302	LATANOPROST	30	\$5.23333	\$1.33333	200% Above
Non-ORx	No	59762033302	LATANOPROST	6	\$3.50000	\$1.66667	101%-200% Above
Non-ORx	No	59762040101	SUCRALFATE	180	\$0.28889	\$0.20000	26%-50% Above
Non-ORx	No	59762040101	SUCRALFATE	360	\$0.41111	\$0.19722	101%-200% Above
Non-ORx	No	59762040101	SUCRALFATE	270	\$0.41111	\$0.20370	101%-200% Above
Non-ORx	No	59762040101	SUCRALFATE	360	\$0.38333	\$0.20000	76%-100% Above
Non-ORx	No	59762040101	SUCRALFATE	30	\$0.36667	\$0.20000	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
Non-ORx	No	59762040101	SUCRALFATE	180	\$0.32222	\$0.20000	51%-75% Above
Non-ORx	No	59762040105	SUCRALFATE	180	\$0.47778	\$0.20000	101%-200% Above
Non-ORx	No	59762040105	SUCRALFATE	480	\$0.43542	\$0.20000	101%-200% Above
Non-ORx	No	59762040105	SUCRALFATE	30	\$0.30000	\$0.20000	51%-75% Above
Non-ORx	No	59762040105	SUCRALFATE	28	\$0.50000	\$0.21429	101%-200% Above
Non-ORx	No	59762040105	SUCRALFATE	20	\$0.50000	\$0.20000	101%-200% Above
Non-ORx	No	59762040105	SUCRALFATE	60	\$0.16667	\$0.20000	(10%-25%) Below
Non-ORx	No	59762040105	SUCRALFATE	56	\$0.28571	\$0.19643	26%-50% Above
Non-ORx	No	59762040105	SUCRALFATE	42	\$0.28571	\$0.19048	51%-75% Above
Non-ORx	No	59762100501	CABERGOLINE	16	\$7.56250	\$2.43750	200% Above
Non-ORx	No	59762100501	CABERGOLINE	24	\$13.79167	\$2.37500	200% Above
Non-ORx	No	59762100501	CABERGOLINE	40	\$10.92500	\$2.50000	200% Above
Non-ORx	No	59762100501	CABERGOLINE	2	\$14.00000	\$2.50000	200% Above
Non-ORx	No	59762100501	CABERGOLINE	8	\$13.87500	\$2.50000	200% Above
Non-ORx	No	59762100501	CABERGOLINE	8	\$3.75000	\$2.37500	51%-75% Above
Non-ORx	No	59762106101	DIPHENOXYLATE HYDROCHLORI	20	\$0.30000	\$0.20000	51%-75% Above
Non-ORx	No	59762120601	LIOTHYRONINE SODIUM	90	\$0.60000	\$0.40000	51%-75% Above
Non-ORx	No	59762120601	LIOTHYRONINE SODIUM	30	\$0.60000	\$0.40000	51%-75% Above
Non-ORx	No	59762120601	LIOTHYRONINE SODIUM	30	\$0.60000	\$0.36667	51%-75% Above
Non-ORx	No	59762121103	DESVENLAFAXINE ER	60	\$1.20000	\$0.56667	101%-200% Above
Non-ORx	No	59762122203	DESVENLAFAXINE ER	60	\$1.11667	\$0.63333	76%-100% Above
Non-ORx	No	59762135401	PREGABALIN	90	\$0.25556	\$0.11111	101%-200% Above
Non-ORx	No	59762135401	PREGABALIN	60	\$0.25000	\$0.10000	101%-200% Above
Non-ORx	No	59762219801	AZITHROMYCIN	12	\$1.66667	\$0.50000	200% Above
Non-ORx	No	59762219803	AZITHROMYCIN	192	\$1.05729	\$0.50000	101%-200% Above
Non-ORx	No	59762219807	AZITHROMYCIN	30	\$1.73333	\$0.50000	200% Above
Non-ORx	No	59762219807	AZITHROMYCIN	6	\$1.50000	\$0.50000	200% Above
Non-ORx	No	59762232201	ELETRIPTAN HYDROBROMIDE	4	\$19.50000	\$4.00000	200% Above
Non-ORx	No	59762285801	EXEMESTANE	60	\$1.78333	\$1.36667	26%-50% Above
Non-ORx	No	59762312001	AZITHROMYCIN	15	\$0.53333	\$0.46667	10%-25% Above
Non-ORx	No	59762314001	AZITHROMYCIN	30	\$0.80000	\$0.30000	101%-200% Above
Non-ORx	No	59762330403	NITROGLYCERIN	25	\$0.56000	\$0.28000	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
Non-ORx	No	59762371809	TRIAZOLAM	55	\$2.25455	\$1.20000	76%-100% Above
Non-ORx	No	59762371809	TRIAZOLAM	8	\$1.62500	\$1.25000	26%-50% Above
Non-ORx	No	59762371809	TRIAZOLAM	4	\$2.50000	\$1.00000	101%-200% Above
Non-ORx	No	59762371809	TRIAZOLAM	9	\$2.66667	\$1.33333	101%-200% Above
Non-ORx	No	59762371901	ALPRAZOLAM	120	\$0.15000	\$0.01667	200% Above
Non-ORx	No	59762371903	ALPRAZOLAM	30	\$0.00000	\$0.03333	(76%-100%) Below
Non-ORx	No	59762372001	ALPRAZOLAM	90	\$0.01111	\$0.02222	(26%-50%) Below
Non-ORx	No	59762372001	ALPRAZOLAM	45	\$0.11111	\$0.02222	200% Above
Non-ORx	No	59762372001	ALPRAZOLAM	30	\$0.13333	\$0.03333	200% Above
Non-ORx	No	59762372003	ALPRAZOLAM	120	\$0.11667	\$0.03333	200% Above
Non-ORx	No	59762372004	ALPRAZOLAM	90	\$0.04444	\$0.03333	26%-50% Above
Non-ORx	No	59762372101	ALPRAZOLAM	90	\$0.01111	\$0.02222	(26%-50%) Below
Non-ORx	No	59762372101	ALPRAZOLAM	30	\$0.13333	\$0.03333	200% Above
Non-ORx	No	59762372101	ALPRAZOLAM	40	\$0.12500	\$0.02500	200% Above
Non-ORx	No	59762372103	ALPRAZOLAM	30	\$0.10000	\$0.03333	200% Above
Non-ORx	No	59762372104	ALPRAZOLAM	120	\$0.11667	\$0.02500	200% Above
Non-ORx	No	59762372104	ALPRAZOLAM	240	\$0.14583	\$0.02500	200% Above
Non-ORx	No	59762372104	ALPRAZOLAM	180	\$0.01111	\$0.02222	(26%-50%) Below
Non-ORx	No	59762372104	ALPRAZOLAM	180	\$0.05000	\$0.01667	200% Above
Non-ORx	No	59762374301	CLINDAMYCIN PHOSPHATE	90	\$0.56667	\$0.76667	(26%-50%) Below
Non-ORx	No	59762444002	METHYLPREDNISOLONE DOSE P	126	\$0.79365	\$0.19048	200% Above
Non-ORx	No	59762444002	METHYLPREDNISOLONE DOSE P	819	\$0.77778	\$0.19048	200% Above
Non-ORx	No	59762453701	MEDROXYPROGESTERONE ACETA	2	\$64.00000	\$29.00000	101%-200% Above
Non-ORx	No	59762453802	MEDROXYPROGESTERONE ACETA	1	\$77.00000	\$42.00000	76%-100% Above
Non-ORx	No	59762500006	SULFASALAZINE	360	\$0.15278	\$0.17500	(10%-25%) Below
Non-ORx	No	59762500801	MISOPROSTOL	16	\$0.87500	\$0.75000	10%-25% Above
Non-ORx	No	59762500801	MISOPROSTOL	6	\$1.00000	\$0.50000	101%-200% Above
Non-ORx	No	59762500802	MISOPROSTOL	8	\$0.87500	\$0.75000	10%-25% Above
Non-ORx	No	59762500901	CLINDAMYCIN PHOSPHATE	120	\$1.90000	\$1.72500	10%-25% Above
Non-ORx	No	59762501002	CLINDAMYCIN HCL	42	\$0.66667	\$0.26191	101%-200% Above
Non-ORx	No	59762501401	SPIRONOLACTONE/HYDROCHLOR	180	\$0.70556	\$0.60556	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
Non-ORx	No	59762501401	SPIRONOLACTONE/HYDROCHLOR	45	\$0.77778	\$0.60000	26%-50% Above
Non-ORx	No	59762501401	SPIRONOLACTONE/HYDROCHLOR	30	\$0.76667	\$0.60000	26%-50% Above
Non-ORx	No	59762501601	FLUCONAZOLE	5	\$1.20000	\$0.40000	200% Above
Non-ORx	No	59762501701	FLUCONAZOLE	3	\$5.00000	\$0.66667	200% Above
Non-ORx	No	59762501701	FLUCONAZOLE	1	\$6.00000	\$1.00000	200% Above
Non-ORx	No	59762501801	FLUCONAZOLE	2	\$2.50000	\$0.50000	200% Above
Non-ORx	No	59762532001	PRAZOSIN HYDROCHLORIDE	30	\$0.73333	\$0.30000	101%-200% Above
Non-ORx	No	60219107601	AZATHIOPRINE	75	\$0.66667	\$0.22667	101%-200% Above
Non-ORx	No	60219107601	AZATHIOPRINE	90	\$1.18889	\$0.23333	200% Above
Non-ORx	No	60219107601	AZATHIOPRINE	300	\$1.11667	\$0.23333	200% Above
Non-ORx	No	60219107601	AZATHIOPRINE	30	\$0.16667	\$0.23333	(26%-50%) Below
Non-ORx	No	60219170501	PREDNISONE	120	\$0.17500	\$0.08333	101%-200% Above
Non-ORx	No	60219170705	PREDNISONE	40	\$0.17500	\$0.07500	101%-200% Above
Non-ORx	No	60219170705	PREDNISONE	150	\$0.16667	\$0.06667	101%-200% Above
Non-ORx	No	60219170705	PREDNISONE	120	\$0.16667	\$0.06667	101%-200% Above
Non-ORx	No	60219170705	PREDNISONE	60	\$0.16667	\$0.08333	101%-200% Above
Non-ORx	No	60219170705	PREDNISONE	42	\$0.16667	\$0.07143	101%-200% Above
Non-ORx	No	60219170705	PREDNISONE	24	\$0.16667	\$0.08333	101%-200% Above
Non-ORx	No	60219170705	PREDNISONE	14	\$0.14286	\$0.07143	101%-200% Above
Non-ORx	No	60219170705	PREDNISONE	21	\$0.19048	\$0.04762	200% Above
Non-ORx	No	60219175103	SILDENAFIL CITRATE	6	\$2.00000	\$0.16667	200% Above
Non-ORx	No	60219175203	SILDENAFIL CITRATE	36	\$1.69444	\$0.16667	200% Above
Non-ORx	No	60219175203	SILDENAFIL CITRATE	5	\$1.80000	\$0.20000	200% Above
Non-ORx	No	60219175303	SILDENAFIL CITRATE	60	\$1.95000	\$0.33333	200% Above
Non-ORx	No	60219175303	SILDENAFIL CITRATE	10	\$2.20000	\$0.30000	200% Above
Non-ORx	No	60219175303	SILDENAFIL CITRATE	2	\$2.00000	\$0.50000	200% Above
Non-ORx	No	60219175303	SILDENAFIL CITRATE	3	\$1.66667	\$0.33333	200% Above
Non-ORx	No	60219204301	DEXAMETHASONE	6	\$0.83333	\$0.50000	51%-75% Above
Non-ORx	No	60258015001	SF 5000 PLUS	51	\$0.13726	\$0.09804	26%-50% Above
Non-ORx	No	60432013325	CLOBETASOL PROPIONATE	50	\$1.48000	\$0.44000	200% Above
Non-ORx	No	60432026415	FLUTICASONE PROPIONATE	48	\$0.70833	\$0.25000	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
Non-ORx	No	60432027504	BROMPHEN/PSEUDOEPHEDRINE	200	\$0.15500	\$0.08500	76%-100% Above
Non-ORx	No	60432027504	BROMPHEN/PSEUDOEPHEDRINE	240	\$0.15833	\$0.08333	76%-100% Above
Non-ORx	No	60432027504	BROMPHEN/PSEUDOEPHEDRINE	150	\$0.16000	\$0.08000	101%-200% Above
Non-ORx	No	60432027504	BROMPHEN/PSEUDOEPHEDRINE	90	\$0.15556	\$0.07778	101%-200% Above
Non-ORx	No	60432027504	BROMPHEN/PSEUDOEPHEDRINE	236	\$0.11864	\$0.07627	51%-75% Above
Non-ORx	No	60432027516	BROMPHEN/PSEUDOEPHEDRINE	400	\$0.11500	\$0.05000	101%-200% Above
Non-ORx	No	60432027516	BROMPHEN/PSEUDOEPHEDRINE	180	\$0.07222	\$0.05000	26%-50% Above
Non-ORx	No	60432027516	BROMPHEN/PSEUDOEPHEDRINE	480	\$0.14375	\$0.05000	101%-200% Above
Non-ORx	No	60432027516	BROMPHEN/PSEUDOEPHEDRINE	420	\$0.07381	\$0.05238	26%-50% Above
Non-ORx	No	60432027516	BROMPHEN/PSEUDOEPHEDRINE	273	\$0.07326	\$0.05128	26%-50% Above
Non-ORx	No	60432027516	BROMPHEN/PSEUDOEPHEDRINE	118	\$0.15254	\$0.05085	200% Above
Non-ORx	No	60432027516	BROMPHEN/PSEUDOEPHEDRINE	60	\$0.06667	\$0.05000	26%-50% Above
Non-ORx	No	60432027516	BROMPHEN/PSEUDOEPHEDRINE	720	\$0.12500	\$0.05000	101%-200% Above
Non-ORx	No	60432027516	BROMPHEN/PSEUDOEPHEDRINE	150	\$0.15333	\$0.05333	101%-200% Above
Non-ORx	No	60432046400	LIDOCAINE HYDROCHLORIDE V	250	\$0.09200	\$0.06400	26%-50% Above
Non-ORx	No	60432046400	LIDOCAINE HYDROCHLORIDE V	300	\$0.08000	\$0.06000	26%-50% Above
Non-ORx	No	60432046608	DEXAMETHASONE	500	\$0.18800	\$0.10000	76%-100% Above
Non-ORx	No	60432053760	NYSTATIN	120	\$0.17500	\$0.11667	51%-75% Above
Non-ORx	No	60432056061	TRIAMCINOLONE ACETONIDE	60	\$0.43333	\$0.36667	10%-25% Above
Non-ORx	No	60432060416	PROMETHAZINE/DEXTROMETHOR	180	\$0.06667	\$0.05556	10%-25% Above
Non-ORx	No	60432060416	PROMETHAZINE/DEXTROMETHOR	800	\$0.06375	\$0.05500	10%-25% Above
Non-ORx	No	60432060416	PROMETHAZINE/DEXTROMETHOR	225	\$0.06667	\$0.05778	10%-25% Above
Non-ORx	No	60432060416	PROMETHAZINE/DEXTROMETHOR	75	\$0.06667	\$0.05333	26%-50% Above
Non-ORx	No	60432060416	PROMETHAZINE/DEXTROMETHOR	70	\$0.07143	\$0.05714	26%-50% Above
Non-ORx	No	60432060416	PROMETHAZINE/DEXTROMETHOR	60	\$0.06667	\$0.05000	26%-50% Above
Non-ORx	No	60432060416	PROMETHAZINE/DEXTROMETHOR	472	\$0.06780	\$0.05932	10%-25% Above
Non-ORx	No	60432060416	PROMETHAZINE/DEXTROMETHOR	140	\$0.06429	\$0.05714	10%-25% Above
Non-ORx	No	60432060416	PROMETHAZINE/DEXTROMETHOR	960	\$0.06458	\$0.05833	10%-25% Above
Non-ORx	No	60432060616	PROMETHAZINE/CODEINE	120	\$0.06667	\$0.05000	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
Non-ORx	No	60432067160	ERYTHROMYCIN	60	\$0.58333	\$0.40000	26%-50% Above
Non-ORx	No	60505001406	DILT-XR	60	\$0.70000	\$0.46667	51%-75% Above
Non-ORx	No	60505001506	DILT-XR	90	\$0.14444	\$0.54444	(51%-75%) Below
Non-ORx	No	60505001506	DILT-XR	30	\$0.93333	\$0.53333	76%-100% Above
Non-ORx	No	60505001606	DILT-XR	30	\$0.56667	\$0.76667	(26%-50%) Below
Non-ORx	No	60505001608	DILT-XR	90	\$0.88889	\$0.77778	10%-25% Above
Non-ORx	No	60505003307	PENTOXIFYLLINE ER	30	\$0.33333	\$0.26667	26%-50% Above
Non-ORx	No	60505004206	ACYCLOVIR	30	\$0.23333	\$0.10000	101%-200% Above
Non-ORx	No	60505008000	SOTALOL HCL	240	\$0.15833	\$0.08333	76%-100% Above
Non-ORx	No	60505008000	SOTALOL HCL	60	\$0.08333	\$0.10000	(10%-25%) Below
Non-ORx	No	60505008100	SOTALOL HCL	60	\$0.18333	\$0.13333	26%-50% Above
Non-ORx	No	60505009400	DOXAZOSIN MESYLATE	90	\$0.27778	\$0.08889	200% Above
Non-ORx	No	60505009400	DOXAZOSIN MESYLATE	60	\$0.18333	\$0.10000	76%-100% Above
Non-ORx	No	60505009500	DOXAZOSIN MESYLATE	90	\$0.18889	\$0.10000	76%-100% Above
Non-ORx	No	60505009600	DOXAZOSIN MESYLATE	60	\$0.23333	\$0.13333	76%-100% Above
Non-ORx	No	60505009600	DOXAZOSIN MESYLATE	90	\$0.31111	\$0.11111	101%-200% Above
Non-ORx	No	60505009600	DOXAZOSIN MESYLATE	60	\$0.41667	\$0.10000	200% Above
Non-ORx	No	60505009600	DOXAZOSIN MESYLATE	60	\$0.03333	\$0.10000	(51%-75%) Below
Non-ORx	No	60505009600	DOXAZOSIN MESYLATE	30	\$0.03333	\$0.13333	(51%-75%) Below
Non-ORx	No	60505013400	CYCLOSPORINE	91	\$9.78022	\$8.52747	10%-25% Above
Non-ORx	No	60505014101	GLIPIZIDE	60	\$0.15000	\$0.03333	200% Above
Non-ORx	No	60505014102	GLIPIZIDE	180	\$0.09444	\$0.03889	101%-200% Above
Non-ORx	No	60505014102	GLIPIZIDE	90	\$0.17778	\$0.03333	200% Above
Non-ORx	No	60505014102	GLIPIZIDE	150	\$0.14667	\$0.03333	200% Above
Non-ORx	No	60505014102	GLIPIZIDE	420	\$0.12857	\$0.03333	200% Above
Non-ORx	No	60505014200	GLIPIZIDE	60	\$0.08333	\$0.05000	51%-75% Above
Non-ORx	No	60505014201	GLIPIZIDE	300	\$0.15000	\$0.05000	200% Above
Non-ORx	No	60505014201	GLIPIZIDE	60	\$0.10000	\$0.03333	200% Above
Non-ORx	No	60505014202	GLIPIZIDE	120	\$0.21667	\$0.05000	200% Above
Non-ORx	No	60505014202	GLIPIZIDE	540	\$0.17963	\$0.05000	200% Above
Non-ORx	No	60505014202	GLIPIZIDE	30	\$0.23333	\$0.03333	200% Above
Non-ORx	No	60505014202	GLIPIZIDE	1020	\$0.18628	\$0.05000	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
Non-ORx	No	60505014601	OMEPRAZOLE	150	\$0.28667	\$0.06667	200% Above
Non-ORx	No	60505014601	OMEPRAZOLE	30	\$0.33333	\$0.06667	200% Above
Non-ORx	No	60505014601	OMEPRAZOLE	60	\$0.28333	\$0.06667	200% Above
Non-ORx	No	60505015701	BUPROPION HCL	120	\$0.40833	\$0.15000	101%-200% Above
Non-ORx	No	60505015701	BUPROPION HCL	90	\$0.06667	\$0.14444	(51%-75%) Below
Non-ORx	No	60505015701	BUPROPION HCL	60	\$0.73333	\$0.13333	200% Above
Non-ORx	No	60505015701	BUPROPION HCL	30	\$0.06667	\$0.16667	(51%-75%) Below
Non-ORx	No	60505015701	BUPROPION HCL	45	\$0.53333	\$0.15556	200% Above
Non-ORx	No	60505015801	BUPROPION HYDROCHLORIDE	75	\$0.49333	\$0.13333	200% Above
Non-ORx	No	60505015801	BUPROPION HYDROCHLORIDE	15	\$0.53333	\$0.13333	200% Above
Non-ORx	No	60505015801	BUPROPION HYDROCHLORIDE	7	\$0.57143	\$0.14286	200% Above
Non-ORx	No	60505015801	BUPROPION HYDROCHLORIDE	120	\$0.45000	\$0.13333	200% Above
Non-ORx	No	60505015900	SOTALOL HCL	180	\$0.31667	\$0.11111	101%-200% Above
Non-ORx	No	60505015900	SOTALOL HCL	60	\$0.35000	\$0.11667	200% Above
Non-ORx	No	60505015900	SOTALOL HCL	60	\$0.45000	\$0.10000	200% Above
Non-ORx	No	60505016401	FLUVOXAMINE MALEATE	30	\$0.33333	\$0.26667	26%-50% Above
Non-ORx	No	60505016501	FLUVOXAMINE MALEATE	30	\$1.26667	\$0.33333	200% Above
Non-ORx	No	60505016501	FLUVOXAMINE MALEATE	90	\$0.46667	\$0.33333	26%-50% Above
Non-ORx	No	60505016601	FLUVOXAMINE MALEATE	120	\$0.40000	\$0.33333	10%-25% Above
Non-ORx	No	60505016601	FLUVOXAMINE MALEATE	90	\$1.60000	\$0.33333	200% Above
Non-ORx	No	60505016601	FLUVOXAMINE MALEATE	145	\$0.50345	\$0.33103	51%-75% Above
Non-ORx	No	60505016601	FLUVOXAMINE MALEATE	150	\$0.56000	\$0.33333	51%-75% Above
Non-ORx	No	60505016601	FLUVOXAMINE MALEATE	60	\$0.48333	\$0.33333	26%-50% Above
Non-ORx	No	60505016601	FLUVOXAMINE MALEATE	55	\$1.60000	\$0.32727	200% Above
Non-ORx	No	60505016805	PRAVASTATIN SODIUM	90	\$0.25556	\$0.06667	200% Above
Non-ORx	No	60505016805	PRAVASTATIN SODIUM	90	\$0.28889	\$0.06667	200% Above
Non-ORx	No	60505016809	PRAVASTATIN SODIUM	150	\$0.26667	\$0.06667	200% Above
Non-ORx	No	60505016907	PRAVASTATIN SODIUM	90	\$0.35556	\$0.05556	200% Above
Non-ORx	No	60505016907	PRAVASTATIN SODIUM	180	\$0.36111	\$0.06667	200% Above
Non-ORx	No	60505016907	PRAVASTATIN SODIUM	600	\$0.35000	\$0.06667	200% Above
Non-ORx	No	60505016907	PRAVASTATIN SODIUM	12	\$0.33333	\$0.08333	200% Above
Non-ORx	No	60505017007	PRAVASTATIN SODIUM	90	\$0.44444	\$0.08889	200% Above
Non-ORx	No	60505017007	PRAVASTATIN SODIUM	60	\$0.06667	\$0.08333	(10%-25%) Below
Non-ORx	No	60505017007	PRAVASTATIN SODIUM	12	\$0.41667	\$0.08333	200% Above
Non-ORx	No	60505017007	PRAVASTATIN SODIUM	750	\$0.39867	\$0.10000	200% Above
Non-ORx	No	60505017009	PRAVASTATIN SODIUM	120	\$0.32500	\$0.10000	200% Above
Non-ORx	No	60505024701	MIRTAZAPINE	90	\$0.11111	\$0.06667	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
Non-ORx	No	60505024808	MIRTAZAPINE	90	\$0.11111	\$0.10000	10%-25% Above
Non-ORx	No	60505024808	MIRTAZAPINE	45	\$0.22222	\$0.08889	101%-200% Above
Non-ORx	No	60505024808	MIRTAZAPINE	90	\$0.37778	\$0.10000	200% Above
Non-ORx	No	60505024908	MIRTAZAPINE	30	\$0.40000	\$0.13333	200% Above
Non-ORx	No	60505025103	TIZANIDINE HCL	120	\$0.38333	\$0.05000	200% Above
Non-ORx	No	60505025103	TIZANIDINE HCL	180	\$0.26111	\$0.05556	200% Above
Non-ORx	No	60505025103	TIZANIDINE HCL	60	\$0.40000	\$0.06667	200% Above
Non-ORx	No	60505025203	TIZANIDINE HYDROCHLORIDE	420	\$0.33333	\$0.05000	200% Above
Non-ORx	No	60505025203	TIZANIDINE HYDROCHLORIDE	720	\$0.33333	\$0.05556	200% Above
Non-ORx	No	60505025203	TIZANIDINE HYDROCHLORIDE	120	\$0.33333	\$0.05833	200% Above
Non-ORx	No	60505025203	TIZANIDINE HYDROCHLORIDE	112	\$0.33929	\$0.05357	200% Above
Non-ORx	No	60505025203	TIZANIDINE HYDROCHLORIDE	15	\$0.13333	\$0.06667	101%-200% Above
Non-ORx	No	60505025203	TIZANIDINE HYDROCHLORIDE	40	\$0.35000	\$0.05000	200% Above
Non-ORx	No	60505025203	TIZANIDINE HYDROCHLORIDE	180	\$0.33333	\$0.06667	200% Above
Non-ORx	No	60505025302	CLOPIDOGREL	30	\$0.40000	\$0.06667	200% Above
Non-ORx	No	60505025303	CLOPIDOGREL	90	\$0.11111	\$0.06667	51%-75% Above
Non-ORx	No	60505025701	DESMOPRESSIN ACETATE	60	\$1.21667	\$0.45000	101%-200% Above
Non-ORx	No	60505025701	DESMOPRESSIN ACETATE	60	\$2.10000	\$0.43333	200% Above
Non-ORx	No	60505025801	DESMOPRESSIN ACETATE	60	\$1.35000	\$0.43333	200% Above
Non-ORx	No	60505036301	OFLOXACIN	15	\$12.00000	\$2.33333	200% Above
Non-ORx	No	60505036301	OFLOXACIN	20	\$10.25000	\$2.30000	200% Above
Non-ORx	No	60505036301	OFLOXACIN	40	\$9.07500	\$2.20000	200% Above
Non-ORx	No	60505036302	OFLOXACIN	30	\$10.83333	\$2.10000	200% Above
Non-ORx	No	60505056000	OFLOXACIN	25	\$2.96000	\$1.80000	51%-75% Above
Non-ORx	No	60505056001	OFLOXACIN	20	\$2.80000	\$1.60000	76%-100% Above
Non-ORx	No	60505058204	MOXIFLOXACIN HYDROCHLORID	12	\$16.16667	\$4.33333	200% Above
Non-ORx	No	60505058204	MOXIFLOXACIN HYDROCHLORID	3	\$18.66667	\$4.00000	200% Above
Non-ORx	No	60505059304	TRAVOPROST	8	\$49.50000	\$33.50000	26%-50% Above
Non-ORx	No	60505079204	ENOXAPARIN SODIUM	24	\$12.58333	\$11.00000	10%-25% Above
Non-ORx	No	60505081500	DESMOPRESSIN ACETATE	10	\$21.00000	\$9.20000	101%-200% Above
Non-ORx	No	60505082601	IPRATROPIUM BROMIDE	30	\$0.33333	\$0.76667	(51%-75%) Below
Non-ORx	No	60505082601	IPRATROPIUM BROMIDE	90	\$1.24444	\$0.73333	51%-75% Above
Non-ORx	No	60505082701	IPRATROPIUM BROMIDE	15	\$2.40000	\$1.46667	51%-75% Above
Non-ORx	No	60505082701	IPRATROPIUM BROMIDE	105	\$2.23810	\$1.40000	51%-75% Above
Non-ORx	No	60505082901	FLUTICASONE PROPIONATE	384	\$0.78125	\$0.27083	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
Non-ORx	No	60505082901	FLUTICASONE PROPIONATE	480	\$0.76250	\$0.31250	101%-200% Above
Non-ORx	No	60505082901	FLUTICASONE PROPIONATE	1536	\$0.79557	\$0.25000	200% Above
Non-ORx	No	60505082901	FLUTICASONE PROPIONATE	288	\$0.53125	\$0.27083	76%-100% Above
Non-ORx	No	60505082901	FLUTICASONE PROPIONATE	128	\$0.68750	\$0.28125	101%-200% Above
Non-ORx	No	60505083001	MOMETASONE FUROATE	51	\$0.19608	\$2.23529	(76%-100%) Below
Non-ORx	No	60505083001	MOMETASONE FUROATE	34	\$0.58824	\$2.23529	(51%-75%) Below
Non-ORx	No	60505083305	AZELASTINE HYDROCHLORIDE	900	\$0.66111	\$0.26667	101%-200% Above
Non-ORx	No	60505083305	AZELASTINE HYDROCHLORIDE	60	\$1.20000	\$0.26667	200% Above
Non-ORx	No	60505095303	AZELASTINE HYDROCHLORIDE/	46	\$0.43478	\$4.47826	(76%-100%) Below
Non-ORx	No	60505131603	PAROXETINE HYDROCHLORIDE	90	\$3.14444	\$0.92222	200% Above
Non-ORx	No	60505131703	PAROXETINE HYDROCHLORIDE	30	\$0.16667	\$0.90000	(76%-100%) Below
Non-ORx	No	60505132305	PRAVASTATIN SODIUM	120	\$0.65000	\$0.16667	200% Above
Non-ORx	No	60505132305	PRAVASTATIN SODIUM	60	\$0.53333	\$0.13333	200% Above
Non-ORx	No	60505132305	PRAVASTATIN SODIUM	4	\$0.75000	\$0.25000	200% Above
Non-ORx	No	60505252603	MODAFINIL	90	\$1.56667	\$0.36667	200% Above
Non-ORx	No	60505252603	MODAFINIL	30	\$0.90000	\$0.36667	101%-200% Above
Non-ORx	No	60505252703	MODAFINIL	90	\$0.87778	\$0.56667	51%-75% Above
Non-ORx	No	60505252806	ZIPRASIDONE HCL	30	\$0.53333	\$0.26667	101%-200% Above
Non-ORx	No	60505257507	BALSALAZIDE DISODIUM	270	\$0.51852	\$0.40370	26%-50% Above
Non-ORx	No	60505257507	BALSALAZIDE DISODIUM	180	\$0.51667	\$0.40556	26%-50% Above
Non-ORx	No	60505257808	ATORVASTATIN CALCIUM	1620	\$0.24259	\$0.03333	200% Above
Non-ORx	No	60505257808	ATORVASTATIN CALCIUM	60	\$0.23333	\$0.03333	200% Above
Non-ORx	No	60505257808	ATORVASTATIN CALCIUM	420	\$0.07619	\$0.03333	101%-200% Above
Non-ORx	No	60505257809	ATORVASTATIN CALCIUM	90	\$0.17778	\$0.03333	200% Above
Non-ORx	No	60505257908	ATORVASTATIN CALCIUM	90	\$0.30000	\$0.05556	200% Above
Non-ORx	No	60505257908	ATORVASTATIN CALCIUM	180	\$0.30000	\$0.04444	200% Above
Non-ORx	No	60505257908	ATORVASTATIN CALCIUM	450	\$0.30000	\$0.04889	200% Above
Non-ORx	No	60505257908	ATORVASTATIN CALCIUM	180	\$0.02778	\$0.05556	(26%-50%) Below
Non-ORx	No	60505257908	ATORVASTATIN CALCIUM	1530	\$0.27778	\$0.04444	200% Above
Non-ORx	No	60505257908	ATORVASTATIN CALCIUM	360	\$0.12500	\$0.03333	200% Above
Non-ORx	No	60505257908	ATORVASTATIN CALCIUM	60	\$0.03333	\$0.06667	(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
Non-ORx	No	60505257908	ATORVASTATIN CALCIUM	88	\$0.03409	\$0.04546	(10%-25%) Below
Non-ORx	No	60505257909	ATORVASTATIN CALCIUM	90	\$0.30000	\$0.04444	200% Above
Non-ORx	No	60505257909	ATORVASTATIN CALCIUM	120	\$0.29167	\$0.05000	200% Above
Non-ORx	No	60505258008	ATORVASTATIN CALCIUM	180	\$0.27778	\$0.06111	200% Above
Non-ORx	No	60505258008	ATORVASTATIN CALCIUM	1620	\$0.31790	\$0.05556	200% Above
Non-ORx	No	60505258008	ATORVASTATIN CALCIUM	28	\$0.03571	\$0.07143	(26%-50%) Below
Non-ORx	No	60505258008	ATORVASTATIN CALCIUM	900	\$0.16444	\$0.06667	101%-200% Above
Non-ORx	No	60505258009	ATORVASTATIN CALCIUM	120	\$0.31667	\$0.05833	200% Above
Non-ORx	No	60505258009	ATORVASTATIN CALCIUM	180	\$0.40000	\$0.05556	200% Above
Non-ORx	No	60505258009	ATORVASTATIN CALCIUM	300	\$0.34333	\$0.06667	200% Above
Non-ORx	No	60505265301	TRAZODONE HYDROCHLORIDE	810	\$0.26173	\$0.04444	200% Above
Non-ORx	No	60505265301	TRAZODONE HYDROCHLORIDE	120	\$0.13333	\$0.04167	200% Above
Non-ORx	No	60505265301	TRAZODONE HYDROCHLORIDE	180	\$0.32778	\$0.03889	200% Above
Non-ORx	No	60505265301	TRAZODONE HYDROCHLORIDE	390	\$0.09487	\$0.03333	101%-200% Above
Non-ORx	No	60505265301	TRAZODONE HYDROCHLORIDE	480	\$0.08750	\$0.03333	101%-200% Above
Non-ORx	No	60505265401	TRAZODONE HYDROCHLORIDE	270	\$0.41111	\$0.06667	200% Above
Non-ORx	No	60505265401	TRAZODONE HYDROCHLORIDE	180	\$0.35556	\$0.07222	200% Above
Non-ORx	No	60505265401	TRAZODONE HYDROCHLORIDE	180	\$0.53333	\$0.06667	200% Above
Non-ORx	No	60505265401	TRAZODONE HYDROCHLORIDE	10	\$0.50000	\$0.10000	200% Above
Non-ORx	No	60505265401	TRAZODONE HYDROCHLORIDE	330	\$0.43636	\$0.06667	200% Above
Non-ORx	No	60505265401	TRAZODONE HYDROCHLORIDE	45	\$0.33333	\$0.06667	200% Above
Non-ORx	No	60505265501	TRAZODONE HYDROCHLORIDE	90	\$0.11111	\$0.13333	(10%-25%) Below
Non-ORx	No	60505265501	TRAZODONE HYDROCHLORIDE	40	\$0.60000	\$0.12500	200% Above
Non-ORx	No	60505265501	TRAZODONE HYDROCHLORIDE	60	\$0.60000	\$0.13333	200% Above
Non-ORx	No	60505265601	TRIAMTERENE/HYDROCHLOROT H	540	\$0.27778	\$0.10000	101%-200% Above
Non-ORx	No	60505265601	TRIAMTERENE/HYDROCHLOROT H	210	\$0.19524	\$0.10000	76%-100% Above
Non-ORx	No	60505265605	TRIAMTERENE/HYDROCHLOROT H	810	\$0.24938	\$0.10000	101%-200% Above
Non-ORx	No	60505265605	TRIAMTERENE/HYDROCHLOROT H	450	\$0.11778	\$0.10000	10%-25% Above
Non-ORx	No	60505265701	TRIAMTERENE/HYDROCHLOROT H	90	\$0.45556	\$0.13333	200% Above
Non-ORx	No	60505265701	TRIAMTERENE/HYDROCHLOROT H	60	\$0.45000	\$0.13333	200% Above
Non-ORx	No	60505265705	TRIAMTERENE/HYDROCHLOROT H	60	\$0.40000	\$0.13333	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
Non-ORx	No	60505265901	TRAZODONE HYDROCHLORIDE	30	\$2.63333	\$1.20000	101%-200% Above
Non-ORx	No	60505267108	ATORVASTATIN CALCIUM	180	\$0.38333	\$0.10000	200% Above
Non-ORx	No	60505267108	ATORVASTATIN CALCIUM	210	\$0.30952	\$0.10000	200% Above
Non-ORx	No	60505267108	ATORVASTATIN CALCIUM	210	\$0.32381	\$0.10000	200% Above
Non-ORx	No	60505267109	ATORVASTATIN CALCIUM	150	\$0.12667	\$0.10000	26%-50% Above
Non-ORx	No	60505267403	ARIPIRAZOLE	30	\$0.46667	\$0.16667	101%-200% Above
Non-ORx	No	60505267403	ARIPIRAZOLE	15	\$0.46667	\$0.13333	200% Above
Non-ORx	No	60505283303	ATOMOXETINE	60	\$1.40000	\$1.13333	10%-25% Above
Non-ORx	No	60505283403	ATOMOXETINE	30	\$0.66667	\$1.33333	(26%-50%) Below
Non-ORx	No	60505283503	ATOMOXETINE	30	\$1.86667	\$1.33333	26%-50% Above
Non-ORx	No	60505283603	ATOMOXETINE	30	\$4.73333	\$1.86667	101%-200% Above
Non-ORx	No	60505285001	ALFUZOSIN HCL ER	90	\$0.42222	\$0.13333	200% Above
Non-ORx	No	60505309702	RISEDRONATE SODIUM	2	\$33.50000	\$21.00000	51%-75% Above
Non-ORx	No	60505311308	OLANZAPINE	30	\$0.36667	\$0.13333	101%-200% Above
Non-ORx	No	60505316500	RISEDRONATE SODIUM	4	\$11.75000	\$2.75000	200% Above
Non-ORx	No	60505317007	OMEGA-3-ACID ETHYL ESTERS	720	\$0.45556	\$0.17778	101%-200% Above
Non-ORx	No	60505317007	OMEGA-3-ACID ETHYL ESTERS	360	\$0.27500	\$0.17500	51%-75% Above
Non-ORx	No	60505328006	LEVETIRACETAM ER	150	\$0.94667	\$0.25333	200% Above
Non-ORx	No	60505328006	LEVETIRACETAM ER	120	\$1.36667	\$0.25000	200% Above
Non-ORx	No	60505384801	CELECOXIB	60	\$0.70000	\$0.11667	200% Above
Non-ORx	No	60505384901	CELECOXIB	240	\$0.93333	\$0.15000	200% Above
Non-ORx	No	60505384901	CELECOXIB	60	\$0.83333	\$0.16667	200% Above
Non-ORx	No	60505384901	CELECOXIB	270	\$0.93333	\$0.13333	200% Above
Non-ORx	No	60505392701	GUANFACINE HYDROCHLORIDE	180	\$0.85556	\$0.23333	200% Above
Non-ORx	No	60505392701	GUANFACINE HYDROCHLORIDE	90	\$1.37778	\$0.23333	200% Above
Non-ORx	No	60505392701	GUANFACINE HYDROCHLORIDE	120	\$0.78333	\$0.23333	200% Above
Non-ORx	No	60505392801	GUANFACINE HYDROCHLORIDE	90	\$0.85556	\$0.24444	200% Above
Non-ORx	No	60505392801	GUANFACINE HYDROCHLORIDE	60	\$1.26667	\$0.25000	200% Above
Non-ORx	No	60505392801	GUANFACINE HYDROCHLORIDE	30	\$0.70000	\$0.23333	200% Above
Non-ORx	No	60505392801	GUANFACINE HYDROCHLORIDE	150	\$1.53333	\$0.26667	200% Above
Non-ORx	No	60505392901	GUANFACINE HYDROCHLORIDE	60	\$0.53333	\$0.26667	101%-200% Above
Non-ORx	No	60505393001	GUANFACINE HYDROCHLORIDE	30	\$0.70000	\$0.23333	200% Above
Non-ORx	No	60505450409	ROSUVASTATIN CALCIUM	30	\$0.36667	\$0.06667	200% Above
Non-ORx	No	60505464303	PRASUGREL	60	\$0.53333	\$0.36667	26%-50% Above
Non-ORx	No	60505470203	SOLIFENACIN SUCCINATE	90	\$0.11111	\$0.23333	(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
Non-ORx	No	60505470203	SOLIFENACIN SUCCINATE	30	\$1.16667	\$0.23333	200% Above
Non-ORx	No	60505471303	CARVEDILOL PHOSPHATE	30	\$0.16667	\$5.63333	(76%-100%) Below
Non-ORx	No	60505618506	POTASSIUM CHLORIDE	169	\$0.64497	\$0.43195	26%-50% Above
Non-ORx	No	60631004030	EDARBI	180	\$5.33889	\$6.65556	(10%-25%) Below
Non-ORx	No	60631042530	EDARBYCLOR	180	\$5.47778	\$6.86667	(10%-25%) Below
Non-ORx	No	60687021701	DILTIAZEM HYDROCHLORIDE E	30	\$0.13333	\$0.26667	(26%-50%) Below
Non-ORx	No	60758011905	PREDNISOLONE ACETATE	10	\$6.60000	\$5.80000	10%-25% Above
Non-ORx	No	60758011905	PREDNISOLONE ACETATE	30	\$6.93333	\$5.80000	10%-25% Above
Non-ORx	No	60758018805	GENTAMICIN SULFATE	15	\$2.06667	\$0.60000	200% Above
Non-ORx	No	60758061525	GATIFLOXACIN	5	\$33.00000	\$12.60000	101%-200% Above
Non-ORx	No	60758080105	TIMOLOL MALEATE	5	\$1.00000	\$1.20000	(10%-25%) Below
Non-ORx	No	60758080105	TIMOLOL MALEATE	10	\$1.00000	\$1.20000	(10%-25%) Below
Non-ORx	No	60758080110	TIMOLOL MALEATE	10	\$0.70000	\$1.00000	(26%-50%) Below
Non-ORx	No	60758090810	POLYMYXIN B SULFATE/TRIME	10	\$0.50000	\$0.40000	26%-50% Above
Non-ORx	No	60793085001	LEVOXYL	90	\$0.11111	\$0.70000	(76%-100%) Below
Non-ORx	No	60793085101	LEVOXYL	30	\$0.40000	\$0.80000	(26%-50%) Below
Non-ORx	No	60793085101	LEVOXYL	15	\$0.46667	\$0.80000	(26%-50%) Below
Non-ORx	No	60793085301	LEVOXYL	90	\$0.24444	\$0.88889	(51%-75%) Below
Non-ORx	No	60793085501	LEVOXYL	180	\$0.40556	\$1.04444	(51%-75%) Below
Non-ORx	No	60793085601	LEVOXYL	180	\$0.25556	\$1.05556	(76%-100%) Below
Non-ORx	No	60846080301	UNITHROID	68	\$0.32353	\$3.54412	(76%-100%) Below
Non-ORx	No	60846080301	UNITHROID	90	\$0.11111	\$3.54444	(76%-100%) Below
Non-ORx	No	60846080301	UNITHROID	25	\$0.32000	\$3.56000	(76%-100%) Below
Non-ORx	No	60846080301	UNITHROID	60	\$0.33333	\$3.53333	(76%-100%) Below
Non-ORx	No	60846080401	UNITHROID	90	\$0.31111	\$3.54444	(76%-100%) Below
Non-ORx	No	60846080401	UNITHROID	90	\$0.24444	\$3.53333	(76%-100%) Below
Non-ORx	No	61314001425	DICLOFENAC SODIUM	3	\$5.33333	\$1.66667	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
Non-ORx	No	61314003002	DORZOLAMIDE HCL/TIMOLOL M	10	\$2.00000	\$1.30000	51%-75% Above
Non-ORx	No	61314012610	KETOROLAC TROMETHAMINE	10	\$2.20000	\$1.40000	51%-75% Above
Non-ORx	No	61314014305	BRIMONIDINE TARTRATE	15	\$1.93333	\$0.80000	101%-200% Above
Non-ORx	No	61314014305	BRIMONIDINE TARTRATE	10	\$1.90000	\$0.80000	101%-200% Above
Non-ORx	No	61314014310	BRIMONIDINE TARTRATE	10	\$2.00000	\$0.70000	101%-200% Above
Non-ORx	No	61314022705	TIMOLOL MALEATE	30	\$1.96667	\$1.20000	51%-75% Above
Non-ORx	No	61314023710	CROMOLYN SODIUM	20	\$1.80000	\$0.60000	200% Above
Non-ORx	No	61314030802	AZELASTINE HCL	6	\$6.83333	\$1.16667	200% Above
Non-ORx	No	61314032001	OLOPATADINE HCL	62	\$6.12903	\$1.16129	200% Above
Non-ORx	No	61314039601	CYCLOPENTOLATE HCL	4	\$2.75000	\$2.00000	26%-50% Above
Non-ORx	No	61314054701	LATANOPROST	8	\$4.00000	\$1.62500	101%-200% Above
Non-ORx	No	61314054701	LATANOPROST	5	\$5.80000	\$1.80000	200% Above
Non-ORx	No	61314054701	LATANOPROST	27	\$3.85185	\$1.33333	101%-200% Above
Non-ORx	No	61314054701	LATANOPROST	3	\$11.33333	\$1.66667	200% Above
Non-ORx	No	61314062810	POLYMYXIN B SULFATE/TRIME	110	\$1.16364	\$0.50000	101%-200% Above
Non-ORx	No	61314062810	POLYMYXIN B SULFATE/TRIME	160	\$1.11250	\$0.40000	101%-200% Above
Non-ORx	No	61314063006	NEOMYCIN/POLYMYXIN/DEXAM E	10	\$4.40000	\$2.40000	76%-100% Above
Non-ORx	No	61314063006	NEOMYCIN/POLYMYXIN/DEXAM E	45	\$4.40000	\$2.60000	51%-75% Above
Non-ORx	No	61314063136	NEOMYCIN/POLYMYXIN/DEXAM E	28	\$5.17857	\$3.00000	51%-75% Above
Non-ORx	No	61314063136	NEOMYCIN/POLYMYXIN/DEXAM E	8	\$6.25000	\$2.50000	101%-200% Above
Non-ORx	No	61314063305	GENTAMICIN SULFATE	10	\$3.00000	\$0.70000	200% Above
Non-ORx	No	61314063305	GENTAMICIN SULFATE	5	\$3.00000	\$0.60000	200% Above
Non-ORx	No	61314063705	PREDNISOLONE ACETATE	20	\$4.10000	\$5.80000	(26%-50%) Below
Non-ORx	No	61314063705	PREDNISOLONE ACETATE	65	\$6.86154	\$5.80000	10%-25% Above
Non-ORx	No	61314063710	PREDNISOLONE ACETATE	40	\$7.37500	\$5.80000	26%-50% Above
Non-ORx	No	61314064305	TOBRAMYCIN SULFATE	5	\$2.80000	\$1.40000	101%-200% Above
Non-ORx	No	61314064511	NEOMYCIN/POLYMYXIN/HYDRO C	10	\$7.30000	\$6.20000	10%-25% Above
Non-ORx	No	61314064511	NEOMYCIN/POLYMYXIN/HYDRO C	10	\$7.30000	\$6.10000	10%-25% Above
Non-ORx	No	61314064610	NEOMYCIN/POLYMYXIN/HYDRO C	40	\$7.05000	\$5.90000	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
Non-ORx	No	61314064610	NEOMYCIN/POLYMYXIN/HYDRO C	10	\$6.70000	\$5.70000	10%-25% Above
Non-ORx	No	61314064705	TOBRAMYCIN/DEXAMETHASONE	10	\$19.60000	\$15.60000	26%-50% Above
Non-ORx	No	61314064725	TOBRAMYCIN/DEXAMETHASONE	6	\$15.50000	\$13.00000	10%-25% Above
Non-ORx	No	61314065605	CIPROFLOXACIN HYDROCHLORI	15	\$3.60000	\$2.00000	76%-100% Above
Non-ORx	No	61314065610	CIPROFLOXACIN HYDROCHLORI	10	\$2.20000	\$1.60000	26%-50% Above
Non-ORx	No	61314065625	CIPROFLOXACIN HYDROCHLORI	3	\$5.00000	\$2.66667	76%-100% Above
Non-ORx	No	61442010301	DICLOFENAC SODIUM DR	120	\$0.20833	\$0.09167	101%-200% Above
Non-ORx	No	61442010301	DICLOFENAC SODIUM DR	240	\$0.15417	\$0.10000	51%-75% Above
Non-ORx	No	61442010301	DICLOFENAC SODIUM DR	20	\$0.25000	\$0.10000	101%-200% Above
Non-ORx	No	61442010301	DICLOFENAC SODIUM DR	30	\$0.23333	\$0.10000	101%-200% Above
Non-ORx	No	61442010305	DICLOFENAC SODIUM DR	180	\$0.33333	\$0.10000	200% Above
Non-ORx	No	61442010310	DICLOFENAC SODIUM DR	90	\$0.14444	\$0.08889	51%-75% Above
Non-ORx	No	61442010310	DICLOFENAC SODIUM DR	180	\$0.14444	\$0.09444	51%-75% Above
Non-ORx	No	61442010310	DICLOFENAC SODIUM DR	360	\$0.14444	\$0.10000	26%-50% Above
Non-ORx	No	61442010310	DICLOFENAC SODIUM DR	45	\$0.24444	\$0.08889	101%-200% Above
Non-ORx	No	61442010310	DICLOFENAC SODIUM DR	240	\$0.17500	\$0.10000	76%-100% Above
Non-ORx	No	61442011201	ACYCLOVIR	60	\$0.23333	\$0.10000	101%-200% Above
Non-ORx	No	61442011205	ACYCLOVIR	30	\$0.06667	\$0.10000	(26%-50%) Below
Non-ORx	No	61442012701	MELOXICAM	30	\$0.20000	\$0.03333	200% Above
Non-ORx	No	61442014110	LOVASTATIN	90	\$0.26667	\$0.05556	200% Above
Non-ORx	No	61442014210	LOVASTATIN	30	\$0.30000	\$0.06667	200% Above
Non-ORx	No	61703035038	METHOTREXATE SODIUM	16	\$2.75000	\$3.37500	(10%-25%) Below
Non-ORx	No	61703035038	METHOTREXATE SODIUM	20	\$2.80000	\$3.50000	(10%-25%) Below
Non-ORx	No	61703035038	METHOTREXATE SODIUM	4	\$2.50000	\$3.25000	(10%-25%) Below
Non-ORx	No	61748030213	MYORISAN	120	\$6.02500	\$2.66667	101%-200% Above
Non-ORx	No	61755002002	PRALUENT	6	\$171.00000	\$224.33333	(10%-25%) Below
Non-ORx	No	62011028702	HM CLEARLAX	510	\$0.00980	\$0.01961	(26%-50%) Below
Non-ORx	No	62011040501	HM ASPIRIN	30	\$0.00000	\$0.03333	(76%-100%) Below
Non-ORx	No	62037055901	POTASSIUM CHLORIDE ER	60	\$0.36667	\$0.18333	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
Non-ORx	No	62037059705	CARTIA XT	30	\$0.50000	\$0.16667	200% Above
Non-ORx	No	62037060090	CARTIA XT	30	\$0.16667	\$0.36667	(51%-75%) Below
Non-ORx	No	62037099901	POTASSIUM CHLORIDE ER	30	\$0.43333	\$0.20000	101%-200% Above
Non-ORx	No	62037099910	POTASSIUM CHLORIDE ER	30	\$0.16667	\$0.20000	(10%-25%) Below
Non-ORx	No	62135062605	DOXYCYCLINE HYCLATE	60	\$0.43333	\$0.13333	200% Above
Non-ORx	No	62135062605	DOXYCYCLINE HYCLATE	28	\$0.60714	\$0.14286	200% Above
Non-ORx	No	62135062650	DOXYCYCLINE HYCLATE	90	\$0.51111	\$0.13333	200% Above
Non-ORx	No	62135062650	DOXYCYCLINE HYCLATE	35	\$0.51429	\$0.14286	200% Above
Non-ORx	No	62135062650	DOXYCYCLINE HYCLATE	120	\$0.50833	\$0.13333	200% Above
Non-ORx	No	62135062650	DOXYCYCLINE HYCLATE	24	\$0.54167	\$0.12500	200% Above
Non-ORx	No	62135062650	DOXYCYCLINE HYCLATE	6	\$0.50000	\$0.16667	200% Above
Non-ORx	No	62135062650	DOXYCYCLINE HYCLATE	28	\$0.50000	\$0.14286	200% Above
Non-ORx	No	62135062650	DOXYCYCLINE HYCLATE	120	\$0.50000	\$0.15000	200% Above
Non-ORx	No	62135096001	SULFASALAZINE	360	\$0.22778	\$0.17500	26%-50% Above
Non-ORx	No	62135098450	DOXYCYCLINE HYCLATE	30	\$1.30000	\$0.26667	200% Above
Non-ORx	No	62135098450	DOXYCYCLINE HYCLATE	10	\$0.50000	\$0.30000	51%-75% Above
Non-ORx	No	62135098505	DOXYCYCLINE HYCLATE	120	\$0.59167	\$0.16667	200% Above
Non-ORx	No	62135098505	DOXYCYCLINE HYCLATE	60	\$0.65000	\$0.13333	200% Above
Non-ORx	No	62135098505	DOXYCYCLINE HYCLATE	50	\$0.78000	\$0.16000	200% Above
Non-ORx	No	62135098505	DOXYCYCLINE HYCLATE	240	\$0.56250	\$0.15000	200% Above
Non-ORx	No	62135098505	DOXYCYCLINE HYCLATE	126	\$0.67460	\$0.14286	200% Above
Non-ORx	No	62135098505	DOXYCYCLINE HYCLATE	10	\$0.50000	\$0.10000	200% Above
Non-ORx	No	62135098505	DOXYCYCLINE HYCLATE	56	\$0.66071	\$0.14286	200% Above
Non-ORx	No	62135098505	DOXYCYCLINE HYCLATE	220	\$0.55909	\$0.15000	200% Above
Non-ORx	No	62175011843	OMEPRAZOLE	120	\$0.15000	\$0.03333	200% Above
Non-ORx	No	62175012837	ISOSORBIDE MONONITRATE ER	30	\$0.30000	\$0.10000	200% Above
Non-ORx	No	62175013637	OMEPRAZOLE	60	\$0.33333	\$0.06667	200% Above
Non-ORx	No	62175013643	OMEPRAZOLE	450	\$0.28444	\$0.06667	200% Above
Non-ORx	No	62175013643	OMEPRAZOLE	120	\$0.48333	\$0.06667	200% Above
Non-ORx	No	62175013643	OMEPRAZOLE	180	\$0.33333	\$0.06111	200% Above
Non-ORx	No	62175013643	OMEPRAZOLE	720	\$0.46528	\$0.06667	200% Above
Non-ORx	No	62175013643	OMEPRAZOLE	2220	\$0.38288	\$0.06667	200% Above
Non-ORx	No	62175013643	OMEPRAZOLE	44	\$0.47727	\$0.06818	200% Above
Non-ORx	No	62175026037	NIFEDIPINE ER	30	\$0.43333	\$0.16667	101%-200% Above
Non-ORx	No	62175026155	NIFEDIPINE ER	60	\$0.40000	\$0.25000	51%-75% Above
Non-ORx	No	62175026155	NIFEDIPINE ER	30	\$0.40000	\$0.23333	51%-75% Above
Non-ORx	No	62175026232	NIFEDIPINE ER	30	\$0.46667	\$0.40000	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
Non-ORx	No	62175027041	OXYBUTYNIN CHLORIDE ER	30	\$0.10000	\$0.13333	(10%-25%) Below
Non-ORx	No	62175027137	OXYBUTYNIN CHLORIDE ER	30	\$0.13333	\$0.16667	(10%-25%) Below
Non-ORx	No	62175027237	OXYBUTYNIN CHLORIDE ER	30	\$0.23333	\$0.20000	10%-25% Above
Non-ORx	No	62175030232	RABEPRAZOLE SODIUM	120	\$0.33333	\$0.23333	26%-50% Above
Non-ORx	No	62175032046	NIACIN ER	30	\$0.36667	\$0.26667	26%-50% Above
Non-ORx	No	62175032246	NIACIN ER	30	\$1.66667	\$0.40000	200% Above
Non-ORx	No	62175045832	BUPRENORPHINE HYDROCHLORI	56	\$2.12500	\$0.92857	101%-200% Above
Non-ORx	No	62175047032	PAROXETINE HCL ER	30	\$3.90000	\$0.93333	200% Above
Non-ORx	No	62175047132	PAROXETINE HCL ER	60	\$3.08333	\$0.90000	200% Above
Non-ORx	No	62175047232	PAROXETINE HCL ER	90	\$1.68889	\$0.87778	76%-100% Above
Non-ORx	No	62175048537	VERAPAMIL HCL ER	30	\$3.90000	\$4.43333	(10%-25%) Below
Non-ORx	No	62175061743	PANTOPRAZOLE SODIUM	1170	\$0.41282	\$0.05556	200% Above
Non-ORx	No	62175061743	PANTOPRAZOLE SODIUM	1320	\$0.41136	\$0.06667	200% Above
Non-ORx	No	62175061743	PANTOPRAZOLE SODIUM	720	\$0.37639	\$0.06667	200% Above
Non-ORx	No	62175061743	PANTOPRAZOLE SODIUM	180	\$0.40556	\$0.06667	200% Above
Non-ORx	No	62175061743	PANTOPRAZOLE SODIUM	180	\$0.40556	\$0.06111	200% Above
Non-ORx	No	62175061743	PANTOPRAZOLE SODIUM	120	\$0.43333	\$0.06667	200% Above
Non-ORx	No	62175061743	PANTOPRAZOLE SODIUM	28	\$0.50000	\$0.07143	200% Above
Non-ORx	No	62175061743	PANTOPRAZOLE SODIUM	21	\$0.52381	\$0.04762	200% Above
Non-ORx	No	62175061743	PANTOPRAZOLE SODIUM	14	\$0.50000	\$0.07143	200% Above
Non-ORx	No	62175061743	PANTOPRAZOLE SODIUM	39	\$0.51282	\$0.05128	200% Above
Non-ORx	No	62175061743	PANTOPRAZOLE SODIUM	1860	\$0.41290	\$0.06667	200% Above
Non-ORx	No	62175061746	PANTOPRAZOLE SODIUM	210	\$0.29524	\$0.06667	200% Above
Non-ORx	No	62175089043	ATORVASTATIN CALCIUM	30	\$0.30000	\$0.03333	200% Above
Non-ORx	No	62175089046	ATORVASTATIN CALCIUM	60	\$0.13333	\$0.03333	200% Above
Non-ORx	No	62175089143	ATORVASTATIN CALCIUM	30	\$0.03333	\$0.06667	(26%-50%) Below
Non-ORx	No	62175089241	ATORVASTATIN CALCIUM	30	\$0.33333	\$0.06667	200% Above
Non-ORx	No	62332001131	VENLAFAXINE HYDROCHLORIDE	90	\$0.46667	\$0.12222	200% Above
Non-ORx	No	62332001131	VENLAFAXINE HYDROCHLORIDE	60	\$0.46667	\$0.10000	200% Above
Non-ORx	No	62332001231	VENLAFAXINE HCL	270	\$0.31482	\$0.14074	101%-200% Above
Non-ORx	No	62332002531	THEOPHYLLINE ER	180	\$3.00556	\$2.65556	10%-25% Above
Non-ORx	No	62332002531	THEOPHYLLINE ER	30	\$3.00000	\$2.66667	10%-25% Above
Non-ORx	No	62332002790	LOSARTAN POTASSIUM	90	\$0.27778	\$0.05556	200% Above
Non-ORx	No	62332002790	LOSARTAN POTASSIUM	90	\$0.10000	\$0.06667	51%-75% Above
Non-ORx	No	62332002790	LOSARTAN POTASSIUM	29	\$0.20690	\$0.06897	200% Above
Non-ORx	No	62332002791	LOSARTAN POTASSIUM	90	\$0.27778	\$0.05556	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
Non-ORx	No	62332002890	LOSARTAN POTASSIUM	90	\$0.30000	\$0.06667	200% Above
Non-ORx	No	62332002890	LOSARTAN POTASSIUM	120	\$0.33333	\$0.06667	200% Above
Non-ORx	No	62332002891	LOSARTAN POTASSIUM	180	\$0.30000	\$0.07778	200% Above
Non-ORx	No	62332002891	LOSARTAN POTASSIUM	90	\$0.30000	\$0.06667	200% Above
Non-ORx	No	62332002891	LOSARTAN POTASSIUM	30	\$0.36667	\$0.06667	200% Above
Non-ORx	No	62332002930	LOSARTAN POTASSIUM	90	\$0.44444	\$0.08889	200% Above
Non-ORx	No	62332002990	LOSARTAN POTASSIUM	270	\$0.44444	\$0.08889	200% Above
Non-ORx	No	62332002990	LOSARTAN POTASSIUM	85	\$0.43529	\$0.09412	200% Above
Non-ORx	No	62332002990	LOSARTAN POTASSIUM	15	\$0.26667	\$0.06667	200% Above
Non-ORx	No	62332002990	LOSARTAN POTASSIUM	30	\$0.23333	\$0.10000	101%-200% Above
Non-ORx	No	62332002991	LOSARTAN POTASSIUM	90	\$0.47778	\$0.10000	200% Above
Non-ORx	No	62332002991	LOSARTAN POTASSIUM	270	\$0.44444	\$0.08889	200% Above
Non-ORx	No	62332003031	ROPINIROLE HYDROCHLORIDE	60	\$0.15000	\$0.05000	200% Above
Non-ORx	No	62332003031	ROPINIROLE HYDROCHLORIDE	60	\$0.10000	\$0.06667	51%-75% Above
Non-ORx	No	62332003131	ROPINIROLE HCL	30	\$0.50000	\$0.06667	200% Above
Non-ORx	No	62332003231	ROPINIROLE HCL	120	\$0.12500	\$0.05000	101%-200% Above
Non-ORx	No	62332003231	ROPINIROLE HCL	60	\$0.20000	\$0.06667	200% Above
Non-ORx	No	62332003431	ROPINIROLE HYDROCHLORIDE	120	\$0.55000	\$0.10000	200% Above
Non-ORx	No	62332003731	LAMOTRIGINE	360	\$0.12500	\$0.03333	200% Above
Non-ORx	No	62332003731	LAMOTRIGINE	240	\$0.06250	\$0.03333	76%-100% Above
Non-ORx	No	62332003731	LAMOTRIGINE	30	\$0.13333	\$0.03333	200% Above
Non-ORx	No	62332003831	LAMOTRIGINE	90	\$0.32222	\$0.05556	200% Above
Non-ORx	No	62332003831	LAMOTRIGINE	70	\$0.40000	\$0.05714	200% Above
Non-ORx	No	62332003831	LAMOTRIGINE	60	\$0.40000	\$0.06667	200% Above
Non-ORx	No	62332003831	LAMOTRIGINE	45	\$0.40000	\$0.06667	200% Above
Non-ORx	No	62332003960	LAMOTRIGINE	180	\$0.36667	\$0.08889	200% Above
Non-ORx	No	62332003960	LAMOTRIGINE	270	\$0.36296	\$0.08519	200% Above
Non-ORx	No	62332003960	LAMOTRIGINE	240	\$0.38333	\$0.08333	200% Above
Non-ORx	No	62332003960	LAMOTRIGINE	60	\$0.43333	\$0.06667	200% Above
Non-ORx	No	62332003960	LAMOTRIGINE	30	\$0.43333	\$0.10000	200% Above
Non-ORx	No	62332004060	LAMOTRIGINE	135	\$0.40741	\$0.09630	200% Above
Non-ORx	No	62332004060	LAMOTRIGINE	90	\$0.41111	\$0.10000	200% Above
Non-ORx	No	62332004060	LAMOTRIGINE	180	\$0.45000	\$0.10000	200% Above
Non-ORx	No	62332004060	LAMOTRIGINE	60	\$0.25000	\$0.10000	101%-200% Above
Non-ORx	No	62332004290	IRBESARTAN	180	\$0.52222	\$0.22222	101%-200% Above
Non-ORx	No	62332004290	IRBESARTAN	90	\$0.51111	\$0.21111	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
Non-ORx	No	62332004390	IRBESARTAN	180	\$0.67222	\$0.31111	101%-200% Above
Non-ORx	No	62332004390	IRBESARTAN	90	\$0.56667	\$0.30000	76%-100% Above
Non-ORx	No	62332004390	IRBESARTAN	30	\$0.90000	\$0.30000	200% Above
Non-ORx	No	62332004590	VALSARTAN	120	\$0.47500	\$0.23333	101%-200% Above
Non-ORx	No	62332004690	VALSARTAN	90	\$0.62222	\$0.24444	101%-200% Above
Non-ORx	No	62332004690	VALSARTAN	90	\$0.62222	\$0.27778	101%-200% Above
Non-ORx	No	62332004690	VALSARTAN	60	\$0.60000	\$0.28333	101%-200% Above
Non-ORx	No	62332004690	VALSARTAN	30	\$0.33333	\$0.26667	26%-50% Above
Non-ORx	No	62332004890	LOSARTAN POTASSIUM/HYDROC	180	\$0.34444	\$0.16667	101%-200% Above
Non-ORx	No	62332004890	LOSARTAN POTASSIUM/HYDROC	270	\$0.26296	\$0.16667	51%-75% Above
Non-ORx	No	62332004890	LOSARTAN POTASSIUM/HYDROC	90	\$0.06667	\$0.16667	(51%-75%) Below
Non-ORx	No	62332004990	LOSARTAN POTASSIUM/HYDROC	180	\$0.37778	\$0.17778	101%-200% Above
Non-ORx	No	62332005030	LOSARTAN POTASSIUM/HYDROC	30	\$0.40000	\$0.20000	101%-200% Above
Non-ORx	No	62332005090	LOSARTAN POTASSIUM/HYDROC	90	\$0.62222	\$0.21111	101%-200% Above
Non-ORx	No	62332005090	LOSARTAN POTASSIUM/HYDROC	360	\$0.36111	\$0.18889	76%-100% Above
Non-ORx	No	62332005090	LOSARTAN POTASSIUM/HYDROC	120	\$0.38333	\$0.20000	76%-100% Above
Non-ORx	No	62332005491	CLONIDINE HYDROCHLORIDE	60	\$0.15000	\$0.03333	200% Above
Non-ORx	No	62332005631	CLONIDINE HYDROCHLORIDE	90	\$0.22222	\$0.04444	200% Above
Non-ORx	No	62332006230	LEFLUNOMIDE	90	\$1.17778	\$0.68889	51%-75% Above
Non-ORx	No	62332007990	VALSARTAN/HYDROCHLOROTHIA	120	\$1.04167	\$0.23333	200% Above
Non-ORx	No	62332007990	VALSARTAN/HYDROCHLOROTHIA	15	\$0.06667	\$0.26667	(51%-75%) Below
Non-ORx	No	62332008090	VALSARTAN/HYDROCHLOROTHIA	180	\$0.81111	\$0.26667	200% Above
Non-ORx	No	62332008190	VALSARTAN/HYDROCHLOROTHIA	30	\$0.66667	\$0.33333	101%-200% Above
Non-ORx	No	62332008190	VALSARTAN/HYDROCHLOROTHIA	30	\$1.26667	\$0.30000	200% Above
Non-ORx	No	62332008290	VALSARTAN/HYDROCHLOROTHIA	30	\$2.33333	\$0.43333	200% Above
Non-ORx	No	62332008290	VALSARTAN/HYDROCHLOROTHIA	30	\$2.33333	\$0.40000	200% Above
Non-ORx	No	62332008390	VALSARTAN/HYDROCHLOROTHIA	90	\$0.24444	\$0.38889	(26%-50%) Below
Non-ORx	No	62332008390	VALSARTAN/HYDROCHLOROTHIA	90	\$1.66667	\$0.36667	200% Above
Non-ORx	No	62332008390	VALSARTAN/HYDROCHLOROTHIA	150	\$1.21333	\$0.40000	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
Non-ORx	No	62332008930	TELMISARTAN	60	\$0.23333	\$0.33333	(26%-50%) Below
Non-ORx	No	62332009730	ARIPIRAZOLE	60	\$0.25000	\$0.13333	76%-100% Above
Non-ORx	No	62332009731	ARIPIRAZOLE	30	\$0.40000	\$0.13333	200% Above
Non-ORx	No	62332009831	ARIPIRAZOLE	60	\$0.28333	\$0.16667	51%-75% Above
Non-ORx	No	62332009930	ARIPIRAZOLE	60	\$0.10000	\$0.16667	(26%-50%) Below
Non-ORx	No	62332010230	ARIPIRAZOLE	60	\$0.33333	\$0.26667	26%-50% Above
Non-ORx	No	62332011291	METOPROLOL TARTRATE	270	\$0.12963	\$0.01852	200% Above
Non-ORx	No	62332011291	METOPROLOL TARTRATE	120	\$0.08333	\$0.01667	200% Above
Non-ORx	No	62332011291	METOPROLOL TARTRATE	60	\$0.13333	\$0.03333	200% Above
Non-ORx	No	62332011990	PREGABALIN	60	\$0.13333	\$0.08333	51%-75% Above
Non-ORx	No	62332012190	PREGABALIN	90	\$0.13333	\$0.07778	51%-75% Above
Non-ORx	No	62332012190	PREGABALIN	300	\$0.22333	\$0.08333	101%-200% Above
Non-ORx	No	62332012190	PREGABALIN	30	\$0.13333	\$0.06667	101%-200% Above
Non-ORx	No	62332012290	PREGABALIN	90	\$0.30000	\$0.07778	200% Above
Non-ORx	No	62332012290	PREGABALIN	120	\$0.17500	\$0.08333	101%-200% Above
Non-ORx	No	62332012390	PREGABALIN	120	\$0.06667	\$0.09167	(26%-50%) Below
Non-ORx	No	62332012390	PREGABALIN	90	\$0.34444	\$0.08889	200% Above
Non-ORx	No	62332012390	PREGABALIN	60	\$0.35000	\$0.10000	200% Above
Non-ORx	No	62332012490	PREGABALIN	60	\$0.36667	\$0.11667	200% Above
Non-ORx	No	62332012690	PREGABALIN	60	\$0.43333	\$0.13333	200% Above
Non-ORx	No	62332013330	OLMESARTAN MEDOXOMIL	30	\$0.10000	\$0.16667	(26%-50%) Below
Non-ORx	No	62332013390	OLMESARTAN MEDOXOMIL	30	\$0.56667	\$0.16667	200% Above
Non-ORx	No	62332014131	CELECOXIB	60	\$0.70000	\$0.10000	200% Above
Non-ORx	No	62332014131	CELECOXIB	60	\$0.70000	\$0.10000	200% Above
Non-ORx	No	62332014231	CELECOXIB	90	\$0.53333	\$0.16667	200% Above
Non-ORx	No	62332014231	CELECOXIB	120	\$0.32500	\$0.15000	101%-200% Above
Non-ORx	No	62332014231	CELECOXIB	210	\$0.26191	\$0.13333	76%-100% Above
Non-ORx	No	62332014271	CELECOXIB	60	\$0.13333	\$0.15000	(10%-25%) Below
Non-ORx	No	62332014271	CELECOXIB	30	\$0.66667	\$0.16667	200% Above
Non-ORx	No	62332014930	OLMESARTAN MEDOXOMIL/HYDR	60	\$0.65000	\$0.23333	101%-200% Above
Non-ORx	No	62332015030	OLMESARTAN MEDOXOMIL/HYDR	120	\$0.75000	\$0.30000	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
Non-ORx	No	62332015130	OLMESARTAN MEDOXOMIL/HYDR	150	\$0.77333	\$0.30000	101%-200% Above
Non-ORx	No	62332015190	OLMESARTAN MEDOXOMIL/HYDR	60	\$0.40000	\$0.30000	26%-50% Above
Non-ORx	No	62332020530	AMLODIPINE BESYLATE/VALSA	60	\$1.93333	\$0.53333	200% Above
Non-ORx	No	62332020630	AMLODIPINE BESYLATE/VALSA	90	\$1.47778	\$0.53333	101%-200% Above
Non-ORx	No	62332020790	AMLODIPINE BESYLATE/VALSA	30	\$1.23333	\$0.50000	101%-200% Above
Non-ORx	No	62332020790	AMLODIPINE BESYLATE/VALSA	30	\$0.73333	\$0.46667	51%-75% Above
Non-ORx	No	62332020830	AMLODIPINE BESYLATE/VALSA	90	\$0.11111	\$0.62222	(76%-100%) Below
Non-ORx	No	62332020830	AMLODIPINE BESYLATE/VALSA	30	\$1.56667	\$0.63333	101%-200% Above
Non-ORx	No	62332020890	AMLODIPINE BESYLATE/VALSA	30	\$1.30000	\$0.63333	101%-200% Above
Non-ORx	No	62332020930	TELMISARTAN/HYDROCHLOROTH	30	\$0.86667	\$1.36667	(26%-50%) Below
Non-ORx	No	62332021130	TELMISARTAN/HYDROCHLOROTH	90	\$0.86667	\$1.28889	(26%-50%) Below
Non-ORx	No	62332025130	AZITHROMYCIN	10	\$2.60000	\$0.50000	200% Above
Non-ORx	No	62332025130	AZITHROMYCIN	132	\$2.00000	\$0.50000	200% Above
Non-ORx	No	62332033831	MIDODRINE HYDROCHLORIDE	120	\$0.80833	\$0.21667	200% Above
Non-ORx	No	62332034390	CANDESARTAN CILEXETIL	30	\$1.16667	\$0.83333	26%-50% Above
Non-ORx	No	62332037931	TEMAZEPAM	30	\$4.76667	\$1.63333	101%-200% Above
Non-ORx	No	62332038031	TEMAZEPAM	30	\$0.46667	\$0.06667	200% Above
Non-ORx	No	62332041510	OSELTAMIVIR PHOSPHATE	20	\$4.50000	\$1.30000	200% Above
Non-ORx	No	62332048560	DESONIDE	60	\$0.18333	\$0.80000	(76%-100%) Below
Non-ORx	No	62332049241	TIZANIDINE HYDROCHLORIDE	120	\$1.23333	\$0.13333	200% Above
Non-ORx	No	62332049241	TIZANIDINE HYDROCHLORIDE	30	\$1.23333	\$0.20000	200% Above
Non-ORx	No	62332049241	TIZANIDINE HYDROCHLORIDE	14	\$1.21429	\$0.14286	200% Above
Non-ORx	No	62332049241	TIZANIDINE HYDROCHLORIDE	60	\$0.78333	\$0.13333	200% Above
Non-ORx	No	62332054715	CLOBETASOL PROPIONATE	105	\$0.80000	\$0.60000	26%-50% Above
Non-ORx	No	62332054715	CLOBETASOL PROPIONATE	15	\$0.86667	\$0.53333	51%-75% Above
Non-ORx	No	62332054745	CLOBETASOL PROPIONATE	45	\$0.80000	\$0.44444	76%-100% Above
Non-ORx	No	62332054760	CLOBETASOL PROPIONATE	60	\$0.90000	\$0.45000	101%-200% Above
Non-ORx	No	62332058631	AMANTADINE HYDROCHLORIDE	100	\$0.47000	\$0.58000	(10%-25%) Below
Non-ORx	No	62559015801	FLUVOXAMINE MALEATE	20	\$0.35000	\$0.25000	26%-50% Above
Non-ORx	No	62559015901	FLUVOXAMINE MALEATE	30	\$1.23333	\$0.33333	200% Above
Non-ORx	No	62559016001	FLUVOXAMINE MALEATE	180	\$0.56111	\$0.33333	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
Non-ORx	No	62559016001	FLUVOXAMINE MALEATE	30	\$0.26667	\$0.33333	(10%-25%) Below
Non-ORx	No	62559023101	PROPAFENONE HCL	60	\$0.81667	\$0.21667	200% Above
Non-ORx	No	62559025101	ETODOLAC	60	\$1.01667	\$0.58333	51%-75% Above
Non-ORx	No	62559026530	TRANEXAMIC ACID	30	\$3.66667	\$1.93333	76%-100% Above
Non-ORx	No	62559026530	TRANEXAMIC ACID	30	\$3.66667	\$1.63333	101%-200% Above
Non-ORx	No	62559027530	NEBIVOLOL HYDROCHLORIDE	90	\$4.20000	\$0.52222	200% Above
Non-ORx	No	62559027690	NEBIVOLOL HYDROCHLORIDE	90	\$4.20000	\$0.55556	200% Above
Non-ORx	No	62559027730	NEBIVOLOL	30	\$0.33333	\$0.56667	(26%-50%) Below
Non-ORx	No	62559027830	NEBIVOLOL	90	\$4.25556	\$0.64444	200% Above
Non-ORx	No	62559029101	POTASSIUM CITRATE ER	180	\$0.68333	\$0.31667	101%-200% Above
Non-ORx	No	62559029101	POTASSIUM CITRATE ER	30	\$0.26667	\$0.30000	(10%-25%) Below
Non-ORx	No	62559029201	POTASSIUM CITRATE ER	60	\$0.35000	\$0.78333	(51%-75%) Below
Non-ORx	No	62559038001	FLECAINIDE ACETATE	180	\$0.27222	\$0.15000	76%-100% Above
Non-ORx	No	62559038101	FLECAINIDE ACETATE	360	\$0.58056	\$0.23889	101%-200% Above
Non-ORx	No	62559038101	FLECAINIDE ACETATE	300	\$0.69000	\$0.23333	101%-200% Above
Non-ORx	No	62559038201	FLECAINIDE ACETATE	180	\$0.89444	\$0.46667	76%-100% Above
Non-ORx	No	62559038201	FLECAINIDE ACETATE	60	\$1.25000	\$0.46667	101%-200% Above
Non-ORx	No	62559039050	VANCOMYCIN HYDROCHLORIDE	56	\$9.76786	\$1.87500	200% Above
Non-ORx	No	62559039050	VANCOMYCIN HYDROCHLORIDE	20	\$9.75000	\$1.70000	200% Above
Non-ORx	No	62559039120	VANCOMYCIN HYDROCHLORIDE	40	\$7.12500	\$3.85000	76%-100% Above
Non-ORx	No	62559042007	MESALAMINE	2100	\$0.24429	\$0.14762	51%-75% Above
Non-ORx	No	62559043130	HYDROCORTISONE	960	\$1.08333	\$0.40000	101%-200% Above
Non-ORx	No	62559043130	HYDROCORTISONE	30	\$0.30000	\$0.33333	(10%-25%) Below
Non-ORx	No	62559049001	DIPHENOXYLATE HYDROCHLORI	180	\$0.30000	\$0.20000	51%-75% Above
Non-ORx	No	62559049001	DIPHENOXYLATE HYDROCHLORI	30	\$0.33333	\$0.20000	51%-75% Above
Non-ORx	No	62559051001	INDAPAMIDE	180	\$0.15556	\$0.11111	26%-50% Above
Non-ORx	No	62559051001	INDAPAMIDE	60	\$0.18333	\$0.13333	26%-50% Above
Non-ORx	No	62559051101	INDAPAMIDE	60	\$0.36667	\$0.13333	101%-200% Above
Non-ORx	No	62559053001	PROPRANOLOL HYDROCHLORIDE	150	\$1.20667	\$0.33333	200% Above
Non-ORx	No	62559053101	PROPRANOLOL HYDROCHLORIDE	150	\$0.55333	\$0.33333	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
Non-ORx	No	62559053201	PROPRANOLOL HCL ER	90	\$0.62222	\$0.43333	26%-50% Above
Non-ORx	No	62559055016	SULFAMETHOXAZOLE/TRIMETH	600	\$0.02333	\$0.08500	(51%-75%) Below
Non-ORx	No	62559055016	SULFAMETHOXAZOLE/TRIMETH	140	\$0.31429	\$0.08571	200% Above
Non-ORx	No	62559058001	PRAZOSIN HYDROCHLORIDE	120	\$0.38333	\$0.20000	76%-100% Above
Non-ORx	No	62559058101	PRAZOSIN HYDROCHLORIDE	30	\$0.70000	\$0.30000	101%-200% Above
Non-ORx	No	62559066090	CANDESARTAN CILEXETIL/HYD	60	\$1.91667	\$1.46667	26%-50% Above
Non-ORx	No	62559066190	CANDESARTAN CILEXETIL/HYD	30	\$3.30000	\$1.43333	101%-200% Above
Non-ORx	No	62559099130	FLUCONAZOLE	7	\$2.57143	\$0.28571	200% Above
Non-ORx	No	62559099330	FLUCONAZOLE	14	\$1.78571	\$0.57143	200% Above
Non-ORx	No	62559099330	FLUCONAZOLE	1	\$4.00000	\$1.00000	200% Above
Non-ORx	No	62559099330	FLUCONAZOLE	6	\$1.66667	\$0.66667	101%-200% Above
Non-ORx	No	62756001540	TESTOSTERONE CYPIONATE	6	\$12.33333	\$15.33333	(10%-25%) Below
Non-ORx	No	62756001540	TESTOSTERONE CYPIONATE	24	\$5.25000	\$15.25000	(51%-75%) Below
Non-ORx	No	62756001540	TESTOSTERONE CYPIONATE	4	\$2.00000	\$15.00000	(76%-100%) Below
Non-ORx	No	62756001540	TESTOSTERONE CYPIONATE	4	\$10.50000	\$15.00000	(26%-50%) Below
Non-ORx	No	62756001540	TESTOSTERONE CYPIONATE	28	\$8.96429	\$15.50000	(26%-50%) Below
Non-ORx	No	62756001740	TESTOSTERONE CYPIONATE	30	\$4.10000	\$3.70000	10%-25% Above
Non-ORx	No	62756001740	TESTOSTERONE CYPIONATE	40	\$4.10000	\$3.40000	10%-25% Above
Non-ORx	No	62756009040	MEDROXYPROGESTERONE ACETA	1	\$47.00000	\$29.00000	51%-75% Above
Non-ORx	No	62756014201	METFORMIN HYDROCHLORIDE E	60	\$0.15000	\$0.03333	200% Above
Non-ORx	No	62756014202	METFORMIN HYDROCHLORIDE E	540	\$0.15556	\$0.03889	200% Above
Non-ORx	No	62756014202	METFORMIN HYDROCHLORIDE E	1800	\$0.15833	\$0.03611	200% Above
Non-ORx	No	62756014202	METFORMIN HYDROCHLORIDE E	360	\$0.15556	\$0.03333	200% Above
Non-ORx	No	62756014202	METFORMIN HYDROCHLORIDE E	270	\$0.15556	\$0.03333	200% Above
Non-ORx	No	62756014202	METFORMIN HYDROCHLORIDE E	120	\$0.02500	\$0.03333	(10%-25%) Below
Non-ORx	No	62756014301	METFORMIN HYDROCHLORIDE E	180	\$0.35000	\$0.07778	200% Above
Non-ORx	No	62756014301	METFORMIN HYDROCHLORIDE E	60	\$0.06667	\$0.08333	(10%-25%) Below
Non-ORx	No	62756016013	TAMSULOSIN HYDROCHLORIDE	60	\$0.20000	\$0.06667	200% Above
Non-ORx	No	62756018388	OXCARBAZEPINE	60	\$0.23333	\$0.15000	51%-75% Above
Non-ORx	No	62756018488	OXCARBAZEPINE	60	\$0.18333	\$0.21667	(10%-25%) Below
Non-ORx	No	62756018513	OXCARBAZEPINE	120	\$0.55000	\$0.43333	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
Non-ORx	No	62756018588	OXCARBAZEPINE	90	\$0.62222	\$0.43333	26%-50% Above
Non-ORx	No	62756018588	OXCARBAZEPINE	180	\$0.75556	\$0.42778	76%-100% Above
Non-ORx	No	62756018588	OXCARBAZEPINE	60	\$1.05000	\$0.43333	101%-200% Above
Non-ORx	No	62756018588	OXCARBAZEPINE	30	\$0.33333	\$0.43333	(10%-25%) Below
Non-ORx	No	62756024064	ONDANSETRON ODT	180	\$0.94444	\$0.23333	200% Above
Non-ORx	No	62756024064	ONDANSETRON ODT	140	\$1.03571	\$0.20000	200% Above
Non-ORx	No	62756024064	ONDANSETRON ODT	57	\$0.31579	\$0.22807	26%-50% Above
Non-ORx	No	62756024064	ONDANSETRON ODT	40	\$0.62500	\$0.22500	101%-200% Above
Non-ORx	No	62756024064	ONDANSETRON ODT	12	\$1.16667	\$0.16667	200% Above
Non-ORx	No	62756024064	ONDANSETRON ODT	20	\$0.75000	\$0.20000	200% Above
Non-ORx	No	62756024064	ONDANSETRON ODT	12	\$0.91667	\$0.25000	200% Above
Non-ORx	No	62756024064	ONDANSETRON ODT	27	\$0.88889	\$0.22222	200% Above
Non-ORx	No	62756024064	ONDANSETRON ODT	13	\$0.61539	\$0.23077	101%-200% Above
Non-ORx	No	62756024064	ONDANSETRON ODT	12	\$1.08333	\$0.25000	200% Above
Non-ORx	No	62756024064	ONDANSETRON ODT	90	\$0.98889	\$0.20000	200% Above
Non-ORx	No	62756025802	ZONISAMIDE	120	\$0.38333	\$0.08333	200% Above
Non-ORx	No	62756025902	ZONISAMIDE	120	\$0.48333	\$0.10000	200% Above
Non-ORx	No	62756026002	ZONISAMIDE	30	\$0.33333	\$0.13333	101%-200% Above
Non-ORx	No	62756035664	ONDANSETRON ODT	180	\$1.02222	\$0.23333	200% Above
Non-ORx	No	62756035664	ONDANSETRON ODT	21	\$0.80952	\$0.23810	200% Above
Non-ORx	No	62756035664	ONDANSETRON ODT	60	\$0.45000	\$0.25000	76%-100% Above
Non-ORx	No	62756035664	ONDANSETRON ODT	60	\$0.78333	\$0.25000	200% Above
Non-ORx	No	62756035664	ONDANSETRON ODT	60	\$1.11667	\$0.23333	200% Above
Non-ORx	No	62756035664	ONDANSETRON ODT	35	\$0.28571	\$0.25714	10%-25% Above
Non-ORx	No	62756035664	ONDANSETRON ODT	15	\$0.80000	\$0.26667	200% Above
Non-ORx	No	62756035664	ONDANSETRON ODT	7	\$1.14286	\$0.28571	200% Above
Non-ORx	No	62756035664	ONDANSETRON ODT	9	\$0.77778	\$0.22222	200% Above
Non-ORx	No	62756035664	ONDANSETRON ODT	12	\$0.75000	\$0.25000	200% Above
Non-ORx	No	62756035664	ONDANSETRON ODT	10	\$1.10000	\$0.20000	200% Above
Non-ORx	No	62756045788	CARBIDOPA/LEVODOPA ER	90	\$0.20000	\$0.26667	(10%-25%) Below
Non-ORx	No	62756045788	CARBIDOPA/LEVODOPA ER	90	\$1.10000	\$0.28889	200% Above
Non-ORx	No	62756046083	BUPRENORPHINE HCL	75	\$3.18667	\$0.77333	200% Above
Non-ORx	No	62756046083	BUPRENORPHINE HCL	60	\$1.85000	\$0.76667	101%-200% Above
Non-ORx	No	62756051888	CARBIDOPA/LEVODOPA	300	\$0.15667	\$0.11667	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
Non-ORx	No	62756052069	SUMATRIPTAN SUCCINATE	20	\$2.70000	\$0.60000	200% Above
Non-ORx	No	62756052069	SUMATRIPTAN SUCCINATE	18	\$2.77778	\$0.55556	200% Above
Non-ORx	No	62756052169	SUMATRIPTAN SUCCINATE	18	\$3.38889	\$0.50000	200% Above
Non-ORx	No	62756052169	SUMATRIPTAN SUCCINATE	20	\$3.40000	\$0.50000	200% Above
Non-ORx	No	62756052169	SUMATRIPTAN SUCCINATE	16	\$3.37500	\$0.50000	200% Above
Non-ORx	No	62756052169	SUMATRIPTAN SUCCINATE	108	\$3.10185	\$0.55556	200% Above
Non-ORx	No	62756052269	SUMATRIPTAN SUCCINATE	20	\$3.20000	\$0.60000	200% Above
Non-ORx	No	62756052269	SUMATRIPTAN SUCCINATE	27	\$2.77778	\$0.55556	200% Above
Non-ORx	No	62756052269	SUMATRIPTAN SUCCINATE	144	\$3.09722	\$0.55556	200% Above
Non-ORx	No	62756052288	SUMATRIPTAN SUCCINATE	18	\$0.61111	\$0.55556	10%-25% Above
Non-ORx	No	62756058988	LIOETHYRONINE SODIUM	90	\$0.55556	\$0.40000	26%-50% Above
Non-ORx	No	62756058988	LIOETHYRONINE SODIUM	90	\$0.55556	\$0.36667	51%-75% Above
Non-ORx	No	62756058988	LIOETHYRONINE SODIUM	60	\$0.55000	\$0.40000	26%-50% Above
Non-ORx	No	62756059088	LIOETHYRONINE SODIUM	30	\$0.73333	\$0.50000	26%-50% Above
Non-ORx	No	62756079888	DIVALPROEX SODIUM DR	60	\$0.75000	\$0.13333	200% Above
Non-ORx	No	62756097083	BUPRENORPHINE HCL/NALOXON	60	\$3.65000	\$1.03333	200% Above
Non-ORx	No	63304001760	RANOLAZINE ER	180	\$0.75000	\$0.33889	101%-200% Above
Non-ORx	No	63304001760	RANOLAZINE ER	240	\$0.70833	\$0.33333	101%-200% Above
Non-ORx	No	63304007601	POTASSIUM CHLORIDE ER	104	\$0.45192	\$0.19231	101%-200% Above
Non-ORx	No	63304007601	POTASSIUM CHLORIDE ER	60	\$0.45000	\$0.18333	101%-200% Above
Non-ORx	No	63304007610	POTASSIUM CHLORIDE ER	30	\$0.43333	\$0.20000	101%-200% Above
Non-ORx	No	63304044990	FENOFIBRATE	60	\$0.35000	\$0.16667	101%-200% Above
Non-ORx	No	63304045001	MORPHINE SULFATE ER	28	\$0.35714	\$0.21429	51%-75% Above
Non-ORx	No	63304045101	MORPHINE SULFATE ER	60	\$0.30000	\$0.35000	(10%-25%) Below
Non-ORx	No	63304047901	CEVIMELINE HYDROCHLORIDE	270	\$1.95185	\$0.82963	101%-200% Above
Non-ORx	No	63304047901	CEVIMELINE HYDROCHLORIDE	90	\$1.68889	\$0.83333	101%-200% Above
Non-ORx	No	63304061650	DOXYCYCLINE MONOHYDRATE	60	\$1.65000	\$0.25000	200% Above
Non-ORx	No	63304061650	DOXYCYCLINE MONOHYDRATE	20	\$1.65000	\$0.25000	200% Above
Non-ORx	No	63304063201	FLUOXETINE HYDROCHLORIDE	30	\$0.36667	\$0.06667	200% Above
Non-ORx	No	63304069201	CLINDAMYCIN HYDROCHLORIDE	60	\$0.10000	\$0.11667	(10%-25%) Below
Non-ORx	No	63304069201	CLINDAMYCIN HYDROCHLORIDE	60	\$0.30000	\$0.13333	101%-200% Above
Non-ORx	No	63304069205	CLINDAMYCIN HYDROCHLORIDE	42	\$0.73810	\$0.11905	200% Above
Non-ORx	No	63304069205	CLINDAMYCIN HYDROCHLORIDE	40	\$0.75000	\$0.12500	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
Non-ORx	No	63304069205	CLINDAMYCIN HYDROCHLORIDE	56	\$0.62500	\$0.12500	200% Above
Non-ORx	No	63304069205	CLINDAMYCIN HYDROCHLORIDE	60	\$0.73333	\$0.11667	200% Above
Non-ORx	No	63304069205	CLINDAMYCIN HYDROCHLORIDE	90	\$0.63333	\$0.12222	200% Above
Non-ORx	No	63304069205	CLINDAMYCIN HYDROCHLORIDE	83	\$0.09639	\$0.12048	(10%-25%) Below
Non-ORx	No	63304069205	CLINDAMYCIN HYDROCHLORIDE	30	\$0.73333	\$0.13333	200% Above
Non-ORx	No	63304069205	CLINDAMYCIN HYDROCHLORIDE	8	\$0.75000	\$0.12500	200% Above
Non-ORx	No	63304069205	CLINDAMYCIN HYDROCHLORIDE	6	\$0.66667	\$0.16667	200% Above
Non-ORx	No	63304069205	CLINDAMYCIN HYDROCHLORIDE	28	\$0.75000	\$0.10714	200% Above
Non-ORx	No	63304069301	CLINDAMYCIN HCL	300	\$1.22000	\$0.26667	200% Above
Non-ORx	No	63304069301	CLINDAMYCIN HCL	29	\$1.44828	\$0.24138	200% Above
Non-ORx	No	63304069301	CLINDAMYCIN HCL	160	\$0.93125	\$0.25000	200% Above
Non-ORx	No	63304069301	CLINDAMYCIN HCL	84	\$1.45238	\$0.26191	200% Above
Non-ORx	No	63304069301	CLINDAMYCIN HCL	84	\$0.71429	\$0.25000	101%-200% Above
Non-ORx	No	63304069301	CLINDAMYCIN HCL	42	\$1.42857	\$0.28571	200% Above
Non-ORx	No	63304069301	CLINDAMYCIN HCL	12	\$1.41667	\$0.25000	200% Above
Non-ORx	No	63304069301	CLINDAMYCIN HCL	30	\$0.83333	\$0.26667	200% Above
Non-ORx	No	63304069301	CLINDAMYCIN HCL	252	\$0.90476	\$0.23810	200% Above
Non-ORx	No	63304069301	CLINDAMYCIN HCL	20	\$1.45000	\$0.25000	200% Above
Non-ORx	No	63304071990	DILTIAZEM HYDROCHLORIDE E	60	\$1.00000	\$0.23333	200% Above
Non-ORx	No	63304072005	DILTIAZEM HYDROCHLORIDE E	30	\$0.13333	\$0.26667	(26%-50%) Below
Non-ORx	No	63304072090	DILTIAZEM HYDROCHLORIDE E	30	\$0.13333	\$0.30000	(51%-75%) Below
Non-ORx	No	63304072305	BUPROPION HYDROCHLORIDE E	90	\$0.11111	\$0.14444	(10%-25%) Below
Non-ORx	No	63304072305	BUPROPION HYDROCHLORIDE E	30	\$0.43333	\$0.13333	200% Above
Non-ORx	No	63304072330	BUPROPION HYDROCHLORIDE E	60	\$0.63333	\$0.13333	200% Above
Non-ORx	No	63304072405	BUPROPION HYDROCHLORIDE E	90	\$0.60000	\$0.20000	200% Above
Non-ORx	No	63304072405	BUPROPION HYDROCHLORIDE E	150	\$0.38667	\$0.20000	76%-100% Above
Non-ORx	No	63304073510	ESOMEPRAZOLE MAGNESIUM	60	\$0.16667	\$0.20000	(10%-25%) Below
Non-ORx	No	63304073510	ESOMEPRAZOLE MAGNESIUM	30	\$0.96667	\$0.20000	200% Above
Non-ORx	No	63304073530	ESOMEPRAZOLE MAGNESIUM	30	\$0.60000	\$0.20000	200% Above
Non-ORx	No	63304073590	ESOMEPRAZOLE MAGNESIUM	90	\$0.11111	\$0.20000	(26%-50%) Below
Non-ORx	No	63304082705	ATORVASTATIN CALCIUM	630	\$0.14921	\$0.03333	200% Above
Non-ORx	No	63304082705	ATORVASTATIN CALCIUM	60	\$0.23333	\$0.03333	200% Above
Non-ORx	No	63304082705	ATORVASTATIN CALCIUM	1380	\$0.20942	\$0.03333	200% Above
Non-ORx	No	63304082805	ATORVASTATIN CALCIUM	180	\$0.18889	\$0.05000	200% Above
Non-ORx	No	63304082805	ATORVASTATIN CALCIUM	360	\$0.20000	\$0.04444	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
Non-ORx	No	63304082805	ATORVASTATIN CALCIUM	90	\$0.11111	\$0.05556	101%-200% Above
Non-ORx	No	63304082805	ATORVASTATIN CALCIUM	45	\$0.26667	\$0.04444	200% Above
Non-ORx	No	63304082805	ATORVASTATIN CALCIUM	2310	\$0.25714	\$0.03333	200% Above
Non-ORx	No	63304082805	ATORVASTATIN CALCIUM	31	\$0.25807	\$0.03226	200% Above
Non-ORx	No	63304082805	ATORVASTATIN CALCIUM	300	\$0.27333	\$0.06667	200% Above
Non-ORx	No	63304082905	ATORVASTATIN CALCIUM	270	\$0.27037	\$0.05556	200% Above
Non-ORx	No	63304082905	ATORVASTATIN CALCIUM	120	\$0.34167	\$0.06667	200% Above
Non-ORx	No	63304082905	ATORVASTATIN CALCIUM	15	\$0.33333	\$0.06667	200% Above
Non-ORx	No	63304082905	ATORVASTATIN CALCIUM	1680	\$0.31786	\$0.06667	200% Above
Non-ORx	No	63304083005	ATORVASTATIN CALCIUM	270	\$0.27407	\$0.10000	101%-200% Above
Non-ORx	No	63304083005	ATORVASTATIN CALCIUM	960	\$0.40729	\$0.10000	200% Above
Non-ORx	No	63304090090	FENOFIBRATE	60	\$0.55000	\$0.13333	200% Above
Non-ORx	No	63304090090	FENOFIBRATE	60	\$0.45000	\$0.13333	200% Above
Non-ORx	No	63304092501	GUANFACINE ER	30	\$0.70000	\$0.26667	101%-200% Above
Non-ORx	No	63304092601	GUANFACINE ER	90	\$1.18889	\$0.26667	200% Above
Non-ORx	No	63402030230	LATUDA	15	\$36.06667	\$45.40000	(10%-25%) Below
Non-ORx	No	63646001004	KETOCONAZOLE	1080	\$0.12500	\$0.09167	26%-50% Above
Non-ORx	No	64380071206	BENZONATATE	180	\$0.24444	\$0.10000	101%-200% Above
Non-ORx	No	64380071206	BENZONATATE	84	\$0.28571	\$0.09524	200% Above
Non-ORx	No	64380071206	BENZONATATE	21	\$0.28571	\$0.09524	200% Above
Non-ORx	No	64380071206	BENZONATATE	30	\$0.16667	\$0.06667	101%-200% Above
Non-ORx	No	64380071206	BENZONATATE	40	\$0.40000	\$0.10000	200% Above
Non-ORx	No	64380071207	BENZONATATE	42	\$0.38095	\$0.09524	200% Above
Non-ORx	No	64380071207	BENZONATATE	45	\$0.37778	\$0.08889	200% Above
Non-ORx	No	64380071207	BENZONATATE	90	\$0.45556	\$0.08889	200% Above
Non-ORx	No	64380071207	BENZONATATE	60	\$0.30000	\$0.08333	200% Above
Non-ORx	No	64380071207	BENZONATATE	300	\$0.32333	\$0.10000	200% Above
Non-ORx	No	64380071207	BENZONATATE	45	\$0.40000	\$0.06667	200% Above
Non-ORx	No	64380071207	BENZONATATE	16	\$0.37500	\$0.06250	200% Above
Non-ORx	No	64380071207	BENZONATATE	63	\$0.36508	\$0.09524	200% Above
Non-ORx	No	64380071207	BENZONATATE	40	\$0.40000	\$0.10000	200% Above
Non-ORx	No	64380071306	BENZONATATE	60	\$0.65000	\$0.13333	200% Above
Non-ORx	No	64380071306	BENZONATATE	150	\$0.70000	\$0.13333	200% Above
Non-ORx	No	64380071306	BENZONATATE	15	\$0.80000	\$0.13333	200% Above
Non-ORx	No	64380071306	BENZONATATE	20	\$0.85000	\$0.15000	200% Above
Non-ORx	No	64380071307	BENZONATATE	240	\$0.76667	\$0.13333	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
Non-ORx	No	64380071307	BENZONATATE	84	\$0.83333	\$0.14286	200% Above
Non-ORx	No	64380071307	BENZONATATE	180	\$0.77222	\$0.13333	200% Above
Non-ORx	No	64380071307	BENZONATATE	45	\$0.73333	\$0.13333	200% Above
Non-ORx	No	64380071307	BENZONATATE	63	\$0.85714	\$0.14286	200% Above
Non-ORx	No	64380071307	BENZONATATE	20	\$0.85000	\$0.15000	200% Above
Non-ORx	No	64380071904	EMTRICITABINE/TENOFOVIR D	120	\$7.27500	\$0.80000	200% Above
Non-ORx	No	64380071904	EMTRICITABINE/TENOFOVIR D	60	\$3.03333	\$0.83333	200% Above
Non-ORx	No	64380071904	EMTRICITABINE/TENOFOVIR D	90	\$3.03333	\$0.76667	200% Above
Non-ORx	No	64380071904	EMTRICITABINE/TENOFOVIR D	420	\$19.53333	\$0.83333	200% Above
Non-ORx	No	64380072506	MYCOPHENOLATE MOFETIL	330	\$1.15455	\$0.33030	200% Above
Non-ORx	No	64380072506	MYCOPHENOLATE MOFETIL	60	\$0.48333	\$0.33333	26%-50% Above
Non-ORx	No	64380072507	MYCOPHENOLATE MOFETIL	180	\$0.25000	\$0.33333	(10%-25%) Below
Non-ORx	No	64380073706	VITAMIN D	20	\$1.40000	\$0.15000	200% Above
Non-ORx	No	64380073706	VITAMIN D	36	\$1.38889	\$0.13889	200% Above
Non-ORx	No	64380073706	VITAMIN D	78	\$0.82051	\$0.15385	200% Above
Non-ORx	No	64380073706	VITAMIN D	132	\$1.06818	\$0.25000	200% Above
Non-ORx	No	64380073706	VITAMIN D	24	\$0.54167	\$0.12500	200% Above
Non-ORx	No	64380073706	VITAMIN D	12	\$0.75000	\$0.16667	200% Above
Non-ORx	No	64380074107	BUSPIRONE HYDROCHLORIDE	180	\$0.09444	\$0.02778	200% Above
Non-ORx	No	64380074108	BUSPIRONE HYDROCHLORIDE	90	\$0.16667	\$0.03333	200% Above
Non-ORx	No	64380074318	BUSPIRONE HCL	180	\$0.11667	\$0.05556	101%-200% Above
Non-ORx	No	64380074318	BUSPIRONE HCL	180	\$0.12222	\$0.05556	101%-200% Above
Non-ORx	No	64380074403	BUSPIRONE HCL	180	\$0.23333	\$0.20000	10%-25% Above
Non-ORx	No	64380074705	PRAMIPEXOLE DIHYDROCHLORI	30	\$0.36667	\$0.06667	200% Above
Non-ORx	No	64380074805	PRAMIPEXOLE DIHYDROCHLORI	120	\$0.37500	\$0.05000	200% Above
Non-ORx	No	64380074805	PRAMIPEXOLE DIHYDROCHLORI	30	\$0.36667	\$0.03333	200% Above
Non-ORx	No	64380075105	PRAMIPEXOLE DIHYDROCHLORI	180	\$0.51111	\$0.07222	200% Above
Non-ORx	No	64380075105	PRAMIPEXOLE DIHYDROCHLORI	90	\$0.51111	\$0.06667	200% Above
Non-ORx	No	64380076111	OMEGA-3-ACID ETHYL ESTERS	840	\$0.37381	\$0.17500	101%-200% Above
Non-ORx	No	64380076111	OMEGA-3-ACID ETHYL ESTERS	180	\$0.39444	\$0.17778	101%-200% Above
Non-ORx	No	64380076921	PEG-3350/NACL/NA BICARBON	8000	\$0.00613	\$0.00900	(26%-50%) Below
Non-ORx	No	64380078408	PREDNISONE	21	\$0.14286	\$0.09524	51%-75% Above
Non-ORx	No	64380078408	PREDNISONE	16	\$0.12500	\$0.06250	101%-200% Above
Non-ORx	No	64380078506	PREDNISONE	25	\$0.16000	\$0.12000	26%-50% Above
Non-ORx	No	64380078506	PREDNISONE	40	\$0.15000	\$0.10000	51%-75% Above
Non-ORx	No	64380078506	PREDNISONE	35	\$0.14286	\$0.11429	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
Non-ORx	No	64380078506	PREDNISONE	60	\$0.15000	\$0.11667	26%-50% Above
Non-ORx	No	64380078506	PREDNISONE	120	\$0.20000	\$0.10000	101%-200% Above
Non-ORx	No	64380078506	PREDNISONE	18	\$0.16667	\$0.11111	51%-75% Above
Non-ORx	No	64380078506	PREDNISONE	12	\$0.16667	\$0.08333	101%-200% Above
Non-ORx	No	64380078506	PREDNISONE	18	\$0.16667	\$0.11111	51%-75% Above
Non-ORx	No	64380078508	PREDNISONE	14	\$0.07143	\$0.14286	(26%-50%) Below
Non-ORx	No	64380078706	BUSPIRONE HYDROCHLORIDE	90	\$1.11111	\$0.20000	200% Above
Non-ORx	No	64380078706	BUSPIRONE HYDROCHLORIDE	30	\$1.10000	\$0.20000	200% Above
Non-ORx	No	64380078706	BUSPIRONE HYDROCHLORIDE	240	\$0.93333	\$0.20000	200% Above
Non-ORx	No	64380080706	IBUPROFEN	28	\$0.10714	\$0.07143	51%-75% Above
Non-ORx	No	64380080707	IBUPROFEN	90	\$0.35556	\$0.06667	200% Above
Non-ORx	No	64380080707	IBUPROFEN	54	\$0.20370	\$0.07407	101%-200% Above
Non-ORx	No	64380080707	IBUPROFEN	360	\$0.27500	\$0.06667	200% Above
Non-ORx	No	64380080707	IBUPROFEN	420	\$0.30238	\$0.06667	200% Above
Non-ORx	No	64380080707	IBUPROFEN	360	\$0.27222	\$0.07778	200% Above
Non-ORx	No	64380080707	IBUPROFEN	30	\$0.26667	\$0.06667	200% Above
Non-ORx	No	64380080707	IBUPROFEN	9	\$0.22222	\$0.11111	101%-200% Above
Non-ORx	No	64380080707	IBUPROFEN	24	\$0.33333	\$0.08333	200% Above
Non-ORx	No	64380080707	IBUPROFEN	36	\$0.33333	\$0.05556	200% Above
Non-ORx	No	64380080707	IBUPROFEN	84	\$0.26191	\$0.09524	101%-200% Above
Non-ORx	No	64380080707	IBUPROFEN	40	\$0.27500	\$0.05000	200% Above
Non-ORx	No	64380080806	IBUPROFEN	30	\$0.20000	\$0.06667	200% Above
Non-ORx	No	64380080807	IBUPROFEN	270	\$0.21111	\$0.06667	200% Above
Non-ORx	No	64380080807	IBUPROFEN	56	\$0.23214	\$0.05357	200% Above
Non-ORx	No	64380080807	IBUPROFEN	180	\$0.22778	\$0.05556	200% Above
Non-ORx	No	64380080807	IBUPROFEN	60	\$0.25000	\$0.06667	200% Above
Non-ORx	No	64380080807	IBUPROFEN	10	\$0.20000	\$0.10000	101%-200% Above
Non-ORx	No	64380080807	IBUPROFEN	16	\$0.25000	\$0.06250	200% Above
Non-ORx	No	64380080807	IBUPROFEN	21	\$0.23810	\$0.04762	200% Above
Non-ORx	No	64380080807	IBUPROFEN	100	\$0.24000	\$0.05000	200% Above
Non-ORx	No	64380080907	IBUPROFEN	40	\$0.12500	\$0.05000	101%-200% Above
Non-ORx	No	64380080907	IBUPROFEN	12	\$0.25000	\$0.08333	200% Above
Non-ORx	No	64380082706	KETOCONAZOLE	10	\$2.10000	\$0.80000	101%-200% Above
Non-ORx	No	64380083306	ACETAZOLAMIDE	20	\$1.10000	\$0.20000	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
Non-ORx	No	64380083306	ACETAZOLAMIDE	10	\$1.50000	\$0.10000	200% Above
Non-ORx	No	64380083406	ACETAZOLAMIDE	120	\$1.09167	\$0.32500	200% Above
Non-ORx	No	64380083406	ACETAZOLAMIDE	180	\$0.86111	\$0.28333	200% Above
Non-ORx	No	64380083406	ACETAZOLAMIDE	30	\$0.86667	\$0.30000	101%-200% Above
Non-ORx	No	64380083406	ACETAZOLAMIDE	20	\$1.95000	\$0.30000	200% Above
Non-ORx	No	64380093308	LOSARTAN POTASSIUM	90	\$0.21111	\$0.05556	200% Above
Non-ORx	No	64380093308	LOSARTAN POTASSIUM	90	\$0.28889	\$0.06667	200% Above
Non-ORx	No	64380093405	LOSARTAN POTASSIUM	270	\$0.32222	\$0.07778	200% Above
Non-ORx	No	64380093405	LOSARTAN POTASSIUM	120	\$0.33333	\$0.06667	200% Above
Non-ORx	No	64380093405	LOSARTAN POTASSIUM	15	\$0.40000	\$0.06667	200% Above
Non-ORx	No	64380093505	LOSARTAN POTASSIUM	30	\$0.06667	\$0.10000	(26%-50%) Below
Non-ORx	No	64380093508	LOSARTAN POTASSIUM	180	\$0.20000	\$0.10000	101%-200% Above
Non-ORx	No	64380093508	LOSARTAN POTASSIUM	60	\$0.30000	\$0.10000	200% Above
Non-ORx	No	64380093508	LOSARTAN POTASSIUM	15	\$0.26667	\$0.06667	200% Above
Non-ORx	No	64380093508	LOSARTAN POTASSIUM	600	\$0.46333	\$0.10000	200% Above
Non-ORx	No	64380097025	HYDROCORTISONE	90	\$0.34444	\$0.21111	51%-75% Above
Non-ORx	No	64380097025	HYDROCORTISONE	75	\$0.34667	\$0.21333	51%-75% Above
Non-ORx	No	64380097106	HYDROCORTISONE	120	\$0.18333	\$0.31667	(26%-50%) Below
Non-ORx	No	64380097106	HYDROCORTISONE	60	\$0.58333	\$0.31667	76%-100% Above
Non-ORx	No	64679010205	BUPROPION HYDROCHLORIDE E	60	\$0.16667	\$0.13333	26%-50% Above
Non-ORx	No	64679010205	BUPROPION HYDROCHLORIDE E	12	\$0.08333	\$0.16667	(26%-50%) Below
Non-ORx	No	64679084603	METOPROLOL SUCCINATE ER	30	\$0.06667	\$0.10000	(26%-50%) Below
Non-ORx	No	64679084610	METOPROLOL SUCCINATE ER	30	\$0.06667	\$0.10000	(26%-50%) Below
Non-ORx	No	64679084703	METOPROLOL SUCCINATE ER	120	\$0.09167	\$0.10833	(10%-25%) Below
Non-ORx	No	64679084710	METOPROLOL SUCCINATE ER	30	\$0.06667	\$0.10000	(26%-50%) Below
Non-ORx	No	64679084803	METOPROLOL SUCCINATE ER	30	\$0.13333	\$0.16667	(10%-25%) Below
Non-ORx	No	64679084803	METOPROLOL SUCCINATE ER	30	\$0.20000	\$0.13333	51%-75% Above
Non-ORx	No	64679092402	ENALAPRIL MALEATE	60	\$0.06667	\$0.11667	(26%-50%) Below
Non-ORx	No	64679092402	ENALAPRIL MALEATE	30	\$0.06667	\$0.13333	(26%-50%) Below
Non-ORx	No	64679092503	ENALAPRIL MALEATE	120	\$0.06667	\$0.11667	(26%-50%) Below
Non-ORx	No	64679092503	ENALAPRIL MALEATE	30	\$0.06667	\$0.10000	(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
Non-ORx	No	64679092602	ENALAPRIL MALEATE	120	\$0.06667	\$0.15000	(51%-75%) Below
Non-ORx	No	64679092602	ENALAPRIL MALEATE	30	\$0.26667	\$0.13333	101%-200% Above
Non-ORx	No	64679092603	ENALAPRIL MALEATE	90	\$0.46667	\$0.13333	200% Above
Non-ORx	No	64679092603	ENALAPRIL MALEATE	28	\$0.07143	\$0.14286	(26%-50%) Below
Non-ORx	No	64679092603	ENALAPRIL MALEATE	60	\$0.30000	\$0.13333	101%-200% Above
Non-ORx	No	64764017130	DEXILANT	30	\$6.80000	\$9.86667	(26%-50%) Below
Non-ORx	No	64764017530	DEXILANT	360	\$8.42222	\$9.85556	(10%-25%) Below
Non-ORx	No	64764075030	TRINTELLIX	270	\$12.02593	\$14.21111	(10%-25%) Below
Non-ORx	No	64980020501	LITHIUM CARBONATE ER	60	\$0.13333	\$0.16667	(10%-25%) Below
Non-ORx	No	64980027903	GLIPIZIDE ER	180	\$0.28333	\$0.13333	101%-200% Above
Non-ORx	No	64980027903	GLIPIZIDE ER	90	\$0.28889	\$0.13333	101%-200% Above
Non-ORx	No	64980027903	GLIPIZIDE ER	60	\$0.28333	\$0.13333	101%-200% Above
Non-ORx	No	64980027903	GLIPIZIDE ER	30	\$0.30000	\$0.13333	101%-200% Above
Non-ORx	No	64980028001	GLIPIZIDE ER	90	\$0.28889	\$0.10000	101%-200% Above
Non-ORx	No	64980028001	GLIPIZIDE ER	60	\$0.11667	\$0.10000	10%-25% Above
Non-ORx	No	64980028001	GLIPIZIDE ER	90	\$0.30000	\$0.10000	200% Above
Non-ORx	No	64980028005	GLIPIZIDE ER	90	\$0.28889	\$0.10000	101%-200% Above
Non-ORx	No	64980028005	GLIPIZIDE ER	180	\$0.23333	\$0.10000	101%-200% Above
Non-ORx	No	64980028005	GLIPIZIDE ER	210	\$0.26191	\$0.10000	101%-200% Above
Non-ORx	No	64980028101	GLIPIZIDE ER	180	\$0.56111	\$0.18333	200% Above
Non-ORx	No	64980028101	GLIPIZIDE ER	60	\$0.56667	\$0.16667	200% Above
Non-ORx	No	64980028105	GLIPIZIDE ER	90	\$0.23333	\$0.17778	26%-50% Above
Non-ORx	No	64980028105	GLIPIZIDE ER	120	\$0.23333	\$0.18333	26%-50% Above
Non-ORx	No	64980028105	GLIPIZIDE ER	420	\$0.38571	\$0.18333	101%-200% Above
Non-ORx	No	64980028105	GLIPIZIDE ER	180	\$0.36667	\$0.16667	101%-200% Above
Non-ORx	No	64980028105	GLIPIZIDE ER	60	\$0.30000	\$0.20000	51%-75% Above
Non-ORx	No	64980030310	CHLORTHALIDONE	90	\$0.50000	\$0.16667	200% Above
Non-ORx	No	64980030310	CHLORTHALIDONE	30	\$0.50000	\$0.16667	200% Above
Non-ORx	No	64980030550	DENTA 5000 PLUS	357	\$0.12045	\$0.09804	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
Non-ORx	No	64980030760	DENTAGEL	112	\$0.11607	\$0.13393	(10%-25%) Below
Non-ORx	No	64980032005	TRIAMCINOLONE ACETONIDE D	5	\$11.20000	\$5.60000	101%-200% Above
Non-ORx	No	64980034214	ALENDRONATE SODIUM	36	\$1.83333	\$0.33333	200% Above
Non-ORx	No	64980034214	ALENDRONATE SODIUM	16	\$1.56250	\$0.25000	200% Above
Non-ORx	No	64980037803	ATOMOXETINE	30	\$1.50000	\$1.33333	10%-25% Above
Non-ORx	No	64980040906	SERTRALINE HCL	120	\$0.40000	\$0.55833	(26%-50%) Below
Non-ORx	No	64980040906	SERTRALINE HCL	30	\$0.40000	\$0.56667	(26%-50%) Below
Non-ORx	No	64980041110	PREGABALIN	120	\$0.05000	\$0.08333	(26%-50%) Below
Non-ORx	No	64980041410	PREGABALIN	60	\$0.06667	\$0.08333	(10%-25%) Below
Non-ORx	No	64980042712	TINIDAZOLE	10	\$5.90000	\$2.50000	101%-200% Above
Non-ORx	No	64980042712	TINIDAZOLE	24	\$5.54167	\$2.50000	101%-200% Above
Non-ORx	No	64980042712	TINIDAZOLE	4	\$6.00000	\$2.50000	101%-200% Above
Non-ORx	No	64980043710	ATENOLOL	60	\$0.25000	\$0.03333	200% Above
Non-ORx	No	64980043710	ATENOLOL	90	\$0.21111	\$0.02222	200% Above
Non-ORx	No	64980043710	ATENOLOL	120	\$0.25833	\$0.01667	200% Above
Non-ORx	No	64980043710	ATENOLOL	540	\$0.22037	\$0.03333	200% Above
Non-ORx	No	64980043801	ATENOLOL	30	\$0.23333	\$0.03333	200% Above
Non-ORx	No	64980043810	ATENOLOL	360	\$0.16389	\$0.03333	200% Above
Non-ORx	No	64980043810	ATENOLOL	360	\$0.22778	\$0.03333	200% Above
Non-ORx	No	64980043810	ATENOLOL	120	\$0.23333	\$0.03333	200% Above
Non-ORx	No	64980043910	ATENOLOL	60	\$0.16667	\$0.05000	200% Above
Non-ORx	No	64980043910	ATENOLOL	30	\$0.30000	\$0.03333	200% Above
Non-ORx	No	64980045206	FLUOCINONIDE	60	\$0.31667	\$0.41667	(10%-25%) Below
Non-ORx	No	64980050448	CYPROHEPTADINE HCL	300	\$0.09667	\$0.06000	51%-75% Above
Non-ORx	No	64980050924	DEXAMETHASONE	30	\$0.20000	\$0.10000	101%-200% Above
Non-ORx	No	64980051110	CLINDAMYCIN PALMITATE HCL	600	\$0.30333	\$0.21000	26%-50% Above
Non-ORx	No	64980051110	CLINDAMYCIN PALMITATE HCL	300	\$0.30333	\$0.21000	26%-50% Above
Non-ORx	No	64980051405	TIMOLOL MALEATE	20	\$1.65000	\$1.20000	26%-50% Above
Non-ORx	No	64980051415	TIMOLOL MALEATE	15	\$1.86667	\$1.06667	76%-100% Above
Non-ORx	No	64980051501	OFLOXACIN	30	\$3.26667	\$1.60000	101%-200% Above
Non-ORx	No	64980051505	OFLOXACIN	35	\$4.20000	\$1.80000	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
Non-ORx	No	65162003416	OMEGA-3-ACID ETHYL ESTERS	120	\$0.33333	\$0.17500	76%-100% Above
Non-ORx	No	65162004710	OXYCODONE HYDROCHLORIDE	90	\$0.37778	\$0.07778	200% Above
Non-ORx	No	65162004710	OXYCODONE HYDROCHLORIDE	25	\$0.28000	\$0.08000	200% Above
Non-ORx	No	65162004710	OXYCODONE HYDROCHLORIDE	18	\$0.38889	\$0.05556	200% Above
Non-ORx	No	65162005827	SEVELAMER CARBONATE	90	\$0.32222	\$0.26667	10%-25% Above
Non-ORx	No	65162006205	SUCRALFATE	60	\$0.40000	\$0.35000	10%-25% Above
Non-ORx	No	65162010150	GABAPENTIN	300	\$0.08000	\$0.03333	101%-200% Above
Non-ORx	No	65162010150	GABAPENTIN	120	\$0.02500	\$0.03333	(10%-25%) Below
Non-ORx	No	65162010150	GABAPENTIN	720	\$0.08194	\$0.03333	101%-200% Above
Non-ORx	No	65162010150	GABAPENTIN	45	\$0.11111	\$0.02222	200% Above
Non-ORx	No	65162010150	GABAPENTIN	30	\$0.10000	\$0.03333	200% Above
Non-ORx	No	65162010150	GABAPENTIN	300	\$0.04667	\$0.03333	26%-50% Above
Non-ORx	No	65162010150	GABAPENTIN	630	\$0.07460	\$0.03333	101%-200% Above
Non-ORx	No	65162010210	GABAPENTIN	30	\$0.03333	\$0.06667	(26%-50%) Below
Non-ORx	No	65162010211	GABAPENTIN	120	\$0.04167	\$0.05000	(10%-25%) Below
Non-ORx	No	65162010211	GABAPENTIN	180	\$0.23333	\$0.05000	200% Above
Non-ORx	No	65162010211	GABAPENTIN	540	\$0.09259	\$0.05185	76%-100% Above
Non-ORx	No	65162010211	GABAPENTIN	630	\$0.04444	\$0.05556	(10%-25%) Below
Non-ORx	No	65162010211	GABAPENTIN	150	\$0.04667	\$0.06667	(26%-50%) Below
Non-ORx	No	65162010211	GABAPENTIN	360	\$0.10556	\$0.05000	101%-200% Above
Non-ORx	No	65162010211	GABAPENTIN	450	\$0.05333	\$0.04444	10%-25% Above
Non-ORx	No	65162010250	GABAPENTIN	360	\$0.12500	\$0.05000	101%-200% Above
Non-ORx	No	65162010250	GABAPENTIN	240	\$0.11667	\$0.05000	101%-200% Above
Non-ORx	No	65162010250	GABAPENTIN	1440	\$0.10625	\$0.05556	76%-100% Above
Non-ORx	No	65162010250	GABAPENTIN	360	\$0.03611	\$0.05278	(26%-50%) Below
Non-ORx	No	65162010250	GABAPENTIN	270	\$0.20370	\$0.05185	200% Above
Non-ORx	No	65162010250	GABAPENTIN	270	\$0.20370	\$0.04815	200% Above
Non-ORx	No	65162010250	GABAPENTIN	240	\$0.04167	\$0.05000	(10%-25%) Below
Non-ORx	No	65162010250	GABAPENTIN	60	\$0.11667	\$0.03333	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
Non-ORx	No	65162010250	GABAPENTIN	14	\$0.00000	\$0.07143	(76%-100%) Below
Non-ORx	No	65162010250	GABAPENTIN	210	\$0.05238	\$0.06667	(10%-25%) Below
Non-ORx	No	65162010250	GABAPENTIN	180	\$0.11667	\$0.04444	101%-200% Above
Non-ORx	No	65162010250	GABAPENTIN	840	\$0.10952	\$0.05000	101%-200% Above
Non-ORx	No	65162010250	GABAPENTIN	34	\$0.02941	\$0.05882	(26%-50%) Below
Non-ORx	No	65162010350	GABAPENTIN	120	\$0.33333	\$0.06667	200% Above
Non-ORx	No	65162010350	GABAPENTIN	60	\$0.13333	\$0.06667	101%-200% Above
Non-ORx	No	65162010350	GABAPENTIN	90	\$0.05556	\$0.06667	(10%-25%) Below
Non-ORx	No	65162011511	HYDROCODONE/ACETAMINOPHEN	40	\$0.27500	\$0.12500	101%-200% Above
Non-ORx	No	65162011511	HYDROCODONE/ACETAMINOPHEN	12	\$0.25000	\$0.08333	200% Above
Non-ORx	No	65162014908	LYLLANA	8	\$16.12500	\$9.12500	76%-100% Above
Non-ORx	No	65162018810	NAPROXEN	20	\$0.45000	\$0.05000	200% Above
Non-ORx	No	65162018910	NAPROXEN	60	\$0.23333	\$0.06667	200% Above
Non-ORx	No	65162019011	NAPROXEN	40	\$0.30000	\$0.07500	200% Above
Non-ORx	No	65162019011	NAPROXEN	480	\$0.10417	\$0.08333	26%-50% Above
Non-ORx	No	65162019011	NAPROXEN	12	\$0.16667	\$0.08333	101%-200% Above
Non-ORx	No	65162019011	NAPROXEN	56	\$0.12500	\$0.07143	76%-100% Above
Non-ORx	No	65162019011	NAPROXEN	30	\$0.13333	\$0.06667	101%-200% Above
Non-ORx	No	65162019050	NAPROXEN	30	\$0.30000	\$0.06667	200% Above
Non-ORx	No	65162019050	NAPROXEN	1140	\$0.25175	\$0.08333	200% Above
Non-ORx	No	65162019050	NAPROXEN	65	\$0.29231	\$0.07692	200% Above
Non-ORx	No	65162019050	NAPROXEN	14	\$0.28571	\$0.07143	200% Above
Non-ORx	No	65162019050	NAPROXEN	15	\$0.26667	\$0.06667	200% Above
Non-ORx	No	65162019050	NAPROXEN	20	\$0.30000	\$0.10000	200% Above
Non-ORx	No	65162022621	YUVAFEM	24	\$9.16667	\$7.87500	10%-25% Above
Non-ORx	No	65162022623	YUVAFEM	18	\$2.66667	\$7.88889	(51%-75%) Below
Non-ORx	No	65162024709	CHLORTHALIDONE	90	\$0.50000	\$0.16667	200% Above
Non-ORx	No	65162024709	CHLORTHALIDONE	45	\$0.53333	\$0.17778	200% Above
Non-ORx	No	65162024709	CHLORTHALIDONE	60	\$0.35000	\$0.16667	101%-200% Above
Non-ORx	No	65162027250	SULFAMETHOXAZOLE/TRIMETH	28	\$0.21429	\$0.07143	200% Above
Non-ORx	No	65162027250	SULFAMETHOXAZOLE/TRIMETH	42	\$0.23810	\$0.07143	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
Non-ORx	No	65162027250	SULFAMETHOXAZOLE/TRIMETH	40	\$0.37500	\$0.05000	200% Above
Non-ORx	No	65162027250	SULFAMETHOXAZOLE/TRIMETH	56	\$0.10714	\$0.07143	51%-75% Above
Non-ORx	No	65162027250	SULFAMETHOXAZOLE/TRIMETH	15	\$0.40000	\$0.06667	200% Above
Non-ORx	No	65162028103	PALIPERIDONE ER	30	\$21.43333	\$5.16667	200% Above
Non-ORx	No	65162035109	SILDENAFIL CITRATE	30	\$0.30000	\$0.06667	200% Above
Non-ORx	No	65162036111	FOLIC ACID	30	\$0.00000	\$0.03333	(76%-100%) Below
Non-ORx	No	65162037110	OXYBUTYNIN CHLORIDE ER	60	\$0.66667	\$0.13333	200% Above
Non-ORx	No	65162037210	OXYBUTYNIN CHLORIDE ER	120	\$0.76667	\$0.16667	200% Above
Non-ORx	No	65162037310	OXYBUTYNIN CHLORIDE ER	30	\$0.86667	\$0.20000	200% Above
Non-ORx	No	65162046450	IBUPROFEN	15	\$0.20000	\$0.06667	200% Above
Non-ORx	No	65162046510	IBUPROFEN	60	\$0.16667	\$0.05000	200% Above
Non-ORx	No	65162046550	IBUPROFEN	120	\$0.17500	\$0.06667	101%-200% Above
Non-ORx	No	65162046609	IBUPROFEN	60	\$0.30000	\$0.06667	200% Above
Non-ORx	No	65162046609	IBUPROFEN	30	\$0.16667	\$0.06667	101%-200% Above
Non-ORx	No	65162046610	IBUPROFEN	60	\$0.21667	\$0.06667	200% Above
Non-ORx	No	65162046610	IBUPROFEN	20	\$0.15000	\$0.05000	200% Above
Non-ORx	No	65162046610	IBUPROFEN	15	\$0.20000	\$0.06667	200% Above
Non-ORx	No	65162046650	IBUPROFEN	45	\$0.17778	\$0.06667	101%-200% Above
Non-ORx	No	65162046650	IBUPROFEN	58	\$0.03448	\$0.06897	(26%-50%) Below
Non-ORx	No	65162046650	IBUPROFEN	80	\$0.23750	\$0.07500	200% Above
Non-ORx	No	65162046650	IBUPROFEN	420	\$0.18810	\$0.06667	101%-200% Above
Non-ORx	No	65162046650	IBUPROFEN	35	\$0.17143	\$0.08571	101%-200% Above
Non-ORx	No	65162046650	IBUPROFEN	300	\$0.22000	\$0.06667	200% Above
Non-ORx	No	65162046650	IBUPROFEN	360	\$0.17222	\$0.07222	101%-200% Above
Non-ORx	No	65162046650	IBUPROFEN	810	\$0.23086	\$0.07778	101%-200% Above
Non-ORx	No	65162046650	IBUPROFEN	45	\$0.24444	\$0.06667	200% Above
Non-ORx	No	65162046650	IBUPROFEN	32	\$0.09375	\$0.06250	51%-75% Above
Non-ORx	No	65162046650	IBUPROFEN	10	\$0.30000	\$0.10000	200% Above
Non-ORx	No	65162046650	IBUPROFEN	12	\$0.33333	\$0.08333	200% Above
Non-ORx	No	65162046650	IBUPROFEN	18	\$0.27778	\$0.05556	200% Above
Non-ORx	No	65162046650	IBUPROFEN	24	\$0.29167	\$0.08333	200% Above
Non-ORx	No	65162046650	IBUPROFEN	105	\$0.22857	\$0.09524	101%-200% Above
Non-ORx	No	65162046650	IBUPROFEN	19	\$0.31579	\$0.05263	200% Above
Non-ORx	No	65162046650	IBUPROFEN	60	\$0.25000	\$0.05000	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
Non-ORx	No	65162047810	NITROFURANTOIN MONOHYDRAT	20	\$2.45000	\$0.50000	200% Above
Non-ORx	No	65162047810	NITROFURANTOIN MONOHYDRAT	28	\$1.53571	\$0.50000	200% Above
Non-ORx	No	65162047810	NITROFURANTOIN MONOHYDRAT	70	\$1.72857	\$0.50000	200% Above
Non-ORx	No	65162050606	INDOMETHACIN ER	60	\$0.68333	\$0.23333	101%-200% Above
Non-ORx	No	65162052110	PROMETHAZINE HYDROCHLORID	30	\$0.13333	\$0.03333	200% Above
Non-ORx	No	65162052110	PROMETHAZINE HYDROCHLORID	60	\$0.35000	\$0.05000	200% Above
Non-ORx	No	65162052110	PROMETHAZINE HYDROCHLORID	40	\$0.22500	\$0.05000	200% Above
Non-ORx	No	65162052110	PROMETHAZINE HYDROCHLORID	24	\$0.33333	\$0.08333	200% Above
Non-ORx	No	65162052110	PROMETHAZINE HYDROCHLORID	45	\$0.33333	\$0.06667	200% Above
Non-ORx	No	65162052111	PROMETHAZINE HYDROCHLORID	30	\$0.03333	\$0.06667	(26%-50%) Below
Non-ORx	No	65162052111	PROMETHAZINE HYDROCHLORID	20	\$0.20000	\$0.05000	200% Above
Non-ORx	No	65162052111	PROMETHAZINE HYDROCHLORID	90	\$0.22222	\$0.04444	200% Above
Non-ORx	No	65162055310	METAXALONE	21	\$2.80952	\$0.57143	200% Above
Non-ORx	No	65162055610	TEMAZEPAM	120	\$0.35000	\$0.06667	200% Above
Non-ORx	No	65162055710	TEMAZEPAM	120	\$0.50833	\$0.10000	200% Above
Non-ORx	No	65162057210	BETHANECHOL CHLORIDE	90	\$0.76667	\$0.23333	200% Above
Non-ORx	No	65162057210	BETHANECHOL CHLORIDE	90	\$0.17778	\$0.22222	(10%-25%) Below
Non-ORx	No	65162062711	TRAMADOL HCL	86	\$0.15116	\$0.02326	200% Above
Non-ORx	No	65162062711	TRAMADOL HCL	720	\$0.11806	\$0.02222	200% Above
Non-ORx	No	65162062711	TRAMADOL HCL	74	\$0.14865	\$0.02703	200% Above
Non-ORx	No	65162062711	TRAMADOL HCL	480	\$0.13333	\$0.01667	200% Above
Non-ORx	No	65162062711	TRAMADOL HCL	240	\$0.15000	\$0.02500	200% Above
Non-ORx	No	65162062711	TRAMADOL HCL	180	\$0.15000	\$0.02222	200% Above
Non-ORx	No	65162062711	TRAMADOL HCL	240	\$0.15000	\$0.02500	200% Above
Non-ORx	No	65162062711	TRAMADOL HCL	26	\$0.15385	\$0.03846	200% Above
Non-ORx	No	65162062711	TRAMADOL HCL	50	\$0.08000	\$0.04000	101%-200% Above
Non-ORx	No	65162062711	TRAMADOL HCL	21	\$0.00000	\$0.04762	(76%-100%) Below
Non-ORx	No	65162062711	TRAMADOL HCL	56	\$0.07143	\$0.03571	101%-200% Above
Non-ORx	No	65162062711	TRAMADOL HCL	80	\$0.15000	\$0.02500	200% Above
Non-ORx	No	65162062711	TRAMADOL HCL	150	\$0.12667	\$0.03333	200% Above
Non-ORx	No	65162062750	TRAMADOL HCL	120	\$0.15000	\$0.02500	200% Above
Non-ORx	No	65162062750	TRAMADOL HCL	28	\$0.17857	\$0.03571	200% Above
Non-ORx	No	65162063609	PANTOPRAZOLE SODIUM	120	\$0.26667	\$0.05000	200% Above
Non-ORx	No	65162063609	PANTOPRAZOLE SODIUM	34	\$0.50000	\$0.05882	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
Non-ORx	No	65162063709	PANTOPRAZOLE SODIUM	60	\$0.18333	\$0.06667	101%-200% Above
Non-ORx	No	65162063711	PANTOPRAZOLE SODIUM	60	\$0.05000	\$0.06667	(10%-25%) Below
Non-ORx	No	65162063711	PANTOPRAZOLE SODIUM	180	\$0.13889	\$0.06667	101%-200% Above
Non-ORx	No	65162064978	OXCARBAZEPINE	250	\$0.61600	\$0.32000	76%-100% Above
Non-ORx	No	65162067684	AZELASTINE HYDROCHLORIDE	90	\$0.38889	\$0.26667	26%-50% Above
Non-ORx	No	65162067684	AZELASTINE HYDROCHLORIDE	60	\$1.00000	\$0.26667	200% Above
Non-ORx	No	65162068090	PROMETHAZINE HYDROCHLORID	75	\$0.06667	\$0.05333	26%-50% Above
Non-ORx	No	65162068090	PROMETHAZINE HYDROCHLORID	240	\$0.06667	\$0.05833	10%-25% Above
Non-ORx	No	65162068110	PHENAZOPYRIDINE HYDROCHLO	6	\$0.66667	\$0.33333	101%-200% Above
Non-ORx	No	65162068210	PHENAZOPYRIDINE HYDROCHLO	18	\$2.50000	\$0.44444	200% Above
Non-ORx	No	65162068210	PHENAZOPYRIDINE HYDROCHLO	15	\$0.40000	\$0.46667	(10%-25%) Below
Non-ORx	No	65162068210	PHENAZOPYRIDINE HYDROCHLO	42	\$2.47619	\$0.45238	200% Above
Non-ORx	No	65162068210	PHENAZOPYRIDINE HYDROCHLO	12	\$1.58333	\$0.50000	200% Above
Non-ORx	No	65162068210	PHENAZOPYRIDINE HYDROCHLO	30	\$1.76667	\$0.50000	200% Above
Non-ORx	No	65162069179	ONDANSETRON HCL	150	\$0.82000	\$0.26000	200% Above
Non-ORx	No	65162071009	COLCHICINE	90	\$0.50000	\$0.62222	(10%-25%) Below
Non-ORx	No	65162071110	GUANFACINE HCL	15	\$0.26667	\$0.46667	(26%-50%) Below
Non-ORx	No	65162071110	GUANFACINE HCL	180	\$0.67778	\$0.48889	26%-50% Above
Non-ORx	No	65162071110	GUANFACINE HCL	30	\$0.53333	\$0.46667	10%-25% Above
Non-ORx	No	65162071310	GUANFACINE HCL	60	\$0.95000	\$0.80000	10%-25% Above
Non-ORx	No	65162071310	GUANFACINE HCL	30	\$0.96667	\$0.80000	10%-25% Above
Non-ORx	No	65162073509	FELBAMATE	105	\$0.66667	\$1.24762	(26%-50%) Below
Non-ORx	No	65162074510	PROMETHAZINE HCL	50	\$0.34000	\$0.04000	200% Above
Non-ORx	No	65162074510	PROMETHAZINE HCL	120	\$0.29167	\$0.05000	200% Above
Non-ORx	No	65162074510	PROMETHAZINE HCL	15	\$0.33333	\$0.06667	200% Above
Non-ORx	No	65162074510	PROMETHAZINE HCL	90	\$0.33333	\$0.03333	200% Above
Non-ORx	No	65162075210	BENAZEPRIL HCL	30	\$0.20000	\$0.06667	200% Above
Non-ORx	No	65162075250	BENAZEPRIL HCL	30	\$0.20000	\$0.06667	200% Above
Non-ORx	No	65162075310	BENAZEPRIL HYDROCHLORIDE	270	\$0.35926	\$0.08889	200% Above
Non-ORx	No	65162075310	BENAZEPRIL HYDROCHLORIDE	30	\$0.46667	\$0.10000	200% Above
Non-ORx	No	65162075350	BENAZEPRIL HYDROCHLORIDE	90	\$0.30000	\$0.08889	200% Above
Non-ORx	No	65162075410	BENAZEPRIL HCL	60	\$0.25000	\$0.13333	76%-100% Above
Non-ORx	No	65162075410	BENAZEPRIL HCL	30	\$0.16667	\$0.13333	26%-50% Above
Non-ORx	No	65162075510	DIVALPROEX SODIUM ER	120	\$0.75000	\$0.20000	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
Non-ORx	No	65162075710	DIVALPROEX SODIUM ER	120	\$0.33333	\$0.24167	26%-50% Above
Non-ORx	No	65162075710	DIVALPROEX SODIUM ER	90	\$0.33333	\$0.22222	51%-75% Above
Non-ORx	No	65162075710	DIVALPROEX SODIUM ER	60	\$0.83333	\$0.21667	200% Above
Non-ORx	No	65162075750	DIVALPROEX SODIUM ER	180	\$0.98333	\$0.23889	200% Above
Non-ORx	No	65162075750	DIVALPROEX SODIUM ER	30	\$0.86667	\$0.23333	200% Above
Non-ORx	No	65162076610	WARFARIN SODIUM	45	\$0.46667	\$0.11111	200% Above
Non-ORx	No	65162077810	BUDESONIDE	90	\$3.43333	\$0.98889	200% Above
Non-ORx	No	65162083366	DICLOFENAC SODIUM	200	\$0.04000	\$0.09500	(51%-75%) Below
Non-ORx	No	65162083703	VALSARTAN	90	\$0.68889	\$0.23333	101%-200% Above
Non-ORx	No	65162083809	VALSARTAN	90	\$0.55556	\$0.22222	101%-200% Above
Non-ORx	No	65162083809	VALSARTAN	60	\$0.60000	\$0.23333	101%-200% Above
Non-ORx	No	65162083909	VALSARTAN	60	\$0.83333	\$0.26667	200% Above
Non-ORx	No	65162089129	MOMETASONE FUROATE	51	\$1.70588	\$2.23529	(10%-25%) Below
Non-ORx	No	65162089709	ARIPIRAZOLE	30	\$0.43333	\$0.16667	101%-200% Above
Non-ORx	No	65162089803	ARIPIRAZOLE	90	\$0.31111	\$0.15556	101%-200% Above
Non-ORx	No	65162098603	LAMOTRIGINE ER	90	\$1.96667	\$1.67778	10%-25% Above
Non-ORx	No	65862000505	CITALOPRAM HYDROBROMIDE	30	\$0.20000	\$0.03333	200% Above
Non-ORx	No	65862000605	CITALOPRAM HYDROBROMIDE	60	\$0.28333	\$0.03333	200% Above
Non-ORx	No	65862000605	CITALOPRAM HYDROBROMIDE	30	\$0.26667	\$0.03333	200% Above
Non-ORx	No	65862000801	METFORMIN HYDROCHLORIDE	180	\$0.10556	\$0.01667	200% Above
Non-ORx	No	65862000801	METFORMIN HYDROCHLORIDE	60	\$0.11667	\$0.01667	200% Above
Non-ORx	No	65862000899	METFORMIN HYDROCHLORIDE	360	\$0.09722	\$0.01667	200% Above
Non-ORx	No	65862000899	METFORMIN HYDROCHLORIDE	720	\$0.11111	\$0.01667	200% Above
Non-ORx	No	65862000899	METFORMIN HYDROCHLORIDE	360	\$0.11667	\$0.01667	200% Above
Non-ORx	No	65862000899	METFORMIN HYDROCHLORIDE	90	\$0.11111	\$0.02222	200% Above
Non-ORx	No	65862000899	METFORMIN HYDROCHLORIDE	30	\$0.10000	\$0.03333	200% Above
Non-ORx	No	65862000899	METFORMIN HYDROCHLORIDE	1380	\$0.10580	\$0.01667	200% Above
Non-ORx	No	65862000899	METFORMIN HYDROCHLORIDE	180	\$0.11111	\$0.01111	200% Above
Non-ORx	No	65862000901	METFORMIN HYDROCHLORIDE	300	\$0.15000	\$0.03333	200% Above
Non-ORx	No	65862001001	METFORMIN HYDROCHLORIDE	180	\$0.16111	\$0.02778	200% Above
Non-ORx	No	65862001005	METFORMIN HYDROCHLORIDE	90	\$0.15556	\$0.02222	200% Above
Non-ORx	No	65862001005	METFORMIN HYDROCHLORIDE	180	\$0.02222	\$0.02778	(10%-25%) Below
Non-ORx	No	65862001005	METFORMIN HYDROCHLORIDE	30	\$0.16667	\$0.03333	200% Above
Non-ORx	No	65862001005	METFORMIN HYDROCHLORIDE	720	\$0.12083	\$0.03333	200% Above
Non-ORx	No	65862001099	METFORMIN HYDROCHLORIDE	60	\$0.15000	\$0.03333	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
Non-ORx	No	65862001101	SERTRALINE HCL	60	\$0.20000	\$0.06667	200% Above
Non-ORx	No	65862001105	SERTRALINE HCL	210	\$0.14286	\$0.06667	101%-200% Above
Non-ORx	No	65862001205	SERTRALINE HCL	120	\$0.23333	\$0.05000	200% Above
Non-ORx	No	65862001205	SERTRALINE HCL	1080	\$0.23796	\$0.04444	200% Above
Non-ORx	No	65862001205	SERTRALINE HCL	120	\$0.15000	\$0.03333	200% Above
Non-ORx	No	65862001205	SERTRALINE HCL	1050	\$0.13619	\$0.03333	200% Above
Non-ORx	No	65862001205	SERTRALINE HCL	23	\$0.26087	\$0.04348	200% Above
Non-ORx	No	65862001205	SERTRALINE HCL	30	\$0.13333	\$0.06667	101%-200% Above
Non-ORx	No	65862001205	SERTRALINE HCL	225	\$0.16000	\$0.04444	200% Above
Non-ORx	No	65862001305	SERTRALINE HYDROCHLORIDE	195	\$0.31795	\$0.06154	200% Above
Non-ORx	No	65862001305	SERTRALINE HYDROCHLORIDE	720	\$0.30694	\$0.06111	200% Above
Non-ORx	No	65862001305	SERTRALINE HYDROCHLORIDE	172	\$0.31977	\$0.05814	200% Above
Non-ORx	No	65862001305	SERTRALINE HYDROCHLORIDE	585	\$0.31795	\$0.05983	200% Above
Non-ORx	No	65862001305	SERTRALINE HYDROCHLORIDE	225	\$0.26222	\$0.05778	200% Above
Non-ORx	No	65862001305	SERTRALINE HYDROCHLORIDE	255	\$0.32157	\$0.05882	200% Above
Non-ORx	No	65862001305	SERTRALINE HYDROCHLORIDE	270	\$0.20370	\$0.05926	200% Above
Non-ORx	No	65862001305	SERTRALINE HYDROCHLORIDE	405	\$0.23704	\$0.06667	200% Above
Non-ORx	No	65862001305	SERTRALINE HYDROCHLORIDE	15	\$0.40000	\$0.06667	200% Above
Non-ORx	No	65862001305	SERTRALINE HYDROCHLORIDE	840	\$0.16071	\$0.06667	101%-200% Above
Non-ORx	No	65862001305	SERTRALINE HYDROCHLORIDE	960	\$0.18958	\$0.06667	101%-200% Above
Non-ORx	No	65862001305	SERTRALINE HYDROCHLORIDE	450	\$0.24889	\$0.06667	200% Above
Non-ORx	No	65862001305	SERTRALINE HYDROCHLORIDE	810	\$0.26049	\$0.05556	200% Above
Non-ORx	No	65862001330	SERTRALINE HYDROCHLORIDE	60	\$0.25000	\$0.06667	200% Above
Non-ORx	No	65862001330	SERTRALINE HYDROCHLORIDE	45	\$0.04444	\$0.06667	(26%-50%) Below
Non-ORx	No	65862001401	AMOXICILLIN	22	\$0.04546	\$0.13636	(51%-75%) Below
Non-ORx	No	65862001501	AMOXICILLIN	860	\$0.51744	\$0.15000	200% Above
Non-ORx	No	65862001501	AMOXICILLIN	28	\$0.50000	\$0.14286	200% Above
Non-ORx	No	65862001501	AMOXICILLIN	54	\$0.59259	\$0.14815	200% Above
Non-ORx	No	65862001501	AMOXICILLIN	80	\$0.60000	\$0.15000	200% Above
Non-ORx	No	65862001501	AMOXICILLIN	48	\$0.43750	\$0.12500	200% Above
Non-ORx	No	65862001501	AMOXICILLIN	10	\$0.40000	\$0.10000	200% Above
Non-ORx	No	65862001501	AMOXICILLIN	280	\$0.48929	\$0.14286	200% Above
Non-ORx	No	65862001605	AMOXICILLIN	21	\$0.14286	\$0.04762	200% Above
Non-ORx	No	65862001705	AMOXICILLIN	150	\$0.13333	\$0.06667	101%-200% Above
Non-ORx	No	65862001705	AMOXICILLIN	22	\$0.13636	\$0.09091	51%-75% Above
Non-ORx	No	65862001705	AMOXICILLIN	24	\$0.25000	\$0.08333	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
Non-ORx	No	65862001705	AMOXICILLIN	16	\$0.25000	\$0.06250	200% Above
Non-ORx	No	65862001705	AMOXICILLIN	84	\$0.14286	\$0.04762	200% Above
Non-ORx	No	65862001705	AMOXICILLIN	40	\$0.10000	\$0.05000	101%-200% Above
Non-ORx	No	65862001901	CEPHALEXIN	20	\$0.50000	\$0.10000	200% Above
Non-ORx	No	65862001905	CEPHALEXIN	32	\$0.09375	\$0.12500	(10%-25%) Below
Non-ORx	No	65862001905	CEPHALEXIN	14	\$0.50000	\$0.14286	200% Above
Non-ORx	No	65862002306	MIRTAZAPINE ODT	30	\$1.80000	\$0.56667	200% Above
Non-ORx	No	65862006201	METOPROLOL TARTRATE	60	\$0.13333	\$0.01667	200% Above
Non-ORx	No	65862006299	METOPROLOL TARTRATE	120	\$0.14167	\$0.01667	200% Above
Non-ORx	No	65862006299	METOPROLOL TARTRATE	300	\$0.07333	\$0.01667	200% Above
Non-ORx	No	65862006299	METOPROLOL TARTRATE	120	\$0.06667	\$0.03333	101%-200% Above
Non-ORx	No	65862006301	METOPROLOL TARTRATE	60	\$0.15000	\$0.01667	200% Above
Non-ORx	No	65862006399	METOPROLOL TARTRATE	60	\$0.10000	\$0.01667	200% Above
Non-ORx	No	65862007101	AMOXICILLIN	400	\$0.04250	\$0.02500	51%-75% Above
Non-ORx	No	65862007101	AMOXICILLIN	200	\$0.06000	\$0.02000	200% Above
Non-ORx	No	65862007175	AMOXICILLIN	75	\$0.06667	\$0.02667	101%-200% Above
Non-ORx	No	65862007601	CIPROFLOXACIN HYDROCHLORI	40	\$1.02500	\$0.10000	200% Above
Non-ORx	No	65862007601	CIPROFLOXACIN HYDROCHLORI	28	\$1.03571	\$0.10714	200% Above
Non-ORx	No	65862007601	CIPROFLOXACIN HYDROCHLORI	20	\$0.55000	\$0.10000	200% Above
Non-ORx	No	65862007601	CIPROFLOXACIN HYDROCHLORI	6	\$1.00000	\$0.16667	200% Above
Non-ORx	No	65862007701	CIPROFLOXACIN HYDROCHLORI	20	\$0.40000	\$0.15000	101%-200% Above
Non-ORx	No	65862007701	CIPROFLOXACIN HYDROCHLORI	70	\$0.30000	\$0.14286	101%-200% Above
Non-ORx	No	65862007701	CIPROFLOXACIN HYDROCHLORI	4	\$0.75000	\$0.25000	200% Above
Non-ORx	No	65862007701	CIPROFLOXACIN HYDROCHLORI	6	\$0.33333	\$0.16667	101%-200% Above
Non-ORx	No	65862007701	CIPROFLOXACIN HYDROCHLORI	30	\$0.36667	\$0.10000	200% Above
Non-ORx	No	65862007930	TERBINAFINE HCL	60	\$0.36667	\$0.16667	101%-200% Above
Non-ORx	No	65862007930	TERBINAFINE HCL	60	\$0.13333	\$0.15000	(10%-25%) Below
Non-ORx	No	65862007930	TERBINAFINE HCL	84	\$1.44048	\$0.16667	200% Above
Non-ORx	No	65862007930	TERBINAFINE HCL	90	\$0.11111	\$0.14444	(10%-25%) Below
Non-ORx	No	65862007930	TERBINAFINE HCL	120	\$0.45000	\$0.13333	200% Above
Non-ORx	No	65862007930	TERBINAFINE HCL	14	\$0.50000	\$0.14286	200% Above
Non-ORx	No	65862008101	GLYBURIDE/METFORMIN HYDRO	360	\$0.19167	\$0.05556	200% Above
Non-ORx	No	65862008101	GLYBURIDE/METFORMIN HYDRO	120	\$0.12500	\$0.05833	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
Non-ORx	No	65862008201	GLYBURIDE/METFORMIN HYDRO	360	\$0.17778	\$0.06111	101%-200% Above
Non-ORx	No	65862008201	GLYBURIDE/METFORMIN HYDRO	60	\$0.03333	\$0.06667	(26%-50%) Below
Non-ORx	No	65862008501	CEFADROXIL	20	\$0.25000	\$0.20000	26%-50% Above
Non-ORx	No	65862008501	CEFADROXIL	10	\$0.90000	\$0.20000	200% Above
Non-ORx	No	65862008601	BISOPROLOL FUMARATE	90	\$1.32222	\$0.36667	200% Above
Non-ORx	No	65862008701	BISOPROLOL FUMARATE	90	\$0.67778	\$0.46667	26%-50% Above
Non-ORx	No	65862011601	BENAZEPRIL HCL	30	\$0.36667	\$0.06667	200% Above
Non-ORx	No	65862011701	BENAZEPRIL HYDROCHLORIDE	90	\$0.30000	\$0.07778	200% Above
Non-ORx	No	65862011701	BENAZEPRIL HYDROCHLORIDE	120	\$0.40833	\$0.10000	200% Above
Non-ORx	No	65862011801	BENAZEPRIL HCL	60	\$0.33333	\$0.13333	101%-200% Above
Non-ORx	No	65862013499	HYDROCHLOROTHIAZIDE	30	\$0.10000	\$0.03333	200% Above
Non-ORx	No	65862014305	CARVEDILOL	120	\$0.18333	\$0.01667	200% Above
Non-ORx	No	65862014405	CARVEDILOL	120	\$0.13333	\$0.01667	200% Above
Non-ORx	No	65862014505	CARVEDILOL	240	\$0.14583	\$0.03333	200% Above
Non-ORx	No	65862014636	SUMATRIPTAN SUCCINATE	10	\$1.50000	\$0.60000	101%-200% Above
Non-ORx	No	65862014636	SUMATRIPTAN SUCCINATE	18	\$2.61111	\$0.61111	200% Above
Non-ORx	No	65862014636	SUMATRIPTAN SUCCINATE	9	\$2.66667	\$0.55556	200% Above
Non-ORx	No	65862014736	SUMATRIPTAN SUCCINATE	27	\$0.74074	\$0.51852	26%-50% Above
Non-ORx	No	65862014736	SUMATRIPTAN SUCCINATE	24	\$0.95833	\$0.50000	76%-100% Above
Non-ORx	No	65862014736	SUMATRIPTAN SUCCINATE	28	\$0.71429	\$0.50000	26%-50% Above
Non-ORx	No	65862014736	SUMATRIPTAN SUCCINATE	30	\$1.23333	\$0.50000	101%-200% Above
Non-ORx	No	65862014736	SUMATRIPTAN SUCCINATE	16	\$1.25000	\$0.50000	101%-200% Above
Non-ORx	No	65862014736	SUMATRIPTAN SUCCINATE	90	\$2.85556	\$0.55556	200% Above
Non-ORx	No	65862014736	SUMATRIPTAN SUCCINATE	20	\$2.05000	\$0.50000	200% Above
Non-ORx	No	65862014836	SUMATRIPTAN SUCCINATE	27	\$2.14815	\$0.55556	200% Above
Non-ORx	No	65862014836	SUMATRIPTAN SUCCINATE	28	\$0.78571	\$0.57143	26%-50% Above
Non-ORx	No	65862014836	SUMATRIPTAN SUCCINATE	18	\$0.33333	\$0.55556	(26%-50%) Below
Non-ORx	No	65862014836	SUMATRIPTAN SUCCINATE	81	\$1.60494	\$0.55556	101%-200% Above
Non-ORx	No	65862014836	SUMATRIPTAN SUCCINATE	6	\$2.16667	\$0.50000	200% Above
Non-ORx	No	65862014836	SUMATRIPTAN SUCCINATE	15	\$2.13333	\$0.53333	200% Above
Non-ORx	No	65862014836	SUMATRIPTAN SUCCINATE	10	\$1.20000	\$0.60000	101%-200% Above
Non-ORx	No	65862014930	FINASTERIDE	7	\$0.00000	\$0.14286	(76%-100%) Below
Non-ORx	No	65862014930	FINASTERIDE	22	\$0.40909	\$0.09091	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
Non-ORx	No	65862014990	FINASTERIDE	630	\$0.44286	\$0.07778	200% Above
Non-ORx	No	65862015901	ZOLPIDEM TARTRATE	330	\$0.25152	\$0.03333	200% Above
Non-ORx	No	65862016001	ZOLPIDEM TARTRATE	1200	\$0.11333	\$0.03333	200% Above
Non-ORx	No	65862016390	QUINAPRIL/HYDROCHLOROTHIA	90	\$0.90000	\$0.37778	101%-200% Above
Non-ORx	No	65862016390	QUINAPRIL/HYDROCHLOROTHIA	60	\$0.75000	\$0.38333	76%-100% Above
Non-ORx	No	65862016390	QUINAPRIL/HYDROCHLOROTHIA	30	\$0.86667	\$0.36667	101%-200% Above
Non-ORx	No	65862016801	ATENOLOL	60	\$0.23333	\$0.03333	200% Above
Non-ORx	No	65862016899	ATENOLOL	270	\$0.20370	\$0.02222	200% Above
Non-ORx	No	65862016899	ATENOLOL	150	\$0.10000	\$0.03333	200% Above
Non-ORx	No	65862016901	ATENOLOL	60	\$0.11667	\$0.03333	200% Above
Non-ORx	No	65862016999	ATENOLOL	180	\$0.20556	\$0.03333	200% Above
Non-ORx	No	65862016999	ATENOLOL	60	\$0.11667	\$0.03333	200% Above
Non-ORx	No	65862017001	ATENOLOL	60	\$0.23333	\$0.03333	200% Above
Non-ORx	No	65862017099	ATENOLOL	90	\$0.25556	\$0.04444	200% Above
Non-ORx	No	65862017501	PENICILLIN V POTASSIUM	40	\$0.32500	\$0.07500	200% Above
Non-ORx	No	65862017601	PENICILLIN V POTASSIUM	56	\$0.17857	\$0.10714	51%-75% Above
Non-ORx	No	65862017601	PENICILLIN V POTASSIUM	60	\$0.55000	\$0.10000	200% Above
Non-ORx	No	65862017760	CEFDINIR	120	\$1.40000	\$0.45000	200% Above
Non-ORx	No	65862017760	CEFDINIR	28	\$2.17857	\$0.46429	200% Above
Non-ORx	No	65862017760	CEFDINIR	34	\$0.38235	\$0.47059	(10%-25%) Below
Non-ORx	No	65862017760	CEFDINIR	10	\$0.90000	\$0.50000	76%-100% Above
Non-ORx	No	65862017760	CEFDINIR	70	\$1.65714	\$0.42857	200% Above
Non-ORx	No	65862018501	CLINDAMYCIN HCL	56	\$0.28571	\$0.12500	101%-200% Above
Non-ORx	No	65862018501	CLINDAMYCIN HCL	90	\$0.28889	\$0.12222	101%-200% Above
Non-ORx	No	65862018501	CLINDAMYCIN HCL	63	\$0.28571	\$0.12698	101%-200% Above
Non-ORx	No	65862018501	CLINDAMYCIN HCL	29	\$0.27586	\$0.13793	101%-200% Above
Non-ORx	No	65862018501	CLINDAMYCIN HCL	28	\$0.71429	\$0.10714	200% Above
Non-ORx	No	65862018501	CLINDAMYCIN HCL	63	\$0.47619	\$0.14286	200% Above
Non-ORx	No	65862018601	CLINDAMYCIN HYDROCHLORIDE	180	\$0.67222	\$0.26667	101%-200% Above
Non-ORx	No	65862018601	CLINDAMYCIN HYDROCHLORIDE	40	\$1.35000	\$0.25000	200% Above
Non-ORx	No	65862018601	CLINDAMYCIN HYDROCHLORIDE	62	\$0.56452	\$0.25807	101%-200% Above
Non-ORx	No	65862018601	CLINDAMYCIN HYDROCHLORIDE	120	\$0.79167	\$0.25000	200% Above
Non-ORx	No	65862018601	CLINDAMYCIN HYDROCHLORIDE	56	\$0.96429	\$0.25000	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
Non-ORx	No	65862018601	CLINDAMYCIN HYDROCHLORIDE	20	\$0.55000	\$0.25000	101%-200% Above
Non-ORx	No	65862018601	CLINDAMYCIN HYDROCHLORIDE	28	\$0.96429	\$0.28571	200% Above
Non-ORx	No	65862018601	CLINDAMYCIN HYDROCHLORIDE	10	\$1.40000	\$0.30000	200% Above
Non-ORx	No	65862018601	CLINDAMYCIN HYDROCHLORIDE	231	\$0.76191	\$0.23810	200% Above
Non-ORx	No	65862018730	ONDANSETRON HYDROCHLORIDE	240	\$0.25833	\$0.06667	200% Above
Non-ORx	No	65862018730	ONDANSETRON HYDROCHLORIDE	21	\$0.57143	\$0.04762	200% Above
Non-ORx	No	65862018730	ONDANSETRON HYDROCHLORIDE	42	\$0.45238	\$0.07143	200% Above
Non-ORx	No	65862018730	ONDANSETRON HYDROCHLORIDE	80	\$0.45000	\$0.05000	200% Above
Non-ORx	No	65862018730	ONDANSETRON HYDROCHLORIDE	20	\$2.05000	\$0.10000	200% Above
Non-ORx	No	65862018730	ONDANSETRON HYDROCHLORIDE	16	\$0.37500	\$0.12500	200% Above
Non-ORx	No	65862018730	ONDANSETRON HYDROCHLORIDE	48	\$0.33333	\$0.08333	200% Above
Non-ORx	No	65862018730	ONDANSETRON HYDROCHLORIDE	32	\$0.46875	\$0.06250	200% Above
Non-ORx	No	65862018830	ONDANSETRON HYDROCHLORIDE	90	\$0.47778	\$0.10000	200% Above
Non-ORx	No	65862018830	ONDANSETRON HYDROCHLORIDE	20	\$0.50000	\$0.10000	200% Above
Non-ORx	No	65862019105	CYCLOBENZAPRINE HYDROCHLO	56	\$0.28571	\$0.01786	200% Above
Non-ORx	No	65862019105	CYCLOBENZAPRINE HYDROCHLO	120	\$0.12500	\$0.01667	200% Above
Non-ORx	No	65862019105	CYCLOBENZAPRINE HYDROCHLO	270	\$0.21852	\$0.03333	200% Above
Non-ORx	No	65862019201	FLUOXETINE HYDROCHLORIDE	180	\$0.31667	\$0.03333	200% Above
Non-ORx	No	65862019201	FLUOXETINE HYDROCHLORIDE	390	\$0.24872	\$0.03333	200% Above
Non-ORx	No	65862019299	FLUOXETINE HYDROCHLORIDE	238	\$0.03782	\$0.03361	10%-25% Above
Non-ORx	No	65862019299	FLUOXETINE HYDROCHLORIDE	300	\$0.30000	\$0.03333	200% Above
Non-ORx	No	65862019301	FLUOXETINE HCL	270	\$0.18889	\$0.03333	200% Above
Non-ORx	No	65862019301	FLUOXETINE HCL	60	\$0.28333	\$0.03333	200% Above
Non-ORx	No	65862019399	FLUOXETINE HCL	540	\$0.19815	\$0.03333	200% Above
Non-ORx	No	65862019399	FLUOXETINE HCL	120	\$0.18333	\$0.03333	200% Above
Non-ORx	No	65862019399	FLUOXETINE HCL	210	\$0.20000	\$0.03333	200% Above
Non-ORx	No	65862019399	FLUOXETINE HCL	630	\$0.20000	\$0.03333	200% Above
Non-ORx	No	65862019399	FLUOXETINE HCL	35	\$0.34286	\$0.02857	200% Above
Non-ORx	No	65862019399	FLUOXETINE HCL	1050	\$0.32762	\$0.03333	200% Above
Non-ORx	No	65862019399	FLUOXETINE HCL	60	\$0.18333	\$0.03333	200% Above
Non-ORx	No	65862019399	FLUOXETINE HCL	990	\$0.20808	\$0.03333	200% Above
Non-ORx	No	65862019401	FLUOXETINE HYDROCHLORIDE	240	\$0.23333	\$0.08333	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
Non-ORx	No	65862019401	FLUOXETINE HYDROCHLORIDE	360	\$0.40833	\$0.06667	200% Above
Non-ORx	No	65862019401	FLUOXETINE HYDROCHLORIDE	30	\$0.46667	\$0.10000	200% Above
Non-ORx	No	65862019405	FLUOXETINE HYDROCHLORIDE	360	\$0.46111	\$0.07778	200% Above
Non-ORx	No	65862019405	FLUOXETINE HYDROCHLORIDE	300	\$0.23000	\$0.08000	101%-200% Above
Non-ORx	No	65862019405	FLUOXETINE HYDROCHLORIDE	360	\$0.46111	\$0.08889	200% Above
Non-ORx	No	65862019405	FLUOXETINE HYDROCHLORIDE	900	\$0.45111	\$0.07778	200% Above
Non-ORx	No	65862019405	FLUOXETINE HYDROCHLORIDE	1140	\$0.38684	\$0.06667	200% Above
Non-ORx	No	65862019405	FLUOXETINE HYDROCHLORIDE	15	\$0.40000	\$0.06667	200% Above
Non-ORx	No	65862019405	FLUOXETINE HYDROCHLORIDE	300	\$0.43667	\$0.10000	200% Above
Non-ORx	No	65862019405	FLUOXETINE HYDROCHLORIDE	420	\$0.35000	\$0.08333	200% Above
Non-ORx	No	65862019430	FLUOXETINE HYDROCHLORIDE	30	\$0.30000	\$0.10000	200% Above
Non-ORx	No	65862019430	FLUOXETINE HYDROCHLORIDE	60	\$0.20000	\$0.06667	200% Above
Non-ORx	No	65862020190	LOSARTAN POTASSIUM	90	\$0.16667	\$0.06667	101%-200% Above
Non-ORx	No	65862020199	LOSARTAN POTASSIUM	900	\$0.22444	\$0.05556	200% Above
Non-ORx	No	65862020199	LOSARTAN POTASSIUM	900	\$0.20111	\$0.06667	200% Above
Non-ORx	No	65862020199	LOSARTAN POTASSIUM	180	\$0.18333	\$0.05000	200% Above
Non-ORx	No	65862020199	LOSARTAN POTASSIUM	45	\$0.28889	\$0.06667	200% Above
Non-ORx	No	65862020230	LOSARTAN POTASSIUM	90	\$0.11111	\$0.07778	26%-50% Above
Non-ORx	No	65862020230	LOSARTAN POTASSIUM	60	\$0.36667	\$0.08333	200% Above
Non-ORx	No	65862020230	LOSARTAN POTASSIUM	15	\$0.40000	\$0.06667	200% Above
Non-ORx	No	65862020230	LOSARTAN POTASSIUM	240	\$0.17917	\$0.06667	101%-200% Above
Non-ORx	No	65862020290	LOSARTAN POTASSIUM	90	\$0.25556	\$0.06667	200% Above
Non-ORx	No	65862020299	LOSARTAN POTASSIUM	630	\$0.25238	\$0.07778	200% Above
Non-ORx	No	65862020299	LOSARTAN POTASSIUM	1620	\$0.24630	\$0.06667	200% Above
Non-ORx	No	65862020299	LOSARTAN POTASSIUM	180	\$0.30556	\$0.06667	200% Above
Non-ORx	No	65862020299	LOSARTAN POTASSIUM	900	\$0.17000	\$0.06667	101%-200% Above
Non-ORx	No	65862020299	LOSARTAN POTASSIUM	15	\$0.40000	\$0.06667	200% Above
Non-ORx	No	65862020299	LOSARTAN POTASSIUM	120	\$0.20000	\$0.08333	101%-200% Above
Non-ORx	No	65862020299	LOSARTAN POTASSIUM	540	\$0.13889	\$0.06667	101%-200% Above
Non-ORx	No	65862020299	LOSARTAN POTASSIUM	45	\$0.37778	\$0.06667	200% Above
Non-ORx	No	65862020330	LOSARTAN POTASSIUM	90	\$0.44444	\$0.10000	200% Above
Non-ORx	No	65862020330	LOSARTAN POTASSIUM	180	\$0.44444	\$0.08889	200% Above
Non-ORx	No	65862020330	LOSARTAN POTASSIUM	120	\$0.26667	\$0.10000	101%-200% Above
Non-ORx	No	65862020390	LOSARTAN POTASSIUM	90	\$0.44444	\$0.10000	200% Above
Non-ORx	No	65862020390	LOSARTAN POTASSIUM	180	\$0.28889	\$0.08889	200% Above
Non-ORx	No	65862020390	LOSARTAN POTASSIUM	360	\$0.44444	\$0.08889	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
Non-ORx	No	65862020390	LOSARTAN POTASSIUM	60	\$0.63333	\$0.10000	200% Above
Non-ORx	No	65862020399	LOSARTAN POTASSIUM	1620	\$0.33086	\$0.08889	200% Above
Non-ORx	No	65862020399	LOSARTAN POTASSIUM	720	\$0.44444	\$0.10000	200% Above
Non-ORx	No	65862020399	LOSARTAN POTASSIUM	60	\$0.08333	\$0.10000	(10%-25%) Below
Non-ORx	No	65862020399	LOSARTAN POTASSIUM	1140	\$0.16930	\$0.10000	51%-75% Above
Non-ORx	No	65862020901	MINOCYCLINE HYDROCHLORIDE	60	\$0.40000	\$0.21667	76%-100% Above
Non-ORx	No	65862020901	MINOCYCLINE HYDROCHLORIDE	60	\$0.71667	\$0.20000	200% Above
Non-ORx	No	65862021105	MINOCYCLINE HYDROCHLORIDE	30	\$0.46667	\$0.40000	10%-25% Above
Non-ORx	No	65862021105	MINOCYCLINE HYDROCHLORIDE	60	\$0.58333	\$0.36667	51%-75% Above
Non-ORx	No	65862021150	MINOCYCLINE HYDROCHLORIDE	60	\$1.01667	\$0.38333	101%-200% Above
Non-ORx	No	65862021150	MINOCYCLINE HYDROCHLORIDE	90	\$0.64444	\$0.36667	76%-100% Above
Non-ORx	No	65862021150	MINOCYCLINE HYDROCHLORIDE	30	\$0.73333	\$0.40000	76%-100% Above
Non-ORx	No	65862021501	ZALEPLON	30	\$0.86667	\$0.16667	200% Above
Non-ORx	No	65862021801	CEFDINIR	200	\$0.56500	\$0.11000	200% Above
Non-ORx	No	65862021860	CEFDINIR	120	\$0.21667	\$0.15000	26%-50% Above
Non-ORx	No	65862021860	CEFDINIR	120	\$0.37500	\$0.15000	101%-200% Above
Non-ORx	No	65862021901	CEFDINIR	600	\$0.48000	\$0.18000	101%-200% Above
Non-ORx	No	65862021960	CEFDINIR	360	\$0.55833	\$0.16667	200% Above
Non-ORx	No	65862021960	CEFDINIR	1200	\$0.54667	\$0.16667	200% Above
Non-ORx	No	65862022560	CLARITHROMYCIN	60	\$1.71667	\$0.51667	200% Above
Non-ORx	No	65862022660	CLARITHROMYCIN	56	\$2.03571	\$0.42857	200% Above
Non-ORx	No	65862022660	CLARITHROMYCIN	42	\$1.64286	\$0.42857	200% Above
Non-ORx	No	65862022660	CLARITHROMYCIN	40	\$1.35000	\$0.45000	200% Above
Non-ORx	No	65862022701	LAMOTRIGINE	120	\$0.26667	\$0.03333	200% Above
Non-ORx	No	65862022701	LAMOTRIGINE	155	\$0.27097	\$0.03226	200% Above
Non-ORx	No	65862022701	LAMOTRIGINE	360	\$0.21667	\$0.03333	200% Above
Non-ORx	No	65862022701	LAMOTRIGINE	90	\$0.26667	\$0.03333	200% Above
Non-ORx	No	65862022701	LAMOTRIGINE	90	\$0.26667	\$0.03333	200% Above
Non-ORx	No	65862022701	LAMOTRIGINE	20	\$0.25000	\$0.05000	200% Above
Non-ORx	No	65862022701	LAMOTRIGINE	42	\$0.26191	\$0.02381	200% Above
Non-ORx	No	65862022701	LAMOTRIGINE	180	\$0.26667	\$0.03333	200% Above
Non-ORx	No	65862022801	LAMOTRIGINE	150	\$0.49333	\$0.06000	200% Above
Non-ORx	No	65862022801	LAMOTRIGINE	180	\$0.32222	\$0.06667	200% Above
Non-ORx	No	65862022801	LAMOTRIGINE	180	\$0.42778	\$0.06111	200% Above
Non-ORx	No	65862022801	LAMOTRIGINE	270	\$0.31852	\$0.05926	200% Above
Non-ORx	No	65862022801	LAMOTRIGINE	270	\$0.40000	\$0.05556	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
Non-ORx	No	65862022801	LAMOTRIGINE	210	\$0.43333	\$0.06667	200% Above
Non-ORx	No	65862022801	LAMOTRIGINE	60	\$0.40000	\$0.06667	200% Above
Non-ORx	No	65862022801	LAMOTRIGINE	240	\$0.43333	\$0.06667	200% Above
Non-ORx	No	65862022960	LAMOTRIGINE	120	\$0.60833	\$0.08333	200% Above
Non-ORx	No	65862022960	LAMOTRIGINE	180	\$0.36111	\$0.08333	200% Above
Non-ORx	No	65862022960	LAMOTRIGINE	60	\$0.45000	\$0.08333	200% Above
Non-ORx	No	65862023060	LAMOTRIGINE	180	\$0.41111	\$0.09444	200% Above
Non-ORx	No	65862023060	LAMOTRIGINE	360	\$0.40833	\$0.09722	200% Above
Non-ORx	No	65862023060	LAMOTRIGINE	180	\$0.55000	\$0.10000	200% Above
Non-ORx	No	65862023060	LAMOTRIGINE	180	\$0.28889	\$0.10000	101%-200% Above
Non-ORx	No	65862023703	IBANDRONATE SODIUM	3	\$23.33333	\$5.00000	200% Above
Non-ORx	No	65862023703	IBANDRONATE SODIUM	2	\$18.00000	\$5.00000	200% Above
Non-ORx	No	65862024608	LEVETIRACETAM	360	\$0.14722	\$0.10556	26%-50% Above
Non-ORx	No	65862024608	LEVETIRACETAM	194	\$0.25258	\$0.10309	101%-200% Above
Non-ORx	No	65862024608	LEVETIRACETAM	80	\$0.38750	\$0.10000	200% Above
Non-ORx	No	65862024608	LEVETIRACETAM	28	\$0.39286	\$0.10714	200% Above
Non-ORx	No	65862024608	LEVETIRACETAM	120	\$0.38333	\$0.10000	200% Above
Non-ORx	No	65862024708	LEVETIRACETAM	180	\$0.50000	\$0.15000	200% Above
Non-ORx	No	65862024708	LEVETIRACETAM	60	\$0.50000	\$0.15000	200% Above
Non-ORx	No	65862029390	ROSUVASTATIN CALCIUM	270	\$0.41111	\$0.06667	200% Above
Non-ORx	No	65862029390	ROSUVASTATIN CALCIUM	22	\$0.54546	\$0.04546	200% Above
Non-ORx	No	65862029390	ROSUVASTATIN CALCIUM	300	\$0.42000	\$0.06667	200% Above
Non-ORx	No	65862029490	ROSUVASTATIN CALCIUM	180	\$0.58333	\$0.06667	200% Above
Non-ORx	No	65862029490	ROSUVASTATIN CALCIUM	60	\$0.55000	\$0.06667	200% Above
Non-ORx	No	65862029490	ROSUVASTATIN CALCIUM	20	\$0.65000	\$0.05000	200% Above
Non-ORx	No	65862029490	ROSUVASTATIN CALCIUM	870	\$0.50805	\$0.06667	200% Above
Non-ORx	No	65862029590	ROSUVASTATIN CALCIUM	360	\$0.55556	\$0.07778	200% Above
Non-ORx	No	65862029590	ROSUVASTATIN CALCIUM	45	\$0.62222	\$0.06667	200% Above
Non-ORx	No	65862029590	ROSUVASTATIN CALCIUM	570	\$0.52807	\$0.06667	200% Above
Non-ORx	No	65862029630	ROSUVASTATIN CALCIUM	90	\$0.87778	\$0.13333	200% Above
Non-ORx	No	65862029630	ROSUVASTATIN CALCIUM	210	\$0.83810	\$0.13333	200% Above
Non-ORx	No	65862029690	ROSUVASTATIN CALCIUM	30	\$0.50000	\$0.13333	200% Above
Non-ORx	No	65862030612	FLUOXETINE HYDROCHLORIDE	600	\$0.65167	\$0.36167	76%-100% Above
Non-ORx	No	65862031560	LEVETIRACETAM	120	\$0.34167	\$0.23333	26%-50% Above
Non-ORx	No	65862031560	LEVETIRACETAM	60	\$0.58333	\$0.21667	101%-200% Above
Non-ORx	No	65862032904	ALENDRONATE SODIUM	48	\$1.64583	\$0.33333	200% Above
Non-ORx	No	65862032904	ALENDRONATE SODIUM	8	\$0.75000	\$0.25000	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
Non-ORx	No	65862035430	EMTRICITABINE/TENOFOVIR D	30	\$3.03333	\$0.76667	200% Above
Non-ORx	No	65862035705	CLOPIDOGREL	60	\$0.36667	\$0.06667	200% Above
Non-ORx	No	65862035705	CLOPIDOGREL	450	\$0.41333	\$0.06667	200% Above
Non-ORx	No	65862035705	CLOPIDOGREL	45	\$0.40000	\$0.06667	200% Above
Non-ORx	No	65862035705	CLOPIDOGREL	930	\$0.29247	\$0.06667	200% Above
Non-ORx	No	65862035790	CLOPIDOGREL	630	\$0.48889	\$0.06667	200% Above
Non-ORx	No	65862035790	CLOPIDOGREL	180	\$0.60000	\$0.06667	200% Above
Non-ORx	No	65862037301	ESCITALOPRAM OXALATE	90	\$0.27778	\$0.04444	200% Above
Non-ORx	No	65862037301	ESCITALOPRAM OXALATE	330	\$0.08182	\$0.03333	101%-200% Above
Non-ORx	No	65862037401	ESCITALOPRAM OXALATE	720	\$0.23472	\$0.04444	200% Above
Non-ORx	No	65862037401	ESCITALOPRAM OXALATE	135	\$0.25185	\$0.04444	200% Above
Non-ORx	No	65862037401	ESCITALOPRAM OXALATE	270	\$0.25556	\$0.04815	200% Above
Non-ORx	No	65862037401	ESCITALOPRAM OXALATE	540	\$0.16482	\$0.03333	200% Above
Non-ORx	No	65862037401	ESCITALOPRAM OXALATE	45	\$0.15556	\$0.04444	200% Above
Non-ORx	No	65862037405	ESCITALOPRAM OXALATE	90	\$0.25556	\$0.04444	200% Above
Non-ORx	No	65862037405	ESCITALOPRAM OXALATE	180	\$0.20000	\$0.03333	200% Above
Non-ORx	No	65862037501	ESCITALOPRAM OXALATE	540	\$0.31482	\$0.07778	200% Above
Non-ORx	No	65862037501	ESCITALOPRAM OXALATE	60	\$0.33333	\$0.08333	200% Above
Non-ORx	No	65862037501	ESCITALOPRAM OXALATE	90	\$0.22222	\$0.08889	101%-200% Above
Non-ORx	No	65862037501	ESCITALOPRAM OXALATE	450	\$0.26667	\$0.06667	200% Above
Non-ORx	No	65862037501	ESCITALOPRAM OXALATE	120	\$0.29167	\$0.10000	101%-200% Above
Non-ORx	No	65862037505	ESCITALOPRAM OXALATE	60	\$0.33333	\$0.10000	200% Above
Non-ORx	No	65862037505	ESCITALOPRAM OXALATE	270	\$0.28519	\$0.06667	200% Above
Non-ORx	No	65862037505	ESCITALOPRAM OXALATE	15	\$0.33333	\$0.06667	200% Above
Non-ORx	No	65862039010	ONDANSETRON ODT	28	\$1.50000	\$0.21429	200% Above
Non-ORx	No	65862039010	ONDANSETRON ODT	330	\$1.31515	\$0.23333	200% Above
Non-ORx	No	65862039010	ONDANSETRON ODT	21	\$1.47619	\$0.23810	200% Above
Non-ORx	No	65862039010	ONDANSETRON ODT	100	\$1.15000	\$0.20000	200% Above
Non-ORx	No	65862039010	ONDANSETRON ODT	35	\$0.31429	\$0.22857	26%-50% Above
Non-ORx	No	65862039010	ONDANSETRON ODT	90	\$1.48889	\$0.22222	200% Above
Non-ORx	No	65862039010	ONDANSETRON ODT	40	\$1.50000	\$0.22500	200% Above
Non-ORx	No	65862039010	ONDANSETRON ODT	45	\$1.46667	\$0.20000	200% Above
Non-ORx	No	65862039010	ONDANSETRON ODT	20	\$1.40000	\$0.20000	200% Above
Non-ORx	No	65862039010	ONDANSETRON ODT	12	\$1.50000	\$0.16667	200% Above
Non-ORx	No	65862039010	ONDANSETRON ODT	9	\$1.33333	\$0.33333	200% Above
Non-ORx	No	65862039010	ONDANSETRON ODT	4	\$1.50000	\$0.25000	200% Above
Non-ORx	No	65862039010	ONDANSETRON ODT	8	\$1.50000	\$0.25000	200% Above
Non-ORx	No	65862039010	ONDANSETRON ODT	132	\$1.32576	\$0.25000	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
Non-ORx	No	65862039010	ONDANSETRON ODT	45	\$1.64444	\$0.22222	200% Above
Non-ORx	No	65862039010	ONDANSETRON ODT	90	\$1.57778	\$0.20000	200% Above
Non-ORx	No	65862039110	ONDANSETRON ODT	120	\$1.25000	\$0.23333	200% Above
Non-ORx	No	65862039110	ONDANSETRON ODT	21	\$1.52381	\$0.23810	200% Above
Non-ORx	No	65862039110	ONDANSETRON ODT	60	\$1.53333	\$0.23333	200% Above
Non-ORx	No	65862039110	ONDANSETRON ODT	80	\$1.26250	\$0.25000	200% Above
Non-ORx	No	65862039110	ONDANSETRON ODT	30	\$1.23333	\$0.20000	200% Above
Non-ORx	No	65862039110	ONDANSETRON ODT	30	\$1.53333	\$0.20000	200% Above
Non-ORx	No	65862039110	ONDANSETRON ODT	14	\$1.57143	\$0.21429	200% Above
Non-ORx	No	65862039110	ONDANSETRON ODT	12	\$1.50000	\$0.25000	200% Above
Non-ORx	No	65862041901	SULFAMETHOXAZOLE/TRIMETH	20	\$0.45000	\$0.05000	200% Above
Non-ORx	No	65862041901	SULFAMETHOXAZOLE/TRIMETH	10	\$0.50000	\$0.10000	200% Above
Non-ORx	No	65862041901	SULFAMETHOXAZOLE/TRIMETH	14	\$0.50000	\$0.07143	200% Above
Non-ORx	No	65862042001	SULFAMETHOXAZOLE/TRIMETH	80	\$0.17500	\$0.05000	200% Above
Non-ORx	No	65862042001	SULFAMETHOXAZOLE/TRIMETH	42	\$0.40476	\$0.07143	200% Above
Non-ORx	No	65862042001	SULFAMETHOXAZOLE/TRIMETH	20	\$0.20000	\$0.10000	101%-200% Above
Non-ORx	No	65862042005	SULFAMETHOXAZOLE/TRIMETH	120	\$0.49167	\$0.06667	200% Above
Non-ORx	No	65862042005	SULFAMETHOXAZOLE/TRIMETH	392	\$0.48214	\$0.07143	200% Above
Non-ORx	No	65862042005	SULFAMETHOXAZOLE/TRIMETH	88	\$0.29546	\$0.06818	200% Above
Non-ORx	No	65862042005	SULFAMETHOXAZOLE/TRIMETH	40	\$0.05000	\$0.07500	(26%-50%) Below
Non-ORx	No	65862042005	SULFAMETHOXAZOLE/TRIMETH	26	\$0.53846	\$0.07692	200% Above
Non-ORx	No	65862042005	SULFAMETHOXAZOLE/TRIMETH	13	\$0.53846	\$0.07692	200% Above
Non-ORx	No	65862042005	SULFAMETHOXAZOLE/TRIMETH	48	\$0.54167	\$0.08333	200% Above
Non-ORx	No	65862042005	SULFAMETHOXAZOLE/TRIMETH	160	\$0.50000	\$0.10000	200% Above
Non-ORx	No	65862042005	SULFAMETHOXAZOLE/TRIMETH	800	\$0.45250	\$0.05000	200% Above
Non-ORx	No	65862042005	SULFAMETHOXAZOLE/TRIMETH	504	\$0.49008	\$0.07143	200% Above
Non-ORx	No	65862042130	TENOFOVIR DISOPROXIL FUMA	30	\$2.53333	\$0.63333	200% Above
Non-ORx	No	65862042130	TENOFOVIR DISOPROXIL FUMA	30	\$2.53333	\$0.60000	200% Above
Non-ORx	No	65862044830	VALACYCLOVIR HYDROCHLORID	150	\$1.22667	\$0.30000	200% Above
Non-ORx	No	65862044830	VALACYCLOVIR HYDROCHLORID	6	\$1.50000	\$0.33333	200% Above
Non-ORx	No	65862044830	VALACYCLOVIR HYDROCHLORID	8	\$1.50000	\$0.25000	200% Above
Non-ORx	No	65862044830	VALACYCLOVIR HYDROCHLORID	10	\$1.50000	\$0.30000	200% Above
Non-ORx	No	65862044890	VALACYCLOVIR HYDROCHLORID	510	\$0.83137	\$0.30000	101%-200% Above
Non-ORx	No	65862044890	VALACYCLOVIR HYDROCHLORID	180	\$1.07778	\$0.30000	200% Above
Non-ORx	No	65862044890	VALACYCLOVIR HYDROCHLORID	40	\$1.15000	\$0.30000	200% Above
Non-ORx	No	65862044930	VALACYCLOVIR HCL	150	\$1.75333	\$0.56667	200% Above
Non-ORx	No	65862044930	VALACYCLOVIR HCL	21	\$2.04762	\$0.57143	200% Above
Non-ORx	No	65862044930	VALACYCLOVIR HCL	6	\$2.00000	\$0.50000	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
Non-ORx	No	65862044930	VALACYCLOVIR HCL	10	\$2.10000	\$0.60000	200% Above
Non-ORx	No	65862044930	VALACYCLOVIR HCL	42	\$1.23810	\$0.57143	101%-200% Above
Non-ORx	No	65862044990	VALACYCLOVIR HCL	84	\$1.19048	\$0.57143	101%-200% Above
Non-ORx	No	65862044990	VALACYCLOVIR HCL	20	\$1.90000	\$0.60000	200% Above
Non-ORx	No	65862044990	VALACYCLOVIR HCL	630	\$1.65079	\$0.56667	101%-200% Above
Non-ORx	No	65862044990	VALACYCLOVIR HCL	31	\$2.48387	\$0.54839	200% Above
Non-ORx	No	65862044990	VALACYCLOVIR HCL	34	\$1.50000	\$0.55882	101%-200% Above
Non-ORx	No	65862044990	VALACYCLOVIR HCL	16	\$1.81250	\$0.50000	200% Above
Non-ORx	No	65862044990	VALACYCLOVIR HCL	9	\$1.22222	\$0.55556	101%-200% Above
Non-ORx	No	65862044990	VALACYCLOVIR HCL	5	\$1.60000	\$0.60000	101%-200% Above
Non-ORx	No	65862044990	VALACYCLOVIR HCL	16	\$1.81250	\$0.50000	200% Above
Non-ORx	No	65862044990	VALACYCLOVIR HCL	30	\$1.66667	\$0.60000	101%-200% Above
Non-ORx	No	65862044990	VALACYCLOVIR HCL	42	\$1.38095	\$0.57143	101%-200% Above
Non-ORx	No	65862044990	VALACYCLOVIR HCL	12	\$1.91667	\$0.58333	200% Above
Non-ORx	No	65862045460	ALPRAZOLAM ER	30	\$0.90000	\$0.20000	200% Above
Non-ORx	No	65862045560	ALPRAZOLAM ER	30	\$1.40000	\$0.20000	200% Above
Non-ORx	No	65862045560	ALPRAZOLAM ER	21	\$1.28571	\$0.19048	200% Above
Non-ORx	No	65862045660	ALPRAZOLAM ER	60	\$1.55000	\$0.38333	200% Above
Non-ORx	No	65862046830	LOSARTAN POTASSIUM/HYDROC	30	\$0.13333	\$0.16667	(10%-25%) Below
Non-ORx	No	65862046890	LOSARTAN POTASSIUM/HYDROC	90	\$0.31111	\$0.15556	101%-200% Above
Non-ORx	No	65862046890	LOSARTAN POTASSIUM/HYDROC	180	\$0.34444	\$0.16667	101%-200% Above
Non-ORx	No	65862046890	LOSARTAN POTASSIUM/HYDROC	120	\$0.20833	\$0.16667	26%-50% Above
Non-ORx	No	65862046890	LOSARTAN POTASSIUM/HYDROC	540	\$0.32778	\$0.16667	76%-100% Above
Non-ORx	No	65862046899	LOSARTAN POTASSIUM/HYDROC	90	\$0.11111	\$0.16667	(26%-50%) Below
Non-ORx	No	65862046930	LOSARTAN POTASSIUM/HYDROC	270	\$0.50370	\$0.16667	200% Above
Non-ORx	No	65862046990	LOSARTAN POTASSIUM/HYDROC	180	\$0.23333	\$0.17778	26%-50% Above
Non-ORx	No	65862046990	LOSARTAN POTASSIUM/HYDROC	98	\$0.60204	\$0.18367	200% Above
Non-ORx	No	65862046990	LOSARTAN POTASSIUM/HYDROC	90	\$0.62222	\$0.16667	200% Above
Non-ORx	No	65862046999	LOSARTAN POTASSIUM/HYDROC	60	\$0.35000	\$0.18333	76%-100% Above
Non-ORx	No	65862046999	LOSARTAN POTASSIUM/HYDROC	360	\$0.37500	\$0.17778	101%-200% Above
Non-ORx	No	65862046999	LOSARTAN POTASSIUM/HYDROC	31	\$0.90323	\$0.19355	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
Non-ORx	No	65862046999	LOSARTAN POTASSIUM/HYDROC	450	\$0.55778	\$0.16667	200% Above
Non-ORx	No	65862047030	LOSARTAN POTASSIUM/HYDROC	60	\$0.40000	\$0.20000	101%-200% Above
Non-ORx	No	65862047030	LOSARTAN POTASSIUM/HYDROC	20	\$0.40000	\$0.20000	101%-200% Above
Non-ORx	No	65862047090	LOSARTAN POTASSIUM/HYDROC	180	\$0.62222	\$0.18889	200% Above
Non-ORx	No	65862047090	LOSARTAN POTASSIUM/HYDROC	180	\$0.43889	\$0.21111	101%-200% Above
Non-ORx	No	65862047090	LOSARTAN POTASSIUM/HYDROC	60	\$0.66667	\$0.20000	200% Above
Non-ORx	No	65862047090	LOSARTAN POTASSIUM/HYDROC	420	\$0.48571	\$0.20000	101%-200% Above
Non-ORx	No	65862047099	LOSARTAN POTASSIUM/HYDROC	90	\$0.23333	\$0.18889	10%-25% Above
Non-ORx	No	65862047099	LOSARTAN POTASSIUM/HYDROC	100	\$0.65000	\$0.21000	200% Above
Non-ORx	No	65862047099	LOSARTAN POTASSIUM/HYDROC	360	\$0.50278	\$0.20000	101%-200% Above
Non-ORx	No	65862047601	RAMIPRIL	90	\$0.20000	\$0.06667	200% Above
Non-ORx	No	65862047701	RAMIPRIL	60	\$0.30000	\$0.06667	200% Above
Non-ORx	No	65862047705	RAMIPRIL	90	\$0.36667	\$0.06667	200% Above
Non-ORx	No	65862048901	QUETIAPINE FUMARATE	90	\$0.30000	\$0.03333	200% Above
Non-ORx	No	65862048901	QUETIAPINE FUMARATE	120	\$0.30000	\$0.03333	200% Above
Non-ORx	No	65862048901	QUETIAPINE FUMARATE	150	\$0.28000	\$0.03333	200% Above
Non-ORx	No	65862048901	QUETIAPINE FUMARATE	45	\$0.28889	\$0.02222	200% Above
Non-ORx	No	65862049001	QUETIAPINE FUMARATE	180	\$0.36667	\$0.05000	200% Above
Non-ORx	No	65862049001	QUETIAPINE FUMARATE	45	\$0.37778	\$0.04444	200% Above
Non-ORx	No	65862049001	QUETIAPINE FUMARATE	180	\$0.36667	\$0.03333	200% Above
Non-ORx	No	65862049101	QUETIAPINE FUMARATE	60	\$0.46667	\$0.05000	200% Above
Non-ORx	No	65862049101	QUETIAPINE FUMARATE	240	\$0.44167	\$0.06667	200% Above
Non-ORx	No	65862049301	QUETIAPINE FUMARATE	60	\$1.43333	\$0.11667	200% Above
Non-ORx	No	65862049301	QUETIAPINE FUMARATE	120	\$0.63333	\$0.10000	200% Above
Non-ORx	No	65862049460	QUETIAPINE FUMARATE	60	\$0.63333	\$0.16667	200% Above
Non-ORx	No	65862049501	QUETIAPINE FUMARATE	60	\$0.98333	\$0.18333	200% Above
Non-ORx	No	65862050220	AMOXICILLIN/CLAVULANATE P	63	\$1.17460	\$0.33333	200% Above
Non-ORx	No	65862050220	AMOXICILLIN/CLAVULANATE P	90	\$0.70000	\$0.33333	101%-200% Above
Non-ORx	No	65862050220	AMOXICILLIN/CLAVULANATE P	100	\$0.98000	\$0.30000	200% Above
Non-ORx	No	65862050220	AMOXICILLIN/CLAVULANATE P	30	\$1.20000	\$0.30000	200% Above
Non-ORx	No	65862050220	AMOXICILLIN/CLAVULANATE P	15	\$1.13333	\$0.33333	200% Above
Non-ORx	No	65862050220	AMOXICILLIN/CLAVULANATE P	98	\$1.05102	\$0.35714	101%-200% Above
Non-ORx	No	65862050301	AMOXICILLIN/CLAVULANATE P	60	\$0.76667	\$0.35000	101%-200% Above
Non-ORx	No	65862050320	AMOXICILLIN/CLAVULANATE P	56	\$0.57143	\$0.32143	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
Non-ORx	No	65862050320	AMOXICILLIN/CLAVULANATE P	10	\$2.00000	\$0.40000	200% Above
Non-ORx	No	65862050320	AMOXICILLIN/CLAVULANATE P	490	\$1.84286	\$0.35714	200% Above
Non-ORx	No	65862050320	AMOXICILLIN/CLAVULANATE P	1220	\$1.52131	\$0.35000	200% Above
Non-ORx	No	65862051205	PIOGLITAZONE HYDROCHLORID	60	\$0.36667	\$0.10000	200% Above
Non-ORx	No	65862051305	PIOGLITAZONE HYDROCHLORID	60	\$0.43333	\$0.13333	200% Above
Non-ORx	No	65862051330	PIOGLITAZONE HYDROCHLORID	30	\$0.43333	\$0.13333	200% Above
Non-ORx	No	65862051330	PIOGLITAZONE HYDROCHLORID	23	\$0.34783	\$0.13044	101%-200% Above
Non-ORx	No	65862051405	PIOGLITAZONE HCL	30	\$0.16667	\$0.13333	26%-50% Above
Non-ORx	No	65862051601	NAPROXEN SODIUM	30	\$1.26667	\$0.33333	200% Above
Non-ORx	No	65862051601	NAPROXEN SODIUM	12	\$1.75000	\$0.33333	200% Above
Non-ORx	No	65862051601	NAPROXEN SODIUM	14	\$1.71429	\$0.35714	200% Above
Non-ORx	No	65862052205	NAPROXEN	120	\$0.22500	\$0.08333	101%-200% Above
Non-ORx	No	65862052301	GABAPENTIN	180	\$0.31111	\$0.08889	200% Above
Non-ORx	No	65862052301	GABAPENTIN	60	\$0.31667	\$0.08333	200% Above
Non-ORx	No	65862052305	GABAPENTIN	360	\$0.46944	\$0.08889	200% Above
Non-ORx	No	65862052305	GABAPENTIN	135	\$0.39259	\$0.08889	200% Above
Non-ORx	No	65862052305	GABAPENTIN	270	\$0.39259	\$0.08889	200% Above
Non-ORx	No	65862052305	GABAPENTIN	30	\$0.53333	\$0.10000	200% Above
Non-ORx	No	65862052305	GABAPENTIN	180	\$0.55000	\$0.08333	200% Above
Non-ORx	No	65862052305	GABAPENTIN	1170	\$0.44957	\$0.08889	200% Above
Non-ORx	No	65862052401	GABAPENTIN	150	\$0.64000	\$0.12667	200% Above
Non-ORx	No	65862052401	GABAPENTIN	75	\$0.64000	\$0.12000	200% Above
Non-ORx	No	65862052405	GABAPENTIN	540	\$0.35926	\$0.12222	101%-200% Above
Non-ORx	No	65862052405	GABAPENTIN	90	\$0.64444	\$0.12222	200% Above
Non-ORx	No	65862052730	VENLAFAXINE HCL ER	180	\$0.57222	\$0.12222	200% Above
Non-ORx	No	65862052730	VENLAFAXINE HCL ER	210	\$0.40476	\$0.10000	200% Above
Non-ORx	No	65862052790	VENLAFAXINE HCL ER	120	\$0.60833	\$0.11667	200% Above
Non-ORx	No	65862052790	VENLAFAXINE HCL ER	180	\$0.65556	\$0.11111	200% Above
Non-ORx	No	65862052790	VENLAFAXINE HCL ER	28	\$0.67857	\$0.10714	200% Above
Non-ORx	No	65862052790	VENLAFAXINE HCL ER	150	\$0.53333	\$0.13333	200% Above
Non-ORx	No	65862052790	VENLAFAXINE HCL ER	330	\$0.39091	\$0.10000	200% Above
Non-ORx	No	65862052799	VENLAFAXINE HCL ER	270	\$0.51111	\$0.11111	200% Above
Non-ORx	No	65862052799	VENLAFAXINE HCL ER	45	\$0.13333	\$0.11111	10%-25% Above
Non-ORx	No	65862052799	VENLAFAXINE HCL ER	5	\$0.40000	\$0.20000	101%-200% Above
Non-ORx	No	65862052799	VENLAFAXINE HCL ER	90	\$0.45556	\$0.10000	200% Above
Non-ORx	No	65862052830	VENLAFAXINE HYDROCHLORIDE	135	\$0.48889	\$0.11852	200% Above
Non-ORx	No	65862052830	VENLAFAXINE HYDROCHLORIDE	90	\$0.48889	\$0.12222	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
Non-ORx	No	65862052830	VENLAFAXINE HYDROCHLORIDE	180	\$0.60556	\$0.13333	200% Above
Non-ORx	No	65862052890	VENLAFAXINE HYDROCHLORIDE	720	\$0.54306	\$0.12222	200% Above
Non-ORx	No	65862052890	VENLAFAXINE HYDROCHLORIDE	270	\$0.57037	\$0.12222	200% Above
Non-ORx	No	65862052890	VENLAFAXINE HYDROCHLORIDE	630	\$0.61111	\$0.13333	200% Above
Non-ORx	No	65862052890	VENLAFAXINE HYDROCHLORIDE	180	\$0.80000	\$0.11667	200% Above
Non-ORx	No	65862052899	VENLAFAXINE HYDROCHLORIDE	360	\$0.49444	\$0.12222	200% Above
Non-ORx	No	65862052899	VENLAFAXINE HYDROCHLORIDE	210	\$0.38571	\$0.13333	101%-200% Above
Non-ORx	No	65862052899	VENLAFAXINE HYDROCHLORIDE	120	\$0.48333	\$0.11667	200% Above
Non-ORx	No	65862053401	AMOXICILLIN/CLAVULANATE P	200	\$0.14000	\$0.07500	76%-100% Above
Non-ORx	No	65862053401	AMOXICILLIN/CLAVULANATE P	200	\$0.09000	\$0.07000	26%-50% Above
Non-ORx	No	65862053750	LEVOFLOXACIN	20	\$0.55000	\$0.20000	101%-200% Above
Non-ORx	No	65862053750	LEVOFLOXACIN	14	\$0.50000	\$0.14286	200% Above
Non-ORx	No	65862053750	LEVOFLOXACIN	5	\$0.80000	\$0.20000	200% Above
Non-ORx	No	65862053820	LEVOFLOXACIN	10	\$1.40000	\$0.40000	200% Above
Non-ORx	No	65862053820	LEVOFLOXACIN	14	\$0.28571	\$0.42857	(26%-50%) Below
Non-ORx	No	65862054899	VALSARTAN/HYDROCHLOROTHIA	90	\$0.56667	\$0.25556	101%-200% Above
Non-ORx	No	65862055990	PANTOPRAZOLE SODIUM	180	\$0.31667	\$0.05556	200% Above
Non-ORx	No	65862055990	PANTOPRAZOLE SODIUM	120	\$0.35000	\$0.05000	200% Above
Non-ORx	No	65862055990	PANTOPRAZOLE SODIUM	120	\$0.15000	\$0.06667	101%-200% Above
Non-ORx	No	65862056090	PANTOPRAZOLE SODIUM	540	\$0.32407	\$0.05556	200% Above
Non-ORx	No	65862056090	PANTOPRAZOLE SODIUM	360	\$0.40000	\$0.06667	200% Above
Non-ORx	No	65862056090	PANTOPRAZOLE SODIUM	300	\$0.26000	\$0.06667	200% Above
Non-ORx	No	65862056090	PANTOPRAZOLE SODIUM	960	\$0.18750	\$0.06667	101%-200% Above
Non-ORx	No	65862056090	PANTOPRAZOLE SODIUM	42	\$0.38095	\$0.07143	200% Above
Non-ORx	No	65862056099	PANTOPRAZOLE SODIUM	90	\$0.25556	\$0.06667	200% Above
Non-ORx	No	65862056099	PANTOPRAZOLE SODIUM	810	\$0.36049	\$0.05556	200% Above
Non-ORx	No	65862056099	PANTOPRAZOLE SODIUM	150	\$0.36667	\$0.06000	200% Above
Non-ORx	No	65862056099	PANTOPRAZOLE SODIUM	270	\$0.40370	\$0.06296	200% Above
Non-ORx	No	65862056099	PANTOPRAZOLE SODIUM	360	\$0.31944	\$0.06111	200% Above
Non-ORx	No	65862056099	PANTOPRAZOLE SODIUM	3180	\$0.30346	\$0.06667	200% Above
Non-ORx	No	65862056099	PANTOPRAZOLE SODIUM	31	\$0.41936	\$0.06452	200% Above
Non-ORx	No	65862056099	PANTOPRAZOLE SODIUM	1860	\$0.29462	\$0.06667	200% Above
Non-ORx	No	65862056790	MONTELUKAST SODIUM	30	\$0.80000	\$0.10000	200% Above
Non-ORx	No	65862056890	MONTELUKAST SODIUM	90	\$0.47778	\$0.08889	200% Above
Non-ORx	No	65862056890	MONTELUKAST SODIUM	180	\$0.63333	\$0.10000	200% Above
Non-ORx	No	65862057490	MONTELUKAST SODIUM	1170	\$0.35983	\$0.06667	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
Non-ORx	No	65862057490	MONTELUKAST SODIUM	2520	\$0.35437	\$0.05556	200% Above
Non-ORx	No	65862057490	MONTELUKAST SODIUM	120	\$0.39167	\$0.05833	200% Above
Non-ORx	No	65862057490	MONTELUKAST SODIUM	180	\$0.34444	\$0.06111	200% Above
Non-ORx	No	65862057490	MONTELUKAST SODIUM	10	\$0.50000	\$0.10000	200% Above
Non-ORx	No	65862057490	MONTELUKAST SODIUM	1080	\$0.43704	\$0.06667	200% Above
Non-ORx	No	65862057490	MONTELUKAST SODIUM	60	\$0.55000	\$0.06667	200% Above
Non-ORx	No	65862058201	AMLODIPINE BESYLATE/BENAZ	90	\$0.52222	\$0.12222	200% Above
Non-ORx	No	65862058301	AMLODIPINE BESYLATE/BENAZ	90	\$0.58889	\$0.13333	200% Above
Non-ORx	No	65862058401	AMLODIPINE BESYLATE/BENAZ	60	\$0.75000	\$0.13333	200% Above
Non-ORx	No	65862058401	AMLODIPINE BESYLATE/BENAZ	90	\$0.91111	\$0.13333	200% Above
Non-ORx	No	65862058501	AMLODIPINE BESYLATE/BENAZ	60	\$0.63333	\$0.13333	200% Above
Non-ORx	No	65862058601	AMLODIPINE BESYLATE/BENAZ	120	\$0.77500	\$0.13333	200% Above
Non-ORx	No	65862058701	AMLODIPINE BESYLATE/BENAZ	60	\$0.46667	\$0.16667	101%-200% Above
Non-ORx	No	65862059401	DIVALPROEX SODIUM ER	180	\$0.61667	\$0.20000	200% Above
Non-ORx	No	65862059401	DIVALPROEX SODIUM ER	90	\$0.84444	\$0.20000	200% Above
Non-ORx	No	65862059401	DIVALPROEX SODIUM ER	30	\$0.23333	\$0.20000	10%-25% Above
Non-ORx	No	65862059501	DIVALPROEX SODIUM ER	270	\$0.98148	\$0.24074	200% Above
Non-ORx	No	65862059501	DIVALPROEX SODIUM ER	30	\$1.43333	\$0.23333	200% Above
Non-ORx	No	65862059501	DIVALPROEX SODIUM ER	14	\$1.42857	\$0.21429	200% Above
Non-ORx	No	65862059601	CLINDAMYCIN PALMITATE HCL	100	\$0.30000	\$0.21000	26%-50% Above
Non-ORx	No	65862059801	TAMSULOSIN HYDROCHLORIDE	60	\$0.05000	\$0.06667	(10%-25%) Below
Non-ORx	No	65862059805	TAMSULOSIN HYDROCHLORIDE	630	\$0.31587	\$0.06667	200% Above
Non-ORx	No	65862059805	TAMSULOSIN HYDROCHLORIDE	540	\$0.37222	\$0.06111	200% Above
Non-ORx	No	65862059805	TAMSULOSIN HYDROCHLORIDE	300	\$0.18667	\$0.06667	101%-200% Above
Non-ORx	No	65862059805	TAMSULOSIN HYDROCHLORIDE	31	\$0.38710	\$0.06452	200% Above
Non-ORx	No	65862059805	TAMSULOSIN HYDROCHLORIDE	42	\$0.35714	\$0.07143	200% Above
Non-ORx	No	65862059805	TAMSULOSIN HYDROCHLORIDE	780	\$0.24872	\$0.06667	200% Above
Non-ORx	No	65862059805	TAMSULOSIN HYDROCHLORIDE	10	\$0.40000	\$0.10000	200% Above
Non-ORx	No	65862060012	RIZATRIPTAN BENZOATE	12	\$2.16667	\$0.50000	200% Above
Non-ORx	No	65862060012	RIZATRIPTAN BENZOATE	12	\$2.91667	\$0.50000	200% Above
Non-ORx	No	65862060130	MODAFINIL	30	\$1.63333	\$0.36667	200% Above
Non-ORx	No	65862060130	MODAFINIL	90	\$2.06667	\$0.33333	200% Above
Non-ORx	No	65862060230	MODAFINIL	90	\$1.80000	\$0.56667	200% Above
Non-ORx	No	65862062090	QUINAPRIL HCL	120	\$0.47500	\$0.11667	200% Above
Non-ORx	No	65862062405	GEMFIBROZIL	120	\$0.20833	\$0.10000	101%-200% Above
Non-ORx	No	65862062405	GEMFIBROZIL	30	\$0.16667	\$0.10000	51%-75% Above
Non-ORx	No	65862062690	RIZATRIPTAN BENZOATE ODT	10	\$0.90000	\$0.70000	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
Non-ORx	No	65862062690	RIZATRIPTAN BENZOATE ODT	9	\$2.44444	\$0.66667	200% Above
Non-ORx	No	65862062690	RIZATRIPTAN BENZOATE ODT	16	\$1.00000	\$0.75000	26%-50% Above
Non-ORx	No	65862064130	AZITHROMYCIN	10	\$0.30000	\$0.50000	(26%-50%) Below
Non-ORx	No	65862064130	AZITHROMYCIN	12	\$1.00000	\$0.50000	101%-200% Above
Non-ORx	No	65862064163	AZITHROMYCIN	48	\$0.83333	\$0.50000	51%-75% Above
Non-ORx	No	65862064169	AZITHROMYCIN	120	\$1.13333	\$0.50000	101%-200% Above
Non-ORx	No	65862064230	AZITHROMYCIN	7	\$1.00000	\$0.85714	10%-25% Above
Non-ORx	No	65862064230	AZITHROMYCIN	3	\$3.66667	\$1.00000	200% Above
Non-ORx	No	65862064230	AZITHROMYCIN	2	\$2.50000	\$1.00000	101%-200% Above
Non-ORx	No	65862064290	AZITHROMYCIN	7	\$3.57143	\$0.85714	200% Above
Non-ORx	No	65862064290	AZITHROMYCIN	10	\$1.50000	\$0.80000	76%-100% Above
Non-ORx	No	65862067101	REPAGLINIDE	90	\$0.76667	\$0.12222	200% Above
Non-ORx	No	65862067601	ALPRAZOLAM	30	\$0.13333	\$0.03333	200% Above
Non-ORx	No	65862067605	ALPRAZOLAM	90	\$0.01111	\$0.02222	(26%-50%) Below
Non-ORx	No	65862067705	ALPRAZOLAM	120	\$0.06667	\$0.01667	200% Above
Non-ORx	No	65862067705	ALPRAZOLAM	67	\$0.01493	\$0.02985	(26%-50%) Below
Non-ORx	No	65862067705	ALPRAZOLAM	45	\$0.11111	\$0.02222	200% Above
Non-ORx	No	65862067799	ALPRAZOLAM	90	\$0.01111	\$0.02222	(26%-50%) Below
Non-ORx	No	65862067799	ALPRAZOLAM	180	\$0.05000	\$0.01667	200% Above
Non-ORx	No	65862067799	ALPRAZOLAM	150	\$0.05333	\$0.03333	51%-75% Above
Non-ORx	No	65862067801	ALPRAZOLAM	90	\$0.11111	\$0.02222	200% Above
Non-ORx	No	65862067801	ALPRAZOLAM	30	\$0.00000	\$0.03333	(76%-100%) Below
Non-ORx	No	65862067805	ALPRAZOLAM	120	\$0.01667	\$0.02500	(26%-50%) Below
Non-ORx	No	65862067805	ALPRAZOLAM	60	\$0.11667	\$0.01667	200% Above
Non-ORx	No	65862067899	ALPRAZOLAM	630	\$0.12698	\$0.02222	200% Above
Non-ORx	No	65862067899	ALPRAZOLAM	120	\$0.19167	\$0.02500	200% Above
Non-ORx	No	65862067899	ALPRAZOLAM	180	\$0.11667	\$0.02222	200% Above
Non-ORx	No	65862067899	ALPRAZOLAM	300	\$0.19333	\$0.03333	200% Above
Non-ORx	No	65862067899	ALPRAZOLAM	180	\$0.12222	\$0.02222	200% Above
Non-ORx	No	65862067899	ALPRAZOLAM	540	\$0.15370	\$0.01667	200% Above
Non-ORx	No	65862067901	ALPRAZOLAM	60	\$0.08333	\$0.05000	51%-75% Above
Non-ORx	No	65862067905	ALPRAZOLAM	270	\$0.42222	\$0.05556	200% Above
Non-ORx	No	65862067905	ALPRAZOLAM	30	\$0.43333	\$0.03333	200% Above
Non-ORx	No	65862068730	RITONAVIR	30	\$1.66667	\$1.13333	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
Non-ORx	No	65862068890	SILDENAFIL CITRATE	17	\$0.64706	\$0.11765	200% Above
Non-ORx	No	65862068890	SILDENAFIL CITRATE	75	\$0.66667	\$0.06667	200% Above
Non-ORx	No	65862068890	SILDENAFIL CITRATE	9	\$0.66667	\$0.11111	200% Above
Non-ORx	No	65862069201	PHENYTOIN SODIUM EXTENDED	270	\$0.31852	\$0.16667	76%-100% Above
Non-ORx	No	65862069705	VENLAFAXINE HCL ER	450	\$0.53111	\$0.15556	200% Above
Non-ORx	No	65862069705	VENLAFAXINE HCL ER	90	\$0.62222	\$0.16667	200% Above
Non-ORx	No	65862069705	VENLAFAXINE HCL ER	330	\$0.75152	\$0.16667	200% Above
Non-ORx	No	65862069730	VENLAFAXINE HCL ER	120	\$0.30833	\$0.16667	76%-100% Above
Non-ORx	No	65862069730	VENLAFAXINE HCL ER	180	\$0.85556	\$0.15000	200% Above
Non-ORx	No	65862069730	VENLAFAXINE HCL ER	180	\$0.81111	\$0.16667	200% Above
Non-ORx	No	65862069790	VENLAFAXINE HCL ER	180	\$0.62222	\$0.15556	200% Above
Non-ORx	No	65862069790	VENLAFAXINE HCL ER	180	\$0.12222	\$0.15000	(10%-25%) Below
Non-ORx	No	65862069790	VENLAFAXINE HCL ER	360	\$0.31944	\$0.16667	76%-100% Above
Non-ORx	No	65862069790	VENLAFAXINE HCL ER	31	\$1.06452	\$0.16129	200% Above
Non-ORx	No	65862070020	CEFUROXIME AXETIL	20	\$0.80000	\$0.55000	26%-50% Above
Non-ORx	No	65862070360	ZIPRASIDONE HCL	90	\$0.11111	\$0.30000	(51%-75%) Below
Non-ORx	No	65862070560	ZIPRASIDONE HCL	60	\$0.58333	\$0.43333	26%-50% Above
Non-ORx	No	65862070701	AMOXICILLIN	300	\$0.04333	\$0.02000	101%-200% Above
Non-ORx	No	65862070755	AMOXICILLIN	150	\$0.03333	\$0.02000	51%-75% Above
Non-ORx	No	65862070901	RALOXIFENE HYDROCHLORIDE	180	\$1.68889	\$0.37778	200% Above
Non-ORx	No	65862072130	RABEPRAZOLE SODIUM	30	\$0.40000	\$0.23333	51%-75% Above
Non-ORx	No	65862073205	AMIODARONE HYDROCHLORIDE	60	\$0.15000	\$0.13333	10%-25% Above
Non-ORx	No	65862073260	AMIODARONE HYDROCHLORIDE	270	\$0.50000	\$0.13333	200% Above
Non-ORx	No	65862076990	FENOFIBRATE	120	\$0.99167	\$0.16667	200% Above
Non-ORx	No	65862077685	MILI	168	\$0.41667	\$0.17857	101%-200% Above
Non-ORx	No	65862077685	MILI	28	\$0.35714	\$0.17857	101%-200% Above
Non-ORx	No	65862077685	MILI	56	\$0.19643	\$0.16071	10%-25% Above
Non-ORx	No	65862077885	TRI-LO-MILI	168	\$0.57738	\$0.16667	200% Above
Non-ORx	No	65862077885	TRI-LO-MILI	84	\$0.27381	\$0.17857	51%-75% Above
Non-ORx	No	65862077885	TRI-LO-MILI	112	\$0.45536	\$0.17857	101%-200% Above
Non-ORx	No	65862077930	OLMESARTAN MEDOXOMIL/HYDR	90	\$0.77778	\$0.22222	200% Above
Non-ORx	No	65862077930	OLMESARTAN MEDOXOMIL/HYDR	90	\$0.77778	\$0.23333	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
Non-ORx	No	65862077930	OLMESARTAN MEDOXOMIL/HYDR	14	\$0.57143	\$0.21429	101%-200% Above
Non-ORx	No	65862078030	OLMESARTAN MEDOXOMIL/HYDR	180	\$1.18889	\$0.28889	200% Above
Non-ORx	No	65862078030	OLMESARTAN MEDOXOMIL/HYDR	60	\$0.20000	\$0.30000	(26%-50%) Below
Non-ORx	No	65862078130	OLMESARTAN MEDOXOMIL/HYDR	60	\$0.40000	\$0.30000	26%-50% Above
Non-ORx	No	65862078190	OLMESARTAN MEDOXOMIL/HYDR	30	\$0.23333	\$0.30000	(10%-25%) Below
Non-ORx	No	65862078201	METHENAMINE HIPPURATE	60	\$1.46667	\$0.83333	76%-100% Above
Non-ORx	No	65862078330	ESOMEPRAZOLE MAGNESIUM	90	\$0.11111	\$0.24444	(51%-75%) Below
Non-ORx	No	65862078430	ESOMEPRAZOLE MAGNESIUM	90	\$0.62222	\$0.22222	101%-200% Above
Non-ORx	No	65862080530	ARMODAFINIL	60	\$0.08333	\$0.25000	(51%-75%) Below
Non-ORx	No	65862080530	ARMODAFINIL	15	\$1.53333	\$0.26667	200% Above
Non-ORx	No	65862080630	ARMODAFINIL	30	\$4.30000	\$0.86667	200% Above
Non-ORx	No	65862080730	ARMODAFINIL	120	\$2.90833	\$1.06667	101%-200% Above
Non-ORx	No	65862083030	PRASUGREL	270	\$0.57778	\$0.36667	51%-75% Above
Non-ORx	No	65862085901	FAMOTIDINE	180	\$0.21667	\$0.03333	200% Above
Non-ORx	No	65862085901	FAMOTIDINE	60	\$0.28333	\$0.03333	200% Above
Non-ORx	No	65862086001	FAMOTIDINE	180	\$0.35556	\$0.06667	200% Above
Non-ORx	No	65862086001	FAMOTIDINE	60	\$0.51667	\$0.06667	200% Above
Non-ORx	No	65862086001	FAMOTIDINE	60	\$0.61667	\$0.06667	200% Above
Non-ORx	No	65862090801	CELECOXIB	120	\$0.49167	\$0.11667	200% Above
Non-ORx	No	65862090801	CELECOXIB	6	\$0.33333	\$0.16667	101%-200% Above
Non-ORx	No	65862090901	CELECOXIB	360	\$0.20833	\$0.15000	26%-50% Above
Non-ORx	No	65862090901	CELECOXIB	150	\$0.34667	\$0.13333	101%-200% Above
Non-ORx	No	65862092205	TRAMADOL HYDROCHLORIDE/AC	40	\$0.65000	\$0.10000	200% Above
Non-ORx	No	65862092205	TRAMADOL HYDROCHLORIDE/AC	30	\$0.33333	\$0.10000	200% Above
Non-ORx	No	65862092205	TRAMADOL HYDROCHLORIDE/AC	24	\$0.33333	\$0.12500	101%-200% Above
Non-ORx	No	65862092585	INCASSIA	616	\$0.32955	\$0.16721	76%-100% Above
Non-ORx	No	65862092585	INCASSIA	504	\$0.44444	\$0.16667	101%-200% Above
Non-ORx	No	65862093488	AUROVELA 24 FE	168	\$1.23810	\$0.71429	51%-75% Above
Non-ORx	No	65862093488	AUROVELA 24 FE	28	\$1.25000	\$0.64286	76%-100% Above
Non-ORx	No	65862093574	AUROVELA 1.5/30	84	\$0.80952	\$0.57143	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
Non-ORx	No	65862093574	AUROVELA 1.5/30	21	\$0.95238	\$0.57143	51%-75% Above
Non-ORx	No	65862094088	AUROVELA FE 1/20	252	\$0.40476	\$0.22619	76%-100% Above
Non-ORx	No	65862094088	AUROVELA FE 1/20	112	\$0.44643	\$0.21429	101%-200% Above
Non-ORx	No	65862094188	AUROVELA FE 1.5/30	252	\$0.72619	\$0.32143	101%-200% Above
Non-ORx	No	65862094188	AUROVELA FE 1.5/30	84	\$0.61905	\$0.32143	76%-100% Above
Non-ORx	No	65862096701	ESZOPICLONE	60	\$1.13333	\$0.16667	200% Above
Non-ORx	No	65862096730	ESZOPICLONE	60	\$0.61667	\$0.16667	200% Above
Non-ORx	No	65862096801	ESZOPICLONE	90	\$1.03333	\$0.23333	200% Above
Non-ORx	No	65862096801	ESZOPICLONE	26	\$1.23077	\$0.23077	200% Above
Non-ORx	No	65862096901	ESZOPICLONE	660	\$0.78182	\$0.16667	200% Above
Non-ORx	No	65862096901	ESZOPICLONE	120	\$1.15000	\$0.13333	200% Above
Non-ORx	No	65862097703	TELMISARTAN/HYDROCHLOROTH	30	\$2.16667	\$1.23333	76%-100% Above
Non-ORx	No	65862097703	TELMISARTAN/HYDROCHLOROTH	90	\$2.73333	\$1.10000	101%-200% Above
Non-ORx	No	65862098701	POTASSIUM CHLORIDE ER	360	\$0.09722	\$0.13889	(26%-50%) Below
Non-ORx	No	65862098799	POTASSIUM CHLORIDE ER	90	\$0.40000	\$0.13333	200% Above
Non-ORx	No	65862098799	POTASSIUM CHLORIDE ER	60	\$0.16667	\$0.13333	26%-50% Above
Non-ORx	No	65862098799	POTASSIUM CHLORIDE ER	10	\$0.40000	\$0.10000	200% Above
Non-ORx	No	65862098799	POTASSIUM CHLORIDE ER	30	\$0.10000	\$0.13333	(10%-25%) Below
Non-ORx	No	65862099830	ARMODAFINIL	60	\$1.85000	\$1.00000	76%-100% Above
Non-ORx	No	66685100101	AMOXICILLIN/CLAVULANATE P	40	\$1.20000	\$0.35000	200% Above
Non-ORx	No	66685100101	AMOXICILLIN/CLAVULANATE P	14	\$1.00000	\$0.35714	101%-200% Above
Non-ORx	No	66685100202	AMOXICILLIN/CLAVULANATE P	20	\$0.15000	\$0.30000	(26%-50%) Below
Non-ORx	No	66685101200	AMOXICILLIN/CLAVULANATE P	200	\$0.38000	\$0.08500	200% Above
Non-ORx	No	66689000816	NYSTATIN	400	\$0.06750	\$0.05500	10%-25% Above
Non-ORx	No	66689000816	NYSTATIN	180	\$0.06667	\$0.05000	26%-50% Above
Non-ORx	No	66689000816	NYSTATIN	120	\$0.06667	\$0.05833	10%-25% Above
Non-ORx	No	66689002316	HYDROCODONE BITARTRATE/AC	236	\$0.08475	\$0.06356	26%-50% Above
Non-ORx	No	66689002316	HYDROCODONE BITARTRATE/AC	250	\$0.05200	\$0.08000	(26%-50%) Below
Non-ORx	No	66689002316	HYDROCODONE BITARTRATE/AC	100	\$0.04000	\$0.06000	(26%-50%) Below
Non-ORx	No	66689034599	CHLORTHALIDONE	30	\$0.50000	\$0.16667	200% Above
Non-ORx	No	66869020490	LIVALO	90	\$7.42222	\$10.22222	(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
Non-ORx	No	66869040490	LIVALO	90	\$6.77778	\$10.21111	(26%-50%) Below
Non-ORx	No	66993001968	ALBUTEROL SULFATE HFA	18	\$2.77778	\$1.83333	51%-75% Above
Non-ORx	No	66993008479	SUMATRIPTAN SUCCINATE REF	2	\$129.00000	\$117.00000	10%-25% Above
Non-ORx	No	66993008498	SUMATRIPTAN SUCCINATE	1	\$150.00000	\$72.00000	101%-200% Above
Non-ORx	No	66993037083	MEDROXYPROGESTERONE ACETA	5	\$60.40000	\$30.00000	101%-200% Above
Non-ORx	No	66993037083	MEDROXYPROGESTERONE ACETA	6	\$54.83333	\$29.00000	76%-100% Above
Non-ORx	No	66993047502	NISOLDIPINE ER	30	\$0.33333	\$5.36667	(76%-100%) Below
Non-ORx	No	66993058597	FLUTICASON PROPRIONATE/SA	60	\$2.75000	\$1.98333	26%-50% Above
Non-ORx	No	66993059402	AMPHETAMINE/DEXTROAMPHE TA	30	\$3.23333	\$0.53333	200% Above
Non-ORx	No	66993059602	AMPHETAMINE/DEXTROAMPHE TA	30	\$1.13333	\$0.60000	76%-100% Above
Non-ORx	No	66993068030	OLANZAPINE	30	\$0.63333	\$0.10000	200% Above
Non-ORx	No	66993068030	OLANZAPINE	15	\$0.66667	\$0.06667	200% Above
Non-ORx	No	66993068130	OLANZAPINE	90	\$0.85556	\$0.10000	200% Above
Non-ORx	No	66993068330	OLANZAPINE	30	\$0.66667	\$0.13333	200% Above
Non-ORx	No	66993068430	OLANZAPINE	6	\$0.66667	\$0.16667	200% Above
Non-ORx	No	66993087761	CALCIPOTRIENE	60	\$3.28333	\$1.30000	101%-200% Above
Non-ORx	No	66993096045	METRONIDAZOLE	45	\$0.80000	\$0.91111	(10%-25%) Below
Non-ORx	No	66993096045	METRONIDAZOLE	90	\$1.33333	\$0.84444	51%-75% Above
Non-ORx	No	67253065110	PROPLTHIOURACIL	180	\$0.62778	\$0.51111	10%-25% Above
Non-ORx	No	67405055005	DOXYCYCLINE HYCLATE	30	\$0.50000	\$0.13333	200% Above
Non-ORx	No	67405060301	FLUCONAZOLE	4	\$5.00000	\$0.75000	200% Above
Non-ORx	No	67405060403	FLUCONAZOLE	2	\$1.50000	\$0.50000	200% Above
Non-ORx	No	67877012420	SILVER SULFADIAZINE	20	\$0.15000	\$0.25000	(26%-50%) Below
Non-ORx	No	67877012425	SILVER SULFADIAZINE	25	\$0.24000	\$0.16000	51%-75% Above
Non-ORx	No	67877012440	SILVER SULFADIAZINE	400	\$0.11250	\$0.07750	26%-50% Above
Non-ORx	No	67877012450	SILVER SULFADIAZINE	50	\$0.12000	\$0.14000	(10%-25%) Below
Non-ORx	No	67877014601	TEMAZEPAM	60	\$0.15000	\$0.06667	101%-200% Above
Non-ORx	No	67877014605	TEMAZEPAM	90	\$0.33333	\$0.07778	200% Above
Non-ORx	No	67877014605	TEMAZEPAM	30	\$0.23333	\$0.06667	200% Above
Non-ORx	No	67877014701	TEMAZEPAM	60	\$0.05000	\$0.10000	(26%-50%) Below
Non-ORx	No	67877014701	TEMAZEPAM	30	\$0.20000	\$0.10000	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
Non-ORx	No	67877014705	TEMAZEPAM	210	\$0.30476	\$0.10000	200% Above
Non-ORx	No	67877015901	METFORMIN HYDROCHLORIDE E	60	\$0.01667	\$0.03333	(26%-50%) Below
Non-ORx	No	67877019705	AMLODIPINE BESYLATE	60	\$0.20000	\$0.01667	200% Above
Non-ORx	No	67877019710	AMLODIPINE BESYLATE	120	\$0.00833	\$0.01667	(26%-50%) Below
Non-ORx	No	67877019710	AMLODIPINE BESYLATE	60	\$0.00000	\$0.01667	(76%-100%) Below
Non-ORx	No	67877019790	AMLODIPINE BESYLATE	90	\$0.18889	\$0.01111	200% Above
Non-ORx	No	67877019790	AMLODIPINE BESYLATE	120	\$0.10000	\$0.01667	200% Above
Non-ORx	No	67877019805	AMLODIPINE BESYLATE	720	\$0.18889	\$0.01111	200% Above
Non-ORx	No	67877019805	AMLODIPINE BESYLATE	68	\$0.22059	\$0.01471	200% Above
Non-ORx	No	67877019805	AMLODIPINE BESYLATE	45	\$0.22222	\$0.02222	200% Above
Non-ORx	No	67877019805	AMLODIPINE BESYLATE	480	\$0.08333	\$0.01667	200% Above
Non-ORx	No	67877019810	AMLODIPINE BESYLATE	90	\$0.08889	\$0.01111	200% Above
Non-ORx	No	67877019810	AMLODIPINE BESYLATE	360	\$0.08611	\$0.01667	200% Above
Non-ORx	No	67877019890	AMLODIPINE BESYLATE	60	\$0.20000	\$0.01667	200% Above
Non-ORx	No	67877019905	AMLODIPINE BESYLATE	270	\$0.13704	\$0.01111	200% Above
Non-ORx	No	67877019905	AMLODIPINE BESYLATE	120	\$0.10833	\$0.01667	200% Above
Non-ORx	No	67877019905	AMLODIPINE BESYLATE	60	\$0.10000	\$0.03333	200% Above
Non-ORx	No	67877019910	AMLODIPINE BESYLATE	270	\$0.07407	\$0.01111	200% Above
Non-ORx	No	67877019910	AMLODIPINE BESYLATE	60	\$0.20000	\$0.01667	200% Above
Non-ORx	No	67877019910	AMLODIPINE BESYLATE	60	\$0.21667	\$0.03333	200% Above
Non-ORx	No	67877019990	AMLODIPINE BESYLATE	150	\$0.20667	\$0.01333	200% Above
Non-ORx	No	67877019990	AMLODIPINE BESYLATE	30	\$0.23333	\$0.03333	200% Above
Non-ORx	No	67877021520	CEFUROXIME AXETIL	42	\$0.23810	\$0.33333	(26%-50%) Below
Non-ORx	No	67877021520	CEFUROXIME AXETIL	20	\$1.90000	\$0.35000	200% Above
Non-ORx	No	67877021520	CEFUROXIME AXETIL	14	\$0.64286	\$0.35714	76%-100% Above
Non-ORx	No	67877021560	CEFUROXIME AXETIL	30	\$0.20000	\$0.33333	(26%-50%) Below
Non-ORx	No	67877021560	CEFUROXIME AXETIL	40	\$1.27500	\$0.35000	200% Above
Non-ORx	No	67877021560	CEFUROXIME AXETIL	28	\$0.92857	\$0.35714	101%-200% Above
Non-ORx	No	67877021560	CEFUROXIME AXETIL	10	\$1.90000	\$0.30000	200% Above
Non-ORx	No	67877021620	CEFUROXIME AXETIL	20	\$2.30000	\$0.55000	200% Above
Non-ORx	No	67877021620	CEFUROXIME AXETIL	42	\$1.69048	\$0.57143	101%-200% Above
Non-ORx	No	67877021620	CEFUROXIME AXETIL	28	\$0.89286	\$0.50000	76%-100% Above
Non-ORx	No	67877021660	CEFUROXIME AXETIL	84	\$2.39286	\$0.53571	200% Above
Non-ORx	No	67877021660	CEFUROXIME AXETIL	220	\$1.86364	\$0.55000	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
Non-ORx	No	67877021905	CEPHALEXIN	240	\$0.38750	\$0.12500	200% Above
Non-ORx	No	67877021905	CEPHALEXIN	120	\$0.33333	\$0.10000	200% Above
Non-ORx	No	67877021905	CEPHALEXIN	25	\$0.32000	\$0.12000	101%-200% Above
Non-ORx	No	67877021905	CEPHALEXIN	224	\$0.38393	\$0.10714	200% Above
Non-ORx	No	67877021905	CEPHALEXIN	148	\$0.29054	\$0.12162	101%-200% Above
Non-ORx	No	67877021905	CEPHALEXIN	214	\$0.28972	\$0.11682	101%-200% Above
Non-ORx	No	67877021905	CEPHALEXIN	90	\$0.34444	\$0.11111	200% Above
Non-ORx	No	67877021905	CEPHALEXIN	56	\$0.64286	\$0.12500	200% Above
Non-ORx	No	67877021905	CEPHALEXIN	60	\$0.65000	\$0.11667	200% Above
Non-ORx	No	67877021905	CEPHALEXIN	30	\$0.53333	\$0.10000	200% Above
Non-ORx	No	67877021905	CEPHALEXIN	12	\$0.16667	\$0.08333	101%-200% Above
Non-ORx	No	67877021905	CEPHALEXIN	12	\$0.50000	\$0.16667	200% Above
Non-ORx	No	67877021905	CEPHALEXIN	8	\$0.62500	\$0.12500	200% Above
Non-ORx	No	67877021905	CEPHALEXIN	36	\$0.33333	\$0.11111	200% Above
Non-ORx	No	67877021905	CEPHALEXIN	182	\$0.34615	\$0.14286	101%-200% Above
Non-ORx	No	67877021905	CEPHALEXIN	105	\$0.47619	\$0.09524	200% Above
Non-ORx	No	67877021905	CEPHALEXIN	63	\$0.50794	\$0.14286	200% Above
Non-ORx	No	67877021905	CEPHALEXIN	160	\$0.53750	\$0.10000	200% Above
Non-ORx	No	67877022001	CEPHALEXIN	60	\$0.23333	\$0.08333	101%-200% Above
Non-ORx	No	67877022201	GABAPENTIN	90	\$0.11111	\$0.03333	200% Above
Non-ORx	No	67877022205	GABAPENTIN	360	\$0.10000	\$0.03333	200% Above
Non-ORx	No	67877022205	GABAPENTIN	210	\$0.05238	\$0.02857	76%-100% Above
Non-ORx	No	67877022210	GABAPENTIN	180	\$0.21667	\$0.03333	200% Above
Non-ORx	No	67877022210	GABAPENTIN	120	\$0.10000	\$0.03333	200% Above
Non-ORx	No	67877022210	GABAPENTIN	30	\$0.20000	\$0.03333	200% Above
Non-ORx	No	67877022301	GABAPENTIN	240	\$0.13750	\$0.05000	101%-200% Above
Non-ORx	No	67877022301	GABAPENTIN	30	\$0.13333	\$0.06667	101%-200% Above
Non-ORx	No	67877022305	GABAPENTIN	120	\$0.30833	\$0.05000	200% Above
Non-ORx	No	67877022305	GABAPENTIN	360	\$0.20000	\$0.05000	200% Above
Non-ORx	No	67877022305	GABAPENTIN	540	\$0.20370	\$0.05185	200% Above
Non-ORx	No	67877022305	GABAPENTIN	270	\$0.26667	\$0.05556	200% Above
Non-ORx	No	67877022305	GABAPENTIN	60	\$0.23333	\$0.06667	200% Above
Non-ORx	No	67877022305	GABAPENTIN	180	\$0.21667	\$0.05000	200% Above
Non-ORx	No	67877022310	GABAPENTIN	180	\$0.23889	\$0.05556	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
Non-ORx	No	67877022310	GABAPENTIN	180	\$0.13889	\$0.05000	101%-200% Above
Non-ORx	No	67877022310	GABAPENTIN	270	\$0.15926	\$0.05185	200% Above
Non-ORx	No	67877022310	GABAPENTIN	30	\$0.03333	\$0.06667	(26%-50%) Below
Non-ORx	No	67877022310	GABAPENTIN	180	\$0.22778	\$0.04444	200% Above
Non-ORx	No	67877022401	GABAPENTIN	150	\$0.09333	\$0.06667	26%-50% Above
Non-ORx	No	67877022405	GABAPENTIN	180	\$0.16667	\$0.06667	101%-200% Above
Non-ORx	No	67877022405	GABAPENTIN	60	\$0.18333	\$0.06667	101%-200% Above
Non-ORx	No	67877022501	MYCOPHENOLATE MOFETIL	480	\$0.41667	\$0.33125	26%-50% Above
Non-ORx	No	67877022501	MYCOPHENOLATE MOFETIL	180	\$1.02778	\$0.33333	200% Above
Non-ORx	No	67877022505	MYCOPHENOLATE MOFETIL	150	\$0.60000	\$0.33333	76%-100% Above
Non-ORx	No	67877022505	MYCOPHENOLATE MOFETIL	180	\$0.60000	\$0.33333	76%-100% Above
Non-ORx	No	67877022505	MYCOPHENOLATE MOFETIL	120	\$0.49167	\$0.33333	26%-50% Above
Non-ORx	No	67877024201	QUETIAPINE FUMARATE	90	\$0.11111	\$0.03333	200% Above
Non-ORx	No	67877024201	QUETIAPINE FUMARATE	300	\$0.17333	\$0.03333	200% Above
Non-ORx	No	67877024201	QUETIAPINE FUMARATE	150	\$0.16000	\$0.03333	200% Above
Non-ORx	No	67877024210	QUETIAPINE FUMARATE	90	\$0.01111	\$0.03333	(51%-75%) Below
Non-ORx	No	67877024601	QUETIAPINE FUMARATE	60	\$0.53333	\$0.11667	200% Above
Non-ORx	No	67877024601	QUETIAPINE FUMARATE	60	\$0.70000	\$0.13333	200% Above
Non-ORx	No	67877024601	QUETIAPINE FUMARATE	120	\$0.50000	\$0.10000	200% Above
Non-ORx	No	67877024610	QUETIAPINE FUMARATE	30	\$0.53333	\$0.13333	200% Above
Non-ORx	No	67877024610	QUETIAPINE FUMARATE	30	\$0.53333	\$0.10000	200% Above
Non-ORx	No	67877024760	QUETIAPINE FUMARATE	120	\$0.58333	\$0.15833	200% Above
Non-ORx	No	67877024760	QUETIAPINE FUMARATE	90	\$0.46667	\$0.16667	101%-200% Above
Non-ORx	No	67877024801	QUETIAPINE FUMARATE	30	\$0.80000	\$0.20000	200% Above
Non-ORx	No	67877024901	QUETIAPINE FUMARATE	120	\$0.35000	\$0.05000	200% Above
Non-ORx	No	67877024901	QUETIAPINE FUMARATE	180	\$0.23333	\$0.05000	200% Above
Non-ORx	No	67877024901	QUETIAPINE FUMARATE	300	\$0.22000	\$0.03333	200% Above
Non-ORx	No	67877024910	QUETIAPINE FUMARATE	60	\$0.26667	\$0.05000	200% Above
Non-ORx	No	67877024910	QUETIAPINE FUMARATE	90	\$0.14444	\$0.04444	200% Above
Non-ORx	No	67877024910	QUETIAPINE FUMARATE	120	\$0.14167	\$0.03333	200% Above
Non-ORx	No	67877025001	QUETIAPINE FUMARATE	120	\$0.40000	\$0.05000	200% Above
Non-ORx	No	67877025001	QUETIAPINE FUMARATE	75	\$0.26667	\$0.05333	200% Above
Non-ORx	No	67877025001	QUETIAPINE FUMARATE	90	\$0.32222	\$0.06667	200% Above
Non-ORx	No	67877025001	QUETIAPINE FUMARATE	45	\$0.44444	\$0.06667	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
Non-ORx	No	67877025010	QUETIAPINE FUMARATE	60	\$0.13333	\$0.06667	101%-200% Above
Non-ORx	No	67877025130	TRIAMCINOLONE ACETONIDE	180	\$0.06667	\$0.13333	(26%-50%) Below
Non-ORx	No	67877025130	TRIAMCINOLONE ACETONIDE	90	\$0.06667	\$0.14444	(51%-75%) Below
Non-ORx	No	67877025130	TRIAMCINOLONE ACETONIDE	120	\$0.06667	\$0.15000	(51%-75%) Below
Non-ORx	No	67877025130	TRIAMCINOLONE ACETONIDE	420	\$0.07143	\$0.13333	(26%-50%) Below
Non-ORx	No	67877025130	TRIAMCINOLONE ACETONIDE	120	\$0.06667	\$0.13333	(26%-50%) Below
Non-ORx	No	67877025145	TRIAMCINOLONE ACETONIDE	2270	\$0.04758	\$0.03304	26%-50% Above
Non-ORx	No	67877025145	TRIAMCINOLONE ACETONIDE	10442	\$0.04741	\$0.03084	51%-75% Above
Non-ORx	No	67877025180	TRIAMCINOLONE ACETONIDE	80	\$0.11250	\$0.05000	101%-200% Above
Non-ORx	No	67877026118	RIZATRIPTAN BENZOATE	4	\$2.00000	\$0.75000	101%-200% Above
Non-ORx	No	67877026218	RIZATRIPTAN BENZOATE	24	\$3.12500	\$0.50000	200% Above
Non-ORx	No	67877026218	RIZATRIPTAN BENZOATE	12	\$4.08333	\$0.58333	200% Above
Non-ORx	No	67877026218	RIZATRIPTAN BENZOATE	56	\$3.21429	\$0.50000	200% Above
Non-ORx	No	67877026218	RIZATRIPTAN BENZOATE	48	\$3.37500	\$0.50000	200% Above
Non-ORx	No	67877026410	DULOXETINE HYDROCHLORIDE	30	\$0.46667	\$0.13333	200% Above
Non-ORx	No	67877026410	DULOXETINE HYDROCHLORIDE	28	\$0.35714	\$0.10714	200% Above
Non-ORx	No	67877026510	DULOXETINE HYDROCHLORIDE	30	\$0.43333	\$0.13333	200% Above
Non-ORx	No	67877026590	DULOXETINE HYDROCHLORIDE	30	\$0.50000	\$0.13333	200% Above
Non-ORx	No	67877026605	MYCOPHENOLATE MOFETIL	240	\$0.64167	\$0.20417	200% Above
Non-ORx	No	67877026605	MYCOPHENOLATE MOFETIL	120	\$0.34167	\$0.16667	101%-200% Above
Non-ORx	No	67877026605	MYCOPHENOLATE MOFETIL	60	\$0.35000	\$0.16667	101%-200% Above
Non-ORx	No	67877026605	MYCOPHENOLATE MOFETIL	30	\$0.63333	\$0.16667	200% Above
Non-ORx	No	67877027901	TACROLIMUS	90	\$0.64444	\$0.37778	51%-75% Above
Non-ORx	No	67877028810	FINASTERIDE	60	\$0.46667	\$0.08333	200% Above
Non-ORx	No	67877028810	FINASTERIDE	180	\$0.41667	\$0.06667	200% Above
Non-ORx	No	67877028810	FINASTERIDE	21	\$0.42857	\$0.14286	200% Above
Non-ORx	No	67877028810	FINASTERIDE	8	\$0.50000	\$0.12500	200% Above
Non-ORx	No	67877029860	CHOLESTYRAMINE	60	\$2.35000	\$1.25000	76%-100% Above
Non-ORx	No	67877029860	CHOLESTYRAMINE	30	\$2.36667	\$1.26667	76%-100% Above
Non-ORx	No	67877031715	TRIAMCINOLONE ACETONIDE	45	\$0.08889	\$0.15556	(26%-50%) Below
Non-ORx	No	67877031715	TRIAMCINOLONE ACETONIDE	30	\$0.10000	\$0.16667	(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
Non-ORx	No	67877031715	TRIAMCINOLONE ACETONIDE	30	\$0.06667	\$0.13333	(26%-50%) Below
Non-ORx	No	67877031780	TRIAMCINOLONE ACETONIDE	80	\$0.10000	\$0.07500	26%-50% Above
Non-ORx	No	67877031815	TRIAMCINOLONE ACETONIDE	15	\$0.40000	\$0.26667	51%-75% Above
Non-ORx	No	67877031901	IBUPROFEN	10	\$0.00000	\$0.10000	(76%-100%) Below
Non-ORx	No	67877032001	IBUPROFEN	30	\$0.03333	\$0.06667	(26%-50%) Below
Non-ORx	No	67877032001	IBUPROFEN	20	\$0.20000	\$0.05000	200% Above
Non-ORx	No	67877032005	IBUPROFEN	40	\$0.25000	\$0.05000	200% Above
Non-ORx	No	67877032005	IBUPROFEN	300	\$0.19667	\$0.06667	101%-200% Above
Non-ORx	No	67877032005	IBUPROFEN	20	\$0.00000	\$0.05000	(76%-100%) Below
Non-ORx	No	67877032005	IBUPROFEN	16	\$0.00000	\$0.06250	(76%-100%) Below
Non-ORx	No	67877032101	IBUPROFEN	60	\$0.10000	\$0.06667	51%-75% Above
Non-ORx	No	67877032105	IBUPROFEN	80	\$0.17500	\$0.07500	101%-200% Above
Non-ORx	No	67877032105	IBUPROFEN	240	\$0.13333	\$0.06667	101%-200% Above
Non-ORx	No	67877032105	IBUPROFEN	40	\$0.10000	\$0.05000	101%-200% Above
Non-ORx	No	67877032105	IBUPROFEN	80	\$0.26250	\$0.07500	200% Above
Non-ORx	No	67877032105	IBUPROFEN	270	\$0.08148	\$0.06667	10%-25% Above
Non-ORx	No	67877032105	IBUPROFEN	21	\$0.23810	\$0.09524	101%-200% Above
Non-ORx	No	67877039130	NEBIVOLOL HYDROCHLORIDE	180	\$4.31111	\$0.56667	200% Above
Non-ORx	No	67877039130	NEBIVOLOL HYDROCHLORIDE	30	\$4.03333	\$0.56667	200% Above
Non-ORx	No	67877041301	METFORMIN HYDROCHLORIDE E	60	\$0.15000	\$0.03333	200% Above
Non-ORx	No	67877041305	METFORMIN HYDROCHLORIDE E	120	\$0.15000	\$0.03333	200% Above
Non-ORx	No	67877041305	METFORMIN HYDROCHLORIDE E	30	\$0.13333	\$0.03333	200% Above
Non-ORx	No	67877041401	METFORMIN HYDROCHLORIDE E	180	\$0.35000	\$0.07778	200% Above
Non-ORx	No	67877041401	METFORMIN HYDROCHLORIDE E	180	\$0.35000	\$0.08889	200% Above
Non-ORx	No	67877041401	METFORMIN HYDROCHLORIDE E	90	\$0.44444	\$0.08889	200% Above
Non-ORx	No	67877041401	METFORMIN HYDROCHLORIDE E	90	\$0.16667	\$0.07778	101%-200% Above
Non-ORx	No	67877041401	METFORMIN HYDROCHLORIDE E	30	\$0.16667	\$0.06667	101%-200% Above
Non-ORx	No	67877041401	METFORMIN HYDROCHLORIDE E	120	\$0.25833	\$0.08333	200% Above
Non-ORx	No	67877041530	VALSARTAN	30	\$0.26667	\$0.23333	10%-25% Above
Non-ORx	No	67877041690	VALSARTAN	60	\$0.31667	\$0.23333	26%-50% Above
Non-ORx	No	67877041690	VALSARTAN	90	\$0.55556	\$0.23333	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
Non-ORx	No	67877041790	VALSARTAN	90	\$0.53333	\$0.27778	76%-100% Above
Non-ORx	No	67877041790	VALSARTAN	60	\$0.31667	\$0.26667	10%-25% Above
Non-ORx	No	67877041890	VALSARTAN	60	\$0.46667	\$0.36667	26%-50% Above
Non-ORx	No	67877041920	LINEZOLID	28	\$7.21429	\$2.00000	200% Above
Non-ORx	No	67877042805	GABAPENTIN	90	\$0.31111	\$0.08889	200% Above
Non-ORx	No	67877042905	GABAPENTIN	60	\$0.25000	\$0.11667	101%-200% Above
Non-ORx	No	67877043003	ARIPIPRAZOLE	60	\$1.08333	\$0.15000	200% Above
Non-ORx	No	67877043003	ARIPIPRAZOLE	90	\$1.08889	\$0.14444	200% Above
Non-ORx	No	67877043003	ARIPIPRAZOLE	30	\$0.63333	\$0.16667	200% Above
Non-ORx	No	67877043003	ARIPIPRAZOLE	15	\$0.60000	\$0.13333	200% Above
Non-ORx	No	67877043003	ARIPIPRAZOLE	28	\$0.07143	\$0.17857	(51%-75%) Below
Non-ORx	No	67877043003	ARIPIPRAZOLE	90	\$0.45556	\$0.13333	200% Above
Non-ORx	No	67877043103	ARIPIPRAZOLE	45	\$0.53333	\$0.17778	200% Above
Non-ORx	No	67877043103	ARIPIPRAZOLE	42	\$0.54762	\$0.16667	200% Above
Non-ORx	No	67877043103	ARIPIPRAZOLE	270	\$0.62222	\$0.16667	200% Above
Non-ORx	No	67877043105	ARIPIPRAZOLE	30	\$0.10000	\$0.16667	(26%-50%) Below
Non-ORx	No	67877043105	ARIPIPRAZOLE	15	\$0.06667	\$0.20000	(51%-75%) Below
Non-ORx	No	67877043203	ARIPIPRAZOLE	180	\$0.76667	\$0.16667	200% Above
Non-ORx	No	67877043205	ARIPIPRAZOLE	30	\$0.10000	\$0.16667	(26%-50%) Below
Non-ORx	No	67877043303	ARIPIPRAZOLE	15	\$0.80000	\$0.13333	200% Above
Non-ORx	No	67877043303	ARIPIPRAZOLE	90	\$0.65556	\$0.16667	200% Above
Non-ORx	No	67877043403	ARIPIPRAZOLE	90	\$0.52222	\$0.23333	101%-200% Above
Non-ORx	No	67877043503	ARIPIPRAZOLE	30	\$1.06667	\$0.26667	200% Above
Non-ORx	No	67877043990	ROSUVASTATIN CALCIUM	30	\$0.40000	\$0.06667	200% Above
Non-ORx	No	67877044330	RABEPRAZOLE SODIUM	60	\$0.36667	\$0.23333	51%-75% Above
Non-ORx	No	67877044390	RABEPRAZOLE SODIUM	60	\$0.30000	\$0.23333	26%-50% Above
Non-ORx	No	67877045010	TAMSULOSIN HYDROCHLORIDE	30	\$0.03333	\$0.06667	(26%-50%) Below
Non-ORx	No	67877046490	PREGABALIN	60	\$0.05000	\$0.08333	(26%-50%) Below
Non-ORx	No	67877046505	PREGABALIN	60	\$0.11667	\$0.08333	26%-50% Above
Non-ORx	No	67877046690	PREGABALIN	90	\$0.46667	\$0.08889	200% Above
Non-ORx	No	67877047379	LIDOCAINE	35	\$0.22857	\$0.20000	10%-25% Above
Non-ORx	No	67877047750	AZELASTINE HYDROCHLORIDE	30	\$0.23333	\$0.26667	(10%-25%) Below
Non-ORx	No	67877048230	TELMISARTAN	30	\$1.63333	\$0.33333	200% Above
Non-ORx	No	67877048330	TELMISARTAN	90	\$1.10000	\$0.34444	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
Non-ORx	No	67877048330	TELMISARTAN	90	\$0.97778	\$0.33333	101%-200% Above
Non-ORx	No	67877048430	TELMISARTAN	90	\$0.94444	\$0.34444	101%-200% Above
Non-ORx	No	67877048430	TELMISARTAN	90	\$0.73333	\$0.33333	101%-200% Above
Non-ORx	No	67877048430	TELMISARTAN	30	\$1.63333	\$0.30000	200% Above
Non-ORx	No	67877049005	EZETIMIBE	540	\$0.49815	\$0.13333	200% Above
Non-ORx	No	67877049005	EZETIMIBE	180	\$0.53889	\$0.11111	200% Above
Non-ORx	No	67877049005	EZETIMIBE	90	\$0.56667	\$0.10000	200% Above
Non-ORx	No	67877049005	EZETIMIBE	390	\$0.39744	\$0.13333	101%-200% Above
Non-ORx	No	67877049030	EZETIMIBE	30	\$0.16667	\$0.13333	26%-50% Above
Non-ORx	No	67877049090	EZETIMIBE	360	\$0.22778	\$0.13333	51%-75% Above
Non-ORx	No	67877049090	EZETIMIBE	420	\$0.53333	\$0.13333	200% Above
Non-ORx	No	67877049090	EZETIMIBE	120	\$0.46667	\$0.10000	200% Above
Non-ORx	No	67877049301	AZATHIOPRINE	90	\$1.11111	\$0.23333	200% Above
Non-ORx	No	67877049301	AZATHIOPRINE	60	\$1.11667	\$0.23333	200% Above
Non-ORx	No	67877049301	AZATHIOPRINE	30	\$0.33333	\$0.23333	26%-50% Above
Non-ORx	No	67877050730	EZETIMIBE/SIMVASTATIN	30	\$1.23333	\$1.00000	10%-25% Above
Non-ORx	No	67877050830	EZETIMIBE/SIMVASTATIN	30	\$1.53333	\$0.80000	76%-100% Above
Non-ORx	No	67877051110	ATORVASTATIN CALCIUM	60	\$0.01667	\$0.03333	(26%-50%) Below
Non-ORx	No	67877051210	ATORVASTATIN CALCIUM	30	\$0.30000	\$0.03333	200% Above
Non-ORx	No	67877051290	ATORVASTATIN CALCIUM	30	\$0.30000	\$0.03333	200% Above
Non-ORx	No	67877051305	ATORVASTATIN CALCIUM	90	\$0.03333	\$0.06667	(26%-50%) Below
Non-ORx	No	67877051310	ATORVASTATIN CALCIUM	90	\$0.40000	\$0.05556	200% Above
Non-ORx	No	67877051310	ATORVASTATIN CALCIUM	60	\$0.33333	\$0.06667	200% Above
Non-ORx	No	67877052830	SOLIFENACIN SUCCINATE	30	\$0.16667	\$0.23333	(26%-50%) Below
Non-ORx	No	67877054360	CEFDINIR	320	\$1.57500	\$0.45000	200% Above
Non-ORx	No	67877054360	CEFDINIR	56	\$2.28571	\$0.46429	200% Above
Non-ORx	No	67877054360	CEFDINIR	42	\$2.28571	\$0.45238	200% Above
Non-ORx	No	67877054360	CEFDINIR	16	\$2.56250	\$0.43750	200% Above
Non-ORx	No	67877054360	CEFDINIR	20	\$1.55000	\$0.50000	200% Above
Non-ORx	No	67877054360	CEFDINIR	84	\$1.50000	\$0.42857	200% Above
Non-ORx	No	67877054588	CEPHALEXIN	200	\$0.14500	\$0.11000	26%-50% Above
Non-ORx	No	67877054588	CEPHALEXIN	100	\$0.14000	\$0.09000	51%-75% Above
Non-ORx	No	67877054798	CEFDINIR	60	\$0.35000	\$0.15000	101%-200% Above
Non-ORx	No	67877054888	CEFDINIR	300	\$0.45667	\$0.18000	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
Non-ORx	No	67877054888	CEFDINIR	100	\$0.73000	\$0.17000	200% Above
Non-ORx	No	67877054898	CEFDINIR	120	\$0.73333	\$0.16667	200% Above
Non-ORx	No	67877054898	CEFDINIR	180	\$0.73333	\$0.16667	200% Above
Non-ORx	No	67877054898	CEFDINIR	840	\$0.50833	\$0.16667	200% Above
Non-ORx	No	67877056105	METFORMIN HYDROCHLORIDE	180	\$0.11111	\$0.01667	200% Above
Non-ORx	No	67877056105	METFORMIN HYDROCHLORIDE	360	\$0.10833	\$0.01667	200% Above
Non-ORx	No	67877056105	METFORMIN HYDROCHLORIDE	51	\$0.13726	\$0.01961	200% Above
Non-ORx	No	67877056105	METFORMIN HYDROCHLORIDE	270	\$0.08519	\$0.01111	200% Above
Non-ORx	No	67877056110	METFORMIN HYDROCHLORIDE	1980	\$0.11111	\$0.01667	200% Above
Non-ORx	No	67877056110	METFORMIN HYDROCHLORIDE	480	\$0.12917	\$0.01667	200% Above
Non-ORx	No	67877056110	METFORMIN HYDROCHLORIDE	720	\$0.10833	\$0.01667	200% Above
Non-ORx	No	67877056110	METFORMIN HYDROCHLORIDE	240	\$0.15000	\$0.01667	200% Above
Non-ORx	No	67877056110	METFORMIN HYDROCHLORIDE	1020	\$0.14020	\$0.01667	200% Above
Non-ORx	No	67877056110	METFORMIN HYDROCHLORIDE	30	\$0.20000	\$0.03333	200% Above
Non-ORx	No	67877056110	METFORMIN HYDROCHLORIDE	270	\$0.11111	\$0.02222	200% Above
Non-ORx	No	67877056110	METFORMIN HYDROCHLORIDE	720	\$0.12083	\$0.01111	200% Above
Non-ORx	No	67877056205	METFORMIN HYDROCHLORIDE	360	\$0.18333	\$0.02778	200% Above
Non-ORx	No	67877056205	METFORMIN HYDROCHLORIDE	270	\$0.18148	\$0.02963	200% Above
Non-ORx	No	67877056205	METFORMIN HYDROCHLORIDE	90	\$0.12222	\$0.03333	200% Above
Non-ORx	No	67877056205	METFORMIN HYDROCHLORIDE	180	\$0.19444	\$0.03333	200% Above
Non-ORx	No	67877056305	METFORMIN HYDROCHLORIDE	360	\$0.11111	\$0.03333	200% Above
Non-ORx	No	67877056310	METFORMIN HYDROCHLORIDE	2700	\$0.19296	\$0.02778	200% Above
Non-ORx	No	67877056310	METFORMIN HYDROCHLORIDE	360	\$0.17222	\$0.02500	200% Above
Non-ORx	No	67877056310	METFORMIN HYDROCHLORIDE	480	\$0.20833	\$0.03333	200% Above
Non-ORx	No	67877056310	METFORMIN HYDROCHLORIDE	90	\$0.16667	\$0.02222	200% Above
Non-ORx	No	67877057305	BENZONATATE	30	\$0.40000	\$0.10000	200% Above
Non-ORx	No	67877057505	BENZONATATE	60	\$0.80000	\$0.13333	200% Above
Non-ORx	No	67877057505	BENZONATATE	20	\$0.80000	\$0.15000	200% Above
Non-ORx	No	67877058901	COLCHICINE	90	\$3.14444	\$0.64444	200% Above
Non-ORx	No	67877058901	COLCHICINE	30	\$4.16667	\$0.63333	200% Above
Non-ORx	No	67877059001	METOPROLOL SUCCINATE ER	30	\$0.13333	\$0.10000	26%-50% Above
Non-ORx	No	67877059201	METOPROLOL SUCCINATE ER	30	\$0.13333	\$0.16667	(10%-25%) Below
Non-ORx	No	67877059201	METOPROLOL SUCCINATE ER	30	\$0.40000	\$0.13333	200% Above
Non-ORx	No	67877061115	TIZANIDINE HYDROCHLORIDE	20	\$1.25000	\$0.15000	200% Above
Non-ORx	No	67877061701	METHYLPHENIDATE HYDROCHLO	30	\$0.73333	\$0.16667	200% Above
Non-ORx	No	67877069601	CHLORTHALIDONE	31	\$0.51613	\$0.16129	200% Above
Non-ORx	No	67877069601	CHLORTHALIDONE	90	\$0.41111	\$0.16667	101%-200% Above
Non-ORx	No	67877069601	CHLORTHALIDONE	15	\$0.53333	\$0.13333	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
Non-ORx	No	67877069601	CHLORTHALIDONE	15	\$0.53333	\$0.20000	101%-200% Above
Non-ORx	No	67877069601	CHLORTHALIDONE	600	\$0.56167	\$0.16667	200% Above
Non-ORx	No	67877069701	CHLORTHALIDONE	30	\$0.53333	\$0.26667	101%-200% Above
Non-ORx	No	68001000501	METHYLPREDNISOLONE DOSE P	84	\$0.23810	\$0.19048	26%-50% Above
Non-ORx	No	68001000501	METHYLPREDNISOLONE DOSE P	336	\$0.41667	\$0.19048	101%-200% Above
Non-ORx	No	68001011203	LANSOPRAZOLE	30	\$0.26667	\$0.13333	101%-200% Above
Non-ORx	No	68001011306	LEVETIRACETAM ER	60	\$0.21667	\$0.25000	(10%-25%) Below
Non-ORx	No	68001013000	AMLODIPINE BESYLATE/BENAZ	90	\$0.52222	\$0.14444	200% Above
Non-ORx	No	68001013100	AMLODIPINE BESYLATE/BENAZ	31	\$0.35484	\$0.16129	101%-200% Above
Non-ORx	No	68001013100	AMLODIPINE BESYLATE/BENAZ	30	\$0.36667	\$0.16667	101%-200% Above
Non-ORx	No	68001013400	AMLODIPINE BESYLATE/BENAZ	30	\$0.43333	\$0.13333	200% Above
Non-ORx	No	68001015100	CARVEDIOL	120	\$0.10833	\$0.02500	200% Above
Non-ORx	No	68001015203	CARVEDIOL	120	\$0.15000	\$0.03333	200% Above
Non-ORx	No	68001015203	CARVEDIOL	90	\$0.02222	\$0.03333	(26%-50%) Below
Non-ORx	No	68001015203	CARVEDIOL	30	\$0.20000	\$0.03333	200% Above
Non-ORx	No	68001015203	CARVEDIOL	480	\$0.15417	\$0.03333	200% Above
Non-ORx	No	68001015403	CARVEDIOL	240	\$0.04583	\$0.01667	101%-200% Above
Non-ORx	No	68001016200	PROMETHAZINE HYDROCHLORID	45	\$0.02222	\$0.04444	(26%-50%) Below
Non-ORx	No	68001016200	PROMETHAZINE HYDROCHLORID	15	\$0.00000	\$0.06667	(76%-100%) Below
Non-ORx	No	68001016208	PROMETHAZINE HYDROCHLORID	60	\$0.03333	\$0.05000	(26%-50%) Below
Non-ORx	No	68001016208	PROMETHAZINE HYDROCHLORID	120	\$0.02500	\$0.05000	(26%-50%) Below
Non-ORx	No	68001016208	PROMETHAZINE HYDROCHLORID	40	\$0.12500	\$0.05000	101%-200% Above
Non-ORx	No	68001017800	GLIMEPIRIDE	60	\$0.03333	\$0.05000	(26%-50%) Below
Non-ORx	No	68001017800	GLIMEPIRIDE	30	\$0.16667	\$0.03333	200% Above
Non-ORx	No	68001017803	GLIMEPIRIDE	60	\$0.16667	\$0.03333	200% Above
Non-ORx	No	68001017803	GLIMEPIRIDE	30	\$0.16667	\$0.03333	200% Above
Non-ORx	No	68001017903	GLIMEPIRIDE	120	\$0.14167	\$0.05000	101%-200% Above
Non-ORx	No	68001018100	QUETIAPINE FUMARATE	30	\$0.26667	\$0.16667	51%-75% Above
Non-ORx	No	68001018203	QUETIAPINE FUMARATE	30	\$0.23333	\$0.13333	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
Non-ORx	No	68001018400	QUETIAPINE FUMARATE	30	\$0.03333	\$0.06667	(26%-50%) Below
Non-ORx	No	68001018500	QUETIAPINE FUMARATE	30	\$0.20000	\$0.03333	200% Above
Non-ORx	No	68001023703	CLONIDINE HYDROCHLORIDE	180	\$0.09444	\$0.03333	101%-200% Above
Non-ORx	No	68001023800	CLONIDINE HYDROCHLORIDE	45	\$0.02222	\$0.04444	(26%-50%) Below
Non-ORx	No	68001023803	CLONIDINE HYDROCHLORIDE	30	\$0.16667	\$0.03333	200% Above
Non-ORx	No	68001023900	CLONIDINE HYDROCHLORIDE	60	\$0.16667	\$0.03333	200% Above
Non-ORx	No	68001024400	ZONISAMIDE	180	\$0.34444	\$0.12222	101%-200% Above
Non-ORx	No	68001024617	ONDANSETRON ODT	20	\$0.20000	\$0.25000	(10%-25%) Below
Non-ORx	No	68001024617	ONDANSETRON ODT	90	\$0.48889	\$0.23333	101%-200% Above
Non-ORx	No	68001024617	ONDANSETRON ODT	35	\$0.20000	\$0.22857	(10%-25%) Below
Non-ORx	No	68001024617	ONDANSETRON ODT	10	\$0.40000	\$0.20000	101%-200% Above
Non-ORx	No	68001024617	ONDANSETRON ODT	9	\$0.66667	\$0.22222	200% Above
Non-ORx	No	68001024617	ONDANSETRON ODT	10	\$0.60000	\$0.20000	200% Above
Non-ORx	No	68001024617	ONDANSETRON ODT	12	\$0.16667	\$0.25000	(26%-50%) Below
Non-ORx	No	68001024717	ONDANSETRON ODT	60	\$0.78333	\$0.23333	200% Above
Non-ORx	No	68001024717	ONDANSETRON ODT	30	\$0.20000	\$0.23333	(10%-25%) Below
Non-ORx	No	68001024717	ONDANSETRON ODT	15	\$0.80000	\$0.20000	200% Above
Non-ORx	No	68001025204	FLUCONAZOLE	7	\$0.42857	\$0.28571	51%-75% Above
Non-ORx	No	68001025320	FLUCONAZOLE	6	\$3.00000	\$0.66667	200% Above
Non-ORx	No	68001025320	FLUCONAZOLE	21	\$0.47619	\$0.80952	(26%-50%) Below
Non-ORx	No	68001025320	FLUCONAZOLE	2	\$5.00000	\$1.00000	200% Above
Non-ORx	No	68001025320	FLUCONAZOLE	2	\$5.00000	\$0.50000	200% Above
Non-ORx	No	68001028006	DICLOFENAC SODIUM DR	60	\$0.30000	\$0.10000	200% Above
Non-ORx	No	68001028008	DICLOFENAC SODIUM DR	180	\$0.24444	\$0.10000	101%-200% Above
Non-ORx	No	68001028100	DICLOFENAC SODIUM DR	60	\$0.08333	\$0.10000	(10%-25%) Below
Non-ORx	No	68001028100	DICLOFENAC SODIUM DR	30	\$0.06667	\$0.10000	(26%-50%) Below
Non-ORx	No	68001028103	DICLOFENAC SODIUM DR	180	\$0.13333	\$0.10000	26%-50% Above
Non-ORx	No	68001028103	DICLOFENAC SODIUM DR	30	\$0.06667	\$0.10000	(26%-50%) Below
Non-ORx	No	68001028106	DICLOFENAC SODIUM DR	60	\$0.08333	\$0.10000	(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
Non-ORx	No	68001028108	DICLOFENAC SODIUM DR	60	\$0.08333	\$0.10000	(10%-25%) Below
Non-ORx	No	68001031400	LOVASTATIN	60	\$0.03333	\$0.06667	(26%-50%) Below
Non-ORx	No	68001031600	LOVASTATIN	60	\$0.05000	\$0.06667	(10%-25%) Below
Non-ORx	No	68001031608	LOVASTATIN	60	\$0.28333	\$0.06667	200% Above
Non-ORx	No	68001031700	NADOLOL	30	\$0.40000	\$0.30000	26%-50% Above
Non-ORx	No	68001031800	NADOLOL	60	\$0.11667	\$0.40000	(51%-75%) Below
Non-ORx	No	68001032103	BUPROPION HYDROCHLORIDE E	60	\$0.45000	\$0.20000	101%-200% Above
Non-ORx	No	68001032104	BUPROPION HYDROCHLORIDE E	30	\$0.16667	\$0.20000	(10%-25%) Below
Non-ORx	No	68001032105	BUPROPION HYDROCHLORIDE E	120	\$0.16667	\$0.20000	(10%-25%) Below
Non-ORx	No	68001032203	BUPROPION HYDROCHLORIDE E	30	\$0.10000	\$0.13333	(10%-25%) Below
Non-ORx	No	68001032600	DESMOPRESSIN ACETATE	90	\$0.52222	\$0.43333	10%-25% Above
Non-ORx	No	68001033300	LISINOPRIL	30	\$0.00000	\$0.03333	(76%-100%) Below
Non-ORx	No	68001033308	LISINOPRIL	90	\$0.00000	\$0.03333	(76%-100%) Below
Non-ORx	No	68001033408	LISINOPRIL	180	\$0.01111	\$0.02222	(26%-50%) Below
Non-ORx	No	68001033408	LISINOPRIL	480	\$0.06250	\$0.03333	76%-100% Above
Non-ORx	No	68001033508	LISINOPRIL	120	\$0.01667	\$0.03333	(26%-50%) Below
Non-ORx	No	68001033508	LISINOPRIL	600	\$0.10000	\$0.03333	200% Above
Non-ORx	No	68001033708	LISINOPRIL	30	\$0.26667	\$0.06667	200% Above
Non-ORx	No	68001035600	METOPROLOL SUCCINATE ER	120	\$0.13333	\$0.10000	26%-50% Above
Non-ORx	No	68001035603	METOPROLOL SUCCINATE ER	270	\$0.32222	\$0.08889	200% Above
Non-ORx	No	68001035603	METOPROLOL SUCCINATE ER	210	\$0.18095	\$0.10000	76%-100% Above
Non-ORx	No	68001036103	MONTELUKAST SODIUM	450	\$0.14444	\$0.06667	101%-200% Above
Non-ORx	No	68001036103	MONTELUKAST SODIUM	14	\$0.28571	\$0.07143	200% Above
Non-ORx	No	68001036105	MONTELUKAST SODIUM	60	\$0.26667	\$0.06667	200% Above
Non-ORx	No	68001036206	CEFDINIR	100	\$0.40000	\$0.45000	(10%-25%) Below
Non-ORx	No	68001036206	CEFDINIR	42	\$0.40476	\$0.45238	(10%-25%) Below
Non-ORx	No	68001036206	CEFDINIR	14	\$0.92857	\$0.42857	101%-200% Above
Non-ORx	No	68001036500	METRONIDAZOLE	40	\$0.50000	\$0.15000	200% Above
Non-ORx	No	68001036500	METRONIDAZOLE	15	\$0.53333	\$0.13333	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
Non-ORx	No	68001036503	METRONIDAZOLE	28	\$0.32143	\$0.14286	101%-200% Above
Non-ORx	No	68001038200	LABETALOL HYDROCHLORIDE	60	\$0.23333	\$0.18333	26%-50% Above
Non-ORx	No	68001038203	LABETALOL HYDROCHLORIDE	120	\$0.13333	\$0.18333	(26%-50%) Below
Non-ORx	No	68001038300	LABETALOL HYDROCHLORIDE	60	\$0.26667	\$0.20000	26%-50% Above
Non-ORx	No	68001038703	TRIAMTERENE/HYDROCHLOROTH	30	\$0.06667	\$0.10000	(26%-50%) Below
Non-ORx	No	68001039603	POTASSIUM CHLORIDE ER	30	\$0.33333	\$0.13333	101%-200% Above
Non-ORx	No	68001039800	FAMOTIDINE	90	\$0.11111	\$0.06667	51%-75% Above
Non-ORx	No	68001039900	FLUOXETINE HYDROCHLORIDE	60	\$0.18333	\$0.03333	200% Above
Non-ORx	No	68001040000	FLUOXETINE HYDROCHLORIDE	60	\$0.18333	\$0.03333	200% Above
Non-ORx	No	68001040000	FLUOXETINE HYDROCHLORIDE	60	\$0.11667	\$0.03333	200% Above
Non-ORx	No	68001040008	FLUOXETINE HYDROCHLORIDE	180	\$0.02222	\$0.03333	(26%-50%) Below
Non-ORx	No	68001040008	FLUOXETINE HYDROCHLORIDE	210	\$0.12857	\$0.03333	200% Above
Non-ORx	No	68001040008	FLUOXETINE HYDROCHLORIDE	20	\$0.00000	\$0.05000	(76%-100%) Below
Non-ORx	No	68001040103	FLUOXETINE HYDROCHLORIDE	180	\$0.28889	\$0.08889	200% Above
Non-ORx	No	68001040303	LEVETIRACETAM	60	\$0.11667	\$0.10000	10%-25% Above
Non-ORx	No	68001040407	LEVETIRACETAM	60	\$0.08333	\$0.15000	(26%-50%) Below
Non-ORx	No	68001041103	GABAPENTIN	180	\$0.20000	\$0.08889	101%-200% Above
Non-ORx	No	68001041103	GABAPENTIN	120	\$0.20000	\$0.08333	101%-200% Above
Non-ORx	No	68001041306	DULOXETINE HYDROCHLORIDE	60	\$0.10000	\$0.13333	(10%-25%) Below
Non-ORx	No	68001041405	DULOXETINE HYDROCHLORIDE	60	\$0.28333	\$0.10000	101%-200% Above
Non-ORx	No	68001041408	DULOXETINE HYDROCHLORIDE	120	\$0.19167	\$0.10000	76%-100% Above
Non-ORx	No	68001041508	DULOXETINE HYDROCHLORIDE	60	\$0.10000	\$0.13333	(10%-25%) Below
Non-ORx	No	68001041508	DULOXETINE HYDROCHLORIDE	210	\$0.21429	\$0.13333	51%-75% Above
Non-ORx	No	68001042300	NITROFURANTOIN MONOHYDRAT	30	\$0.36667	\$0.50000	(26%-50%) Below
Non-ORx	No	68001042300	NITROFURANTOIN MONOHYDRAT	10	\$0.40000	\$0.50000	(10%-25%) Below
Non-ORx	No	68001044503	POTASSIUM CHLORIDE ER	150	\$0.16667	\$0.18667	(10%-25%) Below
Non-ORx	No	68001044503	POTASSIUM CHLORIDE ER	240	\$0.34167	\$0.18333	76%-100% Above
Non-ORx	No	68001044503	POTASSIUM CHLORIDE ER	60	\$0.16667	\$0.20000	(10%-25%) Below
Non-ORx	No	68001045500	ESCITALOPRAM OXALATE	150	\$0.12667	\$0.03333	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
Non-ORx	No	68001045508	ESCITALOPRAM OXALATE	60	\$0.03333	\$0.05000	(26%-50%) Below
Non-ORx	No	68001045508	ESCITALOPRAM OXALATE	15	\$0.00000	\$0.06667	(76%-100%) Below
Non-ORx	No	68001045508	ESCITALOPRAM OXALATE	150	\$0.17333	\$0.03333	200% Above
Non-ORx	No	68001045508	ESCITALOPRAM OXALATE	30	\$0.03333	\$0.06667	(26%-50%) Below
Non-ORx	No	68001045600	ESCITALOPRAM OXALATE	60	\$0.30000	\$0.06667	200% Above
Non-ORx	No	68001045608	ESCITALOPRAM OXALATE	90	\$0.31111	\$0.07778	200% Above
Non-ORx	No	68001045608	ESCITALOPRAM OXALATE	120	\$0.03333	\$0.08333	(51%-75%) Below
Non-ORx	No	68001045608	ESCITALOPRAM OXALATE	150	\$0.19333	\$0.06667	101%-200% Above
Non-ORx	No	68001045608	ESCITALOPRAM OXALATE	90	\$0.12222	\$0.10000	10%-25% Above
Non-ORx	No	68001046142	ENOXAPARIN SODIUM	60	\$11.90000	\$9.85000	10%-25% Above
Non-ORx	No	68001047300	DIVALPROEX SODIUM DR	90	\$0.13333	\$0.07778	51%-75% Above
Non-ORx	No	68001047300	DIVALPROEX SODIUM DR	60	\$0.38333	\$0.06667	200% Above
Non-ORx	No	68001047400	DIVALPROEX SODIUM DR	60	\$0.55000	\$0.13333	200% Above
Non-ORx	No	68001048600	LISINOPRIL	30	\$0.26667	\$0.06667	200% Above
Non-ORx	No	68001048608	LISINOPRIL	240	\$0.12083	\$0.06667	76%-100% Above
Non-ORx	No	68001050100	METOPROLOL SUCCINATE ER	60	\$0.20000	\$0.10000	101%-200% Above
Non-ORx	No	68001050103	METOPROLOL SUCCINATE ER	120	\$0.20000	\$0.10000	101%-200% Above
Non-ORx	No	68001050103	METOPROLOL SUCCINATE ER	90	\$0.32222	\$0.10000	200% Above
Non-ORx	No	68001050103	METOPROLOL SUCCINATE ER	30	\$0.06667	\$0.10000	(26%-50%) Below
Non-ORx	No	68001050555	POLYETHYLENE GLYCOL 3350	714	\$0.00980	\$0.02521	(51%-75%) Below
Non-ORx	No	68084034601	LOSARTAN POTASSIUM	30	\$0.23333	\$0.06667	200% Above
Non-ORx	No	68084039665	BUTALBITAL/ACETAMINOPHEN/	60	\$0.23333	\$0.16667	26%-50% Above
Non-ORx	No	68084089501	HYDROCODONE BITARTRATE/AC	6	\$0.00000	\$0.16667	(76%-100%) Below
Non-ORx	No	68180010409	VALSARTAN/HYDROCHLOROTHIA	30	\$0.20000	\$0.26667	(10%-25%) Below
Non-ORx	No	68180011302	LEVETIRACETAM	180	\$0.13889	\$0.10556	26%-50% Above
Non-ORx	No	68180011302	LEVETIRACETAM	120	\$0.30833	\$0.10833	101%-200% Above
Non-ORx	No	68180011302	LEVETIRACETAM	180	\$0.24444	\$0.10000	101%-200% Above
Non-ORx	No	68180011316	LEVETIRACETAM	120	\$0.05000	\$0.10833	(51%-75%) Below
Non-ORx	No	68180011402	LEVETIRACETAM	240	\$0.40000	\$0.15000	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
Non-ORx	No	68180011416	LEVETIRACETAM	60	\$0.13333	\$0.15000	(10%-25%) Below
Non-ORx	No	68180011507	LEVETIRACETAM	90	\$0.77778	\$0.22222	200% Above
Non-ORx	No	68180011507	LEVETIRACETAM	180	\$0.43889	\$0.21667	101%-200% Above
Non-ORx	No	68180011507	LEVETIRACETAM	120	\$0.60000	\$0.23333	101%-200% Above
Non-ORx	No	68180011707	LEVETIRACETAM ER	450	\$1.18000	\$0.25111	200% Above
Non-ORx	No	68180011707	LEVETIRACETAM ER	180	\$0.53889	\$0.22778	101%-200% Above
Non-ORx	No	68180011707	LEVETIRACETAM ER	60	\$0.50000	\$0.23333	101%-200% Above
Non-ORx	No	68180011807	LEVETIRACETAM ER	90	\$0.67778	\$0.40000	51%-75% Above
Non-ORx	No	68180011807	LEVETIRACETAM ER	60	\$1.48333	\$0.40000	200% Above
Non-ORx	No	68180012101	CEPHALEXIN	60	\$0.40000	\$0.10000	200% Above
Non-ORx	No	68180012101	CEPHALEXIN	60	\$0.48333	\$0.08333	200% Above
Non-ORx	No	68180012101	CEPHALEXIN	16	\$0.50000	\$0.06250	200% Above
Non-ORx	No	68180012201	CEPHALEXIN	84	\$0.19048	\$0.10714	76%-100% Above
Non-ORx	No	68180012201	CEPHALEXIN	14	\$0.35714	\$0.14286	101%-200% Above
Non-ORx	No	68180012202	CEPHALEXIN	168	\$0.70833	\$0.10714	200% Above
Non-ORx	No	68180012202	CEPHALEXIN	42	\$0.76191	\$0.14286	200% Above
Non-ORx	No	68180012202	CEPHALEXIN	150	\$0.65333	\$0.10000	200% Above
Non-ORx	No	68180012202	CEPHALEXIN	90	\$0.57778	\$0.13333	200% Above
Non-ORx	No	68180012202	CEPHALEXIN	42	\$0.76191	\$0.11905	200% Above
Non-ORx	No	68180012202	CEPHALEXIN	360	\$0.60833	\$0.12500	200% Above
Non-ORx	No	68180012202	CEPHALEXIN	189	\$0.69312	\$0.09524	200% Above
Non-ORx	No	68180012202	CEPHALEXIN	70	\$0.71429	\$0.10000	200% Above
Non-ORx	No	68180012202	CEPHALEXIN	9	\$0.77778	\$0.11111	200% Above
Non-ORx	No	68180012202	CEPHALEXIN	126	\$0.70635	\$0.14286	200% Above
Non-ORx	No	68180012202	CEPHALEXIN	80	\$0.68750	\$0.10000	200% Above
Non-ORx	No	68180012202	CEPHALEXIN	45	\$0.73333	\$0.13333	200% Above
Non-ORx	No	68180013501	ESCITALOPRAM OXALATE	180	\$0.25556	\$0.05556	200% Above
Non-ORx	No	68180013501	ESCITALOPRAM OXALATE	180	\$0.25556	\$0.05000	200% Above
Non-ORx	No	68180013501	ESCITALOPRAM OXALATE	900	\$0.24444	\$0.04444	200% Above
Non-ORx	No	68180013501	ESCITALOPRAM OXALATE	22	\$0.27273	\$0.04546	200% Above
Non-ORx	No	68180013501	ESCITALOPRAM OXALATE	150	\$0.08667	\$0.06667	26%-50% Above
Non-ORx	No	68180013501	ESCITALOPRAM OXALATE	90	\$0.15556	\$0.04444	200% Above
Non-ORx	No	68180013601	ESCITALOPRAM OXALATE	90	\$0.11111	\$0.08889	26%-50% Above
Non-ORx	No	68180013601	ESCITALOPRAM OXALATE	810	\$0.31235	\$0.07778	200% Above
Non-ORx	No	68180013601	ESCITALOPRAM OXALATE	300	\$0.20000	\$0.06667	200% Above
Non-ORx	No	68180013601	ESCITALOPRAM OXALATE	30	\$0.33333	\$0.10000	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
Non-ORx	No	68180013701	ESCITALOPRAM OXALATE	180	\$0.15556	\$0.04444	200% Above
Non-ORx	No	68180013701	ESCITALOPRAM OXALATE	60	\$0.13333	\$0.03333	200% Above
Non-ORx	No	68180015001	FAMOTIDINE	100	\$0.70000	\$0.84000	(10%-25%) Below
Non-ORx	No	68180015001	FAMOTIDINE	300	\$1.41667	\$0.99000	26%-50% Above
Non-ORx	No	68180015001	FAMOTIDINE	150	\$1.18667	\$0.98667	10%-25% Above
Non-ORx	No	68180015001	FAMOTIDINE	250	\$1.34800	\$0.98000	26%-50% Above
Non-ORx	No	68180015001	FAMOTIDINE	30	\$0.33333	\$1.00000	(51%-75%) Below
Non-ORx	No	68180015001	FAMOTIDINE	100	\$0.70000	\$0.84000	(10%-25%) Below
Non-ORx	No	68180015301	DES Loratadine	30	\$0.93333	\$0.36667	101%-200% Above
Non-ORx	No	68180015701	Clobazam	90	\$1.62222	\$0.33333	200% Above
Non-ORx	No	68180016006	Azithromycin	11	\$2.54546	\$0.45455	200% Above
Non-ORx	No	68180016006	Azithromycin	12	\$2.58333	\$0.50000	200% Above
Non-ORx	No	68180016006	Azithromycin	10	\$2.60000	\$0.50000	200% Above
Non-ORx	No	68180016006	Azithromycin	6	\$2.50000	\$0.50000	200% Above
Non-ORx	No	68180016011	Azithromycin	24	\$2.58333	\$0.50000	200% Above
Non-ORx	No	68180016011	Azithromycin	48	\$2.14583	\$0.50000	200% Above
Non-ORx	No	68180016011	Azithromycin	468	\$2.32265	\$0.50000	200% Above
Non-ORx	No	68180016013	Azithromycin	36	\$0.77778	\$0.50000	51%-75% Above
Non-ORx	No	68180016106	Azithromycin	15	\$4.46667	\$0.80000	200% Above
Non-ORx	No	68180016106	Azithromycin	24	\$5.83333	\$0.83333	200% Above
Non-ORx	No	68180016106	Azithromycin	12	\$5.83333	\$0.91667	200% Above
Non-ORx	No	68180016106	Azithromycin	8	\$5.75000	\$1.00000	200% Above
Non-ORx	No	68180016106	Azithromycin	12	\$5.75000	\$1.00000	200% Above
Non-ORx	No	68180016106	Azithromycin	6	\$6.00000	\$1.00000	200% Above
Non-ORx	No	68180016111	Azithromycin	2	\$6.00000	\$1.00000	200% Above
Non-ORx	No	68180016111	Azithromycin	3	\$6.00000	\$0.66667	200% Above
Non-ORx	No	68180018001	Cefadroxil	28	\$0.42857	\$0.17857	101%-200% Above
Non-ORx	No	68180018001	Cefadroxil	10	\$0.40000	\$0.20000	101%-200% Above
Non-ORx	No	68180018001	Cefadroxil	42	\$0.97619	\$0.21429	200% Above
Non-ORx	No	68180019406	Telmisartan/Hydrochlorothiazide	90	\$2.93333	\$1.22222	101%-200% Above
Non-ORx	No	68180019506	Telmisartan/Hydrochlorothiazide	30	\$1.66667	\$1.30000	26%-50% Above
Non-ORx	No	68180021509	Losartan Potassium/Hydrochlorothiazide	90	\$0.34444	\$0.15556	101%-200% Above
Non-ORx	No	68180021509	Losartan Potassium/Hydrochlorothiazide	360	\$0.33611	\$0.16667	101%-200% Above
Non-ORx	No	68180021509	Losartan Potassium/Hydrochlorothiazide	50	\$0.74000	\$0.16000	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
Non-ORx	No	68180021509	LOSARTAN POTASSIUM/HYDROC	150	\$0.38667	\$0.16667	101%-200% Above
Non-ORx	No	68180021609	LOSARTAN POTASSIUM/HYDROC	540	\$0.50000	\$0.17778	101%-200% Above
Non-ORx	No	68180021609	LOSARTAN POTASSIUM/HYDROC	390	\$0.49744	\$0.16667	101%-200% Above
Non-ORx	No	68180021709	LOSARTAN POTASSIUM/HYDROC	720	\$0.62222	\$0.18889	200% Above
Non-ORx	No	68180021709	LOSARTAN POTASSIUM/HYDROC	60	\$0.40000	\$0.20000	101%-200% Above
Non-ORx	No	68180021709	LOSARTAN POTASSIUM/HYDROC	150	\$0.41333	\$0.20000	101%-200% Above
Non-ORx	No	68180023007	MEMANTINE HYDROCHLORIDE	60	\$0.25000	\$0.08333	200% Above
Non-ORx	No	68180023109	FENOFIBRATE	90	\$0.55556	\$0.14444	200% Above
Non-ORx	No	68180023209	FENOFIBRATE	270	\$0.63333	\$0.18889	200% Above
Non-ORx	No	68180023209	FENOFIBRATE	90	\$0.63333	\$0.15556	200% Above
Non-ORx	No	68180023209	FENOFIBRATE	60	\$0.86667	\$0.20000	200% Above
Non-ORx	No	68180026101	DIVALPROEX SODIUM ER	90	\$1.48889	\$0.24444	200% Above
Non-ORx	No	68180029407	DULOXETINE HYDROCHLORIDE	60	\$0.40000	\$0.13333	200% Above
Non-ORx	No	68180029506	DULOXETINE HCL	90	\$0.50000	\$0.10000	200% Above
Non-ORx	No	68180029506	DULOXETINE HCL	90	\$0.41111	\$0.13333	200% Above
Non-ORx	No	68180029506	DULOXETINE HCL	30	\$0.56667	\$0.10000	200% Above
Non-ORx	No	68180029606	DULOXETINE HYDROCHLORIDE	90	\$0.10000	\$0.14444	(26%-50%) Below
Non-ORx	No	68180029606	DULOXETINE HYDROCHLORIDE	120	\$0.36667	\$0.13333	101%-200% Above
Non-ORx	No	68180029606	DULOXETINE HYDROCHLORIDE	240	\$0.32083	\$0.13333	101%-200% Above
Non-ORx	No	68180031902	BUPROPION HYDROCHLORIDE E	120	\$0.50000	\$0.15000	200% Above
Non-ORx	No	68180031902	BUPROPION HYDROCHLORIDE E	360	\$0.45000	\$0.13889	200% Above
Non-ORx	No	68180031902	BUPROPION HYDROCHLORIDE E	1350	\$0.50815	\$0.14444	200% Above
Non-ORx	No	68180031902	BUPROPION HYDROCHLORIDE E	360	\$0.46667	\$0.13333	200% Above
Non-ORx	No	68180031902	BUPROPION HYDROCHLORIDE E	21	\$0.61905	\$0.14286	200% Above
Non-ORx	No	68180031902	BUPROPION HYDROCHLORIDE E	10	\$0.40000	\$0.10000	200% Above
Non-ORx	No	68180031902	BUPROPION HYDROCHLORIDE E	1620	\$0.55000	\$0.13333	200% Above
Non-ORx	No	68180031902	BUPROPION HYDROCHLORIDE E	49	\$0.63265	\$0.14286	200% Above
Non-ORx	No	68180031906	BUPROPION HYDROCHLORIDE E	60	\$0.56667	\$0.15000	200% Above
Non-ORx	No	68180031906	BUPROPION HYDROCHLORIDE E	15	\$0.53333	\$0.13333	200% Above
Non-ORx	No	68180031906	BUPROPION HYDROCHLORIDE E	420	\$0.51905	\$0.13333	200% Above
Non-ORx	No	68180031909	BUPROPION HYDROCHLORIDE E	180	\$0.31667	\$0.15000	101%-200% Above
Non-ORx	No	68180031909	BUPROPION HYDROCHLORIDE E	60	\$0.56667	\$0.13333	200% Above
Non-ORx	No	68180031909	BUPROPION HYDROCHLORIDE E	270	\$0.45185	\$0.14074	200% Above
Non-ORx	No	68180031909	BUPROPION HYDROCHLORIDE E	1350	\$0.45111	\$0.14444	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
Non-ORx	No	68180031909	BUPROPION HYDROCHLORIDE E	14	\$0.35714	\$0.14286	101%-200% Above
Non-ORx	No	68180031909	BUPROPION HYDROCHLORIDE E	14	\$0.35714	\$0.14286	101%-200% Above
Non-ORx	No	68180031909	BUPROPION HYDROCHLORIDE E	1350	\$0.40519	\$0.13333	200% Above
Non-ORx	No	68180031909	BUPROPION HYDROCHLORIDE E	48	\$0.31250	\$0.14583	101%-200% Above
Non-ORx	No	68180031909	BUPROPION HYDROCHLORIDE E	45	\$0.55556	\$0.13333	200% Above
Non-ORx	No	68180032002	BUPROPION HYDROCHLORIDE E	2160	\$0.56435	\$0.20000	101%-200% Above
Non-ORx	No	68180032002	BUPROPION HYDROCHLORIDE E	240	\$0.60000	\$0.20000	200% Above
Non-ORx	No	68180032002	BUPROPION HYDROCHLORIDE E	3450	\$0.58203	\$0.20000	101%-200% Above
Non-ORx	No	68180032002	BUPROPION HYDROCHLORIDE E	40	\$0.80000	\$0.20000	200% Above
Non-ORx	No	68180032006	BUPROPION HYDROCHLORIDE E	90	\$0.73333	\$0.20000	200% Above
Non-ORx	No	68180032006	BUPROPION HYDROCHLORIDE E	390	\$0.54872	\$0.20000	101%-200% Above
Non-ORx	No	68180032009	BUPROPION HYDROCHLORIDE E	60	\$0.55000	\$0.20000	101%-200% Above
Non-ORx	No	68180032009	BUPROPION HYDROCHLORIDE E	330	\$0.56364	\$0.20000	101%-200% Above
Non-ORx	No	68180035103	SERTRALINE HCL	360	\$0.21111	\$0.05556	200% Above
Non-ORx	No	68180035103	SERTRALINE HCL	56	\$0.03571	\$0.05357	(26%-50%) Below
Non-ORx	No	68180035103	SERTRALINE HCL	12	\$0.00000	\$0.08333	(76%-100%) Below
Non-ORx	No	68180035103	SERTRALINE HCL	45	\$0.15556	\$0.04444	200% Above
Non-ORx	No	68180035106	SERTRALINE HCL	30	\$0.03333	\$0.06667	(26%-50%) Below
Non-ORx	No	68180035109	SERTRALINE HCL	60	\$0.20000	\$0.06667	200% Above
Non-ORx	No	68180035202	SERTRALINE HCL	1170	\$0.20256	\$0.04444	200% Above
Non-ORx	No	68180035202	SERTRALINE HCL	120	\$0.25000	\$0.03333	200% Above
Non-ORx	No	68180035202	SERTRALINE HCL	135	\$0.23704	\$0.04444	200% Above
Non-ORx	No	68180035202	SERTRALINE HCL	180	\$0.22222	\$0.04444	200% Above
Non-ORx	No	68180035202	SERTRALINE HCL	15	\$0.26667	\$0.06667	200% Above
Non-ORx	No	68180035202	SERTRALINE HCL	14	\$0.21429	\$0.07143	200% Above
Non-ORx	No	68180035202	SERTRALINE HCL	27	\$0.22222	\$0.03704	200% Above
Non-ORx	No	68180035202	SERTRALINE HCL	540	\$0.24259	\$0.03333	200% Above
Non-ORx	No	68180035209	SERTRALINE HCL	45	\$0.24444	\$0.04444	200% Above
Non-ORx	No	68180035302	SERTRALINE HYDROCHLORIDE	630	\$0.29206	\$0.05556	200% Above
Non-ORx	No	68180035302	SERTRALINE HYDROCHLORIDE	135	\$0.35556	\$0.05926	200% Above
Non-ORx	No	68180035302	SERTRALINE HYDROCHLORIDE	180	\$0.05000	\$0.06111	(10%-25%) Below
Non-ORx	No	68180035302	SERTRALINE HYDROCHLORIDE	420	\$0.09286	\$0.06667	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
Non-ORx	No	68180035302	SERTRALINE HYDROCHLORIDE	45	\$0.35556	\$0.06667	200% Above
Non-ORx	No	68180035302	SERTRALINE HYDROCHLORIDE	120	\$0.10833	\$0.06667	51%-75% Above
Non-ORx	No	68180035305	SERTRALINE HYDROCHLORIDE	60	\$0.25000	\$0.06667	200% Above
Non-ORx	No	68180037603	LOSARTAN POTASSIUM	210	\$0.13333	\$0.06667	101%-200% Above
Non-ORx	No	68180037603	LOSARTAN POTASSIUM	15	\$0.33333	\$0.06667	200% Above
Non-ORx	No	68180037609	LOSARTAN POTASSIUM	120	\$0.33333	\$0.05000	200% Above
Non-ORx	No	68180037703	LOSARTAN POTASSIUM	90	\$0.30000	\$0.06667	200% Above
Non-ORx	No	68180037703	LOSARTAN POTASSIUM	180	\$0.08333	\$0.06667	26%-50% Above
Non-ORx	No	68180037803	LOSARTAN POTASSIUM	30	\$0.30000	\$0.10000	200% Above
Non-ORx	No	68180038909	FENOFIBRATE	90	\$0.98889	\$0.16667	200% Above
Non-ORx	No	68180038909	FENOFIBRATE	14	\$1.21429	\$0.14286	200% Above
Non-ORx	No	68180038909	FENOFIBRATE	30	\$0.30000	\$0.16667	76%-100% Above
Non-ORx	No	68180040202	CEFPROZIL	150	\$0.21333	\$0.18667	10%-25% Above
Non-ORx	No	68180040401	CEFPROZIL	20	\$1.00000	\$1.20000	(10%-25%) Below
Non-ORx	No	68180040401	CEFPROZIL	20	\$1.25000	\$1.05000	10%-25% Above
Non-ORx	No	68180042201	MOXIFLOXACIN HYDROCHLORID	6	\$24.66667	\$4.16667	200% Above
Non-ORx	No	68180042201	MOXIFLOXACIN HYDROCHLORID	15	\$18.26667	\$4.33333	200% Above
Non-ORx	No	68180042201	MOXIFLOXACIN HYDROCHLORID	3	\$10.00000	\$4.00000	101%-200% Above
Non-ORx	No	68180044101	CEPHALEXIN	200	\$0.20000	\$0.11000	76%-100% Above
Non-ORx	No	68180044102	CEPHALEXIN	800	\$0.16625	\$0.07500	101%-200% Above
Non-ORx	No	68180044102	CEPHALEXIN	400	\$0.14000	\$0.07000	101%-200% Above
Non-ORx	No	68180044501	QUETIAPINE FUMARATE	30	\$0.20000	\$0.03333	200% Above
Non-ORx	No	68180044601	QUETIAPINE FUMARATE	45	\$0.37778	\$0.04444	200% Above
Non-ORx	No	68180044601	QUETIAPINE FUMARATE	90	\$0.26667	\$0.03333	200% Above
Non-ORx	No	68180044701	QUETIAPINE FUMARATE	60	\$0.35000	\$0.06667	200% Above
Non-ORx	No	68180044801	QUETIAPINE FUMARATE	75	\$0.72000	\$0.12000	200% Above
Non-ORx	No	68180044907	QUETIAPINE FUMARATE	60	\$0.26667	\$0.15000	76%-100% Above
Non-ORx	No	68180044907	QUETIAPINE FUMARATE	60	\$0.53333	\$0.16667	200% Above
Non-ORx	No	68180045001	QUETIAPINE FUMARATE	30	\$0.96667	\$0.20000	200% Above
Non-ORx	No	68180045901	AMLODIPINE BESYLATE/BENAZ	180	\$0.55000	\$0.13333	200% Above
Non-ORx	No	68180045901	AMLODIPINE BESYLATE/BENAZ	120	\$0.73333	\$0.13333	200% Above
Non-ORx	No	68180046301	AMLODIPINE BESYLATE/BENAZ	90	\$0.68889	\$0.13333	200% Above
Non-ORx	No	68180046403	SIMVASTATIN	270	\$0.21852	\$0.04444	200% Above
Non-ORx	No	68180046403	SIMVASTATIN	300	\$0.18333	\$0.03333	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
Non-ORx	No	68180046406	SIMVASTATIN	90	\$0.11111	\$0.04444	101%-200% Above
Non-ORx	No	68180046707	LOVASTATIN	60	\$0.30000	\$0.05000	200% Above
Non-ORx	No	68180046801	LOVASTATIN	60	\$0.18333	\$0.06667	101%-200% Above
Non-ORx	No	68180046803	LOVASTATIN	90	\$0.24444	\$0.05556	200% Above
Non-ORx	No	68180046803	LOVASTATIN	90	\$0.30000	\$0.04444	200% Above
Non-ORx	No	68180046803	LOVASTATIN	120	\$0.29167	\$0.06667	200% Above
Non-ORx	No	68180046807	LOVASTATIN	90	\$0.30000	\$0.04444	200% Above
Non-ORx	No	68180046903	LOVASTATIN	90	\$0.34444	\$0.06667	200% Above
Non-ORx	No	68180046903	LOVASTATIN	60	\$0.40000	\$0.06667	200% Above
Non-ORx	No	68180046903	LOVASTATIN	180	\$0.33333	\$0.06667	200% Above
Non-ORx	No	68180046907	LOVASTATIN	30	\$0.33333	\$0.06667	200% Above
Non-ORx	No	68180047201	AMLODIPINE BESYLATE/BENAZ	90	\$0.70000	\$0.13333	200% Above
Non-ORx	No	68180047201	AMLODIPINE BESYLATE/BENAZ	30	\$0.86667	\$0.13333	200% Above
Non-ORx	No	68180047301	AMLODIPINE BESYLATE/BENAZ	270	\$0.70000	\$0.16667	200% Above
Non-ORx	No	68180047301	AMLODIPINE BESYLATE/BENAZ	60	\$0.53333	\$0.16667	200% Above
Non-ORx	No	68180047802	SIMVASTATIN	30	\$0.30000	\$0.03333	200% Above
Non-ORx	No	68180047903	SIMVASTATIN	180	\$0.13333	\$0.03333	200% Above
Non-ORx	No	68180047903	SIMVASTATIN	60	\$0.31667	\$0.03333	200% Above
Non-ORx	No	68180047903	SIMVASTATIN	390	\$0.21795	\$0.03333	200% Above
Non-ORx	No	68180049201	CLOMIPRAMINE HYDROCHLORID	120	\$2.21667	\$0.88333	101%-200% Above
Non-ORx	No	68180049401	CLOMIPRAMINE HYDROCHLORID	60	\$2.10000	\$0.71667	101%-200% Above
Non-ORx	No	68180051201	LISINOPRIL	120	\$0.15000	\$0.01667	200% Above
Non-ORx	No	68180051201	LISINOPRIL	270	\$0.11111	\$0.01111	200% Above
Non-ORx	No	68180051201	LISINOPRIL	60	\$0.20000	\$0.01667	200% Above
Non-ORx	No	68180051202	LISINOPRIL	360	\$0.11111	\$0.01111	200% Above
Non-ORx	No	68180051301	LISINOPRIL	120	\$0.20833	\$0.01667	200% Above
Non-ORx	No	68180051301	LISINOPRIL	30	\$0.20000	\$0.03333	200% Above
Non-ORx	No	68180051303	LISINOPRIL	1980	\$0.10909	\$0.02222	200% Above
Non-ORx	No	68180051303	LISINOPRIL	540	\$0.11111	\$0.01667	200% Above
Non-ORx	No	68180051303	LISINOPRIL	630	\$0.14127	\$0.03333	200% Above
Non-ORx	No	68180051303	LISINOPRIL	120	\$0.14167	\$0.01667	200% Above
Non-ORx	No	68180051303	LISINOPRIL	540	\$0.12593	\$0.01111	200% Above
Non-ORx	No	68180051703	LISINOPRIL	90	\$0.26667	\$0.05556	200% Above
Non-ORx	No	68180051703	LISINOPRIL	90	\$0.18889	\$0.06667	101%-200% Above
Non-ORx	No	68180051801	LISINOPRIL/HYDROCHLOROTHI	360	\$0.23333	\$0.03333	200% Above
Non-ORx	No	68180051801	LISINOPRIL/HYDROCHLOROTHI	210	\$0.17619	\$0.03333	200% Above
Non-ORx	No	68180051802	LISINOPRIL/HYDROCHLOROTHI	990	\$0.20303	\$0.03333	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
Non-ORx	No	68180051802	LISINOPRIL/HYDROCHLOROTHI	840	\$0.17976	\$0.03333	200% Above
Non-ORx	No	68180051802	LISINOPRIL/HYDROCHLOROTHI	90	\$0.20000	\$0.04444	200% Above
Non-ORx	No	68180051901	LISINOPRIL/HYDROCHLOROTHI	90	\$0.30000	\$0.04444	200% Above
Non-ORx	No	68180051901	LISINOPRIL/HYDROCHLOROTHI	1350	\$0.28889	\$0.05556	200% Above
Non-ORx	No	68180051901	LISINOPRIL/HYDROCHLOROTHI	135	\$0.40000	\$0.05185	200% Above
Non-ORx	No	68180051901	LISINOPRIL/HYDROCHLOROTHI	540	\$0.29259	\$0.05000	200% Above
Non-ORx	No	68180051901	LISINOPRIL/HYDROCHLOROTHI	30	\$0.40000	\$0.03333	200% Above
Non-ORx	No	68180051901	LISINOPRIL/HYDROCHLOROTHI	150	\$0.20667	\$0.06667	200% Above
Non-ORx	No	68180051901	LISINOPRIL/HYDROCHLOROTHI	120	\$0.18333	\$0.05000	200% Above
Non-ORx	No	68180051902	LISINOPRIL/HYDROCHLOROTHI	180	\$0.25556	\$0.04444	200% Above
Non-ORx	No	68180051902	LISINOPRIL/HYDROCHLOROTHI	990	\$0.25556	\$0.05556	200% Above
Non-ORx	No	68180051902	LISINOPRIL/HYDROCHLOROTHI	120	\$0.29167	\$0.05000	200% Above
Non-ORx	No	68180051902	LISINOPRIL/HYDROCHLOROTHI	720	\$0.20278	\$0.05000	200% Above
Non-ORx	No	68180051902	LISINOPRIL/HYDROCHLOROTHI	780	\$0.16154	\$0.05000	200% Above
Non-ORx	No	68180051902	LISINOPRIL/HYDROCHLOROTHI	15	\$0.20000	\$0.06667	200% Above
Non-ORx	No	68180051902	LISINOPRIL/HYDROCHLOROTHI	14	\$0.28571	\$0.07143	200% Above
Non-ORx	No	68180051902	LISINOPRIL/HYDROCHLOROTHI	10	\$0.00000	\$0.10000	(76%-100%) Below
Non-ORx	No	68180051902	LISINOPRIL/HYDROCHLOROTHI	240	\$0.22500	\$0.03333	200% Above
Non-ORx	No	68180051902	LISINOPRIL/HYDROCHLOROTHI	90	\$0.27778	\$0.04444	200% Above
Non-ORx	No	68180051902	LISINOPRIL/HYDROCHLOROTHI	1110	\$0.21351	\$0.06667	200% Above
Non-ORx	No	68180052001	LISINOPRIL/HYDROCHLOROTHI	360	\$0.18611	\$0.04444	200% Above
Non-ORx	No	68180052001	LISINOPRIL/HYDROCHLOROTHI	120	\$0.23333	\$0.03333	200% Above
Non-ORx	No	68180052001	LISINOPRIL/HYDROCHLOROTHI	30	\$0.03333	\$0.06667	(26%-50%) Below
Non-ORx	No	68180052002	LISINOPRIL/HYDROCHLOROTHI	900	\$0.28444	\$0.04444	200% Above
Non-ORx	No	68180052002	LISINOPRIL/HYDROCHLOROTHI	90	\$0.34444	\$0.05556	200% Above
Non-ORx	No	68180052002	LISINOPRIL/HYDROCHLOROTHI	180	\$0.36667	\$0.05000	200% Above
Non-ORx	No	68180052002	LISINOPRIL/HYDROCHLOROTHI	20	\$0.25000	\$0.05000	200% Above
Non-ORx	No	68180052002	LISINOPRIL/HYDROCHLOROTHI	780	\$0.24359	\$0.03333	200% Above
Non-ORx	No	68180052002	LISINOPRIL/HYDROCHLOROTHI	270	\$0.22222	\$0.06667	200% Above
Non-ORx	No	68180056801	TRANDOLAPRIL	90	\$0.63333	\$0.28889	101%-200% Above
Non-ORx	No	68180058901	RAMIPRIL	60	\$0.26667	\$0.06667	200% Above
Non-ORx	No	68180059001	RAMIPRIL	90	\$0.32222	\$0.06667	200% Above
Non-ORx	No	68180059001	RAMIPRIL	30	\$0.43333	\$0.06667	200% Above
Non-ORx	No	68180059101	RAMIPRIL	30	\$0.50000	\$0.06667	200% Above
Non-ORx	No	68180059206	DESVENLAFAXINE ER	360	\$2.01111	\$0.56667	200% Above
Non-ORx	No	68180059206	DESVENLAFAXINE ER	300	\$2.76667	\$0.56667	200% Above
Non-ORx	No	68180059306	DESVENLAFAXINE ER	90	\$2.03333	\$0.63333	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
Non-ORx	No	68180059306	DESVENLAFAXINE ER	60	\$1.35000	\$0.63333	101%-200% Above
Non-ORx	No	68180059306	DESVENLAFAXINE ER	120	\$3.18333	\$0.63333	200% Above
Non-ORx	No	68180060607	CLONIDINE HYDROCHLORIDE	30	\$1.13333	\$0.46667	101%-200% Above
Non-ORx	No	68180061507	QUETIAPINE FUMARATE ER	30	\$2.40000	\$0.33333	200% Above
Non-ORx	No	68180061507	QUETIAPINE FUMARATE ER	12	\$2.41667	\$0.33333	200% Above
Non-ORx	No	68180063502	ATORVASTATIN CALCIUM	360	\$0.29444	\$0.03333	200% Above
Non-ORx	No	68180063502	ATORVASTATIN CALCIUM	540	\$0.25185	\$0.03333	200% Above
Non-ORx	No	68180063509	ATORVASTATIN CALCIUM	630	\$0.26032	\$0.03333	200% Above
Non-ORx	No	68180063509	ATORVASTATIN CALCIUM	360	\$0.28889	\$0.03333	200% Above
Non-ORx	No	68180063602	ATORVASTATIN CALCIUM	60	\$0.35000	\$0.05000	200% Above
Non-ORx	No	68180063602	ATORVASTATIN CALCIUM	90	\$0.28889	\$0.04444	200% Above
Non-ORx	No	68180063602	ATORVASTATIN CALCIUM	360	\$0.35278	\$0.03333	200% Above
Non-ORx	No	68180063602	ATORVASTATIN CALCIUM	90	\$0.33333	\$0.06667	200% Above
Non-ORx	No	68180063609	ATORVASTATIN CALCIUM	180	\$0.29444	\$0.04444	200% Above
Non-ORx	No	68180063609	ATORVASTATIN CALCIUM	90	\$0.28889	\$0.05556	200% Above
Non-ORx	No	68180063609	ATORVASTATIN CALCIUM	450	\$0.35778	\$0.03333	200% Above
Non-ORx	No	68180063609	ATORVASTATIN CALCIUM	150	\$0.36667	\$0.06667	200% Above
Non-ORx	No	68180063702	ATORVASTATIN CALCIUM	90	\$0.35556	\$0.05556	200% Above
Non-ORx	No	68180063702	ATORVASTATIN CALCIUM	21	\$0.38095	\$0.04762	200% Above
Non-ORx	No	68180063702	ATORVASTATIN CALCIUM	300	\$0.41000	\$0.06667	200% Above
Non-ORx	No	68180063709	ATORVASTATIN CALCIUM	90	\$0.23333	\$0.05556	200% Above
Non-ORx	No	68180063709	ATORVASTATIN CALCIUM	300	\$0.42333	\$0.06667	200% Above
Non-ORx	No	68180063809	ATORVASTATIN CALCIUM	90	\$0.40000	\$0.10000	200% Above
Non-ORx	No	68180063809	ATORVASTATIN CALCIUM	390	\$0.49231	\$0.10000	200% Above
Non-ORx	No	68180065208	DOXYCYCLINE MONOHYDRATE	180	\$1.25000	\$0.25000	200% Above
Non-ORx	No	68180065208	DOXYCYCLINE MONOHYDRATE	14	\$1.64286	\$0.21429	200% Above
Non-ORx	No	68180065208	DOXYCYCLINE MONOHYDRATE	40	\$1.65000	\$0.25000	200% Above
Non-ORx	No	68180065907	RIFAMPIN	60	\$1.10000	\$0.71667	51%-75% Above
Non-ORx	No	68180065907	RIFAMPIN	10	\$0.70000	\$0.80000	(10%-25%) Below
Non-ORx	No	68180067711	OSELTAMIVIR PHOSPHATE	10	\$5.80000	\$1.30000	200% Above
Non-ORx	No	68180067801	OSELTAMIVIR PHOSPHATE	180	\$0.48333	\$0.60556	(10%-25%) Below
Non-ORx	No	68180067801	OSELTAMIVIR PHOSPHATE	240	\$0.93333	\$0.60833	51%-75% Above
Non-ORx	No	68180067801	OSELTAMIVIR PHOSPHATE	360	\$0.88611	\$0.60833	26%-50% Above
Non-ORx	No	68180069806	TRAMADOL HCL ER	30	\$4.20000	\$1.66667	101%-200% Above
Non-ORx	No	68180069906	TRAMADOL HCL ER	60	\$4.96667	\$2.20000	101%-200% Above
Non-ORx	No	68180071160	CEFDINIR	120	\$1.18333	\$0.45000	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
Non-ORx	No	68180071160	CEFDINIR	28	\$0.35714	\$0.46429	(10%-25%) Below
Non-ORx	No	68180071160	CEFDINIR	42	\$1.33333	\$0.42857	200% Above
Non-ORx	No	68180071909	AMLODIPINE BESYLATE	100	\$0.19000	\$0.01000	200% Above
Non-ORx	No	68180071909	AMLODIPINE BESYLATE	270	\$0.19630	\$0.01482	200% Above
Non-ORx	No	68180071909	AMLODIPINE BESYLATE	1080	\$0.14722	\$0.01111	200% Above
Non-ORx	No	68180072003	AMLODIPINE BESYLATE	120	\$0.13333	\$0.00833	200% Above
Non-ORx	No	68180072003	AMLODIPINE BESYLATE	900	\$0.09444	\$0.01111	200% Above
Non-ORx	No	68180072003	AMLODIPINE BESYLATE	135	\$0.20000	\$0.02222	200% Above
Non-ORx	No	68180072003	AMLODIPINE BESYLATE	600	\$0.18333	\$0.01667	200% Above
Non-ORx	No	68180072003	AMLODIPINE BESYLATE	7830	\$0.11341	\$0.01111	200% Above
Non-ORx	No	68180072103	AMLODIPINE BESYLATE	1440	\$0.13681	\$0.02222	200% Above
Non-ORx	No	68180072103	AMLODIPINE BESYLATE	105	\$0.12381	\$0.01905	200% Above
Non-ORx	No	68180072103	AMLODIPINE BESYLATE	6840	\$0.11623	\$0.01111	200% Above
Non-ORx	No	68180072103	AMLODIPINE BESYLATE	600	\$0.21667	\$0.03333	200% Above
Non-ORx	No	68180072103	AMLODIPINE BESYLATE	60	\$0.30000	\$0.01667	200% Above
Non-ORx	No	68180072109	AMLODIPINE BESYLATE	90	\$0.11111	\$0.01111	200% Above
Non-ORx	No	68180072109	AMLODIPINE BESYLATE	30	\$0.20000	\$0.03333	200% Above
Non-ORx	No	68180072205	CEFDINIR	100	\$0.14000	\$0.11000	26%-50% Above
Non-ORx	No	68180072304	CEFDINIR	120	\$0.41667	\$0.16667	101%-200% Above
Non-ORx	No	68180075601	AMLODIPINE BESYLATE/BENAZ	90	\$0.58889	\$0.12222	200% Above
Non-ORx	No	68180075601	AMLODIPINE BESYLATE/BENAZ	60	\$0.75000	\$0.11667	200% Above
Non-ORx	No	68180075601	AMLODIPINE BESYLATE/BENAZ	60	\$0.36667	\$0.13333	101%-200% Above
Non-ORx	No	68180077901	ZOLPIDEM TARTRATE ER	120	\$1.12500	\$0.13333	200% Above
Non-ORx	No	68180077901	ZOLPIDEM TARTRATE ER	14	\$1.50000	\$0.07143	200% Above
Non-ORx	No	68180077901	ZOLPIDEM TARTRATE ER	60	\$1.08333	\$0.10000	200% Above
Non-ORx	No	68180078001	ZOLPIDEM TARTRATE ER	35	\$0.37143	\$0.17143	101%-200% Above
Non-ORx	No	68180078001	ZOLPIDEM TARTRATE ER	30	\$1.53333	\$0.20000	200% Above
Non-ORx	No	68180078001	ZOLPIDEM TARTRATE ER	180	\$0.68333	\$0.16667	200% Above
Non-ORx	No	68180079901	POTASSIUM CHLORIDE ER	90	\$0.32222	\$0.15556	101%-200% Above
Non-ORx	No	68180082873	FYAVOLV	28	\$0.35714	\$1.46429	(76%-100%) Below
Non-ORx	No	68180083773	TRI-LO-MARZIA	168	\$0.77381	\$0.16667	200% Above
Non-ORx	No	68180083773	TRI-LO-MARZIA	588	\$0.67857	\$0.17857	200% Above
Non-ORx	No	68180083773	TRI-LO-MARZIA	196	\$0.85714	\$0.17857	200% Above
Non-ORx	No	68180083873	NORGESTIMATE/ETHINYL ESTR	84	\$0.50000	\$0.16667	200% Above
Non-ORx	No	68180083873	NORGESTIMATE/ETHINYL ESTR	420	\$0.56191	\$0.17857	200% Above
Non-ORx	No	68180083873	NORGESTIMATE/ETHINYL ESTR	308	\$0.56169	\$0.17857	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
Non-ORx	No	68180084473	KURVELO	588	\$0.36054	\$0.17857	101%-200% Above
Non-ORx	No	68180084473	KURVELO	56	\$0.33929	\$0.17857	76%-100% Above
Non-ORx	No	68180086473	BLISOVI 24 FE	84	\$1.23810	\$0.63095	76%-100% Above
Non-ORx	No	68180086473	BLISOVI 24 FE	168	\$1.26191	\$0.71429	76%-100% Above
Non-ORx	No	68180086473	BLISOVI 24 FE	28	\$1.25000	\$0.64286	76%-100% Above
Non-ORx	No	68180086473	BLISOVI 24 FE	84	\$0.92857	\$0.71429	26%-50% Above
Non-ORx	No	68180086573	BLISOVI FE 1/20	2016	\$0.55060	\$0.22619	101%-200% Above
Non-ORx	No	68180086573	BLISOVI FE 1/20	588	\$0.48980	\$0.21429	101%-200% Above
Non-ORx	No	68180086573	BLISOVI FE 1/20	644	\$0.55745	\$0.21429	101%-200% Above
Non-ORx	No	68180086673	BLISOVI FE 1.5/30	168	\$0.25000	\$0.32143	(10%-25%) Below
Non-ORx	No	68180086673	BLISOVI FE 1.5/30	168	\$0.72024	\$0.26191	101%-200% Above
Non-ORx	No	68180086673	BLISOVI FE 1.5/30	84	\$0.55952	\$0.32143	51%-75% Above
Non-ORx	No	68180087573	VYFEMLA	84	\$1.03571	\$0.36905	101%-200% Above
Non-ORx	No	68180087673	NORETHINDRONE	84	\$0.25000	\$0.16667	51%-75% Above
Non-ORx	No	68180087673	NORETHINDRONE	28	\$0.25000	\$0.17857	26%-50% Above
Non-ORx	No	68180087773	JENCYCLA	336	\$0.44643	\$0.16667	101%-200% Above
Non-ORx	No	68180087773	JENCYCLA	84	\$0.51191	\$0.17857	101%-200% Above
Non-ORx	No	68180088673	NIKKI	1008	\$1.05556	\$0.38095	101%-200% Above
Non-ORx	No	68180088673	NIKKI	336	\$1.21429	\$0.37500	200% Above
Non-ORx	No	68180088673	NIKKI	504	\$0.94048	\$0.36905	101%-200% Above
Non-ORx	No	68180088673	NIKKI	84	\$1.21429	\$0.35714	200% Above
Non-ORx	No	68180088673	NIKKI	140	\$0.67143	\$0.39286	51%-75% Above
Non-ORx	No	68180089173	ENSKYCE	28	\$0.32143	\$0.21429	51%-75% Above
Non-ORx	No	68180089373	PIRMELLA 1/35	84	\$0.73810	\$0.33333	101%-200% Above
Non-ORx	No	68180089373	PIRMELLA 1/35	112	\$0.50000	\$0.32143	51%-75% Above
Non-ORx	No	68180090273	DROSPIRENONE/ETHINYL ESTR	84	\$1.66667	\$0.27381	200% Above
Non-ORx	No	68180090273	DROSPIRENONE/ETHINYL ESTR	84	\$0.27381	\$0.23810	10%-25% Above
Non-ORx	No	68180094111	TESTOSTERONE PUMP	75	\$0.98667	\$0.80000	10%-25% Above
Non-ORx	No	68180095401	HYDROCORTISONE VALERATE	15	\$1.73333	\$1.00000	51%-75% Above
Non-ORx	No	68180095601	CLOBETASOL PROPIONATE	15	\$0.80000	\$0.60000	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
Non-ORx	No	68180096301	ALBUTEROL SULFATE HFA	26	\$2.07692	\$3.30769	(26%-50%) Below
Non-ORx	No	68180096301	ALBUTEROL SULFATE HFA	51	\$2.11765	\$3.37255	(26%-50%) Below
Non-ORx	No	68180096301	ALBUTEROL SULFATE HFA	34	\$2.44118	\$3.23529	(10%-25%) Below
Non-ORx	No	68180096301	ALBUTEROL SULFATE HFA	189	\$3.72487	\$3.00000	10%-25% Above
Non-ORx	No	68180096301	ALBUTEROL SULFATE HFA	17	\$6.11765	\$3.11765	76%-100% Above
Non-ORx	No	68180096501	LEVOTHYROXINE SODIUM	90	\$0.26667	\$0.13333	101%-200% Above
Non-ORx	No	68180096501	LEVOTHYROXINE SODIUM	30	\$0.30000	\$0.13333	101%-200% Above
Non-ORx	No	68180096503	LEVOTHYROXINE SODIUM	150	\$0.30000	\$0.13333	101%-200% Above
Non-ORx	No	68180096601	LEVOTHYROXINE SODIUM	90	\$0.34444	\$0.15556	101%-200% Above
Non-ORx	No	68180096601	LEVOTHYROXINE SODIUM	60	\$0.20000	\$0.16667	10%-25% Above
Non-ORx	No	68180096601	LEVOTHYROXINE SODIUM	60	\$0.18333	\$0.13333	26%-50% Above
Non-ORx	No	68180096603	LEVOTHYROXINE SODIUM	30	\$0.33333	\$0.16667	101%-200% Above
Non-ORx	No	68180096603	LEVOTHYROXINE SODIUM	210	\$0.25238	\$0.13333	76%-100% Above
Non-ORx	No	68180096701	LEVOTHYROXINE SODIUM	60	\$0.35000	\$0.15000	101%-200% Above
Non-ORx	No	68180096701	LEVOTHYROXINE SODIUM	60	\$0.21667	\$0.16667	26%-50% Above
Non-ORx	No	68180096703	LEVOTHYROXINE SODIUM	180	\$0.25556	\$0.16667	51%-75% Above
Non-ORx	No	68180096801	LEVOTHYROXINE SODIUM	30	\$0.06667	\$0.20000	(51%-75%) Below
Non-ORx	No	68180096803	LEVOTHYROXINE SODIUM	30	\$0.40000	\$0.20000	101%-200% Above
Non-ORx	No	68180096901	LEVOTHYROXINE SODIUM	150	\$0.35333	\$0.17333	101%-200% Above
Non-ORx	No	68180096901	LEVOTHYROXINE SODIUM	120	\$0.35000	\$0.16667	101%-200% Above
Non-ORx	No	68180096901	LEVOTHYROXINE SODIUM	150	\$0.13333	\$0.16667	(10%-25%) Below
Non-ORx	No	68180096903	LEVOTHYROXINE SODIUM	120	\$0.31667	\$0.16667	76%-100% Above
Non-ORx	No	68180097003	LEVOTHYROXINE SODIUM	60	\$0.26667	\$0.16667	51%-75% Above
Non-ORx	No	68180097101	LEVOTHYROXINE SODIUM	150	\$0.44000	\$0.20667	101%-200% Above
Non-ORx	No	68180097101	LEVOTHYROXINE SODIUM	15	\$0.46667	\$0.20000	101%-200% Above
Non-ORx	No	68180097101	LEVOTHYROXINE SODIUM	60	\$0.41667	\$0.20000	101%-200% Above
Non-ORx	No	68180097103	LEVOTHYROXINE SODIUM	60	\$0.23333	\$0.20000	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
Non-ORx	No	68180097201	LEVOTHYROXINE SODIUM	45	\$0.46667	\$0.22222	101%-200% Above
Non-ORx	No	68180097201	LEVOTHYROXINE SODIUM	30	\$0.46667	\$0.20000	101%-200% Above
Non-ORx	No	68180097201	LEVOTHYROXINE SODIUM	16	\$0.43750	\$0.18750	101%-200% Above
Non-ORx	No	68180097203	LEVOTHYROXINE SODIUM	30	\$0.46667	\$0.20000	101%-200% Above
Non-ORx	No	68180097301	LEVOTHYROXINE SODIUM	12	\$0.41667	\$0.25000	51%-75% Above
Non-ORx	No	68180097303	LEVOTHYROXINE SODIUM	30	\$0.46667	\$0.23333	101%-200% Above
Non-ORx	No	68180097501	LEVOTHYROXINE SODIUM	60	\$0.33333	\$0.26667	26%-50% Above
Non-ORx	No	68180097501	LEVOTHYROXINE SODIUM	10	\$0.50000	\$0.30000	51%-75% Above
Non-ORx	No	68180097503	LEVOTHYROXINE SODIUM	90	\$0.45556	\$0.27778	51%-75% Above
Non-ORx	No	68180097901	LISINOPRIL	120	\$0.26667	\$0.06667	200% Above
Non-ORx	No	68180098001	LISINOPRIL	90	\$0.11111	\$0.02222	200% Above
Non-ORx	No	68180098001	LISINOPRIL	120	\$0.21667	\$0.01667	200% Above
Non-ORx	No	68180098001	LISINOPRIL	60	\$0.10000	\$0.03333	200% Above
Non-ORx	No	68180098003	LISINOPRIL	120	\$0.09167	\$0.01667	200% Above
Non-ORx	No	68180098003	LISINOPRIL	360	\$0.11667	\$0.01667	200% Above
Non-ORx	No	68180098003	LISINOPRIL	720	\$0.11667	\$0.02222	200% Above
Non-ORx	No	68180098003	LISINOPRIL	4590	\$0.12113	\$0.02222	200% Above
Non-ORx	No	68180098003	LISINOPRIL	44	\$0.29546	\$0.02273	200% Above
Non-ORx	No	68180098003	LISINOPRIL	1500	\$0.17400	\$0.03333	200% Above
Non-ORx	No	68180098003	LISINOPRIL	45	\$0.15556	\$0.02222	200% Above
Non-ORx	No	68180098003	LISINOPRIL	300	\$0.15000	\$0.01667	200% Above
Non-ORx	No	68180098101	LISINOPRIL	90	\$0.11111	\$0.02222	200% Above
Non-ORx	No	68180098101	LISINOPRIL	60	\$0.11667	\$0.03333	200% Above
Non-ORx	No	68180098103	LISINOPRIL	120	\$0.11667	\$0.02500	200% Above
Non-ORx	No	68180098103	LISINOPRIL	150	\$0.20000	\$0.02667	200% Above
Non-ORx	No	68180098103	LISINOPRIL	900	\$0.21333	\$0.02778	200% Above
Non-ORx	No	68180098103	LISINOPRIL	210	\$0.16191	\$0.02857	200% Above
Non-ORx	No	68180098103	LISINOPRIL	206	\$0.16505	\$0.02427	200% Above
Non-ORx	No	68180098103	LISINOPRIL	1080	\$0.14815	\$0.03333	200% Above
Non-ORx	No	68180098103	LISINOPRIL	45	\$0.17778	\$0.02222	200% Above
Non-ORx	No	68180098103	LISINOPRIL	540	\$0.13704	\$0.03333	200% Above
Non-ORx	No	68180098103	LISINOPRIL	3420	\$0.18684	\$0.02222	200% Above
Non-ORx	No	68180098201	LISINOPRIL	360	\$0.28611	\$0.05556	200% Above
Non-ORx	No	68180098201	LISINOPRIL	120	\$0.21667	\$0.06667	200% Above
Non-ORx	No	68180098202	LISINOPRIL	90	\$0.32222	\$0.05556	200% Above
Non-ORx	No	68180098430	BUDESONIDE	120	\$0.85833	\$0.59167	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
Non-ORx	No	68180098430	BUDESONIDE	240	\$0.45000	\$0.57500	(10%-25%) Below
Non-ORx	No	68180098430	BUDESONIDE	180	\$0.87778	\$0.58333	51%-75% Above
Non-ORx	No	68308015215	NYSTATIN	30	\$1.03333	\$0.36667	101%-200% Above
Non-ORx	No	68308015215	NYSTATIN	15	\$1.00000	\$0.33333	200% Above
Non-ORx	No	68382000105	PAROXETINE HCL	30	\$0.36667	\$0.13333	101%-200% Above
Non-ORx	No	68382000105	PAROXETINE HCL	30	\$0.36667	\$0.10000	200% Above
Non-ORx	No	68382000106	PAROXETINE HCL	60	\$0.25000	\$0.10000	101%-200% Above
Non-ORx	No	68382000116	PAROXETINE HCL	30	\$0.50000	\$0.13333	200% Above
Non-ORx	No	68382000116	PAROXETINE HCL	120	\$0.47500	\$0.10000	200% Above
Non-ORx	No	68382000301	AZATHIOPRINE	120	\$0.75833	\$0.23333	200% Above
Non-ORx	No	68382000301	AZATHIOPRINE	180	\$0.30000	\$0.22778	26%-50% Above
Non-ORx	No	68382000301	AZATHIOPRINE	180	\$0.30000	\$0.23333	26%-50% Above
Non-ORx	No	68382000301	AZATHIOPRINE	120	\$0.78333	\$0.23333	200% Above
Non-ORx	No	68382000301	AZATHIOPRINE	30	\$0.26667	\$0.23333	10%-25% Above
Non-ORx	No	68382000301	AZATHIOPRINE	45	\$0.80000	\$0.22222	200% Above
Non-ORx	No	68382000514	TOPIRAMATE	90	\$0.90000	\$0.77778	10%-25% Above
Non-ORx	No	68382000601	LAMOTRIGINE	240	\$0.19167	\$0.03333	200% Above
Non-ORx	No	68382000601	LAMOTRIGINE	180	\$0.12222	\$0.03333	200% Above
Non-ORx	No	68382000601	LAMOTRIGINE	30	\$0.26667	\$0.03333	200% Above
Non-ORx	No	68382000601	LAMOTRIGINE	240	\$0.26667	\$0.03333	200% Above
Non-ORx	No	68382000610	LAMOTRIGINE	240	\$0.17500	\$0.03333	200% Above
Non-ORx	No	68382000801	LAMOTRIGINE	120	\$0.20833	\$0.05833	200% Above
Non-ORx	No	68382000801	LAMOTRIGINE	60	\$0.43333	\$0.06667	200% Above
Non-ORx	No	68382000801	LAMOTRIGINE	120	\$0.37500	\$0.06667	200% Above
Non-ORx	No	68382000810	LAMOTRIGINE	120	\$0.20833	\$0.05833	200% Above
Non-ORx	No	68382000810	LAMOTRIGINE	270	\$0.20741	\$0.05926	200% Above
Non-ORx	No	68382000810	LAMOTRIGINE	180	\$0.09444	\$0.06111	51%-75% Above
Non-ORx	No	68382000810	LAMOTRIGINE	75	\$0.20000	\$0.06667	200% Above
Non-ORx	No	68382000810	LAMOTRIGINE	90	\$0.43333	\$0.06667	200% Above
Non-ORx	No	68382000810	LAMOTRIGINE	240	\$0.37500	\$0.06667	200% Above
Non-ORx	No	68382000914	LAMOTRIGINE	120	\$0.45000	\$0.08333	200% Above
Non-ORx	No	68382000914	LAMOTRIGINE	120	\$0.45000	\$0.08333	200% Above
Non-ORx	No	68382000914	LAMOTRIGINE	90	\$0.35556	\$0.10000	200% Above
Non-ORx	No	68382001014	LAMOTRIGINE	60	\$0.60000	\$0.10000	200% Above
Non-ORx	No	68382001014	LAMOTRIGINE	60	\$0.60000	\$0.10000	200% Above
Non-ORx	No	68382001901	VENLAFAXINE HCL	30	\$0.33333	\$0.10000	200% Above
Non-ORx	No	68382001901	VENLAFAXINE HCL	15	\$0.33333	\$0.06667	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
Non-ORx	No	68382002001	VENLAFAXINE HCL	90	\$0.40000	\$0.15556	101%-200% Above
Non-ORx	No	68382002001	VENLAFAXINE HCL	30	\$0.33333	\$0.16667	101%-200% Above
Non-ORx	No	68382002210	ATENOLOL	60	\$0.15000	\$0.03333	200% Above
Non-ORx	No	68382002210	ATENOLOL	360	\$0.18611	\$0.02222	200% Above
Non-ORx	No	68382002210	ATENOLOL	180	\$0.33333	\$0.02778	200% Above
Non-ORx	No	68382002210	ATENOLOL	60	\$0.33333	\$0.01667	200% Above
Non-ORx	No	68382002210	ATENOLOL	120	\$0.33333	\$0.03333	200% Above
Non-ORx	No	68382002210	ATENOLOL	90	\$0.26667	\$0.02222	200% Above
Non-ORx	No	68382002310	ATENOLOL	540	\$0.20185	\$0.03333	200% Above
Non-ORx	No	68382002310	ATENOLOL	120	\$0.15000	\$0.02500	200% Above
Non-ORx	No	68382002310	ATENOLOL	300	\$0.11667	\$0.03333	200% Above
Non-ORx	No	68382002310	ATENOLOL	60	\$0.01667	\$0.03333	(26%-50%) Below
Non-ORx	No	68382002401	ATENOLOL	97	\$0.30928	\$0.04124	200% Above
Non-ORx	No	68382002401	ATENOLOL	90	\$0.30000	\$0.04444	200% Above
Non-ORx	No	68382002401	ATENOLOL	90	\$0.22222	\$0.03333	200% Above
Non-ORx	No	68382002410	ATENOLOL	30	\$0.30000	\$0.03333	200% Above
Non-ORx	No	68382003416	VENLAFAXINE HCL ER	360	\$0.55556	\$0.11111	200% Above
Non-ORx	No	68382003416	VENLAFAXINE HCL ER	45	\$0.62222	\$0.11111	200% Above
Non-ORx	No	68382003416	VENLAFAXINE HCL ER	21	\$0.42857	\$0.14286	200% Above
Non-ORx	No	68382003416	VENLAFAXINE HCL ER	150	\$0.66667	\$0.10000	200% Above
Non-ORx	No	68382003510	VENLAFAXINE HYDROCHLORIDE	30	\$0.16667	\$0.13333	26%-50% Above
Non-ORx	No	68382003516	VENLAFAXINE HYDROCHLORIDE	810	\$0.55185	\$0.12222	200% Above
Non-ORx	No	68382003516	VENLAFAXINE HYDROCHLORIDE	150	\$0.67333	\$0.13333	200% Above
Non-ORx	No	68382003516	VENLAFAXINE HYDROCHLORIDE	120	\$0.73333	\$0.11667	200% Above
Non-ORx	No	68382003610	VENLAFAXINE HCL ER	120	\$0.91667	\$0.16667	200% Above
Non-ORx	No	68382003610	VENLAFAXINE HCL ER	180	\$0.11111	\$0.15556	(26%-50%) Below
Non-ORx	No	68382003610	VENLAFAXINE HCL ER	90	\$0.11111	\$0.16667	(26%-50%) Below
Non-ORx	No	68382003610	VENLAFAXINE HCL ER	120	\$0.91667	\$0.15000	200% Above
Non-ORx	No	68382003610	VENLAFAXINE HCL ER	600	\$0.69500	\$0.16667	200% Above
Non-ORx	No	68382003616	VENLAFAXINE HCL ER	540	\$0.61667	\$0.15556	200% Above
Non-ORx	No	68382003616	VENLAFAXINE HCL ER	180	\$0.61667	\$0.16111	200% Above
Non-ORx	No	68382003616	VENLAFAXINE HCL ER	90	\$0.62222	\$0.16667	200% Above
Non-ORx	No	68382003616	VENLAFAXINE HCL ER	900	\$0.62000	\$0.15556	200% Above
Non-ORx	No	68382003616	VENLAFAXINE HCL ER	180	\$0.71111	\$0.16667	200% Above
Non-ORx	No	68382004001	PROMETHAZINE HCL	180	\$0.34444	\$0.05000	200% Above
Non-ORx	No	68382004001	PROMETHAZINE HCL	60	\$0.16667	\$0.03333	200% Above
Non-ORx	No	68382004101	PROMETHAZINE HYDROCHLORID	90	\$0.24444	\$0.03333	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
Non-ORx	No	68382004101	PROMETHAZINE HYDROCHLORID	60	\$0.35000	\$0.05000	200% Above
Non-ORx	No	68382004101	PROMETHAZINE HYDROCHLORID	24	\$0.29167	\$0.08333	200% Above
Non-ORx	No	68382004101	PROMETHAZINE HYDROCHLORID	60	\$0.20000	\$0.06667	200% Above
Non-ORx	No	68382004101	PROMETHAZINE HYDROCHLORID	60	\$0.30000	\$0.05000	200% Above
Non-ORx	No	68382004101	PROMETHAZINE HYDROCHLORID	18	\$0.33333	\$0.05556	200% Above
Non-ORx	No	68382004110	PROMETHAZINE HYDROCHLORID	30	\$0.33333	\$0.06667	200% Above
Non-ORx	No	68382004110	PROMETHAZINE HYDROCHLORID	120	\$0.30833	\$0.03333	200% Above
Non-ORx	No	68382004110	PROMETHAZINE HYDROCHLORID	120	\$0.21667	\$0.05000	200% Above
Non-ORx	No	68382004110	PROMETHAZINE HYDROCHLORID	15	\$0.33333	\$0.06667	200% Above
Non-ORx	No	68382005001	MELOXICAM	120	\$0.21667	\$0.01667	200% Above
Non-ORx	No	68382005001	MELOXICAM	90	\$0.16667	\$0.03333	200% Above
Non-ORx	No	68382005005	MELOXICAM	300	\$0.08667	\$0.01667	200% Above
Non-ORx	No	68382005005	MELOXICAM	29	\$0.17241	\$0.03448	200% Above
Non-ORx	No	68382005005	MELOXICAM	570	\$0.15965	\$0.03333	200% Above
Non-ORx	No	68382005101	MELOXICAM	210	\$0.14286	\$0.03333	200% Above
Non-ORx	No	68382005105	MELOXICAM	540	\$0.09815	\$0.02222	200% Above
Non-ORx	No	68382005105	MELOXICAM	150	\$0.22667	\$0.02000	200% Above
Non-ORx	No	68382005105	MELOXICAM	210	\$0.22381	\$0.02381	200% Above
Non-ORx	No	68382005105	MELOXICAM	3750	\$0.16613	\$0.03333	200% Above
Non-ORx	No	68382005105	MELOXICAM	60	\$0.23333	\$0.01667	200% Above
Non-ORx	No	68382009101	BENZONATATE	84	\$0.57143	\$0.14286	200% Above
Non-ORx	No	68382009101	BENZONATATE	60	\$0.50000	\$0.13333	200% Above
Non-ORx	No	68382009101	BENZONATATE	80	\$0.57500	\$0.15000	200% Above
Non-ORx	No	68382009101	BENZONATATE	63	\$0.61905	\$0.14286	200% Above
Non-ORx	No	68382009101	BENZONATATE	210	\$0.59524	\$0.13333	200% Above
Non-ORx	No	68382009201	CARVEDIOL	60	\$0.13333	\$0.01667	200% Above
Non-ORx	No	68382009201	CARVEDIOL	30	\$0.16667	\$0.03333	200% Above
Non-ORx	No	68382009205	CARVEDIOL	900	\$0.12444	\$0.02222	200% Above
Non-ORx	No	68382009205	CARVEDIOL	90	\$0.16667	\$0.02222	200% Above
Non-ORx	No	68382009205	CARVEDIOL	660	\$0.08636	\$0.01667	200% Above
Non-ORx	No	68382009305	CARVEDIOL	540	\$0.16852	\$0.02222	200% Above
Non-ORx	No	68382009305	CARVEDIOL	840	\$0.13571	\$0.01667	200% Above
Non-ORx	No	68382009405	CARVEDIOL	540	\$0.13333	\$0.02222	200% Above
Non-ORx	No	68382009405	CARVEDIOL	120	\$0.15000	\$0.02500	200% Above
Non-ORx	No	68382009405	CARVEDIOL	1440	\$0.13333	\$0.01667	200% Above
Non-ORx	No	68382009405	CARVEDIOL	180	\$0.14444	\$0.02222	200% Above
Non-ORx	No	68382009501	CARVEDIOL	120	\$0.09167	\$0.03333	101%-200% Above
Non-ORx	No	68382009501	CARVEDIOL	30	\$0.13333	\$0.03333	200% Above
Non-ORx	No	68382009505	CARVEDIOL	360	\$0.17778	\$0.03333	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
Non-ORx	No	68382009505	CARVEDIOL	52	\$0.26923	\$0.03846	200% Above
Non-ORx	No	68382009505	CARVEDIOL	180	\$0.18889	\$0.03333	200% Above
Non-ORx	No	68382009601	HYDROXYCHLOROQUINE SULFAT	540	\$0.59074	\$0.25000	101%-200% Above
Non-ORx	No	68382009601	HYDROXYCHLOROQUINE SULFAT	120	\$0.73333	\$0.24167	200% Above
Non-ORx	No	68382009601	HYDROXYCHLOROQUINE SULFAT	300	\$0.71667	\$0.23333	200% Above
Non-ORx	No	68382009601	HYDROXYCHLOROQUINE SULFAT	28	\$0.46429	\$0.21429	101%-200% Above
Non-ORx	No	68382009601	HYDROXYCHLOROQUINE SULFAT	12	\$1.33333	\$0.25000	200% Above
Non-ORx	No	68382009601	HYDROXYCHLOROQUINE SULFAT	10	\$0.90000	\$0.20000	200% Above
Non-ORx	No	68382009601	HYDROXYCHLOROQUINE SULFAT	270	\$0.91852	\$0.23333	200% Above
Non-ORx	No	68382009601	HYDROXYCHLOROQUINE SULFAT	180	\$0.46667	\$0.24444	76%-100% Above
Non-ORx	No	68382009605	HYDROXYCHLOROQUINE SULFAT	120	\$0.70000	\$0.23333	200% Above
Non-ORx	No	68382009605	HYDROXYCHLOROQUINE SULFAT	540	\$0.88333	\$0.25000	200% Above
Non-ORx	No	68382009605	HYDROXYCHLOROQUINE SULFAT	120	\$0.85833	\$0.24167	200% Above
Non-ORx	No	68382009605	HYDROXYCHLOROQUINE SULFAT	150	\$0.81333	\$0.23333	200% Above
Non-ORx	No	68382009605	HYDROXYCHLOROQUINE SULFAT	90	\$0.92222	\$0.24444	200% Above
Non-ORx	No	68382009705	PAROXETINE HYDROCHLORIDE	90	\$0.37778	\$0.06667	200% Above
Non-ORx	No	68382009705	PAROXETINE HYDROCHLORIDE	90	\$0.37778	\$0.07778	200% Above
Non-ORx	No	68382009705	PAROXETINE HYDROCHLORIDE	15	\$0.46667	\$0.06667	200% Above
Non-ORx	No	68382009705	PAROXETINE HYDROCHLORIDE	90	\$0.35556	\$0.06667	200% Above
Non-ORx	No	68382009706	PAROXETINE HYDROCHLORIDE	90	\$0.31111	\$0.06667	200% Above
Non-ORx	No	68382009716	PAROXETINE HYDROCHLORIDE	60	\$0.28333	\$0.06667	200% Above
Non-ORx	No	68382009716	PAROXETINE HYDROCHLORIDE	90	\$0.14444	\$0.06667	101%-200% Above
Non-ORx	No	68382009801	PAROXETINE HYDROCHLORIDE	30	\$0.33333	\$0.10000	200% Above
Non-ORx	No	68382009805	PAROXETINE HYDROCHLORIDE	30	\$0.23333	\$0.10000	101%-200% Above
Non-ORx	No	68382009806	PAROXETINE HYDROCHLORIDE	60	\$0.25000	\$0.10000	101%-200% Above
Non-ORx	No	68382009810	PAROXETINE HYDROCHLORIDE	360	\$0.34444	\$0.08889	200% Above
Non-ORx	No	68382009810	PAROXETINE HYDROCHLORIDE	570	\$0.25965	\$0.10000	101%-200% Above
Non-ORx	No	68382009816	PAROXETINE HYDROCHLORIDE	90	\$0.20000	\$0.10000	101%-200% Above
Non-ORx	No	68382009905	PAROXETINE HCL	30	\$0.26667	\$0.10000	101%-200% Above
Non-ORx	No	68382009916	PAROXETINE HCL	60	\$0.06667	\$0.11667	(26%-50%) Below
Non-ORx	No	68382012305	AMLODIPINE BESYLATE	30	\$0.23333	\$0.03333	200% Above
Non-ORx	No	68382013201	TAMSULOSIN HYDROCHLORIDE	360	\$0.24167	\$0.06667	200% Above
Non-ORx	No	68382013201	TAMSULOSIN HYDROCHLORIDE	240	\$0.31250	\$0.06667	200% Above
Non-ORx	No	68382013201	TAMSULOSIN HYDROCHLORIDE	14	\$0.28571	\$0.07143	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
Non-ORx	No	68382013201	TAMSULOSIN HYDROCHLORIDE	840	\$0.19643	\$0.06667	101%-200% Above
Non-ORx	No	68382013210	TAMSULOSIN HYDROCHLORIDE	360	\$0.28889	\$0.06667	200% Above
Non-ORx	No	68382013210	TAMSULOSIN HYDROCHLORIDE	90	\$0.30000	\$0.06667	200% Above
Non-ORx	No	68382013210	TAMSULOSIN HYDROCHLORIDE	120	\$0.35833	\$0.05833	200% Above
Non-ORx	No	68382013210	TAMSULOSIN HYDROCHLORIDE	10	\$0.50000	\$0.10000	200% Above
Non-ORx	No	68382013210	TAMSULOSIN HYDROCHLORIDE	15	\$0.33333	\$0.06667	200% Above
Non-ORx	No	68382013210	TAMSULOSIN HYDROCHLORIDE	960	\$0.29583	\$0.06667	200% Above
Non-ORx	No	68382013510	LOSARTAN POTASSIUM	60	\$0.21667	\$0.05000	200% Above
Non-ORx	No	68382013510	LOSARTAN POTASSIUM	180	\$0.20000	\$0.05556	200% Above
Non-ORx	No	68382013510	LOSARTAN POTASSIUM	15	\$0.40000	\$0.06667	200% Above
Non-ORx	No	68382013510	LOSARTAN POTASSIUM	270	\$0.35185	\$0.06667	200% Above
Non-ORx	No	68382013516	LOSARTAN POTASSIUM	90	\$0.27778	\$0.06667	200% Above
Non-ORx	No	68382013610	LOSARTAN POTASSIUM	90	\$0.23333	\$0.06667	200% Above
Non-ORx	No	68382013610	LOSARTAN POTASSIUM	90	\$0.23333	\$0.07778	200% Above
Non-ORx	No	68382013610	LOSARTAN POTASSIUM	120	\$0.31667	\$0.06667	200% Above
Non-ORx	No	68382013610	LOSARTAN POTASSIUM	810	\$0.39506	\$0.06667	200% Above
Non-ORx	No	68382013610	LOSARTAN POTASSIUM	45	\$0.46667	\$0.06667	200% Above
Non-ORx	No	68382013616	LOSARTAN POTASSIUM	30	\$0.46667	\$0.06667	200% Above
Non-ORx	No	68382013706	LOSARTAN POTASSIUM	90	\$0.21111	\$0.08889	101%-200% Above
Non-ORx	No	68382013706	LOSARTAN POTASSIUM	30	\$0.30000	\$0.10000	200% Above
Non-ORx	No	68382013710	LOSARTAN POTASSIUM	60	\$0.65000	\$0.08333	200% Above
Non-ORx	No	68382013710	LOSARTAN POTASSIUM	270	\$0.20741	\$0.08889	101%-200% Above
Non-ORx	No	68382013710	LOSARTAN POTASSIUM	690	\$0.49855	\$0.10000	200% Above
Non-ORx	No	68382013805	TOPIRAMATE	90	\$0.16667	\$0.03333	200% Above
Non-ORx	No	68382013805	TOPIRAMATE	150	\$0.17333	\$0.03333	200% Above
Non-ORx	No	68382013805	TOPIRAMATE	60	\$0.15000	\$0.03333	200% Above
Non-ORx	No	68382013805	TOPIRAMATE	150	\$0.16000	\$0.03333	200% Above
Non-ORx	No	68382013814	TOPIRAMATE	120	\$0.28333	\$0.03333	200% Above
Non-ORx	No	68382013814	TOPIRAMATE	120	\$0.16667	\$0.03333	200% Above
Non-ORx	No	68382013814	TOPIRAMATE	60	\$0.15000	\$0.03333	200% Above
Non-ORx	No	68382013905	TOPIRAMATE	120	\$0.04167	\$0.05000	(10%-25%) Below
Non-ORx	No	68382013905	TOPIRAMATE	450	\$0.20667	\$0.04444	200% Above
Non-ORx	No	68382013905	TOPIRAMATE	180	\$0.26111	\$0.03333	200% Above
Non-ORx	No	68382013905	TOPIRAMATE	120	\$0.12500	\$0.05000	101%-200% Above
Non-ORx	No	68382013914	TOPIRAMATE	180	\$0.23333	\$0.05000	200% Above
Non-ORx	No	68382013914	TOPIRAMATE	45	\$0.33333	\$0.04444	200% Above
Non-ORx	No	68382013914	TOPIRAMATE	40	\$0.07500	\$0.05000	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
Non-ORx	No	68382014005	TOPIRAMATE	270	\$0.14815	\$0.06667	101%-200% Above
Non-ORx	No	68382014005	TOPIRAMATE	60	\$0.13333	\$0.06667	101%-200% Above
Non-ORx	No	68382014005	TOPIRAMATE	30	\$0.43333	\$0.06667	200% Above
Non-ORx	No	68382014014	TOPIRAMATE	60	\$0.05000	\$0.06667	(10%-25%) Below
Non-ORx	No	68382014014	TOPIRAMATE	30	\$0.43333	\$0.06667	200% Above
Non-ORx	No	68382014114	TOPIRAMATE	540	\$0.33148	\$0.11852	101%-200% Above
Non-ORx	No	68382014114	TOPIRAMATE	60	\$0.33333	\$0.11667	101%-200% Above
Non-ORx	No	68382014114	TOPIRAMATE	30	\$0.33333	\$0.13333	101%-200% Above
Non-ORx	No	68382014501	RAMIPRIL	90	\$0.23333	\$0.06667	200% Above
Non-ORx	No	68382014601	RAMIPRIL	120	\$0.23333	\$0.06667	200% Above
Non-ORx	No	68382014701	RAMIPRIL	30	\$0.36667	\$0.06667	200% Above
Non-ORx	No	68382020906	ANASTROZOLE	90	\$0.73333	\$0.13333	200% Above
Non-ORx	No	68382020906	ANASTROZOLE	90	\$0.92222	\$0.11111	200% Above
Non-ORx	No	68382020906	ANASTROZOLE	360	\$0.78889	\$0.12222	200% Above
Non-ORx	No	68382020906	ANASTROZOLE	120	\$0.44167	\$0.10000	200% Above
Non-ORx	No	68382020906	ANASTROZOLE	12	\$0.25000	\$0.08333	200% Above
Non-ORx	No	68382020906	ANASTROZOLE	13	\$0.76923	\$0.15385	200% Above
Non-ORx	No	68382024705	BENZONATATE	30	\$0.30000	\$0.10000	200% Above
Non-ORx	No	68382025501	OXYBUTYNIN CHLORIDE ER	60	\$0.66667	\$0.15000	200% Above
Non-ORx	No	68382025501	OXYBUTYNIN CHLORIDE ER	90	\$0.53333	\$0.13333	200% Above
Non-ORx	No	68382025601	OXYBUTYNIN CHLORIDE ER	90	\$0.11111	\$0.16667	(26%-50%) Below
Non-ORx	No	68382025601	OXYBUTYNIN CHLORIDE ER	60	\$0.66667	\$0.16667	200% Above
Non-ORx	No	68382025601	OXYBUTYNIN CHLORIDE ER	330	\$0.44849	\$0.16667	101%-200% Above
Non-ORx	No	68382025701	OXYBUTYNIN CHLORIDE ER	30	\$0.86667	\$0.20000	200% Above
Non-ORx	No	68382031601	MINOCYCLINE HYDROCHLORIDE	90	\$0.27778	\$0.20000	26%-50% Above
Non-ORx	No	68382031818	MINOCYCLINE HYDROCHLORIDE	300	\$1.51667	\$0.38333	200% Above
Non-ORx	No	68382031818	MINOCYCLINE HYDROCHLORIDE	240	\$1.66667	\$0.36667	200% Above
Non-ORx	No	68382032001	POTASSIUM CHLORIDE ER	7	\$0.28571	\$0.14286	101%-200% Above
Non-ORx	No	68382032001	POTASSIUM CHLORIDE ER	30	\$0.26667	\$0.13333	101%-200% Above
Non-ORx	No	68382032010	POTASSIUM CHLORIDE ER	60	\$0.18333	\$0.13333	26%-50% Above
Non-ORx	No	68382032010	POTASSIUM CHLORIDE ER	330	\$0.17879	\$0.13333	26%-50% Above
Non-ORx	No	68382033006	PARICALCITOL	30	\$1.33333	\$1.10000	10%-25% Above
Non-ORx	No	68382035316	BUPROPION HYDROCHLORIDE E	90	\$0.43333	\$0.13333	200% Above
Non-ORx	No	68382038306	EXEMESTANE	90	\$5.42222	\$1.36667	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
Non-ORx	No	68382039801	POTASSIUM CHLORIDE ER	60	\$0.43333	\$0.31667	26%-50% Above
Non-ORx	No	68382039801	POTASSIUM CHLORIDE ER	60	\$0.43333	\$0.33333	26%-50% Above
Non-ORx	No	68382039801	POTASSIUM CHLORIDE ER	20	\$0.45000	\$0.30000	51%-75% Above
Non-ORx	No	68382041506	AZELASTINE HYDROCHLORIDE	120	\$1.20833	\$0.26667	200% Above
Non-ORx	No	68382044405	FAMOTIDINE	150	\$0.74000	\$0.98000	(10%-25%) Below
Non-ORx	No	68382050010	OMEPRAZOLE	1620	\$0.36049	\$0.06667	200% Above
Non-ORx	No	68382050010	OMEPRAZOLE	120	\$0.40833	\$0.05833	200% Above
Non-ORx	No	68382050010	OMEPRAZOLE	180	\$0.45556	\$0.06111	200% Above
Non-ORx	No	68382050010	OMEPRAZOLE	570	\$0.27544	\$0.06667	200% Above
Non-ORx	No	68382050010	OMEPRAZOLE	240	\$0.25417	\$0.06667	200% Above
Non-ORx	No	68382051201	AMANTADINE HCL	60	\$0.50000	\$0.30000	51%-75% Above
Non-ORx	No	68382052860	CHOLESTYRAMINE	60	\$1.85000	\$1.26667	26%-50% Above
Non-ORx	No	68382052942	CHOLESTYRAMINE LIGHT	231	\$0.17749	\$0.21645	(10%-25%) Below
Non-ORx	No	68382053701	POTASSIUM CITRATE ER	120	\$0.08333	\$0.31667	(51%-75%) Below
Non-ORx	No	68382053701	POTASSIUM CITRATE ER	120	\$1.46667	\$0.31667	200% Above
Non-ORx	No	68382053801	POTASSIUM CITRATE ER	120	\$1.54167	\$0.61667	101%-200% Above
Non-ORx	No	68382055901	NITROFURANTOIN MACROCRYST	30	\$0.53333	\$0.43333	10%-25% Above
Non-ORx	No	68382056401	METOPROLOL SUCCINATE ER	30	\$0.06667	\$0.10000	(26%-50%) Below
Non-ORx	No	68382056410	METOPROLOL SUCCINATE ER	90	\$0.11111	\$0.08889	26%-50% Above
Non-ORx	No	68382056410	METOPROLOL SUCCINATE ER	150	\$0.17333	\$0.10000	51%-75% Above
Non-ORx	No	68382056410	METOPROLOL SUCCINATE ER	15	\$0.33333	\$0.06667	200% Above
Non-ORx	No	68382056501	METOPROLOL SUCCINATE ER	30	\$0.06667	\$0.10000	(26%-50%) Below
Non-ORx	No	68382056510	METOPROLOL SUCCINATE ER	60	\$0.08333	\$0.10000	(10%-25%) Below
Non-ORx	No	68382056510	METOPROLOL SUCCINATE ER	45	\$0.08889	\$0.11111	(10%-25%) Below
Non-ORx	No	68382056510	METOPROLOL SUCCINATE ER	60	\$0.06667	\$0.10000	(26%-50%) Below
Non-ORx	No	68382056610	METOPROLOL SUCCINATE ER	30	\$0.13333	\$0.16667	(10%-25%) Below
Non-ORx	No	68382056701	METOPROLOL SUCCINATE ER	30	\$0.70000	\$0.26667	101%-200% Above
Non-ORx	No	68382056928	ACAMPROSATE CALCIUM DR	90	\$0.12222	\$0.64444	(76%-100%) Below
Non-ORx	No	68382059516	DILTIAZEM HYDROCHLORIDE E	30	\$0.83333	\$0.16667	200% Above
Non-ORx	No	68382059716	DILTIAZEM HYDROCHLORIDE E	30	\$0.93333	\$0.30000	200% Above
Non-ORx	No	68382059716	DILTIAZEM HYDROCHLORIDE E	30	\$0.93333	\$0.26667	200% Above
Non-ORx	No	68382065906	PYRIDOSTIGMINE BROMIDE	90	\$0.22222	\$0.27778	(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
Non-ORx	No	68382066001	SPIRONOLACTONE	270	\$0.22222	\$0.05556	200% Above
Non-ORx	No	68382066001	SPIRONOLACTONE	120	\$0.31667	\$0.05000	200% Above
Non-ORx	No	68382066001	SPIRONOLACTONE	15	\$0.33333	\$0.06667	200% Above
Non-ORx	No	68382066001	SPIRONOLACTONE	420	\$0.30476	\$0.06667	200% Above
Non-ORx	No	68382066005	SPIRONOLACTONE	180	\$0.31111	\$0.05000	200% Above
Non-ORx	No	68382066005	SPIRONOLACTONE	210	\$0.23810	\$0.05238	200% Above
Non-ORx	No	68382066005	SPIRONOLACTONE	90	\$0.31111	\$0.05556	200% Above
Non-ORx	No	68382066010	SPIRONOLACTONE	30	\$0.03333	\$0.06667	(26%-50%) Below
Non-ORx	No	68382066101	SPIRONOLACTONE	90	\$0.56667	\$0.11111	200% Above
Non-ORx	No	68382066101	SPIRONOLACTONE	90	\$0.56667	\$0.12222	200% Above
Non-ORx	No	68382066101	SPIRONOLACTONE	240	\$0.39167	\$0.11667	200% Above
Non-ORx	No	68382066101	SPIRONOLACTONE	180	\$0.51667	\$0.10000	200% Above
Non-ORx	No	68382066101	SPIRONOLACTONE	330	\$0.48182	\$0.13333	200% Above
Non-ORx	No	68382066101	SPIRONOLACTONE	360	\$0.49722	\$0.11667	200% Above
Non-ORx	No	68382066105	SPIRONOLACTONE	180	\$0.21667	\$0.11667	76%-100% Above
Non-ORx	No	68382066105	SPIRONOLACTONE	30	\$0.20000	\$0.10000	101%-200% Above
Non-ORx	No	68382066105	SPIRONOLACTONE	90	\$0.45556	\$0.12222	200% Above
Non-ORx	No	68382066201	SPIRONOLACTONE	90	\$0.43333	\$0.20000	101%-200% Above
Non-ORx	No	68382066201	SPIRONOLACTONE	180	\$0.82778	\$0.20000	200% Above
Non-ORx	No	68382066201	SPIRONOLACTONE	360	\$0.70000	\$0.20000	200% Above
Non-ORx	No	68382066201	SPIRONOLACTONE	540	\$0.65185	\$0.20000	200% Above
Non-ORx	No	68382066205	SPIRONOLACTONE	180	\$0.56667	\$0.20556	101%-200% Above
Non-ORx	No	68382066205	SPIRONOLACTONE	360	\$0.30833	\$0.20278	51%-75% Above
Non-ORx	No	68382066205	SPIRONOLACTONE	90	\$0.56667	\$0.20000	101%-200% Above
Non-ORx	No	68382066205	SPIRONOLACTONE	60	\$0.31667	\$0.20000	51%-75% Above
Non-ORx	No	68382066205	SPIRONOLACTONE	75	\$0.30667	\$0.20000	51%-75% Above
Non-ORx	No	68382070718	DOXYCYCLINE MONOHYDRATE	60	\$0.71667	\$0.25000	101%-200% Above
Non-ORx	No	68382071782	ZOLMITRIPTAN ODT	4	\$27.00000	\$4.00000	200% Above
Non-ORx	No	68382072216	NATEGLINIDE	180	\$1.02222	\$0.38333	101%-200% Above
Non-ORx	No	68382073201	NADOLOL	60	\$0.23333	\$0.20000	10%-25% Above
Non-ORx	No	68382073201	NADOLOL	30	\$0.46667	\$0.20000	101%-200% Above
Non-ORx	No	68382073401	NADOLOL	90	\$0.42222	\$0.55556	(10%-25%) Below
Non-ORx	No	68382073801	MIDODRINE HYDROCHLORIDE	90	\$0.97778	\$0.26667	200% Above
Non-ORx	No	68382074516	TIADYL ER	90	\$0.72222	\$0.23333	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
Non-ORx	No	68382074716	TIADYL T ER	60	\$0.20000	\$0.45000	(51%-75%) Below
Non-ORx	No	68382077316	EZETIMIBE	90	\$0.44444	\$0.13333	200% Above
Non-ORx	No	68382077501	METHOTREXATE	78	\$0.47436	\$0.30769	51%-75% Above
Non-ORx	No	68382077501	METHOTREXATE	24	\$0.95833	\$0.25000	200% Above
Non-ORx	No	68382078201	DOXYCYCLINE MONOHYDRATE	30	\$0.66667	\$0.20000	200% Above
Non-ORx	No	68382078301	DOXAZOSIN MESYLATE	30	\$0.26667	\$0.10000	101%-200% Above
Non-ORx	No	68382078401	DOXAZOSIN MESYLATE	30	\$0.03333	\$0.06667	(26%-50%) Below
Non-ORx	No	68382078601	DOXAZOSIN MESYLATE	60	\$0.23333	\$0.10000	101%-200% Above
Non-ORx	No	68382079101	ACYCLOVIR	600	\$0.53167	\$0.10000	200% Above
Non-ORx	No	68382079101	ACYCLOVIR	40	\$0.50000	\$0.10000	200% Above
Non-ORx	No	68382079101	ACYCLOVIR	30	\$0.40000	\$0.06667	200% Above
Non-ORx	No	68382079101	ACYCLOVIR	210	\$0.48095	\$0.10000	200% Above
Non-ORx	No	68382079201	ACYCLOVIR	30	\$0.93333	\$0.20000	200% Above
Non-ORx	No	68382079201	ACYCLOVIR	20	\$0.95000	\$0.20000	200% Above
Non-ORx	No	68382080505	TRAZODONE HYDROCHLORIDE	120	\$0.25833	\$0.03333	200% Above
Non-ORx	No	68382080505	TRAZODONE HYDROCHLORIDE	210	\$0.20000	\$0.03333	200% Above
Non-ORx	No	68382080510	TRAZODONE HYDROCHLORIDE	90	\$0.21111	\$0.04444	200% Above
Non-ORx	No	68382080510	TRAZODONE HYDROCHLORIDE	15	\$0.26667	\$0.06667	200% Above
Non-ORx	No	68382080510	TRAZODONE HYDROCHLORIDE	390	\$0.16154	\$0.03333	200% Above
Non-ORx	No	68382080510	TRAZODONE HYDROCHLORIDE	180	\$0.15000	\$0.03333	200% Above
Non-ORx	No	68382080601	TRAZODONE HYDROCHLORIDE	180	\$0.46667	\$0.06667	200% Above
Non-ORx	No	68382080601	TRAZODONE HYDROCHLORIDE	90	\$0.27778	\$0.06667	200% Above
Non-ORx	No	68382080605	TRAZODONE HYDROCHLORIDE	150	\$0.22000	\$0.06667	200% Above
Non-ORx	No	68382080610	TRAZODONE HYDROCHLORIDE	120	\$0.18333	\$0.06667	101%-200% Above
Non-ORx	No	68382080610	TRAZODONE HYDROCHLORIDE	300	\$0.22000	\$0.06667	200% Above
Non-ORx	No	68382080701	TRAZODONE HYDROCHLORIDE	60	\$0.36667	\$0.13333	101%-200% Above
Non-ORx	No	68382080701	TRAZODONE HYDROCHLORIDE	30	\$0.36667	\$0.13333	101%-200% Above
Non-ORx	No	68382080705	TRAZODONE HYDROCHLORIDE	120	\$0.31667	\$0.13333	101%-200% Above
Non-ORx	No	68382085601	TRIAMTERENE/HYDROCHLOROT H	60	\$0.26667	\$0.10000	101%-200% Above
Non-ORx	No	68382085605	TRIAMTERENE/HYDROCHLOROT H	90	\$0.08889	\$0.10000	(10%-25%) Below
Non-ORx	No	68382085605	TRIAMTERENE/HYDROCHLOROT H	30	\$0.16667	\$0.10000	51%-75% Above
Non-ORx	No	68382085701	TRIAMTERENE/HYDROCHLOROT H	270	\$0.47037	\$0.13333	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
Non-ORx	No	68382089806	TADALAFIL	18	\$1.00000	\$0.38889	101%-200% Above
Non-ORx	No	68382091601	METHYLPREDNISOLONE	25	\$0.20000	\$0.16000	26%-50% Above
Non-ORx	No	68382091601	METHYLPREDNISOLONE	20	\$0.40000	\$0.20000	101%-200% Above
Non-ORx	No	68382091634	METHYLPREDNISOLONE DOSE P	462	\$0.37879	\$0.19048	76%-100% Above
Non-ORx	No	68382092386	ELETRIPTAN HYDROBROMIDE	4	\$3.25000	\$3.75000	(10%-25%) Below
Non-ORx	No	68382095001	AMPHETAMINE/DEXTROAMPHE TA	120	\$1.28333	\$0.20000	200% Above
Non-ORx	No	68382095001	AMPHETAMINE/DEXTROAMPHE TA	30	\$0.43333	\$0.23333	76%-100% Above
Non-ORx	No	68382095201	AMPHETAMINE/DEXTROAMPHE TA	30	\$0.50000	\$0.26667	76%-100% Above
Non-ORx	No	68382095501	AMPHETAMINE/DEXTROAMPHE TA	90	\$0.52222	\$0.32222	51%-75% Above
Non-ORx	No	68382095501	AMPHETAMINE/DEXTROAMPHE TA	6	\$1.00000	\$0.33333	200% Above
Non-ORx	No	68382097001	CHLORTHALIDONE	360	\$0.42222	\$0.16667	101%-200% Above
Non-ORx	No	68382097001	CHLORTHALIDONE	60	\$0.66667	\$0.16667	200% Above
Non-ORx	No	68382097101	CHLORTHALIDONE	90	\$0.70000	\$0.27778	101%-200% Above
Non-ORx	No	68382099802	CLOBETASOL PROPIONATE	125	\$1.50400	\$0.68000	101%-200% Above
Non-ORx	No	68462010230	FLUCONAZOLE	30	\$2.40000	\$0.33333	200% Above
Non-ORx	No	68462010230	FLUCONAZOLE	14	\$1.14286	\$0.35714	200% Above
Non-ORx	No	68462010230	FLUCONAZOLE	10	\$1.10000	\$0.30000	200% Above
Non-ORx	No	68462010340	FLUCONAZOLE	2	\$5.00000	\$1.00000	200% Above
Non-ORx	No	68462010430	FLUCONAZOLE	10	\$1.70000	\$0.60000	101%-200% Above
Non-ORx	No	68462010430	FLUCONAZOLE	7	\$1.71429	\$0.57143	200% Above
Non-ORx	No	68462010430	FLUCONAZOLE	21	\$3.71429	\$0.61905	200% Above
Non-ORx	No	68462010430	FLUCONAZOLE	5	\$1.80000	\$0.60000	200% Above
Non-ORx	No	68462010430	FLUCONAZOLE	4	\$1.50000	\$0.50000	200% Above
Non-ORx	No	68462010430	FLUCONAZOLE	4	\$1.75000	\$0.50000	200% Above
Non-ORx	No	68462010430	FLUCONAZOLE	3	\$1.66667	\$0.66667	101%-200% Above
Non-ORx	No	68462010530	ONDANSETRON HYDROCHLORIDE	32	\$0.75000	\$0.06250	200% Above
Non-ORx	No	68462010530	ONDANSETRON HYDROCHLORIDE	330	\$1.08485	\$0.06667	200% Above
Non-ORx	No	68462010530	ONDANSETRON HYDROCHLORIDE	24	\$0.33333	\$0.08333	200% Above
Non-ORx	No	68462010530	ONDANSETRON HYDROCHLORIDE	40	\$0.35000	\$0.07500	200% Above

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
Non-ORx	No	68462010530	ONDANSETRON HYDROCHLORIDE	180	\$1.74444	\$0.06667	200% Above
Non-ORx	No	68462010530	ONDANSETRON HYDROCHLORIDE	120	\$0.35000	\$0.06667	200% Above
Non-ORx	No	68462010530	ONDANSETRON HYDROCHLORIDE	120	\$0.55833	\$0.06667	200% Above
Non-ORx	No	68462010530	ONDANSETRON HYDROCHLORIDE	21	\$0.33333	\$0.04762	200% Above
Non-ORx	No	68462010530	ONDANSETRON HYDROCHLORIDE	60	\$0.58333	\$0.08333	200% Above
Non-ORx	No	68462010530	ONDANSETRON HYDROCHLORIDE	90	\$0.90000	\$0.10000	200% Above
Non-ORx	No	68462010530	ONDANSETRON HYDROCHLORIDE	18	\$0.61111	\$0.11111	200% Above
Non-ORx	No	68462010530	ONDANSETRON HYDROCHLORIDE	200	\$0.61000	\$0.05000	200% Above
Non-ORx	No	68462010530	ONDANSETRON HYDROCHLORIDE	45	\$0.60000	\$0.06667	200% Above
Non-ORx	No	68462010630	ONDANSETRON HYDROCHLORIDE	24	\$0.91667	\$0.08333	200% Above
Non-ORx	No	68462010630	ONDANSETRON HYDROCHLORIDE	60	\$0.88333	\$0.10000	200% Above
Non-ORx	No	68462010630	ONDANSETRON HYDROCHLORIDE	90	\$0.35556	\$0.11111	200% Above
Non-ORx	No	68462010630	ONDANSETRON HYDROCHLORIDE	9	\$5.11111	\$0.11111	200% Above
Non-ORx	No	68462010630	ONDANSETRON HYDROCHLORIDE	8	\$0.87500	\$0.12500	200% Above
Non-ORx	No	68462010630	ONDANSETRON HYDROCHLORIDE	40	\$0.90000	\$0.10000	200% Above
Non-ORx	No	68462010630	ONDANSETRON HYDROCHLORIDE	30	\$0.63333	\$0.13333	200% Above
Non-ORx	No	68462010630	ONDANSETRON HYDROCHLORIDE	12	\$0.83333	\$0.08333	200% Above
Non-ORx	No	68462010630	ONDANSETRON HYDROCHLORIDE	11	\$0.90909	\$0.09091	200% Above
Non-ORx	No	68462010805	TOPIRAMATE	105	\$0.19048	\$0.02857	200% Above
Non-ORx	No	68462010805	TOPIRAMATE	120	\$0.26667	\$0.03333	200% Above
Non-ORx	No	68462010805	TOPIRAMATE	180	\$0.20556	\$0.03333	200% Above
Non-ORx	No	68462010805	TOPIRAMATE	90	\$0.26667	\$0.03333	200% Above
Non-ORx	No	68462010805	TOPIRAMATE	30	\$0.26667	\$0.03333	200% Above
Non-ORx	No	68462010805	TOPIRAMATE	42	\$0.26191	\$0.02381	200% Above
Non-ORx	No	68462010805	TOPIRAMATE	53	\$0.26415	\$0.03774	200% Above
Non-ORx	No	68462010805	TOPIRAMATE	180	\$0.18333	\$0.03333	200% Above
Non-ORx	No	68462010905	TOPIRAMATE	360	\$0.39722	\$0.06667	200% Above
Non-ORx	No	68462010905	TOPIRAMATE	270	\$0.34074	\$0.06667	200% Above
Non-ORx	No	68462010905	TOPIRAMATE	180	\$0.33889	\$0.06667	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
Non-ORx	No	68462010905	TOPIRAMATE	180	\$0.34444	\$0.06667	200% Above
Non-ORx	No	68462010960	TOPIRAMATE	60	\$0.26667	\$0.06667	200% Above
Non-ORx	No	68462012605	GABAPENTIN	720	\$0.41667	\$0.08889	200% Above
Non-ORx	No	68462012605	GABAPENTIN	172	\$0.39535	\$0.09302	200% Above
Non-ORx	No	68462012605	GABAPENTIN	540	\$0.39815	\$0.08889	200% Above
Non-ORx	No	68462012605	GABAPENTIN	270	\$0.39259	\$0.08889	200% Above
Non-ORx	No	68462012605	GABAPENTIN	120	\$0.30000	\$0.08333	200% Above
Non-ORx	No	68462012605	GABAPENTIN	60	\$0.53333	\$0.10000	200% Above
Non-ORx	No	68462012605	GABAPENTIN	120	\$0.52500	\$0.09167	200% Above
Non-ORx	No	68462012605	GABAPENTIN	540	\$0.50185	\$0.08889	200% Above
Non-ORx	No	68462012705	GABAPENTIN	180	\$0.36111	\$0.12222	101%-200% Above
Non-ORx	No	68462012705	GABAPENTIN	540	\$0.35926	\$0.12222	101%-200% Above
Non-ORx	No	68462012705	GABAPENTIN	120	\$0.60000	\$0.12500	200% Above
Non-ORx	No	68462012705	GABAPENTIN	180	\$0.46111	\$0.12222	200% Above
Non-ORx	No	68462012901	ZONISAMIDE	90	\$0.65556	\$0.10000	200% Above
Non-ORx	No	68462013001	ZONISAMIDE	180	\$0.34444	\$0.12222	101%-200% Above
Non-ORx	No	68462013279	NORETHINDRONE ACETATE/ETH	21	\$0.95238	\$0.28571	200% Above
Non-ORx	No	68462013281	NORETHINDRONE ACETATE/ETH	84	\$0.52381	\$0.28571	76%-100% Above
Non-ORx	No	68462013281	NORETHINDRONE ACETATE/ETH	84	\$0.86905	\$0.29762	101%-200% Above
Non-ORx	No	68462013281	NORETHINDRONE ACETATE/ETH	756	\$0.72355	\$0.28571	101%-200% Above
Non-ORx	No	68462013281	NORETHINDRONE ACETATE/ETH	273	\$0.60073	\$0.28571	101%-200% Above
Non-ORx	No	68462013281	NORETHINDRONE ACETATE/ETH	84	\$0.95238	\$0.28571	200% Above
Non-ORx	No	68462013701	OXCARBAZEPINE	90	\$0.23333	\$0.14444	51%-75% Above
Non-ORx	No	68462013701	OXCARBAZEPINE	150	\$0.46667	\$0.14667	200% Above
Non-ORx	No	68462013701	OXCARBAZEPINE	60	\$0.35000	\$0.15000	101%-200% Above
Non-ORx	No	68462013801	OXCARBAZEPINE	180	\$0.38333	\$0.21667	76%-100% Above
Non-ORx	No	68462013801	OXCARBAZEPINE	90	\$1.02222	\$0.22222	200% Above
Non-ORx	No	68462013801	OXCARBAZEPINE	60	\$1.03333	\$0.21667	200% Above
Non-ORx	No	68462013901	OXCARBAZEPINE	120	\$0.52500	\$0.43333	10%-25% Above
Non-ORx	No	68462013901	OXCARBAZEPINE	30	\$0.96667	\$0.43333	101%-200% Above
Non-ORx	No	68462015305	TOPIRAMATE	90	\$0.25556	\$0.04444	200% Above
Non-ORx	No	68462015305	TOPIRAMATE	180	\$0.27222	\$0.04444	200% Above
Non-ORx	No	68462015305	TOPIRAMATE	120	\$0.33333	\$0.03333	200% Above
Non-ORx	No	68462015305	TOPIRAMATE	180	\$0.33333	\$0.05000	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
Non-ORx	No	68462015713	ONDANSETRON ODT	21	\$1.47619	\$0.23810	200% Above
Non-ORx	No	68462015713	ONDANSETRON ODT	24	\$1.50000	\$0.25000	200% Above
Non-ORx	No	68462015713	ONDANSETRON ODT	100	\$0.91000	\$0.20000	200% Above
Non-ORx	No	68462015713	ONDANSETRON ODT	20	\$1.50000	\$0.25000	200% Above
Non-ORx	No	68462015713	ONDANSETRON ODT	180	\$0.26111	\$0.21667	10%-25% Above
Non-ORx	No	68462015713	ONDANSETRON ODT	240	\$0.89167	\$0.23333	200% Above
Non-ORx	No	68462015713	ONDANSETRON ODT	12	\$1.50000	\$0.16667	200% Above
Non-ORx	No	68462015713	ONDANSETRON ODT	7	\$0.71429	\$0.28571	101%-200% Above
Non-ORx	No	68462015713	ONDANSETRON ODT	8	\$1.50000	\$0.25000	200% Above
Non-ORx	No	68462015713	ONDANSETRON ODT	3	\$0.66667	\$0.33333	101%-200% Above
Non-ORx	No	68462015713	ONDANSETRON ODT	15	\$0.46667	\$0.20000	101%-200% Above
Non-ORx	No	68462015713	ONDANSETRON ODT	75	\$0.54667	\$0.20000	101%-200% Above
Non-ORx	No	68462015713	ONDANSETRON ODT	72	\$0.80556	\$0.25000	200% Above
Non-ORx	No	68462015713	ONDANSETRON ODT	30	\$0.53333	\$0.20000	101%-200% Above
Non-ORx	No	68462015813	ONDANSETRON ODT	60	\$1.16667	\$0.23333	200% Above
Non-ORx	No	68462015813	ONDANSETRON ODT	45	\$1.53333	\$0.22222	200% Above
Non-ORx	No	68462015813	ONDANSETRON ODT	40	\$1.17500	\$0.25000	200% Above
Non-ORx	No	68462015813	ONDANSETRON ODT	30	\$1.26667	\$0.20000	200% Above
Non-ORx	No	68462016201	CARVEDIOL	120	\$0.02500	\$0.01667	51%-75% Above
Non-ORx	No	68462016205	CARVEDIOL	180	\$0.12222	\$0.01667	200% Above
Non-ORx	No	68462016205	CARVEDIOL	60	\$0.21667	\$0.01667	200% Above
Non-ORx	No	68462016205	CARVEDIOL	30	\$0.13333	\$0.03333	200% Above
Non-ORx	No	68462016305	CARVEDIOL	180	\$0.16667	\$0.02222	200% Above
Non-ORx	No	68462016305	CARVEDIOL	420	\$0.13810	\$0.01667	200% Above
Non-ORx	No	68462016405	CARVEDIOL	180	\$0.17222	\$0.02222	200% Above
Non-ORx	No	68462016405	CARVEDIOL	300	\$0.07667	\$0.01667	200% Above
Non-ORx	No	68462016505	CARVEDIOL	1080	\$0.17778	\$0.03333	200% Above
Non-ORx	No	68462016505	CARVEDIOL	120	\$0.17500	\$0.03333	200% Above
Non-ORx	No	68462016505	CARVEDIOL	540	\$0.18333	\$0.03333	200% Above
Non-ORx	No	68462017901	NAPROXEN SODIUM	30	\$1.70000	\$0.33333	200% Above
Non-ORx	No	68462017901	NAPROXEN SODIUM	6	\$1.66667	\$0.33333	200% Above
Non-ORx	No	68462018022	MUPIROCIN	330	\$0.39394	\$0.18182	101%-200% Above
Non-ORx	No	68462018556	FLUOCINOLONE ACETONIDE	20	\$1.70000	\$1.90000	(10%-25%) Below
Non-ORx	No	68462018556	FLUOCINOLONE ACETONIDE	20	\$6.00000	\$1.70000	200% Above
Non-ORx	No	68462018801	NAPROXEN	90	\$0.26667	\$0.05556	200% Above
Non-ORx	No	68462018801	NAPROXEN	120	\$0.26667	\$0.05000	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
Non-ORx	No	68462018905	NAPROXEN	20	\$0.25000	\$0.10000	101%-200% Above
Non-ORx	No	68462019005	NAPROXEN	56	\$0.05357	\$0.07143	(10%-25%) Below
Non-ORx	No	68462019005	NAPROXEN	840	\$0.25476	\$0.08333	200% Above
Non-ORx	No	68462019005	NAPROXEN	180	\$0.10556	\$0.07778	26%-50% Above
Non-ORx	No	68462019005	NAPROXEN	170	\$0.17647	\$0.07647	101%-200% Above
Non-ORx	No	68462019005	NAPROXEN	150	\$0.18667	\$0.06667	101%-200% Above
Non-ORx	No	68462019005	NAPROXEN	15	\$0.33333	\$0.06667	200% Above
Non-ORx	No	68462019005	NAPROXEN	28	\$0.28571	\$0.07143	200% Above
Non-ORx	No	68462019005	NAPROXEN	28	\$0.35714	\$0.07143	200% Above
Non-ORx	No	68462019005	NAPROXEN	80	\$0.23750	\$0.10000	101%-200% Above
Non-ORx	No	68462019255	MOMETASONE FUROATE	90	\$0.58889	\$0.33333	76%-100% Above
Non-ORx	No	68462019590	PRAVASTATIN SODIUM	30	\$0.26667	\$0.06667	200% Above
Non-ORx	No	68462019605	PRAVASTATIN SODIUM	30	\$0.46667	\$0.06667	200% Above
Non-ORx	No	68462019690	PRAVASTATIN SODIUM	30	\$0.46667	\$0.06667	200% Above
Non-ORx	No	68462019705	PRAVASTATIN SODIUM	90	\$0.33333	\$0.08889	200% Above
Non-ORx	No	68462019705	PRAVASTATIN SODIUM	210	\$0.48095	\$0.10000	200% Above
Non-ORx	No	68462019790	PRAVASTATIN SODIUM	30	\$0.43333	\$0.10000	200% Above
Non-ORx	No	68462019805	PRAVASTATIN SODIUM	90	\$0.55556	\$0.14444	200% Above
Non-ORx	No	68462019890	PRAVASTATIN SODIUM	60	\$0.63333	\$0.16667	200% Above
Non-ORx	No	68462019930	TELMISARTAN	60	\$1.16667	\$0.33333	200% Above
Non-ORx	No	68462020030	TELMISARTAN	180	\$1.36667	\$0.34444	200% Above
Non-ORx	No	68462020030	TELMISARTAN	30	\$1.63333	\$0.36667	200% Above
Non-ORx	No	68462020030	TELMISARTAN	60	\$0.73333	\$0.33333	101%-200% Above
Non-ORx	No	68462020113	TELMISARTAN	30	\$0.86667	\$0.33333	101%-200% Above
Non-ORx	No	68462020130	TELMISARTAN	90	\$0.94444	\$0.34444	101%-200% Above
Non-ORx	No	68462020130	TELMISARTAN	30	\$1.56667	\$0.33333	200% Above
Non-ORx	No	68462020130	TELMISARTAN	30	\$1.63333	\$0.30000	200% Above
Non-ORx	No	68462022001	LITHIUM CARBONATE	90	\$0.10000	\$0.06667	51%-75% Above
Non-ORx	No	68462022001	LITHIUM CARBONATE	30	\$0.10000	\$0.06667	51%-75% Above
Non-ORx	No	68462022110	LITHIUM CARBONATE	90	\$0.12222	\$0.04444	101%-200% Above
Non-ORx	No	68462022110	LITHIUM CARBONATE	80	\$0.12500	\$0.05000	101%-200% Above
Non-ORx	No	68462022201	LITHIUM CARBONATE	90	\$0.25556	\$0.14444	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
Non-ORx	No	68462022201	LITHIUM CARBONATE	60	\$0.23333	\$0.13333	76%-100% Above
Non-ORx	No	68462022201	LITHIUM CARBONATE	30	\$0.26667	\$0.13333	101%-200% Above
Non-ORx	No	68462022301	LITHIUM CARBONATE ER	120	\$0.32500	\$0.13333	101%-200% Above
Non-ORx	No	68462022301	LITHIUM CARBONATE ER	120	\$0.32500	\$0.15000	101%-200% Above
Non-ORx	No	68462022301	LITHIUM CARBONATE ER	90	\$0.11111	\$0.15556	(26%-50%) Below
Non-ORx	No	68462022301	LITHIUM CARBONATE ER	60	\$0.21667	\$0.15000	26%-50% Above
Non-ORx	No	68462022301	LITHIUM CARBONATE ER	60	\$0.33333	\$0.13333	101%-200% Above
Non-ORx	No	68462022401	LITHIUM CARBONATE ER	60	\$0.11667	\$0.16667	(26%-50%) Below
Non-ORx	No	68462022517	MOMETASONE FUROATE	45	\$0.57778	\$0.28889	101%-200% Above
Non-ORx	No	68462022517	MOMETASONE FUROATE	90	\$0.36667	\$0.30000	10%-25% Above
Non-ORx	No	68462022555	MOMETASONE FUROATE	90	\$0.57778	\$0.16667	200% Above
Non-ORx	No	68462025401	ROPINIROLE HCL	180	\$0.25556	\$0.05000	200% Above
Non-ORx	No	68462025401	ROPINIROLE HCL	90	\$0.21111	\$0.04444	200% Above
Non-ORx	No	68462025401	ROPINIROLE HCL	60	\$0.26667	\$0.03333	200% Above
Non-ORx	No	68462025401	ROPINIROLE HCL	120	\$0.20833	\$0.05000	200% Above
Non-ORx	No	68462025501	ROPINIROLE HCL	60	\$0.16667	\$0.05000	200% Above
Non-ORx	No	68462025601	ROPINIROLE HCL	60	\$0.38333	\$0.06667	200% Above
Non-ORx	No	68462025701	ROPINIROLE HYDROCHLORIDE	90	\$0.38889	\$0.10000	200% Above
Non-ORx	No	68462026001	VERAPAMIL HCL ER	180	\$0.48889	\$0.16667	101%-200% Above
Non-ORx	No	68462026001	VERAPAMIL HCL ER	90	\$0.48889	\$0.16667	101%-200% Above
Non-ORx	No	68462026001	VERAPAMIL HCL ER	60	\$0.80000	\$0.16667	200% Above
Non-ORx	No	68462026110	ROSUVASTATIN CALCIUM	630	\$0.39206	\$0.06667	200% Above
Non-ORx	No	68462026190	ROSUVASTATIN CALCIUM	360	\$0.40278	\$0.06667	200% Above
Non-ORx	No	68462026190	ROSUVASTATIN CALCIUM	90	\$0.24444	\$0.06667	200% Above
Non-ORx	No	68462026210	ROSUVASTATIN CALCIUM	360	\$0.42778	\$0.06111	200% Above
Non-ORx	No	68462026210	ROSUVASTATIN CALCIUM	1440	\$0.42778	\$0.06667	200% Above
Non-ORx	No	68462026290	ROSUVASTATIN CALCIUM	180	\$0.42222	\$0.06667	200% Above
Non-ORx	No	68462026290	ROSUVASTATIN CALCIUM	270	\$0.14815	\$0.06667	101%-200% Above
Non-ORx	No	68462026310	ROSUVASTATIN CALCIUM	630	\$0.44444	\$0.07778	200% Above
Non-ORx	No	68462026390	ROSUVASTATIN CALCIUM	450	\$0.43556	\$0.07778	200% Above
Non-ORx	No	68462026390	ROSUVASTATIN CALCIUM	90	\$0.16667	\$0.06667	101%-200% Above
Non-ORx	No	68462026405	ROSUVASTATIN CALCIUM	270	\$0.63333	\$0.13333	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
Non-ORx	No	68462026430	ROSUVASTATIN CALCIUM	90	\$0.63333	\$0.13333	200% Above
Non-ORx	No	68462026430	ROSUVASTATIN CALCIUM	150	\$0.36667	\$0.13333	101%-200% Above
Non-ORx	No	68462027130	ATOMOXETINE	30	\$1.33333	\$1.86667	(26%-50%) Below
Non-ORx	No	68462029052	AUGMENTED BETAMETHASONE D	50	\$0.70000	\$0.16000	200% Above
Non-ORx	No	68462029052	AUGMENTED BETAMETHASONE D	50	\$0.68000	\$0.14000	200% Above
Non-ORx	No	68462029201	VERAPAMIL HCL ER	270	\$0.51482	\$0.30000	51%-75% Above
Non-ORx	No	68462029201	VERAPAMIL HCL ER	90	\$0.58889	\$0.26667	101%-200% Above
Non-ORx	No	68462029201	VERAPAMIL HCL ER	30	\$0.73333	\$0.30000	101%-200% Above
Non-ORx	No	68462029301	VERAPAMIL HCL ER	40	\$1.00000	\$0.20000	200% Above
Non-ORx	No	68462029735	CICLOPIROX OLAMINE	90	\$0.07778	\$0.20000	(51%-75%) Below
Non-ORx	No	68462029817	CLOTRIMAZOLE/BETAMETHASO N	135	\$0.44444	\$0.26667	51%-75% Above
Non-ORx	No	68462030201	INDOMETHACIN	90	\$0.27778	\$0.11111	101%-200% Above
Non-ORx	No	68462030201	INDOMETHACIN	60	\$0.31667	\$0.13333	101%-200% Above
Non-ORx	No	68462030201	INDOMETHACIN	20	\$0.35000	\$0.10000	200% Above
Non-ORx	No	68462030201	INDOMETHACIN	60	\$0.23333	\$0.10000	101%-200% Above
Non-ORx	No	68462030205	INDOMETHACIN	60	\$0.43333	\$0.11667	200% Above
Non-ORx	No	68462030205	INDOMETHACIN	45	\$0.28889	\$0.11111	101%-200% Above
Non-ORx	No	68462030329	HEATHER	588	\$0.56122	\$0.16667	200% Above
Non-ORx	No	68462030329	HEATHER	280	\$0.41071	\$0.17857	101%-200% Above
Non-ORx	No	68462030450	NORETHINDRONE ACETATE	120	\$0.83333	\$0.60000	26%-50% Above
Non-ORx	No	68462030450	NORETHINDRONE ACETATE	15	\$0.33333	\$0.60000	(26%-50%) Below
Non-ORx	No	68462030450	NORETHINDRONE ACETATE	12	\$0.66667	\$0.50000	26%-50% Above
Non-ORx	No	68462030450	NORETHINDRONE ACETATE	10	\$0.90000	\$0.50000	76%-100% Above
Non-ORx	No	68462030450	NORETHINDRONE ACETATE	60	\$0.81667	\$0.53333	51%-75% Above
Non-ORx	No	68462030450	NORETHINDRONE ACETATE	60	\$0.26667	\$0.60000	(51%-75%) Below
Non-ORx	No	68462030529	NORETHINDRONE	504	\$0.47222	\$0.16667	101%-200% Above
Non-ORx	No	68462030529	NORETHINDRONE	112	\$0.64286	\$0.17857	200% Above
Non-ORx	No	68462030929	NORGESTIMATE/ETHINYL ESTR	1932	\$0.49120	\$0.17857	101%-200% Above
Non-ORx	No	68462030929	NORGESTIMATE/ETHINYL ESTR	588	\$0.53912	\$0.15476	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
Non-ORx	No	68462030929	NORGESTIMATE/ETHINYL ESTR	56	\$0.85714	\$0.14286	200% Above
Non-ORx	No	68462030929	NORGESTIMATE/ETHINYL ESTR	168	\$0.85714	\$0.17857	200% Above
Non-ORx	No	68462031065	CALCIPOTRIENE	60	\$2.75000	\$2.08333	26%-50% Above
Non-ORx	No	68462031829	VIORELE	84	\$0.70238	\$0.33333	101%-200% Above
Non-ORx	No	68462031829	VIORELE	168	\$0.69048	\$0.23810	101%-200% Above
Non-ORx	No	68462031829	VIORELE	112	\$0.86607	\$0.25000	200% Above
Non-ORx	No	68462031960	RANOLAZINE ER	120	\$0.26667	\$0.34167	(10%-25%) Below
Non-ORx	No	68462032330	EZETIMIBE/SIMVASTATIN	30	\$3.96667	\$0.80000	200% Above
Non-ORx	No	68462033190	PRAMIPEXOLE DIHYDROCHLORI	90	\$0.27778	\$0.05556	200% Above
Non-ORx	No	68462033190	PRAMIPEXOLE DIHYDROCHLORI	60	\$0.03333	\$0.05000	(26%-50%) Below
Non-ORx	No	68462033290	PRAMIPEXOLE DIHYDROCHLORI	30	\$0.30000	\$0.03333	200% Above
Non-ORx	No	68462033390	PRAMIPEXOLE DIHYDROCHLORI	30	\$0.40000	\$0.06667	200% Above
Non-ORx	No	68462034690	LEVOCETIRIZINE DIHYDROCHL	180	\$0.32778	\$0.07778	200% Above
Non-ORx	No	68462034690	LEVOCETIRIZINE DIHYDROCHL	20	\$0.25000	\$0.10000	101%-200% Above
Non-ORx	No	68462034690	LEVOCETIRIZINE DIHYDROCHL	40	\$0.20000	\$0.10000	101%-200% Above
Non-ORx	No	68462034690	LEVOCETIRIZINE DIHYDROCHL	690	\$0.21739	\$0.06667	200% Above
Non-ORx	No	68462035701	POTASSIUM CHLORIDE ER	90	\$0.46667	\$0.13333	200% Above
Non-ORx	No	68462035705	POTASSIUM CHLORIDE ER	60	\$0.55000	\$0.13333	200% Above
Non-ORx	No	68462035705	POTASSIUM CHLORIDE ER	30	\$0.13333	\$0.16667	(10%-25%) Below
Non-ORx	No	68462035705	POTASSIUM CHLORIDE ER	30	\$0.33333	\$0.13333	101%-200% Above
Non-ORx	No	68462038001	THEOPHYLLINE ER	30	\$0.96667	\$0.76667	26%-50% Above
Non-ORx	No	68462038160	RILUZOLE	60	\$3.66667	\$0.36667	200% Above
Non-ORx	No	68462038201	ESZOPICLONE	90	\$0.50000	\$0.16667	200% Above
Non-ORx	No	68462038301	ESZOPICLONE	30	\$0.16667	\$0.26667	(26%-50%) Below
Non-ORx	No	68462038301	ESZOPICLONE	120	\$0.39167	\$0.23333	51%-75% Above
Non-ORx	No	68462038401	ESZOPICLONE	180	\$0.81111	\$0.16667	200% Above
Non-ORx	No	68462038401	ESZOPICLONE	60	\$0.36667	\$0.13333	101%-200% Above
Non-ORx	No	68462038502	MOMETASONE FUROATE	60	\$0.36667	\$0.33333	10%-25% Above
Non-ORx	No	68462038730	SOLIFENACIN SUCCINATE	180	\$0.44444	\$0.25556	51%-75% Above
Non-ORx	No	68462038730	SOLIFENACIN SUCCINATE	90	\$0.16667	\$0.23333	(26%-50%) Below
Non-ORx	No	68462038730	SOLIFENACIN SUCCINATE	30	\$1.20000	\$0.23333	200% Above
Non-ORx	No	68462038790	SOLIFENACIN SUCCINATE	90	\$0.66667	\$0.25556	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
Non-ORx	No	68462038829	MARLISSA	84	\$0.34524	\$0.17857	76%-100% Above
Non-ORx	No	68462039429	ALYACEN 1/35	168	\$0.77381	\$0.33333	101%-200% Above
Non-ORx	No	68462039429	ALYACEN 1/35	224	\$0.77679	\$0.33036	101%-200% Above
Non-ORx	No	68462039429	ALYACEN 1/35	84	\$0.78571	\$0.32143	101%-200% Above
Non-ORx	No	68462039610	OMEPRAZOLE	180	\$0.17778	\$0.03333	200% Above
Non-ORx	No	68462039610	OMEPRAZOLE	240	\$0.10417	\$0.03333	200% Above
Non-ORx	No	68462039610	OMEPRAZOLE	270	\$0.15185	\$0.03333	200% Above
Non-ORx	No	68462039710	OMEPRAZOLE	900	\$0.39667	\$0.06667	200% Above
Non-ORx	No	68462039710	OMEPRAZOLE	180	\$0.07778	\$0.06111	26%-50% Above
Non-ORx	No	68462039710	OMEPRAZOLE	15	\$0.26667	\$0.06667	200% Above
Non-ORx	No	68462039710	OMEPRAZOLE	1140	\$0.18860	\$0.06667	101%-200% Above
Non-ORx	No	68462039710	OMEPRAZOLE	300	\$0.26333	\$0.06667	200% Above
Non-ORx	No	68462040467	ATOVAQUONE/PROGUANIL HCL	60	\$5.00000	\$2.18333	101%-200% Above
Non-ORx	No	68462040467	ATOVAQUONE/PROGUANIL HCL	20	\$5.00000	\$2.20000	101%-200% Above
Non-ORx	No	68462040601	INDOMETHACIN	30	\$0.26667	\$0.10000	101%-200% Above
Non-ORx	No	68462040601	INDOMETHACIN	21	\$0.23810	\$0.09524	101%-200% Above
Non-ORx	No	68462040860	PROPAFENONE HYDROCHLORIDE	60	\$2.65000	\$1.35000	76%-100% Above
Non-ORx	No	68462041820	LIDOCAINE	70	\$1.05714	\$0.22857	200% Above
Non-ORx	No	68462042121	ATOVAQUONE	210	\$1.33810	\$1.17619	10%-25% Above
Non-ORx	No	68462043518	ACAMPROSATE CALCIUM DR	360	\$1.22778	\$0.64444	76%-100% Above
Non-ORx	No	68462043630	OLMESARTAN MEDOXOMIL	120	\$0.25833	\$0.08333	200% Above
Non-ORx	No	68462043630	OLMESARTAN MEDOXOMIL	120	\$0.35833	\$0.10000	200% Above
Non-ORx	No	68462043730	OLMESARTAN MEDOXOMIL	60	\$0.30000	\$0.10000	200% Above
Non-ORx	No	68462043730	OLMESARTAN MEDOXOMIL	180	\$0.38889	\$0.11111	200% Above
Non-ORx	No	68462043730	OLMESARTAN MEDOXOMIL	120	\$0.33333	\$0.10000	200% Above
Non-ORx	No	68462043790	OLMESARTAN MEDOXOMIL	45	\$0.04444	\$0.11111	(51%-75%) Below
Non-ORx	No	68462043790	OLMESARTAN MEDOXOMIL	150	\$0.16000	\$0.10000	51%-75% Above
Non-ORx	No	68462043830	OLMESARTAN MEDOXOMIL	90	\$0.55556	\$0.15556	200% Above
Non-ORx	No	68462043830	OLMESARTAN MEDOXOMIL	90	\$0.41111	\$0.14444	101%-200% Above
Non-ORx	No	68462043830	OLMESARTAN MEDOXOMIL	180	\$0.20000	\$0.16667	10%-25% Above
Non-ORx	No	68462043890	OLMESARTAN MEDOXOMIL	90	\$0.55556	\$0.15556	200% Above
Non-ORx	No	68462043890	OLMESARTAN MEDOXOMIL	30	\$0.16667	\$0.13333	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
Non-ORx	No	68462043890	OLMESARTAN MEDOXOMIL	90	\$0.10000	\$0.16667	(26%-50%) Below
Non-ORx	No	68462046160	TROSPIUM CHLORIDE	60	\$0.56667	\$0.36667	51%-75% Above
Non-ORx	No	68462046599	RIZATRIPTAN BENZOATE	9	\$1.66667	\$0.66667	101%-200% Above
Non-ORx	No	68462046699	RIZATRIPTAN BENZOATE	4	\$1.75000	\$0.50000	200% Above
Non-ORx	No	68462047101	POTASSIUM CHLORIDE ER	30	\$0.36667	\$0.20000	76%-100% Above
Non-ORx	No	68462047205	POTASSIUM CHLORIDE ER	90	\$0.34444	\$0.18889	76%-100% Above
Non-ORx	No	68462047401	URSODIOL	60	\$1.61667	\$1.03333	51%-75% Above
Non-ORx	No	68462047401	URSODIOL	120	\$0.53333	\$0.93333	(26%-50%) Below
Non-ORx	No	68462049776	ZOLMITRIPTAN	8	\$6.00000	\$1.00000	200% Above
Non-ORx	No	68462049833	ZOLMITRIPTAN	8	\$3.00000	\$2.25000	26%-50% Above
Non-ORx	No	68462050165	CALCIPOTRIENE	60	\$1.85000	\$1.30000	26%-50% Above
Non-ORx	No	68462050329	HAILEY FE 1.5/30	84	\$0.72619	\$0.26191	101%-200% Above
Non-ORx	No	68462050329	HAILEY FE 1.5/30	336	\$0.72619	\$0.32143	101%-200% Above
Non-ORx	No	68462050329	HAILEY FE 1.5/30	112	\$0.72321	\$0.32143	101%-200% Above
Non-ORx	No	68462050329	HAILEY FE 1.5/30	28	\$0.71429	\$0.25000	101%-200% Above
Non-ORx	No	68462050329	HAILEY FE 1.5/30	56	\$0.53571	\$0.32143	51%-75% Above
Non-ORx	No	68462050481	HAILEY 1.5/30	63	\$0.90476	\$0.57143	51%-75% Above
Non-ORx	No	68462050481	HAILEY 1.5/30	168	\$0.46429	\$0.57143	(10%-25%) Below
Non-ORx	No	68462050481	HAILEY 1.5/30	63	\$0.73016	\$0.57143	26%-50% Above
Non-ORx	No	00002772801	LYUMJEV	30	\$20.93333	\$26.33333	(10%-25%) Below
Non-ORx	No	00002879959	HUMALOG KWIKPEN	90	\$29.01111	\$33.93333	(10%-25%) Below
Non-ORx	No	00003089421	ELIQUIS	90	\$6.34444	\$8.46667	(26%-50%) Below
Non-ORx	No	00006003330	BELSOMRA	30	\$8.86667	\$12.86667	(26%-50%) Below
Non-ORx	No	00006007861	JANUMET XR	60	\$5.21667	\$8.33333	(26%-50%) Below
Non-ORx	No	00006008061	JANUMET XR	180	\$6.15000	\$8.33333	(26%-50%) Below
Non-ORx	No	00006011231	JANUVIA	180	\$12.15000	\$16.68889	(26%-50%) Below
Non-ORx	No	00006027731	JANUVIA	180	\$12.46111	\$16.67778	(26%-50%) Below
Non-ORx	No	00006057561	JANUMET	180	\$6.02778	\$8.35000	(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
Non-ORx	No	00006057761	JANUMET	180	\$7.06111	\$8.33333	(10%-25%) Below
Non-ORx	No	00009041701	DEPO-TESTOSTERONE	2	\$6.50000	\$14.00000	(51%-75%) Below
Non-ORx	No	00023530105	RESTASIS MULTIDOSE	6	\$82.00000	\$103.33333	(10%-25%) Below
Non-ORx	No	00023916330	RESTASIS	60	\$8.20000	\$10.31667	(10%-25%) Below
Non-ORx	No	00024586903	TOUJEO SOLOSTAR	28	\$62.50000	\$80.00000	(10%-25%) Below
Non-ORx	No	00046110281	PREMARIN	180	\$5.17222	\$6.13333	(10%-25%) Below
Non-ORx	No	00046110481	PREMARIN	90	\$4.71111	\$6.08889	(10%-25%) Below
Non-ORx	No	00054001021	FLECAINIDE ACETATE	60	\$0.33333	\$0.15000	101%-200% Above
Non-ORx	No	00054001025	FLECAINIDE ACETATE	180	\$0.36667	\$0.15556	101%-200% Above
Non-ORx	No	00054001125	FLECAINIDE ACETATE	180	\$0.64444	\$0.23889	101%-200% Above
Non-ORx	No	00054001125	FLECAINIDE ACETATE	90	\$0.64444	\$0.24444	101%-200% Above
Non-ORx	No	00054001125	FLECAINIDE ACETATE	60	\$0.90000	\$0.23333	200% Above
Non-ORx	No	00054001125	FLECAINIDE ACETATE	10	\$0.90000	\$0.20000	200% Above
Non-ORx	No	00054001825	PREDNISONE	14	\$0.21429	\$0.14286	51%-75% Above
Non-ORx	No	00054001825	PREDNISONE	15	\$0.06667	\$0.13333	(26%-50%) Below
Non-ORx	No	00054001825	PREDNISONE	60	\$0.03333	\$0.11667	(51%-75%) Below
Non-ORx	No	00054001825	PREDNISONE	10	\$0.10000	\$0.20000	(26%-50%) Below
Non-ORx	No	00054001825	PREDNISONE	9	\$0.00000	\$0.11111	(76%-100%) Below
Non-ORx	No	00054001829	PREDNISONE	15	\$0.20000	\$0.13333	51%-75% Above
Non-ORx	No	00054001829	PREDNISONE	33	\$0.18182	\$0.12121	51%-75% Above
Non-ORx	No	00054001925	PREDNISONE	72	\$0.22222	\$0.26389	(10%-25%) Below
Non-ORx	No	00054001925	PREDNISONE	90	\$0.24444	\$0.27778	(10%-25%) Below
Non-ORx	No	00054001925	PREDNISONE	85	\$0.22353	\$0.20000	10%-25% Above
Non-ORx	No	00054001925	PREDNISONE	6	\$0.66667	\$0.33333	101%-200% Above
Non-ORx	No	00054002025	LITHIUM CARBONATE ER	90	\$0.37778	\$0.18889	101%-200% Above
Non-ORx	No	00054002025	LITHIUM CARBONATE ER	120	\$0.38333	\$0.20000	76%-100% Above
Non-ORx	No	00054002025	LITHIUM CARBONATE ER	60	\$0.38333	\$0.16667	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
Non-ORx	No	00054002125	LITHIUM CARBONATE ER	120	\$0.32500	\$0.15000	101%-200% Above
Non-ORx	No	00054002125	LITHIUM CARBONATE ER	270	\$0.23333	\$0.15556	51%-75% Above
Non-ORx	No	00054002125	LITHIUM CARBONATE ER	90	\$0.05556	\$0.13333	(51%-75%) Below
Non-ORx	No	00054004544	IPRATROPIUM BROMIDE	30	\$0.86667	\$0.76667	10%-25% Above
Non-ORx	No	00054004544	IPRATROPIUM BROMIDE	30	\$1.96667	\$0.73333	101%-200% Above
Non-ORx	No	00054004641	IPRATROPIUM BROMIDE	105	\$2.31429	\$1.40000	51%-75% Above
Non-ORx	No	00054006447	ONDANSETRON HCL	45	\$1.04444	\$0.26667	200% Above
Non-ORx	No	00054006447	ONDANSETRON HCL	60	\$1.03333	\$0.26667	200% Above
Non-ORx	No	00054006447	ONDANSETRON HCL	15	\$1.06667	\$0.26667	200% Above
Non-ORx	No	00054007729	TORSEMIDE	67	\$0.26866	\$0.07463	200% Above
Non-ORx	No	00054007928	BALSALAZIDE DISODIUM	810	\$0.51728	\$0.40494	26%-50% Above
Non-ORx	No	00054012422	LOSARTAN POTASSIUM	60	\$0.20000	\$0.06667	200% Above
Non-ORx	No	00054012522	LOSARTAN POTASSIUM	120	\$0.48333	\$0.08333	200% Above
Non-ORx	No	00054012522	LOSARTAN POTASSIUM	60	\$0.41667	\$0.06667	200% Above
Non-ORx	No	00054012522	LOSARTAN POTASSIUM	1170	\$0.42735	\$0.10000	200% Above
Non-ORx	No	00054016325	MYCOPHENOLATE MOFETIL	120	\$0.90833	\$0.20000	200% Above
Non-ORx	No	00054016325	MYCOPHENOLATE MOFETIL	60	\$0.91667	\$0.16667	200% Above
Non-ORx	No	00054016625	MYCOPHENOLATE MOFETIL	240	\$1.11250	\$0.33333	200% Above
Non-ORx	No	00054016625	MYCOPHENOLATE MOFETIL	56	\$1.41071	\$0.33929	200% Above
Non-ORx	No	00054016625	MYCOPHENOLATE MOFETIL	60	\$1.40000	\$0.33333	200% Above
Non-ORx	No	00054017713	BUPRENORPHINE HCL	90	\$1.84444	\$0.76667	101%-200% Above
Non-ORx	No	00054017713	BUPRENORPHINE HCL	90	\$0.57778	\$0.81111	(26%-50%) Below
Non-ORx	No	00054017713	BUPRENORPHINE HCL	84	\$0.59524	\$0.80952	(26%-50%) Below
Non-ORx	No	00054017713	BUPRENORPHINE HCL	31	\$0.58065	\$0.77419	(10%-25%) Below
Non-ORx	No	00054017713	BUPRENORPHINE HCL	70	\$1.84286	\$0.77143	101%-200% Above
Non-ORx	No	00054018913	BUPRENORPHINE HCL/NALOXON	60	\$3.65000	\$1.03333	200% Above
Non-ORx	No	00054018913	BUPRENORPHINE HCL/NALOXON	90	\$1.20000	\$1.02222	10%-25% Above
Non-ORx	No	00054018913	BUPRENORPHINE HCL/NALOXON	180	\$2.13333	\$0.97778	101%-200% Above
Non-ORx	No	00054018913	BUPRENORPHINE HCL/NALOXON	60	\$2.13333	\$0.93333	101%-200% Above
Non-ORx	No	00054018913	BUPRENORPHINE HCL/NALOXON	30	\$3.20000	\$1.03333	200% Above
Non-ORx	No	00054018913	BUPRENORPHINE HCL/NALOXON	45	\$3.20000	\$1.02222	200% Above
Non-ORx	No	00054023525	MORPHINE SULFATE	18	\$0.38889	\$0.27778	26%-50% Above
Non-ORx	No	00054024425	CODEINE SULFATE	18	\$0.55556	\$0.66667	(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
Non-ORx	No	00054025422	IRBESARTAN/HYDROCHLOROTHI	30	\$0.56667	\$0.26667	101%-200% Above
Non-ORx	No	00054025513	IRBESARTAN/HYDROCHLOROTHI	30	\$1.63333	\$0.30000	200% Above
Non-ORx	No	00054027903	NARATRIPTAN HCL	7	\$5.28571	\$1.57143	200% Above
Non-ORx	No	00054027903	NARATRIPTAN HCL	8	\$3.50000	\$1.50000	101%-200% Above
Non-ORx	No	00054029399	AZELASTINE HYDROCHLORIDE	60	\$0.68333	\$0.26667	101%-200% Above
Non-ORx	No	00054039063	OXYCODONE HYDROCHLORIDE	210	\$0.16191	\$0.09048	76%-100% Above
Non-ORx	No	00054040013	DESVENLAFAXINE ER	180	\$2.01111	\$0.56667	200% Above
Non-ORx	No	00054040013	DESVENLAFAXINE ER	60	\$0.78333	\$0.56667	26%-50% Above
Non-ORx	No	00054040013	DESVENLAFAXINE ER	150	\$1.25333	\$0.56667	101%-200% Above
Non-ORx	No	00054040022	DESVENLAFAXINE ER	360	\$1.47778	\$0.56667	101%-200% Above
Non-ORx	No	00054040113	DESVENLAFAXINE ER	90	\$0.37778	\$0.62222	(26%-50%) Below
Non-ORx	No	00054040113	DESVENLAFAXINE ER	270	\$2.17037	\$0.63333	200% Above
Non-ORx	No	00054040113	DESVENLAFAXINE ER	60	\$1.65000	\$0.63333	101%-200% Above
Non-ORx	No	00054040122	DESVENLAFAXINE ER	60	\$1.88333	\$0.63333	101%-200% Above
Non-ORx	No	00054040122	DESVENLAFAXINE ER	180	\$1.47778	\$0.63333	101%-200% Above
Non-ORx	No	00054050823	ICOSAPENT ETHYL	240	\$0.97500	\$2.25000	(51%-75%) Below
Non-ORx	No	00054060313	DESVENLAFAXINE ER	60	\$4.18333	\$0.68333	200% Above
Non-ORx	No	00054060313	DESVENLAFAXINE ER	90	\$0.11111	\$0.66667	(76%-100%) Below
Non-ORx	No	00054060313	DESVENLAFAXINE ER	90	\$0.11111	\$0.68889	(76%-100%) Below
Non-ORx	No	00054060313	DESVENLAFAXINE ER	60	\$1.85000	\$0.66667	101%-200% Above
Non-ORx	No	00054060313	DESVENLAFAXINE ER	60	\$2.10000	\$0.70000	200% Above
Non-ORx	No	00054074287	ALBUTEROL SULFATE HFA	7	\$2.00000	\$4.14286	(51%-75%) Below
Non-ORx	No	00054252625	LITHIUM CARBONATE	180	\$0.05000	\$0.07222	(26%-50%) Below
Non-ORx	No	00054252625	LITHIUM CARBONATE	30	\$0.10000	\$0.06667	51%-75% Above
Non-ORx	No	00054309036	BUTORPHANOL TARTRATE	8	\$15.50000	\$12.00000	26%-50% Above
Non-ORx	No	00054309036	BUTORPHANOL TARTRATE	5	\$9.80000	\$12.80000	(10%-25%) Below
Non-ORx	No	00054318863	DIAZEPAM	60	\$0.06667	\$0.10000	(26%-50%) Below
Non-ORx	No	00054327099	FLUTICASONE PROPIONATE	192	\$1.02083	\$0.27083	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
Non-ORx	No	00054327099	FLUTICASONE PROPIONATE	64	\$0.76563	\$0.28125	101%-200% Above
Non-ORx	No	00054327099	FLUTICASONE PROPIONATE	1600	\$0.97000	\$0.25000	200% Above
Non-ORx	No	00054327099	FLUTICASONE PROPIONATE	464	\$1.03017	\$0.31250	200% Above
Non-ORx	No	00054329446	FUROSEMIDE	60	\$0.11667	\$0.10000	10%-25% Above
Non-ORx	No	00054350049	LIDOCAINE VISCOUS	100	\$0.09000	\$0.07000	26%-50% Above
Non-ORx	No	00054350049	LIDOCAINE VISCOUS	100	\$0.09000	\$0.06000	51%-75% Above
Non-ORx	No	00054372250	PREDNISON	45	\$0.55556	\$0.62222	(10%-25%) Below
Non-ORx	No	00054414622	CLOTRIMAZOLE	140	\$1.09286	\$0.42857	101%-200% Above
Non-ORx	No	00054414622	CLOTRIMAZOLE	50	\$1.10000	\$0.42000	101%-200% Above
Non-ORx	No	00054414622	CLOTRIMAZOLE	35	\$1.31429	\$0.42857	200% Above
Non-ORx	No	00054418025	DEXAMETHASONE	20	\$0.15000	\$0.20000	(10%-25%) Below
Non-ORx	No	00054418125	DEXAMETHASONE	30	\$0.20000	\$0.23333	(10%-25%) Below
Non-ORx	No	00054418325	DEXAMETHASONE	30	\$0.40000	\$0.46667	(10%-25%) Below
Non-ORx	No	00054418425	DEXAMETHASONE	15	\$0.80000	\$0.53333	51%-75% Above
Non-ORx	No	00054418425	DEXAMETHASONE	16	\$0.81250	\$0.56250	26%-50% Above
Non-ORx	No	00054418425	DEXAMETHASONE	12	\$0.83333	\$0.58333	26%-50% Above
Non-ORx	No	00054418425	DEXAMETHASONE	20	\$0.85000	\$0.55000	51%-75% Above
Non-ORx	No	00054418425	DEXAMETHASONE	40	\$0.82500	\$0.42500	76%-100% Above
Non-ORx	No	00054418425	DEXAMETHASONE	60	\$0.83333	\$0.53333	51%-75% Above
Non-ORx	No	00054418425	DEXAMETHASONE	21	\$0.61905	\$0.52381	10%-25% Above
Non-ORx	No	00054418425	DEXAMETHASONE	28	\$0.82143	\$0.53571	51%-75% Above
Non-ORx	No	00054418425	DEXAMETHASONE	60	\$0.61667	\$0.50000	10%-25% Above
Non-ORx	No	00054418425	DEXAMETHASONE	5	\$0.80000	\$0.60000	26%-50% Above
Non-ORx	No	00054418425	DEXAMETHASONE	2	\$1.00000	\$0.50000	101%-200% Above
Non-ORx	No	00054418425	DEXAMETHASONE	10	\$0.80000	\$0.40000	101%-200% Above
Non-ORx	No	00054418425	DEXAMETHASONE	12	\$0.58333	\$0.50000	10%-25% Above
Non-ORx	No	00054418625	DEXAMETHASONE	10	\$1.20000	\$1.00000	10%-25% Above
Non-ORx	No	00054418625	DEXAMETHASONE	20	\$1.25000	\$1.40000	(10%-25%) Below
Non-ORx	No	00054418625	DEXAMETHASONE	7	\$1.28571	\$1.42857	(10%-25%) Below
Non-ORx	No	00054418625	DEXAMETHASONE	5	\$1.20000	\$1.40000	(10%-25%) Below
Non-ORx	No	00054429731	FUROSEMIDE	540	\$0.21852	\$0.03333	200% Above
Non-ORx	No	00054429731	FUROSEMIDE	120	\$0.11667	\$0.03333	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
Non-ORx	No	00054429731	FUROSEMIDE	90	\$0.20000	\$0.03333	200% Above
Non-ORx	No	00054429931	FUROSEMIDE	105	\$0.04762	\$0.02857	51%-75% Above
Non-ORx	No	00054429931	FUROSEMIDE	90	\$0.25556	\$0.03333	200% Above
Non-ORx	No	00054429931	FUROSEMIDE	120	\$0.15000	\$0.03333	200% Above
Non-ORx	No	00054429931	FUROSEMIDE	44	\$0.04546	\$0.02273	101%-200% Above
Non-ORx	No	00054452725	LITHIUM CARBONATE	120	\$0.15000	\$0.13333	10%-25% Above
Non-ORx	No	00054455025	METHOTREXATE	25	\$0.56000	\$0.24000	101%-200% Above
Non-ORx	No	00054455025	METHOTREXATE	24	\$1.25000	\$0.29167	200% Above
Non-ORx	No	00054455025	METHOTREXATE	16	\$0.93750	\$0.31250	200% Above
Non-ORx	No	00054458111	MERCAPTOPYRINE	66	\$2.74242	\$0.90909	200% Above
Non-ORx	No	00054458111	MERCAPTOPYRINE	15	\$3.86667	\$0.93333	200% Above
Non-ORx	No	00054472831	PREDNISON	90	\$0.11111	\$0.06667	51%-75% Above
Non-ORx	No	00054472831	PREDNISON	135	\$0.10370	\$0.06667	51%-75% Above
Non-ORx	No	68462053228	CLOBETASOL PROPIONATE	75	\$2.04000	\$0.45333	200% Above
Non-ORx	No	68462053228	CLOBETASOL PROPIONATE	50	\$0.56000	\$0.46000	10%-25% Above
Non-ORx	No	68462053228	CLOBETASOL PROPIONATE	175	\$2.53143	\$0.44000	200% Above
Non-ORx	No	68462053253	CLOBETASOL PROPIONATE	150	\$1.24000	\$0.36000	200% Above
Non-ORx	No	68462053435	TACROLIMUS	90	\$1.82222	\$2.10000	(10%-25%) Below
Non-ORx	No	68462053465	TACROLIMUS	60	\$6.08333	\$2.10000	101%-200% Above
Non-ORx	No	68462053670	IMIQUIMOD	24	\$3.50000	\$1.00000	200% Above
Non-ORx	No	68462053670	IMIQUIMOD	10	\$3.50000	\$1.00000	200% Above
Non-ORx	No	68462053670	IMIQUIMOD	24	\$3.50000	\$0.91667	200% Above
Non-ORx	No	68462056417	MUPIROCIN	15	\$11.46667	\$8.20000	26%-50% Above
Non-ORx	No	68462056529	NORGESTIMATE/ETHINYL ESTR	28	\$0.10714	\$0.17857	(26%-50%) Below
Non-ORx	No	68462058340	APREPITANT	1	\$77.00000	\$61.00000	26%-50% Above
Non-ORx	No	68462059089	FLUOCINOLONE ACETONIDE SC	354	\$0.20904	\$0.27966	(26%-50%) Below
Non-ORx	No	68462059189	FLUOCINOLONE ACETONIDE BO	118	\$0.08475	\$0.26271	(51%-75%) Below
Non-ORx	No	68462060935	PIMECROLIMUS	60	\$6.96667	\$4.56667	51%-75% Above
Non-ORx	No	68462060935	PIMECROLIMUS	30	\$6.53333	\$4.63333	26%-50% Above
Non-ORx	No	68462060965	PIMECROLIMUS	60	\$0.16667	\$4.60000	(76%-100%) Below
Non-ORx	No	68462063945	NITROGLYCERIN	25	\$0.44000	\$0.24000	76%-100% Above
Non-ORx	No	68462063945	NITROGLYCERIN	100	\$0.41000	\$0.28000	26%-50% Above
Non-ORx	No	68462064693	ASHLYNA	182	\$0.67033	\$0.42857	51%-75% Above
Non-ORx	No	68462065790	NORETHINDRONE ACETATE/ETH	28	\$1.64286	\$1.35714	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
Non-ORx	No	68462067295	LEVONORGESTREL/ETHINYL ES	546	\$0.65202	\$0.23077	101%-200% Above
Non-ORx	No	68462068601	TACROLIMUS	540	\$0.50556	\$0.37593	26%-50% Above
Non-ORx	No	68462068601	TACROLIMUS	240	\$1.13750	\$0.37500	200% Above
Non-ORx	No	68462068601	TACROLIMUS	90	\$1.85556	\$0.36667	200% Above
Non-ORx	No	68462071171	ESTRADIOL	36	\$0.27778	\$8.38889	(76%-100%) Below
Non-ORx	No	68462071171	ESTRADIOL	24	\$12.83333	\$7.87500	51%-75% Above
Non-ORx	No	68462071171	ESTRADIOL	16	\$11.00000	\$8.37500	26%-50% Above
Non-ORx	No	68462071171	ESTRADIOL	16	\$11.56250	\$7.87500	26%-50% Above
Non-ORx	No	68462072029	DROSPIRENONE/ETHINYL ESTR	504	\$0.97619	\$0.38095	101%-200% Above
Non-ORx	No	68462072029	DROSPIRENONE/ETHINYL ESTR	336	\$1.00595	\$0.37500	101%-200% Above
Non-ORx	No	68462072029	DROSPIRENONE/ETHINYL ESTR	84	\$0.53571	\$0.39286	26%-50% Above
Non-ORx	No	68462073129	HAILEY 24 FE	672	\$1.30804	\$0.71429	76%-100% Above
Non-ORx	No	68462073129	HAILEY 24 FE	112	\$1.24107	\$0.71429	51%-75% Above
Non-ORx	No	68462073129	HAILEY 24 FE	168	\$1.23810	\$0.63095	76%-100% Above
Non-ORx	No	68462073129	HAILEY 24 FE	28	\$1.25000	\$0.71429	76%-100% Above
Non-ORx	No	68462073329	DROSPIRENONE/ETHINYL ESTR	56	\$0.82143	\$0.28571	101%-200% Above
Non-ORx	No	68462079817	TRIAMCINOLONE ACETONIDE	120	\$0.46667	\$0.35000	26%-50% Above
Non-ORx	No	68462079817	TRIAMCINOLONE ACETONIDE	30	\$0.46667	\$0.36667	26%-50% Above
Non-ORx	No	68462084113	TELMISARTAN/HYDROCHLOROT H	90	\$0.11111	\$1.11111	(76%-100%) Below
Non-ORx	No	68462084213	TELMISARTAN/HYDROCHLOROT H	60	\$2.80000	\$1.30000	101%-200% Above
Non-ORx	No	68462086635	CLINDAMYCIN PHOSPHATE	180	\$0.63889	\$0.76667	(10%-25%) Below
Non-ORx	No	68645013154	FLUOXETINE HYDROCHLORIDE	90	\$0.08889	\$0.03333	101%-200% Above
Non-ORx	No	68645019059	METOPROLOL TARTRATE	180	\$0.03333	\$0.01667	101%-200% Above
Non-ORx	No	68645019059	METOPROLOL TARTRATE	60	\$0.06667	\$0.03333	101%-200% Above
Non-ORx	No	68645019159	METOPROLOL TARTRATE	90	\$0.01111	\$0.03333	(51%-75%) Below
Non-ORx	No	68645030059	METFORMIN HYDROCHLORIDE	360	\$0.11667	\$0.03333	200% Above
Non-ORx	No	68645035059	CARVEDIOL	30	\$0.13333	\$0.03333	200% Above
Non-ORx	No	68645035159	CARVEDIOL	60	\$0.15000	\$0.01667	200% Above
Non-ORx	No	68645035159	CARVEDIOL	30	\$0.23333	\$0.03333	200% Above
Non-ORx	No	68645045590	ENALAPRIL MALEATE	60	\$0.38333	\$0.11667	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
Non-ORx	No	68645045690	ENALAPRIL MALEATE	60	\$0.23333	\$0.11667	101%-200% Above
Non-ORx	No	68645045690	ENALAPRIL MALEATE	45	\$0.08889	\$0.11111	(10%-25%) Below
Non-ORx	No	68645045690	ENALAPRIL MALEATE	90	\$0.23333	\$0.10000	101%-200% Above
Non-ORx	No	68645047754	METOPROLOL SUCCINATE ER	180	\$0.36111	\$0.10000	200% Above
Non-ORx	No	68645047854	METOPROLOL SUCCINATE ER	90	\$0.32222	\$0.10000	200% Above
Non-ORx	No	68645047854	METOPROLOL SUCCINATE ER	120	\$0.40000	\$0.10000	200% Above
Non-ORx	No	68645047954	METOPROLOL SUCCINATE ER	60	\$0.60000	\$0.13333	200% Above
Non-ORx	No	68645049154	PANTOPRAZOLE SODIUM	60	\$0.28333	\$0.06667	200% Above
Non-ORx	No	68645049154	PANTOPRAZOLE SODIUM	180	\$0.40000	\$0.06667	200% Above
Non-ORx	No	68645049659	CARVEDILOL	180	\$0.26667	\$0.03333	200% Above
Non-ORx	No	68645051054	HYDROCHLOROTHIAZIDE	180	\$0.02222	\$0.01111	101%-200% Above
Non-ORx	No	68645051054	HYDROCHLOROTHIAZIDE	60	\$0.05000	\$0.01667	200% Above
Non-ORx	No	68645051354	NIFEDIPINE ER	30	\$1.40000	\$0.23333	200% Above
Non-ORx	No	68645051954	ESCITALOPRAM OXALATE	74	\$0.39189	\$0.05405	200% Above
Non-ORx	No	68645051954	ESCITALOPRAM OXALATE	90	\$0.38889	\$0.04444	200% Above
Non-ORx	No	68645051954	ESCITALOPRAM OXALATE	90	\$0.37778	\$0.04444	200% Above
Non-ORx	No	68645051954	ESCITALOPRAM OXALATE	510	\$0.27647	\$0.03333	200% Above
Non-ORx	No	68645051954	ESCITALOPRAM OXALATE	120	\$0.40000	\$0.06667	200% Above
Non-ORx	No	68645052054	ESCITALOPRAM OXALATE	60	\$0.45000	\$0.08333	200% Above
Non-ORx	No	68645052054	ESCITALOPRAM OXALATE	90	\$0.14444	\$0.07778	76%-100% Above
Non-ORx	No	68645052054	ESCITALOPRAM OXALATE	90	\$0.14444	\$0.08889	51%-75% Above
Non-ORx	No	68645052054	ESCITALOPRAM OXALATE	60	\$0.28333	\$0.10000	101%-200% Above
Non-ORx	No	68645052054	ESCITALOPRAM OXALATE	720	\$0.33333	\$0.06667	200% Above
Non-ORx	No	68645052154	SERTRALINE HCL	30	\$0.03333	\$0.06667	(26%-50%) Below
Non-ORx	No	68645052254	SERTRALINE HCL	90	\$0.17778	\$0.04444	200% Above
Non-ORx	No	68645052254	SERTRALINE HCL	150	\$0.20000	\$0.03333	200% Above
Non-ORx	No	68645052354	SERTRALINE HYDROCHLORIDE	90	\$0.11111	\$0.05556	101%-200% Above
Non-ORx	No	68645052354	SERTRALINE HYDROCHLORIDE	120	\$0.11667	\$0.06667	76%-100% Above
Non-ORx	No	68645052754	SIMVASTATIN	60	\$0.35000	\$0.03333	200% Above
Non-ORx	No	68645053254	LISINOPRIL	60	\$0.16667	\$0.03333	200% Above
Non-ORx	No	68645054154	FINASTERIDE	90	\$0.37778	\$0.07778	200% Above
Non-ORx	No	68645054154	FINASTERIDE	30	\$0.36667	\$0.06667	200% Above
Non-ORx	No	68645055154	LISINOPRIL	90	\$0.11111	\$0.02222	200% Above
Non-ORx	No	68645055154	LISINOPRIL	180	\$0.05556	\$0.03333	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
Non-ORx	No	68645055254	LISINOPRIL	90	\$0.04444	\$0.02222	101%-200% Above
Non-ORx	No	68645055354	LISINOPRIL	180	\$0.05556	\$0.02222	101%-200% Above
Non-ORx	No	68645055354	LISINOPRIL	120	\$0.09167	\$0.03333	101%-200% Above
Non-ORx	No	68645055354	LISINOPRIL	210	\$0.07619	\$0.03333	101%-200% Above
Non-ORx	No	68645055654	LISINOPRIL/HYDROCHLOROTHI	60	\$0.05000	\$0.03333	51%-75% Above
Non-ORx	No	68645055654	LISINOPRIL/HYDROCHLOROTHI	270	\$0.07778	\$0.03333	101%-200% Above
Non-ORx	No	68645055754	LISINOPRIL/HYDROCHLOROTHI	90	\$0.11111	\$0.05556	101%-200% Above
Non-ORx	No	68645055754	LISINOPRIL/HYDROCHLOROTHI	120	\$0.10833	\$0.05000	101%-200% Above
Non-ORx	No	68645055754	LISINOPRIL/HYDROCHLOROTHI	300	\$0.11667	\$0.05000	101%-200% Above
Non-ORx	No	68645055754	LISINOPRIL/HYDROCHLOROTHI	120	\$0.10000	\$0.03333	200% Above
Non-ORx	No	68645055754	LISINOPRIL/HYDROCHLOROTHI	480	\$0.09583	\$0.06667	26%-50% Above
Non-ORx	No	68645055854	LISINOPRIL/HYDROCHLOROTHI	120	\$0.06667	\$0.03333	101%-200% Above
Non-ORx	No	68645055954	CITALOPRAM HYDROBROMIDE	30	\$0.40000	\$0.03333	200% Above
Non-ORx	No	68645056054	MONTELUKAST SODIUM	270	\$0.45556	\$0.06667	200% Above
Non-ORx	No	68645056259	IBUPROFEN	90	\$0.03333	\$0.06667	(26%-50%) Below
Non-ORx	No	68645056259	IBUPROFEN	60	\$0.01667	\$0.06667	(51%-75%) Below
Non-ORx	No	68645056259	IBUPROFEN	90	\$0.02222	\$0.05556	(51%-75%) Below
Non-ORx	No	68645056259	IBUPROFEN	28	\$0.03571	\$0.07143	(26%-50%) Below
Non-ORx	No	68645056259	IBUPROFEN	21	\$0.00000	\$0.04762	(76%-100%) Below
Non-ORx	No	68645056259	IBUPROFEN	30	\$0.00000	\$0.06667	(76%-100%) Below
Non-ORx	No	68645056259	IBUPROFEN	80	\$0.00000	\$0.05000	(76%-100%) Below
Non-ORx	No	68645056354	IBUPROFEN	84	\$0.11905	\$0.07143	51%-75% Above
Non-ORx	No	68645056354	IBUPROFEN	120	\$0.09167	\$0.06667	26%-50% Above
Non-ORx	No	68645056354	IBUPROFEN	360	\$0.10833	\$0.07778	26%-50% Above
Non-ORx	No	68645056354	IBUPROFEN	240	\$0.12500	\$0.06667	76%-100% Above
Non-ORx	No	68645056354	IBUPROFEN	64	\$0.12500	\$0.06250	101%-200% Above
Non-ORx	No	68645056354	IBUPROFEN	15	\$0.13333	\$0.06667	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
Non-ORx	No	68645056354	IBUPROFEN	160	\$0.08750	\$0.05000	76%-100% Above
Non-ORx	No	68645056354	IBUPROFEN	24	\$0.12500	\$0.08333	51%-75% Above
Non-ORx	No	68645056354	IBUPROFEN	42	\$0.07143	\$0.09524	(10%-25%) Below
Non-ORx	No	68645056790	LOVASTATIN	90	\$0.22222	\$0.06667	200% Above
Non-ORx	No	68645057454	GLIPIZIDE	90	\$0.06667	\$0.03333	101%-200% Above
Non-ORx	No	68645057454	GLIPIZIDE	300	\$0.04667	\$0.03333	26%-50% Above
Non-ORx	No	68645057559	GLIPIZIDE	30	\$0.13333	\$0.03333	200% Above
Non-ORx	No	68645058054	AMLODIPINE BESYLATE	90	\$0.02222	\$0.01111	101%-200% Above
Non-ORx	No	68645058054	AMLODIPINE BESYLATE	120	\$0.02500	\$0.01667	51%-75% Above
Non-ORx	No	68645058054	AMLODIPINE BESYLATE	390	\$0.21795	\$0.03333	200% Above
Non-ORx	No	68645058054	AMLODIPINE BESYLATE	120	\$0.23333	\$0.01667	200% Above
Non-ORx	No	68645058259	METFORMIN HYDROCHLORIDE	120	\$0.04167	\$0.01667	101%-200% Above
Non-ORx	No	68645058259	METFORMIN HYDROCHLORIDE	180	\$0.03889	\$0.01667	101%-200% Above
Non-ORx	No	68645058259	METFORMIN HYDROCHLORIDE	90	\$0.03333	\$0.01111	200% Above
Non-ORx	No	68645058259	METFORMIN HYDROCHLORIDE	30	\$0.06667	\$0.03333	101%-200% Above
Non-ORx	No	68645058259	METFORMIN HYDROCHLORIDE	420	\$0.03333	\$0.01667	101%-200% Above
Non-ORx	No	68645058459	METFORMIN HYDROCHLORIDE	30	\$0.06667	\$0.03333	101%-200% Above
Non-ORx	No	68645058754	LISINAPRIL	90	\$0.11111	\$0.02222	200% Above
Non-ORx	No	68645058754	LISINAPRIL	120	\$0.16667	\$0.03333	200% Above
Non-ORx	No	68645059090	CLOPIDOGREL	21	\$0.19048	\$0.04762	200% Above
Non-ORx	No	68645059090	CLOPIDOGREL	210	\$0.20000	\$0.06667	200% Above
Non-ORx	No	68645059354	LISINAPRIL	180	\$0.10000	\$0.05556	76%-100% Above
Non-ORx	No	68645059354	LISINAPRIL	120	\$0.11667	\$0.05000	101%-200% Above
Non-ORx	No	68645059354	LISINAPRIL	750	\$0.10000	\$0.06667	51%-75% Above
Non-ORx	No	68682000750	DILTIAZEM HCL	60	\$0.71667	\$0.16667	200% Above
Non-ORx	No	68682001004	SODIUM SULFACETAMIDE	118	\$1.11864	\$0.82203	26%-50% Above
Non-ORx	No	68682010301	DICLOFENAC SODIUM ER	30	\$1.90000	\$1.06667	76%-100% Above
Non-ORx	No	68682010510	NIFEDIPINE ER	120	\$0.39167	\$0.20000	76%-100% Above
Non-ORx	No	68682010510	NIFEDIPINE ER	30	\$0.90000	\$0.23333	200% Above
Non-ORx	No	68682010510	NIFEDIPINE ER	30	\$0.90000	\$0.20000	200% Above
Non-ORx	No	68682010530	NIFEDIPINE ER	30	\$0.26667	\$0.20000	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
Non-ORx	No	68682010610	NIFEDIPINE ER	120	\$0.70833	\$0.26667	101%-200% Above
Non-ORx	No	68682010610	NIFEDIPINE ER	120	\$0.52500	\$0.26667	76%-100% Above
Non-ORx	No	68682010610	NIFEDIPINE ER	30	\$0.80000	\$0.23333	200% Above
Non-ORx	No	68682010710	NIFEDIPINE ER	31	\$2.03226	\$0.32258	200% Above
Non-ORx	No	68682010710	NIFEDIPINE ER	180	\$0.80000	\$0.32778	101%-200% Above
Non-ORx	No	68682010710	NIFEDIPINE ER	10	\$2.00000	\$0.40000	200% Above
Non-ORx	No	68682010710	NIFEDIPINE ER	60	\$1.20000	\$0.33333	200% Above
Non-ORx	No	68682010810	NIFEDIPINE ER	360	\$0.45833	\$0.17778	101%-200% Above
Non-ORx	No	68682010910	NIFEDIPINE ER	90	\$0.71111	\$0.24444	101%-200% Above
Non-ORx	No	68682010910	NIFEDIPINE ER	60	\$0.31667	\$0.23333	26%-50% Above
Non-ORx	No	68682011001	PIMECROLIMUS	150	\$6.28000	\$4.63333	26%-50% Above
Non-ORx	No	68682011001	PIMECROLIMUS	90	\$6.65556	\$4.56667	26%-50% Above
Non-ORx	No	68682029905	LOTEPREDNOL ETABONATE	10	\$2.10000	\$31.60000	(76%-100%) Below
Non-ORx	No	68682036890	DILTIAZEM HCL ER	30	\$0.63333	\$0.26667	101%-200% Above
Non-ORx	No	68682036990	DILTIAZEM HCL ER	60	\$0.35000	\$0.48333	(26%-50%) Below
Non-ORx	No	68682036990	DILTIAZEM HCL ER	30	\$0.66667	\$0.53333	26%-50% Above
Non-ORx	No	68682037190	DILTIAZEM HYDROCHLORIDE E	30	\$0.33333	\$0.56667	(26%-50%) Below
Non-ORx	No	68682045570	METRONIDAZOLE VAGINAL	350	\$0.84286	\$0.71429	10%-25% Above
Non-ORx	No	68682099398	DILTIAZEM HYDROCHLORIDE E	90	\$0.35556	\$0.17778	101%-200% Above
Non-ORx	No	68682099498	DILTIAZEM HYDROCHLORIDE E	60	\$0.78333	\$0.21667	200% Above
Non-ORx	No	68682099498	DILTIAZEM HYDROCHLORIDE E	30	\$0.36667	\$0.23333	51%-75% Above
Non-ORx	No	68682099798	DILTIAZEM HYDROCHLORIDE E	30	\$0.43333	\$0.30000	26%-50% Above
Non-ORx	No	68682099798	DILTIAZEM HYDROCHLORIDE E	90	\$0.70000	\$0.26667	101%-200% Above
Non-ORx	No	68968345008	ESTRADIOL	8	\$10.62500	\$9.25000	10%-25% Above
Non-ORx	No	69076010503	TENOFOVIR DISOPROXIL FUMA	30	\$1.06667	\$0.60000	76%-100% Above
Non-ORx	No	69076047501	GLYCOPYRROLATE	30	\$0.30000	\$0.13333	101%-200% Above
Non-ORx	No	69076091302	MERCAPTOPYRURINE	60	\$2.25000	\$0.91667	101%-200% Above
Non-ORx	No	69097012203	TOPIRAMATE	120	\$0.28333	\$0.03333	200% Above
Non-ORx	No	69097012203	TOPIRAMATE	60	\$0.26667	\$0.03333	200% Above
Non-ORx	No	69097012203	TOPIRAMATE	90	\$0.26667	\$0.03333	200% Above
Non-ORx	No	69097012212	TOPIRAMATE	60	\$0.16667	\$0.03333	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
Non-ORx	No	69097012215	TOPIRAMATE	90	\$0.17778	\$0.03333	200% Above
Non-ORx	No	69097012215	TOPIRAMATE	60	\$0.15000	\$0.03333	200% Above
Non-ORx	No	69097012303	TOPIRAMATE	360	\$0.27222	\$0.04444	200% Above
Non-ORx	No	69097012303	TOPIRAMATE	270	\$0.27037	\$0.04444	200% Above
Non-ORx	No	69097012303	TOPIRAMATE	180	\$0.24444	\$0.04444	200% Above
Non-ORx	No	69097012303	TOPIRAMATE	120	\$0.26667	\$0.03333	200% Above
Non-ORx	No	69097012303	TOPIRAMATE	60	\$0.33333	\$0.05000	200% Above
Non-ORx	No	69097012312	TOPIRAMATE	120	\$0.12500	\$0.05000	101%-200% Above
Non-ORx	No	69097012312	TOPIRAMATE	30	\$0.23333	\$0.03333	200% Above
Non-ORx	No	69097012315	TOPIRAMATE	180	\$0.17222	\$0.05000	200% Above
Non-ORx	No	69097012315	TOPIRAMATE	30	\$0.23333	\$0.03333	200% Above
Non-ORx	No	69097012403	TOPIRAMATE	180	\$0.33333	\$0.06667	200% Above
Non-ORx	No	69097012403	TOPIRAMATE	60	\$0.43333	\$0.06667	200% Above
Non-ORx	No	69097012403	TOPIRAMATE	15	\$0.73333	\$0.06667	200% Above
Non-ORx	No	69097012412	TOPIRAMATE	120	\$0.25833	\$0.06667	200% Above
Non-ORx	No	69097012412	TOPIRAMATE	30	\$0.26667	\$0.06667	200% Above
Non-ORx	No	69097012415	TOPIRAMATE	60	\$0.05000	\$0.06667	(10%-25%) Below
Non-ORx	No	69097012503	TOPIRAMATE	180	\$0.40000	\$0.11111	200% Above
Non-ORx	No	69097012512	TOPIRAMATE	30	\$0.33333	\$0.10000	200% Above
Non-ORx	No	69097012615	AMLODIPINE BESYLATE	180	\$0.12222	\$0.01111	200% Above
Non-ORx	No	69097012705	AMLODIPINE BESYLATE	90	\$0.18889	\$0.01111	200% Above
Non-ORx	No	69097012715	AMLODIPINE BESYLATE	180	\$0.08333	\$0.01111	200% Above
Non-ORx	No	69097012715	AMLODIPINE BESYLATE	135	\$0.08148	\$0.01482	200% Above
Non-ORx	No	69097012715	AMLODIPINE BESYLATE	1350	\$0.09037	\$0.01111	200% Above
Non-ORx	No	69097012805	AMLODIPINE BESYLATE	90	\$0.23333	\$0.01111	200% Above
Non-ORx	No	69097012815	AMLODIPINE BESYLATE	270	\$0.12593	\$0.01482	200% Above
Non-ORx	No	69097012815	AMLODIPINE BESYLATE	810	\$0.11111	\$0.01111	200% Above
Non-ORx	No	69097014260	ALBUTEROL SULFATE HFA	52	\$3.23077	\$4.23077	(10%-25%) Below
Non-ORx	No	69097014260	ALBUTEROL SULFATE HFA	154	\$3.24026	\$3.71429	(10%-25%) Below
Non-ORx	No	69097014260	ALBUTEROL SULFATE HFA	651	\$3.29647	\$4.14286	(10%-25%) Below
Non-ORx	No	69097015807	MELOXICAM	540	\$0.28333	\$0.01667	200% Above
Non-ORx	No	69097015807	MELOXICAM	90	\$0.28889	\$0.02222	200% Above
Non-ORx	No	69097015807	MELOXICAM	28	\$0.28571	\$0.03571	200% Above
Non-ORx	No	69097015807	MELOXICAM	480	\$0.30000	\$0.03333	200% Above
Non-ORx	No	69097015815	MELOXICAM	270	\$0.06667	\$0.02222	200% Above
Non-ORx	No	69097015815	MELOXICAM	170	\$0.22941	\$0.02353	200% Above
Non-ORx	No	69097015815	MELOXICAM	60	\$0.11667	\$0.03333	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
Non-ORx	No	69097015907	MELOXICAM	180	\$0.42222	\$0.02222	200% Above
Non-ORx	No	69097015907	MELOXICAM	240	\$0.26667	\$0.01667	200% Above
Non-ORx	No	69097015907	MELOXICAM	21	\$0.23810	\$0.04762	200% Above
Non-ORx	No	69097015907	MELOXICAM	2340	\$0.27350	\$0.03333	200% Above
Non-ORx	No	69097015912	MELOXICAM	60	\$0.00000	\$0.03333	(76%-100%) Below
Non-ORx	No	69097015915	MELOXICAM	360	\$0.08333	\$0.02222	200% Above
Non-ORx	No	69097015915	MELOXICAM	120	\$0.13333	\$0.01667	200% Above
Non-ORx	No	69097015915	MELOXICAM	360	\$0.13889	\$0.03333	200% Above
Non-ORx	No	69097020902	EMTRICITABINE/TENOFOVIR D	60	\$11.51667	\$0.80000	200% Above
Non-ORx	No	69097022316	ALENDRONATE SODIUM	24	\$3.41667	\$0.33333	200% Above
Non-ORx	No	69097022316	ALENDRONATE SODIUM	4	\$2.00000	\$0.25000	200% Above
Non-ORx	No	69097022416	ALENDRONATE SODIUM	36	\$1.55556	\$0.33333	200% Above
Non-ORx	No	69097022416	ALENDRONATE SODIUM	12	\$1.25000	\$0.25000	200% Above
Non-ORx	No	69097031887	BUDESONIDE	120	\$0.85833	\$0.75000	10%-25% Above
Non-ORx	No	69097031953	BUDESONIDE	60	\$0.96667	\$0.58333	51%-75% Above
Non-ORx	No	69097031987	BUDESONIDE	120	\$0.63333	\$0.57500	10%-25% Above
Non-ORx	No	69097031987	BUDESONIDE	60	\$0.48333	\$0.58333	(10%-25%) Below
Non-ORx	No	69097032153	BUDESONIDE	60	\$2.41667	\$3.81667	(26%-50%) Below
Non-ORx	No	69097032187	BUDESONIDE	120	\$5.25833	\$3.80833	26%-50% Above
Non-ORx	No	69097032187	BUDESONIDE	60	\$4.66667	\$3.81667	10%-25% Above
Non-ORx	No	69097037402	TADALAFIL	6	\$0.00000	\$0.16667	(76%-100%) Below
Non-ORx	No	69097037502	TADALAFIL	12	\$2.58333	\$0.33333	200% Above
Non-ORx	No	69097037602	TADALAFIL	12	\$1.75000	\$0.41667	200% Above
Non-ORx	No	69097040707	METOPROLOL SUCCINATE ER	45	\$0.31111	\$0.11111	101%-200% Above
Non-ORx	No	69097042107	CELECOXIB	120	\$0.80000	\$0.15000	200% Above
Non-ORx	No	69097042107	CELECOXIB	30	\$0.66667	\$0.16667	200% Above
Non-ORx	No	69097042107	CELECOXIB	25	\$0.68000	\$0.16000	200% Above
Non-ORx	No	69097042107	CELECOXIB	90	\$0.64444	\$0.13333	200% Above
Non-ORx	No	69097042112	CELECOXIB	90	\$0.35556	\$0.14444	101%-200% Above
Non-ORx	No	69097042112	CELECOXIB	180	\$0.35556	\$0.14444	101%-200% Above
Non-ORx	No	69097042112	CELECOXIB	60	\$0.93333	\$0.15000	200% Above
Non-ORx	No	69097042112	CELECOXIB	120	\$0.64167	\$0.13333	200% Above
Non-ORx	No	69097042112	CELECOXIB	30	\$0.13333	\$0.16667	(10%-25%) Below
Non-ORx	No	69097042207	CELECOXIB	60	\$0.70000	\$0.11667	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
Non-ORx	No	69097042207	CELECOXIB	60	\$0.26667	\$0.10000	101%-200% Above
Non-ORx	No	69097042212	CELECOXIB	180	\$0.26667	\$0.11111	101%-200% Above
Non-ORx	No	69097052444	DICLOFENAC SODIUM	300	\$0.06000	\$0.09000	(26%-50%) Below
Non-ORx	No	69097067805	PREGABALIN	120	\$0.16667	\$0.08333	101%-200% Above
Non-ORx	No	69097067905	PREGABALIN	180	\$0.24444	\$0.07778	200% Above
Non-ORx	No	69097067905	PREGABALIN	300	\$0.15000	\$0.08333	76%-100% Above
Non-ORx	No	69097068105	PREGABALIN	180	\$0.05556	\$0.08889	(26%-50%) Below
Non-ORx	No	69097068105	PREGABALIN	60	\$0.15000	\$0.08333	76%-100% Above
Non-ORx	No	69097068205	PREGABALIN	60	\$0.15000	\$0.08333	76%-100% Above
Non-ORx	No	69097068305	PREGABALIN	90	\$0.07778	\$0.11111	(26%-50%) Below
Non-ORx	No	69097068305	PREGABALIN	270	\$0.32593	\$0.10741	200% Above
Non-ORx	No	69097068305	PREGABALIN	90	\$0.35556	\$0.10000	200% Above
Non-ORx	No	69097068305	PREGABALIN	60	\$0.36667	\$0.11667	200% Above
Non-ORx	No	69097068405	PREGABALIN	30	\$0.50000	\$0.13333	200% Above
Non-ORx	No	69097068505	PREGABALIN	60	\$0.08333	\$0.13333	(26%-50%) Below
Non-ORx	No	69097073102	TERBINAFINE HYDROCHLORIDE	30	\$0.83333	\$0.16667	200% Above
Non-ORx	No	69097073102	TERBINAFINE HYDROCHLORIDE	60	\$0.48333	\$0.13333	200% Above
Non-ORx	No	69097073102	TERBINAFINE HYDROCHLORIDE	90	\$1.43333	\$0.14444	200% Above
Non-ORx	No	69097073102	TERBINAFINE HYDROCHLORIDE	28	\$0.85714	\$0.14286	200% Above
Non-ORx	No	69097073102	TERBINAFINE HYDROCHLORIDE	16	\$0.81250	\$0.12500	200% Above
Non-ORx	No	69097073102	TERBINAFINE HYDROCHLORIDE	28	\$0.82143	\$0.14286	200% Above
Non-ORx	No	69097080232	TESTOSTERONE CYPIONATE	12	\$5.41667	\$15.33333	(51%-75%) Below
Non-ORx	No	69097080232	TESTOSTERONE CYPIONATE	32	\$7.31250	\$15.25000	(51%-75%) Below
Non-ORx	No	69097080232	TESTOSTERONE CYPIONATE	8	\$11.00000	\$15.25000	(26%-50%) Below
Non-ORx	No	69097080232	TESTOSTERONE CYPIONATE	3	\$10.66667	\$15.00000	(26%-50%) Below
Non-ORx	No	69097080232	TESTOSTERONE CYPIONATE	2	\$10.00000	\$15.00000	(26%-50%) Below
Non-ORx	No	69097080232	TESTOSTERONE CYPIONATE	18	\$9.61111	\$15.50000	(26%-50%) Below
Non-ORx	No	69097081307	GABAPENTIN	90	\$0.21111	\$0.03333	200% Above
Non-ORx	No	69097081307	GABAPENTIN	120	\$0.11667	\$0.03333	200% Above
Non-ORx	No	69097081312	GABAPENTIN	120	\$0.11667	\$0.03333	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
Non-ORx	No	69097081312	GABAPENTIN	100	\$0.14000	\$0.03000	200% Above
Non-ORx	No	69097081312	GABAPENTIN	180	\$0.15000	\$0.03333	200% Above
Non-ORx	No	69097081312	GABAPENTIN	1080	\$0.15648	\$0.03333	200% Above
Non-ORx	No	69097081312	GABAPENTIN	90	\$0.14444	\$0.03333	200% Above
Non-ORx	No	69097081312	GABAPENTIN	84	\$0.07143	\$0.02381	200% Above
Non-ORx	No	69097081312	GABAPENTIN	180	\$0.15000	\$0.03333	200% Above
Non-ORx	No	69097081507	GABAPENTIN	90	\$0.20000	\$0.06667	200% Above
Non-ORx	No	69097081507	GABAPENTIN	540	\$0.19630	\$0.06296	200% Above
Non-ORx	No	69097081507	GABAPENTIN	30	\$0.16667	\$0.06667	101%-200% Above
Non-ORx	No	69097081507	GABAPENTIN	60	\$0.33333	\$0.06667	200% Above
Non-ORx	No	69097081512	GABAPENTIN	120	\$0.15833	\$0.05833	101%-200% Above
Non-ORx	No	69097081512	GABAPENTIN	180	\$0.12222	\$0.06667	76%-100% Above
Non-ORx	No	69097082112	GEMFIBROZIL	90	\$0.30000	\$0.11111	101%-200% Above
Non-ORx	No	69097082112	GEMFIBROZIL	120	\$0.29167	\$0.10833	101%-200% Above
Non-ORx	No	69097082112	GEMFIBROZIL	540	\$0.32778	\$0.10556	200% Above
Non-ORx	No	69097082112	GEMFIBROZIL	60	\$0.18333	\$0.10000	76%-100% Above
Non-ORx	No	69097082112	GEMFIBROZIL	180	\$0.22222	\$0.10000	101%-200% Above
Non-ORx	No	69097082207	CITALOPRAM HYDROBROMIDE	90	\$0.18889	\$0.02222	200% Above
Non-ORx	No	69097082207	CITALOPRAM HYDROBROMIDE	240	\$0.22917	\$0.03333	200% Above
Non-ORx	No	69097082212	CITALOPRAM HYDROBROMIDE	90	\$0.18889	\$0.02222	200% Above
Non-ORx	No	69097082212	CITALOPRAM HYDROBROMIDE	60	\$0.21667	\$0.03333	200% Above
Non-ORx	No	69097082312	CITALOPRAM HYDROBROMIDE	450	\$0.25111	\$0.03333	200% Above
Non-ORx	No	69097082312	CITALOPRAM HYDROBROMIDE	183	\$0.26230	\$0.02732	200% Above
Non-ORx	No	69097082312	CITALOPRAM HYDROBROMIDE	510	\$0.24314	\$0.03333	200% Above
Non-ORx	No	69097082312	CITALOPRAM HYDROBROMIDE	180	\$0.25556	\$0.02222	200% Above
Non-ORx	No	69097082412	CITALOPRAM HYDROBROMIDE	90	\$0.28889	\$0.03333	200% Above
Non-ORx	No	69097082412	CITALOPRAM HYDROBROMIDE	180	\$0.26667	\$0.03333	200% Above
Non-ORx	No	69097082412	CITALOPRAM HYDROBROMIDE	540	\$0.24815	\$0.03333	200% Above
Non-ORx	No	69097083207	BENZTROPINE MESYLATE	30	\$0.26667	\$0.13333	101%-200% Above
Non-ORx	No	69097083302	SERTRALINE HCL	90	\$0.21111	\$0.05556	200% Above
Non-ORx	No	69097083302	SERTRALINE HCL	120	\$0.32500	\$0.06667	200% Above
Non-ORx	No	69097083305	SERTRALINE HCL	630	\$0.21111	\$0.05556	200% Above
Non-ORx	No	69097083305	SERTRALINE HCL	180	\$0.21111	\$0.05556	200% Above
Non-ORx	No	69097083305	SERTRALINE HCL	180	\$0.32778	\$0.05000	200% Above
Non-ORx	No	69097083305	SERTRALINE HCL	15	\$0.40000	\$0.06667	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
Non-ORx	No	69097083305	SERTRALINE HCL	480	\$0.34375	\$0.06667	200% Above
Non-ORx	No	69097083305	SERTRALINE HCL	45	\$0.37778	\$0.04444	200% Above
Non-ORx	No	69097083305	SERTRALINE HCL	42	\$0.38095	\$0.04762	200% Above
Non-ORx	No	69097083312	SERTRALINE HCL	60	\$0.08333	\$0.05000	51%-75% Above
Non-ORx	No	69097083312	SERTRALINE HCL	270	\$0.10741	\$0.06667	51%-75% Above
Non-ORx	No	69097083312	SERTRALINE HCL	30	\$0.23333	\$0.06667	200% Above
Non-ORx	No	69097083402	SERTRALINE HCL	120	\$0.18333	\$0.03333	200% Above
Non-ORx	No	69097083412	SERTRALINE HCL	120	\$0.10833	\$0.04167	101%-200% Above
Non-ORx	No	69097083412	SERTRALINE HCL	96	\$0.23958	\$0.04167	200% Above
Non-ORx	No	69097083412	SERTRALINE HCL	2430	\$0.24156	\$0.04444	200% Above
Non-ORx	No	69097083412	SERTRALINE HCL	270	\$0.23704	\$0.04444	200% Above
Non-ORx	No	69097083412	SERTRALINE HCL	180	\$0.23333	\$0.03889	200% Above
Non-ORx	No	69097083412	SERTRALINE HCL	35	\$0.17143	\$0.02857	200% Above
Non-ORx	No	69097083412	SERTRALINE HCL	1800	\$0.24278	\$0.03333	200% Above
Non-ORx	No	69097083412	SERTRALINE HCL	120	\$0.16667	\$0.05000	200% Above
Non-ORx	No	69097083412	SERTRALINE HCL	240	\$0.25833	\$0.03333	200% Above
Non-ORx	No	69097083412	SERTRALINE HCL	270	\$0.26296	\$0.04444	200% Above
Non-ORx	No	69097083502	SERTRALINE HYDROCHLORIDE	128	\$0.24219	\$0.06250	200% Above
Non-ORx	No	69097083502	SERTRALINE HYDROCHLORIDE	30	\$0.23333	\$0.06667	200% Above
Non-ORx	No	69097083512	SERTRALINE HYDROCHLORIDE	270	\$0.28889	\$0.06667	200% Above
Non-ORx	No	69097083512	SERTRALINE HYDROCHLORIDE	120	\$0.40000	\$0.05833	200% Above
Non-ORx	No	69097083512	SERTRALINE HYDROCHLORIDE	1440	\$0.30972	\$0.05556	200% Above
Non-ORx	No	69097083512	SERTRALINE HYDROCHLORIDE	270	\$0.35556	\$0.05926	200% Above
Non-ORx	No	69097083512	SERTRALINE HYDROCHLORIDE	255	\$0.28628	\$0.05882	200% Above
Non-ORx	No	69097083512	SERTRALINE HYDROCHLORIDE	1260	\$0.34127	\$0.06111	200% Above
Non-ORx	No	69097083512	SERTRALINE HYDROCHLORIDE	690	\$0.30580	\$0.06667	200% Above
Non-ORx	No	69097083512	SERTRALINE HYDROCHLORIDE	14	\$0.21429	\$0.07143	200% Above
Non-ORx	No	69097083512	SERTRALINE HYDROCHLORIDE	10	\$0.20000	\$0.10000	101%-200% Above
Non-ORx	No	69097083512	SERTRALINE HYDROCHLORIDE	540	\$0.38519	\$0.06667	200% Above
Non-ORx	No	69097083512	SERTRALINE HYDROCHLORIDE	495	\$0.34950	\$0.06667	200% Above
Non-ORx	No	69097084507	CYCLOBENZAPRINE HYDROCHLO	240	\$0.28333	\$0.03333	200% Above
Non-ORx	No	69097084507	CYCLOBENZAPRINE HYDROCHLO	450	\$0.32222	\$0.03333	200% Above
Non-ORx	No	69097084507	CYCLOBENZAPRINE HYDROCHLO	20	\$0.30000	\$0.05000	200% Above
Non-ORx	No	69097084507	CYCLOBENZAPRINE HYDROCHLO	90	\$0.28889	\$0.03333	200% Above
Non-ORx	No	69097084615	CYCLOBENZAPRINE HYDROCHLO	180	\$0.10000	\$0.02222	200% Above
Non-ORx	No	69097084615	CYCLOBENZAPRINE HYDROCHLO	60	\$0.20000	\$0.01667	200% Above
Non-ORx	No	69097084615	CYCLOBENZAPRINE HYDROCHLO	30	\$0.13333	\$0.03333	200% Above
Non-ORx	No	69097084615	CYCLOBENZAPRINE HYDROCHLO	90	\$0.08889	\$0.02222	200% Above
Non-ORx	No	69097084805	ESCITALOPRAM OXALATE	90	\$0.28889	\$0.05556	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
Non-ORx	No	69097084805	ESCITALOPRAM OXALATE	180	\$0.25556	\$0.04444	200% Above
Non-ORx	No	69097084805	ESCITALOPRAM OXALATE	90	\$0.12222	\$0.03333	200% Above
Non-ORx	No	69097084805	ESCITALOPRAM OXALATE	60	\$0.03333	\$0.06667	(26%-50%) Below
Non-ORx	No	69097084905	ESCITALOPRAM OXALATE	180	\$0.35000	\$0.07778	200% Above
Non-ORx	No	69097084905	ESCITALOPRAM OXALATE	90	\$0.26667	\$0.06667	200% Above
Non-ORx	No	69097084905	ESCITALOPRAM OXALATE	30	\$0.23333	\$0.10000	101%-200% Above
Non-ORx	No	69097086107	ZONISAMIDE	450	\$0.31556	\$0.12222	101%-200% Above
Non-ORx	No	69097086685	RIZATRIPTAN BENZOATE	8	\$3.37500	\$0.50000	200% Above
Non-ORx	No	69097086685	RIZATRIPTAN BENZOATE	8	\$4.00000	\$0.50000	200% Above
Non-ORx	No	69097086707	NADOLOL	90	\$0.37778	\$0.21111	76%-100% Above
Non-ORx	No	69097094312	GABAPENTIN	480	\$0.14792	\$0.05000	101%-200% Above
Non-ORx	No	69097094312	GABAPENTIN	242	\$0.13223	\$0.05372	101%-200% Above
Non-ORx	No	69097094312	GABAPENTIN	180	\$0.17778	\$0.05000	200% Above
Non-ORx	No	69097094312	GABAPENTIN	270	\$0.17407	\$0.04815	200% Above
Non-ORx	No	69097094312	GABAPENTIN	540	\$0.17593	\$0.05000	200% Above
Non-ORx	No	69097094312	GABAPENTIN	1080	\$0.17593	\$0.05185	200% Above
Non-ORx	No	69097094312	GABAPENTIN	270	\$0.17407	\$0.05185	200% Above
Non-ORx	No	69097094312	GABAPENTIN	360	\$0.12500	\$0.05000	101%-200% Above
Non-ORx	No	69097094312	GABAPENTIN	360	\$0.13889	\$0.06667	101%-200% Above
Non-ORx	No	69097094312	GABAPENTIN	1890	\$0.13280	\$0.05556	101%-200% Above
Non-ORx	No	69097094312	GABAPENTIN	720	\$0.14028	\$0.04444	200% Above
Non-ORx	No	69097094312	GABAPENTIN	900	\$0.13778	\$0.05000	101%-200% Above
Non-ORx	No	69097094405	ATORVASTATIN CALCIUM	30	\$0.23333	\$0.03333	200% Above
Non-ORx	No	69097094505	ATORVASTATIN CALCIUM	60	\$0.30000	\$0.03333	200% Above
Non-ORx	No	69097094605	ATORVASTATIN CALCIUM	30	\$0.40000	\$0.06667	200% Above
Non-ORx	No	69097095202	SILDENAFIL CITRATE	6	\$1.16667	\$0.16667	200% Above
Non-ORx	No	69097096507	NABUMETONE	60	\$0.65000	\$0.23333	101%-200% Above
Non-ORx	No	69097096607	NABUMETONE	60	\$0.68333	\$0.25000	101%-200% Above
Non-ORx	No	69097096607	NABUMETONE	30	\$0.66667	\$0.23333	101%-200% Above
Non-ORx	No	69097096607	NABUMETONE	30	\$0.66667	\$0.26667	101%-200% Above
Non-ORx	No	69097096793	SEVELAMER CARBONATE	180	\$0.24444	\$0.27778	(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
Non-ORx	No	69097096812	LISINOPRIL/HYDROCHLOROTHI	30	\$0.23333	\$0.03333	200% Above
Non-ORx	No	69097097112	LISINOPRIL/HYDROCHLOROTHI	30	\$0.23333	\$0.03333	200% Above
Non-ORx	No	69102032001	SUBVENITE	30	\$0.06667	\$0.10000	(26%-50%) Below
Non-ORx	No	69117000301	ANASTROZOLE	30	\$0.50000	\$0.13333	200% Above
Non-ORx	No	69117004301	BUSPIRONE HYDROCHLORIDE	60	\$0.16667	\$0.20000	(10%-25%) Below
Non-ORx	No	69238101703	ISOTRETINOIN	120	\$6.93333	\$3.53333	76%-100% Above
Non-ORx	No	69238101703	ISOTRETINOIN	60	\$6.93333	\$3.21667	101%-200% Above
Non-ORx	No	69238106501	POTASSIUM CHLORIDE ER	60	\$0.41667	\$0.18333	101%-200% Above
Non-ORx	No	69238106901	POTASSIUM CHLORIDE ER	30	\$0.16667	\$0.20000	(10%-25%) Below
Non-ORx	No	69238110002	DOXYCYCLINE HYCLATE	60	\$0.70000	\$0.16667	200% Above
Non-ORx	No	69238110002	DOXYCYCLINE HYCLATE	60	\$0.65000	\$0.15000	200% Above
Non-ORx	No	69238110002	DOXYCYCLINE HYCLATE	14	\$0.35714	\$0.14286	101%-200% Above
Non-ORx	No	69238110005	DOXYCYCLINE HYCLATE	28	\$0.53571	\$0.14286	200% Above
Non-ORx	No	69238110005	DOXYCYCLINE HYCLATE	30	\$0.53333	\$0.13333	200% Above
Non-ORx	No	69238110005	DOXYCYCLINE HYCLATE	60	\$0.13333	\$0.15000	(10%-25%) Below
Non-ORx	No	69238110005	DOXYCYCLINE HYCLATE	20	\$1.05000	\$0.20000	200% Above
Non-ORx	No	69238110005	DOXYCYCLINE HYCLATE	28	\$0.53571	\$0.14286	200% Above
Non-ORx	No	69238110005	DOXYCYCLINE HYCLATE	40	\$0.35000	\$0.15000	101%-200% Above
Non-ORx	No	69238110909	CLOMIPRAMINE HYDROCHLORID	48	\$2.02083	\$0.93750	101%-200% Above
Non-ORx	No	69238111501	BUSPIRONE HYDROCHLORIDE	120	\$0.20000	\$0.03333	200% Above
Non-ORx	No	69238111501	BUSPIRONE HYDROCHLORIDE	60	\$0.16667	\$0.03333	200% Above
Non-ORx	No	69238111601	BUSPIRONE HYDROCHLORIDE	60	\$0.38333	\$0.20000	76%-100% Above
Non-ORx	No	69238111701	BUSPIRONE HYDROCHLORIDE	120	\$0.11667	\$0.04167	101%-200% Above
Non-ORx	No	69238111701	BUSPIRONE HYDROCHLORIDE	60	\$0.11667	\$0.05000	101%-200% Above
Non-ORx	No	69238111701	BUSPIRONE HYDROCHLORIDE	30	\$0.16667	\$0.03333	200% Above
Non-ORx	No	69238111701	BUSPIRONE HYDROCHLORIDE	180	\$0.11667	\$0.03333	200% Above
Non-ORx	No	69238111801	BUSPIRONE HYDROCHLORIDE	180	\$0.28333	\$0.05000	200% Above
Non-ORx	No	69238111906	BUSPIRONE HYDROCHLORIDE	90	\$0.15556	\$0.20000	(10%-25%) Below
Non-ORx	No	69238111906	BUSPIRONE HYDROCHLORIDE	60	\$0.43333	\$0.18333	101%-200% Above
Non-ORx	No	69238112601	ETHACRYNIC ACID	60	\$9.08333	\$2.35000	200% Above
Non-ORx	No	69238115403	EZETIMIBE	270	\$0.84074	\$0.13333	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
Non-ORx	No	69238115403	EZETIMIBE	240	\$0.64167	\$0.13333	200% Above
Non-ORx	No	69238115403	EZETIMIBE	90	\$0.76667	\$0.10000	200% Above
Non-ORx	No	69238115409	EZETIMIBE	1080	\$0.55926	\$0.13333	200% Above
Non-ORx	No	69238115409	EZETIMIBE	270	\$0.73704	\$0.11111	200% Above
Non-ORx	No	69238115409	EZETIMIBE	60	\$0.73333	\$0.13333	200% Above
Non-ORx	No	69238116609	DOXEPIN HCL	60	\$0.06667	\$0.23333	(51%-75%) Below
Non-ORx	No	69238117009	DOXEPIN HYDROCHLORIDE	30	\$0.50000	\$0.30000	51%-75% Above
Non-ORx	No	69238126601	OSELTAMIVIR PHOSPHATE	130	\$5.93846	\$1.30000	200% Above
Non-ORx	No	69238127306	OSELTAMIVIR PHOSPHATE	60	\$1.56667	\$0.60000	101%-200% Above
Non-ORx	No	69238130501	CLOBAZAM	30	\$1.63333	\$0.33333	200% Above
Non-ORx	No	69238131109	PREGABALIN	30	\$0.03333	\$0.10000	(51%-75%) Below
Non-ORx	No	69238134201	ETODOLAC	60	\$0.61667	\$0.33333	76%-100% Above
Non-ORx	No	69238134201	ETODOLAC	30	\$0.60000	\$0.30000	101%-200% Above
Non-ORx	No	69238134201	ETODOLAC	12	\$0.41667	\$0.33333	26%-50% Above
Non-ORx	No	69238134703	TADALAFIL	30	\$0.06667	\$0.20000	(51%-75%) Below
Non-ORx	No	69238134803	TADALAFIL	6	\$2.33333	\$0.50000	200% Above
Non-ORx	No	69238134903	TADALAFIL	18	\$1.61111	\$0.44444	200% Above
Non-ORx	No	69238134903	TADALAFIL	42	\$1.66667	\$0.50000	200% Above
Non-ORx	No	69238137403	TOBRAMYCIN/DEXAMETHASONE	10	\$18.80000	\$15.60000	10%-25% Above
Non-ORx	No	69238145902	POTASSIUM CHLORIDE	450	\$0.05556	\$0.14444	(51%-75%) Below
Non-ORx	No	69238149101	BUMETANIDE	60	\$1.06667	\$0.45000	101%-200% Above
Non-ORx	No	69238153106	LARISSIA	672	\$0.64583	\$0.23810	101%-200% Above
Non-ORx	No	69238153106	LARISSIA	84	\$0.75000	\$0.25000	200% Above
Non-ORx	No	69238153205	CLOBETASOL PROPIONATE	15	\$0.13333	\$0.60000	(76%-100%) Below
Non-ORx	No	69238154401	HYDROXYCHLOROQUINE SULFAT	60	\$0.20000	\$0.25000	(10%-25%) Below
Non-ORx	No	69238154401	HYDROXYCHLOROQUINE SULFAT	30	\$0.16667	\$0.23333	(26%-50%) Below
Non-ORx	No	69238155406	LILLOW	28	\$0.07143	\$0.17857	(51%-75%) Below
Non-ORx	No	69238156401	AMPHETAMINE SULFATE	60	\$0.16667	\$0.76667	(76%-100%) Below
Non-ORx	No	69238158306	NORLYDA	840	\$0.44762	\$0.16667	101%-200% Above
Non-ORx	No	69238158306	NORLYDA	168	\$0.27976	\$0.17857	51%-75% Above
Non-ORx	No	69238160706	TRI FEMYNOR	28	\$0.25000	\$0.17857	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
Non-ORx	No	69238161503	OFLOXACIN	10	\$10.00000	\$2.20000	200% Above
Non-ORx	No	69238161606	OFLOXACIN	20	\$9.90000	\$2.40000	200% Above
Non-ORx	No	69238183001	LEVOTHYROXINE SODIUM	60	\$0.26667	\$0.13333	101%-200% Above
Non-ORx	No	69238183001	LEVOTHYROXINE SODIUM	30	\$0.30000	\$0.16667	76%-100% Above
Non-ORx	No	69238183001	LEVOTHYROXINE SODIUM	90	\$0.22222	\$0.13333	51%-75% Above
Non-ORx	No	69238183007	LEVOTHYROXINE SODIUM	990	\$0.19495	\$0.13333	26%-50% Above
Non-ORx	No	69238183007	LEVOTHYROXINE SODIUM	180	\$0.26667	\$0.15556	51%-75% Above
Non-ORx	No	69238183007	LEVOTHYROXINE SODIUM	40	\$0.27500	\$0.12500	101%-200% Above
Non-ORx	No	69238183007	LEVOTHYROXINE SODIUM	300	\$0.21000	\$0.13333	51%-75% Above
Non-ORx	No	69238183007	LEVOTHYROXINE SODIUM	90	\$0.13333	\$0.16667	(10%-25%) Below
Non-ORx	No	69238183107	LEVOTHYROXINE SODIUM	270	\$0.23704	\$0.15556	51%-75% Above
Non-ORx	No	69238183107	LEVOTHYROXINE SODIUM	2160	\$0.28889	\$0.14444	101%-200% Above
Non-ORx	No	69238183107	LEVOTHYROXINE SODIUM	104	\$0.30769	\$0.14423	101%-200% Above
Non-ORx	No	69238183107	LEVOTHYROXINE SODIUM	540	\$0.27407	\$0.13333	101%-200% Above
Non-ORx	No	69238183107	LEVOTHYROXINE SODIUM	240	\$0.27500	\$0.16667	51%-75% Above
Non-ORx	No	69238183201	LEVOTHYROXINE SODIUM	90	\$0.24444	\$0.16667	26%-50% Above
Non-ORx	No	69238183207	LEVOTHYROXINE SODIUM	1350	\$0.21778	\$0.15556	26%-50% Above
Non-ORx	No	69238183207	LEVOTHYROXINE SODIUM	98	\$0.24490	\$0.15306	51%-75% Above
Non-ORx	No	69238183207	LEVOTHYROXINE SODIUM	45	\$0.24444	\$0.15556	51%-75% Above
Non-ORx	No	69238183207	LEVOTHYROXINE SODIUM	540	\$0.26482	\$0.16667	51%-75% Above
Non-ORx	No	69238183301	LEVOTHYROXINE SODIUM	180	\$0.24444	\$0.17778	26%-50% Above
Non-ORx	No	69238183301	LEVOTHYROXINE SODIUM	270	\$0.28519	\$0.18889	51%-75% Above
Non-ORx	No	69238183301	LEVOTHYROXINE SODIUM	30	\$0.23333	\$0.16667	26%-50% Above
Non-ORx	No	69238183301	LEVOTHYROXINE SODIUM	180	\$0.26111	\$0.20000	26%-50% Above
Non-ORx	No	69238183307	LEVOTHYROXINE SODIUM	90	\$0.37778	\$0.17778	101%-200% Above
Non-ORx	No	69238183307	LEVOTHYROXINE SODIUM	360	\$0.28056	\$0.18889	26%-50% Above
Non-ORx	No	69238183307	LEVOTHYROXINE SODIUM	30	\$0.06667	\$0.20000	(51%-75%) Below
Non-ORx	No	69238183307	LEVOTHYROXINE SODIUM	38	\$0.39474	\$0.18421	101%-200% Above
Non-ORx	No	69238183307	LEVOTHYROXINE SODIUM	45	\$0.24444	\$0.17778	26%-50% Above
Non-ORx	No	69238183401	LEVOTHYROXINE SODIUM	90	\$0.37778	\$0.16667	101%-200% Above
Non-ORx	No	69238183407	LEVOTHYROXINE SODIUM	1170	\$0.31453	\$0.16667	76%-100% Above
Non-ORx	No	69238183407	LEVOTHYROXINE SODIUM	15	\$0.26667	\$0.20000	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
Non-ORx	No	69238183407	LEVOTHYROXINE SODIUM	660	\$0.25606	\$0.16667	51%-75% Above
Non-ORx	No	69238183501	LEVOTHYROXINE SODIUM	90	\$0.11111	\$0.21111	(26%-50%) Below
Non-ORx	No	69238183501	LEVOTHYROXINE SODIUM	60	\$0.35000	\$0.20000	76%-100% Above
Non-ORx	No	69238183501	LEVOTHYROXINE SODIUM	26	\$0.30769	\$0.19231	51%-75% Above
Non-ORx	No	69238183501	LEVOTHYROXINE SODIUM	300	\$0.34667	\$0.16667	101%-200% Above
Non-ORx	No	69238183507	LEVOTHYROXINE SODIUM	78	\$0.39744	\$0.17949	101%-200% Above
Non-ORx	No	69238183507	LEVOTHYROXINE SODIUM	180	\$0.25556	\$0.21111	10%-25% Above
Non-ORx	No	69238183507	LEVOTHYROXINE SODIUM	210	\$0.40000	\$0.16667	101%-200% Above
Non-ORx	No	69238183507	LEVOTHYROXINE SODIUM	30	\$0.06667	\$0.20000	(51%-75%) Below
Non-ORx	No	69238183601	LEVOTHYROXINE SODIUM	30	\$0.06667	\$0.20000	(51%-75%) Below
Non-ORx	No	69238183607	LEVOTHYROXINE SODIUM	810	\$0.28395	\$0.21111	26%-50% Above
Non-ORx	No	69238183607	LEVOTHYROXINE SODIUM	90	\$0.31111	\$0.22222	26%-50% Above
Non-ORx	No	69238183607	LEVOTHYROXINE SODIUM	15	\$0.06667	\$0.20000	(51%-75%) Below
Non-ORx	No	69238183607	LEVOTHYROXINE SODIUM	480	\$0.32917	\$0.20000	51%-75% Above
Non-ORx	No	69238183607	LEVOTHYROXINE SODIUM	30	\$0.36667	\$0.23333	51%-75% Above
Non-ORx	No	69238183701	LEVOTHYROXINE SODIUM	90	\$0.31111	\$0.22222	26%-50% Above
Non-ORx	No	69238183701	LEVOTHYROXINE SODIUM	540	\$0.27593	\$0.21111	26%-50% Above
Non-ORx	No	69238183701	LEVOTHYROXINE SODIUM	60	\$0.46667	\$0.23333	101%-200% Above
Non-ORx	No	69238183707	LEVOTHYROXINE SODIUM	45	\$0.31111	\$0.22222	26%-50% Above
Non-ORx	No	69238183707	LEVOTHYROXINE SODIUM	270	\$0.24444	\$0.21111	10%-25% Above
Non-ORx	No	69238183707	LEVOTHYROXINE SODIUM	90	\$0.46667	\$0.20000	101%-200% Above
Non-ORx	No	69238183707	LEVOTHYROXINE SODIUM	32	\$0.46875	\$0.21875	101%-200% Above
Non-ORx	No	69238183801	LEVOTHYROXINE SODIUM	90	\$0.31111	\$0.22222	26%-50% Above
Non-ORx	No	69238183801	LEVOTHYROXINE SODIUM	31	\$0.41936	\$0.22581	76%-100% Above
Non-ORx	No	69238183801	LEVOTHYROXINE SODIUM	180	\$0.36111	\$0.23333	51%-75% Above
Non-ORx	No	69238183807	LEVOTHYROXINE SODIUM	270	\$0.35185	\$0.22222	51%-75% Above
Non-ORx	No	69238183807	LEVOTHYROXINE SODIUM	90	\$0.31111	\$0.24444	26%-50% Above
Non-ORx	No	69238183807	LEVOTHYROXINE SODIUM	120	\$0.40000	\$0.23333	51%-75% Above
Non-ORx	No	69238183901	LEVOTHYROXINE SODIUM	180	\$0.39444	\$0.23333	51%-75% Above
Non-ORx	No	69238183901	LEVOTHYROXINE SODIUM	34	\$0.44118	\$0.23529	76%-100% Above
Non-ORx	No	69238183901	LEVOTHYROXINE SODIUM	150	\$0.33333	\$0.23333	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
Non-ORx	No	69238183901	LEVOTHYROXINE SODIUM	30	\$0.10000	\$0.26667	(51%-75%) Below
Non-ORx	No	69238183907	LEVOTHYROXINE SODIUM	98	\$0.39796	\$0.22449	76%-100% Above
Non-ORx	No	69238183907	LEVOTHYROXINE SODIUM	30	\$0.43333	\$0.23333	76%-100% Above
Non-ORx	No	69238184001	LEVOTHYROXINE SODIUM	180	\$0.41111	\$0.27778	26%-50% Above
Non-ORx	No	69238184001	LEVOTHYROXINE SODIUM	65	\$0.41539	\$0.27692	51%-75% Above
Non-ORx	No	69238184001	LEVOTHYROXINE SODIUM	30	\$0.40000	\$0.26667	51%-75% Above
Non-ORx	No	69238184007	LEVOTHYROXINE SODIUM	90	\$0.41111	\$0.27778	26%-50% Above
Non-ORx	No	69238199201	DIGOXIN	30	\$0.20000	\$0.30000	(26%-50%) Below
Non-ORx	No	69238199301	BUTALBITAL/ASPIRIN/CAFFEI	20	\$1.90000	\$0.95000	101%-200% Above
Non-ORx	No	69238207707	PROPRANOLOL HYDROCHLORIDE	150	\$0.27333	\$0.07333	200% Above
Non-ORx	No	69238207707	PROPRANOLOL HYDROCHLORIDE	240	\$0.27500	\$0.07500	200% Above
Non-ORx	No	69238207707	PROPRANOLOL HYDROCHLORIDE	180	\$0.27222	\$0.07778	200% Above
Non-ORx	No	69238207707	PROPRANOLOL HYDROCHLORIDE	270	\$0.27037	\$0.07778	200% Above
Non-ORx	No	69238207707	PROPRANOLOL HYDROCHLORIDE	240	\$0.03750	\$0.07500	(26%-50%) Below
Non-ORx	No	69238207707	PROPRANOLOL HYDROCHLORIDE	270	\$0.26667	\$0.07778	200% Above
Non-ORx	No	69238207707	PROPRANOLOL HYDROCHLORIDE	40	\$0.27500	\$0.07500	200% Above
Non-ORx	No	69238207707	PROPRANOLOL HYDROCHLORIDE	120	\$0.26667	\$0.06667	200% Above
Non-ORx	No	69238207707	PROPRANOLOL HYDROCHLORIDE	180	\$0.18889	\$0.06667	101%-200% Above
Non-ORx	No	69238207707	PROPRANOLOL HYDROCHLORIDE	300	\$0.22667	\$0.08333	101%-200% Above
Non-ORx	No	69238207707	PROPRANOLOL HYDROCHLORIDE	60	\$0.26667	\$0.06667	200% Above
Non-ORx	No	69238207807	PROPRANOLOL HYDROCHLORIDE	90	\$0.33333	\$0.10000	200% Above
Non-ORx	No	69238207807	PROPRANOLOL HYDROCHLORIDE	270	\$0.24444	\$0.07778	200% Above
Non-ORx	No	69238207807	PROPRANOLOL HYDROCHLORIDE	300	\$0.28333	\$0.10000	101%-200% Above
Non-ORx	No	69238207901	PROPRANOLOL HYDROCHLORIDE	180	\$0.35556	\$0.11667	200% Above
Non-ORx	No	69238207901	PROPRANOLOL HYDROCHLORIDE	90	\$0.35556	\$0.12222	101%-200% Above
Non-ORx	No	69238207907	PROPRANOLOL HYDROCHLORIDE	540	\$0.35556	\$0.11667	200% Above
Non-ORx	No	69238207907	PROPRANOLOL HYDROCHLORIDE	60	\$0.48333	\$0.11667	200% Above
Non-ORx	No	69238207907	PROPRANOLOL HYDROCHLORIDE	30	\$0.46667	\$0.13333	200% Above
Non-ORx	No	69238209503	EMTRICITABINE/TENOFOVIR D	150	\$6.88000	\$0.83333	200% Above
Non-ORx	No	69238209503	EMTRICITABINE/TENOFOVIR D	60	\$3.03333	\$0.83333	200% Above
Non-ORx	No	69238209503	EMTRICITABINE/TENOFOVIR D	60	\$3.60000	\$0.76667	200% Above
Non-ORx	No	69292020850	METRONIDAZOLE	28	\$0.21429	\$0.14286	51%-75% Above
Non-ORx	No	69292053010	PROPRANOLOL HYDROCHLORIDE	60	\$0.06667	\$0.08333	(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
Non-ORx	No	69292053010	PROPRANOLOL HYDROCHLORIDE	30	\$0.13333	\$0.06667	101%-200% Above
Non-ORx	No	69292053201	PROPRANOLOL HYDROCHLORIDE	60	\$0.08333	\$0.10000	(10%-25%) Below
Non-ORx	No	69292053201	PROPRANOLOL HYDROCHLORIDE	30	\$0.16667	\$0.10000	51%-75% Above
Non-ORx	No	69292053210	PROPRANOLOL HYDROCHLORIDE	60	\$0.08333	\$0.10000	(10%-25%) Below
Non-ORx	No	69292053801	PROPRANOLOL HYDROCHLORIDE	60	\$0.31667	\$0.20000	51%-75% Above
Non-ORx	No	69292056401	METOLAZONE	4	\$1.25000	\$0.75000	51%-75% Above
Non-ORx	No	69292072225	FLURBIPROFEN SODIUM	3	\$1.66667	\$10.00000	(76%-100%) Below
Non-ORx	No	69315011610	FUROSEMIDE	90	\$0.10000	\$0.03333	200% Above
Non-ORx	No	69315011610	FUROSEMIDE	180	\$0.10000	\$0.03333	200% Above
Non-ORx	No	69315011610	FUROSEMIDE	300	\$0.08667	\$0.03333	101%-200% Above
Non-ORx	No	69315011610	FUROSEMIDE	570	\$0.09123	\$0.03333	101%-200% Above
Non-ORx	No	69315011610	FUROSEMIDE	34	\$0.08824	\$0.02941	200% Above
Non-ORx	No	69315011610	FUROSEMIDE	58	\$0.01724	\$0.03448	(26%-50%) Below
Non-ORx	No	69315011710	FUROSEMIDE	240	\$0.10000	\$0.03333	200% Above
Non-ORx	No	69315011710	FUROSEMIDE	180	\$0.05556	\$0.03333	51%-75% Above
Non-ORx	No	69315011710	FUROSEMIDE	26	\$0.07692	\$0.03846	101%-200% Above
Non-ORx	No	69315011710	FUROSEMIDE	240	\$0.08333	\$0.03333	101%-200% Above
Non-ORx	No	69315012701	FOLIC ACID	210	\$0.04762	\$0.02381	101%-200% Above
Non-ORx	No	69315012710	FOLIC ACID	90	\$0.05556	\$0.03333	51%-75% Above
Non-ORx	No	69315012710	FOLIC ACID	900	\$0.05556	\$0.02222	101%-200% Above
Non-ORx	No	69315012710	FOLIC ACID	120	\$0.05833	\$0.02500	101%-200% Above
Non-ORx	No	69315012710	FOLIC ACID	180	\$0.05556	\$0.03333	51%-75% Above
Non-ORx	No	69315012710	FOLIC ACID	180	\$0.08889	\$0.02222	200% Above
Non-ORx	No	69315012710	FOLIC ACID	840	\$0.06191	\$0.03333	76%-100% Above
Non-ORx	No	69315012710	FOLIC ACID	48	\$0.06250	\$0.02083	200% Above
Non-ORx	No	69315012710	FOLIC ACID	420	\$0.05476	\$0.01667	200% Above
Non-ORx	No	69315013001	HYDROCHLOROTHIAZIDE	60	\$0.10000	\$0.03333	200% Above
Non-ORx	No	69315013110	HYDROCHLOROTHIAZIDE	180	\$0.06111	\$0.01111	200% Above
Non-ORx	No	69315013110	HYDROCHLOROTHIAZIDE	120	\$0.05833	\$0.01667	200% Above
Non-ORx	No	69315013110	HYDROCHLOROTHIAZIDE	120	\$0.05000	\$0.01667	200% Above
Non-ORx	No	69315013501	IMIPRAMINE HCL	180	\$0.28333	\$0.15000	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
Non-ORx	No	69315013501	IMIPRAMINE HCL	30	\$0.10000	\$0.16667	(26%-50%) Below
Non-ORx	No	69315013601	BENZTROPINE MESYLATE	120	\$0.23333	\$0.08333	101%-200% Above
Non-ORx	No	69315013701	BENZTROPINE MESYLATE	60	\$0.28333	\$0.08333	200% Above
Non-ORx	No	69315013701	BENZTROPINE MESYLATE	30	\$0.23333	\$0.10000	101%-200% Above
Non-ORx	No	69315013710	BENZTROPINE MESYLATE	60	\$0.25000	\$0.08333	200% Above
Non-ORx	No	69315015501	HYDROCHLOROTHIAZIDE	180	\$0.11667	\$0.05556	101%-200% Above
Non-ORx	No	69315015501	HYDROCHLOROTHIAZIDE	60	\$0.11667	\$0.05000	101%-200% Above
Non-ORx	No	69315015501	HYDROCHLOROTHIAZIDE	600	\$0.11500	\$0.06667	51%-75% Above
Non-ORx	No	69315015510	HYDROCHLOROTHIAZIDE	810	\$0.12222	\$0.05556	101%-200% Above
Non-ORx	No	69315015510	HYDROCHLOROTHIAZIDE	270	\$0.11852	\$0.06667	76%-100% Above
Non-ORx	No	69315030615	NYSTATIN	30	\$0.80000	\$0.36667	101%-200% Above
Non-ORx	No	69315030805	CIPROFLOXACIN HYDROCHLORI	15	\$2.33333	\$2.06667	10%-25% Above
Non-ORx	No	69315030805	CIPROFLOXACIN HYDROCHLORI	40	\$2.20000	\$2.00000	10%-25% Above
Non-ORx	No	69315030810	CIPROFLOXACIN HYDROCHLORI	10	\$1.80000	\$1.60000	10%-25% Above
Non-ORx	No	69315031228	PROCTO-MED HC	28	\$0.89286	\$0.32143	101%-200% Above
Non-ORx	No	69315090401	LORAZEPAM	60	\$0.35000	\$0.03333	200% Above
Non-ORx	No	69315090401	LORAZEPAM	90	\$0.18889	\$0.03333	200% Above
Non-ORx	No	69315090405	LORAZEPAM	210	\$0.20952	\$0.03333	200% Above
Non-ORx	No	69315090405	LORAZEPAM	420	\$0.19286	\$0.03333	200% Above
Non-ORx	No	69315090405	LORAZEPAM	40	\$0.20000	\$0.05000	200% Above
Non-ORx	No	69315090405	LORAZEPAM	14	\$0.21429	\$0.07143	200% Above
Non-ORx	No	69315090505	LORAZEPAM	60	\$0.15000	\$0.05000	200% Above
Non-ORx	No	69315090505	LORAZEPAM	15	\$0.20000	\$0.06667	200% Above
Non-ORx	No	69315090510	LORAZEPAM	60	\$0.15000	\$0.05000	200% Above
Non-ORx	No	69315090510	LORAZEPAM	360	\$0.19444	\$0.04444	200% Above
Non-ORx	No	69315090510	LORAZEPAM	45	\$0.13333	\$0.04444	200% Above
Non-ORx	No	69315090510	LORAZEPAM	40	\$0.17500	\$0.05000	200% Above
Non-ORx	No	69315090510	LORAZEPAM	15	\$0.13333	\$0.06667	101%-200% Above
Non-ORx	No	69315090510	LORAZEPAM	28	\$0.21429	\$0.03571	200% Above
Non-ORx	No	69315090510	LORAZEPAM	120	\$0.16667	\$0.03333	200% Above
Non-ORx	No	69315090601	LORAZEPAM	60	\$0.36667	\$0.06667	200% Above
Non-ORx	No	69315090601	LORAZEPAM	46	\$0.17391	\$0.06522	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
Non-ORx	No	69315090601	LORAZEPAM	30	\$0.16667	\$0.06667	101%-200% Above
Non-ORx	No	69315091001	DIPHENOXYLATE HYDROCHLORI	30	\$0.40000	\$0.20000	101%-200% Above
Non-ORx	No	69367016204	PHENAZOPYRIDINE HYDROCHLO	21	\$1.66667	\$0.33333	200% Above
Non-ORx	No	69367016204	PHENAZOPYRIDINE HYDROCHLO	12	\$1.50000	\$0.33333	200% Above
Non-ORx	No	69367016204	PHENAZOPYRIDINE HYDROCHLO	18	\$1.50000	\$0.33333	200% Above
Non-ORx	No	69367016204	PHENAZOPYRIDINE HYDROCHLO	12	\$1.66667	\$0.33333	200% Above
Non-ORx	No	69367016304	PHENAZOPYRIDINE HCL	30	\$1.10000	\$0.46667	101%-200% Above
Non-ORx	No	69367016304	PHENAZOPYRIDINE HCL	21	\$1.57143	\$0.52381	200% Above
Non-ORx	No	69367016304	PHENAZOPYRIDINE HCL	25	\$2.04000	\$0.44000	200% Above
Non-ORx	No	69367016304	PHENAZOPYRIDINE HCL	35	\$2.02857	\$0.48571	200% Above
Non-ORx	No	69367016304	PHENAZOPYRIDINE HCL	30	\$1.50000	\$0.50000	200% Above
Non-ORx	No	69367016304	PHENAZOPYRIDINE HCL	18	\$1.66667	\$0.44444	200% Above
Non-ORx	No	69367020301	BUTALBITAL/ACETAMINOPHEN/	60	\$0.83333	\$0.16667	200% Above
Non-ORx	No	69367020301	BUTALBITAL/ACETAMINOPHEN/	14	\$0.21429	\$0.14286	51%-75% Above
Non-ORx	No	69367020305	BUTALBITAL/ACETAMINOPHEN/	60	\$0.75000	\$0.16667	200% Above
Non-ORx	No	69367020305	BUTALBITAL/ACETAMINOPHEN/	60	\$0.75000	\$0.18333	200% Above
Non-ORx	No	69367020305	BUTALBITAL/ACETAMINOPHEN/	15	\$0.73333	\$0.20000	200% Above
Non-ORx	No	69367020305	BUTALBITAL/ACETAMINOPHEN/	20	\$0.50000	\$0.20000	101%-200% Above
Non-ORx	No	69367020305	BUTALBITAL/ACETAMINOPHEN/	120	\$0.80000	\$0.16667	200% Above
Non-ORx	No	69367021910	HYDROCHLOROTHIAZIDE	30	\$0.23333	\$0.03333	200% Above
Non-ORx	No	69367024201	NABUMETONE	90	\$0.11111	\$0.25556	(51%-75%) Below
Non-ORx	No	69367027204	CODEINE/GUAIFENESIN	200	\$0.02500	\$0.06500	(51%-75%) Below
Non-ORx	No	69367027216	CODEINE/GUAIFENESIN	240	\$0.03333	\$0.02917	10%-25% Above
Non-ORx	No	69367027216	CODEINE/GUAIFENESIN	236	\$0.03390	\$0.02542	26%-50% Above
Non-ORx	No	69367028905	BUPROPION HYDROCHLORIDE E	30	\$0.50000	\$0.20000	101%-200% Above
Non-ORx	No	69367033730	PAROXETINE HYDROCHLORIDE	30	\$2.23333	\$0.86667	101%-200% Above
Non-ORx	No	69452011645	CLOBAZAM	360	\$1.38333	\$0.52222	101%-200% Above
Non-ORx	No	69452011920	OXYBUTYNIN CHLORIDE ER	30	\$0.53333	\$0.16667	200% Above
Non-ORx	No	69452012020	OXYBUTYNIN CHLORIDE ER	60	\$0.78333	\$0.16667	200% Above
Non-ORx	No	69452012020	OXYBUTYNIN CHLORIDE ER	90	\$0.76667	\$0.16667	200% Above
Non-ORx	No	69452013217	DOFETILIDE	60	\$1.68333	\$0.86667	76%-100% Above
Non-ORx	No	69452014320	BENZONATATE	30	\$0.06667	\$0.10000	(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
Non-ORx	No	69452014430	BENZONATATE	60	\$0.11667	\$0.13333	(10%-25%) Below
Non-ORx	No	69452014430	BENZONATATE	270	\$0.54815	\$0.13333	200% Above
Non-ORx	No	69452015120	VITAMIN D	16	\$0.50000	\$0.12500	200% Above
Non-ORx	No	69452015120	VITAMIN D	156	\$0.53846	\$0.15385	200% Above
Non-ORx	No	69452015120	VITAMIN D	36	\$0.50000	\$0.13889	200% Above
Non-ORx	No	69452015120	VITAMIN D	25	\$0.52000	\$0.12000	200% Above
Non-ORx	No	69452015120	VITAMIN D	144	\$0.50000	\$0.12500	200% Above
Non-ORx	No	69452015120	VITAMIN D	12	\$0.50000	\$0.16667	200% Above
Non-ORx	No	69452015120	VITAMIN D	5	\$0.60000	\$0.20000	200% Above
Non-ORx	No	69452015120	VITAMIN D	536	\$0.49067	\$0.25000	76%-100% Above
Non-ORx	No	69452015120	VITAMIN D	11	\$0.54546	\$0.18182	200% Above
Non-ORx	No	69452015120	VITAMIN D	492	\$0.50407	\$0.16667	200% Above
Non-ORx	No	69452015120	VITAMIN D	104	\$0.43269	\$0.12500	200% Above
Non-ORx	No	69452015220	ETHOSUXIMIDE	240	\$0.49167	\$0.57500	(10%-25%) Below
Non-ORx	No	69452015220	ETHOSUXIMIDE	120	\$0.63333	\$0.50833	10%-25% Above
Non-ORx	No	69452015220	ETHOSUXIMIDE	90	\$0.80000	\$0.57778	26%-50% Above
Non-ORx	No	69452015673	RIZATRIPTAN BENZOATE ODT	8	\$1.25000	\$0.75000	51%-75% Above
Non-ORx	No	69452015773	RIZATRIPTAN BENZOATE ODT	12	\$1.91667	\$0.66667	101%-200% Above
Non-ORx	No	69452015773	RIZATRIPTAN BENZOATE ODT	18	\$2.38889	\$0.72222	200% Above
Non-ORx	No	69452015773	RIZATRIPTAN BENZOATE ODT	8	\$4.25000	\$0.75000	200% Above
Non-ORx	No	69452015773	RIZATRIPTAN BENZOATE ODT	36	\$3.58333	\$0.75000	200% Above
Non-ORx	No	69452017104	AZITHROMYCIN	12	\$1.08333	\$0.50000	101%-200% Above
Non-ORx	No	69452017113	AZITHROMYCIN	6	\$1.83333	\$0.50000	200% Above
Non-ORx	No	69452017113	AZITHROMYCIN	5	\$1.80000	\$0.40000	200% Above
Non-ORx	No	69452017173	AZITHROMYCIN	36	\$1.72222	\$0.50000	200% Above
Non-ORx	No	69452017173	AZITHROMYCIN	300	\$1.81000	\$0.50000	200% Above
Non-ORx	No	69452017213	AZITHROMYCIN	5	\$2.20000	\$0.80000	101%-200% Above
Non-ORx	No	69452017213	AZITHROMYCIN	6	\$4.33333	\$0.83333	200% Above
Non-ORx	No	69452017213	AZITHROMYCIN	12	\$4.25000	\$0.91667	200% Above
Non-ORx	No	69452017213	AZITHROMYCIN	4	\$3.50000	\$1.00000	200% Above
Non-ORx	No	69452017213	AZITHROMYCIN	3	\$4.33333	\$1.00000	200% Above
Non-ORx	No	69452019420	POTASSIUM CITRATE ER	60	\$1.55000	\$0.78333	76%-100% Above
Non-ORx	No	69452020720	CALCITRIOL	90	\$0.66667	\$0.18889	200% Above
Non-ORx	No	69452020720	CALCITRIOL	60	\$0.55000	\$0.20000	101%-200% Above
Non-ORx	No	69452020720	CALCITRIOL	12	\$0.25000	\$0.16667	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
Non-ORx	No	69452020820	CALCITRIOL	60	\$0.26667	\$0.31667	(10%-25%) Below
Non-ORx	No	69452023320	PROGESTERONE	360	\$1.39444	\$0.25556	200% Above
Non-ORx	No	69452023320	PROGESTERONE	270	\$1.38889	\$0.28889	200% Above
Non-ORx	No	69452023320	PROGESTERONE	30	\$1.40000	\$0.26667	200% Above
Non-ORx	No	69452023420	PROGESTERONE	180	\$1.45556	\$0.43333	200% Above
Non-ORx	No	69452023420	PROGESTERONE	60	\$1.51667	\$0.46667	200% Above
Non-ORx	No	69452023420	PROGESTERONE	180	\$1.48333	\$0.46667	200% Above
Non-ORx	No	69452023420	PROGESTERONE	36	\$1.44444	\$0.47222	200% Above
Non-ORx	No	69452023420	PROGESTERONE	24	\$0.75000	\$0.41667	76%-100% Above
Non-ORx	No	69452023420	PROGESTERONE	14	\$1.50000	\$0.50000	200% Above
Non-ORx	No	69452023420	PROGESTERONE	30	\$1.46667	\$0.43333	200% Above
Non-ORx	No	69452023420	PROGESTERONE	36	\$1.44444	\$0.44444	200% Above
Non-ORx	No	69452023420	PROGESTERONE	60	\$1.11667	\$0.46667	101%-200% Above
Non-ORx	No	69452029020	ACYCLOVIR	60	\$0.38333	\$0.10000	200% Above
Non-ORx	No	69452029020	ACYCLOVIR	58	\$0.34483	\$0.10345	200% Above
Non-ORx	No	69452029030	ACYCLOVIR	120	\$0.22500	\$0.10000	101%-200% Above
Non-ORx	No	69452029030	ACYCLOVIR	10	\$0.30000	\$0.10000	200% Above
Non-ORx	No	69452029030	ACYCLOVIR	40	\$0.37500	\$0.10000	200% Above
Non-ORx	No	69452029120	ACYCLOVIR	20	\$0.45000	\$0.20000	101%-200% Above
Non-ORx	No	69543012350	GLIMEPIRIDE	120	\$0.24167	\$0.03333	200% Above
Non-ORx	No	69543012450	GLIMEPIRIDE	60	\$0.05000	\$0.03333	51%-75% Above
Non-ORx	No	69543012450	GLIMEPIRIDE	240	\$0.09583	\$0.03333	101%-200% Above
Non-ORx	No	69543013611	TRAMADOL HCL	60	\$0.15000	\$0.01667	200% Above
Non-ORx	No	69543037510	PROGESTERONE	7	\$2.00000	\$0.42857	200% Above
Non-ORx	No	69543037510	PROGESTERONE	60	\$0.83333	\$0.46667	76%-100% Above
Non-ORx	No	69543038810	KETOROLAC TROMETHAMINE	140	\$1.05000	\$0.65000	51%-75% Above
Non-ORx	No	69543038810	KETOROLAC TROMETHAMINE	16	\$1.50000	\$0.62500	101%-200% Above
Non-ORx	No	69543038810	KETOROLAC TROMETHAMINE	8	\$1.00000	\$0.75000	26%-50% Above
Non-ORx	No	69543038810	KETOROLAC TROMETHAMINE	15	\$1.00000	\$0.66667	51%-75% Above
Non-ORx	No	69543042610	NAPROXEN	40	\$1.82500	\$3.20000	(26%-50%) Below
Non-ORx	No	69543042610	NAPROXEN	20	\$2.00000	\$3.20000	(26%-50%) Below
Non-ORx	No	69584009250	BUSPIRONE HYDROCHLORIDE	90	\$0.31111	\$0.03333	200% Above
Non-ORx	No	69584009250	BUSPIRONE HYDROCHLORIDE	30	\$0.30000	\$0.03333	200% Above
Non-ORx	No	69584011150	CARISOPRODOL	60	\$0.20000	\$0.05000	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
Non-ORx	No	69584011190	CARISOPRODOL	90	\$0.27778	\$0.05556	200% Above
Non-ORx	No	69584011190	CARISOPRODOL	60	\$0.20000	\$0.05000	200% Above
Non-ORx	No	69584011190	CARISOPRODOL	30	\$0.26667	\$0.06667	200% Above
Non-ORx	No	69584061150	METHOCARBAMOL	300	\$0.23667	\$0.06667	200% Above
Non-ORx	No	69584061150	METHOCARBAMOL	120	\$0.05833	\$0.06667	(10%-25%) Below
Non-ORx	No	69584061150	METHOCARBAMOL	110	\$0.18182	\$0.07273	101%-200% Above
Non-ORx	No	69584061150	METHOCARBAMOL	16	\$0.25000	\$0.06250	200% Above
Non-ORx	No	69584061150	METHOCARBAMOL	23	\$0.34783	\$0.08696	200% Above
Non-ORx	No	69584061150	METHOCARBAMOL	60	\$0.33333	\$0.06667	200% Above
Non-ORx	No	69584061250	METHOCARBAMOL	240	\$0.36667	\$0.10000	200% Above
Non-ORx	No	69584061250	METHOCARBAMOL	60	\$0.36667	\$0.08333	200% Above
Non-ORx	No	69584061250	METHOCARBAMOL	75	\$0.08000	\$0.09333	(10%-25%) Below
Non-ORx	No	69584061250	METHOCARBAMOL	270	\$0.36667	\$0.08889	200% Above
Non-ORx	No	69584061250	METHOCARBAMOL	80	\$0.36250	\$0.08750	200% Above
Non-ORx	No	69584061250	METHOCARBAMOL	42	\$0.38095	\$0.09524	200% Above
Non-ORx	No	69584061250	METHOCARBAMOL	20	\$0.35000	\$0.10000	200% Above
Non-ORx	No	69584061250	METHOCARBAMOL	60	\$0.36667	\$0.10000	200% Above
Non-ORx	No	69584068450	PRIMIDONE	240	\$0.17500	\$0.15833	10%-25% Above
Non-ORx	No	69584084110	SOTALOL HYDROCHLORIDE	180	\$0.13889	\$0.08889	51%-75% Above
Non-ORx	No	69584084110	SOTALOL HYDROCHLORIDE	30	\$0.23333	\$0.10000	101%-200% Above
Non-ORx	No	69680011225	CYANOCOBALAMIN	6	\$2.66667	\$3.00000	(10%-25%) Below
Non-ORx	No	69680011225	CYANOCOBALAMIN	10	\$2.70000	\$3.00000	(10%-25%) Below
Non-ORx	No	69680011225	CYANOCOBALAMIN	8	\$0.37500	\$3.00000	(76%-100%) Below
Non-ORx	No	69680011225	CYANOCOBALAMIN	48	\$2.39583	\$2.75000	(10%-25%) Below
Non-ORx	No	69680011225	CYANOCOBALAMIN	17	\$2.47059	\$3.00000	(10%-25%) Below
Non-ORx	No	69680011225	CYANOCOBALAMIN	18	\$2.27778	\$3.00000	(10%-25%) Below
Non-ORx	No	69680011225	CYANOCOBALAMIN	6	\$2.66667	\$3.00000	(10%-25%) Below
Non-ORx	No	69680013300	POTASSIUM CHLORIDE ER	90	\$0.11111	\$0.14444	(10%-25%) Below
Non-ORx	No	69680013393	POTASSIUM CHLORIDE ER	120	\$0.16667	\$0.14167	10%-25% Above
Non-ORx	No	69680013393	POTASSIUM CHLORIDE ER	240	\$0.15000	\$0.13333	10%-25% Above
Non-ORx	No	69680013393	POTASSIUM CHLORIDE ER	120	\$0.15000	\$0.13333	10%-25% Above
Non-ORx	No	69680013400	POTASSIUM CHLORIDE ER	30	\$0.16667	\$0.30000	(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
Non-ORx	No	69680013400	POTASSIUM CHLORIDE ER	28	\$0.32143	\$0.28571	10%-25% Above
Non-ORx	No	69784050001	EC-NAPROXEN	60	\$3.58333	\$3.21667	10%-25% Above
Non-ORx	No	69784050001	EC-NAPROXEN	20	\$1.40000	\$3.10000	(51%-75%) Below
Non-ORx	No	69784055001	NAPROXEN SODIUM	20	\$1.60000	\$0.35000	200% Above
Non-ORx	No	69918010101	DESMOPRESSIN ACETATE	30	\$0.56667	\$0.43333	26%-50% Above
Non-ORx	No	69918020101	DESMOPRESSIN ACETATE	90	\$0.05556	\$0.43333	(76%-100%) Below
Non-ORx	No	69918030130	TRANEXAMIC ACID	90	\$3.16667	\$1.93333	51%-75% Above
Non-ORx	No	69918030130	TRANEXAMIC ACID	180	\$3.65556	\$1.62222	101%-200% Above
Non-ORx	No	69918030130	TRANEXAMIC ACID	90	\$3.65556	\$1.94444	76%-100% Above
Non-ORx	No	69918030130	TRANEXAMIC ACID	15	\$2.53333	\$1.93333	26%-50% Above
Non-ORx	No	69918030130	TRANEXAMIC ACID	30	\$2.93333	\$1.63333	76%-100% Above
Non-ORx	No	69967000902	ALLOPURINOL	30	\$0.40000	\$0.10000	200% Above
Non-ORx	No	70010000401	DEXMETHYLPHENIDATE HYDROC	60	\$5.40000	\$1.50000	200% Above
Non-ORx	No	70010000401	DEXMETHYLPHENIDATE HYDROC	60	\$3.13333	\$1.43333	101%-200% Above
Non-ORx	No	70010000501	DEXMETHYLPHENIDATE HYDROC	120	\$2.85833	\$1.46667	76%-100% Above
Non-ORx	No	70010000601	DEXMETHYLPHENIDATE HYDROC	30	\$1.40000	\$1.23333	10%-25% Above
Non-ORx	No	70010000701	DEXMETHYLPHENIDATE HYDROC	30	\$0.33333	\$1.43333	(76%-100%) Below
Non-ORx	No	70010001201	METHYLPHENIDATE HYDROCHLO	30	\$8.63333	\$3.40000	101%-200% Above
Non-ORx	No	70010001201	METHYLPHENIDATE HYDROCHLO	30	\$3.80000	\$2.86667	26%-50% Above
Non-ORx	No	70010001301	METHYLPHENIDATE HYDROCHLO	30	\$3.26667	\$1.86667	76%-100% Above
Non-ORx	No	70010001401	METHYLPHENIDATE HYDROCHLO	60	\$2.41667	\$1.26667	76%-100% Above
Non-ORx	No	70010001401	METHYLPHENIDATE HYDROCHLO	30	\$2.40000	\$1.26667	76%-100% Above
Non-ORx	No	70010001501	METHYLPHENIDATE HYDROCHLO	90	\$6.55556	\$1.30000	200% Above
Non-ORx	No	70010004301	METHYLPHENIDATE HYDROCHLO	60	\$0.78333	\$0.50000	51%-75% Above
Non-ORx	No	70010006305	METFORMIN HYDROCHLORIDE	480	\$0.09792	\$0.01667	200% Above
Non-ORx	No	70010006305	METFORMIN HYDROCHLORIDE	180	\$0.08333	\$0.01667	200% Above
Non-ORx	No	70010006310	METFORMIN HYDROCHLORIDE	1800	\$0.10667	\$0.01667	200% Above
Non-ORx	No	70010006310	METFORMIN HYDROCHLORIDE	360	\$0.10833	\$0.01667	200% Above
Non-ORx	No	70010006310	METFORMIN HYDROCHLORIDE	270	\$0.10741	\$0.01482	200% Above
Non-ORx	No	70010006310	METFORMIN HYDROCHLORIDE	720	\$0.08194	\$0.01667	200% Above
Non-ORx	No	70010006310	METFORMIN HYDROCHLORIDE	1440	\$0.06181	\$0.01667	200% Above
Non-ORx	No	70010006310	METFORMIN HYDROCHLORIDE	90	\$0.11111	\$0.02222	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
Non-ORx	No	70010006310	METFORMIN HYDROCHLORIDE	270	\$0.06667	\$0.01111	200% Above
Non-ORx	No	70010006401	METFORMIN HYDROCHLORIDE	60	\$0.01667	\$0.03333	(26%-50%) Below
Non-ORx	No	70010006405	METFORMIN HYDROCHLORIDE	180	\$0.08333	\$0.03333	101%-200% Above
Non-ORx	No	70010006501	METFORMIN HYDROCHLORIDE	90	\$0.16667	\$0.02222	200% Above
Non-ORx	No	70010006501	METFORMIN HYDROCHLORIDE	120	\$0.14167	\$0.03333	200% Above
Non-ORx	No	70010006501	METFORMIN HYDROCHLORIDE	30	\$0.16667	\$0.03333	200% Above
Non-ORx	No	70010006505	METFORMIN HYDROCHLORIDE	360	\$0.09722	\$0.03333	101%-200% Above
Non-ORx	No	70010006510	METFORMIN HYDROCHLORIDE	900	\$0.13111	\$0.02778	200% Above
Non-ORx	No	70010006510	METFORMIN HYDROCHLORIDE	150	\$0.11333	\$0.03333	200% Above
Non-ORx	No	70010006510	METFORMIN HYDROCHLORIDE	1560	\$0.11090	\$0.03333	200% Above
Non-ORx	No	70010010810	GABAPENTIN	120	\$0.21667	\$0.03333	200% Above
Non-ORx	No	70010010810	GABAPENTIN	67	\$0.20896	\$0.02985	200% Above
Non-ORx	No	70010010810	GABAPENTIN	60	\$0.20000	\$0.03333	200% Above
Non-ORx	No	70010010810	GABAPENTIN	120	\$0.13333	\$0.03333	200% Above
Non-ORx	No	70010010905	GABAPENTIN	210	\$0.04286	\$0.04762	(10%-25%) Below
Non-ORx	No	70010010905	GABAPENTIN	90	\$0.13333	\$0.04444	200% Above
Non-ORx	No	70010013501	POTASSIUM CHLORIDE ER	45	\$0.22222	\$0.17778	26%-50% Above
Non-ORx	No	70010013501	POTASSIUM CHLORIDE ER	60	\$0.41667	\$0.20000	101%-200% Above
Non-ORx	No	70010013501	POTASSIUM CHLORIDE ER	6	\$0.50000	\$0.16667	200% Above
Non-ORx	No	70010013505	POTASSIUM CHLORIDE ER	30	\$0.33333	\$0.20000	51%-75% Above
Non-ORx	No	70010013601	POTASSIUM CHLORIDE ER	90	\$0.38889	\$0.18889	101%-200% Above
Non-ORx	No	70010013601	POTASSIUM CHLORIDE ER	30	\$0.46667	\$0.20000	101%-200% Above
Non-ORx	No	70010013610	POTASSIUM CHLORIDE ER	60	\$0.46667	\$0.18333	101%-200% Above
Non-ORx	No	70010013610	POTASSIUM CHLORIDE ER	60	\$0.43333	\$0.20000	101%-200% Above
Non-ORx	No	70010014805	POTASSIUM CHLORIDE ER	30	\$0.80000	\$0.13333	200% Above
Non-ORx	No	70010049101	METFORMIN HYDROCHLORIDE E	360	\$0.10278	\$0.03333	200% Above
Non-ORx	No	70010049101	METFORMIN HYDROCHLORIDE E	180	\$0.14444	\$0.03333	200% Above
Non-ORx	No	70010049101	METFORMIN HYDROCHLORIDE E	240	\$0.07500	\$0.03333	101%-200% Above
Non-ORx	No	70010049101	METFORMIN HYDROCHLORIDE E	300	\$0.12333	\$0.03333	200% Above
Non-ORx	No	70010049105	METFORMIN HYDROCHLORIDE E	360	\$0.15556	\$0.03333	200% Above
Non-ORx	No	70010049105	METFORMIN HYDROCHLORIDE E	720	\$0.13472	\$0.03611	200% Above
Non-ORx	No	70010049105	METFORMIN HYDROCHLORIDE E	270	\$0.14444	\$0.03704	200% Above
Non-ORx	No	70010049105	METFORMIN HYDROCHLORIDE E	1800	\$0.12111	\$0.03333	200% Above
Non-ORx	No	70010049105	METFORMIN HYDROCHLORIDE E	360	\$0.11389	\$0.03333	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
Non-ORx	No	70010049105	METFORMIN HYDROCHLORIDE E	900	\$0.10778	\$0.03333	200% Above
Non-ORx	No	70010049105	METFORMIN HYDROCHLORIDE E	100	\$0.10000	\$0.04000	101%-200% Above
Non-ORx	No	70010049105	METFORMIN HYDROCHLORIDE E	720	\$0.12778	\$0.03333	200% Above
Non-ORx	No	70010049110	METFORMIN HYDROCHLORIDE E	540	\$0.15556	\$0.03333	200% Above
Non-ORx	No	70010049110	METFORMIN HYDROCHLORIDE E	810	\$0.18889	\$0.03704	200% Above
Non-ORx	No	70010049110	METFORMIN HYDROCHLORIDE E	720	\$0.15833	\$0.03611	200% Above
Non-ORx	No	70010049110	METFORMIN HYDROCHLORIDE E	240	\$0.17500	\$0.03333	200% Above
Non-ORx	No	70010049110	METFORMIN HYDROCHLORIDE E	90	\$0.26667	\$0.03333	200% Above
Non-ORx	No	70010049110	METFORMIN HYDROCHLORIDE E	480	\$0.12708	\$0.03333	200% Above
Non-ORx	No	70010049110	METFORMIN HYDROCHLORIDE E	1080	\$0.16759	\$0.03333	200% Above
Non-ORx	No	70010049201	METFORMIN HYDROCHLORIDE E	30	\$0.16667	\$0.06667	101%-200% Above
Non-ORx	No	70010075401	METHOCARBAMOL	80	\$0.35000	\$0.06250	200% Above
Non-ORx	No	70010075401	METHOCARBAMOL	300	\$0.21000	\$0.06667	200% Above
Non-ORx	No	70010075401	METHOCARBAMOL	120	\$0.32500	\$0.07500	200% Above
Non-ORx	No	70010075401	METHOCARBAMOL	84	\$0.26191	\$0.07143	200% Above
Non-ORx	No	70010075401	METHOCARBAMOL	180	\$0.27222	\$0.06667	200% Above
Non-ORx	No	70010075401	METHOCARBAMOL	120	\$0.25833	\$0.06667	200% Above
Non-ORx	No	70010075401	METHOCARBAMOL	180	\$0.25556	\$0.06667	200% Above
Non-ORx	No	70010075401	METHOCARBAMOL	30	\$0.30000	\$0.06667	200% Above
Non-ORx	No	70010075401	METHOCARBAMOL	14	\$0.21429	\$0.07143	200% Above
Non-ORx	No	70010075401	METHOCARBAMOL	20	\$0.30000	\$0.10000	200% Above
Non-ORx	No	70010075401	METHOCARBAMOL	20	\$0.20000	\$0.05000	200% Above
Non-ORx	No	70010075401	METHOCARBAMOL	180	\$0.25000	\$0.06667	200% Above
Non-ORx	No	70010075401	METHOCARBAMOL	28	\$0.32143	\$0.07143	200% Above
Non-ORx	No	70010075405	METHOCARBAMOL	20	\$0.35000	\$0.05000	200% Above
Non-ORx	No	70010077001	METHOCARBAMOL	240	\$0.28750	\$0.10000	101%-200% Above
Non-ORx	No	70010077001	METHOCARBAMOL	90	\$0.30000	\$0.08889	200% Above
Non-ORx	No	70010077001	METHOCARBAMOL	42	\$0.26191	\$0.09524	101%-200% Above
Non-ORx	No	70010077001	METHOCARBAMOL	120	\$0.36667	\$0.09167	200% Above
Non-ORx	No	70010077001	METHOCARBAMOL	540	\$0.20556	\$0.08889	101%-200% Above
Non-ORx	No	70010077001	METHOCARBAMOL	80	\$0.27500	\$0.10000	101%-200% Above
Non-ORx	No	70010077001	METHOCARBAMOL	20	\$0.25000	\$0.10000	101%-200% Above
Non-ORx	No	70010077001	METHOCARBAMOL	15	\$0.33333	\$0.06667	200% Above
Non-ORx	No	70010077001	METHOCARBAMOL	14	\$0.35714	\$0.07143	200% Above
Non-ORx	No	70010077001	METHOCARBAMOL	300	\$0.28000	\$0.10000	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
Non-ORx	No	70010077001	METHOCARBAMOL	28	\$0.35714	\$0.10714	200% Above
Non-ORx	No	70010077005	METHOCARBAMOL	90	\$0.22222	\$0.08889	101%-200% Above
Non-ORx	No	70010077005	METHOCARBAMOL	120	\$0.05000	\$0.10000	(26%-50%) Below
Non-ORx	No	70010077005	METHOCARBAMOL	180	\$0.24444	\$0.09444	101%-200% Above
Non-ORx	No	70010077005	METHOCARBAMOL	42	\$0.35714	\$0.09524	200% Above
Non-ORx	No	70010077005	METHOCARBAMOL	60	\$0.06667	\$0.10000	(26%-50%) Below
Non-ORx	No	70069000510	CYANOCOBALAMIN	12	\$2.25000	\$2.75000	(10%-25%) Below
Non-ORx	No	70069000510	CYANOCOBALAMIN	13	\$2.53846	\$3.00000	(10%-25%) Below
Non-ORx	No	70069000510	CYANOCOBALAMIN	10	\$2.50000	\$3.00000	(10%-25%) Below
Non-ORx	No	70069009101	AZELASTINE HYDROCHLORIDE	12	\$5.41667	\$1.33333	200% Above
Non-ORx	No	70069009101	AZELASTINE HYDROCHLORIDE	6	\$6.83333	\$1.16667	200% Above
Non-ORx	No	70069013101	TOBRAMYCIN	25	\$0.64000	\$1.20000	(26%-50%) Below
Non-ORx	No	70069017210	CYANOCOBALAMIN	10	\$1.40000	\$1.20000	10%-25% Above
Non-ORx	No	70069023101	BRIMONIDINE TARTRATE	10	\$1.10000	\$0.80000	26%-50% Above
Non-ORx	No	70069040101	BIMATOPROST	3	\$3.33333	\$22.33333	(76%-100%) Below
Non-ORx	No	70069042101	LATANOPROST	6	\$5.50000	\$1.33333	200% Above
Non-ORx	No	70156010401	HYOSCYAMINE SULFATE	60	\$0.23333	\$0.13333	76%-100% Above
Non-ORx	No	70156010401	HYOSCYAMINE SULFATE	100	\$0.24000	\$0.14000	51%-75% Above
Non-ORx	No	70156010501	HYOSCYAMINE SULFATE	120	\$0.40000	\$0.13333	200% Above
Non-ORx	No	70156010501	HYOSCYAMINE SULFATE	40	\$0.40000	\$0.12500	200% Above
Non-ORx	No	70156010501	HYOSCYAMINE SULFATE	6	\$0.33333	\$0.16667	101%-200% Above
Non-ORx	No	70156010501	HYOSCYAMINE SULFATE	60	\$0.33333	\$0.13333	101%-200% Above
Non-ORx	No	70377000215	SIMVASTATIN	270	\$0.13333	\$0.03333	200% Above
Non-ORx	No	70377000215	SIMVASTATIN	30	\$0.30000	\$0.03333	200% Above
Non-ORx	No	70377000315	SIMVASTATIN	900	\$0.13333	\$0.03333	200% Above
Non-ORx	No	70377000315	SIMVASTATIN	120	\$0.35833	\$0.03333	200% Above
Non-ORx	No	70377000415	SIMVASTATIN	540	\$0.20000	\$0.04444	200% Above
Non-ORx	No	70377000415	SIMVASTATIN	90	\$0.21111	\$0.03333	200% Above
Non-ORx	No	70377000515	SIMVASTATIN	30	\$0.36667	\$0.10000	200% Above
Non-ORx	No	70377000612	ROSUVASTATIN CALCIUM	810	\$0.40000	\$0.06667	200% Above
Non-ORx	No	70377000612	ROSUVASTATIN CALCIUM	60	\$0.53333	\$0.06667	200% Above
Non-ORx	No	70377000612	ROSUVASTATIN CALCIUM	45	\$0.40000	\$0.06667	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
Non-ORx	No	70377000612	ROSUVASTATIN CALCIUM	150	\$0.78667	\$0.06667	200% Above
Non-ORx	No	70377000712	ROSUVASTATIN CALCIUM	2160	\$0.53982	\$0.06667	200% Above
Non-ORx	No	70377000712	ROSUVASTATIN CALCIUM	60	\$0.93333	\$0.06667	200% Above
Non-ORx	No	70377000712	ROSUVASTATIN CALCIUM	510	\$0.63137	\$0.06667	200% Above
Non-ORx	No	70377000812	ROSUVASTATIN CALCIUM	1980	\$0.47424	\$0.07778	200% Above
Non-ORx	No	70377000812	ROSUVASTATIN CALCIUM	60	\$0.55000	\$0.08333	200% Above
Non-ORx	No	70377000812	ROSUVASTATIN CALCIUM	210	\$0.79524	\$0.06667	200% Above
Non-ORx	No	70377000911	ROSUVASTATIN CALCIUM	900	\$0.66889	\$0.13333	200% Above
Non-ORx	No	70377000911	ROSUVASTATIN CALCIUM	90	\$0.74444	\$0.13333	200% Above
Non-ORx	No	70377002711	ATORVASTATIN CALCIUM	2430	\$0.26420	\$0.03333	200% Above
Non-ORx	No	70377002711	ATORVASTATIN CALCIUM	240	\$0.32917	\$0.03333	200% Above
Non-ORx	No	70377002811	ATORVASTATIN CALCIUM	630	\$0.35714	\$0.05556	200% Above
Non-ORx	No	70377002811	ATORVASTATIN CALCIUM	180	\$0.35556	\$0.04444	200% Above
Non-ORx	No	70377002811	ATORVASTATIN CALCIUM	180	\$0.30000	\$0.05000	200% Above
Non-ORx	No	70377002811	ATORVASTATIN CALCIUM	2250	\$0.33422	\$0.04444	200% Above
Non-ORx	No	70377002811	ATORVASTATIN CALCIUM	390	\$0.38718	\$0.03333	200% Above
Non-ORx	No	70377002811	ATORVASTATIN CALCIUM	90	\$0.36667	\$0.06667	200% Above
Non-ORx	No	70377002911	ATORVASTATIN CALCIUM	120	\$0.36667	\$0.05833	200% Above
Non-ORx	No	70377002911	ATORVASTATIN CALCIUM	3330	\$0.38138	\$0.05556	200% Above
Non-ORx	No	70377002911	ATORVASTATIN CALCIUM	480	\$0.48750	\$0.06667	200% Above
Non-ORx	No	70377002911	ATORVASTATIN CALCIUM	45	\$0.64444	\$0.06667	200% Above
Non-ORx	No	70377002911	ATORVASTATIN CALCIUM	60	\$0.46667	\$0.06667	200% Above
Non-ORx	No	70377003012	ATORVASTATIN CALCIUM	1350	\$0.46667	\$0.10000	200% Above
Non-ORx	No	70377003012	ATORVASTATIN CALCIUM	90	\$0.60000	\$0.10000	200% Above
Non-ORx	No	70377005511	ESOMEPRAZOLE MAGNESIUM	30	\$0.36667	\$0.23333	51%-75% Above
Non-ORx	No	70377005611	ESOMEPRAZOLE MAGNESIUM	30	\$0.50000	\$0.23333	101%-200% Above
Non-ORx	No	70377005611	ESOMEPRAZOLE MAGNESIUM	30	\$0.50000	\$0.20000	101%-200% Above
Non-ORx	No	70377005612	ESOMEPRAZOLE MAGNESIUM	30	\$0.50000	\$0.20000	101%-200% Above
Non-ORx	No	70377006012	LABETALOL HYDROCHLORIDE	60	\$0.46667	\$0.11667	200% Above
Non-ORx	No	70436001002	BUPROPION HYDROCHLORIDE E	150	\$0.49333	\$0.14667	200% Above
Non-ORx	No	70436001002	BUPROPION HYDROCHLORIDE E	2520	\$0.45952	\$0.14444	200% Above
Non-ORx	No	70436001002	BUPROPION HYDROCHLORIDE E	180	\$0.45000	\$0.13889	200% Above
Non-ORx	No	70436001002	BUPROPION HYDROCHLORIDE E	180	\$0.45000	\$0.15000	200% Above
Non-ORx	No	70436001002	BUPROPION HYDROCHLORIDE E	540	\$0.45185	\$0.14074	200% Above
Non-ORx	No	70436001002	BUPROPION HYDROCHLORIDE E	1410	\$0.50142	\$0.13333	200% Above
Non-ORx	No	70436001002	BUPROPION HYDROCHLORIDE E	10	\$0.40000	\$0.10000	200% Above
Non-ORx	No	70436001002	BUPROPION HYDROCHLORIDE E	180	\$0.37222	\$0.13333	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
Non-ORx	No	70436001002	BUPROPION HYDROCHLORIDE E	60	\$0.56667	\$0.15000	200% Above
Non-ORx	No	70436001004	BUPROPION HYDROCHLORIDE E	90	\$0.43333	\$0.14444	200% Above
Non-ORx	No	70436001004	BUPROPION HYDROCHLORIDE E	60	\$0.50000	\$0.13333	200% Above
Non-ORx	No	70436001006	BUPROPION HYDROCHLORIDE E	90	\$0.45556	\$0.14444	200% Above
Non-ORx	No	70436001006	BUPROPION HYDROCHLORIDE E	60	\$0.60000	\$0.13333	200% Above
Non-ORx	No	70436001102	BUPROPION HYDROCHLORIDE E	3870	\$0.62946	\$0.20000	200% Above
Non-ORx	No	70436001102	BUPROPION HYDROCHLORIDE E	270	\$0.59630	\$0.19630	200% Above
Non-ORx	No	70436001102	BUPROPION HYDROCHLORIDE E	1020	\$0.54412	\$0.20000	101%-200% Above
Non-ORx	No	70436001102	BUPROPION HYDROCHLORIDE E	15	\$0.46667	\$0.20000	101%-200% Above
Non-ORx	No	70436001102	BUPROPION HYDROCHLORIDE E	120	\$0.78333	\$0.20000	200% Above
Non-ORx	No	70436001104	BUPROPION HYDROCHLORIDE E	270	\$0.62222	\$0.20000	200% Above
Non-ORx	No	70436001106	BUPROPION HYDROCHLORIDE E	90	\$0.58889	\$0.20000	101%-200% Above
Non-ORx	No	70436001204	DESVENLAFAXINE ER	120	\$1.87500	\$0.56667	200% Above
Non-ORx	No	70436001204	DESVENLAFAXINE ER	60	\$1.31667	\$0.56667	101%-200% Above
Non-ORx	No	70436003604	DESVENLAFAXINE ER	180	\$2.12222	\$0.68889	200% Above
Non-ORx	No	70436003604	DESVENLAFAXINE ER	90	\$4.06667	\$0.70000	200% Above
Non-ORx	No	70436003604	DESVENLAFAXINE ER	7	\$4.00000	\$0.71429	200% Above
Non-ORx	No	70436005801	BUPROPION HYDROCHLORIDE E	180	\$0.49444	\$0.11111	200% Above
Non-ORx	No	70436005801	BUPROPION HYDROCHLORIDE E	60	\$0.20000	\$0.11667	51%-75% Above
Non-ORx	No	70436005801	BUPROPION HYDROCHLORIDE E	180	\$0.52222	\$0.10000	200% Above
Non-ORx	No	70436005801	BUPROPION HYDROCHLORIDE E	60	\$0.08333	\$0.10000	(10%-25%) Below
Non-ORx	No	70436005901	BUPROPION HYDROCHLORIDE E	180	\$0.46667	\$0.11111	200% Above
Non-ORx	No	70436005901	BUPROPION HYDROCHLORIDE E	540	\$0.46111	\$0.10000	200% Above
Non-ORx	No	70436005901	BUPROPION HYDROCHLORIDE E	180	\$0.46111	\$0.10556	200% Above
Non-ORx	No	70436005901	BUPROPION HYDROCHLORIDE E	60	\$0.60000	\$0.10000	200% Above
Non-ORx	No	70436005901	BUPROPION HYDROCHLORIDE E	300	\$0.56667	\$0.10000	200% Above
Non-ORx	No	70436005902	BUPROPION HYDROCHLORIDE E	180	\$0.46111	\$0.10000	200% Above
Non-ORx	No	70436005902	BUPROPION HYDROCHLORIDE E	90	\$0.46667	\$0.11111	200% Above
Non-ORx	No	70436005922	BUPROPION HYDROCHLORIDE E	180	\$0.36667	\$0.10000	200% Above
Non-ORx	No	70436005922	BUPROPION HYDROCHLORIDE E	60	\$0.36667	\$0.10000	200% Above
Non-ORx	No	70436006001	BUPROPION HYDROCHLORIDE E	90	\$0.48889	\$0.17778	101%-200% Above
Non-ORx	No	70436006001	BUPROPION HYDROCHLORIDE E	180	\$0.48889	\$0.17778	101%-200% Above
Non-ORx	No	70436006001	BUPROPION HYDROCHLORIDE E	60	\$0.10000	\$0.18333	(26%-50%) Below
Non-ORx	No	70436006001	BUPROPION HYDROCHLORIDE E	60	\$0.36667	\$0.16667	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
Non-ORx	No	70436015301	POTASSIUM CHLORIDE ER	7	\$0.42857	\$0.28571	51%-75% Above
Non-ORx	No	70436015301	POTASSIUM CHLORIDE ER	15	\$0.60000	\$0.26667	101%-200% Above
Non-ORx	No	70436015301	POTASSIUM CHLORIDE ER	30	\$0.43333	\$0.30000	26%-50% Above
Non-ORx	No	70436015542	PROMETHAZINE DM	210	\$0.06667	\$0.05714	10%-25% Above
Non-ORx	No	70436015542	PROMETHAZINE DM	400	\$0.06500	\$0.05500	10%-25% Above
Non-ORx	No	70436015542	PROMETHAZINE DM	280	\$0.06429	\$0.05714	10%-25% Above
Non-ORx	No	70436015542	PROMETHAZINE DM	1200	\$0.06667	\$0.05833	10%-25% Above
Non-ORx	No	70677007101	SM ASPIRIN ENTERIC COATED	30	\$0.00000	\$0.03333	(76%-100%) Below
Non-ORx	No	70700010915	CLOBETASOL PROPIONATE	45	\$0.66667	\$0.53333	26%-50% Above
Non-ORx	No	70700011385	ISIBLOOM	420	\$0.50476	\$0.21429	101%-200% Above
Non-ORx	No	70700011385	ISIBLOOM	112	\$0.47321	\$0.20536	101%-200% Above
Non-ORx	No	70700011385	ISIBLOOM	56	\$0.57143	\$0.21429	101%-200% Above
Non-ORx	No	70700011385	ISIBLOOM	140	\$0.60714	\$0.21429	101%-200% Above
Non-ORx	No	70700011485	LORYNA	588	\$0.80952	\$0.38095	101%-200% Above
Non-ORx	No	70700011485	LORYNA	112	\$0.89286	\$0.37500	101%-200% Above
Non-ORx	No	70700011485	LORYNA	168	\$0.82738	\$0.36905	101%-200% Above
Non-ORx	No	70700011485	LORYNA	28	\$0.89286	\$0.35714	101%-200% Above
Non-ORx	No	70700011485	LORYNA	168	\$0.88095	\$0.39286	101%-200% Above
Non-ORx	No	70700011585	SYEDA	112	\$1.83036	\$0.25000	200% Above
Non-ORx	No	70700011585	SYEDA	252	\$1.70238	\$0.27381	200% Above
Non-ORx	No	70700011685	ALTAVERA	588	\$0.36905	\$0.17857	101%-200% Above
Non-ORx	No	70700011885	VIENVA	168	\$0.57143	\$0.22619	101%-200% Above
Non-ORx	No	70700011885	VIENVA	756	\$0.59259	\$0.23810	101%-200% Above
Non-ORx	No	70700011885	VIENVA	112	\$0.73214	\$0.22321	200% Above
Non-ORx	No	70700011885	VIENVA	112	\$0.50000	\$0.23214	101%-200% Above
Non-ORx	No	70700011885	VIENVA	28	\$0.57143	\$0.21429	101%-200% Above
Non-ORx	No	70700011885	VIENVA	196	\$0.62755	\$0.25000	101%-200% Above
Non-ORx	No	70700011984	ESTARYLLA	84	\$0.41667	\$0.17857	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
Non-ORx	No	70700011984	ESTARYLLA	84	\$0.41667	\$0.15476	101%-200% Above
Non-ORx	No	70700011985	ESTARYLLA	112	\$0.37500	\$0.15179	101%-200% Above
Non-ORx	No	70700011985	ESTARYLLA	672	\$0.35863	\$0.17857	101%-200% Above
Non-ORx	No	70700011985	ESTARYLLA	168	\$0.37500	\$0.16667	101%-200% Above
Non-ORx	No	70700011985	ESTARYLLA	448	\$0.37723	\$0.17634	101%-200% Above
Non-ORx	No	70700011985	ESTARYLLA	336	\$0.22619	\$0.17857	26%-50% Above
Non-ORx	No	70700011985	ESTARYLLA	140	\$0.23571	\$0.14286	51%-75% Above
Non-ORx	No	70700012085	TRI-LO-ESTARYLLA	84	\$0.10714	\$0.16667	(26%-50%) Below
Non-ORx	No	70700012185	TRI-ESTARYLLA	504	\$0.25397	\$0.16667	51%-75% Above
Non-ORx	No	70700012185	TRI-ESTARYLLA	1260	\$0.31429	\$0.17857	76%-100% Above
Non-ORx	No	70700012185	TRI-ESTARYLLA	140	\$0.75000	\$0.17857	200% Above
Non-ORx	No	70700012285	VOLNEA	84	\$0.67857	\$0.33333	101%-200% Above
Non-ORx	No	70700012285	VOLNEA	56	\$0.78571	\$0.25000	200% Above
Non-ORx	No	70700012387	JAIMIESS	546	\$0.56410	\$0.42857	26%-50% Above
Non-ORx	No	70700012487	LOJAIMIESS	91	\$0.58242	\$0.40659	26%-50% Above
Non-ORx	No	70700015010	OMEPRAZOLE	300	\$0.30667	\$0.03333	200% Above
Non-ORx	No	70700015010	OMEPRAZOLE	450	\$0.25556	\$0.03333	200% Above
Non-ORx	No	70700015010	OMEPRAZOLE	15	\$0.40000	\$0.06667	200% Above
Non-ORx	No	70700015010	OMEPRAZOLE	600	\$0.25000	\$0.03333	200% Above
Non-ORx	No	70700016201	PROGESTERONE	180	\$1.02778	\$0.25556	200% Above
Non-ORx	No	70700016201	PROGESTERONE	180	\$1.20556	\$0.30000	200% Above
Non-ORx	No	70700016201	PROGESTERONE	10	\$0.40000	\$0.30000	26%-50% Above
Non-ORx	No	70700016201	PROGESTERONE	660	\$1.00758	\$0.26667	200% Above
Non-ORx	No	70700016301	PROGESTERONE	180	\$1.10000	\$0.46667	101%-200% Above
Non-ORx	No	70700016301	PROGESTERONE	60	\$0.16667	\$0.43333	(51%-75%) Below
Non-ORx	No	70700016301	PROGESTERONE	56	\$1.08929	\$0.46429	101%-200% Above
Non-ORx	No	70700016301	PROGESTERONE	420	\$1.51667	\$0.46667	200% Above
Non-ORx	No	70700016301	PROGESTERONE	10	\$1.50000	\$0.40000	200% Above
Non-ORx	No	70700016301	PROGESTERONE	14	\$1.07143	\$0.50000	101%-200% Above
Non-ORx	No	70700026330	LANSOPRAZOLE	60	\$0.45000	\$0.13333	200% Above
Non-ORx	No	70700026390	LANSOPRAZOLE	90	\$0.11111	\$0.13333	(10%-25%) Below
Non-ORx	No	70710111001	CYPROHEPTADINE HYDROCHLOR	60	\$0.30000	\$0.10000	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
Non-ORx	No	70710111208	TIZANIDINE HCL	30	\$0.20000	\$0.13333	51%-75% Above
Non-ORx	No	70710112307	DOXYCYCLINE MONOHYDRATE	60	\$1.71667	\$0.31667	200% Above
Non-ORx	No	70710112307	DOXYCYCLINE MONOHYDRATE	20	\$0.80000	\$0.30000	101%-200% Above
Non-ORx	No	70710112307	DOXYCYCLINE MONOHYDRATE	14	\$0.57143	\$0.35714	51%-75% Above
Non-ORx	No	70710112701	URSODIOL	60	\$1.88333	\$0.80000	101%-200% Above
Non-ORx	No	70710113803	FLUCONAZOLE	14	\$3.42857	\$0.35714	200% Above
Non-ORx	No	70710113803	FLUCONAZOLE	16	\$2.31250	\$0.37500	200% Above
Non-ORx	No	70710113803	FLUCONAZOLE	30	\$3.43333	\$0.33333	200% Above
Non-ORx	No	70710113803	FLUCONAZOLE	2	\$2.50000	\$0.50000	200% Above
Non-ORx	No	70710113803	FLUCONAZOLE	3	\$3.33333	\$0.33333	200% Above
Non-ORx	No	70710113908	FLUCONAZOLE	12	\$9.50000	\$0.83333	200% Above
Non-ORx	No	70710113908	FLUCONAZOLE	18	\$9.44444	\$0.77778	200% Above
Non-ORx	No	70710113908	FLUCONAZOLE	8	\$9.50000	\$0.87500	200% Above
Non-ORx	No	70710113908	FLUCONAZOLE	24	\$8.04167	\$0.50000	200% Above
Non-ORx	No	70710113908	FLUCONAZOLE	24	\$8.58333	\$1.00000	200% Above
Non-ORx	No	70710113908	FLUCONAZOLE	66	\$8.83333	\$1.00000	200% Above
Non-ORx	No	70710113908	FLUCONAZOLE	12	\$7.16667	\$0.75000	200% Above
Non-ORx	No	70710113908	FLUCONAZOLE	24	\$8.79167	\$0.66667	200% Above
Non-ORx	No	70710114001	FLUCONAZOLE	5	\$1.80000	\$0.60000	200% Above
Non-ORx	No	70710114003	FLUCONAZOLE	10	\$3.70000	\$0.60000	200% Above
Non-ORx	No	70710114003	FLUCONAZOLE	40	\$2.22500	\$0.60000	200% Above
Non-ORx	No	70710114003	FLUCONAZOLE	8	\$2.75000	\$0.50000	200% Above
Non-ORx	No	70710114003	FLUCONAZOLE	2	\$3.00000	\$1.00000	200% Above
Non-ORx	No	70710114003	FLUCONAZOLE	8	\$1.50000	\$0.50000	200% Above
Non-ORx	No	70710115803	LEFLUNOMIDE	90	\$1.17778	\$0.68889	51%-75% Above
Non-ORx	No	70710115803	LEFLUNOMIDE	30	\$3.23333	\$0.70000	200% Above
Non-ORx	No	70710116506	OSELTAMIVIR PHOSPHATE	240	\$0.48333	\$0.60833	(10%-25%) Below
Non-ORx	No	70710116506	OSELTAMIVIR PHOSPHATE	180	\$0.48333	\$0.60556	(10%-25%) Below
Non-ORx	No	70710116701	ATENOLOL/CHLORTHALIDONE	90	\$0.44444	\$0.37778	10%-25% Above
Non-ORx	No	70710116701	ATENOLOL/CHLORTHALIDONE	45	\$0.44444	\$0.37778	10%-25% Above
Non-ORx	No	70710122500	AMITRIPTYLINE HYDROCHLORI	30	\$0.20000	\$0.03333	200% Above
Non-ORx	No	70710122500	AMITRIPTYLINE HYDROCHLORI	28	\$0.21429	\$0.03571	200% Above
Non-ORx	No	70710122501	AMITRIPTYLINE HYDROCHLORI	90	\$0.22222	\$0.04444	200% Above
Non-ORx	No	70710122501	AMITRIPTYLINE HYDROCHLORI	120	\$0.22500	\$0.05000	200% Above
Non-ORx	No	70710122501	AMITRIPTYLINE HYDROCHLORI	240	\$0.17083	\$0.05000	200% Above
Non-ORx	No	70710122501	AMITRIPTYLINE HYDROCHLORI	270	\$0.22593	\$0.03333	200% Above
Non-ORx	No	70710122501	AMITRIPTYLINE HYDROCHLORI	45	\$0.22222	\$0.04444	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
Non-ORx	No	70710122600	AMITRIPTYLINE HYDROCHLORI	120	\$0.26667	\$0.08333	200% Above
Non-ORx	No	70710122600	AMITRIPTYLINE HYDROCHLORI	90	\$0.11111	\$0.07778	26%-50% Above
Non-ORx	No	70710122600	AMITRIPTYLINE HYDROCHLORI	28	\$0.25000	\$0.07143	200% Above
Non-ORx	No	70710122600	AMITRIPTYLINE HYDROCHLORI	450	\$0.26667	\$0.06667	200% Above
Non-ORx	No	70710122601	AMITRIPTYLINE HYDROCHLORI	60	\$0.26667	\$0.06667	200% Above
Non-ORx	No	70710122700	AMITRIPTYLINE HYDROCHLORI	30	\$0.53333	\$0.16667	200% Above
Non-ORx	No	70710122701	AMITRIPTYLINE HYDROCHLORI	180	\$0.49444	\$0.16667	101%-200% Above
Non-ORx	No	70710122701	AMITRIPTYLINE HYDROCHLORI	15	\$0.53333	\$0.13333	200% Above
Non-ORx	No	70710122801	AMITRIPTYLINE HYDROCHLORI	180	\$0.91111	\$0.26667	200% Above
Non-ORx	No	70710122901	AMITRIPTYLINE HYDROCHLORI	34	\$1.00000	\$0.32353	200% Above
Non-ORx	No	70710122901	AMITRIPTYLINE HYDROCHLORI	60	\$1.06667	\$0.33333	200% Above
Non-ORx	No	70710123301	BETAMETHASONE DIPROPIONAT	45	\$2.04444	\$1.02222	101%-200% Above
Non-ORx	No	70710128403	FLUOCINONIDE	120	\$0.68333	\$0.41667	51%-75% Above
Non-ORx	No	70710128500	BACLOFEN	120	\$0.03333	\$0.06667	(26%-50%) Below
Non-ORx	No	70710128501	BACLOFEN	90	\$0.31111	\$0.06667	200% Above
Non-ORx	No	70710128501	BACLOFEN	60	\$0.31667	\$0.06667	200% Above
Non-ORx	No	70710128501	BACLOFEN	20	\$0.30000	\$0.05000	200% Above
Non-ORx	No	70710128505	BACLOFEN	90	\$0.03333	\$0.06667	(26%-50%) Below
Non-ORx	No	70710128605	BACLOFEN	90	\$0.50000	\$0.12222	200% Above
Non-ORx	No	70710128605	BACLOFEN	60	\$0.06667	\$0.11667	(26%-50%) Below
Non-ORx	No	70710136703	EMTRICITABINE/TENOFOVIR D	120	\$7.28333	\$0.80000	200% Above
Non-ORx	No	70710136703	EMTRICITABINE/TENOFOVIR D	90	\$46.08889	\$0.78889	200% Above
Non-ORx	No	70710136703	EMTRICITABINE/TENOFOVIR D	300	\$46.08667	\$0.82000	200% Above
Non-ORx	No	70710136703	EMTRICITABINE/TENOFOVIR D	120	\$24.55833	\$0.83333	200% Above
Non-ORx	No	70710136703	EMTRICITABINE/TENOFOVIR D	60	\$3.03333	\$0.76667	200% Above
Non-ORx	No	70710136703	EMTRICITABINE/TENOFOVIR D	60	\$24.56667	\$0.83333	200% Above
Non-ORx	No	70710136703	EMTRICITABINE/TENOFOVIR D	60	\$11.51667	\$0.80000	200% Above
Non-ORx	No	70710140101	CLOBETASOL PROPIONATE	90	\$0.75556	\$0.40000	76%-100% Above
Non-ORx	No	70710140102	CLOBETASOL PROPIONATE	30	\$0.23333	\$0.40000	(26%-50%) Below
Non-ORx	No	70710145701	AZITHROMYCIN	30	\$0.16667	\$0.56667	(51%-75%) Below
Non-ORx	No	70710145802	AZITHROMYCIN	30	\$0.56667	\$0.46667	10%-25% Above
Non-ORx	No	70710146002	AZITHROMYCIN	30	\$0.70000	\$0.30000	101%-200% Above
Non-ORx	No	70710148301	URSODIOL	90	\$1.20000	\$0.58889	101%-200% Above
Non-ORx	No	70710148301	URSODIOL	90	\$3.41111	\$0.54444	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
Non-ORx	No	70710159101	ACETAZOLAMIDE ER	90	\$1.54444	\$0.42222	200% Above
Non-ORx	No	70710159101	ACETAZOLAMIDE ER	60	\$1.55000	\$0.41667	200% Above
Non-ORx	No	70710159101	ACETAZOLAMIDE ER	30	\$1.16667	\$0.40000	101%-200% Above
Non-ORx	No	70710160901	BACLOFEN	60	\$0.16667	\$0.70000	(76%-100%) Below
Non-ORx	No	70710160901	BACLOFEN	30	\$0.86667	\$0.70000	10%-25% Above
Non-ORx	No	70710175806	ENOXAPARIN SODIUM	12	\$19.50000	\$11.00000	76%-100% Above
Non-ORx	No	70710175906	ENOXAPARIN SODIUM	3	\$19.66667	\$11.00000	76%-100% Above
Non-ORx	No	70710176006	ENOXAPARIN SODIUM	24	\$19.54167	\$12.83333	51%-75% Above
Non-ORx	No	70710176106	ENOXAPARIN SODIUM	2	\$19.50000	\$10.00000	76%-100% Above
Non-ORx	No	70748012906	LEFLUNOMIDE	30	\$1.03333	\$0.70000	26%-50% Above
Non-ORx	No	70748018601	MYCOPHENOLATE MOFETIL	60	\$0.35000	\$0.20000	76%-100% Above
Non-ORx	No	70752010112	CYPROHEPTADINE HYDROCHLOR	450	\$0.09556	\$0.06444	26%-50% Above
Non-ORx	No	70752010112	CYPROHEPTADINE HYDROCHLOR	450	\$0.09556	\$0.06222	51%-75% Above
Non-ORx	No	70752010112	CYPROHEPTADINE HYDROCHLOR	300	\$0.09667	\$0.06333	51%-75% Above
Non-ORx	No	70752010112	CYPROHEPTADINE HYDROCHLOR	300	\$0.09667	\$0.06000	51%-75% Above
Non-ORx	No	70752010212	ALBUTEROL SULFATE	240	\$0.09167	\$0.03750	101%-200% Above
Non-ORx	No	70752017110	PROPYLTHIOURACIL	60	\$0.63333	\$0.55000	10%-25% Above
Non-ORx	No	70756020111	AMITRIPTYLINE HYDROCHLORI	60	\$0.23333	\$0.03333	200% Above
Non-ORx	No	70756020212	AMITRIPTYLINE HYDROCHLORI	120	\$0.35000	\$0.08333	200% Above
Non-ORx	No	70756020212	AMITRIPTYLINE HYDROCHLORI	60	\$0.36667	\$0.06667	200% Above
Non-ORx	No	70756020212	AMITRIPTYLINE HYDROCHLORI	25	\$0.36000	\$0.08000	200% Above
Non-ORx	No	70756020312	AMITRIPTYLINE HYDROCHLORI	60	\$0.03333	\$0.16667	(76%-100%) Below
Non-ORx	No	70756021490	FENOFIBRATE	270	\$0.55556	\$0.14444	200% Above
Non-ORx	No	70756021490	FENOFIBRATE	90	\$0.44444	\$0.13333	200% Above
Non-ORx	No	70756021551	FENOFIBRATE	180	\$0.37222	\$0.18889	76%-100% Above
Non-ORx	No	70756021551	FENOFIBRATE	90	\$0.63333	\$0.15556	200% Above
Non-ORx	No	70756021551	FENOFIBRATE	210	\$0.63333	\$0.16667	200% Above
Non-ORx	No	70756021551	FENOFIBRATE	630	\$0.64127	\$0.20000	200% Above
Non-ORx	No	70756021590	FENOFIBRATE	360	\$0.65000	\$0.18889	200% Above
Non-ORx	No	70756021590	FENOFIBRATE	90	\$0.63333	\$0.15556	200% Above
Non-ORx	No	70756021590	FENOFIBRATE	120	\$0.31667	\$0.20000	51%-75% Above
Non-ORx	No	70756021590	FENOFIBRATE	30	\$0.66667	\$0.16667	200% Above
Non-ORx	No	70756070360	RANOLAZINE ER	60	\$0.26667	\$0.33333	(10%-25%) Below
Non-ORx	No	70756072111	ACETAZOLAMIDE	90	\$1.74444	\$0.28889	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
Non-ORx	No	70756072111	ACETAZOLAMIDE	120	\$0.63333	\$0.28333	101%-200% Above
Non-ORx	No	70756072111	ACETAZOLAMIDE	28	\$1.21429	\$0.28571	200% Above
Non-ORx	No	70756081230	OLMESARTAN MEDOXOMIL/HYDR	90	\$0.15556	\$0.23333	(26%-50%) Below
Non-ORx	No	70756081230	OLMESARTAN MEDOXOMIL/HYDR	60	\$0.36667	\$0.23333	51%-75% Above
Non-ORx	No	70756081290	OLMESARTAN MEDOXOMIL/HYDR	90	\$0.77778	\$0.23333	200% Above
Non-ORx	No	70756081290	OLMESARTAN MEDOXOMIL/HYDR	210	\$0.73810	\$0.23333	200% Above
Non-ORx	No	70756081390	OLMESARTAN MEDOXOMIL/HYDR	90	\$0.57778	\$0.28889	101%-200% Above
Non-ORx	No	70756081390	OLMESARTAN MEDOXOMIL/HYDR	60	\$0.70000	\$0.30000	101%-200% Above
Non-ORx	No	70756081390	OLMESARTAN MEDOXOMIL/HYDR	90	\$1.10000	\$0.30000	200% Above
Non-ORx	No	70756081430	OLMESARTAN MEDOXOMIL/HYDR	30	\$0.23333	\$0.30000	(10%-25%) Below
Non-ORx	No	70756081490	OLMESARTAN MEDOXOMIL/HYDR	45	\$0.55556	\$0.31111	76%-100% Above
Non-ORx	No	70756081490	OLMESARTAN MEDOXOMIL/HYDR	450	\$0.71778	\$0.28889	101%-200% Above
Non-ORx	No	70756081490	OLMESARTAN MEDOXOMIL/HYDR	150	\$0.92667	\$0.30000	200% Above
Non-ORx	No	70954000510	OXYBUTYNIN CHLORIDE	30	\$0.26667	\$0.06667	200% Above
Non-ORx	No	70954000520	OXYBUTYNIN CHLORIDE	90	\$0.25556	\$0.06667	200% Above
Non-ORx	No	70954000520	OXYBUTYNIN CHLORIDE	60	\$0.23333	\$0.06667	200% Above
Non-ORx	No	70954000530	OXYBUTYNIN CHLORIDE	60	\$0.26667	\$0.06667	200% Above
Non-ORx	No	70954001910	PRAZOSIN HYDROCHLORIDE	90	\$0.38889	\$0.21111	76%-100% Above
Non-ORx	No	70954001910	PRAZOSIN HYDROCHLORIDE	180	\$0.34444	\$0.20000	51%-75% Above
Non-ORx	No	70954001910	PRAZOSIN HYDROCHLORIDE	180	\$0.48333	\$0.20000	101%-200% Above
Non-ORx	No	70954001950	PRAZOSIN HYDROCHLORIDE	30	\$0.63333	\$0.20000	200% Above
Non-ORx	No	70954002010	PRAZOSIN HYDROCHLORIDE	30	\$0.93333	\$0.30000	200% Above
Non-ORx	No	70954003330	ACETAZOLAMIDE	7	\$1.57143	\$0.14286	200% Above
Non-ORx	No	70954005810	PREDNISONE	49	\$0.16327	\$0.06122	101%-200% Above
Non-ORx	No	70954005820	PREDNISONE	60	\$0.15000	\$0.06667	101%-200% Above
Non-ORx	No	70954005820	PREDNISONE	60	\$0.06667	\$0.08333	(10%-25%) Below
Non-ORx	No	70954005820	PREDNISONE	90	\$0.15556	\$0.06667	101%-200% Above
Non-ORx	No	70954005820	PREDNISONE	120	\$0.15833	\$0.07500	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
Non-ORx	No	70954005820	PREDNISONE	60	\$0.16667	\$0.06667	101%-200% Above
Non-ORx	No	70954005920	PREDNISONE	90	\$0.16667	\$0.06667	101%-200% Above
Non-ORx	No	70954005920	PREDNISONE	12	\$0.16667	\$0.08333	101%-200% Above
Non-ORx	No	70954005920	PREDNISONE	15	\$0.13333	\$0.06667	101%-200% Above
Non-ORx	No	70954005920	PREDNISONE	20	\$0.15000	\$0.10000	51%-75% Above
Non-ORx	No	70954005930	PREDNISONE	42	\$0.47619	\$0.66667	(26%-50%) Below
Non-ORx	No	70954005930	PREDNISONE	21	\$0.95238	\$0.57143	51%-75% Above
Non-ORx	No	70954006010	PREDNISONE	10	\$0.20000	\$0.10000	101%-200% Above
Non-ORx	No	70954006020	PREDNISONE	20	\$0.20000	\$0.10000	101%-200% Above
Non-ORx	No	70954006020	PREDNISONE	18	\$0.16667	\$0.11111	51%-75% Above
Non-ORx	No	70954006020	PREDNISONE	51	\$0.17647	\$0.11765	51%-75% Above
Non-ORx	No	70954006020	PREDNISONE	22	\$0.04546	\$0.09091	(26%-50%) Below
Non-ORx	No	70954006020	PREDNISONE	80	\$0.17500	\$0.11250	51%-75% Above
Non-ORx	No	70954006020	PREDNISONE	60	\$0.16667	\$0.10000	51%-75% Above
Non-ORx	No	70954006020	PREDNISONE	29	\$0.17241	\$0.10345	51%-75% Above
Non-ORx	No	70954006020	PREDNISONE	24	\$0.16667	\$0.12500	26%-50% Above
Non-ORx	No	70954006020	PREDNISONE	15	\$0.20000	\$0.13333	51%-75% Above
Non-ORx	No	70954006020	PREDNISONE	180	\$0.17778	\$0.10000	76%-100% Above
Non-ORx	No	70954006020	PREDNISONE	18	\$0.22222	\$0.11111	101%-200% Above
Non-ORx	No	70954006020	PREDNISONE	14	\$0.21429	\$0.14286	51%-75% Above
Non-ORx	No	70954006020	PREDNISONE	13	\$0.15385	\$0.07692	101%-200% Above
Non-ORx	No	70954008510	CHLORZOXAZONE	168	\$0.72619	\$0.26786	101%-200% Above
Non-ORx	No	71093011105	GABAPENTIN	240	\$0.17917	\$0.09167	76%-100% Above
Non-ORx	No	71093011105	GABAPENTIN	180	\$0.40000	\$0.08889	200% Above
Non-ORx	No	71093011105	GABAPENTIN	270	\$0.37037	\$0.08889	200% Above
Non-ORx	No	71093011105	GABAPENTIN	30	\$0.30000	\$0.10000	200% Above
Non-ORx	No	71093011105	GABAPENTIN	60	\$0.31667	\$0.08333	200% Above
Non-ORx	No	71093011205	GABAPENTIN	180	\$0.45000	\$0.12222	200% Above
Non-ORx	No	71093011205	GABAPENTIN	270	\$0.37778	\$0.12222	200% Above
Non-ORx	No	71093012105	GABAPENTIN	180	\$0.04444	\$0.05000	(10%-25%) Below
Non-ORx	No	71093012105	GABAPENTIN	90	\$0.11111	\$0.06667	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
Non-ORx	No	71093012205	GABAPENTIN	90	\$0.32222	\$0.06667	200% Above
Non-ORx	No	71093012205	GABAPENTIN	120	\$0.25833	\$0.06667	200% Above
Non-ORx	No	71093014005	METHOCARBAMOL	56	\$0.35714	\$0.07143	200% Above
Non-ORx	No	71093014105	METHOCARBAMOL	90	\$0.04444	\$0.08889	(26%-50%) Below
Non-ORx	No	71093015504	ZOLPIDEM TARTRATE	30	\$0.33333	\$0.03333	200% Above
Non-ORx	No	71093015606	ZOLPIDEM TARTRATE	30	\$0.20000	\$0.03333	200% Above
Non-ORx	No	71093016305	GABAPENTIN	90	\$0.14444	\$0.06667	101%-200% Above
Non-ORx	No	71288041083	ENOXAPARIN SODIUM	3	\$11.66667	\$10.33333	10%-25% Above
Non-ORx	No	71428000160	FLUOCINONIDE	60	\$1.13333	\$0.41667	101%-200% Above
Non-ORx	No	71921016201	DOXEPIN HYDROCHLORIDE	90	\$0.32222	\$0.23333	26%-50% Above
Non-ORx	No	71921016201	DOXEPIN HYDROCHLORIDE	60	\$0.33333	\$0.23333	26%-50% Above
Non-ORx	No	71921017409	VENLAFAXINE HYDROCHLORIDE	30	\$0.40000	\$0.16667	101%-200% Above
Non-ORx	No	71930000612	BACLOFEN	45	\$0.15556	\$0.06667	101%-200% Above
Non-ORx	No	71930000713	BACLOFEN	180	\$0.15556	\$0.11667	26%-50% Above
Non-ORx	No	71930000713	BACLOFEN	30	\$0.06667	\$0.13333	(26%-50%) Below
Non-ORx	No	71930001830	ONDANSETRON HYDROCHLORIDE	6	\$0.33333	\$0.16667	101%-200% Above
Non-ORx	No	71930001912	HYDROCODONE BITARTRATE/AC	20	\$0.05000	\$0.10000	(26%-50%) Below
Non-ORx	No	71930001912	HYDROCODONE BITARTRATE/AC	100	\$0.25000	\$0.10000	101%-200% Above
Non-ORx	No	71930001912	HYDROCODONE BITARTRATE/AC	40	\$0.25000	\$0.10000	101%-200% Above
Non-ORx	No	71930001952	HYDROCODONE BITARTRATE/AC	24	\$0.25000	\$0.08333	200% Above
Non-ORx	No	71930002012	HYDROCODONE BITARTRATE/AC	16	\$0.06250	\$0.12500	(26%-50%) Below
Non-ORx	No	71930002112	HYDROCODONE BITARTRATE/AC	90	\$0.25556	\$0.13333	76%-100% Above
Non-ORx	No	71930002112	HYDROCODONE BITARTRATE/AC	12	\$0.25000	\$0.08333	200% Above
Non-ORx	No	71930002643	BROMPHEN/PSEUDOEPHEDRINE	720	\$0.09722	\$0.05000	76%-100% Above
Non-ORx	No	71930002643	BROMPHEN/PSEUDOEPHEDRINE	200	\$0.12500	\$0.05000	101%-200% Above
Non-ORx	No	71930002643	BROMPHEN/PSEUDOEPHEDRINE	420	\$0.12619	\$0.05238	101%-200% Above
Non-ORx	No	71930002643	BROMPHEN/PSEUDOEPHEDRINE	150	\$0.12667	\$0.05333	101%-200% Above
Non-ORx	No	71930002643	BROMPHEN/PSEUDOEPHEDRINE	100	\$0.13000	\$0.05000	101%-200% Above
Non-ORx	No	71930002643	BROMPHEN/PSEUDOEPHEDRINE	236	\$0.12712	\$0.05085	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
Non-ORx	No	71930002643	BROMPHEN/PSEUDOEPHEDRINE	480	\$0.09792	\$0.05000	76%-100% Above
Non-ORx	No	71930002743	HYDROCODONE BITARTRATE/AC	419	\$0.15991	\$0.06444	101%-200% Above
Non-ORx	No	71930002743	HYDROCODONE BITARTRATE/AC	236	\$0.16102	\$0.06356	101%-200% Above
Non-ORx	No	71930002890	PYRIDOSTIGMINE BROMIDE	60	\$0.11667	\$0.26667	(51%-75%) Below
Non-ORx	No	71930003512	LABETALOL HYDROCHLORIDE	60	\$0.08333	\$0.11667	(26%-50%) Below
Non-ORx	No	71930003712	LABETALOL HYDROCHLORIDE	180	\$0.12778	\$0.20000	(26%-50%) Below
Non-ORx	No	71930004912	POTASSIUM CITRATE ER	120	\$1.05000	\$0.31667	200% Above
Non-ORx	No	71930004912	POTASSIUM CITRATE ER	90	\$0.68889	\$0.32222	101%-200% Above
Non-ORx	No	71930005012	POTASSIUM CITRATE ER	120	\$1.66667	\$0.78333	101%-200% Above
Non-ORx	No	71930005012	POTASSIUM CITRATE ER	120	\$0.35000	\$0.70000	(26%-50%) Below
Non-ORx	No	71930005552	ACETAMINOPHEN/CODEINE PHO	64	\$0.14063	\$0.10938	26%-50% Above
Non-ORx	No	71930005552	ACETAMINOPHEN/CODEINE PHO	120	\$0.13333	\$0.10000	26%-50% Above
Non-ORx	No	71930005552	ACETAMINOPHEN/CODEINE PHO	24	\$0.16667	\$0.08333	101%-200% Above
Non-ORx	No	71930005552	ACETAMINOPHEN/CODEINE PHO	80	\$0.15000	\$0.10000	51%-75% Above
Non-ORx	No	71930006352	LEVETIRACETAM	60	\$0.21667	\$0.10000	101%-200% Above
Non-ORx	No	72205000390	ROSUVASTATIN CALCIUM	990	\$0.32222	\$0.06667	200% Above
Non-ORx	No	72205000390	ROSUVASTATIN CALCIUM	180	\$0.12222	\$0.06111	101%-200% Above
Non-ORx	No	72205000390	ROSUVASTATIN CALCIUM	1650	\$0.35030	\$0.06667	200% Above
Non-ORx	No	72205000390	ROSUVASTATIN CALCIUM	300	\$0.30000	\$0.06667	200% Above
Non-ORx	No	72205000399	ROSUVASTATIN CALCIUM	180	\$0.11111	\$0.06667	51%-75% Above
Non-ORx	No	72205000399	ROSUVASTATIN CALCIUM	780	\$0.36026	\$0.06667	200% Above
Non-ORx	No	72205000490	ROSUVASTATIN CALCIUM	360	\$0.35000	\$0.07778	200% Above
Non-ORx	No	72205000490	ROSUVASTATIN CALCIUM	31	\$0.41936	\$0.06452	200% Above
Non-ORx	No	72205000490	ROSUVASTATIN CALCIUM	12	\$0.41667	\$0.08333	200% Above
Non-ORx	No	72205000490	ROSUVASTATIN CALCIUM	1260	\$0.41825	\$0.06667	200% Above
Non-ORx	No	72205000499	ROSUVASTATIN CALCIUM	360	\$0.25278	\$0.07778	200% Above
Non-ORx	No	72205000499	ROSUVASTATIN CALCIUM	750	\$0.32533	\$0.06667	200% Above
Non-ORx	No	72205000530	ROSUVASTATIN CALCIUM	180	\$0.38889	\$0.13333	101%-200% Above
Non-ORx	No	72205000530	ROSUVASTATIN CALCIUM	60	\$0.30000	\$0.13333	101%-200% Above
Non-ORx	No	72205000530	ROSUVASTATIN CALCIUM	40	\$0.30000	\$0.12500	101%-200% Above
Non-ORx	No	72205000530	ROSUVASTATIN CALCIUM	14	\$0.64286	\$0.14286	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
Non-ORx	No	72205000530	ROSUVASTATIN CALCIUM	570	\$0.48070	\$0.13333	200% Above
Non-ORx	No	72205000590	ROSUVASTATIN CALCIUM	90	\$0.66667	\$0.13333	200% Above
Non-ORx	No	72205000590	ROSUVASTATIN CALCIUM	30	\$0.63333	\$0.13333	200% Above
Non-ORx	No	72205000599	ROSUVASTATIN CALCIUM	180	\$0.65000	\$0.13333	200% Above
Non-ORx	No	72205000599	ROSUVASTATIN CALCIUM	120	\$0.65000	\$0.13333	200% Above
Non-ORx	No	72205001030	SILODOSIN	30	\$2.36667	\$0.66667	200% Above
Non-ORx	No	72205001190	PREGABALIN	60	\$0.05000	\$0.08333	(26%-50%) Below
Non-ORx	No	72205001190	PREGABALIN	30	\$0.03333	\$0.06667	(26%-50%) Below
Non-ORx	No	72205001290	PREGABALIN	120	\$0.32500	\$0.08333	200% Above
Non-ORx	No	72205001390	PREGABALIN	60	\$0.38333	\$0.08333	200% Above
Non-ORx	No	72205001390	PREGABALIN	90	\$0.38889	\$0.07778	200% Above
Non-ORx	No	72205001390	PREGABALIN	60	\$0.21667	\$0.06667	200% Above
Non-ORx	No	72205001490	PREGABALIN	90	\$0.41111	\$0.08889	200% Above
Non-ORx	No	72205001490	PREGABALIN	30	\$0.40000	\$0.10000	200% Above
Non-ORx	No	72205001490	PREGABALIN	180	\$0.22222	\$0.08333	101%-200% Above
Non-ORx	No	72205001590	PREGABALIN	180	\$0.15556	\$0.08889	76%-100% Above
Non-ORx	No	72205001590	PREGABALIN	60	\$0.23333	\$0.08333	101%-200% Above
Non-ORx	No	72205001590	PREGABALIN	60	\$0.46667	\$0.10000	200% Above
Non-ORx	No	72205001690	PREGABALIN	90	\$0.35556	\$0.11111	200% Above
Non-ORx	No	72205001690	PREGABALIN	60	\$0.25000	\$0.10000	101%-200% Above
Non-ORx	No	72205001690	PREGABALIN	60	\$0.50000	\$0.11667	200% Above
Non-ORx	No	72205001790	PREGABALIN	60	\$0.08333	\$0.13333	(26%-50%) Below
Non-ORx	No	72205002290	ATORVASTATIN CALCIUM	90	\$0.10000	\$0.03333	200% Above
Non-ORx	No	72205002305	ATORVASTATIN CALCIUM	30	\$0.26667	\$0.03333	200% Above
Non-ORx	No	72205002405	ATORVASTATIN CALCIUM	120	\$0.35833	\$0.05833	200% Above
Non-ORx	No	72205002405	ATORVASTATIN CALCIUM	30	\$0.33333	\$0.06667	200% Above
Non-ORx	No	72205002490	ATORVASTATIN CALCIUM	90	\$0.03333	\$0.06667	(26%-50%) Below
Non-ORx	No	72205002505	ATORVASTATIN CALCIUM	120	\$0.21667	\$0.10000	101%-200% Above
Non-ORx	No	72205002590	ATORVASTATIN CALCIUM	60	\$0.21667	\$0.10000	101%-200% Above
Non-ORx	No	72205002790	ROSUVASTATIN CALCIUM	180	\$0.11111	\$0.06667	51%-75% Above
Non-ORx	No	72205002790	ROSUVASTATIN CALCIUM	15	\$0.40000	\$0.06667	200% Above
Non-ORx	No	72205002790	ROSUVASTATIN CALCIUM	570	\$0.46842	\$0.06667	200% Above
Non-ORx	No	72205002799	ROSUVASTATIN CALCIUM	90	\$0.41111	\$0.06667	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
Non-ORx	No	72205002799	ROSUVASTATIN CALCIUM	60	\$0.16667	\$0.06667	101%-200% Above
Non-ORx	No	72205002799	ROSUVASTATIN CALCIUM	240	\$0.41667	\$0.06667	200% Above
Non-ORx	No	72205002830	FEBUXOSTAT	60	\$1.98333	\$0.80000	101%-200% Above
Non-ORx	No	72205004060	DOFETILIDE	60	\$0.50000	\$0.86667	(26%-50%) Below
Non-ORx	No	72205004411	OSELTAMIVIR PHOSPHATE	20	\$4.40000	\$1.35000	200% Above
Non-ORx	No	72205004411	OSELTAMIVIR PHOSPHATE	60	\$3.05000	\$1.30000	101%-200% Above
Non-ORx	No	72578000105	DOXYCYCLINE HYCLATE	60	\$0.06667	\$0.13333	(26%-50%) Below
Non-ORx	No	72578000105	DOXYCYCLINE HYCLATE	30	\$0.56667	\$0.13333	200% Above
Non-ORx	No	72578000105	DOXYCYCLINE HYCLATE	14	\$0.50000	\$0.14286	200% Above
Non-ORx	No	72578000118	DOXYCYCLINE HYCLATE	21	\$0.52381	\$0.14286	200% Above
Non-ORx	No	72578000118	DOXYCYCLINE HYCLATE	20	\$0.55000	\$0.15000	200% Above
Non-ORx	No	72578000118	DOXYCYCLINE HYCLATE	14	\$0.07143	\$0.14286	(26%-50%) Below
Non-ORx	No	72578000201	ACYCLOVIR	25	\$0.20000	\$0.12000	51%-75% Above
Non-ORx	No	72578000701	METRONIDAZOLE	30	\$0.30000	\$0.13333	101%-200% Above
Non-ORx	No	72578000805	METRONIDAZOLE	70	\$0.35714	\$0.14286	101%-200% Above
Non-ORx	No	72578006414	RANOLAZINE ER	60	\$0.58333	\$0.33333	76%-100% Above
Non-ORx	No	72578008601	DESONIDE	15	\$2.86667	\$0.93333	200% Above
Non-ORx	No	72578008904	NYSTATIN	60	\$0.55000	\$0.28333	76%-100% Above
Non-ORx	No	72578008904	NYSTATIN	60	\$0.63333	\$0.26667	101%-200% Above
Non-ORx	No	72578009001	TRIAMTERENE/HYDROCHLOROTH	60	\$0.26667	\$0.15000	76%-100% Above
Non-ORx	No	72578009001	TRIAMTERENE/HYDROCHLOROTH	30	\$0.26667	\$0.13333	101%-200% Above
Non-ORx	No	72578009301	BETAMETHASONE DIPROPIONAT	30	\$2.83333	\$1.80000	51%-75% Above
Non-ORx	No	72606000601	PREGABALIN	60	\$0.05000	\$0.08333	(26%-50%) Below
Non-ORx	No	72606050902	FAMOTIDINE	30	\$0.43333	\$0.03333	200% Above
Non-ORx	No	72647033104	METHYLPREDNISOLONE DOSE P	42	\$0.71429	\$0.19048	200% Above
Non-ORx	No	72664021301	NADOLOL	30	\$1.40000	\$0.56667	101%-200% Above
Non-ORx	No	72888001400	CYCLOBENZAPRINE HYDROCHLO	30	\$0.13333	\$0.03333	200% Above
Non-ORx	No	72888003101	OXYBUTYNIN CHLORIDE ER	30	\$0.13333	\$0.16667	(10%-25%) Below
Non-ORx	No	72888005930	RABEPRAZOLE SODIUM	30	\$0.30000	\$0.23333	26%-50% Above
Non-ORx	No	73473030030	CLINDAMYCIN PHOSPHATE	150	\$0.95333	\$0.76667	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
Non-ORx	No	73473030030	CLINDAMYCIN PHOSPHATE	30	\$0.56667	\$0.63333	(10%-25%) Below
Non-ORx	No	73473030060	CLINDAMYCIN PHOSPHATE	60	\$0.36667	\$0.51667	(26%-50%) Below
Non-ORx	No	73473030370	METRONIDAZOLE VAGINAL	70	\$1.01429	\$0.71429	26%-50% Above
Non-ORx	No	75826011410	PHENAZOPYRIDINE HYDROCHLO	21	\$1.66667	\$0.33333	200% Above
Non-ORx	No	75826011410	PHENAZOPYRIDINE HYDROCHLO	25	\$1.68000	\$0.36000	200% Above
Non-ORx	No	75826011410	PHENAZOPYRIDINE HYDROCHLO	30	\$1.66667	\$0.36667	200% Above
Non-ORx	No	75826011410	PHENAZOPYRIDINE HYDROCHLO	42	\$1.69048	\$0.35714	200% Above
Non-ORx	No	75826011410	PHENAZOPYRIDINE HYDROCHLO	15	\$1.66667	\$0.33333	200% Above
Non-ORx	No	75826011410	PHENAZOPYRIDINE HYDROCHLO	9	\$1.66667	\$0.33333	200% Above
Non-ORx	No	75826011410	PHENAZOPYRIDINE HYDROCHLO	10	\$1.70000	\$0.40000	200% Above
Non-ORx	No	75826011510	PHENAZOPYRIDINE HCL	15	\$2.46667	\$0.46667	200% Above
Non-ORx	No	75826011510	PHENAZOPYRIDINE HCL	30	\$2.46667	\$0.53333	200% Above
Non-ORx	No	75826011510	PHENAZOPYRIDINE HCL	24	\$2.00000	\$0.50000	200% Above
Non-ORx	No	75826011510	PHENAZOPYRIDINE HCL	27	\$2.44444	\$0.44444	200% Above
Non-ORx	No	75826011510	PHENAZOPYRIDINE HCL	9	\$2.44444	\$0.55556	200% Above
Non-ORx	No	75834010901	CHLORTHALIDONE	390	\$0.41026	\$0.16667	101%-200% Above
Non-ORx	No	75834010901	CHLORTHALIDONE	45	\$0.46667	\$0.20000	101%-200% Above
Non-ORx	No	75834010910	CHLORTHALIDONE	30	\$0.56667	\$0.16667	200% Above
Non-ORx	No	75834011001	CHLORTHALIDONE	90	\$0.45556	\$0.26667	51%-75% Above
Non-ORx	No	75834011529	DROSPIRENONE/ETHINYL ESTR	84	\$0.54762	\$0.27381	101%-200% Above
Non-ORx	No	75834011529	DROSPIRENONE/ETHINYL ESTR	56	\$0.53571	\$0.28571	76%-100% Above
Non-ORx	No	75834012929	NORETHINDRONE ACETATE/ETH	84	\$2.52381	\$1.28571	76%-100% Above
Non-ORx	No	75834015801	VERAPAMIL HYDROCHLORIDE E	30	\$0.46667	\$0.20000	101%-200% Above
Non-ORx	No	75834015901	VERAPAMIL HYDROCHLORIDE E	60	\$0.26667	\$0.18333	26%-50% Above
Non-ORx	No	75834015901	VERAPAMIL HYDROCHLORIDE E	60	\$0.25000	\$0.16667	51%-75% Above
Non-ORx	No	75834015905	VERAPAMIL HYDROCHLORIDE E	180	\$0.48889	\$0.16667	101%-200% Above
Non-ORx	No	75834015905	VERAPAMIL HYDROCHLORIDE E	240	\$0.70000	\$0.17500	200% Above
Non-ORx	No	75834015905	VERAPAMIL HYDROCHLORIDE E	60	\$0.26667	\$0.16667	51%-75% Above
Non-ORx	No	75834020400	GLYBURIDE	60	\$0.05000	\$0.11667	(51%-75%) Below
Non-ORx	No	75834020815	TIZANIDINE HYDROCHLORIDE	30	\$0.53333	\$0.13333	200% Above
Non-ORx	No	75834022101	CARBAMAZEPINE	60	\$0.38333	\$0.20000	76%-100% Above
Non-ORx	No	75834023801	CELECOXIB	20	\$0.75000	\$0.15000	200% Above
Non-ORx	No	75834023801	CELECOXIB	60	\$0.66667	\$0.16667	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
Non-ORx	No	75834024101	SILDENAFIL CITRATE	6	\$1.83333	\$0.33333	200% Above
Non-ORx	No	75834024660	LEVETIRACETAM ER	150	\$0.03333	\$0.38667	(76%-100%) Below
Non-ORx	No	75834025601	ATORVASTATIN CALCIUM	60	\$0.26667	\$0.06667	200% Above
Non-ORx	No	75834025601	ATORVASTATIN CALCIUM	180	\$0.25000	\$0.03333	200% Above
Non-ORx	No	75834025701	ATORVASTATIN CALCIUM	90	\$0.35556	\$0.05556	200% Above
Non-ORx	No	75834025701	ATORVASTATIN CALCIUM	180	\$0.26667	\$0.06667	200% Above
Non-ORx	No	75834025801	ATORVASTATIN CALCIUM	30	\$0.20000	\$0.10000	101%-200% Above
Non-ORx	No	75834026805	BUSPIRONE HYDROCHLORIDE	60	\$0.15000	\$0.03333	200% Above
Non-ORx	No	75834050005	METFORMIN HYDROCHLORIDE E	360	\$0.08333	\$0.03889	101%-200% Above
Non-ORx	No	75834050005	METFORMIN HYDROCHLORIDE E	360	\$0.08333	\$0.03333	101%-200% Above
Non-ORx	No	75834050005	METFORMIN HYDROCHLORIDE E	240	\$0.18333	\$0.03750	200% Above
Non-ORx	No	75834050005	METFORMIN HYDROCHLORIDE E	2520	\$0.15357	\$0.03333	200% Above
Non-ORx	No	75834050005	METFORMIN HYDROCHLORIDE E	510	\$0.14118	\$0.03333	200% Above
Non-ORx	No	75834050005	METFORMIN HYDROCHLORIDE E	1260	\$0.14286	\$0.03333	200% Above
Non-ORx	No	75834050005	METFORMIN HYDROCHLORIDE E	270	\$0.17778	\$0.03333	200% Above
Non-ORx	No	75854060203	BALCOLTRA	56	\$8.44643	\$7.62500	10%-25% Above
Non-ORx	No	76204010025	IPRATROPIUM BROMIDE	63	\$0.23810	\$0.06349	200% Above
Non-ORx	No	76204020025	ALBUTEROL SULFATE	600	\$0.16167	\$0.04333	200% Above
Non-ORx	No	76204020025	ALBUTEROL SULFATE	1125	\$0.15467	\$0.04000	200% Above
Non-ORx	No	76204020025	ALBUTEROL SULFATE	1050	\$0.08571	\$0.04000	101%-200% Above
Non-ORx	No	76204020030	ALBUTEROL SULFATE	180	\$0.23889	\$0.04444	200% Above
Non-ORx	No	76204020030	ALBUTEROL SULFATE	90	\$0.24444	\$0.04444	200% Above
Non-ORx	No	76204020060	ALBUTEROL SULFATE	900	\$0.10222	\$0.04444	101%-200% Above
Non-ORx	No	76204060001	IPRATROPIUM BROMIDE/ALBUT	180	\$0.10000	\$0.06111	51%-75% Above
Non-ORx	No	76204060005	IPRATROPIUM BROMIDE/ALBUT	90	\$0.20000	\$0.06667	200% Above
Non-ORx	No	76204060030	IPRATROPIUM BROMIDE/ALBUT	270	\$0.07037	\$0.06296	10%-25% Above
Non-ORx	No	76204060030	IPRATROPIUM BROMIDE/ALBUT	270	\$0.11852	\$0.06667	76%-100% Above
Non-ORx	No	76204090025	LEVALBUTEROL HCL	150	\$0.40000	\$0.29333	26%-50% Above
Non-ORx	No	76282021218	SERTRALINE HCL	30	\$0.03333	\$0.06667	(26%-50%) Below
Non-ORx	No	76282021490	SERTRALINE HYDROCHLORIDE	30	\$0.03333	\$0.06667	(26%-50%) Below
Non-ORx	No	76282057090	PREGABALIN	120	\$0.03333	\$0.08333	(51%-75%) Below
Non-ORx	No	76385011050	CARVEDIOL	360	\$0.16667	\$0.02222	200% Above
Non-ORx	No	76385011050	CARVEDIOL	120	\$0.15000	\$0.01667	200% Above
Non-ORx	No	76385011150	CARVEDIOL	720	\$0.18056	\$0.02222	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
Non-ORx	No	76385011150	CARVEDIOL	150	\$0.22667	\$0.02000	200% Above
Non-ORx	No	76385011150	CARVEDIOL	240	\$0.20417	\$0.01667	200% Above
Non-ORx	No	76385011250	CARVEDIOL	200	\$0.17500	\$0.02500	200% Above
Non-ORx	No	76385011250	CARVEDIOL	360	\$0.17222	\$0.02222	200% Above
Non-ORx	No	76385011250	CARVEDIOL	1260	\$0.15159	\$0.02222	200% Above
Non-ORx	No	76385011250	CARVEDIOL	540	\$0.11482	\$0.01667	200% Above
Non-ORx	No	76385011350	CARVEDIOL	540	\$0.17778	\$0.03333	200% Above
Non-ORx	No	76385011350	CARVEDIOL	240	\$0.22500	\$0.03333	200% Above
Non-ORx	No	76385011401	SOTALOL HYDROCHLORIDE	60	\$0.05000	\$0.08333	(26%-50%) Below
Non-ORx	No	76385011401	SOTALOL HYDROCHLORIDE	30	\$0.13333	\$0.10000	26%-50% Above
Non-ORx	No	76385012401	METHOCARBAMOL	21	\$0.23810	\$0.09524	101%-200% Above
Non-ORx	No	76385012450	METHOCARBAMOL	60	\$0.21667	\$0.10000	101%-200% Above
Non-ORx	No	76385012901	METFORMIN HYDROCHLORIDE E	60	\$0.06667	\$0.08333	(10%-25%) Below
Non-ORx	No	76385013301	NADOLOL	60	\$0.35000	\$0.20000	76%-100% Above
Non-ORx	No	76385013401	NADOLOL	30	\$0.26667	\$0.33333	(10%-25%) Below
Non-ORx	No	76385014401	HYDROXYCHLOROQUINE SULFAT	30	\$0.20000	\$0.23333	(10%-25%) Below
Non-ORx	No	76385014401	HYDROXYCHLOROQUINE SULFAT	60	\$0.86667	\$0.23333	200% Above
Non-ORx	No	76385014450	HYDROXYCHLOROQUINE SULFAT	60	\$0.86667	\$0.25000	200% Above
Non-ORx	No	76385014450	HYDROXYCHLOROQUINE SULFAT	60	\$0.51667	\$0.23333	101%-200% Above
Non-ORx	Yes	00002879959	HUMALOG KWIKPEN	3	\$27.00000	\$34.00000	(10%-25%) Below
Non-ORx	Yes	00054001021	FLECAINIDE ACETATE	60	\$0.46667	\$0.15000	200% Above
Non-ORx	Yes	00054001825	PREDNISON	12	\$0.25000	\$0.08333	200% Above
Non-ORx	Yes	00054001925	PREDNISON	2	\$0.00000	\$0.50000	(76%-100%) Below
Non-ORx	Yes	00054004544	IPRATROPIUM BROMIDE	60	\$1.48333	\$0.73333	101%-200% Above
Non-ORx	Yes	00054004641	IPRATROPIUM BROMIDE	15	\$4.53333	\$1.40000	200% Above
Non-ORx	Yes	00054012322	LOSARTAN POTASSIUM	60	\$0.26667	\$0.06667	200% Above
Non-ORx	Yes	00054012422	LOSARTAN POTASSIUM	90	\$0.17778	\$0.06667	101%-200% Above
Non-ORx	Yes	00054012422	LOSARTAN POTASSIUM	30	\$0.23333	\$0.06667	200% Above
Non-ORx	Yes	00054012422	LOSARTAN POTASSIUM	15	\$0.20000	\$0.06667	200% Above
Non-ORx	Yes	00054012522	LOSARTAN POTASSIUM	120	\$0.17500	\$0.09167	76%-100% Above
Non-ORx	Yes	00054012522	LOSARTAN POTASSIUM	120	\$0.23333	\$0.10000	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
Non-ORx	Yes	00054016625	MYCOPHENOLATE MOFETIL	60	\$1.40000	\$0.33333	200% Above
Non-ORx	Yes	00054017713	BUPRENORPHINE HCL	90	\$0.60000	\$0.76667	(10%-25%) Below
Non-ORx	Yes	00054017713	BUPRENORPHINE HCL	60	\$1.85000	\$0.76667	101%-200% Above
Non-ORx	Yes	00054029399	AZELASTINE HYDROCHLORIDE	30	\$1.16667	\$0.26667	200% Above
Non-ORx	Yes	00054032756	FLUTICASON PROPIONATE/SA	60	\$2.75000	\$1.96667	26%-50% Above
Non-ORx	Yes	00054040013	DESVENLAFAXINE ER	90	\$1.38889	\$0.56667	101%-200% Above
Non-ORx	Yes	00054040013	DESVENLAFAXINE ER	30	\$1.40000	\$0.56667	101%-200% Above
Non-ORx	Yes	00054040022	DESVENLAFAXINE ER	90	\$1.38889	\$0.56667	101%-200% Above
Non-ORx	Yes	00054040022	DESVENLAFAXINE ER	90	\$1.20000	\$0.56667	101%-200% Above
Non-ORx	Yes	00054040113	DESVENLAFAXINE ER	60	\$1.50000	\$0.63333	101%-200% Above
Non-ORx	Yes	00054050823	ICOSAPENT ETHYL	240	\$2.61667	\$2.25833	10%-25% Above
Non-ORx	Yes	00054060313	DESVENLAFAXINE ER	60	\$2.70000	\$0.70000	200% Above
Non-ORx	Yes	00054312041	CALCITRIOL	15	\$5.80000	\$4.53333	26%-50% Above
Non-ORx	Yes	00054327099	FLUTICASON PROPIONATE	128	\$0.98438	\$0.26563	200% Above
Non-ORx	Yes	00054327099	FLUTICASON PROPIONATE	80	\$0.98750	\$0.27500	200% Above
Non-ORx	Yes	00054327099	FLUTICASON PROPIONATE	176	\$1.30682	\$0.25000	200% Above
Non-ORx	Yes	00054327099	FLUTICASON PROPIONATE	96	\$0.79167	\$0.31250	101%-200% Above
Non-ORx	Yes	00054327099	FLUTICASON PROPIONATE	96	\$0.98958	\$0.28125	200% Above
Non-ORx	Yes	00054350049	LIDOCAINE VISCOUS	200	\$0.09000	\$0.06500	26%-50% Above
Non-ORx	Yes	00054350049	LIDOCAINE VISCOUS	50	\$0.10000	\$0.06000	51%-75% Above
Non-ORx	Yes	00054418325	DEXAMETHASONE	30	\$0.50000	\$0.43333	10%-25% Above
Non-ORx	Yes	00054418325	DEXAMETHASONE	18	\$0.38889	\$0.44444	(10%-25%) Below
Non-ORx	Yes	00054418425	DEXAMETHASONE	30	\$1.00000	\$0.53333	76%-100% Above
Non-ORx	Yes	00054418425	DEXAMETHASONE	8	\$0.87500	\$0.50000	76%-100% Above
Non-ORx	Yes	00054418425	DEXAMETHASONE	10	\$0.40000	\$0.50000	(10%-25%) Below
Non-ORx	Yes	00054418625	DEXAMETHASONE	5	\$1.20000	\$1.40000	(10%-25%) Below
Non-ORx	Yes	00054429731	FUROSEMIDE	180	\$0.18333	\$0.03333	200% Above
Non-ORx	Yes	00054429731	FUROSEMIDE	60	\$0.20000	\$0.03333	200% Above
Non-ORx	Yes	00054429931	FUROSEMIDE	90	\$0.25556	\$0.03333	200% Above
Non-ORx	Yes	00054429931	FUROSEMIDE	60	\$0.20000	\$0.03333	200% Above
Non-ORx	Yes	00054472831	PREDNISON	30	\$0.10000	\$0.06667	51%-75% Above
Non-ORx	Yes	00054472831	PREDNISON	21	\$0.19048	\$0.04762	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
Non-ORx	Yes	00054474125	PREDNISONE	28	\$0.17857	\$0.07143	101%-200% Above
Non-ORx	Yes	00054485825	TRIAZOLAM	30	\$2.70000	\$1.03333	101%-200% Above
Non-ORx	Yes	00054982831	PREDNISONE	60	\$0.15000	\$0.08333	76%-100% Above
Non-ORx	Yes	00054982831	PREDNISONE	16	\$0.18750	\$0.06250	200% Above
Non-ORx	Yes	00078087601	TOBRADEX	4	\$63.25000	\$55.00000	10%-25% Above
Non-ORx	Yes	00093005301	BUSPIRONE HYDROCHLORIDE	180	\$0.13333	\$0.03333	200% Above
Non-ORx	Yes	00093005301	BUSPIRONE HYDROCHLORIDE	60	\$0.16667	\$0.03333	200% Above
Non-ORx	Yes	00093005305	BUSPIRONE HYDROCHLORIDE	90	\$0.13333	\$0.03333	200% Above
Non-ORx	Yes	00093005405	BUSPIRONE HYDROCHLORIDE	120	\$0.14167	\$0.04167	200% Above
Non-ORx	Yes	00093005405	BUSPIRONE HYDROCHLORIDE	60	\$0.25000	\$0.05000	200% Above
Non-ORx	Yes	00093005405	BUSPIRONE HYDROCHLORIDE	60	\$0.15000	\$0.03333	200% Above
Non-ORx	Yes	00093005805	TRAMADOL HCL	90	\$0.20000	\$0.02222	200% Above
Non-ORx	Yes	00093005805	TRAMADOL HCL	144	\$0.15278	\$0.02083	200% Above
Non-ORx	Yes	00093005805	TRAMADOL HCL	120	\$0.15000	\$0.01667	200% Above
Non-ORx	Yes	00093005805	TRAMADOL HCL	26	\$0.15385	\$0.03846	200% Above
Non-ORx	Yes	00093005805	TRAMADOL HCL	28	\$0.14286	\$0.03571	200% Above
Non-ORx	Yes	00093005805	TRAMADOL HCL	30	\$0.20000	\$0.03333	200% Above
Non-ORx	Yes	00093026292	FLUOCINONIDE	60	\$0.93333	\$0.63333	26%-50% Above
Non-ORx	Yes	00093031401	KETOROLAC TROMETHAMINE	40	\$1.37500	\$0.65000	101%-200% Above
Non-ORx	Yes	00093031401	KETOROLAC TROMETHAMINE	20	\$1.50000	\$0.70000	101%-200% Above
Non-ORx	Yes	00093031401	KETOROLAC TROMETHAMINE	45	\$1.26667	\$0.66667	76%-100% Above
Non-ORx	Yes	00093031801	DILTIAZEM HCL	60	\$0.30000	\$0.10000	200% Above
Non-ORx	Yes	00093057610	LOVASTATIN	90	\$0.23333	\$0.04444	200% Above
Non-ORx	Yes	00093057610	LOVASTATIN	30	\$0.43333	\$0.06667	200% Above
Non-ORx	Yes	00093075210	ATENOLOL	180	\$0.17778	\$0.03333	200% Above
Non-ORx	Yes	00093075305	ATENOLOL	90	\$0.25556	\$0.04444	200% Above
Non-ORx	Yes	00093077198	PRAVASTATIN SODIUM	90	\$0.32222	\$0.06667	200% Above
Non-ORx	Yes	00093077198	PRAVASTATIN SODIUM	30	\$0.30000	\$0.06667	200% Above
Non-ORx	Yes	00093078701	ATENOLOL	30	\$0.13333	\$0.03333	200% Above
Non-ORx	Yes	00093081201	NORTRIPTYLINE HYDROCHLORI	180	\$0.56667	\$0.13333	200% Above
Non-ORx	Yes	00093083205	CLONAZEPAM	270	\$0.14815	\$0.02222	200% Above
Non-ORx	Yes	00093083205	CLONAZEPAM	120	\$0.17500	\$0.02500	200% Above
Non-ORx	Yes	00093083205	CLONAZEPAM	330	\$0.17576	\$0.02424	200% Above
Non-ORx	Yes	00093083205	CLONAZEPAM	30	\$0.26667	\$0.03333	200% Above
Non-ORx	Yes	00093083205	CLONAZEPAM	240	\$0.18750	\$0.01667	200% Above
Non-ORx	Yes	00093092810	LOVASTATIN	90	\$0.23333	\$0.06667	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
Non-ORx	Yes	00093094801	DICLOFENAC POTASSIUM	90	\$1.46667	\$0.44444	200% Above
Non-ORx	Yes	00093094801	DICLOFENAC POTASSIUM	60	\$0.75000	\$0.45000	51%-75% Above
Non-ORx	Yes	00093100301	BUSPIRONE HCL	180	\$0.18889	\$0.05556	200% Above
Non-ORx	Yes	00093100301	BUSPIRONE HCL	270	\$0.12222	\$0.05185	101%-200% Above
Non-ORx	Yes	00093100301	BUSPIRONE HCL	30	\$0.26667	\$0.06667	200% Above
Non-ORx	Yes	00093100301	BUSPIRONE HCL	120	\$0.20833	\$0.05000	200% Above
Non-ORx	Yes	00093100305	BUSPIRONE HCL	150	\$0.21333	\$0.05333	200% Above
Non-ORx	Yes	00093100305	BUSPIRONE HCL	90	\$0.24444	\$0.05556	200% Above
Non-ORx	Yes	00093101042	MUPIROCIN	44	\$0.79546	\$0.18182	200% Above
Non-ORx	Yes	00093101042	MUPIROCIN	154	\$0.80520	\$0.18182	200% Above
Non-ORx	Yes	00093106101	SOTALOL HCL	180	\$0.26111	\$0.08889	101%-200% Above
Non-ORx	Yes	00093117410	PENICILLIN V POTASSIUM	40	\$0.60000	\$0.10000	200% Above
Non-ORx	Yes	00093172001	WARFARIN SODIUM	30	\$0.50000	\$0.10000	200% Above
Non-ORx	Yes	00093172101	WARFARIN SODIUM	135	\$0.51852	\$0.10370	200% Above
Non-ORx	Yes	00093172101	WARFARIN SODIUM	90	\$0.22222	\$0.11111	101%-200% Above
Non-ORx	Yes	00093172101	WARFARIN SODIUM	60	\$0.41667	\$0.10000	200% Above
Non-ORx	Yes	00093172110	WARFARIN SODIUM	49	\$0.51020	\$0.10204	200% Above
Non-ORx	Yes	00093202723	AZITHROMYCIN	30	\$1.93333	\$0.56667	200% Above
Non-ORx	Yes	00093214062	TRI-LO-SPRINTEC	84	\$0.66667	\$0.17857	200% Above
Non-ORx	Yes	00093214062	TRI-LO-SPRINTEC	112	\$0.48214	\$0.17857	101%-200% Above
Non-ORx	Yes	00093214062	TRI-LO-SPRINTEC	84	\$0.67857	\$0.17857	200% Above
Non-ORx	Yes	00093220301	METOCLOPRAMIDE HYDROCHLOR	120	\$0.08333	\$0.05000	51%-75% Above
Non-ORx	Yes	00093220305	METOCLOPRAMIDE HYDROCHLOR	60	\$0.25000	\$0.05000	200% Above
Non-ORx	Yes	00093220305	METOCLOPRAMIDE HYDROCHLOR	28	\$0.28571	\$0.03571	200% Above
Non-ORx	Yes	00093221001	SUCRALFATE	120	\$0.40833	\$0.20000	101%-200% Above
Non-ORx	Yes	00093221005	SUCRALFATE	270	\$0.41111	\$0.19630	101%-200% Above
Non-ORx	Yes	00093227434	AMOXICILLIN/CLAVULANATE P	20	\$0.95000	\$0.30000	200% Above
Non-ORx	Yes	00093227534	AMOXICILLIN/CLAVULANATE P	20	\$1.75000	\$0.35000	200% Above
Non-ORx	Yes	00093300993	LANSOPRAZOLE	90	\$10.80000	\$5.40000	101%-200% Above
Non-ORx	Yes	00093301956	TADALAFIL	5	\$2.20000	\$0.40000	200% Above
Non-ORx	Yes	00093310905	AMOXICILLIN	30	\$0.26667	\$0.06667	200% Above
Non-ORx	Yes	00093310905	AMOXICILLIN	42	\$0.23810	\$0.04762	200% Above
Non-ORx	Yes	00093310905	AMOXICILLIN	14	\$0.28571	\$0.07143	200% Above
Non-ORx	Yes	00093310905	AMOXICILLIN	15	\$0.33333	\$0.06667	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
Non-ORx	Yes	00093310905	AMOXICILLIN	20	\$0.30000	\$0.05000	200% Above
Non-ORx	Yes	00093314501	CEPHALEXIN	30	\$0.36667	\$0.10000	200% Above
Non-ORx	Yes	00093314705	CEPHALEXIN	40	\$0.80000	\$0.12500	200% Above
Non-ORx	Yes	00093314705	CEPHALEXIN	30	\$0.40000	\$0.10000	200% Above
Non-ORx	Yes	00093314705	CEPHALEXIN	84	\$0.65476	\$0.10714	200% Above
Non-ORx	Yes	00093314705	CEPHALEXIN	56	\$0.51786	\$0.14286	200% Above
Non-ORx	Yes	00093314705	CEPHALEXIN	12	\$0.58333	\$0.08333	200% Above
Non-ORx	Yes	00093314705	CEPHALEXIN	12	\$0.50000	\$0.16667	200% Above
Non-ORx	Yes	00093314705	CEPHALEXIN	21	\$0.80952	\$0.14286	200% Above
Non-ORx	Yes	00093314705	CEPHALEXIN	40	\$0.55000	\$0.10000	200% Above
Non-ORx	Yes	00093317431	ALBUTEROL SULFATE HFA	34	\$5.14706	\$3.23529	51%-75% Above
Non-ORx	Yes	00093317431	ALBUTEROL SULFATE HFA	17	\$2.00000	\$3.23529	(26%-50%) Below
Non-ORx	Yes	00093317431	ALBUTEROL SULFATE HFA	18	\$3.66667	\$3.00000	10%-25% Above
Non-ORx	Yes	00093321205	CLONAZEPAM	120	\$0.20000	\$0.03333	200% Above
Non-ORx	Yes	00093321205	CLONAZEPAM	90	\$0.25556	\$0.03333	200% Above
Non-ORx	Yes	00093321205	CLONAZEPAM	120	\$0.19167	\$0.03333	200% Above
Non-ORx	Yes	00093321205	CLONAZEPAM	120	\$0.28333	\$0.03333	200% Above
Non-ORx	Yes	00093342201	CYCLOBENZAPRINE HYDROCHLO	90	\$0.14444	\$0.02222	200% Above
Non-ORx	Yes	00093342201	CYCLOBENZAPRINE HYDROCHLO	30	\$0.00000	\$0.03333	(76%-100%) Below
Non-ORx	Yes	00093342210	CYCLOBENZAPRINE HYDROCHLO	180	\$0.21111	\$0.02778	200% Above
Non-ORx	Yes	00093342210	CYCLOBENZAPRINE HYDROCHLO	60	\$0.21667	\$0.03333	200% Above
Non-ORx	Yes	00093342210	CYCLOBENZAPRINE HYDROCHLO	58	\$0.20690	\$0.01724	200% Above
Non-ORx	Yes	00093342210	CYCLOBENZAPRINE HYDROCHLO	21	\$0.23810	\$0.04762	200% Above
Non-ORx	Yes	00093342210	CYCLOBENZAPRINE HYDROCHLO	50	\$0.24000	\$0.02000	200% Above
Non-ORx	Yes	00093342510	LORAZEPAM	90	\$0.15556	\$0.04444	200% Above
Non-ORx	Yes	00093342510	LORAZEPAM	84	\$0.02381	\$0.03571	(26%-50%) Below
Non-ORx	Yes	00093342510	LORAZEPAM	20	\$0.00000	\$0.05000	(76%-100%) Below
Non-ORx	Yes	00093342510	LORAZEPAM	30	\$0.16667	\$0.03333	200% Above
Non-ORx	Yes	00093342601	LORAZEPAM	60	\$0.18333	\$0.03333	200% Above
Non-ORx	Yes	00093342610	LORAZEPAM	30	\$0.13333	\$0.03333	200% Above
Non-ORx	Yes	00093342705	LORAZEPAM	60	\$0.25000	\$0.06667	200% Above
Non-ORx	Yes	00093354143	ESTRADIOL	129	\$1.55039	\$0.97674	51%-75% Above
Non-ORx	Yes	00093406801	PRAZOSIN HYDROCHLORIDE	120	\$0.71667	\$0.30000	101%-200% Above
Non-ORx	Yes	00093414856	LEVALBUTEROL HCL	90	\$0.73333	\$0.35556	101%-200% Above
Non-ORx	Yes	00093415579	AMOXICILLIN	80	\$0.05000	\$0.02500	101%-200% Above
Non-ORx	Yes	00093416173	AMOXICILLIN	600	\$0.07500	\$0.02333	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
Non-ORx	Yes	00093416173	AMOXICILLIN	200	\$0.08500	\$0.02500	200% Above
Non-ORx	Yes	00093416173	AMOXICILLIN	100	\$0.08000	\$0.02000	200% Above
Non-ORx	Yes	00093417773	CEPHALEXIN	100	\$0.20000	\$0.09000	101%-200% Above
Non-ORx	Yes	00093500356	OLMESARTAN MEDOXOMIL/AMLO	30	\$6.93333	\$1.60000	200% Above
Non-ORx	Yes	00093500456	OLMESARTAN MEDOXOMIL/AMLO	90	\$7.72222	\$1.36667	200% Above
Non-ORx	Yes	00093500656	OLMESARTAN MEDOXOMIL/AMLO	30	\$8.00000	\$1.80000	200% Above
Non-ORx	Yes	00093505698	ATORVASTATIN CALCIUM	60	\$0.30000	\$0.03333	200% Above
Non-ORx	Yes	00093505798	ATORVASTATIN CALCIUM	90	\$0.46667	\$0.10000	200% Above
Non-ORx	Yes	00093505798	ATORVASTATIN CALCIUM	120	\$0.40000	\$0.10000	200% Above
Non-ORx	Yes	00093505898	ATORVASTATIN CALCIUM	180	\$0.26667	\$0.05556	200% Above
Non-ORx	Yes	00093505898	ATORVASTATIN CALCIUM	180	\$0.31111	\$0.06667	200% Above
Non-ORx	Yes	00093505898	ATORVASTATIN CALCIUM	90	\$0.33333	\$0.06667	200% Above
Non-ORx	Yes	00093505998	ATORVASTATIN CALCIUM	120	\$0.19167	\$0.05000	200% Above
Non-ORx	Yes	00093505998	ATORVASTATIN CALCIUM	45	\$0.35556	\$0.04444	200% Above
Non-ORx	Yes	00093505998	ATORVASTATIN CALCIUM	120	\$0.28333	\$0.03333	200% Above
Non-ORx	Yes	00093505998	ATORVASTATIN CALCIUM	60	\$0.36667	\$0.06667	200% Above
Non-ORx	Yes	00093506001	HYDROXYZINE HYDROCHLORIDE	60	\$0.20000	\$0.05000	200% Above
Non-ORx	Yes	00093506001	HYDROXYZINE HYDROCHLORIDE	30	\$0.50000	\$0.03333	200% Above
Non-ORx	Yes	00093506101	HYDROXYZINE HYDROCHLORIDE	90	\$0.32222	\$0.07778	200% Above
Non-ORx	Yes	00093506101	HYDROXYZINE HYDROCHLORIDE	60	\$0.26667	\$0.06667	200% Above
Non-ORx	Yes	00093506105	HYDROXYZINE HYDROCHLORIDE	60	\$0.20000	\$0.08333	101%-200% Above
Non-ORx	Yes	00093506201	HYDROXYZINE HCL	90	\$0.23333	\$0.08889	101%-200% Above
Non-ORx	Yes	00093534356	SILDENAFIL CITRATE	12	\$2.33333	\$0.25000	200% Above
Non-ORx	Yes	00093534356	SILDENAFIL CITRATE	12	\$2.33333	\$0.33333	200% Above
Non-ORx	Yes	00093545528	MIMVEY	28	\$2.28571	\$1.17857	76%-100% Above
Non-ORx	Yes	00093553801	ESZOPICLONE	30	\$0.43333	\$0.26667	51%-75% Above
Non-ORx	Yes	00093553801	ESZOPICLONE	30	\$0.63333	\$0.23333	101%-200% Above
Non-ORx	Yes	00093553901	ESZOPICLONE	30	\$0.76667	\$0.16667	200% Above
Non-ORx	Yes	00093555101	DEXMETHYLPHENIDATE HCL ER	30	\$2.80000	\$1.46667	76%-100% Above
Non-ORx	Yes	00093681673	BUDESONIDE	120	\$2.09167	\$0.57500	200% Above
Non-ORx	Yes	00093716605	CELECOXIB	60	\$0.71667	\$0.15000	200% Above
Non-ORx	Yes	00093719801	FLUOXETINE HYDROCHLORIDE	60	\$0.20000	\$0.06667	200% Above
Non-ORx	Yes	00093719856	FLUOXETINE HYDROCHLORIDE	180	\$0.18889	\$0.08889	101%-200% Above
Non-ORx	Yes	00093720110	PRAVASTATIN SODIUM	120	\$0.34167	\$0.06667	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
Non-ORx	Yes	00093720198	PRAVASTATIN SODIUM	120	\$0.31667	\$0.06667	200% Above
Non-ORx	Yes	00093720198	PRAVASTATIN SODIUM	90	\$0.36667	\$0.05556	200% Above
Non-ORx	Yes	00093720198	PRAVASTATIN SODIUM	180	\$0.36667	\$0.06667	200% Above
Non-ORx	Yes	00093720198	PRAVASTATIN SODIUM	30	\$0.36667	\$0.06667	200% Above
Non-ORx	Yes	00093720210	PRAVASTATIN SODIUM	180	\$0.42222	\$0.08889	200% Above
Non-ORx	Yes	00093720210	PRAVASTATIN SODIUM	60	\$0.98333	\$0.10000	200% Above
Non-ORx	Yes	00093720298	PRAVASTATIN SODIUM	45	\$0.06667	\$0.08889	(10%-25%) Below
Non-ORx	Yes	00093720298	PRAVASTATIN SODIUM	90	\$0.55556	\$0.10000	200% Above
Non-ORx	Yes	00093727010	PRAVASTATIN SODIUM	90	\$0.55556	\$0.15556	200% Above
Non-ORx	Yes	00093727098	PRAVASTATIN SODIUM	30	\$0.60000	\$0.16667	200% Above
Non-ORx	Yes	00093727256	PIOGLITAZONE HYDROCHLORID	30	\$0.43333	\$0.13333	200% Above
Non-ORx	Yes	00093727256	PIOGLITAZONE HYDROCHLORID	90	\$0.54444	\$0.13333	200% Above
Non-ORx	Yes	00093727298	PIOGLITAZONE HYDROCHLORID	90	\$0.54444	\$0.13333	200% Above
Non-ORx	Yes	00093747243	RIZATRIPTAN BENZOATE	12	\$3.16667	\$0.50000	200% Above
Non-ORx	Yes	00093748756	MONTELUKAST SODIUM	30	\$1.86667	\$1.30000	26%-50% Above
Non-ORx	Yes	00093831118	ELETRIPTAN HYDROBROMIDE	12	\$11.66667	\$3.66667	200% Above
Non-ORx	Yes	00093834301	GLYBURIDE	60	\$0.08333	\$0.10000	(10%-25%) Below
Non-ORx	Yes	00093943301	GLYBURIDE	30	\$0.33333	\$0.10000	200% Above
Non-ORx	Yes	00115164301	NITROFURANTOIN MACROCRYST	30	\$1.43333	\$0.43333	200% Above
Non-ORx	Yes	00115164501	NITROFURANTOIN MACROCRYST	30	\$1.46667	\$0.53333	101%-200% Above
Non-ORx	Yes	00115165901	PROPRANOLOL HYDROCHLORIDE	90	\$0.23333	\$0.07778	200% Above
Non-ORx	Yes	00115165903	PROPRANOLOL HYDROCHLORIDE	90	\$0.33333	\$0.06667	200% Above
Non-ORx	Yes	00115166001	PROPRANOLOL HYDROCHLORIDE	60	\$0.16667	\$0.10000	51%-75% Above
Non-ORx	Yes	00115166003	PROPRANOLOL HYDROCHLORIDE	60	\$0.33333	\$0.08333	200% Above
Non-ORx	Yes	00115166101	PROPRANOLOL HCL	60	\$0.30000	\$0.11667	101%-200% Above
Non-ORx	Yes	00115166202	PROPRANOLOL HYDROCHLORIDE	90	\$0.75556	\$0.20000	200% Above
Non-ORx	Yes	00115168974	BUDESONIDE	120	\$2.29167	\$0.59167	200% Above
Non-ORx	Yes	00115169449	EPINEPHRINE	2	\$55.50000	\$122.00000	(51%-75%) Below
Non-ORx	Yes	00115169449	EPINEPHRINE	2	\$161.00000	\$121.50000	26%-50% Above
Non-ORx	Yes	00115169606	HYDROCORTISONE	220	\$0.23636	\$0.20909	10%-25% Above
Non-ORx	Yes	00115170901	DEXMETHYLPHENIDATE HCL ER	30	\$4.50000	\$1.80000	101%-200% Above
Non-ORx	Yes	00115175701	CYPROHEPTADINE HYDROCHLOR	60	\$0.33333	\$0.08333	200% Above
Non-ORx	Yes	00115180301	HYDROXYZINE PAMOATE	180	\$0.14444	\$0.07778	76%-100% Above
Non-ORx	Yes	00115180301	HYDROXYZINE PAMOATE	180	\$0.14444	\$0.07222	101%-200% Above
Non-ORx	Yes	00115180301	HYDROXYZINE PAMOATE	20	\$0.15000	\$0.05000	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
Non-ORx	Yes	00115180302	HYDROXYZINE PAMOATE	60	\$0.20000	\$0.06667	200% Above
Non-ORx	Yes	00115180302	HYDROXYZINE PAMOATE	30	\$0.13333	\$0.06667	101%-200% Above
Non-ORx	Yes	00115180401	HYDROXYZINE PAMOATE	45	\$0.20000	\$0.08889	101%-200% Above
Non-ORx	Yes	00115351101	PYRIDOSTIGMINE BROMIDE	120	\$0.75000	\$0.27500	101%-200% Above
Non-ORx	Yes	00115552210	FENOFIBRATE	90	\$0.66667	\$0.18889	200% Above
Non-ORx	Yes	00115552210	FENOFIBRATE	60	\$0.63333	\$0.16667	200% Above
Non-ORx	Yes	00115552210	FENOFIBRATE	210	\$0.47619	\$0.20000	101%-200% Above
Non-ORx	Yes	00115991901	DEXMETHYLPHENIDATE HYDROC	30	\$0.50000	\$1.46667	(51%-75%) Below
Non-ORx	Yes	00115992101	DEXMETHYLPHENIDATE HCL ER	30	\$2.36667	\$1.43333	51%-75% Above
Non-ORx	Yes	00115993178	LEVALBUTEROL HYDROCHLORID	75	\$1.33333	\$0.28000	200% Above
Non-ORx	Yes	00115993278	LEVALBUTEROL HYDROCHLORID	75	\$0.72000	\$0.29333	101%-200% Above
Non-ORx	Yes	00116200116	CHLORHEXIDINE GLUCONATE	4257	\$0.01057	\$0.00634	51%-75% Above
Non-ORx	Yes	00121067585	VALPROIC ACID	450	\$0.00444	\$0.01778	(51%-75%) Below
Non-ORx	Yes	00121075908	PREDNISOLONE SODIUM PHOSP	53	\$0.26415	\$0.11321	101%-200% Above
Non-ORx	Yes	00121075908	PREDNISOLONE SODIUM PHOSP	86	\$0.17442	\$0.11628	51%-75% Above
Non-ORx	Yes	00121075908	PREDNISOLONE SODIUM PHOSP	150	\$0.26000	\$0.11333	101%-200% Above
Non-ORx	Yes	00121075908	PREDNISOLONE SODIUM PHOSP	106	\$0.26415	\$0.11321	101%-200% Above
Non-ORx	Yes	00121075908	PREDNISOLONE SODIUM PHOSP	100	\$0.22000	\$0.12000	76%-100% Above
Non-ORx	Yes	00121075908	PREDNISOLONE SODIUM PHOSP	20	\$0.25000	\$0.10000	101%-200% Above
Non-ORx	Yes	00121075908	PREDNISOLONE SODIUM PHOSP	25	\$0.32000	\$0.12000	101%-200% Above
Non-ORx	Yes	00121075908	PREDNISOLONE SODIUM PHOSP	33	\$0.27273	\$0.12121	101%-200% Above
Non-ORx	Yes	00121085416	SULFATRIM PEDIATRIC	300	\$0.20000	\$0.08333	101%-200% Above
Non-ORx	Yes	00121085416	SULFATRIM PEDIATRIC	200	\$0.07500	\$0.08500	(10%-25%) Below
Non-ORx	Yes	00121086802	NYSTATIN	240	\$0.16667	\$0.11667	26%-50% Above
Non-ORx	Yes	00121087316	LACTULOSE	1800	\$0.06000	\$0.01444	200% Above
Non-ORx	Yes	00121087316	LACTULOSE	180	\$0.06111	\$0.01667	200% Above
Non-ORx	Yes	00121087332	LACTULOSE	450	\$0.04889	\$0.01333	200% Above
Non-ORx	Yes	00121089316	CHLORHEXIDINE GLUCONATE	946	\$0.01903	\$0.00634	200% Above
Non-ORx	Yes	00121092816	PROMETHAZINE/CODEINE	240	\$0.10417	\$0.03750	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
Non-ORx	Yes	00121092816	PROMETHAZINE/CODEINE	120	\$0.03333	\$0.05000	(26%-50%) Below
Non-ORx	Yes	00143122701	DICYCLOMINE HYDROCHLORIDE	270	\$0.31852	\$0.16667	76%-100% Above
Non-ORx	Yes	00143122701	DICYCLOMINE HYDROCHLORIDE	60	\$0.35000	\$0.16667	101%-200% Above
Non-ORx	Yes	00143122701	DICYCLOMINE HYDROCHLORIDE	20	\$0.35000	\$0.15000	101%-200% Above
Non-ORx	Yes	00143124010	DIGOXIN	30	\$0.73333	\$0.23333	200% Above
Non-ORx	Yes	00143145505	PHENOBARBITAL	90	\$0.18889	\$0.27778	(26%-50%) Below
Non-ORx	Yes	00143211250	DOXYCYCLINE HYCLATE	30	\$0.26667	\$0.13333	101%-200% Above
Non-ORx	Yes	00143312601	DICYCLOMINE HYDROCHLORIDE	90	\$0.23333	\$0.11111	101%-200% Above
Non-ORx	Yes	00143312601	DICYCLOMINE HYDROCHLORIDE	40	\$0.37500	\$0.10000	200% Above
Non-ORx	Yes	00143312601	DICYCLOMINE HYDROCHLORIDE	30	\$0.30000	\$0.10000	200% Above
Non-ORx	Yes	00143924920	AMOXICILLIN/CLAVULANATE P	80	\$1.10000	\$0.35000	200% Above
Non-ORx	Yes	00143924920	AMOXICILLIN/CLAVULANATE P	34	\$1.50000	\$0.32353	200% Above
Non-ORx	Yes	00143928501	AMOXICILLIN	60	\$0.66667	\$0.15000	200% Above
Non-ORx	Yes	00143928501	AMOXICILLIN	14	\$0.57143	\$0.14286	200% Above
Non-ORx	Yes	00143962125	CYANOCOBALAMIN	4	\$3.25000	\$2.75000	10%-25% Above
Non-ORx	Yes	00143962125	CYANOCOBALAMIN	5	\$3.20000	\$2.80000	10%-25% Above
Non-ORx	Yes	00143962125	CYANOCOBALAMIN	6	\$4.33333	\$3.00000	26%-50% Above
Non-ORx	Yes	00143965901	TESTOSTERONE CYPIONATE	12	\$12.25000	\$15.25000	(10%-25%) Below
Non-ORx	Yes	00143965901	TESTOSTERONE CYPIONATE	11	\$9.63636	\$15.27273	(26%-50%) Below
Non-ORx	Yes	00143965901	TESTOSTERONE CYPIONATE	8	\$6.25000	\$15.50000	(51%-75%) Below
Non-ORx	Yes	00143980250	DOXYCYCLINE HYCLATE	60	\$1.36667	\$0.25000	200% Above
Non-ORx	Yes	00143980305	DOXYCYCLINE HYCLATE	30	\$0.63333	\$0.16667	200% Above
Non-ORx	Yes	00143980305	DOXYCYCLINE HYCLATE	6	\$1.00000	\$0.16667	200% Above
Non-ORx	Yes	00143980305	DOXYCYCLINE HYCLATE	10	\$0.10000	\$0.20000	(26%-50%) Below
Non-ORx	Yes	00143980305	DOXYCYCLINE HYCLATE	42	\$0.30952	\$0.14286	101%-200% Above
Non-ORx	Yes	00143980305	DOXYCYCLINE HYCLATE	100	\$0.70000	\$0.15000	200% Above
Non-ORx	Yes	00143980350	DOXYCYCLINE HYCLATE	30	\$0.13333	\$0.16667	(10%-25%) Below
Non-ORx	Yes	00143985375	AMOXICILLIN/CLAVULANATE P	150	\$0.37333	\$0.08667	200% Above
Non-ORx	Yes	00143988701	AMOXICILLIN	600	\$0.06667	\$0.02500	101%-200% Above
Non-ORx	Yes	00143988701	AMOXICILLIN	400	\$0.07500	\$0.02000	200% Above
Non-ORx	Yes	00143988775	AMOXICILLIN	75	\$0.01333	\$0.02667	(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
Non-ORx	Yes	00143988775	AMOXICILLIN	600	\$0.07500	\$0.02667	101%-200% Above
Non-ORx	Yes	00143988915	AMOXICILLIN	150	\$0.02667	\$0.02000	26%-50% Above
Non-ORx	Yes	00143992701	CIPROFLOXACIN HYDROCHLORI	14	\$0.50000	\$0.07143	200% Above
Non-ORx	Yes	00143992801	CIPROFLOXACIN HYDROCHLORI	28	\$1.17857	\$0.14286	200% Above
Non-ORx	Yes	00143992801	CIPROFLOXACIN HYDROCHLORI	10	\$0.90000	\$0.10000	200% Above
Non-ORx	Yes	00143992801	CIPROFLOXACIN HYDROCHLORI	28	\$0.92857	\$0.14286	200% Above
Non-ORx	Yes	00143993905	AMOXICILLIN	20	\$0.10000	\$0.05000	101%-200% Above
Non-ORx	Yes	00143998201	AMOXICILLIN/CLAVULANATE P	400	\$0.32250	\$0.07500	200% Above
Non-ORx	Yes	00168000215	TRIAMCINOLONE ACETONIDE	15	\$0.46667	\$0.26667	76%-100% Above
Non-ORx	Yes	00168000680	TRIAMCINOLONE ACETONIDE	80	\$0.06250	\$0.07500	(10%-25%) Below
Non-ORx	Yes	00168008031	HYDROCORTISONE	30	\$0.26667	\$0.10000	101%-200% Above
Non-ORx	Yes	00168009930	KETOCONAZOLE	90	\$0.92222	\$0.46667	76%-100% Above
Non-ORx	Yes	00168014630	HYDROCORTISONE	28	\$0.28571	\$0.10714	101%-200% Above
Non-ORx	Yes	00168034720	TERCONAZOLE	20	\$1.70000	\$1.30000	26%-50% Above
Non-ORx	Yes	00172208380	HYDROCHLOROTHIAZIDE	90	\$0.05556	\$0.01111	200% Above
Non-ORx	Yes	00172208380	HYDROCHLOROTHIAZIDE	61	\$0.04918	\$0.01639	200% Above
Non-ORx	Yes	00172208380	HYDROCHLOROTHIAZIDE	120	\$0.05000	\$0.01667	200% Above
Non-ORx	Yes	00172392560	DIAZEPAM	60	\$0.08333	\$0.01667	200% Above
Non-ORx	Yes	00172392560	DIAZEPAM	40	\$0.10000	\$0.02500	200% Above
Non-ORx	Yes	00172392660	DIAZEPAM	24	\$0.16667	\$0.04167	200% Above
Non-ORx	Yes	00172392670	DIAZEPAM	60	\$0.15000	\$0.03333	200% Above
Non-ORx	Yes	00172392680	DIAZEPAM	60	\$0.11667	\$0.03333	200% Above
Non-ORx	Yes	00172392770	DIAZEPAM	30	\$0.23333	\$0.03333	200% Above
Non-ORx	Yes	00172392780	DIAZEPAM	61	\$0.14754	\$0.03279	200% Above
Non-ORx	Yes	00172392780	DIAZEPAM	60	\$0.21667	\$0.03333	200% Above
Non-ORx	Yes	00172572860	FAMOTIDINE	150	\$0.20000	\$0.03333	200% Above
Non-ORx	Yes	00172572960	FAMOTIDINE	270	\$0.29259	\$0.06667	200% Above
Non-ORx	Yes	00172572960	FAMOTIDINE	30	\$0.80000	\$0.06667	200% Above
Non-ORx	Yes	00185012201	NITROFURANTOIN MONOHYDRAT	30	\$1.86667	\$0.50000	200% Above
Non-ORx	Yes	00185012201	NITROFURANTOIN MONOHYDRAT	44	\$0.97727	\$0.50000	76%-100% Above
Non-ORx	Yes	00185012201	NITROFURANTOIN MONOHYDRAT	6	\$1.00000	\$0.50000	101%-200% Above
Non-ORx	Yes	00185012201	NITROFURANTOIN MONOHYDRAT	42	\$1.30952	\$0.50000	101%-200% Above
Non-ORx	Yes	00185012801	BUMETANIDE	180	\$0.67778	\$0.20556	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
Non-ORx	Yes	00185013001	BUMETANIDE	30	\$1.06667	\$0.43333	101%-200% Above
Non-ORx	Yes	00185021101	BENAZEPRIL HCL/HYDROCHLOR	180	\$1.24444	\$0.57222	101%-200% Above
Non-ORx	Yes	00185021101	BENAZEPRIL HCL/HYDROCHLOR	30	\$0.73333	\$0.56667	26%-50% Above
Non-ORx	Yes	00185027701	BENAZEPRIL HCL/HYDROCHLOR	30	\$0.53333	\$0.46667	10%-25% Above
Non-ORx	Yes	00185032501	BENAZEPRIL HCL/HYDROCHLOR	30	\$1.76667	\$0.40000	200% Above
Non-ORx	Yes	00185041060	BUPROPION HYDROCHLORIDE E	60	\$0.65000	\$0.11667	200% Above
Non-ORx	Yes	00185061505	HYDROXYZINE PAMOATE	60	\$0.10000	\$0.08333	10%-25% Above
Non-ORx	Yes	00185067405	HYDROXYZINE PAMOATE	60	\$0.20000	\$0.06667	200% Above
Non-ORx	Yes	00185067405	HYDROXYZINE PAMOATE	60	\$0.20000	\$0.06667	200% Above
Non-ORx	Yes	00185067601	HYDROXYZINE PAMOATE	60	\$0.15000	\$0.10000	51%-75% Above
Non-ORx	Yes	00185084201	AMPHETAMINE/DEXTROAMPHE TA	180	\$0.42778	\$0.25556	51%-75% Above
Non-ORx	Yes	00185084201	AMPHETAMINE/DEXTROAMPHE TA	210	\$0.68571	\$0.25238	101%-200% Above
Non-ORx	Yes	00185084201	AMPHETAMINE/DEXTROAMPHE TA	60	\$0.68333	\$0.25000	101%-200% Above
Non-ORx	Yes	00185085301	AMPHETAMINE/DEXTROAMPHE TA	90	\$0.55556	\$0.32222	51%-75% Above
Non-ORx	Yes	00185085301	AMPHETAMINE/DEXTROAMPHE TA	30	\$0.86667	\$0.33333	101%-200% Above
Non-ORx	Yes	00187065820	DIASTAT ACUDIAL	1	\$66.00000	\$336.00000	(76%-100%) Below
Non-ORx	Yes	00228158003	LAMOTRIGINE ER	60	\$14.91667	\$4.30000	200% Above
Non-ORx	Yes	00228202750	ALPRAZOLAM	90	\$0.15556	\$0.02222	200% Above
Non-ORx	Yes	00228202750	ALPRAZOLAM	120	\$0.16667	\$0.03333	200% Above
Non-ORx	Yes	00228202796	ALPRAZOLAM	30	\$0.13333	\$0.03333	200% Above
Non-ORx	Yes	00228202950	ALPRAZOLAM	150	\$0.10000	\$0.02000	200% Above
Non-ORx	Yes	00228202950	ALPRAZOLAM	270	\$0.12222	\$0.02222	200% Above
Non-ORx	Yes	00228202950	ALPRAZOLAM	60	\$0.15000	\$0.03333	200% Above
Non-ORx	Yes	00228202950	ALPRAZOLAM	180	\$0.13889	\$0.01667	200% Above
Non-ORx	Yes	00228202996	ALPRAZOLAM	120	\$0.15833	\$0.01667	200% Above
Non-ORx	Yes	00228203110	ALPRAZOLAM	30	\$0.10000	\$0.03333	200% Above
Non-ORx	Yes	00228203150	ALPRAZOLAM	90	\$0.01111	\$0.02222	(26%-50%) Below
Non-ORx	Yes	00228207710	TEMAZEPAM	30	\$0.40000	\$0.10000	200% Above
Non-ORx	Yes	00228212710	CLONIDINE HYDROCHLORIDE	180	\$0.08333	\$0.02778	200% Above
Non-ORx	Yes	00228212750	CLONIDINE HYDROCHLORIDE	270	\$0.14444	\$0.02963	200% Above
Non-ORx	Yes	00228212750	CLONIDINE HYDROCHLORIDE	60	\$0.13333	\$0.03333	200% Above
Non-ORx	Yes	00228212750	CLONIDINE HYDROCHLORIDE	30	\$0.13333	\$0.03333	200% Above
Non-ORx	Yes	00228212810	CLONIDINE HYDROCHLORIDE	60	\$0.23333	\$0.03333	200% Above
Non-ORx	Yes	00228212810	CLONIDINE HYDROCHLORIDE	30	\$0.23333	\$0.03333	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
Non-ORx	Yes	00228212910	CLONIDINE HYDROCHLORIDE	60	\$0.11667	\$0.03333	200% Above
Non-ORx	Yes	00228259711	INDAPAMIDE	30	\$0.50000	\$0.13333	200% Above
Non-ORx	Yes	00228277811	PROPRANOLOL HYDROCHLORIDE	90	\$0.68889	\$0.31111	101%-200% Above
Non-ORx	Yes	00228277811	PROPRANOLOL HYDROCHLORIDE	30	\$0.50000	\$0.33333	51%-75% Above
Non-ORx	Yes	00228277911	PROPRANOLOL HYDROCHLORIDE	30	\$1.66667	\$0.33333	200% Above
Non-ORx	Yes	00228278011	PROPRANOLOL HCL ER	60	\$1.26667	\$0.43333	101%-200% Above
Non-ORx	Yes	00228285011	GUANFACINE ER	30	\$0.66667	\$0.23333	101%-200% Above
Non-ORx	Yes	00228285111	GUANFACINE ER	30	\$0.33333	\$0.26667	26%-50% Above
Non-ORx	Yes	00228285311	GUANFACINE ER	30	\$0.70000	\$0.26667	101%-200% Above
Non-ORx	Yes	00228285511	GUANFACINE ER	30	\$0.33333	\$0.23333	26%-50% Above
Non-ORx	Yes	00228299650	TAMSULOSIN HYDROCHLORIDE	60	\$0.16667	\$0.06667	101%-200% Above
Non-ORx	Yes	00228305911	AMPHETAMINE/DEXTROAMPHE TA	30	\$0.66667	\$0.53333	26%-50% Above
Non-ORx	Yes	00228306111	AMPHETAMINE/DEXTROAMPHE TA	30	\$0.50000	\$0.56667	(10%-25%) Below
Non-ORx	Yes	00228306311	AMPHETAMINE/DEXTROAMPHE TA	30	\$2.10000	\$0.50000	200% Above
Non-ORx	Yes	00245003660	PREVALITE	60	\$3.83333	\$1.21667	200% Above
Non-ORx	Yes	00245531911	KLOR-CON M20	180	\$0.48889	\$0.25000	76%-100% Above
Non-ORx	Yes	00254200801	COLCHICINE	10	\$1.60000	\$0.60000	101%-200% Above
Non-ORx	Yes	00310620530	FARXIGA	60	\$15.75000	\$17.56667	(10%-25%) Below
Non-ORx	Yes	00310621030	FARXIGA	240	\$15.76667	\$17.56667	(10%-25%) Below
Non-ORx	Yes	00378001401	METHOTREXATE	28	\$1.25000	\$0.28571	200% Above
Non-ORx	Yes	00378001801	METOPROLOL TARTRATE	60	\$0.13333	\$0.01667	200% Above
Non-ORx	Yes	00378001805	METOPROLOL TARTRATE	90	\$0.14444	\$0.02222	200% Above
Non-ORx	Yes	00378001805	METOPROLOL TARTRATE	300	\$0.08333	\$0.01667	200% Above
Non-ORx	Yes	00378003201	METOPROLOL TARTRATE	90	\$0.17778	\$0.02222	200% Above
Non-ORx	Yes	00378003210	METOPROLOL TARTRATE	120	\$0.23333	\$0.01667	200% Above
Non-ORx	Yes	00378004710	METOPROLOL TARTRATE	180	\$0.13333	\$0.03333	200% Above
Non-ORx	Yes	00378004710	METOPROLOL TARTRATE	30	\$0.20000	\$0.03333	200% Above
Non-ORx	Yes	00378005301	CIMETIDINE	60	\$0.58333	\$0.33333	76%-100% Above
Non-ORx	Yes	00378007001	CLORAZEPATE DIPOTASSIUM	18	\$2.50000	\$2.83333	(10%-25%) Below
Non-ORx	Yes	00378013710	ALLOPURINOL	18	\$0.22222	\$0.05556	200% Above
Non-ORx	Yes	00378018105	ALLOPURINOL	150	\$0.25333	\$0.08667	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
Non-ORx	Yes	00378018105	ALLOPURINOL	60	\$0.25000	\$0.08333	200% Above
Non-ORx	Yes	00378018105	ALLOPURINOL	90	\$0.24444	\$0.10000	101%-200% Above
Non-ORx	Yes	00378018105	ALLOPURINOL	28	\$0.39286	\$0.07143	200% Above
Non-ORx	Yes	00378027493	TAMOXIFEN CITRATE	30	\$0.56667	\$0.40000	26%-50% Above
Non-ORx	Yes	00378034505	DIAZEPAM	60	\$0.11667	\$0.01667	200% Above
Non-ORx	Yes	00378034505	DIAZEPAM	30	\$0.16667	\$0.03333	200% Above
Non-ORx	Yes	00378041510	DIPHENOXYLATE HYDROCHLORI	40	\$0.57500	\$0.20000	101%-200% Above
Non-ORx	Yes	00378054101	CIMETIDINE	60	\$1.58333	\$0.93333	51%-75% Above
Non-ORx	Yes	00378064010	PREDNISONE	90	\$0.15556	\$0.06667	101%-200% Above
Non-ORx	Yes	00378064110	PREDNISONE	21	\$0.14286	\$0.09524	51%-75% Above
Non-ORx	Yes	00378064110	PREDNISONE	90	\$0.11111	\$0.06667	51%-75% Above
Non-ORx	Yes	00378064110	PREDNISONE	21	\$0.19048	\$0.04762	200% Above
Non-ORx	Yes	00378064110	PREDNISONE	12	\$0.16667	\$0.08333	101%-200% Above
Non-ORx	Yes	00378064110	PREDNISONE	18	\$0.16667	\$0.05556	200% Above
Non-ORx	Yes	00378064205	PREDNISONE	22	\$0.18182	\$0.09091	101%-200% Above
Non-ORx	Yes	00378064205	PREDNISONE	30	\$0.16667	\$0.10000	51%-75% Above
Non-ORx	Yes	00378064205	PREDNISONE	10	\$0.30000	\$0.10000	200% Above
Non-ORx	Yes	00378064205	PREDNISONE	20	\$0.20000	\$0.10000	101%-200% Above
Non-ORx	Yes	00378087199	CLONIDINE HCL	4	\$13.25000	\$7.50000	76%-100% Above
Non-ORx	Yes	00378110101	PRAZOSIN HCL	60	\$0.41667	\$0.20000	101%-200% Above
Non-ORx	Yes	00378113401	KETOROLAC TROMETHAMINE	15	\$1.26667	\$0.66667	76%-100% Above
Non-ORx	Yes	00378145001	LITHIUM CARBONATE ER	30	\$0.40000	\$0.20000	101%-200% Above
Non-ORx	Yes	00378161001	DICYCLOMINE HYDROCHLORIDE	60	\$0.21667	\$0.11667	76%-100% Above
Non-ORx	Yes	00378165993	SILDENAFIL CITRATE	6	\$2.16667	\$0.16667	200% Above
Non-ORx	Yes	00378166093	SILDENAFIL CITRATE	6	\$2.16667	\$0.33333	200% Above
Non-ORx	Yes	00378172493	AMLODIPINE BESYLATE/VALSA	90	\$2.61111	\$0.62222	200% Above
Non-ORx	Yes	00378180010	LEVOTHYROXINE SODIUM	90	\$0.30000	\$0.13333	101%-200% Above
Non-ORx	Yes	00378180310	LEVOTHYROXINE SODIUM	120	\$0.30000	\$0.14167	101%-200% Above
Non-ORx	Yes	00378180310	LEVOTHYROXINE SODIUM	90	\$0.30000	\$0.14444	101%-200% Above
Non-ORx	Yes	00378180310	LEVOTHYROXINE SODIUM	30	\$0.30000	\$0.13333	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
Non-ORx	Yes	00378180310	LEVOTHYROXINE SODIUM	30	\$0.40000	\$0.16667	101%-200% Above
Non-ORx	Yes	00378180510	LEVOTHYROXINE SODIUM	210	\$0.25714	\$0.15714	51%-75% Above
Non-ORx	Yes	00378180510	LEVOTHYROXINE SODIUM	90	\$0.24444	\$0.15556	51%-75% Above
Non-ORx	Yes	00378180510	LEVOTHYROXINE SODIUM	30	\$0.26667	\$0.16667	51%-75% Above
Non-ORx	Yes	00378180710	LEVOTHYROXINE SODIUM	180	\$0.26667	\$0.17222	51%-75% Above
Non-ORx	Yes	00378180910	LEVOTHYROXINE SODIUM	30	\$0.26667	\$0.16667	51%-75% Above
Non-ORx	Yes	00378180910	LEVOTHYROXINE SODIUM	10	\$0.30000	\$0.20000	51%-75% Above
Non-ORx	Yes	00378181310	LEVOTHYROXINE SODIUM	30	\$0.06667	\$0.23333	(51%-75%) Below
Non-ORx	Yes	00378181377	LEVOTHYROXINE SODIUM	90	\$0.31111	\$0.21111	26%-50% Above
Non-ORx	Yes	00378181377	LEVOTHYROXINE SODIUM	60	\$0.40000	\$0.21667	76%-100% Above
Non-ORx	Yes	00378181377	LEVOTHYROXINE SODIUM	30	\$0.33333	\$0.20000	51%-75% Above
Non-ORx	Yes	00378181510	LEVOTHYROXINE SODIUM	90	\$0.28889	\$0.22222	26%-50% Above
Non-ORx	Yes	00378181510	LEVOTHYROXINE SODIUM	30	\$0.30000	\$0.23333	26%-50% Above
Non-ORx	Yes	00378181977	LEVOTHYROXINE SODIUM	90	\$0.41111	\$0.26667	51%-75% Above
Non-ORx	Yes	00378182377	LEVOTHYROXINE SODIUM	90	\$0.32222	\$0.21111	51%-75% Above
Non-ORx	Yes	00378247401	DICLOFENAC POTASSIUM	60	\$0.55000	\$0.45000	10%-25% Above
Non-ORx	Yes	00378306577	FENOFIBRATE	30	\$0.20000	\$0.10000	101%-200% Above
Non-ORx	Yes	00378306605	FENOFIBRATE	60	\$0.43333	\$0.16667	101%-200% Above
Non-ORx	Yes	00378306677	FENOFIBRATE	90	\$0.35556	\$0.16667	101%-200% Above
Non-ORx	Yes	00378312501	DOXEPIN HYDROCHLORIDE	60	\$0.58333	\$0.30000	76%-100% Above
Non-ORx	Yes	00378323177	CANDESARTAN CILEXETIL	30	\$2.53333	\$0.86667	101%-200% Above
Non-ORx	Yes	00378343293	ARMODAFINIL	90	\$2.66667	\$0.86667	200% Above
Non-ORx	Yes	00378343393	ARMODAFINIL	30	\$1.40000	\$1.06667	26%-50% Above
Non-ORx	Yes	00378345823	AZELASTINE HYDROCHLORIDE/	46	\$6.65217	\$4.47826	26%-50% Above
Non-ORx	Yes	00378363201	CARVEDILOL	60	\$0.13333	\$0.01667	200% Above
Non-ORx	Yes	00378363401	CARVEDILOL	180	\$0.15000	\$0.03333	200% Above
Non-ORx	Yes	00378363405	CARVEDILOL	60	\$0.20000	\$0.03333	200% Above
Non-ORx	Yes	00378395005	ATORVASTATIN CALCIUM	105	\$0.21905	\$0.03810	200% Above
Non-ORx	Yes	00378395005	ATORVASTATIN CALCIUM	30	\$0.23333	\$0.03333	200% Above
Non-ORx	Yes	00378395105	ATORVASTATIN CALCIUM	90	\$0.30000	\$0.05556	200% Above
Non-ORx	Yes	00378395105	ATORVASTATIN CALCIUM	180	\$0.29444	\$0.04444	200% Above
Non-ORx	Yes	00378395205	ATORVASTATIN CALCIUM	180	\$0.34444	\$0.05556	200% Above
Non-ORx	Yes	00378395305	ATORVASTATIN CALCIUM	60	\$0.11667	\$0.10000	10%-25% Above
Non-ORx	Yes	00378427577	VALACYCLOVIR HYDROCHLORID	60	\$1.18333	\$0.30000	200% Above
Non-ORx	Yes	00378427593	VALACYCLOVIR HYDROCHLORID	30	\$1.13333	\$0.30000	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
Non-ORx	Yes	00378427677	VALACYCLOVIR HCL	90	\$2.12222	\$0.55556	200% Above
Non-ORx	Yes	00378427677	VALACYCLOVIR HCL	21	\$2.47619	\$0.57143	200% Above
Non-ORx	Yes	00378427677	VALACYCLOVIR HCL	9	\$2.11111	\$0.55556	200% Above
Non-ORx	Yes	00378427677	VALACYCLOVIR HCL	15	\$1.53333	\$0.60000	101%-200% Above
Non-ORx	Yes	00378456105	POTASSIUM CHLORIDE ER	180	\$0.39444	\$0.13889	101%-200% Above
Non-ORx	Yes	00378456105	POTASSIUM CHLORIDE ER	150	\$0.27333	\$0.14000	76%-100% Above
Non-ORx	Yes	00378456105	POTASSIUM CHLORIDE ER	60	\$0.16667	\$0.13333	26%-50% Above
Non-ORx	Yes	00378456105	POTASSIUM CHLORIDE ER	60	\$0.51667	\$0.13333	200% Above
Non-ORx	Yes	00378518693	PRASUGREL	30	\$1.76667	\$0.36667	200% Above
Non-ORx	Yes	00378580793	VALSARTAN	30	\$0.20000	\$0.23333	(10%-25%) Below
Non-ORx	Yes	00378581477	VALSARTAN	60	\$0.53333	\$0.26667	101%-200% Above
Non-ORx	Yes	00378581577	VALSARTAN	30	\$1.63333	\$0.36667	200% Above
Non-ORx	Yes	00378606001	DILTIAZEM HCL ER	60	\$1.88333	\$2.35000	(10%-25%) Below
Non-ORx	Yes	00378623101	CITALOPRAM HYDROBROMIDE	135	\$0.11111	\$0.02963	200% Above
Non-ORx	Yes	00378623101	CITALOPRAM HYDROBROMIDE	45	\$0.20000	\$0.02222	200% Above
Non-ORx	Yes	00378623201	CITALOPRAM HYDROBROMIDE	180	\$0.27778	\$0.03333	200% Above
Non-ORx	Yes	00378623201	CITALOPRAM HYDROBROMIDE	60	\$0.25000	\$0.03333	200% Above
Non-ORx	Yes	00378623201	CITALOPRAM HYDROBROMIDE	60	\$0.08333	\$0.03333	101%-200% Above
Non-ORx	Yes	00378623301	CITALOPRAM HYDROBROMIDE	60	\$0.35000	\$0.03333	200% Above
Non-ORx	Yes	00378623305	CITALOPRAM HYDROBROMIDE	30	\$0.30000	\$0.03333	200% Above
Non-ORx	Yes	00378632177	VALSARTAN/HYDROCHLOROTHIA	90	\$1.34444	\$0.31111	200% Above
Non-ORx	Yes	00378632177	VALSARTAN/HYDROCHLOROTHIA	60	\$0.46667	\$0.23333	101%-200% Above
Non-ORx	Yes	00378632277	VALSARTAN/HYDROCHLOROTHIA	90	\$0.60000	\$0.25556	101%-200% Above
Non-ORx	Yes	00378632377	VALSARTAN/HYDROCHLOROTHIA	90	\$0.42222	\$0.28889	26%-50% Above
Non-ORx	Yes	00378632377	VALSARTAN/HYDROCHLOROTHIA	30	\$0.20000	\$0.30000	(26%-50%) Below
Non-ORx	Yes	00378632477	VALSARTAN/HYDROCHLOROTHIA	90	\$1.80000	\$0.44444	200% Above
Non-ORx	Yes	00378632477	VALSARTAN/HYDROCHLOROTHIA	60	\$1.65000	\$0.40000	200% Above
Non-ORx	Yes	00378661493	AMNESTEEM	120	\$8.88333	\$2.81667	200% Above
Non-ORx	Yes	00378668877	PANTOPRAZOLE SODIUM	180	\$0.38333	\$0.05556	200% Above
Non-ORx	Yes	00378668899	PANTOPRAZOLE SODIUM	90	\$0.38889	\$0.05556	200% Above
Non-ORx	Yes	00378668977	PANTOPRAZOLE SODIUM	90	\$0.38889	\$0.06667	200% Above
Non-ORx	Yes	00378668977	PANTOPRAZOLE SODIUM	180	\$0.55556	\$0.06667	200% Above
Non-ORx	Yes	00378668977	PANTOPRAZOLE SODIUM	180	\$0.40000	\$0.05556	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
Non-ORx	Yes	00378699252	ALBUTEROL SULFATE	300	\$0.45333	\$0.20000	101%-200% Above
Non-ORx	Yes	00378699252	ALBUTEROL SULFATE	150	\$0.44667	\$0.20000	101%-200% Above
Non-ORx	Yes	00378718505	METFORMIN HYDROCHLORIDE	180	\$0.11111	\$0.01667	200% Above
Non-ORx	Yes	00378718505	METFORMIN HYDROCHLORIDE	240	\$0.14167	\$0.01667	200% Above
Non-ORx	Yes	00378718505	METFORMIN HYDROCHLORIDE	90	\$0.11111	\$0.02222	200% Above
Non-ORx	Yes	00378718505	METFORMIN HYDROCHLORIDE	60	\$0.13333	\$0.01667	200% Above
Non-ORx	Yes	00378718505	METFORMIN HYDROCHLORIDE	90	\$0.14444	\$0.01111	200% Above
Non-ORx	Yes	00378718605	METFORMIN HYDROCHLORIDE	180	\$0.16667	\$0.02778	200% Above
Non-ORx	Yes	00378718605	METFORMIN HYDROCHLORIDE	90	\$0.16667	\$0.03333	200% Above
Non-ORx	Yes	00378718705	METFORMIN HYDROCHLORIDE	120	\$0.17500	\$0.02500	200% Above
Non-ORx	Yes	00378718705	METFORMIN HYDROCHLORIDE	540	\$0.18333	\$0.02778	200% Above
Non-ORx	Yes	00378718705	METFORMIN HYDROCHLORIDE	90	\$0.16667	\$0.02222	200% Above
Non-ORx	Yes	00378718705	METFORMIN HYDROCHLORIDE	120	\$0.06667	\$0.03333	101%-200% Above
Non-ORx	Yes	00378727253	NORETHINDRONE	84	\$0.50000	\$0.16667	200% Above
Non-ORx	Yes	00378727253	NORETHINDRONE	28	\$0.50000	\$0.17857	101%-200% Above
Non-ORx	Yes	00378728353	NORETHINDRONE ACETATE/ETH	84	\$0.79762	\$0.22619	200% Above
Non-ORx	Yes	00378728353	NORETHINDRONE ACETATE/ETH	28	\$0.71429	\$0.21429	200% Above
Non-ORx	Yes	00378728490	LEVONORGESTREL AND ETHINY	91	\$0.63736	\$0.40659	51%-75% Above
Non-ORx	Yes	00378729189	NORETHINDRONE ACETATE	30	\$0.50000	\$0.60000	(10%-25%) Below
Non-ORx	Yes	00378729453	ESTRADIOL/NORETHINDRONE A	28	\$2.25000	\$1.75000	26%-50% Above
Non-ORx	Yes	00378797052	IPRATROPIUM BROMIDE	63	\$0.07937	\$0.06349	26%-50% Above
Non-ORx	Yes	00378808220	TRETINOIN	20	\$0.80000	\$2.30000	(51%-75%) Below
Non-ORx	Yes	00378808245	TRETINOIN	45	\$1.88889	\$1.64444	10%-25% Above
Non-ORx	Yes	00378808320	TRETINOIN	20	\$2.70000	\$2.30000	10%-25% Above
Non-ORx	Yes	00378827052	ALBUTEROL SULFATE	150	\$0.06667	\$0.04000	51%-75% Above
Non-ORx	Yes	00378868854	CLINDAMYCIN/BENZOYL PEROX	50	\$3.60000	\$0.88000	200% Above
Non-ORx	Yes	00378876793	BUPRENORPHINE HYDROCHLORI	30	\$4.63333	\$3.30000	26%-50% Above
Non-ORx	Yes	00378910493	NITROGLYCERIN TRANSDERMAL	30	\$1.60000	\$0.53333	200% Above
Non-ORx	Yes	00378932032	WIXELA INHUB	60	\$1.48333	\$1.70000	(10%-25%) Below
Non-ORx	Yes	00406012301	HYDROCODONE BITARTRATE/AC	90	\$0.32222	\$0.10000	200% Above
Non-ORx	Yes	00406012301	HYDROCODONE BITARTRATE/AC	60	\$0.13333	\$0.10000	26%-50% Above
Non-ORx	Yes	00406012301	HYDROCODONE BITARTRATE/AC	9	\$0.55556	\$0.11111	200% Above
Non-ORx	Yes	00406012305	HYDROCODONE BITARTRATE/AC	90	\$0.21111	\$0.10000	101%-200% Above
Non-ORx	Yes	00406012305	HYDROCODONE BITARTRATE/AC	45	\$0.57778	\$0.08889	200% Above
Non-ORx	Yes	00406012305	HYDROCODONE BITARTRATE/AC	41	\$0.39024	\$0.09756	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
Non-ORx	Yes	00406012305	HYDROCODONE BITARTRATE/AC	150	\$0.32000	\$0.10000	200% Above
Non-ORx	Yes	00406012305	HYDROCODONE BITARTRATE/AC	144	\$0.52778	\$0.09722	200% Above
Non-ORx	Yes	00406012305	HYDROCODONE BITARTRATE/AC	122	\$0.21312	\$0.09836	101%-200% Above
Non-ORx	Yes	00406012305	HYDROCODONE BITARTRATE/AC	20	\$0.30000	\$0.10000	200% Above
Non-ORx	Yes	00406012305	HYDROCODONE BITARTRATE/AC	9	\$0.55556	\$0.11111	200% Above
Non-ORx	Yes	00406012305	HYDROCODONE BITARTRATE/AC	8	\$0.37500	\$0.12500	200% Above
Non-ORx	Yes	00406012305	HYDROCODONE BITARTRATE/AC	36	\$0.33333	\$0.08333	200% Above
Non-ORx	Yes	00406012305	HYDROCODONE BITARTRATE/AC	25	\$0.40000	\$0.08000	200% Above
Non-ORx	Yes	00406012305	HYDROCODONE BITARTRATE/AC	60	\$0.38333	\$0.10000	200% Above
Non-ORx	Yes	00406012305	HYDROCODONE BITARTRATE/AC	15	\$0.33333	\$0.06667	200% Above
Non-ORx	Yes	00406012310	HYDROCODONE BITARTRATE/AC	60	\$0.21667	\$0.10000	101%-200% Above
Non-ORx	Yes	00406012310	HYDROCODONE BITARTRATE/AC	10	\$0.30000	\$0.10000	200% Above
Non-ORx	Yes	00406012401	HYDROCODONE/ACETAMINOPHEN	90	\$0.07778	\$0.12222	(26%-50%) Below
Non-ORx	Yes	00406012401	HYDROCODONE/ACETAMINOPHEN	28	\$0.53571	\$0.10714	200% Above
Non-ORx	Yes	00406012405	HYDROCODONE/ACETAMINOPHEN	60	\$0.26667	\$0.11667	101%-200% Above
Non-ORx	Yes	00406012405	HYDROCODONE/ACETAMINOPHEN	180	\$0.28889	\$0.12222	101%-200% Above
Non-ORx	Yes	00406012405	HYDROCODONE/ACETAMINOPHEN	111	\$0.27928	\$0.12613	101%-200% Above
Non-ORx	Yes	00406012405	HYDROCODONE/ACETAMINOPHEN	12	\$0.75000	\$0.08333	200% Above
Non-ORx	Yes	00406012405	HYDROCODONE/ACETAMINOPHEN	16	\$0.25000	\$0.12500	101%-200% Above
Non-ORx	Yes	00406012405	HYDROCODONE/ACETAMINOPHEN	24	\$0.37500	\$0.12500	200% Above
Non-ORx	Yes	00406012410	HYDROCODONE/ACETAMINOPHEN	24	\$0.25000	\$0.12500	101%-200% Above
Non-ORx	Yes	00406012501	HYDROCODONE BITARTRATE/AC	270	\$0.27407	\$0.12222	101%-200% Above
Non-ORx	Yes	00406012505	HYDROCODONE BITARTRATE/AC	90	\$0.32222	\$0.12222	101%-200% Above
Non-ORx	Yes	00406012505	HYDROCODONE BITARTRATE/AC	120	\$0.30833	\$0.12500	101%-200% Above
Non-ORx	Yes	00406012505	HYDROCODONE BITARTRATE/AC	240	\$0.26667	\$0.13333	101%-200% Above
Non-ORx	Yes	00406012505	HYDROCODONE BITARTRATE/AC	180	\$0.27222	\$0.12222	101%-200% Above
Non-ORx	Yes	00406012505	HYDROCODONE BITARTRATE/AC	26	\$0.30769	\$0.11539	101%-200% Above
Non-ORx	Yes	00406012505	HYDROCODONE BITARTRATE/AC	25	\$0.28000	\$0.12000	101%-200% Above
Non-ORx	Yes	00406012505	HYDROCODONE BITARTRATE/AC	120	\$0.36667	\$0.11667	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
Non-ORx	Yes	00406012510	HYDROCODONE BITARTRATE/AC	120	\$0.25833	\$0.12500	101%-200% Above
Non-ORx	Yes	00406012510	HYDROCODONE BITARTRATE/AC	112	\$0.31250	\$0.12500	101%-200% Above
Non-ORx	Yes	00406012510	HYDROCODONE BITARTRATE/AC	16	\$0.31250	\$0.12500	101%-200% Above
Non-ORx	Yes	00406012510	HYDROCODONE BITARTRATE/AC	180	\$0.20000	\$0.12222	51%-75% Above
Non-ORx	Yes	00406048401	ACETAMINOPHEN/CODEINE	30	\$0.56667	\$0.10000	200% Above
Non-ORx	Yes	00406048401	ACETAMINOPHEN/CODEINE	20	\$0.40000	\$0.10000	200% Above
Non-ORx	Yes	00406048401	ACETAMINOPHEN/CODEINE	16	\$0.62500	\$0.12500	200% Above
Non-ORx	Yes	00406048410	ACETAMINOPHEN/CODEINE	60	\$0.35000	\$0.10000	200% Above
Non-ORx	Yes	00406048410	ACETAMINOPHEN/CODEINE	45	\$0.33333	\$0.11111	200% Above
Non-ORx	Yes	00406048410	ACETAMINOPHEN/CODEINE	180	\$0.33889	\$0.11111	200% Above
Non-ORx	Yes	00406048410	ACETAMINOPHEN/CODEINE	18	\$0.27778	\$0.11111	101%-200% Above
Non-ORx	Yes	00406048410	ACETAMINOPHEN/CODEINE	20	\$0.15000	\$0.10000	51%-75% Above
Non-ORx	Yes	00406048501	ACETAMINOPHEN/CODEINE	15	\$0.86667	\$0.20000	200% Above
Non-ORx	Yes	00406051201	OXYCODONE/ACETAMINOPHEN	24	\$0.45833	\$0.08333	200% Above
Non-ORx	Yes	00406051205	OXYCODONE/ACETAMINOPHEN	38	\$0.47368	\$0.10526	200% Above
Non-ORx	Yes	00406051205	OXYCODONE/ACETAMINOPHEN	80	\$0.62500	\$0.10000	200% Above
Non-ORx	Yes	00406051205	OXYCODONE/ACETAMINOPHEN	10	\$0.50000	\$0.10000	200% Above
Non-ORx	Yes	00406052201	OXYCODONE/ACETAMINOPHEN	122	\$0.08197	\$0.10656	(10%-25%) Below
Non-ORx	Yes	00406052201	OXYCODONE/ACETAMINOPHEN	75	\$0.18667	\$0.10667	76%-100% Above
Non-ORx	Yes	00406052201	OXYCODONE/ACETAMINOPHEN	25	\$0.32000	\$0.12000	101%-200% Above
Non-ORx	Yes	00406052201	OXYCODONE/ACETAMINOPHEN	30	\$0.53333	\$0.10000	200% Above
Non-ORx	Yes	00406052301	OXYCODONE/ACETAMINOPHEN	120	\$0.40000	\$0.17500	101%-200% Above
Non-ORx	Yes	00406052301	OXYCODONE/ACETAMINOPHEN	112	\$0.65179	\$0.17857	200% Above
Non-ORx	Yes	00406052301	OXYCODONE/ACETAMINOPHEN	90	\$0.65556	\$0.18889	200% Above
Non-ORx	Yes	00406055201	OXYCODONE HYDROCHLORIDE	130	\$0.13846	\$0.06923	101%-200% Above
Non-ORx	Yes	00406055201	OXYCODONE HYDROCHLORIDE	8	\$0.25000	\$0.12500	101%-200% Above
Non-ORx	Yes	00406055201	OXYCODONE HYDROCHLORIDE	10	\$0.40000	\$0.10000	200% Above
Non-ORx	Yes	00406055201	OXYCODONE HYDROCHLORIDE	36	\$0.33333	\$0.08333	200% Above
Non-ORx	Yes	00406055201	OXYCODONE HYDROCHLORIDE	18	\$0.44444	\$0.05556	200% Above
Non-ORx	Yes	00406055201	OXYCODONE HYDROCHLORIDE	40	\$0.25000	\$0.05000	200% Above
Non-ORx	Yes	00406114401	METHYLPHENIDATE HYDROCHLO	90	\$0.73333	\$0.15556	200% Above
Non-ORx	Yes	00406114401	METHYLPHENIDATE HYDROCHLO	45	\$0.71111	\$0.15556	200% Above
Non-ORx	Yes	00406117003	NALTREXONE HCL	90	\$2.41111	\$0.76667	200% Above
Non-ORx	Yes	00406123601	DIPHENOXYLATE HYDROCHLORI	40	\$0.30000	\$0.20000	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
Non-ORx	Yes	00406185001	METHYLPHENIDATE HYDROCHLO	30	\$7.63333	\$2.63333	101%-200% Above
Non-ORx	Yes	00406324301	HYDROMORPHONE HCL	36	\$0.30556	\$0.08333	200% Above
Non-ORx	Yes	00406324301	HYDROMORPHONE HCL	30	\$0.46667	\$0.06667	200% Above
Non-ORx	Yes	00406324301	HYDROMORPHONE HCL	10	\$0.30000	\$0.10000	200% Above
Non-ORx	Yes	00406324401	HYDROMORPHONE HCL	112	\$0.45536	\$0.09821	200% Above
Non-ORx	Yes	00406575501	METHADONE HCL	30	\$0.10000	\$0.13333	(10%-25%) Below
Non-ORx	Yes	00406831501	MORPHINE SULFATE ER	90	\$0.58889	\$0.20000	101%-200% Above
Non-ORx	Yes	00406851501	OXYCODONE HYDROCHLORIDE	180	\$0.56111	\$0.12778	200% Above
Non-ORx	Yes	00406853001	OXYCODONE HYDROCHLORIDE	90	\$1.05556	\$0.25556	200% Above
Non-ORx	Yes	00406853001	OXYCODONE HYDROCHLORIDE	60	\$0.88333	\$0.25000	200% Above
Non-ORx	Yes	00406888401	AMPHETAMINE/DEXTROAMPHE TA	30	\$0.23333	\$0.46667	(26%-50%) Below
Non-ORx	Yes	00406911276	FENTANYL	10	\$4.00000	\$7.90000	(26%-50%) Below
Non-ORx	Yes	00406917576	FENTANYL	10	\$3.60000	\$7.20000	(26%-50%) Below
Non-ORx	Yes	00406996101	TEMAZEPAM	60	\$0.23333	\$0.06667	200% Above
Non-ORx	Yes	00406996201	TEMAZEPAM	90	\$0.51111	\$0.10000	200% Above
Non-ORx	Yes	00409656220	TESTOSTERONE CYPIONATE	10	\$8.30000	\$3.00000	101%-200% Above
Non-ORx	Yes	00456046001	ARMOUR THYROID	5	\$1.60000	\$1.40000	10%-25% Above
Non-ORx	Yes	00472011745	TRETINOIN	45	\$2.04444	\$1.64444	10%-25% Above
Non-ORx	Yes	00472037915	CLOTRIMAZOLE/BETAMETHASO N	15	\$0.53333	\$0.26667	101%-200% Above
Non-ORx	Yes	00472191530	MESALAMINE	60	\$11.85000	\$3.38333	200% Above
Non-ORx	Yes	00487020160	IPRATROPIUM BROMIDE/ALBUT	180	\$0.08889	\$0.06111	26%-50% Above
Non-ORx	Yes	00487950103	ALBUTEROL SULFATE	90	\$0.08889	\$0.04444	101%-200% Above
Non-ORx	Yes	00487950125	ALBUTEROL SULFATE	225	\$0.04889	\$0.04000	10%-25% Above
Non-ORx	Yes	00517003125	CYANOCOBALAMIN	1	\$9.00000	\$3.00000	200% Above
Non-ORx	Yes	00517003125	CYANOCOBALAMIN	4	\$1.00000	\$2.75000	(51%-75%) Below
Non-ORx	Yes	00517044001	ESTRADIOL VALERATE	5	\$39.40000	\$33.80000	10%-25% Above
Non-ORx	Yes	00527058601	DICYCLOMINE HYDROCHLORIDE	180	\$0.08889	\$0.11111	(10%-25%) Below
Non-ORx	Yes	00527058610	DICYCLOMINE HYDROCHLORIDE	360	\$0.16389	\$0.10833	51%-75% Above
Non-ORx	Yes	00527058610	DICYCLOMINE HYDROCHLORIDE	120	\$0.20833	\$0.11667	76%-100% Above
Non-ORx	Yes	00527128201	DICYCLOMINE HYDROCHLORIDE	90	\$0.21111	\$0.16667	26%-50% Above
Non-ORx	Yes	00527128201	DICYCLOMINE HYDROCHLORIDE	28	\$0.32143	\$0.17857	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
Non-ORx	Yes	00527130101	PRIMIDONE	60	\$0.35000	\$0.16667	101%-200% Above
Non-ORx	Yes	00527131301	PILOCARPINE HYDROCHLORIDE	120	\$0.57500	\$0.27500	101%-200% Above
Non-ORx	Yes	00527140701	PILOCARPINE HYDROCHLORIDE	90	\$1.55556	\$0.68889	101%-200% Above
Non-ORx	Yes	00527150237	AMPHETAMINE/DEXTROAMPHE TA	60	\$1.15000	\$0.25000	200% Above
Non-ORx	Yes	00527150237	AMPHETAMINE/DEXTROAMPHE TA	60	\$0.86667	\$0.26667	200% Above
Non-ORx	Yes	00527150337	AMPHETAMINE/DEXTROAMPHE TA	90	\$1.05556	\$0.65556	51%-75% Above
Non-ORx	Yes	00527150437	AMPHETAMINE/DEXTROAMPHE TA	120	\$0.98333	\$0.26667	200% Above
Non-ORx	Yes	00527150437	AMPHETAMINE/DEXTROAMPHE TA	30	\$1.00000	\$0.26667	200% Above
Non-ORx	Yes	00527150537	AMPHETAMINE/DEXTROAMPHE TA	180	\$1.07778	\$0.32222	200% Above
Non-ORx	Yes	00527150537	AMPHETAMINE/DEXTROAMPHE TA	240	\$1.08333	\$0.32500	200% Above
Non-ORx	Yes	00527150537	AMPHETAMINE/DEXTROAMPHE TA	180	\$0.60000	\$0.31667	76%-100% Above
Non-ORx	Yes	00527150637	AMPHETAMINE/DEXTROAMPHE TA	30	\$0.73333	\$0.30000	101%-200% Above
Non-ORx	Yes	00527163210	TRIAMTERENE/HYDROCHLOROT H	30	\$0.26667	\$0.13333	101%-200% Above
Non-ORx	Yes	00527169501	BUTALBITAL/ACETAMINOPHEN/	90	\$1.17778	\$0.16667	200% Above
Non-ORx	Yes	00527169501	BUTALBITAL/ACETAMINOPHEN/	6	\$0.66667	\$0.16667	200% Above
Non-ORx	Yes	00527169505	BUTALBITAL/ACETAMINOPHEN/	120	\$0.66667	\$0.16667	200% Above
Non-ORx	Yes	00527169505	BUTALBITAL/ACETAMINOPHEN/	120	\$0.95000	\$0.16667	200% Above
Non-ORx	Yes	00527185943	SUMATRIPTAN	6	\$42.00000	\$24.50000	51%-75% Above
Non-ORx	Yes	00527293441	PREDNISONE	20	\$0.25000	\$0.10000	101%-200% Above
Non-ORx	Yes	00527293441	PREDNISONE	5	\$0.40000	\$0.20000	101%-200% Above
Non-ORx	Yes	00527328043	LEVOTHYROXINE SODIUM	30	\$0.06667	\$0.13333	(26%-50%) Below
Non-ORx	Yes	00527328143	LEVOTHYROXINE SODIUM	240	\$0.27083	\$0.14167	76%-100% Above
Non-ORx	Yes	00527328143	LEVOTHYROXINE SODIUM	60	\$0.31667	\$0.13333	101%-200% Above
Non-ORx	Yes	00527328143	LEVOTHYROXINE SODIUM	30	\$0.36667	\$0.16667	101%-200% Above
Non-ORx	Yes	00527328243	LEVOTHYROXINE SODIUM	90	\$0.25556	\$0.15556	51%-75% Above
Non-ORx	Yes	00527328243	LEVOTHYROXINE SODIUM	60	\$0.25000	\$0.15000	51%-75% Above
Non-ORx	Yes	00527328246	LEVOTHYROXINE SODIUM	90	\$0.40000	\$0.15556	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
Non-ORx	Yes	00527328343	LEVOTHYROXINE SODIUM	60	\$0.26667	\$0.18333	26%-50% Above
Non-ORx	Yes	00527328343	LEVOTHYROXINE SODIUM	30	\$0.50000	\$0.20000	101%-200% Above
Non-ORx	Yes	00527328443	LEVOTHYROXINE SODIUM	30	\$0.50000	\$0.16667	200% Above
Non-ORx	Yes	00527328543	LEVOTHYROXINE SODIUM	30	\$0.06667	\$0.20000	(51%-75%) Below
Non-ORx	Yes	00527328543	LEVOTHYROXINE SODIUM	60	\$0.40000	\$0.16667	101%-200% Above
Non-ORx	Yes	00527328546	LEVOTHYROXINE SODIUM	90	\$0.46667	\$0.17778	101%-200% Above
Non-ORx	Yes	00527328643	LEVOTHYROXINE SODIUM	60	\$0.23333	\$0.20000	10%-25% Above
Non-ORx	Yes	00527328646	LEVOTHYROXINE SODIUM	28	\$0.46429	\$0.21429	101%-200% Above
Non-ORx	Yes	00527328746	LEVOTHYROXINE SODIUM	30	\$0.33333	\$0.20000	51%-75% Above
Non-ORx	Yes	00527328846	LEVOTHYROXINE SODIUM	30	\$0.50000	\$0.23333	101%-200% Above
Non-ORx	Yes	00527328946	LEVOTHYROXINE SODIUM	60	\$0.56667	\$0.25000	101%-200% Above
Non-ORx	Yes	00527328946	LEVOTHYROXINE SODIUM	30	\$0.10000	\$0.23333	(51%-75%) Below
Non-ORx	Yes	00527329046	LEVOTHYROXINE SODIUM	30	\$0.76667	\$0.26667	101%-200% Above
Non-ORx	Yes	00527411637	PROPRANOLOL HYDROCHLORIDE	60	\$0.46667	\$0.33333	26%-50% Above
Non-ORx	Yes	00527411737	PROPRANOLOL HYDROCHLORIDE	60	\$0.90000	\$0.33333	101%-200% Above
Non-ORx	Yes	00527458237	METHYLPHENIDATE HYDROCHLO	30	\$5.93333	\$1.70000	200% Above
Non-ORx	Yes	00527512162	NYSTATIN	60	\$0.20000	\$0.11667	51%-75% Above
Non-ORx	Yes	00527518070	SULFAMETHOXAZOLE/TRIMETH	350	\$0.32000	\$0.08571	200% Above
Non-ORx	Yes	00527551437	AMPHETAMINE/DEXTROAMPHE TA	30	\$0.86667	\$0.53333	51%-75% Above
Non-ORx	Yes	00527600274	LIDOCAINE HCL VISCOUS	250	\$0.09200	\$0.06400	26%-50% Above
Non-ORx	Yes	00527600274	LIDOCAINE HCL VISCOUS	100	\$0.09000	\$0.06000	51%-75% Above
Non-ORx	Yes	00527811037	DEXMETHYLPHENIDATE HYDROC	30	\$4.50000	\$2.43333	76%-100% Above
Non-ORx	Yes	00527811237	DEXMETHYLPHENIDATE HYDROC	30	\$1.30000	\$2.40000	(26%-50%) Below
Non-ORx	Yes	00536123201	ASPIRIN REGULAR STRENGTH	30	\$0.00000	\$0.03333	(76%-100%) Below
Non-ORx	Yes	00548540000	MEDROXYPROGESTERONE ACETA	2	\$18.00000	\$29.00000	(26%-50%) Below
Non-ORx	Yes	00548570100	MEDROXYPROGESTERONE ACETA	1	\$12.00000	\$42.00000	(51%-75%) Below
Non-ORx	Yes	00555021110	NORETHINDRONE ACETATE	30	\$0.46667	\$0.60000	(10%-25%) Below
Non-ORx	Yes	00555057202	METHOTREXATE	32	\$0.96875	\$0.31250	200% Above
Non-ORx	Yes	00555077702	AMPHETAMINE/DEXTROAMPHE TA	30	\$1.03333	\$0.26667	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
Non-ORx	Yes	00555077902	MEDROXYPROGESTERONE ACETA	60	\$0.33333	\$0.13333	101%-200% Above
Non-ORx	Yes	00555077904	MEDROXYPROGESTERONE ACETA	90	\$0.33333	\$0.14444	101%-200% Above
Non-ORx	Yes	00555087202	MEDROXYPROGESTERONE ACETA	90	\$0.22222	\$0.11111	101%-200% Above
Non-ORx	Yes	00555087202	MEDROXYPROGESTERONE ACETA	60	\$0.25000	\$0.10000	101%-200% Above
Non-ORx	Yes	00555088602	ESTRADIOL	90	\$0.36667	\$0.08889	200% Above
Non-ORx	Yes	00555088602	ESTRADIOL	90	\$0.31111	\$0.10000	200% Above
Non-ORx	Yes	00555088604	ESTRADIOL	30	\$0.30000	\$0.10000	200% Above
Non-ORx	Yes	00555088702	ESTRADIOL	270	\$0.22593	\$0.13333	51%-75% Above
Non-ORx	Yes	00555088702	ESTRADIOL	90	\$0.25556	\$0.13333	76%-100% Above
Non-ORx	Yes	00555089902	ESTRADIOL	270	\$0.24444	\$0.08889	101%-200% Above
Non-ORx	Yes	00555089902	ESTRADIOL	60	\$0.40000	\$0.10000	200% Above
Non-ORx	Yes	00555097102	AMPHETAMINE/DEXTROAMPHE TA	30	\$0.53333	\$0.20000	101%-200% Above
Non-ORx	Yes	00555097202	AMPHETAMINE/DEXTROAMPHE TA	60	\$0.65000	\$0.25000	101%-200% Above
Non-ORx	Yes	00555097202	AMPHETAMINE/DEXTROAMPHE TA	120	\$0.45000	\$0.26667	51%-75% Above
Non-ORx	Yes	00555097302	AMPHETAMINE/DEXTROAMPHE TA	90	\$1.05556	\$0.32222	200% Above
Non-ORx	Yes	00555097302	AMPHETAMINE/DEXTROAMPHE TA	180	\$0.88333	\$0.32222	101%-200% Above
Non-ORx	Yes	00555097302	AMPHETAMINE/DEXTROAMPHE TA	120	\$0.88333	\$0.31667	101%-200% Above
Non-ORx	Yes	00555097302	AMPHETAMINE/DEXTROAMPHE TA	150	\$0.50667	\$0.33333	51%-75% Above
Non-ORx	Yes	00555097302	AMPHETAMINE/DEXTROAMPHE TA	45	\$0.62222	\$0.31111	101%-200% Above
Non-ORx	Yes	00555097302	AMPHETAMINE/DEXTROAMPHE TA	780	\$0.70897	\$0.31667	101%-200% Above
Non-ORx	Yes	00555097402	AMPHETAMINE/DEXTROAMPHE TA	120	\$0.23333	\$0.31667	(26%-50%) Below
Non-ORx	Yes	00555097402	AMPHETAMINE/DEXTROAMPHE TA	150	\$0.90667	\$0.30667	101%-200% Above
Non-ORx	Yes	00555097402	AMPHETAMINE/DEXTROAMPHE TA	420	\$0.90952	\$0.30714	101%-200% Above
Non-ORx	Yes	00555097402	AMPHETAMINE/DEXTROAMPHE TA	90	\$0.97778	\$0.31111	200% Above
Non-ORx	Yes	00555097402	AMPHETAMINE/DEXTROAMPHE TA	60	\$0.56667	\$0.33333	51%-75% Above
Non-ORx	Yes	00555097402	AMPHETAMINE/DEXTROAMPHE TA	90	\$0.58889	\$0.30000	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
Non-ORx	Yes	00555097402	AMPHETAMINE/DEXTROAMPHE TA	60	\$0.91667	\$0.31667	101%-200% Above
Non-ORx	Yes	00555097402	AMPHETAMINE/DEXTROAMPHE TA	300	\$0.69333	\$0.30000	101%-200% Above
Non-ORx	Yes	00555901058	NORTREL 1/35	84	\$0.73810	\$0.33333	101%-200% Above
Non-ORx	Yes	00555901058	NORTREL 1/35	28	\$0.89286	\$0.32143	101%-200% Above
Non-ORx	Yes	00555901258	NORTREL 7/7/7	84	\$0.23810	\$0.42857	(26%-50%) Below
Non-ORx	Yes	00555901258	NORTREL 7/7/7	28	\$0.82143	\$0.42857	76%-100% Above
Non-ORx	Yes	00555901467	LESSINA	56	\$0.58929	\$0.23214	101%-200% Above
Non-ORx	Yes	00555901658	SPRINTEC 28	168	\$0.45238	\$0.15476	101%-200% Above
Non-ORx	Yes	00555901658	SPRINTEC 28	420	\$0.40238	\$0.17857	101%-200% Above
Non-ORx	Yes	00555901658	SPRINTEC 28	196	\$0.34184	\$0.17857	76%-100% Above
Non-ORx	Yes	00555901858	TRI-SPRINTEC	84	\$0.21429	\$0.16667	26%-50% Above
Non-ORx	Yes	00555901858	TRI-SPRINTEC	84	\$0.15476	\$0.17857	(10%-25%) Below
Non-ORx	Yes	00555901858	TRI-SPRINTEC	56	\$0.30357	\$0.16071	76%-100% Above
Non-ORx	Yes	00555901858	TRI-SPRINTEC	280	\$0.39286	\$0.17857	101%-200% Above
Non-ORx	Yes	00555902658	JUNEL FE 1/20	84	\$0.42857	\$0.21429	101%-200% Above
Non-ORx	Yes	00555902658	JUNEL FE 1/20	84	\$0.42857	\$0.22619	76%-100% Above
Non-ORx	Yes	00555902658	JUNEL FE 1/20	28	\$0.53571	\$0.21429	101%-200% Above
Non-ORx	Yes	00555902742	JUNEL 1.5/30	105	\$0.82857	\$0.57143	26%-50% Above
Non-ORx	Yes	00555902742	JUNEL 1.5/30	21	\$0.71429	\$0.57143	26%-50% Above
Non-ORx	Yes	00555902858	JUNEL FE 1.5/30	252	\$0.67857	\$0.32143	101%-200% Above
Non-ORx	Yes	00555902858	JUNEL FE 1.5/30	28	\$0.53571	\$0.32143	51%-75% Above
Non-ORx	Yes	00555903458	BALZIVA	28	\$0.17857	\$0.53571	(51%-75%) Below
Non-ORx	Yes	00555904558	AVIANE	84	\$0.40476	\$0.25000	51%-75% Above
Non-ORx	Yes	00555904958	CRYSSELLE-28	84	\$0.75000	\$0.42857	76%-100% Above
Non-ORx	Yes	00555904958	CRYSSELLE-28	28	\$0.75000	\$0.39286	76%-100% Above
Non-ORx	Yes	00555905058	KARIVA	84	\$0.70238	\$0.23810	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
Non-ORx	Yes	00555906458	KELNOR 1/35	84	\$0.75000	\$0.42857	76%-100% Above
Non-ORx	Yes	00574010770	CLOTRIMAZOLE	50	\$1.08000	\$0.42000	101%-200% Above
Non-ORx	Yes	00574022701	BENAZEPRIL HYDROCHLORIDE/	30	\$0.50000	\$0.40000	26%-50% Above
Non-ORx	Yes	00574022801	BENAZEPRIL HYDROCHLORIDE/	30	\$0.76667	\$0.40000	76%-100% Above
Non-ORx	Yes	00574024101	REPAGLINIDE	90	\$0.20000	\$0.12222	51%-75% Above
Non-ORx	Yes	00574027930	PAROXETINE	90	\$5.14444	\$4.43333	10%-25% Above
Non-ORx	Yes	00574082001	TESTOSTERONE CYPIONATE	4	\$10.00000	\$15.25000	(26%-50%) Below
Non-ORx	Yes	00574082001	TESTOSTERONE CYPIONATE	1	\$10.00000	\$15.00000	(26%-50%) Below
Non-ORx	Yes	00574082701	TESTOSTERONE CYPIONATE	5	\$6.00000	\$15.20000	(51%-75%) Below
Non-ORx	Yes	00574082701	TESTOSTERONE CYPIONATE	1	\$2.00000	\$15.00000	(76%-100%) Below
Non-ORx	Yes	00574082701	TESTOSTERONE CYPIONATE	2	\$8.00000	\$15.00000	(26%-50%) Below
Non-ORx	Yes	00574082701	TESTOSTERONE CYPIONATE	4	\$9.75000	\$15.50000	(26%-50%) Below
Non-ORx	Yes	00574110404	BROMPHEN/PSEUDOEPHEDRINE	180	\$0.17778	\$0.07778	101%-200% Above
Non-ORx	Yes	00574110404	BROMPHEN/PSEUDOEPHEDRINE	150	\$0.16000	\$0.08000	101%-200% Above
Non-ORx	Yes	00574210745	IVERMECTIN	45	\$10.17778	\$5.40000	76%-100% Above
Non-ORx	Yes	00574220545	TRETINOIN	45	\$2.28889	\$1.88889	10%-25% Above
Non-ORx	Yes	00574222520	TRETINOIN	20	\$2.05000	\$2.30000	(10%-25%) Below
Non-ORx	Yes	00591024101	LORAZEPAM	20	\$0.15000	\$0.05000	200% Above
Non-ORx	Yes	00591024105	LORAZEPAM	120	\$0.19167	\$0.04167	200% Above
Non-ORx	Yes	00591024110	LORAZEPAM	90	\$0.14444	\$0.04444	200% Above
Non-ORx	Yes	00591024110	LORAZEPAM	60	\$0.15000	\$0.05000	200% Above
Non-ORx	Yes	00591024110	LORAZEPAM	30	\$0.13333	\$0.03333	200% Above
Non-ORx	Yes	00591034501	VERAPAMIL HYDROCHLORIDE	270	\$0.28148	\$0.07037	200% Above
Non-ORx	Yes	00591040610	LISINOPRIL	30	\$0.20000	\$0.03333	200% Above
Non-ORx	Yes	00591040905	LISINOPRIL	30	\$0.10000	\$0.06667	51%-75% Above
Non-ORx	Yes	00591042405	TRIAMTERENE/HYDROCHLOROT H	90	\$0.27778	\$0.10000	101%-200% Above
Non-ORx	Yes	00591046010	GLIPIZIDE	90	\$0.08889	\$0.03333	101%-200% Above
Non-ORx	Yes	00591060605	LABETALOL HYDROCHLORIDE	60	\$0.10000	\$0.18333	(26%-50%) Below
Non-ORx	Yes	00591079501	DICYCLOMINE HYDROCHLORIDE	120	\$0.31667	\$0.16667	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
Non-ORx	Yes	00591079501	DICYCLOMINE HYDROCHLORIDE	40	\$0.42500	\$0.17500	101%-200% Above
Non-ORx	Yes	00591079510	DICYCLOMINE HYDROCHLORIDE	90	\$0.12222	\$0.16667	(26%-50%) Below
Non-ORx	Yes	00591086105	LISINOPRIL/HYDROCHLOROTHI	30	\$0.03333	\$0.06667	(26%-50%) Below
Non-ORx	Yes	00591207030	LIDOCAINE/PRILOCAINE	30	\$0.50000	\$0.26667	76%-100% Above
Non-ORx	Yes	00591256201	COLCHICINE	60	\$1.11667	\$0.61667	76%-100% Above
Non-ORx	Yes	00591256230	COLCHICINE	30	\$1.13333	\$0.63333	76%-100% Above
Non-ORx	Yes	00591288201	VERAPAMIL HCL SR	30	\$1.26667	\$1.13333	10%-25% Above
Non-ORx	Yes	00591288401	VERAPAMIL HCL SR	60	\$0.36667	\$1.40000	(51%-75%) Below
Non-ORx	Yes	00591292418	TESTOSTERONE	150	\$1.31333	\$0.80000	51%-75% Above
Non-ORx	Yes	00591321901	BUTALBITAL/ASPIRIN/CAFFEI	60	\$1.41667	\$0.91667	51%-75% Above
Non-ORx	Yes	00591352430	TESTOSTERONE	150	\$2.17333	\$1.00667	101%-200% Above
Non-ORx	Yes	00591352530	LIDOCAINE	60	\$7.00000	\$2.05000	200% Above
Non-ORx	Yes	00591352530	LIDOCAINE	60	\$7.00000	\$2.03333	200% Above
Non-ORx	Yes	00591354005	BUPROPION HYDROCHLORIDE E	60	\$0.15000	\$0.10000	51%-75% Above
Non-ORx	Yes	00591365930	DESVENLAFAXINE ER	30	\$0.80000	\$0.56667	26%-50% Above
Non-ORx	Yes	00591371305	EZETIMIBE	30	\$0.56667	\$0.13333	200% Above
Non-ORx	Yes	00591505210	PREDNISONE	60	\$0.16667	\$0.06667	101%-200% Above
Non-ORx	Yes	00591530710	PROMETHAZINE HYDROCHLORID	60	\$0.25000	\$0.05000	200% Above
Non-ORx	Yes	00591544210	PREDNISONE	60	\$0.18333	\$0.06667	101%-200% Above
Non-ORx	Yes	00591544210	PREDNISONE	45	\$0.15556	\$0.06667	101%-200% Above
Non-ORx	Yes	00591544210	PREDNISONE	29	\$0.03448	\$0.06897	(26%-50%) Below
Non-ORx	Yes	00591544210	PREDNISONE	10	\$0.20000	\$0.10000	101%-200% Above
Non-ORx	Yes	00591544221	PREDNISONE	21	\$0.95238	\$0.76191	26%-50% Above
Non-ORx	Yes	00591544243	PREDNISONE	48	\$0.60417	\$0.77083	(10%-25%) Below
Non-ORx	Yes	00591544305	PREDNISONE	15	\$0.20000	\$0.13333	51%-75% Above
Non-ORx	Yes	00591544310	PREDNISONE	15	\$0.20000	\$0.13333	51%-75% Above
Non-ORx	Yes	00591544310	PREDNISONE	10	\$0.20000	\$0.10000	101%-200% Above
Non-ORx	Yes	00591555401	PROPRANOLOL HYDROCHLORIDE	75	\$0.06667	\$0.08000	(10%-25%) Below
Non-ORx	Yes	00591555501	PROPRANOLOL HYDROCHLORIDE	60	\$0.21667	\$0.08333	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
Non-ORx	Yes	00603188016	LIDOCAINE	30	\$8.63333	\$2.06667	200% Above
Non-ORx	Yes	00603188016	LIDOCAINE	30	\$8.63333	\$2.03333	200% Above
Non-ORx	Yes	00603243732	BENZTROPINE MESYLATE	30	\$0.23333	\$0.10000	101%-200% Above
Non-ORx	Yes	00603243932	BENZTROPINE MESYLATE	60	\$0.36667	\$0.11667	200% Above
Non-ORx	Yes	00603497528	OXYBUTYNIN CHLORIDE	60	\$0.23333	\$0.08333	101%-200% Above
Non-ORx	Yes	00603533521	PREDNISONE	120	\$0.17500	\$0.08333	101%-200% Above
Non-ORx	Yes	00603533815	PREDNISONE	84	\$1.01191	\$0.76191	26%-50% Above
Non-ORx	Yes	00603533932	PREDNISONE	11	\$0.00000	\$0.09091	(76%-100%) Below
Non-ORx	Yes	00603548221	PROPRANOLOL HYDROCHLORIDE	60	\$0.20000	\$0.08333	101%-200% Above
Non-ORx	Yes	00603548232	PROPRANOLOL HYDROCHLORIDE	90	\$0.23333	\$0.07778	200% Above
Non-ORx	Yes	00603548232	PROPRANOLOL HYDROCHLORIDE	30	\$0.30000	\$0.06667	200% Above
Non-ORx	Yes	00603548321	PROPRANOLOL HYDROCHLORIDE	120	\$0.27500	\$0.10000	101%-200% Above
Non-ORx	Yes	00603548332	PROPRANOLOL HYDROCHLORIDE	60	\$0.28333	\$0.10000	101%-200% Above
Non-ORx	Yes	00603548421	PROPRANOLOL HCL	60	\$0.26667	\$0.11667	101%-200% Above
Non-ORx	Yes	00713022515	TRIAMCINOLONE ACETONIDE	30	\$0.10000	\$0.13333	(10%-25%) Below
Non-ORx	Yes	00713063437	MOMETASONE FUROATE	45	\$0.66667	\$0.33333	101%-200% Above
Non-ORx	Yes	00713065540	TRIAMCINOLONE ACETONIDE D	5	\$13.80000	\$5.60000	101%-200% Above
Non-ORx	Yes	00713065637	CLOBETASOL PROPIONATE	45	\$0.80000	\$0.40000	101%-200% Above
Non-ORx	Yes	00713065660	CLOBETASOL PROPIONATE	60	\$0.81667	\$0.33333	101%-200% Above
Non-ORx	Yes	00713067653	TRIAMCINOLONE ACETONIDE	60	\$0.50000	\$0.35000	26%-50% Above
Non-ORx	Yes	00713068315	GENTAMICIN SULFATE	15	\$1.80000	\$1.53333	10%-25% Above
Non-ORx	Yes	00713068315	GENTAMICIN SULFATE	15	\$2.73333	\$1.33333	101%-200% Above
Non-ORx	Yes	00713070153	MOMETASONE FUROATE	60	\$0.36667	\$0.33333	10%-25% Above
Non-ORx	Yes	00781106110	ALPRAZOLAM	120	\$0.15000	\$0.01667	200% Above
Non-ORx	Yes	00781107710	ALPRAZOLAM	90	\$0.12222	\$0.02222	200% Above
Non-ORx	Yes	00781107710	ALPRAZOLAM	120	\$0.15000	\$0.02500	200% Above
Non-ORx	Yes	00781107710	ALPRAZOLAM	90	\$0.15556	\$0.03333	200% Above
Non-ORx	Yes	00781107710	ALPRAZOLAM	45	\$0.13333	\$0.02222	200% Above
Non-ORx	Yes	00781107905	ALPRAZOLAM	270	\$0.13704	\$0.02222	200% Above
Non-ORx	Yes	00781107905	ALPRAZOLAM	60	\$0.18333	\$0.01667	200% Above
Non-ORx	Yes	00781107905	ALPRAZOLAM	120	\$0.14167	\$0.03333	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
Non-ORx	Yes	00781183120	AMOXICILLIN/CLAVULANATE P	30	\$0.46667	\$0.33333	26%-50% Above
Non-ORx	Yes	00781183120	AMOXICILLIN/CLAVULANATE P	20	\$1.15000	\$0.30000	200% Above
Non-ORx	Yes	00781183120	AMOXICILLIN/CLAVULANATE P	12	\$1.16667	\$0.33333	200% Above
Non-ORx	Yes	00781185220	AMOXICILLIN/CLAVULANATE P	30	\$1.50000	\$0.33333	200% Above
Non-ORx	Yes	00781185220	AMOXICILLIN/CLAVULANATE P	100	\$1.08000	\$0.35000	200% Above
Non-ORx	Yes	00781185220	AMOXICILLIN/CLAVULANATE P	28	\$1.03571	\$0.35714	101%-200% Above
Non-ORx	Yes	00781196260	CLARITHROMYCIN	20	\$0.35000	\$0.45000	(10%-25%) Below
Non-ORx	Yes	00781207401	TRIAMTERENE/HYDROCHLOROTH	90	\$0.25556	\$0.14444	76%-100% Above
Non-ORx	Yes	00781207401	TRIAMTERENE/HYDROCHLOROTH	60	\$0.30000	\$0.13333	101%-200% Above
Non-ORx	Yes	00781210201	TACROLIMUS	60	\$1.48333	\$0.26667	200% Above
Non-ORx	Yes	00781210301	TACROLIMUS	60	\$1.43333	\$0.38333	200% Above
Non-ORx	Yes	00781214501	AMPICILLIN	30	\$0.40000	\$0.50000	(10%-25%) Below
Non-ORx	Yes	00781223410	OMEPRAZOLE	30	\$0.33333	\$0.06667	200% Above
Non-ORx	Yes	00781235201	AMPHETAMINE/DEXTROAMPHE TA	60	\$0.50000	\$0.60000	(10%-25%) Below
Non-ORx	Yes	00781235201	AMPHETAMINE/DEXTROAMPHE TA	30	\$1.13333	\$0.56667	101%-200% Above
Non-ORx	Yes	00781237101	AMPHETAMINE/DEXTROAMPHE TA	30	\$1.10000	\$0.60000	76%-100% Above
Non-ORx	Yes	00781261305	AMOXICILLIN	90	\$0.20000	\$0.06667	200% Above
Non-ORx	Yes	00781261305	AMOXICILLIN	136	\$0.31618	\$0.07353	200% Above
Non-ORx	Yes	00781261305	AMOXICILLIN	52	\$0.26923	\$0.07692	200% Above
Non-ORx	Yes	00781261305	AMOXICILLIN	80	\$0.08750	\$0.05000	76%-100% Above
Non-ORx	Yes	00781261305	AMOXICILLIN	84	\$0.26191	\$0.04762	200% Above
Non-ORx	Yes	00781261305	AMOXICILLIN	44	\$0.18182	\$0.09091	101%-200% Above
Non-ORx	Yes	00781285931	OMEPRAZOLE DR	90	\$0.52222	\$0.10000	200% Above
Non-ORx	Yes	00781286810	OMEPRAZOLE	180	\$0.17778	\$0.03333	200% Above
Non-ORx	Yes	00781286810	OMEPRAZOLE	60	\$0.10000	\$0.03333	200% Above
Non-ORx	Yes	00781286810	OMEPRAZOLE	60	\$0.05000	\$0.03333	51%-75% Above
Non-ORx	Yes	00781502207	METHYLPREDNISOLONE DOSE P	21	\$0.71429	\$0.19048	200% Above
Non-ORx	Yes	00781531701	ZOLPIDEM TARTRATE	33	\$0.54546	\$0.03030	200% Above
Non-ORx	Yes	00781531701	ZOLPIDEM TARTRATE	30	\$0.26667	\$0.03333	200% Above
Non-ORx	Yes	00781531710	ZOLPIDEM TARTRATE	90	\$0.14444	\$0.03333	200% Above
Non-ORx	Yes	00781531810	ZOLPIDEM TARTRATE	90	\$0.14444	\$0.03333	200% Above
Non-ORx	Yes	00781552910	BUPROPION HYDROCHLORIDE E	30	\$0.16667	\$0.20000	(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
Non-ORx	Yes	00781569031	EZETIMIBE	60	\$0.33333	\$0.13333	101%-200% Above
Non-ORx	Yes	00781604146	AMOXICILLIN	200	\$0.02500	\$0.02000	26%-50% Above
Non-ORx	Yes	00781613954	AMOXICILLIN/CLAVULANATE P	375	\$0.37600	\$0.06667	200% Above
Non-ORx	Yes	00781613954	AMOXICILLIN/CLAVULANATE P	125	\$0.37600	\$0.06400	200% Above
Non-ORx	Yes	00781613957	AMOXICILLIN/CLAVULANATE P	300	\$0.34000	\$0.08667	200% Above
Non-ORx	Yes	00781613957	AMOXICILLIN/CLAVULANATE P	150	\$0.24667	\$0.08000	200% Above
Non-ORx	Yes	00781615746	AMOXICILLIN	100	\$0.06000	\$0.02000	200% Above
Non-ORx	Yes	00781615757	AMOXICILLIN	150	\$0.06000	\$0.02667	101%-200% Above
Non-ORx	Yes	00781713593	MOXIFLOXACIN HYDROCHLORID	3	\$15.33333	\$4.33333	200% Above
Non-ORx	Yes	00781729685	ALBUTEROL SULFATE HFA	28	\$2.71429	\$4.14286	(26%-50%) Below
Non-ORx	Yes	00781729685	ALBUTEROL SULFATE HFA	34	\$5.05882	\$4.32353	10%-25% Above
Non-ORx	Yes	00781729685	ALBUTEROL SULFATE HFA	7	\$2.42857	\$3.71429	(26%-50%) Below
Non-ORx	Yes	00781803731	ARMODAFINIL	30	\$4.13333	\$0.86667	200% Above
Non-ORx	Yes	00781808926	AZITHROMYCIN	24	\$1.87500	\$0.50000	200% Above
Non-ORx	Yes	00781808926	AZITHROMYCIN	54	\$1.50000	\$0.50000	200% Above
Non-ORx	Yes	00781808926	AZITHROMYCIN	48	\$1.89583	\$0.50000	200% Above
Non-ORx	Yes	00832059011	DIPHENOXYLATE HYDROCHLORI	10	\$0.60000	\$0.20000	200% Above
Non-ORx	Yes	00832059011	DIPHENOXYLATE HYDROCHLORI	120	\$0.12500	\$0.20000	(26%-50%) Below
Non-ORx	Yes	00832105410	BACLOFEN	60	\$0.33333	\$0.06667	200% Above
Non-ORx	Yes	00832107330	TOPIRAMATE ER	30	\$28.43333	\$24.30000	10%-25% Above
Non-ORx	Yes	00832141003	MOXIFLOXACIN HYDROCHLORID	3	\$6.33333	\$4.00000	51%-75% Above
Non-ORx	Yes	00832532411	POTASSIUM CHLORIDE ER	30	\$0.43333	\$0.20000	101%-200% Above
Non-ORx	Yes	00832532510	POTASSIUM CHLORIDE ER	90	\$0.52222	\$0.18889	101%-200% Above
Non-ORx	Yes	00832532510	POTASSIUM CHLORIDE ER	30	\$0.50000	\$0.20000	101%-200% Above
Non-ORx	Yes	00832532511	POTASSIUM CHLORIDE ER	120	\$0.52500	\$0.18333	101%-200% Above
Non-ORx	Yes	00832532515	POTASSIUM CHLORIDE ER	60	\$0.43333	\$0.18333	101%-200% Above
Non-ORx	Yes	00904404073	ASPIRIN	30	\$0.00000	\$0.03333	(76%-100%) Below
Non-ORx	Yes	00904712761	PREDNISONE	30	\$0.16667	\$0.10000	51%-75% Above
Non-ORx	Yes	00955104290	IRBESARTAN	30	\$0.40000	\$0.30000	26%-50% Above
Non-ORx	Yes	10370011710	ZOLPIDEM TARTRATE ER	30	\$1.53333	\$0.13333	200% Above
Non-ORx	Yes	10702000310	PROMETHAZINE HYDROCHLORID	120	\$0.23333	\$0.05000	200% Above
Non-ORx	Yes	10702000310	PROMETHAZINE HYDROCHLORID	30	\$0.46667	\$0.03333	200% Above
Non-ORx	Yes	10702000350	PROMETHAZINE HYDROCHLORID	58	\$0.29310	\$0.05172	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
Non-ORx	Yes	10702000350	PROMETHAZINE HYDROCHLORID	31	\$0.03226	\$0.06452	(26%-50%) Below
Non-ORx	Yes	10702000350	PROMETHAZINE HYDROCHLORID	20	\$0.30000	\$0.05000	200% Above
Non-ORx	Yes	10702000350	PROMETHAZINE HYDROCHLORID	30	\$0.23333	\$0.03333	200% Above
Non-ORx	Yes	10702001801	OXYCODONE HYDROCHLORIDE	56	\$0.37500	\$0.07143	200% Above
Non-ORx	Yes	10702005601	OXYCODONE HYDROCHLORIDE	30	\$0.53333	\$0.13333	200% Above
Non-ORx	Yes	10702005650	OXYCODONE HYDROCHLORIDE	56	\$0.53571	\$0.12500	200% Above
Non-ORx	Yes	10702025350	BUTALBITAL/ACETAMINOPHEN/	60	\$0.95000	\$0.16667	200% Above
Non-ORx	Yes	10702025350	BUTALBITAL/ACETAMINOPHEN/	30	\$0.93333	\$0.16667	200% Above
Non-ORx	Yes	11534016503	FOLIC ACID	270	\$0.05556	\$0.02593	101%-200% Above
Non-ORx	Yes	11534016503	FOLIC ACID	90	\$0.05556	\$0.02222	101%-200% Above
Non-ORx	Yes	11534016503	FOLIC ACID	270	\$0.06296	\$0.03333	76%-100% Above
Non-ORx	Yes	11534016503	FOLIC ACID	60	\$0.05000	\$0.03333	51%-75% Above
Non-ORx	Yes	13107000130	MIRTAZAPINE	60	\$1.83333	\$0.76667	101%-200% Above
Non-ORx	Yes	13107000305	MIRTAZAPINE	30	\$0.26667	\$0.10000	101%-200% Above
Non-ORx	Yes	13107000334	MIRTAZAPINE	30	\$0.40000	\$0.10000	200% Above
Non-ORx	Yes	13107003105	MIRTAZAPINE	240	\$0.42083	\$0.08333	200% Above
Non-ORx	Yes	13107003105	MIRTAZAPINE	15	\$0.40000	\$0.06667	200% Above
Non-ORx	Yes	13107003105	MIRTAZAPINE	90	\$0.51111	\$0.06667	200% Above
Non-ORx	Yes	13107003134	MIRTAZAPINE	90	\$0.20000	\$0.08889	101%-200% Above
Non-ORx	Yes	13107006001	ACETAMINOPHEN/CODEINE	90	\$0.75556	\$0.21111	200% Above
Non-ORx	Yes	13107006001	ACETAMINOPHEN/CODEINE	42	\$0.76191	\$0.21429	200% Above
Non-ORx	Yes	13107006801	AMPHETAMINE/DEXTROAMPHE TA	180	\$0.28889	\$0.20556	26%-50% Above
Non-ORx	Yes	13107006801	AMPHETAMINE/DEXTROAMPHE TA	30	\$0.43333	\$0.20000	101%-200% Above
Non-ORx	Yes	13107007001	AMPHETAMINE/DEXTROAMPHE TA	60	\$0.50000	\$0.25000	101%-200% Above
Non-ORx	Yes	13107007001	AMPHETAMINE/DEXTROAMPHE TA	30	\$0.23333	\$0.26667	(10%-25%) Below
Non-ORx	Yes	13107007201	AMPHETAMINE/DEXTROAMPHE TA	60	\$0.76667	\$0.26667	101%-200% Above
Non-ORx	Yes	13107008301	LORAZEPAM	30	\$0.23333	\$0.03333	200% Above
Non-ORx	Yes	13107008305	LORAZEPAM	60	\$0.26667	\$0.03333	200% Above
Non-ORx	Yes	13107008305	LORAZEPAM	30	\$0.46667	\$0.03333	200% Above
Non-ORx	Yes	13107008401	LORAZEPAM	30	\$0.23333	\$0.03333	200% Above
Non-ORx	Yes	13107008401	LORAZEPAM	12	\$0.00000	\$0.08333	(76%-100%) Below
Non-ORx	Yes	13107008405	LORAZEPAM	180	\$0.26667	\$0.04444	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
Non-ORx	Yes	13107008405	LORAZEPAM	60	\$0.25000	\$0.05000	200% Above
Non-ORx	Yes	13107008405	LORAZEPAM	45	\$0.31111	\$0.04444	200% Above
Non-ORx	Yes	13107015430	PAROXETINE HYDROCHLORIDE	60	\$0.28333	\$0.06667	200% Above
Non-ORx	Yes	13107015490	PAROXETINE HYDROCHLORIDE	90	\$0.37778	\$0.06667	200% Above
Non-ORx	Yes	13107015490	PAROXETINE HYDROCHLORIDE	30	\$0.36667	\$0.06667	200% Above
Non-ORx	Yes	13107015690	PAROXETINE HCL	60	\$0.63333	\$0.11667	200% Above
Non-ORx	Yes	13107015799	PAROXETINE HCL	90	\$0.38889	\$0.11111	200% Above
Non-ORx	Yes	13668000701	ZOLPIDEM TARTRATE	90	\$0.20000	\$0.03333	200% Above
Non-ORx	Yes	13668000705	ZOLPIDEM TARTRATE	90	\$0.25556	\$0.03333	200% Above
Non-ORx	Yes	13668000801	ZOLPIDEM TARTRATE	60	\$0.21667	\$0.03333	200% Above
Non-ORx	Yes	13668000801	ZOLPIDEM TARTRATE	90	\$0.10000	\$0.03333	200% Above
Non-ORx	Yes	13668000805	ZOLPIDEM TARTRATE	93	\$0.31183	\$0.03226	200% Above
Non-ORx	Yes	13668000805	ZOLPIDEM TARTRATE	60	\$0.31667	\$0.03333	200% Above
Non-ORx	Yes	13668000805	ZOLPIDEM TARTRATE	360	\$0.31667	\$0.03333	200% Above
Non-ORx	Yes	13668000810	ZOLPIDEM TARTRATE	270	\$0.22222	\$0.03333	200% Above
Non-ORx	Yes	13668000810	ZOLPIDEM TARTRATE	120	\$0.22500	\$0.03333	200% Above
Non-ORx	Yes	13668000810	ZOLPIDEM TARTRATE	270	\$0.30000	\$0.03333	200% Above
Non-ORx	Yes	13668000810	ZOLPIDEM TARTRATE	120	\$0.12500	\$0.03333	200% Above
Non-ORx	Yes	13668000810	ZOLPIDEM TARTRATE	90	\$0.22222	\$0.03333	200% Above
Non-ORx	Yes	13668000901	CITALOPRAM HYDROBROMIDE	30	\$0.33333	\$0.03333	200% Above
Non-ORx	Yes	13668000905	CITALOPRAM HYDROBROMIDE	30	\$0.10000	\$0.03333	200% Above
Non-ORx	Yes	13668001001	CITALOPRAM HYDROBROMIDE	90	\$0.05556	\$0.03333	51%-75% Above
Non-ORx	Yes	13668001005	CITALOPRAM HYDROBROMIDE	210	\$0.13333	\$0.02857	200% Above
Non-ORx	Yes	13668001005	CITALOPRAM HYDROBROMIDE	90	\$0.25556	\$0.03333	200% Above
Non-ORx	Yes	13668001005	CITALOPRAM HYDROBROMIDE	270	\$0.24444	\$0.03333	200% Above
Non-ORx	Yes	13668001101	CITALOPRAM HYDROBROMIDE	90	\$0.07778	\$0.03333	101%-200% Above
Non-ORx	Yes	13668001101	CITALOPRAM HYDROBROMIDE	60	\$0.05000	\$0.03333	51%-75% Above
Non-ORx	Yes	13668001105	CITALOPRAM HYDROBROMIDE	240	\$0.14167	\$0.03750	200% Above
Non-ORx	Yes	13668001105	CITALOPRAM HYDROBROMIDE	180	\$0.30000	\$0.03333	200% Above
Non-ORx	Yes	13668001105	CITALOPRAM HYDROBROMIDE	210	\$0.31429	\$0.03333	200% Above
Non-ORx	Yes	13668001105	CITALOPRAM HYDROBROMIDE	31	\$0.25807	\$0.03226	200% Above
Non-ORx	Yes	13668001990	VENLAFAXINE HYDROCHLORIDE	30	\$0.33333	\$0.13333	101%-200% Above
Non-ORx	Yes	13668004701	LAMOTRIGINE	60	\$0.40000	\$0.06667	200% Above
Non-ORx	Yes	13668004905	LAMOTRIGINE	180	\$0.29444	\$0.09444	200% Above
Non-ORx	Yes	13668004960	LAMOTRIGINE	60	\$0.38333	\$0.10000	200% Above
Non-ORx	Yes	13668008005	MONTELUKAST SODIUM	60	\$0.45000	\$0.08333	200% Above
Non-ORx	Yes	13668008105	MONTELUKAST SODIUM	180	\$0.34444	\$0.06111	200% Above
Non-ORx	Yes	13668008105	MONTELUKAST SODIUM	120	\$0.30000	\$0.06667	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
Non-ORx	Yes	13668008190	MONTELUKAST SODIUM	60	\$0.18333	\$0.06667	101%-200% Above
Non-ORx	Yes	13668009190	PRAMIPEXOLE DIHYDROCHLORI	30	\$0.23333	\$0.06667	200% Above
Non-ORx	Yes	13668009290	PRAMIPEXOLE DIHYDROCHLORI	60	\$0.23333	\$0.05000	200% Above
Non-ORx	Yes	13668009290	PRAMIPEXOLE DIHYDROCHLORI	34	\$0.29412	\$0.05882	200% Above
Non-ORx	Yes	13668009390	PRAMIPEXOLE DIHYDROCHLORI	60	\$0.16667	\$0.05000	200% Above
Non-ORx	Yes	13668009490	PRAMIPEXOLE DIHYDROCHLORI	60	\$0.26667	\$0.06667	200% Above
Non-ORx	Yes	13668010390	DONEPEZIL HYDROCHLORIDE	90	\$0.32222	\$0.05556	200% Above
Non-ORx	Yes	13668010401	ISOSORBIDE MONONITRATE ER	270	\$0.11111	\$0.09259	10%-25% Above
Non-ORx	Yes	13668010501	ISOSORBIDE MONONITRATE ER	60	\$0.28333	\$0.11667	101%-200% Above
Non-ORx	Yes	13668013501	ESCITALOPRAM OXALATE	90	\$0.26667	\$0.04444	200% Above
Non-ORx	Yes	13668013501	ESCITALOPRAM OXALATE	90	\$0.31111	\$0.03333	200% Above
Non-ORx	Yes	13668013510	ESCITALOPRAM OXALATE	30	\$0.26667	\$0.03333	200% Above
Non-ORx	Yes	13668013601	ESCITALOPRAM OXALATE	120	\$0.29167	\$0.05000	200% Above
Non-ORx	Yes	13668013601	ESCITALOPRAM OXALATE	180	\$0.30000	\$0.05000	200% Above
Non-ORx	Yes	13668013601	ESCITALOPRAM OXALATE	180	\$0.25556	\$0.04444	200% Above
Non-ORx	Yes	13668013601	ESCITALOPRAM OXALATE	30	\$0.30000	\$0.03333	200% Above
Non-ORx	Yes	13668013601	ESCITALOPRAM OXALATE	30	\$0.40000	\$0.06667	200% Above
Non-ORx	Yes	13668013610	ESCITALOPRAM OXALATE	180	\$0.25556	\$0.05556	200% Above
Non-ORx	Yes	13668013610	ESCITALOPRAM OXALATE	30	\$0.40000	\$0.03333	200% Above
Non-ORx	Yes	13668013610	ESCITALOPRAM OXALATE	30	\$0.40000	\$0.06667	200% Above
Non-ORx	Yes	13668013701	ESCITALOPRAM OXALATE	120	\$0.34167	\$0.08333	200% Above
Non-ORx	Yes	13668013701	ESCITALOPRAM OXALATE	90	\$0.35556	\$0.07778	200% Above
Non-ORx	Yes	13668013701	ESCITALOPRAM OXALATE	30	\$0.33333	\$0.06667	200% Above
Non-ORx	Yes	13668013701	ESCITALOPRAM OXALATE	45	\$0.95556	\$0.08889	200% Above
Non-ORx	Yes	13668013710	ESCITALOPRAM OXALATE	30	\$0.30000	\$0.10000	200% Above
Non-ORx	Yes	13668013710	ESCITALOPRAM OXALATE	30	\$0.43333	\$0.06667	200% Above
Non-ORx	Yes	13668018090	ROSUVASTATIN CALCIUM	30	\$0.30000	\$0.06667	200% Above
Non-ORx	Yes	13668018801	SILDENAFIL CITRATE	9	\$0.88889	\$0.22222	200% Above
Non-ORx	Yes	13668018801	SILDENAFIL CITRATE	6	\$1.83333	\$0.33333	200% Above
Non-ORx	Yes	13668020130	MOXIFLOXACIN HYDROCHLORID	14	\$1.50000	\$2.00000	(10%-25%) Below
Non-ORx	Yes	13668021730	ARIPIRAZOLE	28	\$0.32143	\$0.17857	76%-100% Above
Non-ORx	Yes	13668021790	ARIPIRAZOLE	30	\$0.46667	\$0.16667	101%-200% Above
Non-ORx	Yes	13668021830	ARIPIRAZOLE	30	\$0.76667	\$0.16667	200% Above
Non-ORx	Yes	13668033005	TRAZODONE HYDROCHLORIDE	60	\$0.30000	\$0.03333	200% Above
Non-ORx	Yes	13668033005	TRAZODONE HYDROCHLORIDE	180	\$0.25556	\$0.03333	200% Above
Non-ORx	Yes	13668033101	TRAZODONE HYDROCHLORIDE	60	\$0.26667	\$0.06667	200% Above
Non-ORx	Yes	13668033101	TRAZODONE HYDROCHLORIDE	30	\$0.26667	\$0.06667	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
Non-ORx	Yes	13668033201	TRAZODONE HYDROCHLORIDE	30	\$0.06667	\$0.13333	(26%-50%) Below
Non-ORx	Yes	13668033301	TRAZODONE HYDROCHLORIDE	60	\$4.51667	\$1.46667	200% Above
Non-ORx	Yes	13668033301	TRAZODONE HYDROCHLORIDE	30	\$1.76667	\$1.20000	26%-50% Above
Non-ORx	Yes	13668035430	NEBIVOLOL HYDROCHLORIDE	90	\$2.53333	\$0.53333	200% Above
Non-ORx	Yes	13668035530	NEBIVOLOL HYDROCHLORIDE	90	\$2.54444	\$0.56667	200% Above
Non-ORx	Yes	13668042905	PANTOPRAZOLE SODIUM	180	\$0.26111	\$0.06667	200% Above
Non-ORx	Yes	13668042990	PANTOPRAZOLE SODIUM	90	\$0.22222	\$0.05556	200% Above
Non-ORx	Yes	13668042990	PANTOPRAZOLE SODIUM	30	\$0.33333	\$0.06667	200% Above
Non-ORx	Yes	13668043901	FENOFIBRATE	30	\$0.50000	\$0.13333	200% Above
Non-ORx	Yes	13668044201	CELECOXIB	30	\$0.40000	\$0.16667	101%-200% Above
Non-ORx	Yes	13668048450	MINOCYCLINE HYDROCHLORIDE	60	\$0.58333	\$0.38333	51%-75% Above
Non-ORx	Yes	13668056630	TADALAFIL	30	\$2.23333	\$0.20000	200% Above
Non-ORx	Yes	13668056830	TADALAFIL	6	\$1.00000	\$0.50000	101%-200% Above
Non-ORx	Yes	13668056902	CLOBETASOL PROPIONATE	30	\$0.63333	\$0.30000	101%-200% Above
Non-ORx	Yes	13668056905	CLOBETASOL PROPIONATE	60	\$0.61667	\$0.45000	26%-50% Above
Non-ORx	Yes	13811070710	METHYLPHENIDATE HYDROCHLO	30	\$3.36667	\$0.76667	200% Above
Non-ORx	Yes	13811070910	METHYLPHENIDATE HYDROCHLO	30	\$3.96667	\$0.96667	200% Above
Non-ORx	Yes	13811071910	NITROFURANTOIN MONOHYDRAT	28	\$0.32143	\$0.50000	(26%-50%) Below
Non-ORx	Yes	13925016604	PREDNISOLONE SODIUM PHOSP	50	\$0.68000	\$0.58000	10%-25% Above
Non-ORx	Yes	16571020106	DICLOFENAC SODIUM DR	240	\$0.42917	\$0.10000	200% Above
Non-ORx	Yes	16571020106	DICLOFENAC SODIUM DR	90	\$0.34444	\$0.10000	200% Above
Non-ORx	Yes	16571020106	DICLOFENAC SODIUM DR	28	\$0.42857	\$0.10714	200% Above
Non-ORx	Yes	16571020111	DICLOFENAC SODIUM DR	240	\$0.32917	\$0.10000	200% Above
Non-ORx	Yes	16571020111	DICLOFENAC SODIUM DR	30	\$0.23333	\$0.10000	101%-200% Above
Non-ORx	Yes	16571020150	DICLOFENAC SODIUM DR	120	\$0.21667	\$0.10000	101%-200% Above
Non-ORx	Yes	16571020150	DICLOFENAC SODIUM DR	180	\$0.29444	\$0.09444	200% Above
Non-ORx	Yes	16571020150	DICLOFENAC SODIUM DR	120	\$0.07500	\$0.09167	(10%-25%) Below
Non-ORx	Yes	16571020150	DICLOFENAC SODIUM DR	10	\$0.40000	\$0.10000	200% Above
Non-ORx	Yes	16571020150	DICLOFENAC SODIUM DR	14	\$0.42857	\$0.07143	200% Above
Non-ORx	Yes	16571020150	DICLOFENAC SODIUM DR	40	\$0.35000	\$0.10000	200% Above
Non-ORx	Yes	16571020150	DICLOFENAC SODIUM DR	420	\$0.24524	\$0.10000	101%-200% Above
Non-ORx	Yes	16571020210	DICLOFENAC SODIUM DR	60	\$0.63333	\$0.10000	200% Above
Non-ORx	Yes	16571020210	DICLOFENAC SODIUM DR	8	\$0.25000	\$0.12500	101%-200% Above
Non-ORx	Yes	16571020210	DICLOFENAC SODIUM DR	14	\$0.50000	\$0.07143	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
Non-ORx	Yes	16571020210	DICLOFENAC SODIUM DR	15	\$0.46667	\$0.13333	200% Above
Non-ORx	Yes	16571041250	CIPROFLOXACIN HYDROCHLORI	42	\$0.97619	\$0.16667	200% Above
Non-ORx	Yes	16571041250	CIPROFLOXACIN HYDROCHLORI	14	\$1.00000	\$0.14286	200% Above
Non-ORx	Yes	16571066101	MECLIZINE HYDROCHLORIDE	21	\$0.33333	\$0.09524	200% Above
Non-ORx	Yes	16571066450	METRONIDAZOLE	42	\$0.61905	\$0.14286	200% Above
Non-ORx	Yes	16571068701	HYDROXYCHLOROQUINE SULFAT	60	\$0.43333	\$0.25000	51%-75% Above
Non-ORx	Yes	16571068701	HYDROXYCHLOROQUINE SULFAT	60	\$0.43333	\$0.23333	76%-100% Above
Non-ORx	Yes	16571069809	LANSOPRAZOLE	60	\$0.40000	\$0.13333	200% Above
Non-ORx	Yes	16571078150	CARISOPRODOL	90	\$0.36667	\$0.05556	200% Above
Non-ORx	Yes	16714001401	AMOXICILLIN/CLAVULANATE P	34	\$1.02941	\$0.32353	200% Above
Non-ORx	Yes	16714001401	AMOXICILLIN/CLAVULANATE P	40	\$0.75000	\$0.35000	101%-200% Above
Non-ORx	Yes	16714001401	AMOXICILLIN/CLAVULANATE P	60	\$1.00000	\$0.35000	101%-200% Above
Non-ORx	Yes	16714001401	AMOXICILLIN/CLAVULANATE P	14	\$1.00000	\$0.35714	101%-200% Above
Non-ORx	Yes	16714004107	ALLOPURINOL	180	\$0.10000	\$0.06111	51%-75% Above
Non-ORx	Yes	16714004112	ALLOPURINOL	60	\$0.26667	\$0.06667	200% Above
Non-ORx	Yes	16714004211	ALLOPURINOL	120	\$0.29167	\$0.08333	200% Above
Non-ORx	Yes	16714004211	ALLOPURINOL	120	\$0.27500	\$0.10000	101%-200% Above
Non-ORx	Yes	16714004401	VENLAFAXINE HYDROCHLORIDE	30	\$0.46667	\$0.13333	200% Above
Non-ORx	Yes	16714005610	ENOXAPARIN SODIUM	8	\$19.62500	\$14.75000	26%-50% Above
Non-ORx	Yes	16714005901	FEBUXOSTAT	9	\$2.00000	\$0.77778	101%-200% Above
Non-ORx	Yes	16714007106	BACLOFEN	120	\$0.22500	\$0.06667	200% Above
Non-ORx	Yes	16714007106	BACLOFEN	60	\$0.50000	\$0.06667	200% Above
Non-ORx	Yes	16714008110	HYDROXYZINE HYDROCHLORIDE	60	\$0.20000	\$0.03333	200% Above
Non-ORx	Yes	16714008110	HYDROXYZINE HYDROCHLORIDE	60	\$0.18333	\$0.03333	200% Above
Non-ORx	Yes	16714008210	HYDROXYZINE HYDROCHLORIDE	60	\$0.10000	\$0.08333	10%-25% Above
Non-ORx	Yes	16714008210	HYDROXYZINE HYDROCHLORIDE	30	\$0.10000	\$0.06667	51%-75% Above
Non-ORx	Yes	16714008211	HYDROXYZINE HYDROCHLORIDE	30	\$0.20000	\$0.06667	200% Above
Non-ORx	Yes	16714008212	HYDROXYZINE HYDROCHLORIDE	90	\$0.24444	\$0.07778	200% Above
Non-ORx	Yes	16714008401	SPIRONOLACTONE	60	\$0.26667	\$0.05000	200% Above
Non-ORx	Yes	16714008401	SPIRONOLACTONE	30	\$0.26667	\$0.06667	200% Above
Non-ORx	Yes	16714008402	SPIRONOLACTONE	60	\$0.26667	\$0.05000	200% Above
Non-ORx	Yes	16714008402	SPIRONOLACTONE	30	\$0.23333	\$0.06667	200% Above
Non-ORx	Yes	16714008403	SPIRONOLACTONE	30	\$0.23333	\$0.06667	200% Above
Non-ORx	Yes	16714008502	SPIRONOLACTONE	60	\$0.26667	\$0.11667	101%-200% Above
Non-ORx	Yes	16714008502	SPIRONOLACTONE	30	\$0.26667	\$0.10000	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
Non-ORx	Yes	16714009701	LIDOCAINE HYDROCHLORIDE V	200	\$0.09000	\$0.06500	26%-50% Above
Non-ORx	Yes	16714010105	GEMFIBROZIL	60	\$0.30000	\$0.10000	200% Above
Non-ORx	Yes	16714011001	HYDROXYCHLOROQUINE SULFAT	120	\$0.37500	\$0.25000	51%-75% Above
Non-ORx	Yes	16714012302	OMEPRAZOLE	30	\$0.40000	\$0.06667	200% Above
Non-ORx	Yes	16714012303	OMEPRAZOLE	150	\$0.69333	\$0.06667	200% Above
Non-ORx	Yes	16714012303	OMEPRAZOLE	120	\$0.33333	\$0.06667	200% Above
Non-ORx	Yes	16714012303	OMEPRAZOLE	120	\$0.20000	\$0.06667	200% Above
Non-ORx	Yes	16714012801	CHLORTHALIDONE	60	\$0.50000	\$0.16667	200% Above
Non-ORx	Yes	16714012801	CHLORTHALIDONE	90	\$0.33333	\$0.16667	101%-200% Above
Non-ORx	Yes	16714012801	CHLORTHALIDONE	15	\$0.06667	\$0.20000	(51%-75%) Below
Non-ORx	Yes	16714013601	DOXEPIN HYDROCHLORIDE	30	\$0.50000	\$0.56667	(10%-25%) Below
Non-ORx	Yes	16714014201	ARIPIRAZOLE	30	\$0.50000	\$0.16667	200% Above
Non-ORx	Yes	16714014301	ARIPIRAZOLE	30	\$0.46667	\$0.16667	101%-200% Above
Non-ORx	Yes	16714014501	ARIPIRAZOLE	30	\$0.56667	\$0.23333	101%-200% Above
Non-ORx	Yes	16714015701	PROGESTERONE	60	\$0.96667	\$0.25000	200% Above
Non-ORx	Yes	16714015801	PROGESTERONE	60	\$1.10000	\$0.46667	101%-200% Above
Non-ORx	Yes	16714015901	ONDANSETRON HYDROCHLORIDE	90	\$0.46667	\$0.06667	200% Above
Non-ORx	Yes	16714015901	ONDANSETRON HYDROCHLORIDE	60	\$0.46667	\$0.06667	200% Above
Non-ORx	Yes	16714015901	ONDANSETRON HYDROCHLORIDE	21	\$0.57143	\$0.04762	200% Above
Non-ORx	Yes	16714015901	ONDANSETRON HYDROCHLORIDE	12	\$0.58333	\$0.08333	200% Above
Non-ORx	Yes	16714015901	ONDANSETRON HYDROCHLORIDE	10	\$0.40000	\$0.10000	200% Above
Non-ORx	Yes	16714016102	CLINDAMYCIN PHOSPHATE	30	\$1.00000	\$0.53333	76%-100% Above
Non-ORx	Yes	16714017001	BUTALBITAL/ACETAMINOPHEN/	40	\$1.75000	\$0.57500	200% Above
Non-ORx	Yes	16714017201	TIZANIDINE HYDROCHLORIDE	90	\$0.21111	\$0.05556	200% Above
Non-ORx	Yes	16714017202	TIZANIDINE HYDROCHLORIDE	120	\$0.20833	\$0.05833	200% Above
Non-ORx	Yes	16714017202	TIZANIDINE HYDROCHLORIDE	180	\$0.25556	\$0.05556	200% Above
Non-ORx	Yes	16714017202	TIZANIDINE HYDROCHLORIDE	20	\$0.25000	\$0.05000	200% Above
Non-ORx	Yes	16714017202	TIZANIDINE HYDROCHLORIDE	30	\$0.26667	\$0.06667	200% Above
Non-ORx	Yes	16714017303	ATORVASTATIN CALCIUM	90	\$0.24444	\$0.03333	200% Above
Non-ORx	Yes	16714017303	ATORVASTATIN CALCIUM	210	\$0.24286	\$0.03333	200% Above
Non-ORx	Yes	16714017402	ATORVASTATIN CALCIUM	60	\$0.03333	\$0.05000	(26%-50%) Below
Non-ORx	Yes	16714017403	ATORVASTATIN CALCIUM	105	\$0.53333	\$0.04762	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
Non-ORx	Yes	16714017403	ATORVASTATIN CALCIUM	90	\$0.28889	\$0.05556	200% Above
Non-ORx	Yes	16714017403	ATORVASTATIN CALCIUM	120	\$0.28333	\$0.05000	200% Above
Non-ORx	Yes	16714017501	ATORVASTATIN CALCIUM	90	\$0.25556	\$0.06667	200% Above
Non-ORx	Yes	16714017502	ATORVASTATIN CALCIUM	30	\$0.36667	\$0.06667	200% Above
Non-ORx	Yes	16714017503	ATORVASTATIN CALCIUM	120	\$0.38333	\$0.06667	200% Above
Non-ORx	Yes	16714017602	ATORVASTATIN CALCIUM	60	\$0.36667	\$0.10000	200% Above
Non-ORx	Yes	16714017602	ATORVASTATIN CALCIUM	20	\$0.40000	\$0.10000	200% Above
Non-ORx	Yes	16714020030	ONDANSETRON ODT	30	\$0.60000	\$0.23333	101%-200% Above
Non-ORx	Yes	16714020030	ONDANSETRON ODT	20	\$0.65000	\$0.20000	200% Above
Non-ORx	Yes	16714020030	ONDANSETRON ODT	15	\$0.80000	\$0.20000	200% Above
Non-ORx	Yes	16714020030	ONDANSETRON ODT	6	\$0.33333	\$0.16667	101%-200% Above
Non-ORx	Yes	16714020030	ONDANSETRON ODT	24	\$1.08333	\$0.25000	200% Above
Non-ORx	Yes	16714029904	AMOXICILLIN	32	\$0.28125	\$0.06250	200% Above
Non-ORx	Yes	16714029904	AMOXICILLIN	36	\$0.27778	\$0.08333	200% Above
Non-ORx	Yes	16714029904	AMOXICILLIN	40	\$0.27500	\$0.07500	200% Above
Non-ORx	Yes	16714029904	AMOXICILLIN	21	\$0.38095	\$0.04762	200% Above
Non-ORx	Yes	16714033002	GABAPENTIN	270	\$0.24444	\$0.08889	101%-200% Above
Non-ORx	Yes	16714033002	GABAPENTIN	60	\$0.25000	\$0.08333	200% Above
Non-ORx	Yes	16714033202	GABAPENTIN	120	\$0.28333	\$0.12500	101%-200% Above
Non-ORx	Yes	16714033202	GABAPENTIN	90	\$0.28889	\$0.12222	101%-200% Above
Non-ORx	Yes	16714034804	DASETTA 1/35	28	\$0.75000	\$0.32143	101%-200% Above
Non-ORx	Yes	16714035601	LEVETIRACETAM	60	\$0.25000	\$0.15000	51%-75% Above
Non-ORx	Yes	16714036004	MONO-LINYAH	84	\$0.32143	\$0.17857	76%-100% Above
Non-ORx	Yes	16714036304	TRI-LINYAH	56	\$0.50000	\$0.17857	101%-200% Above
Non-ORx	Yes	16714039201	CEFDINIR	60	\$0.25000	\$0.15000	51%-75% Above
Non-ORx	Yes	16714039301	CEFDINIR	60	\$0.28333	\$0.16667	51%-75% Above
Non-ORx	Yes	16714039302	CEFDINIR	60	\$0.23333	\$0.18333	26%-50% Above
Non-ORx	Yes	16714039703	CEFPROZIL	100	\$0.21000	\$0.25000	(10%-25%) Below
Non-ORx	Yes	16714040101	CEFUROXIME AXETIL	20	\$0.80000	\$0.55000	26%-50% Above
Non-ORx	Yes	16714040102	CEFUROXIME AXETIL	14	\$0.78571	\$0.57143	26%-50% Above
Non-ORx	Yes	16714040504	LARIN FE 1.5/30	28	\$0.25000	\$0.32143	(10%-25%) Below
Non-ORx	Yes	16714040504	LARIN FE 1.5/30	28	\$0.17857	\$0.25000	(26%-50%) Below
Non-ORx	Yes	16714040601	LARIN FE 1/20	28	\$0.71429	\$0.21429	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
Non-ORx	Yes	16714040604	LARIN FE 1/20	112	\$0.67857	\$0.21429	200% Above
Non-ORx	Yes	16714041603	LARIN 24 FE	84	\$1.03571	\$0.71429	26%-50% Above
Non-ORx	Yes	16714041603	LARIN 24 FE	56	\$0.75000	\$0.67857	10%-25% Above
Non-ORx	Yes	16714043901	NITROFURANTOIN MONOHYDRAT	14	\$1.28571	\$0.50000	101%-200% Above
Non-ORx	Yes	16714043901	NITROFURANTOIN MONOHYDRAT	20	\$0.95000	\$0.50000	76%-100% Above
Non-ORx	Yes	16714044104	SHAROBEL	28	\$0.50000	\$0.17857	101%-200% Above
Non-ORx	Yes	16714044301	ENALAPRIL MALEATE	30	\$0.30000	\$0.13333	101%-200% Above
Non-ORx	Yes	16714044501	ENALAPRIL MALEATE	60	\$0.33333	\$0.15000	101%-200% Above
Non-ORx	Yes	16714044601	AMITRIPTYLINE HYDROCHLORI	60	\$0.25000	\$0.03333	200% Above
Non-ORx	Yes	16714044801	AMITRIPTYLINE HYDROCHLORI	30	\$0.13333	\$0.16667	(10%-25%) Below
Non-ORx	Yes	16714045201	QUETIAPINE FUMARATE	30	\$0.20000	\$0.03333	200% Above
Non-ORx	Yes	16714045401	QUETIAPINE FUMARATE	30	\$0.26667	\$0.06667	200% Above
Non-ORx	Yes	16714047701	AMOXICILLIN/CLAVULANATE P	42	\$0.26191	\$0.33333	(10%-25%) Below
Non-ORx	Yes	16714047701	AMOXICILLIN/CLAVULANATE P	14	\$0.71429	\$0.35714	101%-200% Above
Non-ORx	Yes	16714047801	AMOXICILLIN/CLAVULANATE P	20	\$1.00000	\$0.35000	101%-200% Above
Non-ORx	Yes	16714048402	DIVALPROEX SODIUM ER	90	\$0.16667	\$0.20000	(10%-25%) Below
Non-ORx	Yes	16714049601	CLOTRIMAZOLE/BETAMETHASO N	15	\$0.53333	\$0.26667	101%-200% Above
Non-ORx	Yes	16714051001	CARISOPRODOL	84	\$0.20238	\$0.05952	200% Above
Non-ORx	Yes	16714061205	SERTRALINE HCL	90	\$0.16667	\$0.03333	200% Above
Non-ORx	Yes	16714061206	SERTRALINE HCL	60	\$0.26667	\$0.05000	200% Above
Non-ORx	Yes	16714061206	SERTRALINE HCL	90	\$0.34444	\$0.03333	200% Above
Non-ORx	Yes	16714061305	SERTRALINE HYDROCHLORIDE	60	\$0.28333	\$0.06667	200% Above
Non-ORx	Yes	16714061305	SERTRALINE HYDROCHLORIDE	45	\$0.24444	\$0.06667	200% Above
Non-ORx	Yes	16714061305	SERTRALINE HYDROCHLORIDE	90	\$0.20000	\$0.06667	200% Above
Non-ORx	Yes	16714061306	SERTRALINE HYDROCHLORIDE	45	\$0.28889	\$0.06667	200% Above
Non-ORx	Yes	16714061306	SERTRALINE HYDROCHLORIDE	30	\$0.13333	\$0.06667	101%-200% Above
Non-ORx	Yes	16714062101	ZOLPIDEM TARTRATE	60	\$0.15000	\$0.03333	200% Above
Non-ORx	Yes	16714062202	ZOLPIDEM TARTRATE	60	\$0.50000	\$0.03333	200% Above
Non-ORx	Yes	16714062202	ZOLPIDEM TARTRATE	240	\$0.30000	\$0.03333	200% Above
Non-ORx	Yes	16714065102	CIPROFLOXACIN HYDROCHLORI	14	\$0.35714	\$0.07143	200% Above
Non-ORx	Yes	16714065601	VENLAFAXINE HCL	30	\$0.30000	\$0.10000	200% Above
Non-ORx	Yes	16714065801	VENLAFAXINE HCL	30	\$0.33333	\$0.13333	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
Non-ORx	Yes	16714066102	GABAPENTIN	90	\$0.14444	\$0.03333	200% Above
Non-ORx	Yes	16714066201	GABAPENTIN	120	\$0.04167	\$0.05000	(10%-25%) Below
Non-ORx	Yes	16714066201	GABAPENTIN	90	\$0.04444	\$0.05556	(10%-25%) Below
Non-ORx	Yes	16714066202	GABAPENTIN	120	\$0.15833	\$0.05000	200% Above
Non-ORx	Yes	16714066202	GABAPENTIN	180	\$0.16111	\$0.05000	200% Above
Non-ORx	Yes	16714066202	GABAPENTIN	240	\$0.17917	\$0.05000	200% Above
Non-ORx	Yes	16714066202	GABAPENTIN	90	\$0.15556	\$0.05556	101%-200% Above
Non-ORx	Yes	16714066202	GABAPENTIN	30	\$0.16667	\$0.03333	200% Above
Non-ORx	Yes	16714066202	GABAPENTIN	90	\$0.16667	\$0.06667	101%-200% Above
Non-ORx	Yes	16714066202	GABAPENTIN	120	\$0.16667	\$0.05000	200% Above
Non-ORx	Yes	16714067102	ONDANSETRON HCL	25	\$0.80000	\$0.28000	101%-200% Above
Non-ORx	Yes	16714068303	SIMVASTATIN	240	\$0.27500	\$0.03333	200% Above
Non-ORx	Yes	16714068403	SIMVASTATIN	30	\$0.10000	\$0.03333	200% Above
Non-ORx	Yes	16714069211	FLUCONAZOLE	4	\$4.00000	\$0.75000	200% Above
Non-ORx	Yes	16714069211	FLUCONAZOLE	4	\$8.75000	\$1.00000	200% Above
Non-ORx	Yes	16714069211	FLUCONAZOLE	1	\$5.00000	\$1.00000	200% Above
Non-ORx	Yes	16714069211	FLUCONAZOLE	2	\$5.00000	\$0.50000	200% Above
Non-ORx	Yes	16714069703	VALACYCLOVIR HCL	24	\$1.16667	\$0.58333	101%-200% Above
Non-ORx	Yes	16714069703	VALACYCLOVIR HCL	21	\$0.71429	\$0.57143	26%-50% Above
Non-ORx	Yes	16714070001	LAMOTRIGINE	45	\$0.20000	\$0.04444	200% Above
Non-ORx	Yes	16714070101	LAMOTRIGINE	60	\$0.21667	\$0.06667	200% Above
Non-ORx	Yes	16714070301	LAMOTRIGINE	180	\$0.29444	\$0.09444	200% Above
Non-ORx	Yes	16714070301	LAMOTRIGINE	60	\$0.31667	\$0.10000	200% Above
Non-ORx	Yes	16714070301	LAMOTRIGINE	30	\$0.33333	\$0.10000	200% Above
Non-ORx	Yes	16714071302	TAMSULOSIN HYDROCHLORIDE	60	\$0.33333	\$0.06667	200% Above
Non-ORx	Yes	16714071503	OMEPRAZOLE	90	\$0.26667	\$0.03333	200% Above
Non-ORx	Yes	16714071503	OMEPRAZOLE	180	\$0.13333	\$0.03333	200% Above
Non-ORx	Yes	16714071503	OMEPRAZOLE	180	\$0.22778	\$0.03333	200% Above
Non-ORx	Yes	16714071503	OMEPRAZOLE	27	\$0.25926	\$0.03704	200% Above
Non-ORx	Yes	16714072102	FLUOXETINE HYDROCHLORIDE	30	\$0.23333	\$0.03333	200% Above
Non-ORx	Yes	16714072103	FLUOXETINE HYDROCHLORIDE	90	\$0.18889	\$0.03333	200% Above
Non-ORx	Yes	16714072103	FLUOXETINE HYDROCHLORIDE	210	\$0.21905	\$0.03333	200% Above
Non-ORx	Yes	16714072203	FLUOXETINE HYDROCHLORIDE	30	\$0.36667	\$0.10000	200% Above
Non-ORx	Yes	16714072203	FLUOXETINE HYDROCHLORIDE	60	\$0.25000	\$0.06667	200% Above
Non-ORx	Yes	16714072204	FLUOXETINE HYDROCHLORIDE	30	\$0.36667	\$0.06667	200% Above
Non-ORx	Yes	16714073301	CELECOXIB	30	\$0.73333	\$0.16667	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
Non-ORx	Yes	16714073301	CELECOXIB	30	\$0.43333	\$0.13333	200% Above
Non-ORx	Yes	16714073302	CELECOXIB	60	\$0.66667	\$0.15000	200% Above
Non-ORx	Yes	16714074102	FENOFIBRATE MICRONIZED	30	\$0.56667	\$0.30000	76%-100% Above
Non-ORx	Yes	16714076001	ATOMOXETINE HYDROCHLORIDE	30	\$1.50000	\$1.33333	10%-25% Above
Non-ORx	Yes	16714079801	SUMATRIPTAN SUCCINATE	36	\$2.02778	\$0.55556	200% Above
Non-ORx	Yes	16714079801	SUMATRIPTAN SUCCINATE	18	\$2.00000	\$0.55556	200% Above
Non-ORx	Yes	16714079801	SUMATRIPTAN SUCCINATE	9	\$1.66667	\$0.55556	200% Above
Non-ORx	Yes	16714080801	AMPHETAMINE/DEXTROAMPHE TA	60	\$0.73333	\$0.30000	101%-200% Above
Non-ORx	Yes	16714080801	AMPHETAMINE/DEXTROAMPHE TA	30	\$0.56667	\$0.30000	76%-100% Above
Non-ORx	Yes	16714081302	EZETIMIBE	90	\$0.57778	\$0.13333	200% Above
Non-ORx	Yes	16714081302	EZETIMIBE	60	\$0.50000	\$0.13333	200% Above
Non-ORx	Yes	16714081303	EZETIMIBE	90	\$0.36667	\$0.13333	101%-200% Above
Non-ORx	Yes	16714082201	METHYLPHENIDATE HYDROCHLO	90	\$0.46667	\$0.15556	200% Above
Non-ORx	Yes	16714082301	METHYLPHENIDATE HYDROCHLO	15	\$0.46667	\$0.20000	101%-200% Above
Non-ORx	Yes	16714082901	BUDESONIDE	90	\$1.38889	\$0.98889	26%-50% Above
Non-ORx	Yes	16714083801	ZIPRASIDONE HYDROCHLORIDE	30	\$0.76667	\$0.43333	76%-100% Above
Non-ORx	Yes	16714085201	METOPROLOL SUCCINATE ER	30	\$0.36667	\$0.10000	200% Above
Non-ORx	Yes	16714085202	METOPROLOL SUCCINATE ER	120	\$0.18333	\$0.09167	101%-200% Above
Non-ORx	Yes	16714085202	METOPROLOL SUCCINATE ER	45	\$0.33333	\$0.08889	200% Above
Non-ORx	Yes	16714085202	METOPROLOL SUCCINATE ER	30	\$0.33333	\$0.10000	200% Above
Non-ORx	Yes	16714085203	METOPROLOL SUCCINATE ER	30	\$0.36667	\$0.10000	200% Above
Non-ORx	Yes	16714085302	METOPROLOL SUCCINATE ER	120	\$0.31667	\$0.10000	200% Above
Non-ORx	Yes	16714085302	METOPROLOL SUCCINATE ER	30	\$0.50000	\$0.10000	200% Above
Non-ORx	Yes	16714085303	METOPROLOL SUCCINATE ER	30	\$0.33333	\$0.10000	200% Above
Non-ORx	Yes	16714085402	METOPROLOL SUCCINATE ER	30	\$0.50000	\$0.13333	200% Above
Non-ORx	Yes	16714085403	METOPROLOL SUCCINATE ER	60	\$0.11667	\$0.16667	(26%-50%) Below
Non-ORx	Yes	16714085403	METOPROLOL SUCCINATE ER	60	\$0.46667	\$0.13333	200% Above
Non-ORx	Yes	16714085403	METOPROLOL SUCCINATE ER	45	\$0.46667	\$0.13333	200% Above
Non-ORx	Yes	16714087403	ATORVASTATIN CALCIUM	60	\$0.23333	\$0.03333	200% Above
Non-ORx	Yes	16714087403	ATORVASTATIN CALCIUM	30	\$0.10000	\$0.03333	200% Above
Non-ORx	Yes	16714087503	ATORVASTATIN CALCIUM	30	\$0.30000	\$0.03333	200% Above
Non-ORx	Yes	16714087602	ATORVASTATIN CALCIUM	30	\$0.30000	\$0.06667	200% Above
Non-ORx	Yes	16714087603	ATORVASTATIN CALCIUM	60	\$0.40000	\$0.06667	200% Above
Non-ORx	Yes	16714088301	DESMOPRESSIN ACETATE	60	\$2.45000	\$0.41667	200% Above
Non-ORx	Yes	16714088401	DESMOPRESSIN ACETATE	30	\$3.70000	\$0.43333	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
Non-ORx	Yes	16714089501	GLIPIZIDE ER	30	\$0.23333	\$0.10000	101%-200% Above
Non-ORx	Yes	16714089601	GLIPIZIDE ER	60	\$0.35000	\$0.18333	76%-100% Above
Non-ORx	Yes	16714089602	GLIPIZIDE ER	90	\$0.35556	\$0.17778	101%-200% Above
Non-ORx	Yes	16714095001	AMPHETAMINE/DEXTROAMPHE TA	180	\$0.63889	\$0.25556	101%-200% Above
Non-ORx	Yes	16714095001	AMPHETAMINE/DEXTROAMPHE TA	60	\$0.85000	\$0.25000	200% Above
Non-ORx	Yes	16714095001	AMPHETAMINE/DEXTROAMPHE TA	30	\$0.40000	\$0.26667	51%-75% Above
Non-ORx	Yes	16714095201	AMPHETAMINE/DEXTROAMPHE TA	30	\$0.76667	\$0.26667	101%-200% Above
Non-ORx	Yes	16714095301	AMPHETAMINE/DEXTROAMPHE TA	90	\$1.18889	\$0.32222	200% Above
Non-ORx	Yes	16714095301	AMPHETAMINE/DEXTROAMPHE TA	120	\$0.68333	\$0.31667	101%-200% Above
Non-ORx	Yes	16714095502	KETOCONAZOLE	30	\$0.93333	\$0.46667	101%-200% Above
Non-ORx	Yes	16714095503	KETOCONAZOLE	60	\$1.06667	\$0.36667	101%-200% Above
Non-ORx	Yes	16714098801	ROSUVASTATIN CALCIUM	60	\$0.05000	\$0.06667	(10%-25%) Below
Non-ORx	Yes	16714098801	ROSUVASTATIN CALCIUM	90	\$0.24444	\$0.06667	200% Above
Non-ORx	Yes	16714098901	ROSUVASTATIN CALCIUM	90	\$0.34444	\$0.06667	200% Above
Non-ORx	Yes	16714098901	ROSUVASTATIN CALCIUM	120	\$0.49167	\$0.06667	200% Above
Non-ORx	Yes	16714098901	ROSUVASTATIN CALCIUM	180	\$0.26667	\$0.06667	200% Above
Non-ORx	Yes	16714099001	ROSUVASTATIN CALCIUM	60	\$0.43333	\$0.08333	200% Above
Non-ORx	Yes	16714099001	ROSUVASTATIN CALCIUM	120	\$0.37500	\$0.06667	200% Above
Non-ORx	Yes	16714099101	ROSUVASTATIN CALCIUM	30	\$0.66667	\$0.13333	200% Above
Non-ORx	Yes	16729000116	GLIMEPIRIDE	30	\$0.06667	\$0.03333	101%-200% Above
Non-ORx	Yes	16729000216	GLIMEPIRIDE	60	\$0.16667	\$0.03333	200% Above
Non-ORx	Yes	16729000216	GLIMEPIRIDE	60	\$0.15000	\$0.03333	200% Above
Non-ORx	Yes	16729000316	GLIMEPIRIDE	360	\$0.29167	\$0.04444	200% Above
Non-ORx	Yes	16729000316	GLIMEPIRIDE	90	\$0.27778	\$0.04444	200% Above
Non-ORx	Yes	16729000316	GLIMEPIRIDE	60	\$0.03333	\$0.05000	(26%-50%) Below
Non-ORx	Yes	16729000417	SIMVASTATIN	30	\$0.23333	\$0.03333	200% Above
Non-ORx	Yes	16729000515	SIMVASTATIN	30	\$0.23333	\$0.03333	200% Above
Non-ORx	Yes	16729000517	SIMVASTATIN	90	\$0.13333	\$0.03333	200% Above
Non-ORx	Yes	16729000517	SIMVASTATIN	120	\$0.10833	\$0.03333	200% Above
Non-ORx	Yes	16729000517	SIMVASTATIN	150	\$0.24000	\$0.03333	200% Above
Non-ORx	Yes	16729000617	SIMVASTATIN	180	\$0.20000	\$0.04444	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
Non-ORx	Yes	16729000617	SIMVASTATIN	60	\$0.03333	\$0.05000	(26%-50%) Below
Non-ORx	Yes	16729000617	SIMVASTATIN	120	\$0.26667	\$0.03333	200% Above
Non-ORx	Yes	16729000715	SIMVASTATIN	30	\$0.70000	\$0.10000	200% Above
Non-ORx	Yes	16729000717	SIMVASTATIN	30	\$0.30000	\$0.10000	200% Above
Non-ORx	Yes	16729000816	PRAVASTATIN SODIUM	30	\$1.36667	\$0.06667	200% Above
Non-ORx	Yes	16729000916	PRAVASTATIN SODIUM	60	\$0.35000	\$0.06667	200% Above
Non-ORx	Yes	16729002115	PIOGLITAZONE HYDROCHLORID	30	\$0.76667	\$0.13333	200% Above
Non-ORx	Yes	16729002215	PIOGLITAZONE HCL	15	\$0.46667	\$0.13333	200% Above
Non-ORx	Yes	16729002301	BICALUTAMIDE	30	\$0.20000	\$0.33333	(26%-50%) Below
Non-ORx	Yes	16729003410	LETROZOLE	60	\$0.10000	\$0.13333	(10%-25%) Below
Non-ORx	Yes	16729003410	LETROZOLE	15	\$0.80000	\$0.13333	200% Above
Non-ORx	Yes	16729003415	LETROZOLE	90	\$0.21111	\$0.13333	51%-75% Above
Non-ORx	Yes	16729003415	LETROZOLE	20	\$0.65000	\$0.10000	200% Above
Non-ORx	Yes	16729003510	ANASTROZOLE	30	\$0.50000	\$0.13333	200% Above
Non-ORx	Yes	16729003516	ANASTROZOLE	30	\$0.26667	\$0.13333	101%-200% Above
Non-ORx	Yes	16729004417	ATORVASTATIN CALCIUM	60	\$0.23333	\$0.03333	200% Above
Non-ORx	Yes	16729004517	ATORVASTATIN CALCIUM	30	\$0.30000	\$0.06667	200% Above
Non-ORx	Yes	16729004517	ATORVASTATIN CALCIUM	37	\$0.02703	\$0.05405	(26%-50%) Below
Non-ORx	Yes	16729004517	ATORVASTATIN CALCIUM	90	\$0.28889	\$0.04444	200% Above
Non-ORx	Yes	16729004517	ATORVASTATIN CALCIUM	90	\$0.08889	\$0.03333	101%-200% Above
Non-ORx	Yes	16729004517	ATORVASTATIN CALCIUM	28	\$0.28571	\$0.03571	200% Above
Non-ORx	Yes	16729004617	ATORVASTATIN CALCIUM	90	\$0.60000	\$0.06667	200% Above
Non-ORx	Yes	16729009016	FINASTERIDE	180	\$0.27778	\$0.06667	200% Above
Non-ORx	Yes	16729010912	QUETIAPINE FUMARATE ER	30	\$0.26667	\$0.30000	(10%-25%) Below
Non-ORx	Yes	16729011917	MONTELUKAST SODIUM	240	\$0.30833	\$0.06667	200% Above
Non-ORx	Yes	16729011917	MONTELUKAST SODIUM	120	\$0.65000	\$0.06667	200% Above
Non-ORx	Yes	16729013401	ALLOPURINOL	60	\$0.21667	\$0.05000	200% Above
Non-ORx	Yes	16729013401	ALLOPURINOL	30	\$0.40000	\$0.06667	200% Above
Non-ORx	Yes	16729013416	ALLOPURINOL	180	\$0.18333	\$0.05556	200% Above
Non-ORx	Yes	16729013416	ALLOPURINOL	30	\$0.20000	\$0.06667	200% Above
Non-ORx	Yes	16729013516	ALLOPURINOL	180	\$0.20556	\$0.08889	101%-200% Above
Non-ORx	Yes	16729013516	ALLOPURINOL	30	\$0.06667	\$0.10000	(26%-50%) Below
Non-ORx	Yes	16729013600	CLONAZEPAM	56	\$0.10714	\$0.01786	200% Above
Non-ORx	Yes	16729013616	CLONAZEPAM	180	\$0.12222	\$0.02222	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
Non-ORx	Yes	16729013616	CLONAZEPAM	420	\$0.15714	\$0.01667	200% Above
Non-ORx	Yes	16729013616	CLONAZEPAM	90	\$0.20000	\$0.03333	200% Above
Non-ORx	Yes	16729013616	CLONAZEPAM	45	\$0.13333	\$0.02222	200% Above
Non-ORx	Yes	16729013700	CLONAZEPAM	90	\$0.02222	\$0.03333	(26%-50%) Below
Non-ORx	Yes	16729013700	CLONAZEPAM	60	\$0.16667	\$0.03333	200% Above
Non-ORx	Yes	16729013716	CLONAZEPAM	180	\$0.18333	\$0.03333	200% Above
Non-ORx	Yes	16729013716	CLONAZEPAM	180	\$0.18889	\$0.03333	200% Above
Non-ORx	Yes	16729013716	CLONAZEPAM	120	\$0.21667	\$0.03333	200% Above
Non-ORx	Yes	16729013716	CLONAZEPAM	90	\$0.18889	\$0.03333	200% Above
Non-ORx	Yes	16729013716	CLONAZEPAM	45	\$0.11111	\$0.02222	200% Above
Non-ORx	Yes	16729013800	CLONAZEPAM	60	\$0.23333	\$0.03333	200% Above
Non-ORx	Yes	16729013816	CLONAZEPAM	30	\$0.20000	\$0.03333	200% Above
Non-ORx	Yes	16729014617	QUETIAPINE FUMARATE	30	\$0.83333	\$0.03333	200% Above
Non-ORx	Yes	16729014701	QUETIAPINE FUMARATE	90	\$0.25556	\$0.06667	200% Above
Non-ORx	Yes	16729014717	QUETIAPINE FUMARATE	60	\$0.26667	\$0.05000	200% Above
Non-ORx	Yes	16729016817	ESCITALOPRAM OXALATE	90	\$0.12222	\$0.04444	101%-200% Above
Non-ORx	Yes	16729016917	ESCITALOPRAM OXALATE	90	\$0.57778	\$0.03333	200% Above
Non-ORx	Yes	16729016917	ESCITALOPRAM OXALATE	15	\$1.13333	\$0.06667	200% Above
Non-ORx	Yes	16729017001	ESCITALOPRAM OXALATE	90	\$0.35556	\$0.07778	200% Above
Non-ORx	Yes	16729017017	ESCITALOPRAM OXALATE	60	\$0.33333	\$0.08333	200% Above
Non-ORx	Yes	16729017017	ESCITALOPRAM OXALATE	210	\$0.30952	\$0.06667	200% Above
Non-ORx	Yes	16729017101	AMITRIPTYLINE HYDROCHLORI	90	\$0.21111	\$0.04444	200% Above
Non-ORx	Yes	16729017101	AMITRIPTYLINE HYDROCHLORI	60	\$0.25000	\$0.05000	200% Above
Non-ORx	Yes	16729017117	AMITRIPTYLINE HYDROCHLORI	90	\$0.05556	\$0.04444	26%-50% Above
Non-ORx	Yes	16729017117	AMITRIPTYLINE HYDROCHLORI	60	\$0.15000	\$0.03333	200% Above
Non-ORx	Yes	16729017217	AMITRIPTYLINE HCL	31	\$0.32258	\$0.06452	200% Above
Non-ORx	Yes	16729017217	AMITRIPTYLINE HCL	90	\$0.24444	\$0.06667	200% Above
Non-ORx	Yes	16729017301	AMITRIPTYLINE HYDROCHLORI	90	\$0.60000	\$0.15556	200% Above
Non-ORx	Yes	16729017301	AMITRIPTYLINE HYDROCHLORI	60	\$0.60000	\$0.15000	200% Above
Non-ORx	Yes	16729017301	AMITRIPTYLINE HYDROCHLORI	30	\$0.60000	\$0.16667	200% Above
Non-ORx	Yes	16729017501	AMITRIPTYLINE HCL	90	\$0.98889	\$0.32222	200% Above
Non-ORx	Yes	16729017501	AMITRIPTYLINE HCL	50	\$0.60000	\$0.32000	76%-100% Above
Non-ORx	Yes	16729017501	AMITRIPTYLINE HCL	30	\$0.43333	\$0.33333	26%-50% Above
Non-ORx	Yes	16729018201	HYDROCHLOROTHIAZIDE	630	\$0.32381	\$0.05556	200% Above
Non-ORx	Yes	16729018201	HYDROCHLOROTHIAZIDE	270	\$0.14444	\$0.06667	101%-200% Above
Non-ORx	Yes	16729018201	HYDROCHLOROTHIAZIDE	60	\$0.13333	\$0.05000	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
Non-ORx	Yes	16729018217	HYDROCHLOROTHIAZIDE	150	\$0.12667	\$0.05333	101%-200% Above
Non-ORx	Yes	16729018217	HYDROCHLOROTHIAZIDE	150	\$0.20667	\$0.06667	200% Above
Non-ORx	Yes	16729018301	HYDROCHLOROTHIAZIDE	60	\$0.00000	\$0.01667	(76%-100%) Below
Non-ORx	Yes	16729018317	HYDROCHLOROTHIAZIDE	180	\$0.05556	\$0.01111	200% Above
Non-ORx	Yes	16729018317	HYDROCHLOROTHIAZIDE	630	\$0.01587	\$0.01429	10%-25% Above
Non-ORx	Yes	16729018317	HYDROCHLOROTHIAZIDE	360	\$0.03333	\$0.01111	200% Above
Non-ORx	Yes	16729018317	HYDROCHLOROTHIAZIDE	240	\$0.05417	\$0.01667	200% Above
Non-ORx	Yes	16729018401	HYDROCHLOROTHIAZIDE	60	\$0.05000	\$0.03333	51%-75% Above
Non-ORx	Yes	16729020001	BUSPIRONE HYDROCHLORIDE	90	\$0.25556	\$0.03333	200% Above
Non-ORx	Yes	16729020001	BUSPIRONE HYDROCHLORIDE	45	\$0.17778	\$0.02222	200% Above
Non-ORx	Yes	16729020101	BUSPIRONE HYDROCHLORIDE	60	\$0.53333	\$0.20000	101%-200% Above
Non-ORx	Yes	16729020201	BUSPIRONE HYDROCHLORIDE	60	\$0.31667	\$0.05000	200% Above
Non-ORx	Yes	16729020301	BUSPIRONE HCL	180	\$0.23889	\$0.05556	200% Above
Non-ORx	Yes	16729020301	BUSPIRONE HCL	90	\$0.36667	\$0.05556	200% Above
Non-ORx	Yes	16729020301	BUSPIRONE HCL	60	\$0.36667	\$0.05000	200% Above
Non-ORx	Yes	16729021117	DOXAZOSIN MESYLATE	30	\$0.30000	\$0.10000	200% Above
Non-ORx	Yes	16729021301	DOXAZOSIN MESYLATE	30	\$0.03333	\$0.10000	(51%-75%) Below
Non-ORx	Yes	16729021716	SERTRALINE HYDROCHLORIDE	90	\$0.14444	\$0.05556	101%-200% Above
Non-ORx	Yes	16729021716	SERTRALINE HYDROCHLORIDE	60	\$0.05000	\$0.06667	(10%-25%) Below
Non-ORx	Yes	16729021816	CLOPIDOGREL	30	\$0.16667	\$0.06667	101%-200% Above
Non-ORx	Yes	16729022501	SPIRONOLACTONE	180	\$0.22222	\$0.05556	200% Above
Non-ORx	Yes	16729022501	SPIRONOLACTONE	120	\$0.20000	\$0.05000	200% Above
Non-ORx	Yes	16729022501	SPIRONOLACTONE	15	\$0.20000	\$0.06667	200% Above
Non-ORx	Yes	16729022516	SPIRONOLACTONE	135	\$0.28148	\$0.05185	200% Above
Non-ORx	Yes	16729022516	SPIRONOLACTONE	180	\$0.28333	\$0.05000	200% Above
Non-ORx	Yes	16729022516	SPIRONOLACTONE	60	\$0.33333	\$0.06667	200% Above
Non-ORx	Yes	16729022516	SPIRONOLACTONE	60	\$0.23333	\$0.05000	200% Above
Non-ORx	Yes	16729022517	SPIRONOLACTONE	120	\$0.30833	\$0.05000	200% Above
Non-ORx	Yes	16729022517	SPIRONOLACTONE	30	\$0.30000	\$0.06667	200% Above
Non-ORx	Yes	16729022601	SPIRONOLACTONE	120	\$0.67500	\$0.11667	200% Above
Non-ORx	Yes	16729022601	SPIRONOLACTONE	180	\$0.63889	\$0.11667	200% Above
Non-ORx	Yes	16729022601	SPIRONOLACTONE	120	\$0.41667	\$0.11667	200% Above
Non-ORx	Yes	16729022601	SPIRONOLACTONE	120	\$0.50833	\$0.13333	200% Above
Non-ORx	Yes	16729022616	SPIRONOLACTONE	120	\$0.66667	\$0.11667	200% Above
Non-ORx	Yes	16729022616	SPIRONOLACTONE	30	\$0.10000	\$0.13333	(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
Non-ORx	Yes	16729022701	SPIRONOLACTONE	120	\$1.00833	\$0.20833	200% Above
Non-ORx	Yes	16729022701	SPIRONOLACTONE	90	\$0.64444	\$0.20000	200% Above
Non-ORx	Yes	16729027310	PRASUGREL	30	\$0.26667	\$0.36667	(26%-50%) Below
Non-ORx	Yes	16729028517	ROSUVASTATIN CALCIUM	30	\$0.30000	\$0.06667	200% Above
Non-ORx	Yes	16729028717	ROSUVASTATIN CALCIUM	30	\$0.53333	\$0.13333	200% Above
Non-ORx	Yes	16729028912	BUSPIRONE HCL	60	\$0.70000	\$0.20000	200% Above
Non-ORx	Yes	16729029415	EPLERENONE	60	\$1.33333	\$0.96667	26%-50% Above
Non-ORx	Yes	16729031816	OXYBUTYNIN CHLORIDE ER	30	\$0.53333	\$0.16667	200% Above
Non-ORx	Yes	16729032115	OLMESARTAN MEDOXOMIL	30	\$0.30000	\$0.10000	200% Above
Non-ORx	Yes	16729032210	OLMESARTAN MEDOXOMIL	90	\$0.35556	\$0.15556	101%-200% Above
Non-ORx	Yes	16729032215	OLMESARTAN MEDOXOMIL	90	\$1.72222	\$0.14444	200% Above
Non-ORx	Yes	16729032215	OLMESARTAN MEDOXOMIL	90	\$0.44444	\$0.16667	101%-200% Above
Non-ORx	Yes	16729036715	OLMESARTAN MEDOXOMIL/HYDR	30	\$1.33333	\$0.30000	200% Above
Non-ORx	Yes	16729036815	OLMESARTAN MEDOXOMIL/HYDR	90	\$1.15556	\$0.30000	200% Above
Non-ORx	Yes	16729036815	OLMESARTAN MEDOXOMIL/HYDR	30	\$1.16667	\$0.30000	200% Above
Non-ORx	Yes	16729037016	TADALAFIL	60	\$0.50000	\$0.18333	101%-200% Above
Non-ORx	Yes	16729037110	TADALAFIL	12	\$2.00000	\$0.41667	200% Above
Non-ORx	Yes	16729037110	TADALAFIL	30	\$0.50000	\$0.40000	26%-50% Above
Non-ORx	Yes	16729043310	EZETIMIBE	30	\$0.76667	\$0.13333	200% Above
Non-ORx	Yes	16729043315	EZETIMIBE	60	\$0.56667	\$0.13333	200% Above
Non-ORx	Yes	16729043316	EZETIMIBE	30	\$0.33333	\$0.10000	200% Above
Non-ORx	Yes	16729044310	BUPROPION HYDROCHLORIDE E	30	\$0.33333	\$0.13333	101%-200% Above
Non-ORx	Yes	16729044315	BUPROPION HYDROCHLORIDE E	90	\$0.45556	\$0.14444	200% Above
Non-ORx	Yes	16729044315	BUPROPION HYDROCHLORIDE E	90	\$0.42222	\$0.13333	200% Above
Non-ORx	Yes	16729044316	BUPROPION HYDROCHLORIDE E	180	\$0.33889	\$0.13889	101%-200% Above
Non-ORx	Yes	16729044316	BUPROPION HYDROCHLORIDE E	450	\$0.33778	\$0.14222	101%-200% Above
Non-ORx	Yes	16729044316	BUPROPION HYDROCHLORIDE E	120	\$0.40000	\$0.13333	200% Above
Non-ORx	Yes	16729044410	BUPROPION HYDROCHLORIDE E	90	\$0.73333	\$0.20000	200% Above
Non-ORx	Yes	16729044416	BUPROPION HYDROCHLORIDE E	180	\$0.56111	\$0.20000	101%-200% Above
Non-ORx	Yes	16729044416	BUPROPION HYDROCHLORIDE E	30	\$0.56667	\$0.20000	101%-200% Above
Non-ORx	Yes	16729044717	LEVOTHYROXINE SODIUM	60	\$0.05000	\$0.13333	(51%-75%) Below
Non-ORx	Yes	16729044717	LEVOTHYROXINE SODIUM	90	\$0.20000	\$0.13333	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
Non-ORx	Yes	16729044815	LEVOTHYROXINE SODIUM	30	\$0.36667	\$0.13333	101%-200% Above
Non-ORx	Yes	16729044817	LEVOTHYROXINE SODIUM	60	\$0.26667	\$0.15000	76%-100% Above
Non-ORx	Yes	16729044817	LEVOTHYROXINE SODIUM	60	\$0.21667	\$0.13333	51%-75% Above
Non-ORx	Yes	16729044917	LEVOTHYROXINE SODIUM	120	\$0.25000	\$0.15833	51%-75% Above
Non-ORx	Yes	16729044917	LEVOTHYROXINE SODIUM	60	\$0.25000	\$0.16667	51%-75% Above
Non-ORx	Yes	16729045017	LEVOTHYROXINE SODIUM	30	\$0.06667	\$0.20000	(51%-75%) Below
Non-ORx	Yes	16729045117	LEVOTHYROXINE SODIUM	120	\$0.26667	\$0.16667	51%-75% Above
Non-ORx	Yes	16729045417	LEVOTHYROXINE SODIUM	60	\$0.38333	\$0.20000	76%-100% Above
Non-ORx	Yes	16729047901	METHYLPHENIDATE HYDROCHLO	30	\$0.46667	\$0.16667	101%-200% Above
Non-ORx	Yes	16729048001	METHYLPHENIDATE HYDROCHLO	60	\$1.01667	\$0.18333	200% Above
Non-ORx	Yes	16729048516	HYDROXYCHLOROQUINE SULFAT	47	\$0.80851	\$0.25532	200% Above
Non-ORx	Yes	16729048601	METHOTREXATE SODIUM	80	\$0.95000	\$0.30000	200% Above
Non-ORx	Yes	16729048601	METHOTREXATE SODIUM	32	\$0.96875	\$0.25000	200% Above
Non-ORx	Yes	16729048601	METHOTREXATE SODIUM	24	\$0.70833	\$0.29167	101%-200% Above
Non-ORx	Yes	16729048601	METHOTREXATE SODIUM	16	\$0.93750	\$0.31250	200% Above
Non-ORx	Yes	17478028810	TIMOLOL MALEATE	5	\$2.80000	\$1.20000	101%-200% Above
Non-ORx	Yes	17478071310	OFLOXACIN	10	\$3.00000	\$1.80000	51%-75% Above
Non-ORx	Yes	17478076610	PROGESTERONE	90	\$0.40000	\$0.25556	51%-75% Above
Non-ORx	Yes	17478076710	PROGESTERONE	90	\$1.53333	\$0.43333	200% Above
Non-ORx	Yes	21922002107	PERMETHRIN	120	\$0.82500	\$0.33333	101%-200% Above
Non-ORx	Yes	21922002411	TRIAMCINOLONE ACETONIDE	430	\$1.27674	\$0.63721	101%-200% Above
Non-ORx	Yes	21922002505	KETOCONAZOLE	30	\$0.63333	\$0.46667	26%-50% Above
Non-ORx	Yes	23155000201	HYDRALAZINE HYDROCHLORIDE	30	\$0.10000	\$0.03333	200% Above
Non-ORx	Yes	23155000301	HYDRALAZINE HYDROCHLORIDE	180	\$0.22222	\$0.05000	200% Above
Non-ORx	Yes	23155000301	HYDRALAZINE HYDROCHLORIDE	90	\$0.16667	\$0.04444	200% Above
Non-ORx	Yes	23155000310	HYDRALAZINE HYDROCHLORIDE	180	\$0.14444	\$0.04444	200% Above
Non-ORx	Yes	23155000810	HYDROCHLOROTHIAZIDE	360	\$0.02222	\$0.01111	101%-200% Above
Non-ORx	Yes	23155002301	BUSPIRONE HYDROCHLORIDE	90	\$0.04444	\$0.03333	26%-50% Above
Non-ORx	Yes	23155003001	FLUOXETINE HYDROCHLORIDE	30	\$0.10000	\$0.06667	51%-75% Above
Non-ORx	Yes	23155005519	NARATRIPTAN HCL	9	\$4.00000	\$1.55556	101%-200% Above
Non-ORx	Yes	23155005801	GLYBURIDE	180	\$0.19444	\$0.11111	76%-100% Above
Non-ORx	Yes	23155005801	GLYBURIDE	30	\$0.30000	\$0.10000	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
Non-ORx	Yes	23155005810	GLYBURIDE	90	\$0.13333	\$0.11111	10%-25% Above
Non-ORx	Yes	23155007001	METHIMAZOLE	30	\$0.23333	\$0.06667	200% Above
Non-ORx	Yes	23155007101	METHIMAZOLE	75	\$0.09333	\$0.12000	(10%-25%) Below
Non-ORx	Yes	23155007101	METHIMAZOLE	30	\$0.53333	\$0.10000	200% Above
Non-ORx	Yes	23155010205	METFORMIN HYDROCHLORIDE	180	\$0.02778	\$0.01667	51%-75% Above
Non-ORx	Yes	23155010205	METFORMIN HYDROCHLORIDE	60	\$0.03333	\$0.01667	101%-200% Above
Non-ORx	Yes	23155010405	METFORMIN HYDROCHLORIDE	120	\$0.05000	\$0.02500	101%-200% Above
Non-ORx	Yes	23155019101	BUPROPION HCL	120	\$0.30833	\$0.12500	101%-200% Above
Non-ORx	Yes	23155022901	ACYCLOVIR	60	\$0.30000	\$0.11667	101%-200% Above
Non-ORx	Yes	23155048601	VERAPAMIL HYDROCHLORIDE	180	\$0.27778	\$0.07778	200% Above
Non-ORx	Yes	23155050001	HYDROXYZINE HYDROCHLORIDE	30	\$0.53333	\$0.03333	200% Above
Non-ORx	Yes	23155050010	HYDROXYZINE HYDROCHLORIDE	60	\$0.06667	\$0.05000	26%-50% Above
Non-ORx	Yes	23155050105	HYDROXYZINE HYDROCHLORIDE	90	\$0.23333	\$0.07778	200% Above
Non-ORx	Yes	23155050105	HYDROXYZINE HYDROCHLORIDE	60	\$0.53333	\$0.06667	200% Above
Non-ORx	Yes	23155053102	CALCIUM ACETATE	90	\$0.67778	\$0.33333	101%-200% Above
Non-ORx	Yes	23155060601	GLYCOPYRROLATE	180	\$0.12222	\$0.13889	(10%-25%) Below
Non-ORx	Yes	23155065201	METRONIDAZOLE	14	\$0.71429	\$0.14286	200% Above
Non-ORx	Yes	23155066301	CALCITRIOL	90	\$1.00000	\$0.30000	200% Above
Non-ORx	Yes	23155069310	ALLOPURINOL	60	\$0.03333	\$0.05000	(26%-50%) Below
Non-ORx	Yes	23155069310	ALLOPURINOL	28	\$0.14286	\$0.07143	101%-200% Above
Non-ORx	Yes	23155069405	ALLOPURINOL	60	\$0.16667	\$0.10000	51%-75% Above
Non-ORx	Yes	24208029505	TOBRAMYCIN/DEXAMETHASONE	5	\$17.00000	\$15.40000	10%-25% Above
Non-ORx	Yes	24208029525	TOBRAMYCIN/DEXAMETHASONE	3	\$5.33333	\$13.00000	(51%-75%) Below
Non-ORx	Yes	24208031510	POLYMYXIN B SULFATE/TRIME	20	\$0.90000	\$0.40000	101%-200% Above
Non-ORx	Yes	24208041005	OFLOXACIN	5	\$8.00000	\$2.40000	200% Above
Non-ORx	Yes	24208046325	LATANOPROST	8	\$4.00000	\$1.62500	101%-200% Above
Non-ORx	Yes	24208046325	LATANOPROST	6	\$5.66667	\$1.66667	200% Above
Non-ORx	Yes	24208048610	DORZOLAMIDE HCL/TIMOLOL M	10	\$4.40000	\$1.30000	200% Above
Non-ORx	Yes	24208063110	NEOMYCIN/POLYMYXIN/HC	10	\$8.60000	\$5.70000	51%-75% Above
Non-ORx	Yes	24208063562	NEOMYCIN/POLYMYXIN/HYDRO C	10	\$7.00000	\$6.20000	10%-25% Above
Non-ORx	Yes	24208063562	NEOMYCIN/POLYMYXIN/HYDRO C	10	\$7.00000	\$6.10000	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
Non-ORx	Yes	24208083060	NEOMYCIN/POLYMYXIN/DEXAM E	10	\$3.30000	\$2.60000	26%-50% Above
Non-ORx	Yes	24208083060	NEOMYCIN/POLYMYXIN/DEXAM E	25	\$3.32000	\$2.60000	26%-50% Above
Non-ORx	Yes	24208091055	ERYTHROMYCIN	4	\$3.75000	\$2.50000	51%-75% Above
Non-ORx	Yes	24658031205	DOXYCYCLINE HYCLATE	28	\$0.78571	\$0.14286	200% Above
Non-ORx	Yes	24658031205	DOXYCYCLINE HYCLATE	16	\$0.56250	\$0.12500	200% Above
Non-ORx	Yes	24979002602	DILTIAZEM HYDROCHLORIDE E	30	\$0.20000	\$0.16667	10%-25% Above
Non-ORx	Yes	24979002607	DILTIAZEM HYDROCHLORIDE E	60	\$0.25000	\$0.16667	51%-75% Above
Non-ORx	Yes	24979002702	DILTIAZEM HYDROCHLORIDE E	60	\$0.56667	\$0.23333	101%-200% Above
Non-ORx	Yes	24979002707	DILTIAZEM HYDROCHLORIDE E	30	\$0.36667	\$0.23333	51%-75% Above
Non-ORx	Yes	24979002802	DILTIAZEM HYDROCHLORIDE E	60	\$0.43333	\$0.30000	26%-50% Above
Non-ORx	Yes	24979002807	DILTIAZEM HYDROCHLORIDE E	60	\$0.43333	\$0.26667	51%-75% Above
Non-ORx	Yes	24979002902	DILTIAZEM HYDROCHLORIDE E	30	\$0.26667	\$0.36667	(26%-50%) Below
Non-ORx	Yes	24979002907	DILTIAZEM HYDROCHLORIDE E	30	\$0.86667	\$0.36667	101%-200% Above
Non-ORx	Yes	24979003701	METOPROLOL SUCCINATE ER	30	\$0.20000	\$0.10000	101%-200% Above
Non-ORx	Yes	24979003703	METOPROLOL SUCCINATE ER	30	\$0.06667	\$0.10000	(26%-50%) Below
Non-ORx	Yes	24979003802	METOPROLOL SUCCINATE ER	15	\$0.06667	\$0.13333	(26%-50%) Below
Non-ORx	Yes	24979003803	METOPROLOL SUCCINATE ER	60	\$0.20000	\$0.10000	101%-200% Above
Non-ORx	Yes	24979003901	METOPROLOL SUCCINATE ER	30	\$0.23333	\$0.16667	26%-50% Above
Non-ORx	Yes	24979053401	GUANFACINE ER	90	\$0.34444	\$0.25556	26%-50% Above
Non-ORx	Yes	24979053601	GUANFACINE ER	30	\$0.70000	\$0.26667	101%-200% Above
Non-ORx	Yes	24979053801	GUANFACINE ER	30	\$0.53333	\$0.23333	101%-200% Above
Non-ORx	Yes	27241000106	RISPERIDONE	30	\$0.50000	\$0.03333	200% Above
Non-ORx	Yes	27241004021	ELETRIPTAN HYDROBROMIDE	18	\$11.72222	\$4.00000	101%-200% Above
Non-ORx	Yes	27241005203	ARIPIRAZOLE	30	\$0.46667	\$0.16667	101%-200% Above
Non-ORx	Yes	27241009706	DULOXETINE HYDROCHLORIDE	90	\$0.41111	\$0.13333	200% Above
Non-ORx	Yes	27241009706	DULOXETINE HYDROCHLORIDE	60	\$0.26667	\$0.13333	101%-200% Above
Non-ORx	Yes	27241009803	DULOXETINE HCL	90	\$0.40000	\$0.12222	200% Above
Non-ORx	Yes	27241009803	DULOXETINE HCL	60	\$0.40000	\$0.10000	200% Above
Non-ORx	Yes	27241009810	DULOXETINE HCL	90	\$0.35556	\$0.12222	101%-200% Above
Non-ORx	Yes	27241009810	DULOXETINE HCL	14	\$0.50000	\$0.14286	200% Above
Non-ORx	Yes	27241009903	DULOXETINE HYDROCHLORIDE	90	\$0.51111	\$0.12222	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
Non-ORx	Yes	27241009903	DULOXETINE HYDROCHLORIDE	60	\$0.10000	\$0.13333	(10%-25%) Below
Non-ORx	Yes	27241009990	DULOXETINE HYDROCHLORIDE	120	\$0.38333	\$0.13333	101%-200% Above
Non-ORx	Yes	27241009990	DULOXETINE HYDROCHLORIDE	90	\$0.25556	\$0.12222	101%-200% Above
Non-ORx	Yes	27241009990	DULOXETINE HYDROCHLORIDE	120	\$0.50000	\$0.13333	200% Above
Non-ORx	Yes	27241011403	TADALAFIL	6	\$1.66667	\$0.50000	200% Above
Non-ORx	Yes	27241011703	FENOFIBRATE	90	\$0.63333	\$0.15556	200% Above
Non-ORx	Yes	27241011703	FENOFIBRATE	60	\$0.63333	\$0.16667	200% Above
Non-ORx	Yes	27241011703	FENOFIBRATE	150	\$0.42667	\$0.20000	101%-200% Above
Non-ORx	Yes	27241011703	FENOFIBRATE	30	\$0.86667	\$0.16667	200% Above
Non-ORx	Yes	27241012502	RANOLAZINE ER	120	\$1.25000	\$0.33333	200% Above
Non-ORx	Yes	27241012602	RANOLAZINE ER	60	\$2.01667	\$0.48333	200% Above
Non-ORx	Yes	27241016801	DOXEPIN HYDROCHLORIDE	30	\$0.56667	\$0.30000	76%-100% Above
Non-ORx	Yes	27241019230	TOLTERODINE TARTRATE ER	30	\$0.00000	\$1.13333	(76%-100%) Below
Non-ORx	Yes	27241019290	TOLTERODINE TARTRATE ER	30	\$3.96667	\$1.13333	200% Above
Non-ORx	Yes	27808003501	HYDROCODONE BITARTRATE/AC	8	\$0.62500	\$0.12500	200% Above
Non-ORx	Yes	27808003502	HYDROCODONE BITARTRATE/AC	36	\$0.36111	\$0.11111	200% Above
Non-ORx	Yes	27808003502	HYDROCODONE BITARTRATE/AC	30	\$0.36667	\$0.10000	200% Above
Non-ORx	Yes	27808003503	HYDROCODONE BITARTRATE/AC	24	\$0.20833	\$0.08333	101%-200% Above
Non-ORx	Yes	27808003503	HYDROCODONE BITARTRATE/AC	12	\$0.33333	\$0.08333	200% Above
Non-ORx	Yes	27808003601	HYDROCODONE/ACETAMINOPHEN	12	\$0.33333	\$0.08333	200% Above
Non-ORx	Yes	27808003603	HYDROCODONE/ACETAMINOPHEN	16	\$0.43750	\$0.12500	200% Above
Non-ORx	Yes	27808003603	HYDROCODONE/ACETAMINOPHEN	15	\$0.26667	\$0.13333	101%-200% Above
Non-ORx	Yes	27808003702	HYDROCODONE BITARTRATE/AC	240	\$0.17500	\$0.12500	26%-50% Above
Non-ORx	Yes	27808003703	HYDROCODONE BITARTRATE/AC	30	\$0.43333	\$0.13333	200% Above
Non-ORx	Yes	27808003703	HYDROCODONE BITARTRATE/AC	28	\$0.32143	\$0.10714	200% Above
Non-ORx	Yes	27808006502	PROMETHAZINE/CODEINE	120	\$0.01667	\$0.05000	(51%-75%) Below
Non-ORx	Yes	27808015501	ROSUVASTATIN CALCIUM	120	\$0.25833	\$0.06667	200% Above
Non-ORx	Yes	27808015501	ROSUVASTATIN CALCIUM	60	\$0.33333	\$0.06667	200% Above
Non-ORx	Yes	27808015503	ROSUVASTATIN CALCIUM	90	\$0.48889	\$0.06667	200% Above
Non-ORx	Yes	27808015601	ROSUVASTATIN CALCIUM	60	\$0.28333	\$0.06667	200% Above
Non-ORx	Yes	27808015601	ROSUVASTATIN CALCIUM	60	\$0.16667	\$0.06667	101%-200% Above
Non-ORx	Yes	27808015601	ROSUVASTATIN CALCIUM	15	\$1.00000	\$0.06667	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
Non-ORx	Yes	27808015603	ROSUVASTATIN CALCIUM	120	\$0.45833	\$0.06667	200% Above
Non-ORx	Yes	27808015603	ROSUVASTATIN CALCIUM	150	\$0.30000	\$0.06667	200% Above
Non-ORx	Yes	27808015603	ROSUVASTATIN CALCIUM	120	\$0.62500	\$0.06667	200% Above
Non-ORx	Yes	27808015701	ROSUVASTATIN CALCIUM	90	\$0.40000	\$0.06667	200% Above
Non-ORx	Yes	27808015703	ROSUVASTATIN CALCIUM	360	\$0.35000	\$0.07778	200% Above
Non-ORx	Yes	27808015703	ROSUVASTATIN CALCIUM	120	\$0.17500	\$0.06667	101%-200% Above
Non-ORx	Yes	27808015801	ROSUVASTATIN CALCIUM	60	\$0.55000	\$0.13333	200% Above
Non-ORx	Yes	27808015803	ROSUVASTATIN CALCIUM	90	\$0.54444	\$0.13333	200% Above
Non-ORx	Yes	27808015803	ROSUVASTATIN CALCIUM	30	\$0.46667	\$0.13333	200% Above
Non-ORx	Yes	29033000305	SUCRALFATE	30	\$0.13333	\$0.20000	(26%-50%) Below
Non-ORx	Yes	29033003206	METFORMIN HYDROCHLORIDE E	60	\$4.93333	\$2.20000	101%-200% Above
Non-ORx	Yes	29300011101	LAMOTRIGINE	21	\$0.28571	\$0.04762	200% Above
Non-ORx	Yes	29300011101	LAMOTRIGINE	60	\$0.05000	\$0.03333	51%-75% Above
Non-ORx	Yes	29300011101	LAMOTRIGINE	30	\$0.20000	\$0.03333	200% Above
Non-ORx	Yes	29300011105	LAMOTRIGINE	180	\$0.21111	\$0.03333	200% Above
Non-ORx	Yes	29300011105	LAMOTRIGINE	60	\$0.11667	\$0.03333	200% Above
Non-ORx	Yes	29300011205	LAMOTRIGINE	60	\$0.03333	\$0.06667	(26%-50%) Below
Non-ORx	Yes	29300011210	LAMOTRIGINE	90	\$0.12222	\$0.06667	76%-100% Above
Non-ORx	Yes	29300011316	LAMOTRIGINE	90	\$0.40000	\$0.08889	200% Above
Non-ORx	Yes	29300011616	TOPIRAMATE	30	\$0.06667	\$0.03333	101%-200% Above
Non-ORx	Yes	29300012410	MELOXICAM	120	\$0.10000	\$0.02500	200% Above
Non-ORx	Yes	29300012410	MELOXICAM	60	\$0.23333	\$0.03333	200% Above
Non-ORx	Yes	29300012510	MELOXICAM	180	\$0.10000	\$0.02222	200% Above
Non-ORx	Yes	29300012510	MELOXICAM	240	\$0.47500	\$0.01667	200% Above
Non-ORx	Yes	29300012510	MELOXICAM	210	\$0.20952	\$0.03333	200% Above
Non-ORx	Yes	29300012601	BISOPROLOL FUMARATE	105	\$0.83810	\$0.39048	101%-200% Above
Non-ORx	Yes	29300012601	BISOPROLOL FUMARATE	120	\$0.99167	\$0.38333	101%-200% Above
Non-ORx	Yes	29300012601	BISOPROLOL FUMARATE	30	\$1.26667	\$0.36667	200% Above
Non-ORx	Yes	29300012613	BISOPROLOL FUMARATE	30	\$1.26667	\$0.40000	200% Above
Non-ORx	Yes	29300012701	BISOPROLOL FUMARATE	90	\$1.08889	\$0.48889	101%-200% Above
Non-ORx	Yes	29300012701	BISOPROLOL FUMARATE	90	\$1.08889	\$0.46667	101%-200% Above
Non-ORx	Yes	29300012810	HYDROCHLOROTHIAZIDE	150	\$0.04667	\$0.01333	200% Above
Non-ORx	Yes	29300012810	HYDROCHLOROTHIAZIDE	180	\$0.05556	\$0.01111	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
Non-ORx	Yes	29300013001	HYDROCHLOROTHIAZIDE	30	\$0.06667	\$0.03333	101%-200% Above
Non-ORx	Yes	29300013601	CLONIDINE HYDROCHLORIDE	60	\$0.15000	\$0.03333	200% Above
Non-ORx	Yes	29300013601	CLONIDINE HYDROCHLORIDE	180	\$0.21111	\$0.03889	200% Above
Non-ORx	Yes	29300013605	CLONIDINE HYDROCHLORIDE	120	\$0.16667	\$0.04167	200% Above
Non-ORx	Yes	29300013610	CLONIDINE HYDROCHLORIDE	60	\$0.13333	\$0.03333	200% Above
Non-ORx	Yes	29300013701	CLONIDINE HYDROCHLORIDE	60	\$0.21667	\$0.03333	200% Above
Non-ORx	Yes	29300013905	DIVALPROEX SODIUM DR	60	\$0.13333	\$0.06667	101%-200% Above
Non-ORx	Yes	29300014005	DIVALPROEX SODIUM DR	93	\$0.54839	\$0.12903	200% Above
Non-ORx	Yes	29300014710	QUETIAPINE FUMARATE	30	\$0.20000	\$0.03333	200% Above
Non-ORx	Yes	29300016815	TIZANIDINE HCL	60	\$0.30000	\$0.05000	200% Above
Non-ORx	Yes	29300016910	TIZANIDINE HYDROCHLORIDE	60	\$0.25000	\$0.05000	200% Above
Non-ORx	Yes	29300018701	BISOPROLOL FUMARATE/HYDRO	90	\$0.53333	\$0.35556	51%-75% Above
Non-ORx	Yes	29300018705	BISOPROLOL FUMARATE/HYDRO	60	\$0.73333	\$0.36667	101%-200% Above
Non-ORx	Yes	29300018801	BISOPROLOL FUMARATE/HYDRO	45	\$0.48889	\$0.35556	26%-50% Above
Non-ORx	Yes	29300018801	BISOPROLOL FUMARATE/HYDRO	30	\$0.53333	\$0.36667	26%-50% Above
Non-ORx	Yes	29300018805	BISOPROLOL FUMARATE/HYDRO	30	\$1.26667	\$0.36667	200% Above
Non-ORx	Yes	29300019219	LOSARTAN POTASSIUM/HYDROC	60	\$0.58333	\$0.20000	101%-200% Above
Non-ORx	Yes	29300022010	MONTELUKAST SODIUM	90	\$0.23333	\$0.06667	200% Above
Non-ORx	Yes	29300022019	MONTELUKAST SODIUM	90	\$0.41111	\$0.05556	200% Above
Non-ORx	Yes	29300022019	MONTELUKAST SODIUM	120	\$0.28333	\$0.05833	200% Above
Non-ORx	Yes	29300022019	MONTELUKAST SODIUM	180	\$0.30000	\$0.06667	200% Above
Non-ORx	Yes	29300022701	METRONIDAZOLE	30	\$0.50000	\$0.13333	200% Above
Non-ORx	Yes	29300022701	METRONIDAZOLE	28	\$0.50000	\$0.14286	200% Above
Non-ORx	Yes	29300022701	METRONIDAZOLE	8	\$0.50000	\$0.12500	200% Above
Non-ORx	Yes	29300022705	METRONIDAZOLE	21	\$0.61905	\$0.14286	200% Above
Non-ORx	Yes	29300024210	AMLODIPINE BESYLATE	60	\$0.05000	\$0.01667	200% Above
Non-ORx	Yes	29300024405	BUSPIRONE HYDROCHLORIDE	120	\$0.15000	\$0.03333	200% Above
Non-ORx	Yes	29300024505	BUSPIRONE HYDROCHLORIDE	120	\$0.15000	\$0.04167	200% Above
Non-ORx	Yes	29300024505	BUSPIRONE HYDROCHLORIDE	120	\$0.10833	\$0.03333	200% Above
Non-ORx	Yes	29300024505	BUSPIRONE HYDROCHLORIDE	60	\$0.15000	\$0.05000	200% Above
Non-ORx	Yes	29300024505	BUSPIRONE HYDROCHLORIDE	90	\$0.15556	\$0.03333	200% Above
Non-ORx	Yes	29300024601	BUSPIRONE HYDROCHLORIDE	120	\$0.18333	\$0.05000	200% Above
Non-ORx	Yes	29300024716	BUSPIRONE HYDROCHLORIDE	60	\$0.25000	\$0.20000	26%-50% Above
Non-ORx	Yes	29300033301	CHLORTHALIDONE	180	\$0.50556	\$0.16667	200% Above
Non-ORx	Yes	29300033301	CHLORTHALIDONE	30	\$0.63333	\$0.16667	200% Above
Non-ORx	Yes	29300034410	BACLOFEN	30	\$0.16667	\$0.13333	26%-50% Above
Non-ORx	Yes	29300034901	ALLOPURINOL	90	\$0.18889	\$0.05556	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
Non-ORx	Yes	29300035005	ALLOPURINOL	180	\$0.20556	\$0.08889	101%-200% Above
Non-ORx	Yes	29300035005	ALLOPURINOL	30	\$0.40000	\$0.10000	200% Above
Non-ORx	Yes	29300035505	TRAMADOL HYDROCHLORIDE	180	\$0.15000	\$0.02222	200% Above
Non-ORx	Yes	29300035505	TRAMADOL HYDROCHLORIDE	40	\$0.20000	\$0.02500	200% Above
Non-ORx	Yes	29300039705	AMLODIPINE BESYLATE	180	\$0.22222	\$0.01111	200% Above
Non-ORx	Yes	29300039705	AMLODIPINE BESYLATE	300	\$0.21667	\$0.01667	200% Above
Non-ORx	Yes	29300039705	AMLODIPINE BESYLATE	45	\$0.17778	\$0.02222	200% Above
Non-ORx	Yes	29300039710	AMLODIPINE BESYLATE	180	\$0.12222	\$0.01111	200% Above
Non-ORx	Yes	29300039710	AMLODIPINE BESYLATE	120	\$0.03333	\$0.01667	101%-200% Above
Non-ORx	Yes	29300039805	AMLODIPINE BESYLATE	90	\$0.20000	\$0.01111	200% Above
Non-ORx	Yes	29300039805	AMLODIPINE BESYLATE	60	\$0.20000	\$0.01667	200% Above
Non-ORx	Yes	29300039810	AMLODIPINE BESYLATE	30	\$0.23333	\$0.03333	200% Above
Non-ORx	Yes	29300041301	CYCLOBENZAPRINE HYDROCHLO	30	\$0.10000	\$0.03333	200% Above
Non-ORx	Yes	29300041501	CYCLOBENZAPRINE HYDROCHLO	90	\$0.08889	\$0.02222	200% Above
Non-ORx	Yes	29300041901	AMITRIPTYLINE HYDROCHLORI	30	\$0.23333	\$0.03333	200% Above
Non-ORx	Yes	29300045901	GUANFACINE HYDROCHLORIDE	90	\$1.30000	\$0.80000	51%-75% Above
Non-ORx	Yes	29300046805	CLONIDINE HYDROCHLORIDE	120	\$0.20000	\$0.02500	200% Above
Non-ORx	Yes	29300046805	CLONIDINE HYDROCHLORIDE	90	\$0.05556	\$0.03333	51%-75% Above
Non-ORx	Yes	29300046805	CLONIDINE HYDROCHLORIDE	60	\$0.15000	\$0.03333	200% Above
Non-ORx	Yes	29300046810	CLONIDINE HYDROCHLORIDE	120	\$0.05833	\$0.02500	101%-200% Above
Non-ORx	Yes	31722000490	VENLAFAXINE HYDROCHLORIDE	30	\$0.50000	\$0.16667	200% Above
Non-ORx	Yes	31722012805	GEMFIBROZIL	180	\$0.30000	\$0.10556	101%-200% Above
Non-ORx	Yes	31722013190	DUTASTERIDE	30	\$0.63333	\$0.20000	200% Above
Non-ORx	Yes	31722015390	VALSARTAN	30	\$0.53333	\$0.23333	101%-200% Above
Non-ORx	Yes	31722015701	AMPHETAMINE/DEXTROAMPHE TA	30	\$1.03333	\$0.26667	200% Above
Non-ORx	Yes	31722016301	AMPHETAMINE/DEXTROAMPHE TA	60	\$1.08333	\$0.31667	200% Above
Non-ORx	Yes	31722016401	AMPHETAMINE/DEXTROAMPHE TA	90	\$0.74444	\$0.32222	101%-200% Above
Non-ORx	Yes	31722016401	AMPHETAMINE/DEXTROAMPHE TA	75	\$1.08000	\$0.30667	200% Above
Non-ORx	Yes	31722016401	AMPHETAMINE/DEXTROAMPHE TA	60	\$0.73333	\$0.30000	101%-200% Above
Non-ORx	Yes	31722017401	METHYLPHENIDATE HYDROCHLO	60	\$0.70000	\$0.16667	200% Above
Non-ORx	Yes	31722050660	LAMIVUDINE/ZIDOVUDINE	60	\$3.16667	\$0.63333	200% Above
Non-ORx	Yes	31722051901	HYDRALAZINE HCL	180	\$0.24444	\$0.03889	200% Above
Non-ORx	Yes	31722051901	HYDRALAZINE HCL	360	\$0.19167	\$0.03611	200% Above
Non-ORx	Yes	31722052001	HYDRALAZINE HYDROCHLORIDE	240	\$0.25417	\$0.04167	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
Non-ORx	Yes	31722052001	HYDRALAZINE HYDROCHLORIDE	30	\$0.10000	\$0.03333	200% Above
Non-ORx	Yes	31722052010	HYDRALAZINE HYDROCHLORIDE	90	\$0.16667	\$0.04444	200% Above
Non-ORx	Yes	31722052101	HYDRALAZINE HYDROCHLORIDE	60	\$0.15000	\$0.05000	200% Above
Non-ORx	Yes	31722052201	HYDRALAZINE HYDROCHLORIDE	90	\$0.44444	\$0.08889	200% Above
Non-ORx	Yes	31722052530	FINASTERIDE	90	\$0.41111	\$0.07778	200% Above
Non-ORx	Yes	31722053101	TORSEMIDE	90	\$0.26667	\$0.06667	200% Above
Non-ORx	Yes	31722053201	TORSEMIDE	60	\$1.23333	\$0.25000	200% Above
Non-ORx	Yes	31722053301	METHOCARBAMOL	60	\$0.23333	\$0.06667	200% Above
Non-ORx	Yes	31722053301	METHOCARBAMOL	120	\$0.34167	\$0.06667	200% Above
Non-ORx	Yes	31722053305	METHOCARBAMOL	30	\$0.03333	\$0.06667	(26%-50%) Below
Non-ORx	Yes	31722053401	METHOCARBAMOL	90	\$0.35556	\$0.08889	200% Above
Non-ORx	Yes	31722053705	LEVETIRACETAM	60	\$0.31667	\$0.10000	200% Above
Non-ORx	Yes	31722053805	LEVETIRACETAM	90	\$0.12222	\$0.15556	(10%-25%) Below
Non-ORx	Yes	31722053812	LEVETIRACETAM	120	\$0.35000	\$0.15833	101%-200% Above
Non-ORx	Yes	31722053960	LEVETIRACETAM	60	\$0.16667	\$0.23333	(26%-50%) Below
Non-ORx	Yes	31722054301	INDOMETHACIN	30	\$0.36667	\$0.10000	200% Above
Non-ORx	Yes	31722054301	INDOMETHACIN	42	\$0.52381	\$0.14286	200% Above
Non-ORx	Yes	31722054301	INDOMETHACIN	14	\$0.35714	\$0.14286	101%-200% Above
Non-ORx	Yes	31722054501	LITHIUM CARBONATE	60	\$0.11667	\$0.05000	101%-200% Above
Non-ORx	Yes	31722055190	LEVOCETIRIZINE DIHYDROCHL	90	\$0.31111	\$0.06667	200% Above
Non-ORx	Yes	31722055190	LEVOCETIRIZINE DIHYDROCHL	120	\$0.30833	\$0.07500	200% Above
Non-ORx	Yes	31722055190	LEVOCETIRIZINE DIHYDROCHL	20	\$0.05000	\$0.10000	(26%-50%) Below
Non-ORx	Yes	31722055190	LEVOCETIRIZINE DIHYDROCHL	120	\$0.35000	\$0.06667	200% Above
Non-ORx	Yes	31722056501	INDOMETHACIN ER	60	\$0.65000	\$0.23333	101%-200% Above
Non-ORx	Yes	31722058630	NEBIVOLOL HYDROCHLORIDE	30	\$2.53333	\$0.56667	200% Above
Non-ORx	Yes	31722059690	FENOFIBRATE	30	\$0.56667	\$0.16667	200% Above
Non-ORx	Yes	31722061290	PREGABALIN	56	\$0.05357	\$0.07143	(10%-25%) Below
Non-ORx	Yes	31722064430	TADALAFIL	60	\$0.35000	\$0.20000	76%-100% Above
Non-ORx	Yes	31722064630	TADALAFIL	6	\$0.16667	\$0.50000	(51%-75%) Below
Non-ORx	Yes	31722066510	ESOMEPRAZOLE MAGNESIUM	90	\$0.41111	\$0.20000	101%-200% Above
Non-ORx	Yes	31722066530	ESOMEPRAZOLE MAGNESIUM	180	\$0.49444	\$0.20000	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
Non-ORx	Yes	31722066530	ESOMEPRAZOLE MAGNESIUM	180	\$0.48889	\$0.20000	101%-200% Above
Non-ORx	Yes	31722066530	ESOMEPRAZOLE MAGNESIUM	60	\$0.50000	\$0.20000	101%-200% Above
Non-ORx	Yes	31722070010	LOSARTAN POTASSIUM	180	\$0.27778	\$0.05556	200% Above
Non-ORx	Yes	31722070010	LOSARTAN POTASSIUM	90	\$0.27778	\$0.06667	200% Above
Non-ORx	Yes	31722070090	LOSARTAN POTASSIUM	90	\$0.33333	\$0.05556	200% Above
Non-ORx	Yes	31722070090	LOSARTAN POTASSIUM	120	\$0.15833	\$0.05833	101%-200% Above
Non-ORx	Yes	31722070090	LOSARTAN POTASSIUM	60	\$0.06667	\$0.05000	26%-50% Above
Non-ORx	Yes	31722070090	LOSARTAN POTASSIUM	120	\$0.16667	\$0.06667	101%-200% Above
Non-ORx	Yes	31722070110	LOSARTAN POTASSIUM	180	\$0.20556	\$0.06667	200% Above
Non-ORx	Yes	31722070110	LOSARTAN POTASSIUM	90	\$0.23333	\$0.07778	200% Above
Non-ORx	Yes	31722070110	LOSARTAN POTASSIUM	120	\$0.18333	\$0.06667	101%-200% Above
Non-ORx	Yes	31722070110	LOSARTAN POTASSIUM	15	\$0.20000	\$0.06667	200% Above
Non-ORx	Yes	31722070110	LOSARTAN POTASSIUM	300	\$0.29000	\$0.06667	200% Above
Non-ORx	Yes	31722070190	LOSARTAN POTASSIUM	450	\$0.17556	\$0.07333	101%-200% Above
Non-ORx	Yes	31722070190	LOSARTAN POTASSIUM	180	\$0.35556	\$0.06667	200% Above
Non-ORx	Yes	31722070190	LOSARTAN POTASSIUM	90	\$0.30000	\$0.06667	200% Above
Non-ORx	Yes	31722070190	LOSARTAN POTASSIUM	180	\$0.28333	\$0.06667	200% Above
Non-ORx	Yes	31722070190	LOSARTAN POTASSIUM	120	\$0.26667	\$0.06667	200% Above
Non-ORx	Yes	31722070190	LOSARTAN POTASSIUM	60	\$0.18333	\$0.08333	101%-200% Above
Non-ORx	Yes	31722070210	LOSARTAN POTASSIUM	180	\$0.20556	\$0.08889	101%-200% Above
Non-ORx	Yes	31722070210	LOSARTAN POTASSIUM	120	\$0.26667	\$0.08333	200% Above
Non-ORx	Yes	31722070210	LOSARTAN POTASSIUM	480	\$0.30208	\$0.10000	200% Above
Non-ORx	Yes	31722070210	LOSARTAN POTASSIUM	28	\$0.53571	\$0.07143	200% Above
Non-ORx	Yes	31722070290	LOSARTAN POTASSIUM	480	\$0.17292	\$0.08958	76%-100% Above
Non-ORx	Yes	31722070290	LOSARTAN POTASSIUM	270	\$0.45556	\$0.08889	200% Above
Non-ORx	Yes	31722070290	LOSARTAN POTASSIUM	180	\$0.15000	\$0.10000	51%-75% Above
Non-ORx	Yes	31722070290	LOSARTAN POTASSIUM	90	\$0.16667	\$0.10000	51%-75% Above
Non-ORx	Yes	31722070290	LOSARTAN POTASSIUM	60	\$0.30000	\$0.08333	200% Above
Non-ORx	Yes	31722070430	VALACYCLOVIR HYDROCHLORID	180	\$1.14444	\$0.31111	200% Above
Non-ORx	Yes	31722070430	VALACYCLOVIR HYDROCHLORID	124	\$0.99194	\$0.30645	200% Above
Non-ORx	Yes	31722070430	VALACYCLOVIR HYDROCHLORID	180	\$1.34444	\$0.30000	200% Above
Non-ORx	Yes	31722070430	VALACYCLOVIR HYDROCHLORID	6	\$1.00000	\$0.33333	200% Above
Non-ORx	Yes	31722070430	VALACYCLOVIR HYDROCHLORID	60	\$0.93333	\$0.30000	200% Above
Non-ORx	Yes	31722070490	VALACYCLOVIR HYDROCHLORID	90	\$1.14444	\$0.31111	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
Non-ORx	Yes	31722070490	VALACYCLOVIR HYDROCHLORID	30	\$1.13333	\$0.30000	200% Above
Non-ORx	Yes	31722070530	VALACYCLOVIR HCL	60	\$2.30000	\$0.56667	200% Above
Non-ORx	Yes	31722070530	VALACYCLOVIR HCL	60	\$2.11667	\$0.55000	200% Above
Non-ORx	Yes	31722070530	VALACYCLOVIR HCL	42	\$2.09524	\$0.57143	200% Above
Non-ORx	Yes	31722070530	VALACYCLOVIR HCL	12	\$2.50000	\$0.58333	200% Above
Non-ORx	Yes	31722070590	VALACYCLOVIR HCL	60	\$1.65000	\$0.56667	101%-200% Above
Non-ORx	Yes	31722070590	VALACYCLOVIR HCL	46	\$2.10870	\$0.56522	200% Above
Non-ORx	Yes	31722070590	VALACYCLOVIR HCL	111	\$2.11712	\$0.56757	200% Above
Non-ORx	Yes	31722071101	SILDENAFIL	6	\$2.33333	\$0.33333	200% Above
Non-ORx	Yes	31722071290	PANTOPRAZOLE SODIUM	30	\$0.30000	\$0.06667	200% Above
Non-ORx	Yes	31722071310	PANTOPRAZOLE SODIUM	90	\$0.22222	\$0.05556	200% Above
Non-ORx	Yes	31722071310	PANTOPRAZOLE SODIUM	90	\$0.22222	\$0.06667	200% Above
Non-ORx	Yes	31722071310	PANTOPRAZOLE SODIUM	60	\$1.33333	\$0.06667	200% Above
Non-ORx	Yes	31722071390	PANTOPRAZOLE SODIUM	60	\$0.25000	\$0.06667	200% Above
Non-ORx	Yes	31722071390	PANTOPRAZOLE SODIUM	180	\$0.25000	\$0.06667	200% Above
Non-ORx	Yes	31722072250	LEVOFLOXACIN	30	\$1.03333	\$0.20000	200% Above
Non-ORx	Yes	31722072250	LEVOFLOXACIN	7	\$1.00000	\$0.14286	200% Above
Non-ORx	Yes	31722072320	LEVOFLOXACIN	7	\$0.71429	\$0.42857	51%-75% Above
Non-ORx	Yes	31722072610	MONTELUKAST SODIUM	180	\$0.62778	\$0.06111	200% Above
Non-ORx	Yes	31722072610	MONTELUKAST SODIUM	180	\$0.28889	\$0.05556	200% Above
Non-ORx	Yes	31722072610	MONTELUKAST SODIUM	270	\$0.31852	\$0.06667	200% Above
Non-ORx	Yes	31722072610	MONTELUKAST SODIUM	120	\$0.42500	\$0.06667	200% Above
Non-ORx	Yes	31722072690	MONTELUKAST SODIUM	90	\$0.41111	\$0.06667	200% Above
Non-ORx	Yes	31722072690	MONTELUKAST SODIUM	270	\$0.34444	\$0.05926	200% Above
Non-ORx	Yes	31722072690	MONTELUKAST SODIUM	90	\$0.34444	\$0.05556	200% Above
Non-ORx	Yes	31722072690	MONTELUKAST SODIUM	330	\$0.30606	\$0.06667	200% Above
Non-ORx	Yes	31722072690	MONTELUKAST SODIUM	60	\$0.40000	\$0.06667	200% Above
Non-ORx	Yes	31722072730	MONTELUKAST SODIUM	90	\$0.58889	\$0.10000	200% Above
Non-ORx	Yes	31722072790	MONTELUKAST SODIUM	30	\$0.46667	\$0.10000	200% Above
Non-ORx	Yes	31722072890	MONTELUKAST SODIUM	60	\$0.41667	\$0.10000	200% Above
Non-ORx	Yes	31722072930	IRBESARTAN	30	\$1.43333	\$0.20000	200% Above
Non-ORx	Yes	31722073090	IRBESARTAN	60	\$0.65000	\$0.23333	101%-200% Above
Non-ORx	Yes	31722073130	IRBESARTAN	60	\$0.56667	\$0.30000	76%-100% Above
Non-ORx	Yes	31722073190	IRBESARTAN	30	\$0.56667	\$0.30000	76%-100% Above
Non-ORx	Yes	31722073790	DONEPEZIL HYDROCHLORIDE	60	\$0.30000	\$0.05000	200% Above
Non-ORx	Yes	31722077701	ACYCLOVIR	120	\$0.52500	\$0.10000	200% Above
Non-ORx	Yes	31722077701	ACYCLOVIR	40	\$0.35000	\$0.10000	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
Non-ORx	Yes	31722077701	ACYCLOVIR	15	\$0.40000	\$0.06667	200% Above
Non-ORx	Yes	31722077701	ACYCLOVIR	21	\$0.52381	\$0.09524	200% Above
Non-ORx	Yes	31722088290	ROSUVASTATIN CALCIUM	120	\$0.40000	\$0.06667	200% Above
Non-ORx	Yes	31722088290	ROSUVASTATIN CALCIUM	60	\$0.41667	\$0.06667	200% Above
Non-ORx	Yes	31722088290	ROSUVASTATIN CALCIUM	60	\$0.33333	\$0.06667	200% Above
Non-ORx	Yes	31722088390	ROSUVASTATIN CALCIUM	270	\$0.55926	\$0.06667	200% Above
Non-ORx	Yes	31722088390	ROSUVASTATIN CALCIUM	30	\$0.33333	\$0.06667	200% Above
Non-ORx	Yes	31722088490	ROSUVASTATIN CALCIUM	90	\$0.72222	\$0.06667	200% Above
Non-ORx	Yes	31722088530	ROSUVASTATIN CALCIUM	30	\$0.53333	\$0.13333	200% Above
Non-ORx	Yes	31722093612	OMEGA-3-ACID ETHYL ESTERS	120	\$0.22500	\$0.17500	26%-50% Above
Non-ORx	Yes	31722094201	HYDROCODONE BITARTRATE/AC	60	\$0.43333	\$0.11667	200% Above
Non-ORx	Yes	31722094201	HYDROCODONE BITARTRATE/AC	32	\$0.40625	\$0.12500	200% Above
Non-ORx	Yes	31722094201	HYDROCODONE BITARTRATE/AC	20	\$0.45000	\$0.10000	200% Above
Non-ORx	Yes	31722094905	OXYCODONE/ACETAMINOPHEN	60	\$0.41667	\$0.10000	200% Above
Non-ORx	Yes	31722094905	OXYCODONE/ACETAMINOPHEN	12	\$0.41667	\$0.08333	200% Above
Non-ORx	Yes	31722095005	OXYCODONE/ACETAMINOPHEN	24	\$0.08333	\$0.12500	(26%-50%) Below
Non-ORx	Yes	31722095005	OXYCODONE/ACETAMINOPHEN	20	\$0.25000	\$0.10000	101%-200% Above
Non-ORx	Yes	31722095105	OXYCODONE/ACETAMINOPHEN	120	\$0.40000	\$0.17500	101%-200% Above
Non-ORx	Yes	31722095301	METHYLPHENIDATE HYDROCHLO	60	\$3.36667	\$0.90000	200% Above
Non-ORx	Yes	31722095401	METHYLPHENIDATE HYDROCHLO	60	\$2.45000	\$0.93333	101%-200% Above
Non-ORx	Yes	31722095401	METHYLPHENIDATE HYDROCHLO	120	\$2.90000	\$1.00000	101%-200% Above
Non-ORx	Yes	31722095801	BENZONATATE	60	\$0.70000	\$0.13333	200% Above
Non-ORx	Yes	31722099601	HYDROCODONE BITARTRATE/AC	60	\$0.53333	\$0.10000	200% Above
Non-ORx	Yes	31722099601	HYDROCODONE BITARTRATE/AC	20	\$0.50000	\$0.10000	200% Above
Non-ORx	Yes	31722099601	HYDROCODONE BITARTRATE/AC	16	\$0.50000	\$0.12500	200% Above
Non-ORx	Yes	31722099601	HYDROCODONE BITARTRATE/AC	12	\$0.66667	\$0.08333	200% Above
Non-ORx	Yes	31722099701	HYDROCODONE BITARTRATE/AC	90	\$0.40000	\$0.12222	200% Above
Non-ORx	Yes	33342004807	IRBESARTAN	90	\$1.04444	\$0.22222	200% Above
Non-ORx	Yes	33342004907	IRBESARTAN	30	\$0.33333	\$0.30000	10%-25% Above
Non-ORx	Yes	33342005244	LOSARTAN POTASSIUM/HYDROC	30	\$0.40000	\$0.20000	101%-200% Above
Non-ORx	Yes	33342006807	OLANZAPINE	30	\$0.03333	\$0.10000	(51%-75%) Below
Non-ORx	Yes	33342007007	OLANZAPINE	30	\$0.43333	\$0.13333	200% Above
Non-ORx	Yes	33342007410	VALSARTAN/HYDROCHLOROTHIA	90	\$0.60000	\$0.24444	101%-200% Above
Non-ORx	Yes	33342007610	VALSARTAN/HYDROCHLOROTHIA	60	\$0.46667	\$0.30000	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
Non-ORx	Yes	33342007810	VALSARTAN/HYDROCHLOROTHIA	30	\$0.86667	\$0.36667	101%-200% Above
Non-ORx	Yes	33342008841	RIZATRIPTAN BENZOATE	12	\$3.16667	\$0.50000	200% Above
Non-ORx	Yes	33342008845	RIZATRIPTAN BENZOATE	9	\$2.44444	\$0.55556	200% Above
Non-ORx	Yes	33342008845	RIZATRIPTAN BENZOATE	4	\$4.00000	\$0.50000	200% Above
Non-ORx	Yes	33342009341	RIZATRIPTAN BENZOATE ODT	4	\$4.75000	\$0.75000	200% Above
Non-ORx	Yes	33342009441	RIZATRIPTAN BENZOATE ODT	12	\$4.25000	\$0.66667	200% Above
Non-ORx	Yes	33342010215	MONTELUKAST SODIUM	60	\$0.18333	\$0.06667	101%-200% Above
Non-ORx	Yes	33342010937	RISEDRONATE SODIUM	4	\$10.00000	\$2.75000	200% Above
Non-ORx	Yes	33342014609	ZIPRASIDONE HCL	60	\$1.90000	\$0.41667	200% Above
Non-ORx	Yes	33342015611	CELECOXIB	120	\$0.50833	\$0.10833	200% Above
Non-ORx	Yes	33342015611	CELECOXIB	60	\$0.38333	\$0.10000	200% Above
Non-ORx	Yes	33342015715	CELECOXIB	60	\$0.13333	\$0.16667	(10%-25%) Below
Non-ORx	Yes	33342017807	OLMESARTAN MEDOXOMIL	180	\$0.35556	\$0.08333	200% Above
Non-ORx	Yes	33342017910	OLMESARTAN MEDOXOMIL	120	\$0.44167	\$0.10833	200% Above
Non-ORx	Yes	33342017910	OLMESARTAN MEDOXOMIL	90	\$0.40000	\$0.11111	200% Above
Non-ORx	Yes	33342018010	OLMESARTAN MEDOXOMIL	90	\$0.55556	\$0.15556	200% Above
Non-ORx	Yes	33342018010	OLMESARTAN MEDOXOMIL	30	\$0.36667	\$0.13333	101%-200% Above
Non-ORx	Yes	33342018010	OLMESARTAN MEDOXOMIL	60	\$0.36667	\$0.16667	101%-200% Above
Non-ORx	Yes	33342020010	LEVOCETIRIZINE DIHYDROCHL	30	\$0.30000	\$0.06667	200% Above
Non-ORx	Yes	33342029815	MEMANTINE HYDROCHLORIDE	180	\$0.10000	\$0.07778	26%-50% Above
Non-ORx	Yes	33342030111	ESZOPICLONE	60	\$0.53333	\$0.16667	200% Above
Non-ORx	Yes	33342030111	ESZOPICLONE	11	\$0.72727	\$0.18182	200% Above
Non-ORx	Yes	33342032954	TRIAMCINOLONE ACETONIDE	454	\$0.05507	\$0.03084	76%-100% Above
Non-ORx	Yes	33342032980	TRIAMCINOLONE ACETONIDE	160	\$0.05625	\$0.05000	10%-25% Above
Non-ORx	Yes	33342033354	TRIAMCINOLONE ACETONIDE	454	\$0.03965	\$0.04405	(10%-25%) Below
Non-ORx	Yes	35573044425	LEVALBUTEROL HYDROCHLORID	150	\$1.32667	\$0.31333	200% Above
Non-ORx	Yes	42192032701	NP THYROID 15	60	\$0.56667	\$0.50000	10%-25% Above
Non-ORx	Yes	42192032801	NP THYROID 120	180	\$1.41111	\$1.21111	10%-25% Above
Non-ORx	Yes	42192032801	NP THYROID 120	30	\$1.60000	\$1.20000	26%-50% Above
Non-ORx	Yes	42192032901	NP THYROID 30	180	\$0.72222	\$0.60000	10%-25% Above
Non-ORx	Yes	42192033001	NP THYROID 60	270	\$0.72222	\$0.65556	10%-25% Above
Non-ORx	Yes	42192033101	NP THYROID 90	60	\$1.35000	\$1.03333	26%-50% Above
Non-ORx	Yes	42192033101	NP THYROID 90	90	\$1.14444	\$1.03333	10%-25% Above
Non-ORx	Yes	42192033101	NP THYROID 90	30	\$0.50000	\$1.03333	(51%-75%) Below
Non-ORx	Yes	42192033101	NP THYROID 90	19	\$1.36842	\$1.05263	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
Non-ORx	Yes	42192033901	HYOSCYAMINE SULFATE	40	\$0.37500	\$0.12500	200% Above
Non-ORx	Yes	42192033901	HYOSCYAMINE SULFATE	90	\$0.27778	\$0.14444	76%-100% Above
Non-ORx	Yes	42192060704	BROMPHEN/PSEUDOEPHEDRINE	118	\$0.16102	\$0.07627	101%-200% Above
Non-ORx	Yes	42192060716	BROMPHEN/PSEUDOEPHEDRINE	240	\$0.15833	\$0.05000	200% Above
Non-ORx	Yes	42192060716	BROMPHEN/PSEUDOEPHEDRINE	240	\$0.15000	\$0.05000	200% Above
Non-ORx	Yes	42192080101	PHENAZOPYRIDINE HYDROCHLO	6	\$2.33333	\$0.33333	200% Above
Non-ORx	Yes	42385090210	METFORMIN HYDROCHLORIDE	240	\$0.04167	\$0.02500	51%-75% Above
Non-ORx	Yes	42385090210	METFORMIN HYDROCHLORIDE	180	\$0.03889	\$0.02778	26%-50% Above
Non-ORx	Yes	42385090210	METFORMIN HYDROCHLORIDE	90	\$0.04444	\$0.02222	101%-200% Above
Non-ORx	Yes	42571010101	GLIMEPIRIDE	60	\$0.23333	\$0.05000	200% Above
Non-ORx	Yes	42571012290	LEVOCETIRIZINE DIHYDROCHL	91	\$0.35165	\$0.07692	200% Above
Non-ORx	Yes	42571012290	LEVOCETIRIZINE DIHYDROCHL	60	\$0.35000	\$0.06667	200% Above
Non-ORx	Yes	42571012290	LEVOCETIRIZINE DIHYDROCHL	390	\$0.33846	\$0.06667	200% Above
Non-ORx	Yes	42571014301	CELECOXIB	60	\$0.50000	\$0.11667	200% Above
Non-ORx	Yes	42571014401	CELECOXIB	30	\$0.73333	\$0.13333	200% Above
Non-ORx	Yes	42571014401	CELECOXIB	14	\$0.71429	\$0.14286	200% Above
Non-ORx	Yes	42571014405	CELECOXIB	120	\$0.70000	\$0.15000	200% Above
Non-ORx	Yes	42571014405	CELECOXIB	60	\$0.68333	\$0.13333	200% Above
Non-ORx	Yes	42571016101	AMOXICILLIN/CLAVULANATE P	14	\$0.92857	\$0.35714	101%-200% Above
Non-ORx	Yes	42571016201	AMOXICILLIN/CLAVULANATE P	20	\$0.75000	\$0.35000	101%-200% Above
Non-ORx	Yes	42571016201	AMOXICILLIN/CLAVULANATE P	14	\$0.28571	\$0.35714	(10%-25%) Below
Non-ORx	Yes	42571016242	AMOXICILLIN/CLAVULANATE P	80	\$0.80000	\$0.35000	101%-200% Above
Non-ORx	Yes	42571016242	AMOXICILLIN/CLAVULANATE P	42	\$1.54762	\$0.35714	200% Above
Non-ORx	Yes	42571017601	PIROXICAM	60	\$0.36667	\$0.25000	26%-50% Above
Non-ORx	Yes	42571017701	PIROXICAM	30	\$1.86667	\$0.43333	200% Above
Non-ORx	Yes	42571022130	RASAGILINE MESYLATE	90	\$7.34444	\$1.88889	200% Above
Non-ORx	Yes	42571022730	TELMISARTAN	90	\$1.10000	\$0.35556	200% Above
Non-ORx	Yes	42571022730	TELMISARTAN	30	\$0.50000	\$0.33333	51%-75% Above
Non-ORx	Yes	42571022830	TELMISARTAN	90	\$1.25556	\$0.34444	200% Above
Non-ORx	Yes	42571025101	CLINDAMYCIN HYDROCHLORIDE	50	\$0.10000	\$0.12000	(10%-25%) Below
Non-ORx	Yes	42571025101	CLINDAMYCIN HYDROCHLORIDE	56	\$0.51786	\$0.12500	200% Above
Non-ORx	Yes	42571025101	CLINDAMYCIN HYDROCHLORIDE	30	\$0.53333	\$0.13333	200% Above
Non-ORx	Yes	42571025101	CLINDAMYCIN HYDROCHLORIDE	21	\$0.52381	\$0.14286	200% Above
Non-ORx	Yes	42571025201	CLINDAMYCIN HYDROCHLORIDE	56	\$0.62500	\$0.25000	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
Non-ORx	Yes	42571025201	CLINDAMYCIN HYDROCHLORIDE	139	\$1.10791	\$0.25180	200% Above
Non-ORx	Yes	42571025201	CLINDAMYCIN HYDROCHLORIDE	60	\$0.86667	\$0.26667	200% Above
Non-ORx	Yes	42571025201	CLINDAMYCIN HYDROCHLORIDE	2	\$1.00000	\$0.50000	101%-200% Above
Non-ORx	Yes	42571025201	CLINDAMYCIN HYDROCHLORIDE	63	\$0.77778	\$0.23810	200% Above
Non-ORx	Yes	42794001812	LIOTHYRONINE SODIUM	90	\$0.66667	\$0.40000	51%-75% Above
Non-ORx	Yes	42799092101	BISOPROLOL FUMARATE/HYDRO	60	\$0.83333	\$0.36667	101%-200% Above
Non-ORx	Yes	42806001101	SULINDAC	60	\$0.36667	\$0.25000	26%-50% Above
Non-ORx	Yes	42806008801	ESTRADIOL	90	\$0.23333	\$0.10000	101%-200% Above
Non-ORx	Yes	42806008801	ESTRADIOL	90	\$0.27778	\$0.10000	101%-200% Above
Non-ORx	Yes	42806008805	ESTRADIOL	180	\$0.23333	\$0.08889	101%-200% Above
Non-ORx	Yes	42806008805	ESTRADIOL	90	\$0.23333	\$0.10000	101%-200% Above
Non-ORx	Yes	42806008901	ESTRADIOL	30	\$0.06667	\$0.13333	(26%-50%) Below
Non-ORx	Yes	42806008905	ESTRADIOL	300	\$0.23667	\$0.13333	76%-100% Above
Non-ORx	Yes	42806008905	ESTRADIOL	60	\$0.35000	\$0.13333	101%-200% Above
Non-ORx	Yes	42806014731	AZITHROMYCIN	30	\$0.80000	\$0.56667	26%-50% Above
Non-ORx	Yes	42806014932	AZITHROMYCIN	15	\$0.60000	\$0.46667	26%-50% Above
Non-ORx	Yes	42806015134	AZITHROMYCIN	30	\$0.56667	\$0.30000	76%-100% Above
Non-ORx	Yes	42806016005	HYDROXYZINE HYDROCHLORIDE	90	\$0.11111	\$0.07778	26%-50% Above
Non-ORx	Yes	42806016005	HYDROXYZINE HYDROCHLORIDE	30	\$0.43333	\$0.06667	200% Above
Non-ORx	Yes	42806016005	HYDROXYZINE HYDROCHLORIDE	20	\$0.40000	\$0.10000	200% Above
Non-ORx	Yes	42806031250	DOXYCYCLINE HYCLATE	28	\$0.07143	\$0.14286	(26%-50%) Below
Non-ORx	Yes	42806031250	DOXYCYCLINE HYCLATE	20	\$0.55000	\$0.15000	200% Above
Non-ORx	Yes	42806031250	DOXYCYCLINE HYCLATE	10	\$0.60000	\$0.10000	200% Above
Non-ORx	Yes	42806040021	METHYLPREDNISOLONE DOSE P	168	\$0.69048	\$0.18452	200% Above
Non-ORx	Yes	42806040021	METHYLPREDNISOLONE DOSE P	189	\$0.59788	\$0.19048	200% Above
Non-ORx	Yes	42806040021	METHYLPREDNISOLONE DOSE P	168	\$0.63095	\$0.19048	200% Above
Non-ORx	Yes	42806054701	VITAMIN D	48	\$0.77083	\$0.14583	200% Above
Non-ORx	Yes	42806054701	VITAMIN D	16	\$0.75000	\$0.12500	200% Above
Non-ORx	Yes	42806054701	VITAMIN D	12	\$1.58333	\$0.16667	200% Above
Non-ORx	Yes	42806054701	VITAMIN D	16	\$1.43750	\$0.25000	200% Above
Non-ORx	Yes	42806054701	VITAMIN D	8	\$1.37500	\$0.12500	200% Above
Non-ORx	Yes	42806054909	DUTASTERIDE	30	\$1.00000	\$0.20000	200% Above
Non-ORx	Yes	42806055212	OMEGA-3-ACID ETHYL ESTERS	360	\$0.23889	\$0.17500	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
Non-ORx	Yes	42806055212	OMEGA-3-ACID ETHYL ESTERS	120	\$0.30000	\$0.18333	51%-75% Above
Non-ORx	Yes	42806066201	BUSPIRONE HYDROCHLORIDE	90	\$0.13333	\$0.03333	200% Above
Non-ORx	Yes	42806066560	BUSPIRONE HYDROCHLORIDE	60	\$0.70000	\$0.20000	200% Above
Non-ORx	Yes	42806066560	BUSPIRONE HYDROCHLORIDE	60	\$0.70000	\$0.18333	200% Above
Non-ORx	Yes	42806071401	BENZONATATE	42	\$0.28571	\$0.09524	200% Above
Non-ORx	Yes	42806071401	BENZONATATE	39	\$0.41026	\$0.07692	200% Above
Non-ORx	Yes	42806071401	BENZONATATE	45	\$0.40000	\$0.08889	200% Above
Non-ORx	Yes	42806071401	BENZONATATE	30	\$0.40000	\$0.10000	200% Above
Non-ORx	Yes	42806071401	BENZONATATE	21	\$0.42857	\$0.09524	200% Above
Non-ORx	Yes	42806071405	BENZONATATE	84	\$0.40476	\$0.09524	200% Above
Non-ORx	Yes	42806071405	BENZONATATE	20	\$0.40000	\$0.10000	200% Above
Non-ORx	Yes	42806071405	BENZONATATE	24	\$0.41667	\$0.08333	200% Above
Non-ORx	Yes	42806071405	BENZONATATE	21	\$0.38095	\$0.09524	200% Above
Non-ORx	Yes	42806071501	BENZONATATE	60	\$0.55000	\$0.13333	200% Above
Non-ORx	Yes	42806071505	BENZONATATE	90	\$0.38889	\$0.13333	101%-200% Above
Non-ORx	Yes	42806071505	BENZONATATE	15	\$0.53333	\$0.13333	200% Above
Non-ORx	Yes	42858000201	OXYCODONE HYDROCHLORIDE	90	\$0.10000	\$0.12222	(10%-25%) Below
Non-ORx	Yes	42858010201	OXYCODONE/ACETAMINOPHEN	40	\$0.07500	\$0.10000	(10%-25%) Below
Non-ORx	Yes	42858010201	OXYCODONE/ACETAMINOPHEN	18	\$0.05556	\$0.11111	(26%-50%) Below
Non-ORx	Yes	42858010250	OXYCODONE/ACETAMINOPHEN	40	\$0.40000	\$0.10000	200% Above
Non-ORx	Yes	42858010250	OXYCODONE/ACETAMINOPHEN	308	\$0.42533	\$0.09091	200% Above
Non-ORx	Yes	42858010350	OXYCODONE/ACETAMINOPHEN	10	\$1.10000	\$0.10000	200% Above
Non-ORx	Yes	42858010350	OXYCODONE/ACETAMINOPHEN	60	\$0.23333	\$0.11667	101%-200% Above
Non-ORx	Yes	42858010350	OXYCODONE/ACETAMINOPHEN	56	\$0.17857	\$0.10714	51%-75% Above
Non-ORx	Yes	42858010401	OXYCODONE/ACETAMINOPHEN	234	\$0.09402	\$0.18803	(26%-50%) Below
Non-ORx	Yes	42858010401	OXYCODONE/ACETAMINOPHEN	240	\$0.12500	\$0.18750	(26%-50%) Below
Non-ORx	Yes	42858010401	OXYCODONE/ACETAMINOPHEN	90	\$0.11111	\$0.17778	(26%-50%) Below
Non-ORx	Yes	42858010401	OXYCODONE/ACETAMINOPHEN	112	\$0.11607	\$0.19643	(26%-50%) Below
Non-ORx	Yes	42858010450	OXYCODONE/ACETAMINOPHEN	360	\$0.48333	\$0.17500	101%-200% Above
Non-ORx	Yes	42858010450	OXYCODONE/ACETAMINOPHEN	180	\$0.29444	\$0.19444	51%-75% Above
Non-ORx	Yes	42858010450	OXYCODONE/ACETAMINOPHEN	90	\$0.52222	\$0.17778	101%-200% Above
Non-ORx	Yes	42858045445	FENOFIBRATE	30	\$0.56667	\$0.13333	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
Non-ORx	Yes	42858050203	BUPRENORPHINE HCL	90	\$0.54444	\$0.81111	(26%-50%) Below
Non-ORx	Yes	42858050203	BUPRENORPHINE HCL	75	\$0.50667	\$0.81333	(26%-50%) Below
Non-ORx	Yes	42858050203	BUPRENORPHINE HCL	45	\$0.51111	\$0.77778	(26%-50%) Below
Non-ORx	Yes	42858080101	MORPHINE SULFATE ER	30	\$0.33333	\$0.20000	51%-75% Above
Non-ORx	Yes	42858080201	MORPHINE SULFATE ER	84	\$0.51191	\$0.32143	51%-75% Above
Non-ORx	Yes	43199001101	HYOSCYAMINE SULFATE	100	\$0.43000	\$0.13000	200% Above
Non-ORx	Yes	43386009660	CLOBETASOL PROPIONATE	15	\$1.06667	\$0.40000	101%-200% Above
Non-ORx	Yes	43386016106	MISOPROSTOL	18	\$1.16667	\$0.72222	51%-75% Above
Non-ORx	Yes	43386035610	HYDROCODONE BITARTRATE/AC	36	\$0.22222	\$0.11111	101%-200% Above
Non-ORx	Yes	43386035701	HYDROCODONE/ACETAMINOPH EN	18	\$0.38889	\$0.11111	200% Above
Non-ORx	Yes	43386035701	HYDROCODONE/ACETAMINOPH EN	24	\$0.41667	\$0.12500	200% Above
Non-ORx	Yes	43386035801	HYDROCODONE BITARTRATE/AC	180	\$0.40000	\$0.12222	200% Above
Non-ORx	Yes	43386035801	HYDROCODONE BITARTRATE/AC	120	\$0.60000	\$0.13333	200% Above
Non-ORx	Yes	43386048024	ORPHENADRINE CITRATE ER	20	\$0.25000	\$0.35000	(26%-50%) Below
Non-ORx	Yes	43547026910	ROPINIROLE HCL	90	\$0.16667	\$0.04444	200% Above
Non-ORx	Yes	43547027010	ROPINIROLE HCL	90	\$0.34444	\$0.05556	200% Above
Non-ORx	Yes	43547027010	ROPINIROLE HCL	30	\$0.26667	\$0.06667	200% Above
Non-ORx	Yes	43547027611	DONEPEZIL HCL	90	\$0.08889	\$0.05556	51%-75% Above
Non-ORx	Yes	43547028010	ESCITALOPRAM OXALATE	60	\$0.25000	\$0.05000	200% Above
Non-ORx	Yes	43547028010	ESCITALOPRAM OXALATE	120	\$0.14167	\$0.03333	200% Above
Non-ORx	Yes	43547028111	ESCITALOPRAM OXALATE	180	\$0.25556	\$0.04444	200% Above
Non-ORx	Yes	43547028111	ESCITALOPRAM OXALATE	120	\$0.30000	\$0.05000	200% Above
Non-ORx	Yes	43547028111	ESCITALOPRAM OXALATE	210	\$0.24286	\$0.03333	200% Above
Non-ORx	Yes	43547028111	ESCITALOPRAM OXALATE	30	\$0.30000	\$0.06667	200% Above
Non-ORx	Yes	43547028111	ESCITALOPRAM OXALATE	180	\$0.16111	\$0.05000	200% Above
Non-ORx	Yes	43547028210	ESCITALOPRAM OXALATE	30	\$0.33333	\$0.06667	200% Above
Non-ORx	Yes	43547028211	ESCITALOPRAM OXALATE	90	\$0.35556	\$0.07778	200% Above
Non-ORx	Yes	43547028211	ESCITALOPRAM OXALATE	90	\$0.12222	\$0.06667	76%-100% Above
Non-ORx	Yes	43547028211	ESCITALOPRAM OXALATE	60	\$0.16667	\$0.10000	51%-75% Above
Non-ORx	Yes	43547028810	BUPROPION HYDROCHLORIDE E	60	\$0.23333	\$0.11667	101%-200% Above
Non-ORx	Yes	43547028810	BUPROPION HYDROCHLORIDE E	60	\$0.30000	\$0.10000	200% Above
Non-ORx	Yes	43547028910	BUPROPION HYDROCHLORIDE E	30	\$0.50000	\$0.10000	200% Above
Non-ORx	Yes	43547028950	BUPROPION HYDROCHLORIDE E	60	\$0.25000	\$0.10000	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
Non-ORx	Yes	43547028950	BUPROPION HYDROCHLORIDE E	60	\$0.43333	\$0.10000	200% Above
Non-ORx	Yes	43547030303	ARIPIRAZOLE	90	\$0.55556	\$0.16667	200% Above
Non-ORx	Yes	43547030403	ARIPIRAZOLE	30	\$0.63333	\$0.16667	200% Above
Non-ORx	Yes	43547033710	BENAZEPRIL HYDROCHLORIDE	30	\$0.40000	\$0.10000	200% Above
Non-ORx	Yes	43547033750	BENAZEPRIL HYDROCHLORIDE	60	\$0.05000	\$0.08333	(26%-50%) Below
Non-ORx	Yes	43547033750	BENAZEPRIL HYDROCHLORIDE	30	\$0.96667	\$0.10000	200% Above
Non-ORx	Yes	43547033810	BENAZEPRIL HCL	90	\$0.24444	\$0.13333	76%-100% Above
Non-ORx	Yes	43547033850	BENAZEPRIL HCL	30	\$0.50000	\$0.13333	200% Above
Non-ORx	Yes	43547034006	RISPERIDONE	60	\$0.28333	\$0.03333	200% Above
Non-ORx	Yes	43547034150	RISPERIDONE	60	\$0.25000	\$0.05000	200% Above
Non-ORx	Yes	43547034150	RISPERIDONE	30	\$0.16667	\$0.03333	200% Above
Non-ORx	Yes	43547034811	PAROXETINE HYDROCHLORIDE	30	\$0.33333	\$0.10000	200% Above
Non-ORx	Yes	43547035210	LISINOPRIL	30	\$0.20000	\$0.03333	200% Above
Non-ORx	Yes	43547035211	LISINOPRIL	180	\$0.18889	\$0.01667	200% Above
Non-ORx	Yes	43547035211	LISINOPRIL	150	\$0.24000	\$0.03333	200% Above
Non-ORx	Yes	43547035310	LISINOPRIL	60	\$0.20000	\$0.01667	200% Above
Non-ORx	Yes	43547035311	LISINOPRIL	360	\$0.10000	\$0.02222	200% Above
Non-ORx	Yes	43547035311	LISINOPRIL	120	\$0.17500	\$0.01667	200% Above
Non-ORx	Yes	43547035311	LISINOPRIL	300	\$0.13667	\$0.03333	200% Above
Non-ORx	Yes	43547035410	LISINOPRIL	60	\$0.16667	\$0.03333	200% Above
Non-ORx	Yes	43547035411	LISINOPRIL	95	\$0.17895	\$0.02105	200% Above
Non-ORx	Yes	43547035411	LISINOPRIL	120	\$0.20833	\$0.02500	200% Above
Non-ORx	Yes	43547035411	LISINOPRIL	150	\$0.26000	\$0.02667	200% Above
Non-ORx	Yes	43547035411	LISINOPRIL	270	\$0.12222	\$0.02222	200% Above
Non-ORx	Yes	43547035411	LISINOPRIL	300	\$0.32667	\$0.03333	200% Above
Non-ORx	Yes	43547035411	LISINOPRIL	60	\$0.01667	\$0.03333	(26%-50%) Below
Non-ORx	Yes	43547035510	LISINOPRIL	30	\$0.03333	\$0.06667	(26%-50%) Below
Non-ORx	Yes	43547035550	LISINOPRIL	90	\$0.31111	\$0.05556	200% Above
Non-ORx	Yes	43547035611	LISINOPRIL	120	\$0.17500	\$0.05000	200% Above
Non-ORx	Yes	43547035611	LISINOPRIL	300	\$0.25000	\$0.06667	200% Above
Non-ORx	Yes	43547037906	DULOXETINE HYDROCHLORIDE	60	\$0.41667	\$0.13333	200% Above
Non-ORx	Yes	43547037906	DULOXETINE HYDROCHLORIDE	30	\$0.56667	\$0.13333	200% Above
Non-ORx	Yes	43547038111	DULOXETINE HYDROCHLORIDE	30	\$0.50000	\$0.13333	200% Above
Non-ORx	Yes	43547039711	HYDROCHLOROTHIAZIDE	240	\$0.01667	\$0.01250	26%-50% Above
Non-ORx	Yes	43547039910	CYCLOBENZAPRINE HYDROCHLO	29	\$0.10345	\$0.03448	200% Above
Non-ORx	Yes	43547040011	CYCLOBENZAPRINE HYDROCHLO	270	\$0.08889	\$0.02222	200% Above
Non-ORx	Yes	43547040011	CYCLOBENZAPRINE HYDROCHLO	30	\$0.20000	\$0.03333	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
Non-ORx	Yes	43547040111	FUROSEMIDE	90	\$0.11111	\$0.03333	200% Above
Non-ORx	Yes	43547040111	FUROSEMIDE	240	\$0.08333	\$0.03333	101%-200% Above
Non-ORx	Yes	43547040111	FUROSEMIDE	90	\$0.11111	\$0.03333	200% Above
Non-ORx	Yes	43547040211	FUROSEMIDE	180	\$0.12222	\$0.03333	200% Above
Non-ORx	Yes	43547040211	FUROSEMIDE	180	\$0.11111	\$0.03333	200% Above
Non-ORx	Yes	43547040211	FUROSEMIDE	60	\$0.11667	\$0.03333	200% Above
Non-ORx	Yes	43547040211	FUROSEMIDE	90	\$0.07778	\$0.03333	101%-200% Above
Non-ORx	Yes	43547040211	FUROSEMIDE	45	\$0.11111	\$0.02222	200% Above
Non-ORx	Yes	43547040350	FUROSEMIDE	60	\$0.20000	\$0.06667	200% Above
Non-ORx	Yes	43547040610	CLONAZEPAM	30	\$0.10000	\$0.03333	200% Above
Non-ORx	Yes	43547040611	CLONAZEPAM	30	\$0.00000	\$0.03333	(76%-100%) Below
Non-ORx	Yes	43547040750	CLONAZEPAM	30	\$0.20000	\$0.03333	200% Above
Non-ORx	Yes	43547041209	QUINAPRIL HYDROCHLORIDE	90	\$0.31111	\$0.10000	200% Above
Non-ORx	Yes	43547041309	QUINAPRIL HYDROCHLORIDE	30	\$0.60000	\$0.10000	200% Above
Non-ORx	Yes	43547048710	METHYLPHENIDATE HYDROCHLO	60	\$0.70000	\$0.15000	200% Above
Non-ORx	Yes	43598021055	SSD	50	\$0.16000	\$0.14000	10%-25% Above
Non-ORx	Yes	43598026704	ICOSAPENT ETHYL	120	\$2.61667	\$2.26667	10%-25% Above
Non-ORx	Yes	43598032675	CIPROFLOXACIN/DEXAMETHASO	15	\$25.13333	\$20.33333	10%-25% Above
Non-ORx	Yes	43598032675	CIPROFLOXACIN/DEXAMETHASO	8	\$26.25000	\$19.00000	26%-50% Above
Non-ORx	Yes	43598043611	NITROGLYCERIN	100	\$0.67000	\$0.25000	101%-200% Above
Non-ORx	Yes	43598043611	NITROGLYCERIN	50	\$0.68000	\$0.28000	101%-200% Above
Non-ORx	Yes	43598044674	NICOTINE TRANSDERMAL SYST	28	\$1.50000	\$1.78571	(10%-25%) Below
Non-ORx	Yes	43598050501	RALOXIFENE HYDROCHLORIDE	30	\$0.50000	\$0.36667	26%-50% Above
Non-ORx	Yes	43598051030	ESOMEPRAZOLE MAGNESIUM	60	\$0.41667	\$0.20000	101%-200% Above
Non-ORx	Yes	43598051090	ESOMEPRAZOLE MAGNESIUM	600	\$0.40833	\$0.20333	101%-200% Above
Non-ORx	Yes	43598051090	ESOMEPRAZOLE MAGNESIUM	90	\$0.41111	\$0.20000	101%-200% Above
Non-ORx	Yes	43598056601	FLUOXETINE HYDROCHLORIDE	30	\$0.83333	\$0.30000	101%-200% Above
Non-ORx	Yes	43598057330	TADALAFIL	9	\$1.66667	\$0.44444	200% Above
Non-ORx	Yes	43598057330	TADALAFIL	12	\$1.91667	\$0.50000	200% Above
Non-ORx	Yes	43598057430	TADALAFIL	6	\$1.33333	\$0.33333	200% Above
Non-ORx	Yes	43598057530	TADALAFIL	30	\$0.53333	\$0.20000	101%-200% Above
Non-ORx	Yes	43598057531	TADALAFIL	6	\$0.50000	\$0.16667	200% Above
Non-ORx	Yes	43598058030	BUPRENORPHINE HYDROCHLORI	35	\$6.08571	\$4.62857	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
Non-ORx	Yes	43598058230	BUPRENORPHINE HYDROCHLORI	120	\$6.00833	\$3.30000	76%-100% Above
Non-ORx	Yes	43598058230	BUPRENORPHINE HYDROCHLORI	90	\$5.85556	\$3.28889	76%-100% Above
Non-ORx	Yes	43598058230	BUPRENORPHINE HYDROCHLORI	23	\$6.17391	\$3.30435	76%-100% Above
Non-ORx	Yes	43598058230	BUPRENORPHINE HYDROCHLORI	30	\$5.86667	\$3.30000	76%-100% Above
Non-ORx	Yes	43598071901	CHLORTHALIDONE	90	\$0.33333	\$0.16667	101%-200% Above
Non-ORx	Yes	43598072101	HYDROXYCHLOROQUINE SULFAT	156	\$0.92949	\$0.24359	200% Above
Non-ORx	Yes	43598072101	HYDROXYCHLOROQUINE SULFAT	180	\$1.01667	\$0.24444	200% Above
Non-ORx	Yes	43598072101	HYDROXYCHLOROQUINE SULFAT	120	\$1.01667	\$0.25000	200% Above
Non-ORx	Yes	43598072101	HYDROXYCHLOROQUINE SULFAT	30	\$1.00000	\$0.23333	200% Above
Non-ORx	Yes	43598075205	BUPROPION HYDROCHLORIDE E	30	\$0.63333	\$0.10000	200% Above
Non-ORx	Yes	43598075260	BUPROPION HYDROCHLORIDE E	60	\$0.36667	\$0.10000	200% Above
Non-ORx	Yes	43598075360	BUPROPION HYDROCHLORIDE E	60	\$0.48333	\$0.18333	101%-200% Above
Non-ORx	Yes	43598086360	BUPROPION HYDROCHLORIDE E	60	\$1.51667	\$0.36667	200% Above
Non-ORx	Yes	43975027910	AMPHETAMINE/DEXTROAMPHE TA	60	\$0.95000	\$0.50000	76%-100% Above
Non-ORx	Yes	43975028010	AMPHETAMINE/DEXTROAMPHE TA	30	\$0.83333	\$0.60000	26%-50% Above
Non-ORx	Yes	43975028210	AMPHETAMINE/DEXTROAMPHE TA	120	\$0.72500	\$0.60000	10%-25% Above
Non-ORx	Yes	43975030510	FENOFIBRATE MICRONIZED	28	\$0.42857	\$0.14286	200% Above
Non-ORx	Yes	43975030610	FENOFIBRATE MICRONIZED	30	\$0.50000	\$0.30000	51%-75% Above
Non-ORx	Yes	45802000402	HYDROCORTISONE	20	\$0.20000	\$0.15000	26%-50% Above
Non-ORx	Yes	45802001402	HYDROCORTISONE	120	\$0.17500	\$0.10833	51%-75% Above
Non-ORx	Yes	45802002146	BETAMETHASONE DIPROPIONAT	60	\$0.53333	\$0.38333	26%-50% Above
Non-ORx	Yes	45802002683	AZELASTINE HCL	30	\$1.00000	\$0.60000	51%-75% Above
Non-ORx	Yes	45802004064	SELENIUM SULFIDE	120	\$0.13333	\$0.06667	101%-200% Above
Non-ORx	Yes	45802004811	NYSTATIN	30	\$0.50000	\$0.26667	76%-100% Above
Non-ORx	Yes	45802005505	TRIAMCINOLONE ACETONIDE	454	\$0.06388	\$0.04405	26%-50% Above
Non-ORx	Yes	45802005536	TRIAMCINOLONE ACETONIDE	80	\$0.15000	\$0.06250	101%-200% Above
Non-ORx	Yes	45802005635	GENTAMICIN SULFATE	15	\$1.80000	\$1.53333	10%-25% Above
Non-ORx	Yes	45802005911	NYSTATIN	30	\$0.60000	\$0.16667	200% Above
Non-ORx	Yes	45802006335	TRIAMCINOLONE ACETONIDE	30	\$0.30000	\$0.16667	76%-100% Above
Non-ORx	Yes	45802006405	TRIAMCINOLONE ACETONIDE	454	\$0.04405	\$0.03084	26%-50% Above
Non-ORx	Yes	45802006435	TRIAMCINOLONE ACETONIDE	60	\$0.08333	\$0.13333	(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
Non-ORx	Yes	45802006435	TRIAMCINOLONE ACETONIDE	45	\$0.11111	\$0.13333	(10%-25%) Below
Non-ORx	Yes	45802006435	TRIAMCINOLONE ACETONIDE	15	\$0.00000	\$0.13333	(76%-100%) Below
Non-ORx	Yes	45802006436	TRIAMCINOLONE ACETONIDE	320	\$0.08438	\$0.05000	51%-75% Above
Non-ORx	Yes	45802006535	TRIAMCINOLONE ACETONIDE	15	\$0.40000	\$0.26667	51%-75% Above
Non-ORx	Yes	45802006601	AZELASTINE HYDROCHLORIDE/	46	\$6.65217	\$4.13044	51%-75% Above
Non-ORx	Yes	45802008801	ALBUTEROL SULFATE HFA	9	\$3.55556	\$3.22222	10%-25% Above
Non-ORx	Yes	45802011222	MUPIROCIN	66	\$0.31818	\$0.18182	76%-100% Above
Non-ORx	Yes	45802012801	CLINDAMYCIN PHOSPHATE	60	\$1.35000	\$0.83333	51%-75% Above
Non-ORx	Yes	45802013970	METRONIDAZOLE VAGINAL	140	\$0.85714	\$0.71429	10%-25% Above
Non-ORx	Yes	45802013970	METRONIDAZOLE VAGINAL	70	\$0.85714	\$0.60000	26%-50% Above
Non-ORx	Yes	45802014167	CICLOPIROX NAIL LACQUER	7	\$9.00000	\$1.71429	200% Above
Non-ORx	Yes	45802016000	DICLOFENAC SODIUM	300	\$0.24667	\$0.09667	101%-200% Above
Non-ORx	Yes	45802016000	DICLOFENAC SODIUM	200	\$0.15000	\$0.09000	51%-75% Above
Non-ORx	Yes	45802022211	FLUTICASONE PROPIONATE	30	\$0.73333	\$0.30000	101%-200% Above
Non-ORx	Yes	45802025735	MOMETASONE FUROATE	15	\$0.86667	\$0.53333	51%-75% Above
Non-ORx	Yes	45802026337	CLINDAMYCIN PHOSPHATE	120	\$0.59167	\$0.42500	26%-50% Above
Non-ORx	Yes	45802026337	CLINDAMYCIN PHOSPHATE	60	\$0.38333	\$0.43333	(10%-25%) Below
Non-ORx	Yes	45802036862	IMIQUIMOD	12	\$1.75000	\$0.91667	76%-100% Above
Non-ORx	Yes	45802040109	CICLOPIROX	120	\$0.65000	\$0.26667	101%-200% Above
Non-ORx	Yes	45802046564	KETOCONAZOLE	480	\$0.14375	\$0.09167	51%-75% Above
Non-ORx	Yes	45802056202	CLINDAMYCIN PHOSPHATE	120	\$0.55000	\$0.20833	101%-200% Above
Non-ORx	Yes	45802056202	CLINDAMYCIN PHOSPHATE	60	\$0.55000	\$0.20000	101%-200% Above
Non-ORx	Yes	45802061906	SUMATRIPTAN	6	\$50.33333	\$31.66667	51%-75% Above
Non-ORx	Yes	45802068028	LEVOCETIRIZINE DIHYDROCHL	375	\$0.52000	\$0.20533	101%-200% Above
Non-ORx	Yes	45802086802	POLYETHYLENE GLYCOL 3350	238	\$0.01261	\$0.02521	(26%-50%) Below
Non-ORx	Yes	45802086803	POLYETHYLENE GLYCOL 3350	510	\$0.00980	\$0.01961	(26%-50%) Below
Non-ORx	Yes	45802090096	CLINDAMYCIN PHOSPHATE	60	\$0.83333	\$0.51667	51%-75% Above
Non-ORx	Yes	45963014205	BUPROPION HYDROCHLORIDE E	60	\$0.48333	\$0.20000	101%-200% Above
Non-ORx	Yes	45963014205	BUPROPION HYDROCHLORIDE E	30	\$0.50000	\$0.20000	101%-200% Above
Non-ORx	Yes	45963055550	GABAPENTIN	60	\$0.11667	\$0.03333	200% Above
Non-ORx	Yes	45963056708	EZETIMIBE/SIMVASTATIN	30	\$4.03333	\$1.06667	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
Non-ORx	Yes	45963067611	METOPROLOL SUCCINATE ER	120	\$0.31667	\$0.10000	200% Above
Non-ORx	Yes	45963067611	METOPROLOL SUCCINATE ER	90	\$0.32222	\$0.10000	200% Above
Non-ORx	Yes	45963067696	METOPROLOL SUCCINATE ER	30	\$0.13333	\$0.10000	26%-50% Above
Non-ORx	Yes	45963067796	METOPROLOL SUCCINATE ER	45	\$0.37778	\$0.13333	101%-200% Above
Non-ORx	Yes	45963070911	METOPROLOL SUCCINATE ER	180	\$0.36111	\$0.08889	200% Above
Non-ORx	Yes	45963070911	METOPROLOL SUCCINATE ER	210	\$0.35238	\$0.09048	200% Above
Non-ORx	Yes	45963070911	METOPROLOL SUCCINATE ER	60	\$0.25000	\$0.08333	200% Above
Non-ORx	Yes	45963070996	METOPROLOL SUCCINATE ER	90	\$0.15556	\$0.08889	76%-100% Above
Non-ORx	Yes	45963070996	METOPROLOL SUCCINATE ER	60	\$0.35000	\$0.08333	200% Above
Non-ORx	Yes	47335023583	METHOTREXATE	48	\$0.58333	\$0.29167	101%-200% Above
Non-ORx	Yes	47335023583	METHOTREXATE	20	\$0.90000	\$0.30000	200% Above
Non-ORx	Yes	47335023596	METHOTREXATE	104	\$0.96154	\$0.29808	200% Above
Non-ORx	Yes	47335030888	ZOLPIDEM TARTRATE ER	30	\$0.13333	\$0.20000	(26%-50%) Below
Non-ORx	Yes	47335030888	ZOLPIDEM TARTRATE ER	60	\$0.78333	\$0.16667	200% Above
Non-ORx	Yes	47335058381	ROSUVASTATIN CALCIUM	60	\$0.30000	\$0.06667	200% Above
Non-ORx	Yes	47335058381	ROSUVASTATIN CALCIUM	30	\$0.30000	\$0.06667	200% Above
Non-ORx	Yes	47335067081	DILTIAZEM HCL ER	60	\$0.46667	\$0.26667	76%-100% Above
Non-ORx	Yes	47335070354	ALBUTEROL SULFATE	180	\$0.08333	\$0.04444	76%-100% Above
Non-ORx	Yes	47335071013	TOPIRAMATE	90	\$0.38889	\$0.04444	200% Above
Non-ORx	Yes	47335077991	AZELASTINE HYDROCHLORIDE	30	\$1.16667	\$0.26667	200% Above
Non-ORx	Yes	47335085983	TRAMADOL HCL ER	21	\$2.52381	\$1.14286	101%-200% Above
Non-ORx	Yes	47335095688	ALFUZOSIN HCL ER	30	\$0.40000	\$0.13333	200% Above
Non-ORx	Yes	47781017601	AMPHETAMINE/DEXTROAMPHE TA	30	\$0.50000	\$0.26667	76%-100% Above
Non-ORx	Yes	47781017801	AMPHETAMINE/DEXTROAMPHE TA	30	\$1.00000	\$0.26667	200% Above
Non-ORx	Yes	47781017901	AMPHETAMINE/DEXTROAMPHE TA	120	\$0.77500	\$0.31667	101%-200% Above
Non-ORx	Yes	47781018001	AMPHETAMINE/DEXTROAMPHE TA	60	\$0.73333	\$0.31667	101%-200% Above
Non-ORx	Yes	47781018001	AMPHETAMINE/DEXTROAMPHE TA	60	\$0.98333	\$0.30000	200% Above
Non-ORx	Yes	47781019601	OXYCODONE/ACETAMINOPHEN	48	\$0.41667	\$0.08333	200% Above
Non-ORx	Yes	47781019601	OXYCODONE/ACETAMINOPHEN	18	\$0.44444	\$0.11111	200% Above
Non-ORx	Yes	47781022905	OXYCODONE/ACETAMINOPHEN	28	\$0.07143	\$0.10714	(26%-50%) Below
Non-ORx	Yes	47781023001	OXYCODONE/ACETAMINOPHEN	120	\$0.52500	\$0.17500	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
Non-ORx	Yes	47781023005	OXYCODONE/ACETAMINOPHEN	120	\$0.10833	\$0.17500	(26%-50%) Below
Non-ORx	Yes	47781023063	OXYCODONE/ACETAMINOPHEN	90	\$0.40000	\$0.17778	101%-200% Above
Non-ORx	Yes	47781026305	OXYCODONE HYDROCHLORIDE	10	\$0.30000	\$0.10000	200% Above
Non-ORx	Yes	47781030301	NITROFURANTOIN MONOHYDRAT	20	\$1.85000	\$0.50000	200% Above
Non-ORx	Yes	47781030301	NITROFURANTOIN MONOHYDRAT	14	\$1.78571	\$0.50000	200% Above
Non-ORx	Yes	47781030301	NITROFURANTOIN MONOHYDRAT	30	\$2.56667	\$0.50000	200% Above
Non-ORx	Yes	47781030701	NITROFURANTOIN MACROCRYST	60	\$0.91667	\$0.43333	101%-200% Above
Non-ORx	Yes	47781030701	NITROFURANTOIN MACROCRYST	30	\$0.26667	\$0.40000	(26%-50%) Below
Non-ORx	Yes	47781035703	BUPRENORPHINE HYDROCHLORI	120	\$6.00000	\$3.30000	76%-100% Above
Non-ORx	Yes	47781041801	METHYLPHENIDATE HYDROCHLO	30	\$1.16667	\$0.96667	10%-25% Above
Non-ORx	Yes	47781049105	DOXYCYCLINE HYCLATE	30	\$0.26667	\$0.13333	101%-200% Above
Non-ORx	Yes	47781053373	FLUOCINONIDE	30	\$1.06667	\$1.40000	(10%-25%) Below
Non-ORx	Yes	47781064010	LEVOTHYROXINE SODIUM	30	\$0.43333	\$0.13333	200% Above
Non-ORx	Yes	47781064310	LEVOTHYROXINE SODIUM	90	\$0.34444	\$0.14444	101%-200% Above
Non-ORx	Yes	47781064310	LEVOTHYROXINE SODIUM	90	\$0.31111	\$0.13333	101%-200% Above
Non-ORx	Yes	47781064390	LEVOTHYROXINE SODIUM	24	\$0.08333	\$0.16667	(26%-50%) Below
Non-ORx	Yes	47781064610	LEVOTHYROXINE SODIUM	90	\$0.38889	\$0.15556	101%-200% Above
Non-ORx	Yes	47781064610	LEVOTHYROXINE SODIUM	90	\$0.44444	\$0.16667	101%-200% Above
Non-ORx	Yes	47781064910	LEVOTHYROXINE SODIUM	30	\$0.40000	\$0.20000	101%-200% Above
Non-ORx	Yes	47781064990	LEVOTHYROXINE SODIUM	90	\$0.38889	\$0.18889	101%-200% Above
Non-ORx	Yes	47781064990	LEVOTHYROXINE SODIUM	30	\$0.40000	\$0.20000	101%-200% Above
Non-ORx	Yes	47781065110	LEVOTHYROXINE SODIUM	150	\$0.36667	\$0.16667	101%-200% Above
Non-ORx	Yes	47781065190	LEVOTHYROXINE SODIUM	45	\$0.06667	\$0.17778	(51%-75%) Below
Non-ORx	Yes	47781065410	LEVOTHYROXINE SODIUM	90	\$0.32222	\$0.17778	76%-100% Above
Non-ORx	Yes	47781065490	LEVOTHYROXINE SODIUM	30	\$0.06667	\$0.16667	(51%-75%) Below
Non-ORx	Yes	47781065710	LEVOTHYROXINE SODIUM	60	\$0.30000	\$0.20000	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
Non-ORx	Yes	47781065710	LEVOTHYROXINE SODIUM	30	\$0.46667	\$0.20000	101%-200% Above
Non-ORx	Yes	47781065910	LEVOTHYROXINE SODIUM	90	\$0.33333	\$0.21111	51%-75% Above
Non-ORx	Yes	47781065990	LEVOTHYROXINE SODIUM	60	\$0.40000	\$0.20000	101%-200% Above
Non-ORx	Yes	47781066210	LEVOTHYROXINE SODIUM	90	\$0.47778	\$0.22222	101%-200% Above
Non-ORx	Yes	47781066210	LEVOTHYROXINE SODIUM	30	\$0.63333	\$0.23333	101%-200% Above
Non-ORx	Yes	47781066290	LEVOTHYROXINE SODIUM	30	\$0.50000	\$0.23333	101%-200% Above
Non-ORx	Yes	47781066510	LEVOTHYROXINE SODIUM	30	\$0.73333	\$0.26667	101%-200% Above
Non-ORx	Yes	47781066810	LEVOTHYROXINE SODIUM	90	\$0.56667	\$0.27778	101%-200% Above
Non-ORx	Yes	47781091401	DEXAMETHASONE	2	\$1.00000	\$0.50000	101%-200% Above
Non-ORx	Yes	47781091401	DEXAMETHASONE	6	\$1.00000	\$0.50000	101%-200% Above
Non-ORx	Yes	48102004701	DEXAMETHASONE	10	\$0.80000	\$0.50000	51%-75% Above
Non-ORx	Yes	48102004701	DEXAMETHASONE	8	\$0.87500	\$0.50000	76%-100% Above
Non-ORx	Yes	48102005101	DEXAMETHASONE	5	\$0.80000	\$0.60000	26%-50% Above
Non-ORx	Yes	49483060350	IBUPROFEN	50	\$0.26000	\$0.06000	200% Above
Non-ORx	Yes	49483060350	IBUPROFEN	62	\$0.14516	\$0.06452	101%-200% Above
Non-ORx	Yes	49483060350	IBUPROFEN	120	\$0.21667	\$0.06667	200% Above
Non-ORx	Yes	49483060350	IBUPROFEN	40	\$0.22500	\$0.05000	200% Above
Non-ORx	Yes	49483060450	IBUPROFEN	360	\$0.26667	\$0.07778	200% Above
Non-ORx	Yes	49483060450	IBUPROFEN	60	\$0.20000	\$0.06667	200% Above
Non-ORx	Yes	49483060450	IBUPROFEN	186	\$0.19355	\$0.07527	101%-200% Above
Non-ORx	Yes	49483060450	IBUPROFEN	130	\$0.29231	\$0.07692	200% Above
Non-ORx	Yes	49483060450	IBUPROFEN	50	\$0.18000	\$0.08000	101%-200% Above
Non-ORx	Yes	49483060450	IBUPROFEN	20	\$0.30000	\$0.05000	200% Above
Non-ORx	Yes	49483060450	IBUPROFEN	150	\$0.24667	\$0.06667	200% Above
Non-ORx	Yes	49483060450	IBUPROFEN	21	\$0.28571	\$0.09524	200% Above
Non-ORx	Yes	49483060550	GABAPENTIN	180	\$0.13889	\$0.03333	200% Above
Non-ORx	Yes	49483060550	GABAPENTIN	60	\$0.10000	\$0.03333	200% Above
Non-ORx	Yes	49483060610	GABAPENTIN	30	\$0.13333	\$0.06667	101%-200% Above
Non-ORx	Yes	49483060650	GABAPENTIN	480	\$0.23958	\$0.05000	200% Above
Non-ORx	Yes	49483060650	GABAPENTIN	180	\$0.20000	\$0.05556	200% Above
Non-ORx	Yes	49483060650	GABAPENTIN	60	\$0.16667	\$0.05000	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
Non-ORx	Yes	49483060701	GABAPENTIN	120	\$0.18333	\$0.06667	101%-200% Above
Non-ORx	Yes	49483060701	GABAPENTIN	60	\$0.18333	\$0.06667	101%-200% Above
Non-ORx	Yes	49483060701	GABAPENTIN	30	\$0.26667	\$0.06667	200% Above
Non-ORx	Yes	49483060750	GABAPENTIN	30	\$0.50000	\$0.06667	200% Above
Non-ORx	Yes	49483061850	NAPROXEN	120	\$0.25833	\$0.08333	200% Above
Non-ORx	Yes	49483061850	NAPROXEN	20	\$0.20000	\$0.10000	101%-200% Above
Non-ORx	Yes	49483061850	NAPROXEN	14	\$0.21429	\$0.07143	200% Above
Non-ORx	Yes	49483062401	METFORMIN HYDROCHLORIDE E	180	\$0.26667	\$0.08333	200% Above
Non-ORx	Yes	49884006601	GLYCOPYRROLATE	30	\$0.83333	\$0.16667	200% Above
Non-ORx	Yes	49884011701	AMILORIDE HCL	30	\$0.76667	\$0.16667	200% Above
Non-ORx	Yes	49884012201	LABETALOL HYDROCHLORIDE	180	\$0.36111	\$0.11667	200% Above
Non-ORx	Yes	49884022201	DOXEPIN HCL	30	\$1.96667	\$0.56667	200% Above
Non-ORx	Yes	49884025601	MINOXIDIL	60	\$0.65000	\$0.10000	200% Above
Non-ORx	Yes	49884033601	FLUOXETINE HYDROCHLORIDE	30	\$0.66667	\$0.30000	101%-200% Above
Non-ORx	Yes	49884046565	CHOLESTYRAMINE	360	\$1.83333	\$1.27500	26%-50% Above
Non-ORx	Yes	49884046565	CHOLESTYRAMINE	60	\$2.18333	\$1.28333	51%-75% Above
Non-ORx	Yes	49884068905	METOCLOPRAMIDE HYDROCHLOR	60	\$0.18333	\$0.05000	200% Above
Non-ORx	Yes	49884072401	HYDROXYUREA	62	\$0.14516	\$0.27419	(26%-50%) Below
Non-ORx	Yes	49884072401	HYDROXYUREA	30	\$1.16667	\$0.26667	200% Above
Non-ORx	Yes	49884072703	DOXYCYCLINE MONOHYDRATE	30	\$0.60000	\$0.26667	101%-200% Above
Non-ORx	Yes	49884072703	DOXYCYCLINE MONOHYDRATE	14	\$0.57143	\$0.21429	101%-200% Above
Non-ORx	Yes	49884072704	DOXYCYCLINE MONOHYDRATE	28	\$1.39286	\$0.25000	200% Above
Non-ORx	Yes	50102022423	TARINA 24 FE	56	\$1.23214	\$0.67857	76%-100% Above
Non-ORx	Yes	50111033401	METRONIDAZOLE	30	\$0.60000	\$0.13333	200% Above
Non-ORx	Yes	50111033401	METRONIDAZOLE	49	\$0.59184	\$0.14286	200% Above
Non-ORx	Yes	50111033401	METRONIDAZOLE	15	\$0.53333	\$0.13333	200% Above
Non-ORx	Yes	50111033401	METRONIDAZOLE	28	\$0.60714	\$0.14286	200% Above
Non-ORx	Yes	50111033402	METRONIDAZOLE	42	\$0.35714	\$0.14286	101%-200% Above
Non-ORx	Yes	50111033402	METRONIDAZOLE	56	\$0.48214	\$0.14286	200% Above
Non-ORx	Yes	50111039701	HYDRALAZINE HYDROCHLORIDE	180	\$0.26667	\$0.08889	200% Above
Non-ORx	Yes	50111039801	HYDRALAZINE HCL	60	\$0.13333	\$0.03333	200% Above
Non-ORx	Yes	50111045001	TRAZODONE HYDROCHLORIDE	90	\$0.28889	\$0.13333	101%-200% Above
Non-ORx	Yes	50111045001	TRAZODONE HYDROCHLORIDE	15	\$0.60000	\$0.13333	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
Non-ORx	Yes	50111056001	TRAZODONE HYDROCHLORIDE	360	\$0.28611	\$0.04444	200% Above
Non-ORx	Yes	50111056001	TRAZODONE HYDROCHLORIDE	180	\$0.32778	\$0.03889	200% Above
Non-ORx	Yes	50111056001	TRAZODONE HYDROCHLORIDE	90	\$0.17778	\$0.03333	200% Above
Non-ORx	Yes	50111056001	TRAZODONE HYDROCHLORIDE	180	\$0.22222	\$0.03333	200% Above
Non-ORx	Yes	50111056003	TRAZODONE HYDROCHLORIDE	255	\$0.16863	\$0.03922	200% Above
Non-ORx	Yes	50111056003	TRAZODONE HYDROCHLORIDE	60	\$0.33333	\$0.03333	200% Above
Non-ORx	Yes	50111056003	TRAZODONE HYDROCHLORIDE	60	\$0.41667	\$0.03333	200% Above
Non-ORx	Yes	50111056101	TRAZODONE HYDROCHLORIDE	90	\$0.35556	\$0.06667	200% Above
Non-ORx	Yes	50111056101	TRAZODONE HYDROCHLORIDE	30	\$0.16667	\$0.06667	101%-200% Above
Non-ORx	Yes	50111056102	TRAZODONE HYDROCHLORIDE	240	\$0.26667	\$0.07083	200% Above
Non-ORx	Yes	50111056102	TRAZODONE HYDROCHLORIDE	30	\$0.26667	\$0.06667	200% Above
Non-ORx	Yes	50111056103	TRAZODONE HYDROCHLORIDE	90	\$0.26667	\$0.06667	200% Above
Non-ORx	Yes	50111064701	FLUOXETINE HYDROCHLORIDE	90	\$0.28889	\$0.03333	200% Above
Non-ORx	Yes	50111064701	FLUOXETINE HYDROCHLORIDE	90	\$0.23333	\$0.03333	200% Above
Non-ORx	Yes	50111064801	FLUOXETINE HCL	270	\$0.23704	\$0.03333	200% Above
Non-ORx	Yes	50111064801	FLUOXETINE HCL	180	\$0.32222	\$0.03333	200% Above
Non-ORx	Yes	50111078710	AZITHROMYCIN	12	\$2.00000	\$0.50000	200% Above
Non-ORx	Yes	50111078751	AZITHROMYCIN	12	\$0.25000	\$0.50000	(26%-50%) Below
Non-ORx	Yes	50111078751	AZITHROMYCIN	66	\$1.34849	\$0.50000	101%-200% Above
Non-ORx	Yes	50111078810	AZITHROMYCIN	5	\$3.60000	\$0.80000	200% Above
Non-ORx	Yes	50111091701	TORSEMIDE	90	\$0.47778	\$0.07778	200% Above
Non-ORx	Yes	50111091703	TORSEMIDE	90	\$0.35556	\$0.07778	200% Above
Non-ORx	Yes	50111091801	TORSEMIDE	30	\$0.96667	\$0.23333	200% Above
Non-ORx	Yes	50228010510	METFORMIN HYDROCHLORIDE	120	\$0.05000	\$0.01667	200% Above
Non-ORx	Yes	50228010510	METFORMIN HYDROCHLORIDE	60	\$0.08333	\$0.01667	200% Above
Non-ORx	Yes	50228010705	METFORMIN HYDROCHLORIDE	180	\$0.07222	\$0.02778	101%-200% Above
Non-ORx	Yes	50228010710	METFORMIN HYDROCHLORIDE	120	\$0.25000	\$0.02500	200% Above
Non-ORx	Yes	50228010905	CARISOPRODOL	20	\$0.30000	\$0.05000	200% Above
Non-ORx	Yes	50228010910	CARISOPRODOL	60	\$0.38333	\$0.05000	200% Above
Non-ORx	Yes	50228010910	CARISOPRODOL	30	\$0.16667	\$0.06667	101%-200% Above
Non-ORx	Yes	50228011410	FLUOXETINE HYDROCHLORIDE	60	\$0.10000	\$0.03333	200% Above
Non-ORx	Yes	50228011505	FLUOXETINE HYDROCHLORIDE	86	\$0.18605	\$0.08140	101%-200% Above
Non-ORx	Yes	50228011505	FLUOXETINE HYDROCHLORIDE	30	\$0.06667	\$0.10000	(26%-50%) Below
Non-ORx	Yes	50228012405	CLOPIDOGREL	30	\$0.33333	\$0.06667	200% Above
Non-ORx	Yes	50228013690	LEVOCETIRIZINE DIHYDROCHL	60	\$0.40000	\$0.08333	200% Above
Non-ORx	Yes	50228013690	LEVOCETIRIZINE DIHYDROCHL	30	\$0.30000	\$0.06667	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
Non-ORx	Yes	50228014601	HYDROCHLOROTHIAZIDE	30	\$0.06667	\$0.03333	101%-200% Above
Non-ORx	Yes	50228014605	HYDROCHLOROTHIAZIDE	210	\$0.18571	\$0.03333	200% Above
Non-ORx	Yes	50228014610	HYDROCHLOROTHIAZIDE	90	\$0.23333	\$0.03333	200% Above
Non-ORx	Yes	50228014610	HYDROCHLOROTHIAZIDE	28	\$0.39286	\$0.03571	200% Above
Non-ORx	Yes	50228014610	HYDROCHLOROTHIAZIDE	60	\$0.25000	\$0.03333	200% Above
Non-ORx	Yes	50228017401	BUPROPION HYDROCHLORIDE E	60	\$0.21667	\$0.11667	76%-100% Above
Non-ORx	Yes	50228017405	BUPROPION HYDROCHLORIDE E	60	\$0.08333	\$0.11667	(26%-50%) Below
Non-ORx	Yes	50228017505	BUPROPION HYDROCHLORIDE E	60	\$0.31667	\$0.10000	200% Above
Non-ORx	Yes	50228017705	GABAPENTIN	180	\$0.30556	\$0.09444	200% Above
Non-ORx	Yes	50228017705	GABAPENTIN	270	\$0.34815	\$0.08889	200% Above
Non-ORx	Yes	50228017805	GABAPENTIN	30	\$0.23333	\$0.13333	76%-100% Above
Non-ORx	Yes	50228018010	GABAPENTIN	270	\$0.67407	\$0.05185	200% Above
Non-ORx	Yes	50228018010	GABAPENTIN	90	\$0.20000	\$0.05556	200% Above
Non-ORx	Yes	50228018105	GABAPENTIN	270	\$0.22963	\$0.06296	200% Above
Non-ORx	Yes	50228035390	PREGABALIN	60	\$0.21667	\$0.08333	101%-200% Above
Non-ORx	Yes	50228042360	RANOLAZINE ER	180	\$0.75000	\$0.33889	101%-200% Above
Non-ORx	Yes	50228042730	SOLIFENACIN SUCCINATE	30	\$0.60000	\$0.23333	101%-200% Above
Non-ORx	Yes	50228043605	NAPROXEN	40	\$0.37500	\$0.07500	200% Above
Non-ORx	Yes	50383004224	PREDNISOLONE	37	\$0.21622	\$0.13514	51%-75% Above
Non-ORx	Yes	50383004248	PREDNISOLONE	75	\$0.26667	\$0.16000	51%-75% Above
Non-ORx	Yes	50383004248	PREDNISOLONE	30	\$0.26667	\$0.16667	51%-75% Above
Non-ORx	Yes	50383008716	GUAIATUSSIN AC	240	\$0.08333	\$0.02500	200% Above
Non-ORx	Yes	50383026505	LOTEPREDNOL ETABONATE	5	\$35.60000	\$31.60000	10%-25% Above
Non-ORx	Yes	50383026505	LOTEPREDNOL ETABONATE	5	\$36.00000	\$31.40000	10%-25% Above
Non-ORx	Yes	50383041906	CICLOPIROX NAIL LACQUER	7	\$4.57143	\$1.71429	101%-200% Above
Non-ORx	Yes	50383066730	LIDOCAINE/PRILOCAINE	60	\$1.16667	\$0.26667	200% Above
Non-ORx	Yes	50383066730	LIDOCAINE/PRILOCAINE	30	\$1.06667	\$0.40000	101%-200% Above
Non-ORx	Yes	50383070016	FLUTICASON PROPIONATE	48	\$0.62500	\$0.27083	101%-200% Above
Non-ORx	Yes	50383070016	FLUTICASON PROPIONATE	32	\$0.81250	\$0.31250	101%-200% Above
Non-ORx	Yes	50383070016	FLUTICASON PROPIONATE	48	\$0.87500	\$0.25000	200% Above
Non-ORx	Yes	50383081016	ACYCLOVIR	125	\$0.37600	\$0.26400	26%-50% Above
Non-ORx	Yes	50383090110	HYDROCORTISONE/ACETIC ACI	10	\$15.70000	\$5.90000	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
Non-ORx	Yes	50742017501	ISOSORBIDE MONONITRATE ER	60	\$0.35000	\$0.10000	200% Above
Non-ORx	Yes	50742017505	ISOSORBIDE MONONITRATE ER	90	\$0.38889	\$0.08889	200% Above
Non-ORx	Yes	50742017505	ISOSORBIDE MONONITRATE ER	30	\$0.50000	\$0.10000	200% Above
Non-ORx	Yes	50742025090	DILTIAZEM HYDROCHLORIDE E	90	\$0.76667	\$0.27778	101%-200% Above
Non-ORx	Yes	50742026101	NIFEDIPINE ER	150	\$0.79333	\$0.24667	200% Above
Non-ORx	Yes	50742026201	NIFEDIPINE ER	30	\$0.60000	\$0.40000	51%-75% Above
Non-ORx	Yes	50742026750	NORETHINDRONE ACETATE	60	\$0.25000	\$0.60000	(51%-75%) Below
Non-ORx	Yes	50742026750	NORETHINDRONE ACETATE	30	\$0.50000	\$0.60000	(10%-25%) Below
Non-ORx	Yes	50742050504	SCOPOLAMINE	2	\$15.50000	\$12.00000	26%-50% Above
Non-ORx	Yes	50742050510	SCOPOLAMINE	4	\$17.50000	\$12.00000	26%-50% Above
Non-ORx	Yes	50742061505	METOPROLOL SUCCINATE ER	60	\$0.25000	\$0.10000	101%-200% Above
Non-ORx	Yes	50742061510	METOPROLOL SUCCINATE ER	450	\$0.29111	\$0.08889	200% Above
Non-ORx	Yes	50742061510	METOPROLOL SUCCINATE ER	210	\$0.21905	\$0.10000	101%-200% Above
Non-ORx	Yes	50742061610	METOPROLOL SUCCINATE ER	90	\$0.32222	\$0.11111	101%-200% Above
Non-ORx	Yes	50742061610	METOPROLOL SUCCINATE ER	120	\$0.24167	\$0.10833	101%-200% Above
Non-ORx	Yes	50742061610	METOPROLOL SUCCINATE ER	180	\$0.33333	\$0.10000	200% Above
Non-ORx	Yes	50742061610	METOPROLOL SUCCINATE ER	150	\$0.29333	\$0.10000	101%-200% Above
Non-ORx	Yes	50742061710	METOPROLOL SUCCINATE ER	180	\$0.57778	\$0.16667	200% Above
Non-ORx	Yes	50742061710	METOPROLOL SUCCINATE ER	120	\$0.37500	\$0.13333	101%-200% Above
Non-ORx	Yes	50742061710	METOPROLOL SUCCINATE ER	180	\$0.46111	\$0.13333	200% Above
Non-ORx	Yes	50742061710	METOPROLOL SUCCINATE ER	270	\$0.54074	\$0.13333	200% Above
Non-ORx	Yes	50742061710	METOPROLOL SUCCINATE ER	60	\$0.23333	\$0.13333	76%-100% Above
Non-ORx	Yes	50742063360	METFORMIN HYDROCHLORIDE E	120	\$3.27500	\$0.70833	200% Above
Non-ORx	Yes	50742063460	METFORMIN HYDROCHLORIDE E	180	\$4.92778	\$1.32778	200% Above
Non-ORx	Yes	50742063460	METFORMIN HYDROCHLORIDE E	120	\$4.92500	\$1.76667	101%-200% Above
Non-ORx	Yes	50742063460	METFORMIN HYDROCHLORIDE E	60	\$4.93333	\$1.33333	200% Above
Non-ORx	Yes	50742064601	TRIAZOLAM	60	\$2.56667	\$1.20000	101%-200% Above
Non-ORx	Yes	50742065601	CARISOPRODOL	120	\$0.32500	\$0.05833	200% Above
Non-ORx	Yes	50742065828	ESTRADIOL/NORETHINDRONE A	28	\$0.53571	\$1.75000	(51%-75%) Below
Non-ORx	Yes	51224000160	BENZONATATE	60	\$0.11667	\$0.13333	(10%-25%) Below
Non-ORx	Yes	51224000160	BENZONATATE	60	\$0.48333	\$0.13333	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
Non-ORx	Yes	51224000760	METFORMIN HYDROCHLORIDE E	90	\$0.15556	\$0.03333	200% Above
Non-ORx	Yes	51224001060	BENZONATATE	42	\$0.40476	\$0.09524	200% Above
Non-ORx	Yes	51224002070	METFORMIN HYDROCHLORIDE	60	\$0.11667	\$0.01667	200% Above
Non-ORx	Yes	51224002070	METFORMIN HYDROCHLORIDE	30	\$0.10000	\$0.03333	200% Above
Non-ORx	Yes	51224002160	GABAPENTIN	60	\$0.33333	\$0.08333	200% Above
Non-ORx	Yes	51224002206	AZITHROMYCIN	6	\$0.33333	\$0.50000	(26%-50%) Below
Non-ORx	Yes	51224002218	AZITHROMYCIN	10	\$0.70000	\$0.50000	26%-50% Above
Non-ORx	Yes	51224002218	AZITHROMYCIN	18	\$2.27778	\$0.50000	200% Above
Non-ORx	Yes	51224002230	AZITHROMYCIN	12	\$1.50000	\$0.50000	200% Above
Non-ORx	Yes	51224002230	AZITHROMYCIN	5	\$1.40000	\$0.40000	200% Above
Non-ORx	Yes	51224010750	METFORMIN HYDROCHLORIDE E	90	\$0.34444	\$0.07778	200% Above
Non-ORx	Yes	51224010750	METFORMIN HYDROCHLORIDE E	60	\$0.28333	\$0.08333	200% Above
Non-ORx	Yes	51224010750	METFORMIN HYDROCHLORIDE E	60	\$0.28333	\$0.06667	200% Above
Non-ORx	Yes	51224010760	METFORMIN HYDROCHLORIDE E	30	\$0.20000	\$0.06667	200% Above
Non-ORx	Yes	51293061101	PHENAZOPYRIDINE HYDROCHLO	9	\$1.66667	\$0.33333	200% Above
Non-ORx	Yes	51293061201	PHENAZOPYRIDINE HCL	12	\$2.41667	\$0.41667	200% Above
Non-ORx	Yes	51293061201	PHENAZOPYRIDINE HCL	9	\$2.33333	\$0.44444	200% Above
Non-ORx	Yes	51293082001	METHIMAZOLE	15	\$0.33333	\$0.06667	200% Above
Non-ORx	Yes	51293082001	METHIMAZOLE	19	\$0.10526	\$0.05263	101%-200% Above
Non-ORx	Yes	51293082101	METHIMAZOLE	90	\$0.08889	\$0.11111	(10%-25%) Below
Non-ORx	Yes	51660014290	VALSARTAN	30	\$0.46667	\$0.26667	76%-100% Above
Non-ORx	Yes	51672127401	BETAMETHASONE DIPROPIONAT	60	\$1.30000	\$1.01667	26%-50% Above
Non-ORx	Yes	51672127401	BETAMETHASONE DIPROPIONAT	30	\$1.33333	\$1.00000	26%-50% Above
Non-ORx	Yes	51672127903	FLUOCINONIDE	60	\$1.08333	\$1.41667	(10%-25%) Below
Non-ORx	Yes	51672128202	TRIAMCINOLONE ACETONIDE	30	\$0.10000	\$0.13333	(10%-25%) Below
Non-ORx	Yes	51672128902	NYSTATIN	60	\$0.75000	\$0.16667	200% Above
Non-ORx	Yes	51672128902	NYSTATIN	60	\$0.48333	\$0.16667	101%-200% Above
Non-ORx	Yes	51672129303	CLOBETASOL PROPIONATE	100	\$1.32000	\$0.36000	200% Above
Non-ORx	Yes	51672131200	MUPIROCIN	66	\$0.57576	\$0.18182	200% Above
Non-ORx	Yes	51672138903	AZELAIC ACID	50	\$4.94000	\$1.28000	200% Above
Non-ORx	Yes	51672139409	TRETINOIN	45	\$2.28889	\$1.88889	10%-25% Above
Non-ORx	Yes	51672139409	TRETINOIN	45	\$2.28889	\$1.77778	26%-50% Above
Non-ORx	Yes	51672139500	TRETINOIN	20	\$4.40000	\$2.70000	51%-75% Above
Non-ORx	Yes	51672139509	TRETINOIN	45	\$4.40000	\$2.28889	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
Non-ORx	Yes	51672300302	HYDROCORTISONE	28	\$0.25000	\$0.10714	101%-200% Above
Non-ORx	Yes	51672302002	LIDOCAINE	60	\$0.25000	\$0.43333	(26%-50%) Below
Non-ORx	Yes	51672302002	LIDOCAINE	30	\$1.00000	\$0.43333	101%-200% Above
Non-ORx	Yes	51672400101	NORTRIPTYLINE HYDROCHLORI	60	\$0.30000	\$0.06667	200% Above
Non-ORx	Yes	51672400101	NORTRIPTYLINE HYDROCHLORI	30	\$0.16667	\$0.06667	101%-200% Above
Non-ORx	Yes	51672400201	NORTRIPTYLINE HCL	30	\$0.40000	\$0.10000	200% Above
Non-ORx	Yes	51672400501	CARBAMAZEPINE	180	\$0.73333	\$0.21667	200% Above
Non-ORx	Yes	51672400501	CARBAMAZEPINE	60	\$0.38333	\$0.21667	76%-100% Above
Non-ORx	Yes	51672400501	CARBAMAZEPINE	39	\$0.23077	\$0.20513	10%-25% Above
Non-ORx	Yes	51672401801	ETODOLAC	120	\$0.97500	\$0.33333	101%-200% Above
Non-ORx	Yes	51672402504	AMIODARONE HYDROCHLORIDE	30	\$0.26667	\$0.13333	101%-200% Above
Non-ORx	Yes	51672402504	AMIODARONE HYDROCHLORIDE	15	\$0.26667	\$0.13333	101%-200% Above
Non-ORx	Yes	51672403203	WARFARIN SODIUM	45	\$0.08889	\$0.11111	(10%-25%) Below
Non-ORx	Yes	51672403203	WARFARIN SODIUM	30	\$0.43333	\$0.10000	200% Above
Non-ORx	Yes	51672403601	ETODOLAC	60	\$1.05000	\$0.35000	200% Above
Non-ORx	Yes	51672404801	CLOTRIMAZOLE/BETAMETHASO N	45	\$0.66667	\$0.26667	101%-200% Above
Non-ORx	Yes	51672404806	CLOTRIMAZOLE/BETAMETHASO N	45	\$0.48889	\$0.17778	101%-200% Above
Non-ORx	Yes	51672407008	CETIRIZINE HYDROCHLORIDE	75	\$0.12000	\$0.02667	200% Above
Non-ORx	Yes	51672408104	CLINDAMYCIN PHOSPHATE	60	\$0.25000	\$0.21667	10%-25% Above
Non-ORx	Yes	51672411606	METRONIDAZOLE	45	\$0.75556	\$0.60000	26%-50% Above
Non-ORx	Yes	51672411806	FLUOROURACIL	80	\$4.06250	\$1.32500	200% Above
Non-ORx	Yes	51672411806	FLUOROURACIL	80	\$2.45000	\$1.30000	76%-100% Above
Non-ORx	Yes	51672413304	LAMOTRIGINE	56	\$0.46429	\$0.08929	200% Above
Non-ORx	Yes	51672413304	LAMOTRIGINE	30	\$0.46667	\$0.10000	200% Above
Non-ORx	Yes	51862029206	MICROGESTIN FE 1.5/30	168	\$0.73214	\$0.32143	101%-200% Above
Non-ORx	Yes	51862032001	LIOTHYRONINE SODIUM	90	\$0.87778	\$0.36667	101%-200% Above
Non-ORx	Yes	51862032101	LIOTHYRONINE SODIUM	30	\$1.23333	\$0.50000	101%-200% Above
Non-ORx	Yes	51862044630	TAMOXIFEN CITRATE	30	\$1.30000	\$0.40000	200% Above
Non-ORx	Yes	51862048601	TRIMETHOPRIM	30	\$0.30000	\$1.00000	(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
Non-ORx	Yes	51862056406	LOW-OGESTREL	84	\$0.75000	\$0.39286	76%-100% Above
Non-ORx	Yes	51862064506	NYMYO	84	\$0.30952	\$0.17857	51%-75% Above
Non-ORx	Yes	51862085601	CARBIDOPA/LEVODOPA	270	\$0.37778	\$0.10741	200% Above
Non-ORx	Yes	51862085601	CARBIDOPA/LEVODOPA	90	\$0.43333	\$0.11111	200% Above
Non-ORx	Yes	51862086606	MICROGESTIN FE 1/20	28	\$0.03571	\$0.21429	(76%-100%) Below
Non-ORx	Yes	51862086806	MICROGESTIN 1/20	84	\$0.86905	\$0.28571	200% Above
Non-ORx	Yes	51862086806	MICROGESTIN 1/20	21	\$0.33333	\$0.28571	10%-25% Above
Non-ORx	Yes	51862087006	MICROGESTIN FE 1.5/30	28	\$0.75000	\$0.32143	101%-200% Above
Non-ORx	Yes	51862087206	MICROGESTIN 1.5/30	147	\$0.82993	\$0.57823	26%-50% Above
Non-ORx	Yes	51862087206	MICROGESTIN 1.5/30	42	\$0.66667	\$0.57143	10%-25% Above
Non-ORx	Yes	51862089006	AZURETTE	28	\$0.42857	\$0.32143	26%-50% Above
Non-ORx	Yes	51862094801	NORTRIPTYLINE HYDROCHLORI	30	\$0.36667	\$0.16667	101%-200% Above
Non-ORx	Yes	51991000590	EXEMESTANE	90	\$5.83333	\$1.36667	200% Above
Non-ORx	Yes	51991007301	BUTALBITAL/ACETAMINOPHEN/	90	\$1.04444	\$0.85556	10%-25% Above
Non-ORx	Yes	51991029301	OXCARBAZEPINE	60	\$0.85000	\$0.21667	200% Above
Non-ORx	Yes	51991029305	OXCARBAZEPINE	60	\$0.85000	\$0.21667	200% Above
Non-ORx	Yes	51991029401	OXCARBAZEPINE	60	\$0.55000	\$0.43333	26%-50% Above
Non-ORx	Yes	51991031233	DESVENLAFAXINE ER	90	\$2.33333	\$0.63333	200% Above
Non-ORx	Yes	51991031290	DESVENLAFAXINE ER	30	\$1.60000	\$0.63333	101%-200% Above
Non-ORx	Yes	51991036378	RIZATRIPTAN BENZOATE ODT	12	\$2.41667	\$0.66667	200% Above
Non-ORx	Yes	51991065116	LEVETIRACETAM	150	\$0.00667	\$0.03333	(76%-100%) Below
Non-ORx	Yes	51991070401	ALPRAZOLAM	24	\$0.12500	\$0.04167	200% Above
Non-ORx	Yes	51991070405	ALPRAZOLAM	120	\$0.28333	\$0.01667	200% Above
Non-ORx	Yes	51991070405	ALPRAZOLAM	30	\$0.13333	\$0.03333	200% Above
Non-ORx	Yes	51991070410	ALPRAZOLAM	60	\$0.10000	\$0.01667	200% Above
Non-ORx	Yes	51991070501	ALPRAZOLAM	30	\$0.20000	\$0.03333	200% Above
Non-ORx	Yes	51991070505	ALPRAZOLAM	60	\$0.20000	\$0.01667	200% Above
Non-ORx	Yes	51991070505	ALPRAZOLAM	30	\$0.06667	\$0.03333	101%-200% Above
Non-ORx	Yes	51991070510	ALPRAZOLAM	60	\$0.11667	\$0.01667	200% Above
Non-ORx	Yes	51991070510	ALPRAZOLAM	30	\$0.06667	\$0.03333	101%-200% Above
Non-ORx	Yes	51991070601	ALPRAZOLAM	60	\$0.18333	\$0.01667	200% Above
Non-ORx	Yes	51991070601	ALPRAZOLAM	30	\$0.20000	\$0.03333	200% Above
Non-ORx	Yes	51991070605	ALPRAZOLAM	30	\$0.20000	\$0.03333	200% Above
Non-ORx	Yes	51991070610	ALPRAZOLAM	90	\$0.10000	\$0.02222	200% Above
Non-ORx	Yes	51991070610	ALPRAZOLAM	30	\$0.13333	\$0.03333	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
Non-ORx	Yes	51991074710	DULOXETINE HCL	30	\$0.46667	\$0.10000	200% Above
Non-ORx	Yes	51991074710	DULOXETINE HCL	60	\$0.36667	\$0.10000	200% Above
Non-ORx	Yes	51991074790	DULOXETINE HCL	60	\$0.43333	\$0.10000	200% Above
Non-ORx	Yes	51991074810	DULOXETINE HYDROCHLORIDE	120	\$0.64167	\$0.15000	200% Above
Non-ORx	Yes	51991074810	DULOXETINE HYDROCHLORIDE	90	\$0.25556	\$0.12222	101%-200% Above
Non-ORx	Yes	51991074810	DULOXETINE HYDROCHLORIDE	30	\$0.50000	\$0.13333	200% Above
Non-ORx	Yes	51991074890	DULOXETINE HYDROCHLORIDE	180	\$0.63333	\$0.12222	200% Above
Non-ORx	Yes	51991074890	DULOXETINE HYDROCHLORIDE	60	\$0.63333	\$0.13333	200% Above
Non-ORx	Yes	51991074890	DULOXETINE HYDROCHLORIDE	60	\$0.51667	\$0.13333	200% Above
Non-ORx	Yes	51991075910	LETROZOLE	30	\$0.40000	\$0.13333	200% Above
Non-ORx	Yes	51991075933	LETROZOLE	10	\$0.90000	\$0.10000	200% Above
Non-ORx	Yes	51991081403	AZELASTINE HYDROCHLORIDE	90	\$1.50000	\$0.26667	200% Above
Non-ORx	Yes	51991081701	PROPRANOLOL HYDROCHLORIDE	60	\$1.53333	\$0.33333	200% Above
Non-ORx	Yes	51991081801	PROPRANOLOL HYDROCHLORIDE	90	\$1.56667	\$0.33333	200% Above
Non-ORx	Yes	51991081801	PROPRANOLOL HYDROCHLORIDE	60	\$1.66667	\$0.33333	200% Above
Non-ORx	Yes	51991081901	PROPRANOLOL HCL ER	90	\$2.04444	\$0.43333	200% Above
Non-ORx	Yes	51991081901	PROPRANOLOL HCL ER	30	\$2.10000	\$0.43333	200% Above
Non-ORx	Yes	51991098201	ZOLPIDEM TARTRATE ER	30	\$0.80000	\$0.16667	200% Above
Non-ORx	Yes	52817018000	CLONIDINE HYDROCHLORIDE	30	\$0.13333	\$0.03333	200% Above
Non-ORx	Yes	52817018010	CLONIDINE HYDROCHLORIDE	60	\$0.18333	\$0.03333	200% Above
Non-ORx	Yes	52817021010	CYPROHEPTADINE HYDROCHLOR	60	\$0.05000	\$0.08333	(26%-50%) Below
Non-ORx	Yes	52817027010	BISOPROLOL FUMARATE	30	\$0.30000	\$0.36667	(10%-25%) Below
Non-ORx	Yes	52817027110	BISOPROLOL FUMARATE	90	\$1.40000	\$0.46667	200% Above
Non-ORx	Yes	52817031910	BACLOFEN	210	\$0.07143	\$0.70952	(76%-100%) Below
Non-ORx	Yes	52817031910	BACLOFEN	30	\$0.86667	\$0.63333	26%-50% Above
Non-ORx	Yes	52817032000	BACLOFEN	30	\$0.23333	\$0.06667	200% Above
Non-ORx	Yes	52817033010	CYCLOBENZAPRINE HYDROCHLO	60	\$0.18333	\$0.03333	200% Above
Non-ORx	Yes	52817033010	CYCLOBENZAPRINE HYDROCHLO	60	\$0.25000	\$0.03333	200% Above
Non-ORx	Yes	52817033010	CYCLOBENZAPRINE HYDROCHLO	20	\$0.30000	\$0.05000	200% Above
Non-ORx	Yes	52817033050	CYCLOBENZAPRINE HYDROCHLO	89	\$0.10112	\$0.03371	200% Above
Non-ORx	Yes	52817033050	CYCLOBENZAPRINE HYDROCHLO	90	\$0.07778	\$0.03333	101%-200% Above
Non-ORx	Yes	52817033050	CYCLOBENZAPRINE HYDROCHLO	60	\$0.01667	\$0.03333	(26%-50%) Below
Non-ORx	Yes	52817033050	CYCLOBENZAPRINE HYDROCHLO	20	\$0.00000	\$0.05000	(76%-100%) Below
Non-ORx	Yes	52817033200	CYCLOBENZAPRINE HYDROCHLO	180	\$0.07778	\$0.02222	200% Above
Non-ORx	Yes	52817033200	CYCLOBENZAPRINE HYDROCHLO	75	\$0.09333	\$0.02667	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
Non-ORx	Yes	52817033200	CYCLOBENZAPRINE HYDROCHLO	105	\$0.01905	\$0.02857	(26%-50%) Below
Non-ORx	Yes	52817033200	CYCLOBENZAPRINE HYDROCHLO	360	\$0.13889	\$0.02222	200% Above
Non-ORx	Yes	52817033200	CYCLOBENZAPRINE HYDROCHLO	60	\$0.30000	\$0.03333	200% Above
Non-ORx	Yes	52817033200	CYCLOBENZAPRINE HYDROCHLO	90	\$0.22222	\$0.03333	200% Above
Non-ORx	Yes	52817033200	CYCLOBENZAPRINE HYDROCHLO	240	\$0.13333	\$0.01667	200% Above
Non-ORx	Yes	52817033200	CYCLOBENZAPRINE HYDROCHLO	36	\$0.22222	\$0.02778	200% Above
Non-ORx	Yes	52817036000	METOPROLOL TARTRATE	120	\$0.09167	\$0.01667	200% Above
Non-ORx	Yes	52817036010	METOPROLOL TARTRATE	120	\$0.16667	\$0.01667	200% Above
Non-ORx	Yes	52817036100	METOPROLOL TARTRATE	90	\$0.07778	\$0.02222	200% Above
Non-ORx	Yes	52817036100	METOPROLOL TARTRATE	180	\$0.05556	\$0.01667	200% Above
Non-ORx	Yes	52817036100	METOPROLOL TARTRATE	60	\$0.15000	\$0.03333	200% Above
Non-ORx	Yes	52817081615	ACETIC ACID	15	\$2.26667	\$1.46667	51%-75% Above
Non-ORx	Yes	53489011905	DOXYCYCLINE HYCLATE	30	\$1.30000	\$0.16667	200% Above
Non-ORx	Yes	53489011905	DOXYCYCLINE HYCLATE	48	\$0.43750	\$0.14583	200% Above
Non-ORx	Yes	53489011905	DOXYCYCLINE HYCLATE	20	\$0.80000	\$0.15000	200% Above
Non-ORx	Yes	53489011905	DOXYCYCLINE HYCLATE	28	\$0.78571	\$0.14286	200% Above
Non-ORx	Yes	53489012002	DOXYCYCLINE HYCLATE	28	\$0.92857	\$0.14286	200% Above
Non-ORx	Yes	53489012005	DOXYCYCLINE HYCLATE	30	\$0.26667	\$0.13333	101%-200% Above
Non-ORx	Yes	53489014401	SPIRONOLACTONE/HYDROCHLO R	90	\$0.46667	\$0.61111	(10%-25%) Below
Non-ORx	Yes	53746010901	HYDROCODONE BITARTRATE/AC	6	\$0.00000	\$0.16667	(76%-100%) Below
Non-ORx	Yes	53746010901	HYDROCODONE BITARTRATE/AC	40	\$0.42500	\$0.10000	200% Above
Non-ORx	Yes	53746010901	HYDROCODONE BITARTRATE/AC	90	\$0.21111	\$0.10000	101%-200% Above
Non-ORx	Yes	53746010901	HYDROCODONE BITARTRATE/AC	40	\$0.37500	\$0.10000	200% Above
Non-ORx	Yes	53746010901	HYDROCODONE BITARTRATE/AC	32	\$0.46875	\$0.09375	200% Above
Non-ORx	Yes	53746010901	HYDROCODONE BITARTRATE/AC	10	\$0.40000	\$0.10000	200% Above
Non-ORx	Yes	53746010901	HYDROCODONE BITARTRATE/AC	9	\$0.44444	\$0.11111	200% Above
Non-ORx	Yes	53746010901	HYDROCODONE BITARTRATE/AC	16	\$0.37500	\$0.12500	200% Above
Non-ORx	Yes	53746010901	HYDROCODONE BITARTRATE/AC	15	\$0.40000	\$0.06667	200% Above
Non-ORx	Yes	53746010901	HYDROCODONE BITARTRATE/AC	12	\$0.50000	\$0.08333	200% Above
Non-ORx	Yes	53746010905	HYDROCODONE BITARTRATE/AC	16	\$0.31250	\$0.12500	101%-200% Above
Non-ORx	Yes	53746011001	HYDROCODONE BITARTRATE/AC	90	\$0.08889	\$0.12222	(26%-50%) Below
Non-ORx	Yes	53746020305	OXYCODONE/ACETAMINOPHEN	40	\$0.37500	\$0.10000	200% Above
Non-ORx	Yes	53746051105	SPIRONOLACTONE	30	\$0.23333	\$0.06667	200% Above
Non-ORx	Yes	53746051105	SPIRONOLACTONE	90	\$0.31111	\$0.05556	200% Above
Non-ORx	Yes	53746051110	SPIRONOLACTONE	90	\$0.28889	\$0.05556	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
Non-ORx	Yes	53746051401	SPIRONOLACTONE	180	\$0.32222	\$0.11667	101%-200% Above
Non-ORx	Yes	53746051401	SPIRONOLACTONE	180	\$0.54444	\$0.12222	200% Above
Non-ORx	Yes	53746051401	SPIRONOLACTONE	60	\$0.56667	\$0.11667	200% Above
Non-ORx	Yes	53746051501	SPIRONOLACTONE	60	\$1.00000	\$0.20000	200% Above
Non-ORx	Yes	53746051501	SPIRONOLACTONE	30	\$0.50000	\$0.20000	101%-200% Above
Non-ORx	Yes	53746054405	PRIMIDONE	60	\$0.38333	\$0.16667	101%-200% Above
Non-ORx	Yes	53746061701	TRAMADOL HYDROCHLORIDE/AC	12	\$0.33333	\$0.08333	200% Above
Non-ORx	Yes	53746064101	FLECAINIDE ACETATE	60	\$0.31667	\$0.15000	101%-200% Above
Non-ORx	Yes	53746064201	FLECAINIDE ACETATE	120	\$0.65000	\$0.23333	101%-200% Above
Non-ORx	Yes	53746064201	FLECAINIDE ACETATE	180	\$0.12778	\$0.23889	(26%-50%) Below
Non-ORx	Yes	54838050280	HYDROXYZINE HCL	300	\$0.11667	\$0.07667	51%-75% Above
Non-ORx	Yes	54838057280	CETIRIZINE HYDROCHLORIDE	60	\$0.11667	\$0.01667	200% Above
Non-ORx	Yes	55111012105	ATORVASTATIN CALCIUM	180	\$0.22222	\$0.03333	200% Above
Non-ORx	Yes	55111012105	ATORVASTATIN CALCIUM	60	\$0.21667	\$0.03333	200% Above
Non-ORx	Yes	55111012205	ATORVASTATIN CALCIUM	270	\$0.29259	\$0.04444	200% Above
Non-ORx	Yes	55111012205	ATORVASTATIN CALCIUM	90	\$0.30000	\$0.05556	200% Above
Non-ORx	Yes	55111012205	ATORVASTATIN CALCIUM	60	\$0.26667	\$0.03333	200% Above
Non-ORx	Yes	55111012205	ATORVASTATIN CALCIUM	30	\$0.26667	\$0.06667	200% Above
Non-ORx	Yes	55111012305	ATORVASTATIN CALCIUM	540	\$0.34444	\$0.05556	200% Above
Non-ORx	Yes	55111012305	ATORVASTATIN CALCIUM	180	\$0.35556	\$0.06667	200% Above
Non-ORx	Yes	55111012405	ATORVASTATIN CALCIUM	30	\$0.16667	\$0.10000	51%-75% Above
Non-ORx	Yes	55111012601	CIPROFLOXACIN HYDROCHLORI	14	\$0.35714	\$0.07143	200% Above
Non-ORx	Yes	55111012601	CIPROFLOXACIN HYDROCHLORI	6	\$0.50000	\$0.16667	200% Above
Non-ORx	Yes	55111012705	CIPROFLOXACIN HYDROCHLORI	84	\$0.85714	\$0.14286	200% Above
Non-ORx	Yes	55111012705	CIPROFLOXACIN HYDROCHLORI	20	\$0.85000	\$0.15000	200% Above
Non-ORx	Yes	55111012705	CIPROFLOXACIN HYDROCHLORI	6	\$0.83333	\$0.16667	200% Above
Non-ORx	Yes	55111012705	CIPROFLOXACIN HYDROCHLORI	14	\$0.50000	\$0.14286	200% Above
Non-ORx	Yes	55111013781	ZENATANE	60	\$10.40000	\$2.81667	200% Above
Non-ORx	Yes	55111013781	ZENATANE	30	\$7.23333	\$3.13333	101%-200% Above
Non-ORx	Yes	55111014512	FLUCONAZOLE	5	\$6.40000	\$0.80000	200% Above
Non-ORx	Yes	55111014512	FLUCONAZOLE	7	\$6.85714	\$0.85714	200% Above
Non-ORx	Yes	55111014512	FLUCONAZOLE	6	\$3.33333	\$0.66667	200% Above
Non-ORx	Yes	55111014512	FLUCONAZOLE	1	\$6.00000	\$1.00000	200% Above
Non-ORx	Yes	55111014512	FLUCONAZOLE	4	\$6.00000	\$1.00000	200% Above
Non-ORx	Yes	55111015330	ONDANSETRON HYDROCHLORIDE	20	\$0.10000	\$0.05000	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
Non-ORx	Yes	55111015330	ONDANSETRON HYDROCHLORIDE	12	\$0.58333	\$0.08333	200% Above
Non-ORx	Yes	55111015810	OMEPRAZOLE	150	\$0.16667	\$0.03333	200% Above
Non-ORx	Yes	55111017915	TIZANIDINE HCL	120	\$0.16667	\$0.05833	101%-200% Above
Non-ORx	Yes	55111017915	TIZANIDINE HCL	180	\$0.29444	\$0.05000	200% Above
Non-ORx	Yes	55111017915	TIZANIDINE HCL	90	\$0.30000	\$0.05556	200% Above
Non-ORx	Yes	55111017915	TIZANIDINE HCL	60	\$0.30000	\$0.06667	200% Above
Non-ORx	Yes	55111018010	TIZANIDINE HYDROCHLORIDE	240	\$0.25833	\$0.05833	200% Above
Non-ORx	Yes	55111018010	TIZANIDINE HYDROCHLORIDE	180	\$0.25556	\$0.05556	200% Above
Non-ORx	Yes	55111018010	TIZANIDINE HYDROCHLORIDE	60	\$0.15000	\$0.06667	101%-200% Above
Non-ORx	Yes	55111018010	TIZANIDINE HYDROCHLORIDE	120	\$0.37500	\$0.05000	200% Above
Non-ORx	Yes	55111018015	TIZANIDINE HYDROCHLORIDE	540	\$0.21667	\$0.05556	200% Above
Non-ORx	Yes	55111018015	TIZANIDINE HYDROCHLORIDE	120	\$0.25000	\$0.05833	200% Above
Non-ORx	Yes	55111018015	TIZANIDINE HYDROCHLORIDE	180	\$0.26111	\$0.05556	200% Above
Non-ORx	Yes	55111018015	TIZANIDINE HYDROCHLORIDE	130	\$0.26154	\$0.05385	200% Above
Non-ORx	Yes	55111018015	TIZANIDINE HYDROCHLORIDE	126	\$0.24603	\$0.05556	200% Above
Non-ORx	Yes	55111018015	TIZANIDINE HYDROCHLORIDE	300	\$0.26000	\$0.06667	200% Above
Non-ORx	Yes	55111018015	TIZANIDINE HYDROCHLORIDE	18	\$0.22222	\$0.05556	200% Above
Non-ORx	Yes	55111018015	TIZANIDINE HYDROCHLORIDE	36	\$0.25000	\$0.05556	200% Above
Non-ORx	Yes	55111018015	TIZANIDINE HYDROCHLORIDE	62	\$0.33871	\$0.04839	200% Above
Non-ORx	Yes	55111018015	TIZANIDINE HYDROCHLORIDE	180	\$0.25556	\$0.05000	200% Above
Non-ORx	Yes	55111019605	CLOPIDOGREL	180	\$0.48889	\$0.06667	200% Above
Non-ORx	Yes	55111019605	CLOPIDOGREL	30	\$0.60000	\$0.06667	200% Above
Non-ORx	Yes	55111019630	CLOPIDOGREL	30	\$0.36667	\$0.06667	200% Above
Non-ORx	Yes	55111029136	SUMATRIPTAN SUCCINATE	9	\$1.55556	\$0.55556	101%-200% Above
Non-ORx	Yes	55111029198	SUMATRIPTAN SUCCINATE	9	\$1.55556	\$0.55556	101%-200% Above
Non-ORx	Yes	55111029236	SUMATRIPTAN SUCCINATE	18	\$1.66667	\$0.50000	200% Above
Non-ORx	Yes	55111029298	SUMATRIPTAN SUCCINATE	18	\$1.44444	\$0.55556	101%-200% Above
Non-ORx	Yes	55111029398	SUMATRIPTAN SUCCINATE	18	\$2.44444	\$0.55556	200% Above
Non-ORx	Yes	55111029398	SUMATRIPTAN SUCCINATE	20	\$0.30000	\$0.55000	(26%-50%) Below
Non-ORx	Yes	55111029398	SUMATRIPTAN SUCCINATE	27	\$2.44444	\$0.55556	200% Above
Non-ORx	Yes	55111029398	SUMATRIPTAN SUCCINATE	18	\$2.38889	\$0.55556	200% Above
Non-ORx	Yes	55111029398	SUMATRIPTAN SUCCINATE	16	\$6.62500	\$0.56250	200% Above
Non-ORx	Yes	55111029398	SUMATRIPTAN SUCCINATE	15	\$2.40000	\$0.53333	200% Above
Non-ORx	Yes	55111032005	GLIMEPIRIDE	120	\$0.10000	\$0.03333	200% Above
Non-ORx	Yes	55111032005	GLIMEPIRIDE	30	\$0.16667	\$0.03333	200% Above
Non-ORx	Yes	55111032101	GLIMEPIRIDE	90	\$0.31111	\$0.04444	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
Non-ORx	Yes	55111032101	GLIMEPIRIDE	60	\$0.03333	\$0.05000	(26%-50%) Below
Non-ORx	Yes	55111032101	GLIMEPIRIDE	30	\$0.23333	\$0.03333	200% Above
Non-ORx	Yes	55111032101	GLIMEPIRIDE	60	\$0.16667	\$0.03333	200% Above
Non-ORx	Yes	55111032105	GLIMEPIRIDE	60	\$0.56667	\$0.05000	200% Above
Non-ORx	Yes	55111032201	GLIMEPIRIDE	360	\$0.27500	\$0.04444	200% Above
Non-ORx	Yes	55111032201	GLIMEPIRIDE	90	\$0.26667	\$0.04444	200% Above
Non-ORx	Yes	55111032201	GLIMEPIRIDE	120	\$0.14167	\$0.05000	101%-200% Above
Non-ORx	Yes	55111032205	GLIMEPIRIDE	60	\$0.25000	\$0.05000	200% Above
Non-ORx	Yes	55111032205	GLIMEPIRIDE	30	\$0.26667	\$0.03333	200% Above
Non-ORx	Yes	55111033390	PANTOPRAZOLE SODIUM	60	\$0.31667	\$0.06667	200% Above
Non-ORx	Yes	55111033390	PANTOPRAZOLE SODIUM	60	\$0.26667	\$0.06667	200% Above
Non-ORx	Yes	55111034305	CITALOPRAM HYDROBROMIDE	90	\$0.21111	\$0.03333	200% Above
Non-ORx	Yes	55111034405	CITALOPRAM HYDROBROMIDE	60	\$0.25000	\$0.03333	200% Above
Non-ORx	Yes	55111034405	CITALOPRAM HYDROBROMIDE	30	\$0.50000	\$0.03333	200% Above
Non-ORx	Yes	55111046601	METOPROLOL SUCCINATE ER	240	\$0.35833	\$0.08750	200% Above
Non-ORx	Yes	55111046601	METOPROLOL SUCCINATE ER	90	\$0.15556	\$0.08889	76%-100% Above
Non-ORx	Yes	55111046601	METOPROLOL SUCCINATE ER	7	\$1.14286	\$0.14286	200% Above
Non-ORx	Yes	55111046601	METOPROLOL SUCCINATE ER	150	\$0.42000	\$0.10000	200% Above
Non-ORx	Yes	55111046605	METOPROLOL SUCCINATE ER	120	\$0.30000	\$0.10000	200% Above
Non-ORx	Yes	55111046701	METOPROLOL SUCCINATE ER	90	\$0.33333	\$0.10000	200% Above
Non-ORx	Yes	55111046705	METOPROLOL SUCCINATE ER	60	\$0.31667	\$0.10000	200% Above
Non-ORx	Yes	55111046705	METOPROLOL SUCCINATE ER	90	\$0.43333	\$0.10000	200% Above
Non-ORx	Yes	55111046801	METOPROLOL SUCCINATE ER	90	\$0.38889	\$0.16667	101%-200% Above
Non-ORx	Yes	55111046801	METOPROLOL SUCCINATE ER	90	\$0.37778	\$0.13333	101%-200% Above
Non-ORx	Yes	55111046801	METOPROLOL SUCCINATE ER	60	\$0.45000	\$0.13333	200% Above
Non-ORx	Yes	55111046805	METOPROLOL SUCCINATE ER	30	\$0.40000	\$0.13333	200% Above
Non-ORx	Yes	55111052130	ATOMOXETINE HYDROCHLORIDE	30	\$3.03333	\$1.13333	101%-200% Above
Non-ORx	Yes	55111052830	ATOMOXETINE HYDROCHLORIDE	56	\$0.57143	\$1.05357	(26%-50%) Below
Non-ORx	Yes	55111057503	IBANDRONATE SODIUM	3	\$12.66667	\$5.00000	101%-200% Above
Non-ORx	Yes	55111058601	AMLODIPINE BESYLATE/BENAZ	30	\$0.56667	\$0.16667	200% Above
Non-ORx	Yes	55111061701	ESZOPICLONE	60	\$0.73333	\$0.13333	200% Above
Non-ORx	Yes	55111062660	ZAFIRLUKAST	60	\$0.25000	\$1.01667	(76%-100%) Below
Non-ORx	Yes	55111064505	OMEPRAZOLE	90	\$0.33333	\$0.06667	200% Above
Non-ORx	Yes	55111064505	OMEPRAZOLE	60	\$0.46667	\$0.06667	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
Non-ORx	Yes	55111064534	OMEPRAZOLE	30	\$0.63333	\$0.06667	200% Above
Non-ORx	Yes	55111065301	SIROLIMUS	90	\$11.93333	\$5.90000	101%-200% Above
Non-ORx	Yes	55111065301	SIROLIMUS	30	\$11.33333	\$5.90000	76%-100% Above
Non-ORx	Yes	55111069312	SUMATRIPTAN SUCCINATE	5	\$159.00000	\$72.40000	101%-200% Above
Non-ORx	Yes	55111069312	SUMATRIPTAN SUCCINATE	2	\$99.50000	\$72.50000	26%-50% Above
Non-ORx	Yes	55111072510	MONTELUKAST SODIUM	180	\$0.18333	\$0.06111	200% Above
Non-ORx	Yes	55111072510	MONTELUKAST SODIUM	270	\$0.18519	\$0.06296	101%-200% Above
Non-ORx	Yes	55111072510	MONTELUKAST SODIUM	120	\$0.36667	\$0.06667	200% Above
Non-ORx	Yes	55111072901	ALLOPURINOL	180	\$0.18333	\$0.05556	200% Above
Non-ORx	Yes	55111072901	ALLOPURINOL	30	\$0.46667	\$0.06667	200% Above
Non-ORx	Yes	55111072910	ALLOPURINOL	90	\$0.20000	\$0.05556	200% Above
Non-ORx	Yes	55111073001	ALLOPURINOL	30	\$0.06667	\$0.10000	(26%-50%) Below
Non-ORx	Yes	55111073005	ALLOPURINOL	90	\$0.68889	\$0.08889	200% Above
Non-ORx	Yes	55111073005	ALLOPURINOL	60	\$0.25000	\$0.10000	101%-200% Above
Non-ORx	Yes	55111073490	VALSARTAN	90	\$0.58889	\$0.32222	76%-100% Above
Non-ORx	Yes	55111079630	FEBUXOSTAT	30	\$0.50000	\$0.80000	(26%-50%) Below
Non-ORx	Yes	55150017301	SUMATRIPTAN SUCCINATE	5	\$20.60000	\$17.00000	10%-25% Above
Non-ORx	Yes	57237000201	HYDROCHLOROTHIAZIDE	180	\$0.09444	\$0.03333	101%-200% Above
Non-ORx	Yes	57237000299	HYDROCHLOROTHIAZIDE	90	\$0.24444	\$0.03333	200% Above
Non-ORx	Yes	57237000299	HYDROCHLOROTHIAZIDE	60	\$0.26667	\$0.03333	200% Above
Non-ORx	Yes	57237000511	FLUCONAZOLE	3	\$0.33333	\$0.66667	(26%-50%) Below
Non-ORx	Yes	57237000511	FLUCONAZOLE	4	\$5.00000	\$0.75000	200% Above
Non-ORx	Yes	57237000511	FLUCONAZOLE	8	\$2.12500	\$1.00000	101%-200% Above
Non-ORx	Yes	57237000511	FLUCONAZOLE	5	\$5.60000	\$1.00000	200% Above
Non-ORx	Yes	57237000630	FLUCONAZOLE	10	\$2.30000	\$0.60000	200% Above
Non-ORx	Yes	57237001401	TAMSULOSIN HYDROCHLORIDE	360	\$0.36944	\$0.06667	200% Above
Non-ORx	Yes	57237001401	TAMSULOSIN HYDROCHLORIDE	60	\$0.36667	\$0.06667	200% Above
Non-ORx	Yes	57237001405	TAMSULOSIN HYDROCHLORIDE	30	\$0.03333	\$0.06667	(26%-50%) Below
Non-ORx	Yes	57237001760	DULOXETINE HYDROCHLORIDE	30	\$0.10000	\$0.13333	(10%-25%) Below
Non-ORx	Yes	57237001830	DULOXETINE HYDROCHLORIDE	120	\$0.40000	\$0.10833	200% Above
Non-ORx	Yes	57237001899	DULOXETINE HYDROCHLORIDE	60	\$0.36667	\$0.10000	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
Non-ORx	Yes	57237001930	DULOXETINE HYDROCHLORIDE	60	\$0.35000	\$0.15000	101%-200% Above
Non-ORx	Yes	57237001930	DULOXETINE HYDROCHLORIDE	90	\$0.35556	\$0.12222	101%-200% Above
Non-ORx	Yes	57237001930	DULOXETINE HYDROCHLORIDE	90	\$0.30000	\$0.13333	101%-200% Above
Non-ORx	Yes	57237001999	DULOXETINE HYDROCHLORIDE	90	\$0.63333	\$0.12222	200% Above
Non-ORx	Yes	57237001999	DULOXETINE HYDROCHLORIDE	30	\$0.10000	\$0.13333	(10%-25%) Below
Non-ORx	Yes	57237002801	AMOXICILLIN	60	\$0.11667	\$0.13333	(10%-25%) Below
Non-ORx	Yes	57237002801	AMOXICILLIN	40	\$0.35000	\$0.12500	101%-200% Above
Non-ORx	Yes	57237002801	AMOXICILLIN	21	\$0.04762	\$0.14286	(51%-75%) Below
Non-ORx	Yes	57237002801	AMOXICILLIN	14	\$0.35714	\$0.14286	101%-200% Above
Non-ORx	Yes	57237002801	AMOXICILLIN	20	\$0.05000	\$0.10000	(26%-50%) Below
Non-ORx	Yes	57237002901	AMOXICILLIN	20	\$0.60000	\$0.15000	200% Above
Non-ORx	Yes	57237004101	PENICILLIN V POTASSIUM	41	\$0.31707	\$0.09756	200% Above
Non-ORx	Yes	57237004101	PENICILLIN V POTASSIUM	28	\$0.53571	\$0.10714	200% Above
Non-ORx	Yes	57237004101	PENICILLIN V POTASSIUM	20	\$0.30000	\$0.10000	200% Above
Non-ORx	Yes	57237004199	PENICILLIN V POTASSIUM	30	\$0.40000	\$0.10000	200% Above
Non-ORx	Yes	57237004230	VALACYCLOVIR HYDROCHLORID	21	\$0.23810	\$0.28571	(10%-25%) Below
Non-ORx	Yes	57237004290	VALACYCLOVIR HYDROCHLORID	30	\$0.23333	\$0.30000	(10%-25%) Below
Non-ORx	Yes	57237004290	VALACYCLOVIR HYDROCHLORID	14	\$0.64286	\$0.28571	101%-200% Above
Non-ORx	Yes	57237006290	FINASTERIDE	90	\$0.16667	\$0.07778	101%-200% Above
Non-ORx	Yes	57237007530	ONDANSETRON HYDROCHLORIDE	90	\$0.25556	\$0.06667	200% Above
Non-ORx	Yes	57237007530	ONDANSETRON HYDROCHLORIDE	24	\$0.33333	\$0.08333	200% Above
Non-ORx	Yes	57237007630	ONDANSETRON HYDROCHLORIDE	30	\$0.13333	\$0.10000	26%-50% Above
Non-ORx	Yes	57237007630	ONDANSETRON HYDROCHLORIDE	6	\$0.66667	\$0.16667	200% Above
Non-ORx	Yes	57237007710	ONDANSETRON ODT	21	\$1.09524	\$0.23810	200% Above
Non-ORx	Yes	57237007710	ONDANSETRON ODT	20	\$0.80000	\$0.20000	200% Above
Non-ORx	Yes	57237007710	ONDANSETRON ODT	30	\$0.73333	\$0.23333	200% Above
Non-ORx	Yes	57237007710	ONDANSETRON ODT	60	\$0.46667	\$0.23333	101%-200% Above
Non-ORx	Yes	57237007710	ONDANSETRON ODT	6	\$1.16667	\$0.16667	200% Above
Non-ORx	Yes	57237007710	ONDANSETRON ODT	9	\$1.11111	\$0.22222	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
Non-ORx	Yes	57237007710	ONDANSETRON ODT	10	\$1.10000	\$0.20000	200% Above
Non-ORx	Yes	57237007710	ONDANSETRON ODT	36	\$0.88889	\$0.25000	200% Above
Non-ORx	Yes	57237007730	ONDANSETRON ODT	18	\$1.11111	\$0.22222	200% Above
Non-ORx	Yes	57237007810	ONDANSETRON ODT	24	\$1.25000	\$0.25000	200% Above
Non-ORx	Yes	57237007830	ONDANSETRON ODT	90	\$0.78889	\$0.24444	200% Above
Non-ORx	Yes	57237007830	ONDANSETRON ODT	30	\$0.80000	\$0.23333	200% Above
Non-ORx	Yes	57237009960	CEFDINIR	40	\$1.80000	\$0.45000	200% Above
Non-ORx	Yes	57237010099	METOPROLOL TARTRATE	180	\$0.08889	\$0.01667	200% Above
Non-ORx	Yes	57237010099	METOPROLOL TARTRATE	30	\$0.26667	\$0.03333	200% Above
Non-ORx	Yes	57237010199	METOPROLOL TARTRATE	60	\$0.41667	\$0.01667	200% Above
Non-ORx	Yes	57237010199	METOPROLOL TARTRATE	60	\$0.28333	\$0.03333	200% Above
Non-ORx	Yes	57237011490	ALFUZOSIN HCL ER	90	\$0.23333	\$0.13333	76%-100% Above
Non-ORx	Yes	57237011490	ALFUZOSIN HCL ER	30	\$0.10000	\$0.13333	(10%-25%) Below
Non-ORx	Yes	57237012101	WARFARIN SODIUM	30	\$0.13333	\$0.10000	26%-50% Above
Non-ORx	Yes	57237015035	FLUCONAZOLE	35	\$1.65714	\$0.54286	200% Above
Non-ORx	Yes	57237016199	OMEPRAZOLE	270	\$0.31111	\$0.03333	200% Above
Non-ORx	Yes	57237016199	OMEPRAZOLE	30	\$0.26667	\$0.03333	200% Above
Non-ORx	Yes	57237016250	OMEPRAZOLE	60	\$0.08333	\$0.06667	26%-50% Above
Non-ORx	Yes	57237016290	OMEPRAZOLE	90	\$0.27778	\$0.06667	200% Above
Non-ORx	Yes	57237016290	OMEPRAZOLE	180	\$0.28333	\$0.06111	200% Above
Non-ORx	Yes	57237016290	OMEPRAZOLE	30	\$0.33333	\$0.06667	200% Above
Non-ORx	Yes	57237016999	ROSUVASTATIN CALCIUM	90	\$0.25556	\$0.06667	200% Above
Non-ORx	Yes	57237017190	ROSUVASTATIN CALCIUM	60	\$0.53333	\$0.13333	200% Above
Non-ORx	Yes	57237017501	VENLAFAXINE HCL	90	\$0.17778	\$0.11111	51%-75% Above
Non-ORx	Yes	57237017501	VENLAFAXINE HCL	30	\$0.36667	\$0.13333	101%-200% Above
Non-ORx	Yes	57237021330	MONTELUKAST SODIUM	30	\$0.26667	\$0.10000	101%-200% Above
Non-ORx	Yes	57237021905	PIOGLITAZONE HYDROCHLORID	30	\$1.83333	\$0.10000	200% Above
Non-ORx	Yes	57237022130	PIOGLITAZONE HCL	30	\$0.46667	\$0.13333	200% Above
Non-ORx	Yes	57237023305	SULFAMETHOXAZOLE/TRIMETH	34	\$0.32353	\$0.05882	200% Above
Non-ORx	Yes	57237023305	SULFAMETHOXAZOLE/TRIMETH	14	\$0.35714	\$0.07143	200% Above
Non-ORx	Yes	57237024001	ZALEPLON	30	\$0.73333	\$0.16667	200% Above
Non-ORx	Yes	57664016758	METOPROLOL TARTRATE	32	\$0.12500	\$0.03125	200% Above
Non-ORx	Yes	57664022988	METHYLPHENIDATE HYDROCHLO	50	\$0.70000	\$0.16000	200% Above
Non-ORx	Yes	57664037713	TRAMADOL HCL	90	\$0.18889	\$0.02222	200% Above
Non-ORx	Yes	57664037713	TRAMADOL HCL	322	\$0.15217	\$0.02485	200% Above
Non-ORx	Yes	57664037713	TRAMADOL HCL	60	\$0.15000	\$0.01667	200% Above
Non-ORx	Yes	57664037713	TRAMADOL HCL	21	\$0.14286	\$0.04762	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
Non-ORx	Yes	57664037713	TRAMADOL HCL	90	\$0.12222	\$0.03333	200% Above
Non-ORx	Yes	57664037713	TRAMADOL HCL	40	\$0.15000	\$0.02500	200% Above
Non-ORx	Yes	57664037713	TRAMADOL HCL	56	\$0.14286	\$0.01786	200% Above
Non-ORx	Yes	57664037718	TRAMADOL HCL	540	\$0.09815	\$0.02222	200% Above
Non-ORx	Yes	57664037718	TRAMADOL HCL	150	\$0.15333	\$0.02667	200% Above
Non-ORx	Yes	57664037718	TRAMADOL HCL	148	\$0.10135	\$0.02703	200% Above
Non-ORx	Yes	57664037718	TRAMADOL HCL	480	\$0.05833	\$0.02500	101%-200% Above
Non-ORx	Yes	57664037718	TRAMADOL HCL	120	\$0.10833	\$0.02500	200% Above
Non-ORx	Yes	57664037718	TRAMADOL HCL	120	\$0.11667	\$0.03333	200% Above
Non-ORx	Yes	57664037718	TRAMADOL HCL	108	\$0.14815	\$0.02778	200% Above
Non-ORx	Yes	57664037718	TRAMADOL HCL	100	\$0.10000	\$0.02000	200% Above
Non-ORx	Yes	57664037718	TRAMADOL HCL	180	\$0.13889	\$0.02222	200% Above
Non-ORx	Yes	57664037888	DEXMETHYLPHENIDATE HCL	60	\$0.48333	\$0.16667	101%-200% Above
Non-ORx	Yes	57664039588	VENLAFAXINE HCL	60	\$0.28333	\$0.11667	101%-200% Above
Non-ORx	Yes	57664047758	METOPROLOL TARTRATE	270	\$0.17407	\$0.02222	200% Above
Non-ORx	Yes	57664047758	METOPROLOL TARTRATE	450	\$0.08222	\$0.02444	200% Above
Non-ORx	Yes	57664047758	METOPROLOL TARTRATE	60	\$0.15000	\$0.03333	200% Above
Non-ORx	Yes	57664047758	METOPROLOL TARTRATE	240	\$0.15000	\$0.01667	200% Above
Non-ORx	Yes	57664050183	MIRTAZAPINE	30	\$0.46667	\$0.13333	200% Above
Non-ORx	Yes	57664050318	TIZANIDINE HYDROCHLORIDE	90	\$0.38889	\$0.05556	200% Above
Non-ORx	Yes	57664050318	TIZANIDINE HYDROCHLORIDE	81	\$0.25926	\$0.06173	200% Above
Non-ORx	Yes	57664050658	METOPROLOL TARTRATE	270	\$0.12963	\$0.02222	200% Above
Non-ORx	Yes	57664050658	METOPROLOL TARTRATE	540	\$0.10556	\$0.01667	200% Above
Non-ORx	Yes	57664050658	METOPROLOL TARTRATE	84	\$0.13095	\$0.02381	200% Above
Non-ORx	Yes	57664050658	METOPROLOL TARTRATE	90	\$0.07778	\$0.03333	101%-200% Above
Non-ORx	Yes	57664050658	METOPROLOL TARTRATE	300	\$0.15333	\$0.01667	200% Above
Non-ORx	Yes	58657050016	CODEINE/GUAIFENESIN	600	\$0.07000	\$0.02500	101%-200% Above
Non-ORx	Yes	58657050016	CODEINE/GUAIFENESIN	420	\$0.01429	\$0.02619	(26%-50%) Below
Non-ORx	Yes	58657050016	CODEINE/GUAIFENESIN	180	\$0.02222	\$0.02778	(10%-25%) Below
Non-ORx	Yes	58657050016	CODEINE/GUAIFENESIN	360	\$0.06389	\$0.02500	101%-200% Above
Non-ORx	Yes	59417010310	VYVANSE	60	\$8.93333	\$11.25000	(10%-25%) Below
Non-ORx	Yes	59651000205	OMEPRAZOLE	120	\$0.15833	\$0.03333	200% Above
Non-ORx	Yes	59651000205	OMEPRAZOLE	60	\$0.15000	\$0.03333	200% Above
Non-ORx	Yes	59651000305	OMEPRAZOLE DR	360	\$0.42500	\$0.06389	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
Non-ORx	Yes	59651000305	OMEPRAZOLE DR	360	\$0.44722	\$0.06667	200% Above
Non-ORx	Yes	59651000305	OMEPRAZOLE DR	30	\$0.63333	\$0.06667	200% Above
Non-ORx	Yes	59651000330	OMEPRAZOLE DR	60	\$0.16667	\$0.06667	101%-200% Above
Non-ORx	Yes	59651000715	AZITHROMYCIN	30	\$1.93333	\$0.53333	200% Above
Non-ORx	Yes	59651000715	AZITHROMYCIN	15	\$1.93333	\$0.60000	200% Above
Non-ORx	Yes	59651000823	AZITHROMYCIN	68	\$1.04412	\$0.35294	101%-200% Above
Non-ORx	Yes	59651001890	NIACIN ER	30	\$0.53333	\$0.26667	101%-200% Above
Non-ORx	Yes	59651003247	IBUPROFEN	946	\$0.05285	\$0.03171	51%-75% Above
Non-ORx	Yes	59651005205	EZETIMIBE	180	\$0.57778	\$0.12778	200% Above
Non-ORx	Yes	59651005205	EZETIMIBE	90	\$0.57778	\$0.12222	200% Above
Non-ORx	Yes	59651005290	EZETIMIBE	30	\$0.56667	\$0.13333	200% Above
Non-ORx	Yes	59651015201	PROGESTERONE	90	\$1.17778	\$0.25556	200% Above
Non-ORx	Yes	59651015201	PROGESTERONE	30	\$0.90000	\$0.26667	200% Above
Non-ORx	Yes	59651015201	PROGESTERONE	12	\$0.41667	\$0.25000	51%-75% Above
Non-ORx	Yes	59651015301	PROGESTERONE	60	\$1.41667	\$0.43333	200% Above
Non-ORx	Yes	59651015301	PROGESTERONE	90	\$1.45556	\$0.43333	200% Above
Non-ORx	Yes	59651015301	PROGESTERONE	30	\$1.53333	\$0.46667	200% Above
Non-ORx	Yes	59651015301	PROGESTERONE	28	\$1.42857	\$0.46429	200% Above
Non-ORx	Yes	59651015301	PROGESTERONE	30	\$1.53333	\$0.43333	200% Above
Non-ORx	Yes	59651017301	DOXEPIN HYDROCHLORIDE	30	\$0.43333	\$0.23333	76%-100% Above
Non-ORx	Yes	59651017701	DOXEPIN HYDROCHLORIDE	30	\$0.50000	\$0.56667	(10%-25%) Below
Non-ORx	Yes	59651018201	METHOTREXATE	12	\$0.16667	\$0.33333	(26%-50%) Below
Non-ORx	Yes	59651021430	AZELASTINE HYDROCHLORIDE	150	\$1.04667	\$0.26667	200% Above
Non-ORx	Yes	59651021530	AZELASTINE HYDROCHLORIDE	30	\$1.86667	\$0.60000	200% Above
Non-ORx	Yes	59651023690	ANASTROZOLE	30	\$0.50000	\$0.13333	200% Above
Non-ORx	Yes	59651025601	PROPAFENONE HYDROCHLORIDE	90	\$0.23333	\$0.14444	51%-75% Above
Non-ORx	Yes	59651026830	GLIPIZIDE ER	90	\$0.15556	\$0.13333	10%-25% Above
Non-ORx	Yes	59651026830	GLIPIZIDE ER	30	\$0.30000	\$0.13333	101%-200% Above
Non-ORx	Yes	59651027001	GLIPIZIDE ER	60	\$0.35000	\$0.18333	76%-100% Above
Non-ORx	Yes	59651027001	GLIPIZIDE ER	30	\$0.43333	\$0.16667	101%-200% Above
Non-ORx	Yes	59651027005	GLIPIZIDE ER	60	\$0.50000	\$0.18333	101%-200% Above
Non-ORx	Yes	59651029960	TAMOXIFEN CITRATE	90	\$0.32222	\$0.22222	26%-50% Above
Non-ORx	Yes	59651030030	TAMOXIFEN CITRATE	30	\$0.26667	\$0.43333	(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
Non-ORx	Yes	59651031577	TIZANIDINE HYDROCHLORIDE	120	\$0.81667	\$0.18333	200% Above
Non-ORx	Yes	59651036205	IBUPROFEN	90	\$0.34444	\$0.07778	200% Above
Non-ORx	Yes	59651036205	IBUPROFEN	40	\$0.35000	\$0.07500	200% Above
Non-ORx	Yes	59651039001	BUSPIRONE HYDROCHLORIDE	30	\$1.10000	\$0.20000	200% Above
Non-ORx	Yes	59651039201	BUSPIRONE HYDROCHLORIDE	120	\$0.12500	\$0.05000	101%-200% Above
Non-ORx	Yes	59651039201	BUSPIRONE HYDROCHLORIDE	60	\$0.25000	\$0.05000	200% Above
Non-ORx	Yes	59746000103	METHYLPREDNISOLONE DOSE P	63	\$0.69841	\$0.19048	200% Above
Non-ORx	Yes	59746000103	METHYLPREDNISOLONE DOSE P	84	\$0.78571	\$0.19048	200% Above
Non-ORx	Yes	59746000103	METHYLPREDNISOLONE DOSE P	462	\$0.69913	\$0.19048	200% Above
Non-ORx	Yes	59746000106	METHYLPREDNISOLONE	84	\$0.60714	\$0.19048	200% Above
Non-ORx	Yes	59746000204	METHYLPREDNISOLONE	10	\$1.40000	\$1.00000	26%-50% Above
Non-ORx	Yes	59746012110	MECLIZINE HCL	30	\$0.26667	\$0.10000	101%-200% Above
Non-ORx	Yes	59746017210	PREDNISONE	90	\$0.30000	\$0.06667	200% Above
Non-ORx	Yes	59746017210	PREDNISONE	100	\$0.17000	\$0.07000	101%-200% Above
Non-ORx	Yes	59746017210	PREDNISONE	145	\$0.12414	\$0.06897	76%-100% Above
Non-ORx	Yes	59746017210	PREDNISONE	60	\$0.31667	\$0.06667	200% Above
Non-ORx	Yes	59746017210	PREDNISONE	54	\$0.27778	\$0.07407	200% Above
Non-ORx	Yes	59746017310	PREDNISONE	28	\$0.25000	\$0.07143	200% Above
Non-ORx	Yes	59746017310	PREDNISONE	90	\$0.27778	\$0.06667	200% Above
Non-ORx	Yes	59746017310	PREDNISONE	120	\$0.17500	\$0.06667	101%-200% Above
Non-ORx	Yes	59746017310	PREDNISONE	60	\$0.11667	\$0.08333	26%-50% Above
Non-ORx	Yes	59746017310	PREDNISONE	24	\$0.12500	\$0.08333	51%-75% Above
Non-ORx	Yes	59746017310	PREDNISONE	10	\$0.20000	\$0.10000	101%-200% Above
Non-ORx	Yes	59746017310	PREDNISONE	7	\$0.42857	\$0.14286	200% Above
Non-ORx	Yes	59746017310	PREDNISONE	28	\$0.25000	\$0.07143	200% Above
Non-ORx	Yes	59746017310	PREDNISONE	20	\$0.15000	\$0.05000	200% Above
Non-ORx	Yes	59746017310	PREDNISONE	40	\$0.40000	\$0.10000	200% Above
Non-ORx	Yes	59746017310	PREDNISONE	21	\$0.14286	\$0.04762	200% Above
Non-ORx	Yes	59746017506	PREDNISONE	25	\$0.60000	\$0.12000	200% Above
Non-ORx	Yes	59746017506	PREDNISONE	17	\$0.58824	\$0.11765	200% Above
Non-ORx	Yes	59746017506	PREDNISONE	127	\$0.37008	\$0.11024	200% Above
Non-ORx	Yes	59746017506	PREDNISONE	10	\$0.70000	\$0.20000	200% Above
Non-ORx	Yes	59746017506	PREDNISONE	9	\$0.55556	\$0.11111	200% Above
Non-ORx	Yes	59746017506	PREDNISONE	20	\$0.75000	\$0.10000	200% Above
Non-ORx	Yes	59746017506	PREDNISONE	14	\$0.57143	\$0.14286	200% Above
Non-ORx	Yes	59746017509	PREDNISONE	42	\$0.28571	\$0.09524	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
Non-ORx	Yes	59746017509	PREDNISON	30	\$0.73333	\$0.10000	200% Above
Non-ORx	Yes	59746017509	PREDNISON	12	\$0.50000	\$0.16667	200% Above
Non-ORx	Yes	59746017509	PREDNISON	5	\$1.00000	\$0.20000	200% Above
Non-ORx	Yes	59746017509	PREDNISON	30	\$0.46667	\$0.10000	200% Above
Non-ORx	Yes	59746027901	ESCITALOPRAM OXALATE	90	\$0.12222	\$0.04444	101%-200% Above
Non-ORx	Yes	59746032430	VALACYCLOVIR HYDROCHLORID	30	\$1.03333	\$0.30000	200% Above
Non-ORx	Yes	59746033990	LOSARTAN POTASSIUM/HYDROC	60	\$1.01667	\$0.20000	200% Above
Non-ORx	Yes	59746036290	VALSARTAN	30	\$0.10000	\$0.26667	(51%-75%) Below
Non-ORx	Yes	59746038506	TERAZOSIN HCL	30	\$0.70000	\$0.16667	200% Above
Non-ORx	Yes	59746044990	IRBESARTAN	30	\$1.40000	\$0.30000	200% Above
Non-ORx	Yes	59762005501	MEDROXYPROGESTERONE ACETA	90	\$0.21111	\$0.11111	76%-100% Above
Non-ORx	Yes	59762005501	MEDROXYPROGESTERONE ACETA	60	\$0.26667	\$0.11667	101%-200% Above
Non-ORx	Yes	59762005501	MEDROXYPROGESTERONE ACETA	30	\$0.26667	\$0.10000	101%-200% Above
Non-ORx	Yes	59762005801	MEDROXYPROGESTERONE ACETA	30	\$0.30000	\$0.16667	76%-100% Above
Non-ORx	Yes	59762005901	ALPRAZOLAM XR	30	\$0.46667	\$0.16667	101%-200% Above
Non-ORx	Yes	59762006601	ALPRAZOLAM XR	30	\$0.53333	\$0.30000	76%-100% Above
Non-ORx	Yes	59762007401	HYDROCORTISONE	60	\$0.40000	\$0.31667	26%-50% Above
Non-ORx	Yes	59762026001	COLESTIPOL HCL	30	\$2.23333	\$2.60000	(10%-25%) Below
Non-ORx	Yes	59762033302	LATANOPROST	8	\$11.75000	\$1.87500	200% Above
Non-ORx	Yes	59762033302	LATANOPROST	3	\$4.66667	\$1.66667	101%-200% Above
Non-ORx	Yes	59762033302	LATANOPROST	12	\$9.58333	\$1.33333	200% Above
Non-ORx	Yes	59762040101	SUCRALFATE	90	\$0.50000	\$0.20000	101%-200% Above
Non-ORx	Yes	59762040101	SUCRALFATE	60	\$0.40000	\$0.20000	101%-200% Above
Non-ORx	Yes	59762040105	SUCRALFATE	60	\$0.11667	\$0.20000	(26%-50%) Below
Non-ORx	Yes	59762100501	CABERGOLINE	2	\$14.00000	\$2.50000	200% Above
Non-ORx	Yes	59762121003	DESVENLAFAXINE ER	30	\$3.30000	\$0.70000	200% Above
Non-ORx	Yes	59762151703	CELECOXIB	30	\$0.43333	\$0.13333	200% Above
Non-ORx	Yes	59762159905	NORETHINDRONE ACETATE/ETH	84	\$4.97619	\$2.79762	76%-100% Above
Non-ORx	Yes	59762159905	NORETHINDRONE ACETATE/ETH	84	\$5.90476	\$2.38095	101%-200% Above
Non-ORx	Yes	59762219801	AZITHROMYCIN	18	\$1.55556	\$0.50000	200% Above
Non-ORx	Yes	59762219803	AZITHROMYCIN	18	\$1.55556	\$0.50000	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
Non-ORx	Yes	59762219803	AZITHROMYCIN	12	\$1.41667	\$0.50000	101%-200% Above
Non-ORx	Yes	59762219803	AZITHROMYCIN	36	\$1.33333	\$0.50000	101%-200% Above
Non-ORx	Yes	59762312001	AZITHROMYCIN	45	\$1.44444	\$0.46667	200% Above
Non-ORx	Yes	59762313001	AZITHROMYCIN	45	\$1.04444	\$0.35556	101%-200% Above
Non-ORx	Yes	59762314001	AZITHROMYCIN	30	\$0.66667	\$0.30000	101%-200% Above
Non-ORx	Yes	59762330401	NITROGLYCERIN	100	\$0.33000	\$0.19000	51%-75% Above
Non-ORx	Yes	59762371901	ALPRAZOLAM	60	\$0.15000	\$0.01667	200% Above
Non-ORx	Yes	59762371903	ALPRAZOLAM	30	\$0.16667	\$0.03333	200% Above
Non-ORx	Yes	59762372003	ALPRAZOLAM	30	\$0.13333	\$0.03333	200% Above
Non-ORx	Yes	59762372104	ALPRAZOLAM	90	\$0.10000	\$0.02222	200% Above
Non-ORx	Yes	59762372201	ALPRAZOLAM	60	\$0.11667	\$0.05000	101%-200% Above
Non-ORx	Yes	59762372203	ALPRAZOLAM	90	\$0.05556	\$0.04444	26%-50% Above
Non-ORx	Yes	59762374401	CLINDAMYCIN PHOSPHATE	60	\$1.33333	\$0.83333	51%-75% Above
Non-ORx	Yes	59762374401	CLINDAMYCIN PHOSPHATE	60	\$1.48333	\$0.71667	101%-200% Above
Non-ORx	Yes	59762444002	METHYLPREDNISOLONE DOSE P	63	\$0.76191	\$0.19048	200% Above
Non-ORx	Yes	59762453702	MEDROXYPROGESTERONE ACETA	1	\$48.00000	\$31.00000	51%-75% Above
Non-ORx	Yes	59762500801	MISOPROSTOL	2	\$1.50000	\$1.00000	51%-75% Above
Non-ORx	Yes	59762500801	MISOPROSTOL	60	\$0.80000	\$0.70000	10%-25% Above
Non-ORx	Yes	59762531001	PRAZOSIN HCL	30	\$0.33333	\$0.20000	51%-75% Above
Non-ORx	Yes	60219107601	AZATHIOPRINE	90	\$0.42222	\$0.23333	76%-100% Above
Non-ORx	Yes	60219170701	PREDNISONE	30	\$0.20000	\$0.06667	200% Above
Non-ORx	Yes	60219170801	PREDNISONE	60	\$0.21667	\$0.11667	76%-100% Above
Non-ORx	Yes	60258015001	SF 5000 PLUS	102	\$0.14706	\$0.09804	51%-75% Above
Non-ORx	Yes	60432013325	CLOBETASOL PROPIONATE	25	\$1.08000	\$0.44000	101%-200% Above
Non-ORx	Yes	60432026415	FLUTICASONONE PROPIONATE	32	\$1.00000	\$0.25000	200% Above
Non-ORx	Yes	60432027516	BROMPHEN/PSEUDOEPHEDRINE	300	\$0.15667	\$0.05000	200% Above
Non-ORx	Yes	60432027516	BROMPHEN/PSEUDOEPHEDRINE	354	\$0.15537	\$0.05085	200% Above
Non-ORx	Yes	60432027516	BROMPHEN/PSEUDOEPHEDRINE	360	\$0.14444	\$0.05000	101%-200% Above
Non-ORx	Yes	60432045516	HYDROCODONE/HOMATROPINE	120	\$0.06667	\$0.10833	(26%-50%) Below
Non-ORx	Yes	60432060416	PROMETHAZINE/DEXTROMETHO R	400	\$0.06500	\$0.05500	10%-25% Above
Non-ORx	Yes	60432060416	PROMETHAZINE/DEXTROMETHO R	360	\$0.07778	\$0.05833	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
Non-ORx	Yes	60432060816	PROMETHAZINE HCL PLAIN	50	\$0.06000	\$0.04000	51%-75% Above
Non-ORx	Yes	60432062116	VALPROIC ACID	180	\$0.02778	\$0.01667	51%-75% Above
Non-ORx	Yes	60505003306	PENTOXIFYLLINE ER	180	\$0.42778	\$0.27778	51%-75% Above
Non-ORx	Yes	60505009400	DOXAZOSIN MESYLATE	90	\$0.27778	\$0.08889	200% Above
Non-ORx	Yes	60505009500	DOXAZOSIN MESYLATE	90	\$0.30000	\$0.10000	200% Above
Non-ORx	Yes	60505009500	DOXAZOSIN MESYLATE	30	\$0.23333	\$0.10000	101%-200% Above
Non-ORx	Yes	60505009701	PAROXETINE HYDROCHLORIDE	30	\$0.26667	\$0.06667	200% Above
Non-ORx	Yes	60505014101	GLIPIZIDE	120	\$0.19167	\$0.03333	200% Above
Non-ORx	Yes	60505014101	GLIPIZIDE	90	\$0.12222	\$0.03333	200% Above
Non-ORx	Yes	60505014102	GLIPIZIDE	120	\$0.18333	\$0.03333	200% Above
Non-ORx	Yes	60505014102	GLIPIZIDE	90	\$0.18889	\$0.03333	200% Above
Non-ORx	Yes	60505014102	GLIPIZIDE	30	\$0.13333	\$0.03333	200% Above
Non-ORx	Yes	60505014200	GLIPIZIDE	60	\$0.20000	\$0.05000	200% Above
Non-ORx	Yes	60505014201	GLIPIZIDE	360	\$0.20000	\$0.05000	200% Above
Non-ORx	Yes	60505014201	GLIPIZIDE	30	\$0.06667	\$0.03333	101%-200% Above
Non-ORx	Yes	60505014201	GLIPIZIDE	120	\$0.16667	\$0.05000	200% Above
Non-ORx	Yes	60505014202	GLIPIZIDE	120	\$0.14167	\$0.05000	101%-200% Above
Non-ORx	Yes	60505014202	GLIPIZIDE	30	\$0.06667	\$0.03333	101%-200% Above
Non-ORx	Yes	60505015701	BUPROPION HCL	120	\$0.31667	\$0.15000	101%-200% Above
Non-ORx	Yes	60505015701	BUPROPION HCL	30	\$0.06667	\$0.13333	(26%-50%) Below
Non-ORx	Yes	60505015801	BUPROPION HYDROCHLORIDE	60	\$0.40000	\$0.13333	200% Above
Non-ORx	Yes	60505015900	SOTALOL HCL	60	\$0.26667	\$0.10000	101%-200% Above
Non-ORx	Yes	60505016501	FLUVOXAMINE MALEATE	60	\$0.18333	\$0.33333	(26%-50%) Below
Non-ORx	Yes	60505016805	PRAVASTATIN SODIUM	60	\$0.30000	\$0.06667	200% Above
Non-ORx	Yes	60505016907	PRAVASTATIN SODIUM	60	\$0.26667	\$0.06667	200% Above
Non-ORx	Yes	60505016907	PRAVASTATIN SODIUM	30	\$0.30000	\$0.06667	200% Above
Non-ORx	Yes	60505016909	PRAVASTATIN SODIUM	30	\$0.26667	\$0.06667	200% Above
Non-ORx	Yes	60505017007	PRAVASTATIN SODIUM	60	\$0.06667	\$0.08333	(10%-25%) Below
Non-ORx	Yes	60505017007	PRAVASTATIN SODIUM	120	\$0.39167	\$0.10000	200% Above
Non-ORx	Yes	60505024701	MIRTAZAPINE	28	\$0.42857	\$0.07143	200% Above
Non-ORx	Yes	60505025203	TIZANIDINE HYDROCHLORIDE	120	\$0.30000	\$0.05000	200% Above
Non-ORx	Yes	60505025203	TIZANIDINE HYDROCHLORIDE	270	\$0.25926	\$0.05556	200% Above
Non-ORx	Yes	60505025203	TIZANIDINE HYDROCHLORIDE	40	\$0.32500	\$0.05000	200% Above
Non-ORx	Yes	60505025203	TIZANIDINE HYDROCHLORIDE	28	\$0.25000	\$0.03571	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
Non-ORx	Yes	60505025203	TIZANIDINE HYDROCHLORIDE	20	\$0.35000	\$0.05000	200% Above
Non-ORx	Yes	60505025203	TIZANIDINE HYDROCHLORIDE	60	\$0.26667	\$0.06667	200% Above
Non-ORx	Yes	60505025801	DESMOPRESSIN ACETATE	30	\$3.83333	\$0.43333	200% Above
Non-ORx	Yes	60505036301	OFLOXACIN	5	\$8.00000	\$2.20000	200% Above
Non-ORx	Yes	60505082901	FLUTICASONE PROPIONATE	64	\$0.98438	\$0.28125	200% Above
Non-ORx	Yes	60505082901	FLUTICASONE PROPIONATE	112	\$0.99107	\$0.26786	200% Above
Non-ORx	Yes	60505082901	FLUTICASONE PROPIONATE	128	\$0.98438	\$0.27344	200% Above
Non-ORx	Yes	60505082901	FLUTICASONE PROPIONATE	288	\$0.90625	\$0.25000	200% Above
Non-ORx	Yes	60505082901	FLUTICASONE PROPIONATE	80	\$0.76250	\$0.31250	101%-200% Above
Non-ORx	Yes	60505082901	FLUTICASONE PROPIONATE	96	\$0.75000	\$0.28125	101%-200% Above
Non-ORx	Yes	60505083001	MOMETASONE FUROATE	34	\$8.76471	\$2.23529	200% Above
Non-ORx	Yes	60505083305	AZELASTINE HYDROCHLORIDE	60	\$1.16667	\$0.26667	200% Above
Non-ORx	Yes	60505083305	AZELASTINE HYDROCHLORIDE	180	\$0.72778	\$0.26667	101%-200% Above
Non-ORx	Yes	60505095303	AZELASTINE HYDROCHLORIDE/	69	\$6.65217	\$4.47826	26%-50% Above
Non-ORx	Yes	60505131703	PAROXETINE HYDROCHLORIDE	90	\$3.42222	\$0.90000	200% Above
Non-ORx	Yes	60505132305	PRAVASTATIN SODIUM	30	\$0.76667	\$0.16667	200% Above
Non-ORx	Yes	60505250301	LEFLUNOMIDE	90	\$0.94444	\$0.68889	26%-50% Above
Non-ORx	Yes	60505250301	LEFLUNOMIDE	30	\$1.03333	\$0.70000	26%-50% Above
Non-ORx	Yes	60505250301	LEFLUNOMIDE	30	\$0.93333	\$0.56667	51%-75% Above
Non-ORx	Yes	60505252603	MODAFINIL	30	\$1.26667	\$0.36667	200% Above
Non-ORx	Yes	60505252703	MODAFINIL	30	\$1.36667	\$0.56667	101%-200% Above
Non-ORx	Yes	60505257808	ATORVASTATIN CALCIUM	102	\$0.11765	\$0.03922	200% Above
Non-ORx	Yes	60505257808	ATORVASTATIN CALCIUM	90	\$0.25556	\$0.03333	200% Above
Non-ORx	Yes	60505257808	ATORVASTATIN CALCIUM	180	\$0.20000	\$0.03333	200% Above
Non-ORx	Yes	60505257808	ATORVASTATIN CALCIUM	60	\$0.23333	\$0.03333	200% Above
Non-ORx	Yes	60505257809	ATORVASTATIN CALCIUM	30	\$0.23333	\$0.03333	200% Above
Non-ORx	Yes	60505257908	ATORVASTATIN CALCIUM	120	\$0.18333	\$0.05000	200% Above
Non-ORx	Yes	60505257908	ATORVASTATIN CALCIUM	90	\$0.30000	\$0.05556	200% Above
Non-ORx	Yes	60505257908	ATORVASTATIN CALCIUM	315	\$0.18413	\$0.04762	200% Above
Non-ORx	Yes	60505257908	ATORVASTATIN CALCIUM	300	\$0.17000	\$0.03333	200% Above
Non-ORx	Yes	60505257908	ATORVASTATIN CALCIUM	60	\$0.28333	\$0.05000	200% Above
Non-ORx	Yes	60505257909	ATORVASTATIN CALCIUM	60	\$0.03333	\$0.05000	(26%-50%) Below
Non-ORx	Yes	60505258008	ATORVASTATIN CALCIUM	150	\$0.28667	\$0.06000	200% Above
Non-ORx	Yes	60505258008	ATORVASTATIN CALCIUM	207	\$0.28502	\$0.05797	200% Above
Non-ORx	Yes	60505258008	ATORVASTATIN CALCIUM	300	\$0.20000	\$0.06667	200% Above
Non-ORx	Yes	60505258008	ATORVASTATIN CALCIUM	180	\$0.32222	\$0.05556	200% Above
Non-ORx	Yes	60505258008	ATORVASTATIN CALCIUM	180	\$0.30556	\$0.06667	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
Non-ORx	Yes	60505258009	ATORVASTATIN CALCIUM	90	\$0.35556	\$0.05556	200% Above
Non-ORx	Yes	60505258009	ATORVASTATIN CALCIUM	30	\$0.33333	\$0.06667	200% Above
Non-ORx	Yes	60505258009	ATORVASTATIN CALCIUM	15	\$0.33333	\$0.06667	200% Above
Non-ORx	Yes	60505265301	TRAZODONE HYDROCHLORIDE	60	\$0.30000	\$0.03333	200% Above
Non-ORx	Yes	60505265401	TRAZODONE HYDROCHLORIDE	90	\$0.52222	\$0.06667	200% Above
Non-ORx	Yes	60505265501	TRAZODONE HYDROCHLORIDE	30	\$0.33333	\$0.13333	101%-200% Above
Non-ORx	Yes	60505265601	TRIAMTERENE/HYDROCHLOROTH	90	\$0.31111	\$0.10000	200% Above
Non-ORx	Yes	60505265601	TRIAMTERENE/HYDROCHLOROTH	15	\$0.26667	\$0.13333	101%-200% Above
Non-ORx	Yes	60505265605	TRIAMTERENE/HYDROCHLOROTH	90	\$0.30000	\$0.10000	200% Above
Non-ORx	Yes	60505265605	TRIAMTERENE/HYDROCHLOROTH	60	\$0.13333	\$0.10000	26%-50% Above
Non-ORx	Yes	60505265605	TRIAMTERENE/HYDROCHLOROTH	15	\$0.40000	\$0.13333	200% Above
Non-ORx	Yes	60505265605	TRIAMTERENE/HYDROCHLOROTH	150	\$0.20667	\$0.10000	101%-200% Above
Non-ORx	Yes	60505265705	TRIAMTERENE/HYDROCHLOROTH	90	\$0.45556	\$0.13333	200% Above
Non-ORx	Yes	60505267108	ATORVASTATIN CALCIUM	60	\$0.46667	\$0.10000	200% Above
Non-ORx	Yes	60505267108	ATORVASTATIN CALCIUM	28	\$0.35714	\$0.10714	200% Above
Non-ORx	Yes	60505267108	ATORVASTATIN CALCIUM	150	\$0.29333	\$0.10000	101%-200% Above
Non-ORx	Yes	60505267109	ATORVASTATIN CALCIUM	60	\$0.43333	\$0.10000	200% Above
Non-ORx	Yes	60505317007	OMEGA-3-ACID ETHYL ESTERS	120	\$0.35833	\$0.17500	101%-200% Above
Non-ORx	Yes	60505384801	CELECOXIB	60	\$0.70000	\$0.11667	200% Above
Non-ORx	Yes	60505384801	CELECOXIB	30	\$0.70000	\$0.10000	200% Above
Non-ORx	Yes	60505384901	CELECOXIB	120	\$0.82500	\$0.15000	200% Above
Non-ORx	Yes	60505384901	CELECOXIB	60	\$0.73333	\$0.13333	200% Above
Non-ORx	Yes	60505392801	GUANFACINE HYDROCHLORIDE	90	\$1.16667	\$0.25556	200% Above
Non-ORx	Yes	60505464303	PRASUGREL	60	\$0.93333	\$0.36667	101%-200% Above
Non-ORx	Yes	60505470203	SOLIFENACIN SUCCINATE	30	\$0.93333	\$0.23333	200% Above
Non-ORx	Yes	60505470303	SOLIFENACIN SUCCINATE	30	\$1.16667	\$0.26667	200% Above
Non-ORx	Yes	60505471403	CARVEDILOL PHOSPHATE	60	\$8.25000	\$6.05000	26%-50% Above
Non-ORx	Yes	60631042530	EDARBYCLOR	30	\$5.60000	\$6.86667	(10%-25%) Below
Non-ORx	Yes	60758011905	PREDNISOLONE ACETATE	10	\$6.60000	\$5.90000	10%-25% Above
Non-ORx	Yes	60758011905	PREDNISOLONE ACETATE	10	\$7.40000	\$5.80000	26%-50% Above
Non-ORx	Yes	60758018805	GENTAMICIN SULFATE	15	\$0.86667	\$0.66667	26%-50% Above
Non-ORx	Yes	60758090810	POLYMYXIN B SULFATE/TRIME	20	\$1.00000	\$0.50000	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
Non-ORx	Yes	60846080301	UNITHROID	45	\$0.44444	\$3.53333	(76%-100%) Below
Non-ORx	Yes	61314001910	DORZOLAMIDE HCL	30	\$4.43333	\$1.30000	200% Above
Non-ORx	Yes	61314003002	DORZOLAMIDE HCL/TIMOLOL M	10	\$3.90000	\$1.30000	200% Above
Non-ORx	Yes	61314014315	BRIMONIDINE TARTRATE	15	\$3.73333	\$0.53333	200% Above
Non-ORx	Yes	61314022705	TIMOLOL MALEATE	10	\$3.00000	\$1.20000	101%-200% Above
Non-ORx	Yes	61314054701	LATANOPROST	8	\$11.75000	\$1.62500	200% Above
Non-ORx	Yes	61314054701	LATANOPROST	9	\$3.22222	\$1.33333	101%-200% Above
Non-ORx	Yes	61314054701	LATANOPROST	3	\$4.66667	\$1.66667	101%-200% Above
Non-ORx	Yes	61314062810	POLYMYXIN B SULFATE/TRIME	20	\$1.45000	\$0.45000	200% Above
Non-ORx	Yes	61314062810	POLYMYXIN B SULFATE/TRIME	10	\$1.20000	\$0.50000	101%-200% Above
Non-ORx	Yes	61314062810	POLYMYXIN B SULFATE/TRIME	10	\$1.50000	\$0.40000	200% Above
Non-ORx	Yes	61314063006	NEOMYCIN/POLYMYXIN/DEXAM E	10	\$4.40000	\$2.60000	51%-75% Above
Non-ORx	Yes	61314063136	NEOMYCIN/POLYMYXIN/DEXAM E	4	\$6.25000	\$3.00000	101%-200% Above
Non-ORx	Yes	61314063705	PREDNISOLONE ACETATE	20	\$6.45000	\$5.80000	10%-25% Above
Non-ORx	Yes	61314064511	NEOMYCIN/POLYMYXIN/HYDRO C	10	\$7.10000	\$6.20000	10%-25% Above
Non-ORx	Yes	61314064610	NEOMYCIN/POLYMYXIN/HYDRO C	20	\$7.30000	\$5.90000	10%-25% Above
Non-ORx	Yes	61314064725	TOBRAMYCIN/DEXAMETHASONE	8	\$17.62500	\$14.75000	10%-25% Above
Non-ORx	Yes	61442010305	DICLOFENAC SODIUM DR	60	\$0.23333	\$0.10000	101%-200% Above
Non-ORx	Yes	61442010310	DICLOFENAC SODIUM DR	28	\$0.25000	\$0.10714	101%-200% Above
Non-ORx	Yes	61442011201	ACYCLOVIR	60	\$0.35000	\$0.10000	200% Above
Non-ORx	Yes	61442011301	ACYCLOVIR	30	\$0.46667	\$0.20000	101%-200% Above
Non-ORx	Yes	61442012210	FAMOTIDINE	60	\$0.31667	\$0.06667	200% Above
Non-ORx	Yes	61442043205	FELODIPINE ER	30	\$0.40000	\$0.16667	101%-200% Above
Non-ORx	Yes	61703035038	METHOTREXATE SODIUM	2	\$2.50000	\$3.50000	(26%-50%) Below
Non-ORx	Yes	61748030313	MYORISAN	30	\$0.96667	\$3.53333	(51%-75%) Below
Non-ORx	Yes	61874011530	VRAYLAR	54	\$31.48148	\$41.98148	(26%-50%) Below
Non-ORx	Yes	62037099901	POTASSIUM CHLORIDE ER	84	\$0.44048	\$0.19048	101%-200% Above
Non-ORx	Yes	62037099910	POTASSIUM CHLORIDE ER	60	\$0.11667	\$0.18333	(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
Non-ORx	Yes	62135021010	FOLIC ACID	30	\$0.06667	\$0.03333	101%-200% Above
Non-ORx	Yes	62135030901	CIPROFLOXACIN HYDROCHLORI	14	\$0.85714	\$0.14286	200% Above
Non-ORx	Yes	62135062650	DOXYCYCLINE HYCLATE	20	\$0.50000	\$0.15000	200% Above
Non-ORx	Yes	62135062650	DOXYCYCLINE HYCLATE	14	\$0.50000	\$0.14286	200% Above
Non-ORx	Yes	62135098505	DOXYCYCLINE HYCLATE	80	\$0.60000	\$0.15000	200% Above
Non-ORx	Yes	62135098505	DOXYCYCLINE HYCLATE	14	\$0.78571	\$0.14286	200% Above
Non-ORx	Yes	62175011843	OMEPRAZOLE	90	\$0.31111	\$0.03333	200% Above
Non-ORx	Yes	62175011843	OMEPRAZOLE	90	\$0.12222	\$0.03333	200% Above
Non-ORx	Yes	62175013643	OMEPRAZOLE	180	\$0.20556	\$0.06667	200% Above
Non-ORx	Yes	62175013643	OMEPRAZOLE	180	\$0.35556	\$0.06667	200% Above
Non-ORx	Yes	62175013643	OMEPRAZOLE	180	\$0.41111	\$0.06667	200% Above
Non-ORx	Yes	62175032046	NIACIN ER	11	\$0.54546	\$0.27273	101%-200% Above
Non-ORx	Yes	62175045832	BUPRENORPHINE HYDROCHLORI	75	\$1.82667	\$1.02667	76%-100% Above
Non-ORx	Yes	62175047132	PAROXETINE HCL ER	30	\$3.23333	\$0.90000	200% Above
Non-ORx	Yes	62175061743	PANTOPRAZOLE SODIUM	100	\$0.23000	\$0.06000	200% Above
Non-ORx	Yes	62175061743	PANTOPRAZOLE SODIUM	360	\$0.40556	\$0.05833	200% Above
Non-ORx	Yes	62175061743	PANTOPRAZOLE SODIUM	510	\$0.22549	\$0.06078	200% Above
Non-ORx	Yes	62175061743	PANTOPRAZOLE SODIUM	180	\$0.39444	\$0.05556	200% Above
Non-ORx	Yes	62175061743	PANTOPRAZOLE SODIUM	300	\$0.36333	\$0.06667	200% Above
Non-ORx	Yes	62175061746	PANTOPRAZOLE SODIUM	90	\$0.17778	\$0.06667	101%-200% Above
Non-ORx	Yes	62332000191	FAMOTIDINE	60	\$0.25000	\$0.03333	200% Above
Non-ORx	Yes	62332000191	FAMOTIDINE	30	\$0.06667	\$0.03333	101%-200% Above
Non-ORx	Yes	62332000291	FAMOTIDINE	60	\$1.00000	\$0.06667	200% Above
Non-ORx	Yes	62332001131	VENLAFAXINE HYDROCHLORIDE	60	\$0.28333	\$0.10000	101%-200% Above
Non-ORx	Yes	62332002790	LOSARTAN POTASSIUM	90	\$0.24444	\$0.05556	200% Above
Non-ORx	Yes	62332002790	LOSARTAN POTASSIUM	30	\$0.03333	\$0.06667	(26%-50%) Below
Non-ORx	Yes	62332002791	LOSARTAN POTASSIUM	90	\$0.33333	\$0.05556	200% Above
Non-ORx	Yes	62332002890	LOSARTAN POTASSIUM	30	\$0.26667	\$0.06667	200% Above
Non-ORx	Yes	62332002891	LOSARTAN POTASSIUM	90	\$0.35556	\$0.06667	200% Above
Non-ORx	Yes	62332002990	LOSARTAN POTASSIUM	60	\$0.05000	\$0.08333	(26%-50%) Below
Non-ORx	Yes	62332002990	LOSARTAN POTASSIUM	30	\$0.03333	\$0.10000	(51%-75%) Below
Non-ORx	Yes	62332003131	ROPINIROLE HCL	60	\$0.38333	\$0.05000	200% Above
Non-ORx	Yes	62332003231	ROPINIROLE HCL	90	\$0.20000	\$0.05556	200% Above
Non-ORx	Yes	62332003231	ROPINIROLE HCL	60	\$0.30000	\$0.05000	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
Non-ORx	Yes	62332003231	ROPINIROLE HCL	28	\$0.21429	\$0.03571	200% Above
Non-ORx	Yes	62332003331	ROPINIROLE HCL	30	\$0.53333	\$0.06667	200% Above
Non-ORx	Yes	62332003631	ROPINIROLE HCL	30	\$0.43333	\$0.13333	200% Above
Non-ORx	Yes	62332003731	LAMOTRIGINE	90	\$0.21111	\$0.03333	200% Above
Non-ORx	Yes	62332003831	LAMOTRIGINE	60	\$0.23333	\$0.06667	200% Above
Non-ORx	Yes	62332003831	LAMOTRIGINE	14	\$0.21429	\$0.07143	200% Above
Non-ORx	Yes	62332003831	LAMOTRIGINE	30	\$0.23333	\$0.06667	200% Above
Non-ORx	Yes	62332003960	LAMOTRIGINE	60	\$0.25000	\$0.08333	200% Above
Non-ORx	Yes	62332004430	VALSARTAN	30	\$0.96667	\$0.23333	200% Above
Non-ORx	Yes	62332004590	VALSARTAN	30	\$0.46667	\$0.23333	101%-200% Above
Non-ORx	Yes	62332004890	LOSARTAN POTASSIUM/HYDROC	30	\$0.76667	\$0.16667	200% Above
Non-ORx	Yes	62332006230	LEFLUNOMIDE	30	\$0.93333	\$0.56667	51%-75% Above
Non-ORx	Yes	62332006230	LEFLUNOMIDE	14	\$3.35714	\$0.57143	200% Above
Non-ORx	Yes	62332007971	VALSARTAN/HYDROCHLOROTHIA	30	\$0.43333	\$0.23333	76%-100% Above
Non-ORx	Yes	62332007990	VALSARTAN/HYDROCHLOROTHIA	30	\$1.13333	\$0.23333	200% Above
Non-ORx	Yes	62332008090	VALSARTAN/HYDROCHLOROTHIA	90	\$0.56667	\$0.25556	101%-200% Above
Non-ORx	Yes	62332008090	VALSARTAN/HYDROCHLOROTHIA	60	\$0.56667	\$0.26667	101%-200% Above
Non-ORx	Yes	62332008190	VALSARTAN/HYDROCHLOROTHIA	30	\$0.66667	\$0.33333	101%-200% Above
Non-ORx	Yes	62332008190	VALSARTAN/HYDROCHLOROTHIA	30	\$1.26667	\$0.30000	200% Above
Non-ORx	Yes	62332008390	VALSARTAN/HYDROCHLOROTHIA	30	\$0.30000	\$0.40000	(10%-25%) Below
Non-ORx	Yes	62332008830	TELMISARTAN	30	\$0.50000	\$0.33333	51%-75% Above
Non-ORx	Yes	62332009730	ARIPIRAZOLE	60	\$0.55000	\$0.16667	200% Above
Non-ORx	Yes	62332009730	ARIPIRAZOLE	30	\$0.53333	\$0.13333	200% Above
Non-ORx	Yes	62332009731	ARIPIRAZOLE	30	\$0.43333	\$0.13333	200% Above
Non-ORx	Yes	62332009930	ARIPIRAZOLE	30	\$0.50000	\$0.16667	200% Above
Non-ORx	Yes	62332010130	ARIPIRAZOLE	30	\$0.76667	\$0.23333	200% Above
Non-ORx	Yes	62332011291	METOPROLOL TARTRATE	30	\$0.13333	\$0.03333	200% Above
Non-ORx	Yes	62332012090	PREGABALIN	60	\$0.26667	\$0.08333	200% Above
Non-ORx	Yes	62332012390	PREGABALIN	60	\$0.36667	\$0.10000	200% Above
Non-ORx	Yes	62332014231	CELECOXIB	120	\$0.69167	\$0.15000	200% Above
Non-ORx	Yes	62332014231	CELECOXIB	105	\$0.72381	\$0.14286	200% Above
Non-ORx	Yes	62332014231	CELECOXIB	30	\$0.66667	\$0.13333	200% Above
Non-ORx	Yes	62332014231	CELECOXIB	30	\$0.73333	\$0.16667	200% Above
Non-ORx	Yes	62332014271	CELECOXIB	150	\$0.72000	\$0.14667	200% Above
Non-ORx	Yes	62332014271	CELECOXIB	60	\$0.66667	\$0.15000	200% Above
Non-ORx	Yes	62332014271	CELECOXIB	60	\$0.43333	\$0.13333	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
Non-ORx	Yes	62332014271	CELECOXIB	44	\$0.68182	\$0.13636	200% Above
Non-ORx	Yes	62332015030	OLMESARTAN MEDOXOMIL/HYDR	30	\$0.23333	\$0.30000	(10%-25%) Below
Non-ORx	Yes	62332015130	OLMESARTAN MEDOXOMIL/HYDR	60	\$0.70000	\$0.28333	101%-200% Above
Non-ORx	Yes	62332015130	OLMESARTAN MEDOXOMIL/HYDR	60	\$0.86667	\$0.30000	101%-200% Above
Non-ORx	Yes	62332019030	FEBUXOSTAT	30	\$2.03333	\$0.80000	101%-200% Above
Non-ORx	Yes	62332019130	FEBUXOSTAT	30	\$3.03333	\$1.10000	101%-200% Above
Non-ORx	Yes	62332020730	AMLODIPINE BESYLATE/VALSA	90	\$0.74444	\$0.51111	26%-50% Above
Non-ORx	Yes	62332020830	AMLODIPINE BESYLATE/VALSA	60	\$0.80000	\$0.61667	26%-50% Above
Non-ORx	Yes	62332020930	TELMISARTAN/HYDROCHLOROT H	60	\$2.50000	\$1.36667	76%-100% Above
Non-ORx	Yes	62332021030	TELMISARTAN/HYDROCHLOROT H	30	\$2.06667	\$1.23333	51%-75% Above
Non-ORx	Yes	62332021130	TELMISARTAN/HYDROCHLOROT H	30	\$3.60000	\$1.30000	101%-200% Above
Non-ORx	Yes	62332025130	AZITHROMYCIN	24	\$1.75000	\$0.50000	200% Above
Non-ORx	Yes	62332038690	MODAFINIL	30	\$1.80000	\$0.56667	200% Above
Non-ORx	Yes	62559015801	FLUVOXAMINE MALEATE	60	\$0.16667	\$0.26667	(26%-50%) Below
Non-ORx	Yes	62559016001	FLUVOXAMINE MALEATE	90	\$1.23333	\$0.33333	200% Above
Non-ORx	Yes	62559026530	TRANEXAMIC ACID	30	\$3.66667	\$1.63333	101%-200% Above
Non-ORx	Yes	62559027630	NEBIVOLOL HYDROCHLORIDE	60	\$1.83333	\$0.56667	200% Above
Non-ORx	Yes	62559027730	NEBIVOLOL	60	\$2.55000	\$0.53333	200% Above
Non-ORx	Yes	62559027730	NEBIVOLOL	30	\$2.53333	\$0.56667	200% Above
Non-ORx	Yes	62559027830	NEBIVOLOL	30	\$2.46667	\$0.63333	200% Above
Non-ORx	Yes	62559029101	POTASSIUM CITRATE ER	30	\$0.70000	\$0.33333	101%-200% Above
Non-ORx	Yes	62559038001	FLECAINIDE ACETATE	180	\$0.36667	\$0.15556	101%-200% Above
Non-ORx	Yes	62559038001	FLECAINIDE ACETATE	60	\$0.25000	\$0.15000	51%-75% Above
Non-ORx	Yes	62559038101	FLECAINIDE ACETATE	180	\$0.64444	\$0.23889	101%-200% Above
Non-ORx	Yes	62559043130	HYDROCORTISONE	60	\$1.13333	\$0.33333	200% Above
Non-ORx	Yes	62559049001	DIPHENOXYLATE HYDROCHLORI	12	\$0.50000	\$0.16667	200% Above
Non-ORx	Yes	62559051001	INDAPAMIDE	90	\$0.36667	\$0.12222	200% Above
Non-ORx	Yes	62559051001	INDAPAMIDE	30	\$0.36667	\$0.13333	101%-200% Above
Non-ORx	Yes	62559051101	INDAPAMIDE	90	\$0.61111	\$0.14444	200% Above
Non-ORx	Yes	62559053001	PROPRANOLOL HYDROCHLORIDE	60	\$1.01667	\$0.33333	200% Above
Non-ORx	Yes	62559053001	PROPRANOLOL HYDROCHLORIDE	30	\$1.43333	\$0.30000	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
Non-ORx	Yes	62559053101	PROPRANOLOL HYDROCHLORIDE	50	\$0.60000	\$0.32000	76%-100% Above
Non-ORx	Yes	62559053201	PROPRANOLOL HCL ER	90	\$2.04444	\$0.43333	200% Above
Non-ORx	Yes	62559058001	PRAZOSIN HYDROCHLORIDE	30	\$0.56667	\$0.20000	101%-200% Above
Non-ORx	Yes	62559099212	FLUCONAZOLE	2	\$13.00000	\$0.50000	200% Above
Non-ORx	Yes	62756001540	TESTOSTERONE CYPIONATE	12	\$5.66667	\$15.25000	(51%-75%) Below
Non-ORx	Yes	62756001540	TESTOSTERONE CYPIONATE	3	\$11.00000	\$15.00000	(26%-50%) Below
Non-ORx	Yes	62756001540	TESTOSTERONE CYPIONATE	4	\$5.25000	\$15.50000	(51%-75%) Below
Non-ORx	Yes	62756001740	TESTOSTERONE CYPIONATE	10	\$4.10000	\$3.70000	10%-25% Above
Non-ORx	Yes	62756014202	METFORMIN HYDROCHLORIDE E	330	\$0.12121	\$0.03636	200% Above
Non-ORx	Yes	62756014202	METFORMIN HYDROCHLORIDE E	360	\$0.37500	\$0.03611	200% Above
Non-ORx	Yes	62756014202	METFORMIN HYDROCHLORIDE E	60	\$0.11667	\$0.03333	200% Above
Non-ORx	Yes	62756014301	METFORMIN HYDROCHLORIDE E	270	\$0.19259	\$0.08148	101%-200% Above
Non-ORx	Yes	62756016013	TAMSULOSIN HYDROCHLORIDE	180	\$0.17222	\$0.06111	101%-200% Above
Non-ORx	Yes	62756016013	TAMSULOSIN HYDROCHLORIDE	60	\$0.26667	\$0.06667	200% Above
Non-ORx	Yes	62756023290	LOTEPREDNOL ETABONATE	5	\$35.60000	\$31.60000	10%-25% Above
Non-ORx	Yes	62756024064	ONDANSETRON ODT	30	\$1.10000	\$0.23333	200% Above
Non-ORx	Yes	62756024064	ONDANSETRON ODT	8	\$0.87500	\$0.25000	200% Above
Non-ORx	Yes	62756024064	ONDANSETRON ODT	6	\$1.16667	\$0.16667	200% Above
Non-ORx	Yes	62756024064	ONDANSETRON ODT	24	\$1.08333	\$0.25000	200% Above
Non-ORx	Yes	62756035664	ONDANSETRON ODT	10	\$0.80000	\$0.20000	200% Above
Non-ORx	Yes	62756045983	BUPRENORPHINE HCL	60	\$0.73333	\$0.43333	51%-75% Above
Non-ORx	Yes	62756052169	SUMATRIPTAN SUCCINATE	18	\$2.83333	\$0.55556	200% Above
Non-ORx	Yes	62756052269	SUMATRIPTAN SUCCINATE	54	\$2.44444	\$0.55556	200% Above
Non-ORx	Yes	62756052269	SUMATRIPTAN SUCCINATE	18	\$2.44444	\$0.55556	200% Above
Non-ORx	Yes	62756052269	SUMATRIPTAN SUCCINATE	18	\$3.22222	\$0.55556	200% Above
Non-ORx	Yes	62756052288	SUMATRIPTAN SUCCINATE	9	\$1.66667	\$0.55556	200% Above
Non-ORx	Yes	62756058988	LIOTHYRONINE SODIUM	90	\$0.46667	\$0.36667	26%-50% Above
Non-ORx	Yes	62756079688	DIVALPROEX SODIUM DR	60	\$0.16667	\$0.05000	200% Above
Non-ORx	Yes	62756096788	CALCITRIOL	90	\$0.22222	\$0.20000	10%-25% Above
Non-ORx	Yes	62756096888	CALCITRIOL	30	\$0.36667	\$0.30000	10%-25% Above
Non-ORx	Yes	62756097083	BUPRENORPHINE HCL/NALOXON	45	\$1.20000	\$1.02222	10%-25% Above
Non-ORx	Yes	63304001760	RANOLAZINE ER	60	\$0.26667	\$0.33333	(10%-25%) Below
Non-ORx	Yes	63304061650	DOXYCYCLINE MONOHYDRATE	60	\$0.76667	\$0.25000	200% Above
Non-ORx	Yes	63304061650	DOXYCYCLINE MONOHYDRATE	20	\$0.75000	\$0.25000	200% Above
Non-ORx	Yes	63304069201	CLINDAMYCIN HYDROCHLORIDE	42	\$0.52381	\$0.11905	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
Non-ORx	Yes	63304069205	CLINDAMYCIN HYDROCHLORIDE	52	\$0.73077	\$0.11539	200% Above
Non-ORx	Yes	63304069301	CLINDAMYCIN HCL	60	\$1.26667	\$0.26667	200% Above
Non-ORx	Yes	63304069301	CLINDAMYCIN HCL	42	\$1.11905	\$0.26191	200% Above
Non-ORx	Yes	63304069301	CLINDAMYCIN HCL	56	\$1.26786	\$0.25000	200% Above
Non-ORx	Yes	63304069301	CLINDAMYCIN HCL	28	\$0.92857	\$0.28571	200% Above
Non-ORx	Yes	63304069301	CLINDAMYCIN HCL	24	\$1.12500	\$0.25000	200% Above
Non-ORx	Yes	63304071990	DILTIAZEM HYDROCHLORIDE E	30	\$0.50000	\$0.23333	101%-200% Above
Non-ORx	Yes	63304072090	DILTIAZEM HYDROCHLORIDE E	30	\$1.83333	\$0.26667	200% Above
Non-ORx	Yes	63304072405	BUPROPION HYDROCHLORIDE E	90	\$0.47778	\$0.20000	101%-200% Above
Non-ORx	Yes	63304082705	ATORVASTATIN CALCIUM	90	\$0.11111	\$0.03333	200% Above
Non-ORx	Yes	63304082705	ATORVASTATIN CALCIUM	150	\$0.14000	\$0.03333	200% Above
Non-ORx	Yes	63304082805	ATORVASTATIN CALCIUM	270	\$0.54815	\$0.04444	200% Above
Non-ORx	Yes	63304082805	ATORVASTATIN CALCIUM	105	\$0.18095	\$0.04762	200% Above
Non-ORx	Yes	63304082805	ATORVASTATIN CALCIUM	60	\$0.28333	\$0.05000	200% Above
Non-ORx	Yes	63304082805	ATORVASTATIN CALCIUM	150	\$0.24000	\$0.03333	200% Above
Non-ORx	Yes	63304082805	ATORVASTATIN CALCIUM	30	\$0.20000	\$0.06667	200% Above
Non-ORx	Yes	63304082905	ATORVASTATIN CALCIUM	180	\$0.35556	\$0.05556	200% Above
Non-ORx	Yes	63304082905	ATORVASTATIN CALCIUM	60	\$0.35000	\$0.06667	200% Above
Non-ORx	Yes	63304082905	ATORVASTATIN CALCIUM	240	\$0.32083	\$0.06667	200% Above
Non-ORx	Yes	63304082990	ATORVASTATIN CALCIUM	30	\$0.86667	\$0.06667	200% Above
Non-ORx	Yes	63304083005	ATORVASTATIN CALCIUM	30	\$0.43333	\$0.10000	200% Above
Non-ORx	Yes	63646001004	KETOCONAZOLE	120	\$0.14167	\$0.09167	51%-75% Above
Non-ORx	Yes	64380071206	BENZONATATE	21	\$0.28571	\$0.09524	200% Above
Non-ORx	Yes	64380071207	BENZONATATE	120	\$0.40000	\$0.10000	200% Above
Non-ORx	Yes	64380071207	BENZONATATE	15	\$0.40000	\$0.06667	200% Above
Non-ORx	Yes	64380071207	BENZONATATE	21	\$0.42857	\$0.09524	200% Above
Non-ORx	Yes	64380071306	BENZONATATE	21	\$0.52381	\$0.14286	200% Above
Non-ORx	Yes	64380071307	BENZONATATE	102	\$0.61765	\$0.13726	200% Above
Non-ORx	Yes	64380071904	EMTRICITABINE/TENOFOVIR D	30	\$20.00000	\$0.83333	200% Above
Non-ORx	Yes	64380072507	MYCOPHENOLATE MOFETIL	300	\$1.01667	\$0.33000	200% Above
Non-ORx	Yes	64380073706	VITAMIN D	13	\$0.76923	\$0.15385	200% Above
Non-ORx	Yes	64380073706	VITAMIN D	12	\$0.58333	\$0.16667	200% Above
Non-ORx	Yes	64380073706	VITAMIN D	20	\$1.10000	\$0.25000	200% Above
Non-ORx	Yes	64380073706	VITAMIN D	40	\$1.25000	\$0.12500	200% Above
Non-ORx	Yes	64380074108	BUSPIRONE HYDROCHLORIDE	60	\$0.13333	\$0.03333	200% Above
Non-ORx	Yes	64380074208	BUSPIRONE HYDROCHLORIDE	60	\$0.15000	\$0.03333	200% Above
Non-ORx	Yes	64380074403	BUSPIRONE HCL	60	\$0.15000	\$0.20000	(10%-25%) Below
Non-ORx	Yes	64380074805	PRAMIPEXOLE DIHYDROCHLORI	270	\$0.34444	\$0.04815	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
Non-ORx	Yes	64380074805	PRAMIPEXOLE DIHYDROCHLORI	15	\$0.46667	\$0.06667	200% Above
Non-ORx	Yes	64380075806	ACARBOSE	90	\$0.26667	\$0.17778	51%-75% Above
Non-ORx	Yes	64380076111	OMEGA-3-ACID ETHYL ESTERS	240	\$0.22083	\$0.17500	26%-50% Above
Non-ORx	Yes	64380076111	OMEGA-3-ACID ETHYL ESTERS	30	\$0.76667	\$0.16667	200% Above
Non-ORx	Yes	64380076111	OMEGA-3-ACID ETHYL ESTERS	90	\$0.76667	\$0.17778	200% Above
Non-ORx	Yes	64380078506	PREDNISONE	30	\$0.16667	\$0.10000	51%-75% Above
Non-ORx	Yes	64380078506	PREDNISONE	20	\$0.20000	\$0.10000	101%-200% Above
Non-ORx	Yes	64380078506	PREDNISONE	20	\$0.20000	\$0.10000	101%-200% Above
Non-ORx	Yes	64380078706	BUSPIRONE HYDROCHLORIDE	240	\$1.10833	\$0.20833	200% Above
Non-ORx	Yes	64380080707	IBUPROFEN	60	\$0.50000	\$0.06667	200% Above
Non-ORx	Yes	64380080707	IBUPROFEN	120	\$0.29167	\$0.07500	200% Above
Non-ORx	Yes	64380080707	IBUPROFEN	127	\$0.29134	\$0.07087	200% Above
Non-ORx	Yes	64380080707	IBUPROFEN	30	\$0.33333	\$0.06667	200% Above
Non-ORx	Yes	64380080807	IBUPROFEN	30	\$0.23333	\$0.06667	200% Above
Non-ORx	Yes	64380080807	IBUPROFEN	20	\$0.15000	\$0.05000	200% Above
Non-ORx	Yes	64380083406	ACETAZOLAMIDE	180	\$0.74444	\$0.28333	101%-200% Above
Non-ORx	Yes	64380087806	ETHOSUXIMIDE	120	\$0.84167	\$0.57500	26%-50% Above
Non-ORx	Yes	64380093508	LOSARTAN POTASSIUM	90	\$0.17778	\$0.08889	101%-200% Above
Non-ORx	Yes	64380093508	LOSARTAN POTASSIUM	60	\$0.50000	\$0.10000	200% Above
Non-ORx	Yes	64380097206	HYDROCORTISONE	30	\$1.23333	\$0.53333	101%-200% Above
Non-ORx	Yes	64679084610	METOPROLOL SUCCINATE ER	30	\$0.06667	\$0.10000	(26%-50%) Below
Non-ORx	Yes	64679084710	METOPROLOL SUCCINATE ER	30	\$0.06667	\$0.10000	(26%-50%) Below
Non-ORx	Yes	64679084803	METOPROLOL SUCCINATE ER	90	\$0.20000	\$0.13333	51%-75% Above
Non-ORx	Yes	64679092503	ENALAPRIL MALEATE	180	\$0.47222	\$0.11667	200% Above
Non-ORx	Yes	64679092503	ENALAPRIL MALEATE	30	\$0.06667	\$0.10000	(26%-50%) Below
Non-ORx	Yes	64679092603	ENALAPRIL MALEATE	180	\$0.28333	\$0.14444	76%-100% Above
Non-ORx	Yes	64980028005	GLIPIZIDE ER	30	\$0.23333	\$0.10000	101%-200% Above
Non-ORx	Yes	64980028105	GLIPIZIDE ER	120	\$0.29167	\$0.18333	51%-75% Above
Non-ORx	Yes	64980028105	GLIPIZIDE ER	60	\$0.23333	\$0.16667	26%-50% Above
Non-ORx	Yes	64980028105	GLIPIZIDE ER	60	\$0.28333	\$0.20000	26%-50% Above
Non-ORx	Yes	64980030310	CHLORTHALIDONE	31	\$0.51613	\$0.16129	200% Above
Non-ORx	Yes	64980030310	CHLORTHALIDONE	30	\$1.10000	\$0.16667	200% Above
Non-ORx	Yes	64980033104	FLUOCINOLONE ACETONIDE BO	118	\$0.79661	\$0.26271	200% Above
Non-ORx	Yes	64980034214	ALENDRONATE SODIUM	12	\$1.91667	\$0.33333	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
Non-ORx	Yes	64980034214	ALENDRONATE SODIUM	8	\$1.75000	\$0.25000	200% Above
Non-ORx	Yes	64980034214	ALENDRONATE SODIUM	8	\$1.12500	\$0.25000	200% Above
Non-ORx	Yes	64980037603	ATOMOXETINE	60	\$3.01667	\$1.13333	101%-200% Above
Non-ORx	Yes	64980041310	PREGABALIN	84	\$0.11905	\$0.08333	26%-50% Above
Non-ORx	Yes	64980043810	ATENOLOL	90	\$0.17778	\$0.03333	200% Above
Non-ORx	Yes	64980043810	ATENOLOL	30	\$0.26667	\$0.03333	200% Above
Non-ORx	Yes	64980043901	ATENOLOL	30	\$0.30000	\$0.03333	200% Above
Non-ORx	Yes	64980045206	FLUOCINONIDE	60	\$1.48333	\$0.41667	200% Above
Non-ORx	Yes	64980047201	METAXALONE	30	\$1.20000	\$0.53333	101%-200% Above
Non-ORx	Yes	64980050312	LEVOCARNITINE	118	\$0.06780	\$0.27119	(51%-75%) Below
Non-ORx	Yes	64980051401	TIMOLOL MALEATE	10	\$1.80000	\$1.00000	76%-100% Above
Non-ORx	Yes	64980051405	TIMOLOL MALEATE	10	\$2.20000	\$1.20000	76%-100% Above
Non-ORx	Yes	64980051405	TIMOLOL MALEATE	10	\$2.00000	\$1.20000	51%-75% Above
Non-ORx	Yes	65162004710	OXYCODONE HYDROCHLORIDE	20	\$0.30000	\$0.05000	200% Above
Non-ORx	Yes	65162006205	SUCRALFATE	560	\$0.39821	\$0.33214	10%-25% Above
Non-ORx	Yes	65162010110	GABAPENTIN	60	\$0.11667	\$0.03333	200% Above
Non-ORx	Yes	65162010150	GABAPENTIN	330	\$0.11818	\$0.03030	200% Above
Non-ORx	Yes	65162010150	GABAPENTIN	270	\$0.10370	\$0.03333	200% Above
Non-ORx	Yes	65162010150	GABAPENTIN	21	\$0.00000	\$0.04762	(76%-100%) Below
Non-ORx	Yes	65162010150	GABAPENTIN	30	\$0.16667	\$0.03333	200% Above
Non-ORx	Yes	65162010150	GABAPENTIN	120	\$0.06667	\$0.03333	101%-200% Above
Non-ORx	Yes	65162010210	GABAPENTIN	270	\$0.24074	\$0.05185	200% Above
Non-ORx	Yes	65162010211	GABAPENTIN	150	\$0.09333	\$0.04667	101%-200% Above
Non-ORx	Yes	65162010211	GABAPENTIN	120	\$0.04167	\$0.05000	(10%-25%) Below
Non-ORx	Yes	65162010211	GABAPENTIN	360	\$0.14167	\$0.05556	101%-200% Above
Non-ORx	Yes	65162010211	GABAPENTIN	90	\$0.24444	\$0.04444	200% Above
Non-ORx	Yes	65162010250	GABAPENTIN	360	\$0.04444	\$0.05000	(10%-25%) Below
Non-ORx	Yes	65162010250	GABAPENTIN	150	\$0.24000	\$0.05333	200% Above
Non-ORx	Yes	65162010250	GABAPENTIN	960	\$0.23854	\$0.05000	200% Above
Non-ORx	Yes	65162010250	GABAPENTIN	480	\$0.19792	\$0.05208	200% Above
Non-ORx	Yes	65162010250	GABAPENTIN	450	\$0.24000	\$0.05111	200% Above
Non-ORx	Yes	65162010250	GABAPENTIN	120	\$0.20000	\$0.05000	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
Non-ORx	Yes	65162010250	GABAPENTIN	150	\$0.14000	\$0.06667	101%-200% Above
Non-ORx	Yes	65162010250	GABAPENTIN	90	\$0.03333	\$0.04444	(10%-25%) Below
Non-ORx	Yes	65162010250	GABAPENTIN	120	\$0.15833	\$0.05000	200% Above
Non-ORx	Yes	65162010250	GABAPENTIN	270	\$0.25185	\$0.05556	200% Above
Non-ORx	Yes	65162010350	GABAPENTIN	360	\$0.23056	\$0.06389	200% Above
Non-ORx	Yes	65162010350	GABAPENTIN	180	\$0.22778	\$0.06111	200% Above
Non-ORx	Yes	65162011511	HYDROCODONE/ACETAMINOPHEN	16	\$0.25000	\$0.12500	101%-200% Above
Non-ORx	Yes	65162018810	NAPROXEN	28	\$0.25000	\$0.07143	200% Above
Non-ORx	Yes	65162019011	NAPROXEN	60	\$0.06667	\$0.08333	(10%-25%) Below
Non-ORx	Yes	65162019050	NAPROXEN	20	\$0.35000	\$0.10000	200% Above
Non-ORx	Yes	65162024709	CHLORTHALIDONE	45	\$0.53333	\$0.17778	200% Above
Non-ORx	Yes	65162024709	CHLORTHALIDONE	60	\$0.48333	\$0.16667	101%-200% Above
Non-ORx	Yes	65162027250	SULFAMETHOXAZOLE/TRIMETHOPRIM	28	\$0.50000	\$0.07143	200% Above
Non-ORx	Yes	65162027250	SULFAMETHOXAZOLE/TRIMETHOPRIM	10	\$0.50000	\$0.10000	200% Above
Non-ORx	Yes	65162041503	BUPRENORPHINE HCL/NALOXON	42	\$1.19048	\$1.02381	10%-25% Above
Non-ORx	Yes	65162046550	IBUPROFEN	24	\$0.20833	\$0.04167	200% Above
Non-ORx	Yes	65162046610	IBUPROFEN	30	\$0.16667	\$0.06667	101%-200% Above
Non-ORx	Yes	65162046650	IBUPROFEN	90	\$0.16667	\$0.07778	101%-200% Above
Non-ORx	Yes	65162046650	IBUPROFEN	60	\$0.30000	\$0.06667	200% Above
Non-ORx	Yes	65162046650	IBUPROFEN	150	\$0.26000	\$0.06667	200% Above
Non-ORx	Yes	65162046650	IBUPROFEN	40	\$0.02500	\$0.07500	(51%-75%) Below
Non-ORx	Yes	65162047810	NITROFURANTOIN MONOHYDRAT	30	\$2.43333	\$0.50000	200% Above
Non-ORx	Yes	65162047810	NITROFURANTOIN MONOHYDRAT	54	\$1.87037	\$0.50000	200% Above
Non-ORx	Yes	65162047810	NITROFURANTOIN MONOHYDRAT	42	\$1.83333	\$0.50000	200% Above
Non-ORx	Yes	65162047810	NITROFURANTOIN MONOHYDRAT	30	\$1.03333	\$0.50000	101%-200% Above
Non-ORx	Yes	65162052110	PROMETHAZINE HYDROCHLORID	90	\$0.28889	\$0.04444	200% Above
Non-ORx	Yes	65162052110	PROMETHAZINE HYDROCHLORID	35	\$0.28571	\$0.05714	200% Above
Non-ORx	Yes	65162055310	METAXALONE	15	\$2.80000	\$0.53333	200% Above
Non-ORx	Yes	65162055310	METAXALONE	52	\$0.78846	\$0.51923	51%-75% Above
Non-ORx	Yes	65162055610	TEMAZEPAM	30	\$0.26667	\$0.06667	200% Above
Non-ORx	Yes	65162055710	TEMAZEPAM	60	\$0.50000	\$0.10000	200% Above
Non-ORx	Yes	65162055710	TEMAZEPAM	60	\$0.28333	\$0.10000	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
Non-ORx	Yes	65162062711	TRAMADOL HCL	120	\$0.01667	\$0.02500	(26%-50%) Below
Non-ORx	Yes	65162062711	TRAMADOL HCL	180	\$0.15000	\$0.02222	200% Above
Non-ORx	Yes	65162062711	TRAMADOL HCL	286	\$0.10490	\$0.02448	200% Above
Non-ORx	Yes	65162062711	TRAMADOL HCL	720	\$0.15000	\$0.02500	200% Above
Non-ORx	Yes	65162062711	TRAMADOL HCL	210	\$0.15238	\$0.02381	200% Above
Non-ORx	Yes	65162062711	TRAMADOL HCL	93	\$0.15054	\$0.02151	200% Above
Non-ORx	Yes	65162062711	TRAMADOL HCL	24	\$0.16667	\$0.04167	200% Above
Non-ORx	Yes	65162062711	TRAMADOL HCL	75	\$0.01333	\$0.02667	(26%-50%) Below
Non-ORx	Yes	65162062711	TRAMADOL HCL	90	\$0.10000	\$0.02222	200% Above
Non-ORx	Yes	65162062711	TRAMADOL HCL	60	\$0.15000	\$0.01667	200% Above
Non-ORx	Yes	65162063609	PANTOPRAZOLE SODIUM	30	\$0.36667	\$0.06667	200% Above
Non-ORx	Yes	65162063711	PANTOPRAZOLE SODIUM	90	\$0.31111	\$0.05556	200% Above
Non-ORx	Yes	65162063711	PANTOPRAZOLE SODIUM	60	\$0.05000	\$0.06667	(10%-25%) Below
Non-ORx	Yes	65162067684	AZELASTINE HYDROCHLORIDE	60	\$1.15000	\$0.26667	200% Above
Non-ORx	Yes	65162068090	PROMETHAZINE HYDROCHLORID	180	\$0.07778	\$0.05556	26%-50% Above
Non-ORx	Yes	65162068090	PROMETHAZINE HYDROCHLORID	118	\$0.06780	\$0.05932	10%-25% Above
Non-ORx	Yes	65162068090	PROMETHAZINE HYDROCHLORID	240	\$0.07500	\$0.05833	26%-50% Above
Non-ORx	Yes	65162068110	PHENAZOPYRIDINE HYDROCHLO	12	\$1.25000	\$0.33333	200% Above
Non-ORx	Yes	65162068210	PHENAZOPYRIDINE HYDROCHLO	15	\$1.60000	\$0.46667	200% Above
Non-ORx	Yes	65162068210	PHENAZOPYRIDINE HYDROCHLO	60	\$0.41667	\$0.48333	(10%-25%) Below
Non-ORx	Yes	65162068210	PHENAZOPYRIDINE HYDROCHLO	10	\$3.00000	\$0.50000	200% Above
Non-ORx	Yes	65162068210	PHENAZOPYRIDINE HYDROCHLO	6	\$1.50000	\$0.50000	200% Above
Non-ORx	Yes	65162071110	GUANFACINE HCL	60	\$0.25000	\$0.48333	(26%-50%) Below
Non-ORx	Yes	65162071110	GUANFACINE HCL	30	\$0.53333	\$0.46667	10%-25% Above
Non-ORx	Yes	65162074510	PROMETHAZINE HCL	90	\$0.34444	\$0.04444	200% Above
Non-ORx	Yes	65162074510	PROMETHAZINE HCL	60	\$0.35000	\$0.05000	200% Above
Non-ORx	Yes	65162074510	PROMETHAZINE HCL	12	\$0.33333	\$0.08333	200% Above
Non-ORx	Yes	65162075210	BENZAEPRIH HCL	180	\$0.24444	\$0.07222	200% Above
Non-ORx	Yes	65162075410	BENZAEPRIH HCL	90	\$0.54444	\$0.13333	200% Above
Non-ORx	Yes	65162075450	BENZAEPRIH HCL	30	\$0.26667	\$0.13333	101%-200% Above
Non-ORx	Yes	65162075510	DIVALPROEX SODIUM ER	90	\$0.24444	\$0.20000	10%-25% Above
Non-ORx	Yes	65162075750	DIVALPROEX SODIUM ER	180	\$0.53889	\$0.22222	101%-200% Above
Non-ORx	Yes	65162083366	DICLOFENAC SODIUM	500	\$0.24600	\$0.09400	101%-200% Above
Non-ORx	Yes	65162083366	DICLOFENAC SODIUM	300	\$0.24667	\$0.09333	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
Non-ORx	Yes	65162084009	VALSARTAN	30	\$1.63333	\$0.36667	200% Above
Non-ORx	Yes	65162089129	MOMETASONE FUROATE	17	\$7.94118	\$2.23529	200% Above
Non-ORx	Yes	65162089903	ARIPIRAZOLE	90	\$0.62222	\$0.16667	200% Above
Non-ORx	Yes	65862000899	METFORMIN HYDROCHLORIDE	180	\$0.11667	\$0.01667	200% Above
Non-ORx	Yes	65862000899	METFORMIN HYDROCHLORIDE	120	\$0.10833	\$0.01667	200% Above
Non-ORx	Yes	65862000899	METFORMIN HYDROCHLORIDE	90	\$0.11111	\$0.02222	200% Above
Non-ORx	Yes	65862000899	METFORMIN HYDROCHLORIDE	180	\$0.07222	\$0.01667	200% Above
Non-ORx	Yes	65862001005	METFORMIN HYDROCHLORIDE	60	\$0.11667	\$0.03333	200% Above
Non-ORx	Yes	65862001105	SERTRALINE HCL	60	\$0.15000	\$0.06667	101%-200% Above
Non-ORx	Yes	65862001205	SERTRALINE HCL	270	\$0.49259	\$0.04444	200% Above
Non-ORx	Yes	65862001205	SERTRALINE HCL	180	\$0.11667	\$0.04444	101%-200% Above
Non-ORx	Yes	65862001205	SERTRALINE HCL	240	\$0.22083	\$0.03333	200% Above
Non-ORx	Yes	65862001205	SERTRALINE HCL	90	\$0.33333	\$0.04444	200% Above
Non-ORx	Yes	65862001205	SERTRALINE HCL	60	\$0.03333	\$0.05000	(26%-50%) Below
Non-ORx	Yes	65862001305	SERTRALINE HYDROCHLORIDE	225	\$0.28889	\$0.06222	200% Above
Non-ORx	Yes	65862001305	SERTRALINE HYDROCHLORIDE	300	\$0.14333	\$0.06000	101%-200% Above
Non-ORx	Yes	65862001305	SERTRALINE HYDROCHLORIDE	180	\$0.32222	\$0.05556	200% Above
Non-ORx	Yes	65862001305	SERTRALINE HYDROCHLORIDE	300	\$0.30000	\$0.06667	200% Above
Non-ORx	Yes	65862001305	SERTRALINE HYDROCHLORIDE	90	\$0.21111	\$0.06667	200% Above
Non-ORx	Yes	65862001401	AMOXICILLIN	21	\$0.47619	\$0.09524	200% Above
Non-ORx	Yes	65862001501	AMOXICILLIN	34	\$0.58824	\$0.14706	200% Above
Non-ORx	Yes	65862001501	AMOXICILLIN	60	\$0.60000	\$0.13333	200% Above
Non-ORx	Yes	65862001501	AMOXICILLIN	21	\$0.52381	\$0.14286	200% Above
Non-ORx	Yes	65862001501	AMOXICILLIN	10	\$0.90000	\$0.10000	200% Above
Non-ORx	Yes	65862001501	AMOXICILLIN	12	\$0.58333	\$0.16667	200% Above
Non-ORx	Yes	65862001501	AMOXICILLIN	56	\$0.58929	\$0.14286	200% Above
Non-ORx	Yes	65862001501	AMOXICILLIN	240	\$0.50000	\$0.15000	200% Above
Non-ORx	Yes	65862001705	AMOXICILLIN	32	\$0.09375	\$0.06250	51%-75% Above
Non-ORx	Yes	65862001705	AMOXICILLIN	56	\$0.32143	\$0.07143	200% Above
Non-ORx	Yes	65862001705	AMOXICILLIN	15	\$0.40000	\$0.06667	200% Above
Non-ORx	Yes	65862001705	AMOXICILLIN	40	\$0.32500	\$0.05000	200% Above
Non-ORx	Yes	65862001705	AMOXICILLIN	63	\$0.22222	\$0.04762	200% Above
Non-ORx	Yes	65862005299	SIMVASTATIN	30	\$0.26667	\$0.03333	200% Above
Non-ORx	Yes	65862006299	METOPROLOL TARTRATE	90	\$0.03333	\$0.02222	51%-75% Above
Non-ORx	Yes	65862006299	METOPROLOL TARTRATE	300	\$0.13333	\$0.01667	200% Above
Non-ORx	Yes	65862006299	METOPROLOL TARTRATE	45	\$0.13333	\$0.02222	200% Above
Non-ORx	Yes	65862006299	METOPROLOL TARTRATE	60	\$0.13333	\$0.03333	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
Non-ORx	Yes	65862007150	AMOXICILLIN	250	\$0.06800	\$0.03200	101%-200% Above
Non-ORx	Yes	65862007175	AMOXICILLIN	300	\$0.04000	\$0.02667	51%-75% Above
Non-ORx	Yes	65862007701	CIPROFLOXACIN HYDROCHLORI	20	\$0.20000	\$0.15000	26%-50% Above
Non-ORx	Yes	65862007701	CIPROFLOXACIN HYDROCHLORI	42	\$0.92857	\$0.14286	200% Above
Non-ORx	Yes	65862007850	CIPROFLOXACIN HCL	28	\$0.71429	\$0.21429	200% Above
Non-ORx	Yes	65862007930	TERBINAFINE HCL	42	\$0.40476	\$0.14286	101%-200% Above
Non-ORx	Yes	65862007930	TERBINAFINE HCL	90	\$0.22222	\$0.13333	51%-75% Above
Non-ORx	Yes	65862012601	TORSEMIDE	30	\$0.30000	\$0.06667	200% Above
Non-ORx	Yes	65862014201	CARVEDIOL	60	\$0.13333	\$0.01667	200% Above
Non-ORx	Yes	65862014505	CARVEDIOL	120	\$0.18333	\$0.03333	200% Above
Non-ORx	Yes	65862014505	CARVEDIOL	60	\$0.15000	\$0.03333	200% Above
Non-ORx	Yes	65862014636	SUMATRIPTAN SUCCINATE	18	\$2.11111	\$0.61111	200% Above
Non-ORx	Yes	65862014736	SUMATRIPTAN SUCCINATE	9	\$1.22222	\$0.55556	101%-200% Above
Non-ORx	Yes	65862014836	SUMATRIPTAN SUCCINATE	10	\$0.30000	\$0.60000	(26%-50%) Below
Non-ORx	Yes	65862014836	SUMATRIPTAN SUCCINATE	18	\$1.83333	\$0.55556	200% Above
Non-ORx	Yes	65862014990	FINASTERIDE	16	\$0.50000	\$0.06250	200% Above
Non-ORx	Yes	65862015901	ZOLPIDEM TARTRATE	30	\$0.33333	\$0.03333	200% Above
Non-ORx	Yes	65862016001	ZOLPIDEM TARTRATE	90	\$0.31111	\$0.03333	200% Above
Non-ORx	Yes	65862016001	ZOLPIDEM TARTRATE	120	\$0.22500	\$0.03333	200% Above
Non-ORx	Yes	65862016001	ZOLPIDEM TARTRATE	270	\$0.16667	\$0.03333	200% Above
Non-ORx	Yes	65862016290	QUINAPRIL/HYDROCHLOROTHIA	30	\$0.50000	\$0.33333	51%-75% Above
Non-ORx	Yes	65862016801	ATENOLOL	60	\$0.08333	\$0.03333	101%-200% Above
Non-ORx	Yes	65862016999	ATENOLOL	60	\$0.06667	\$0.03333	101%-200% Above
Non-ORx	Yes	65862017601	PENICILLIN V POTASSIUM	28	\$0.53571	\$0.10714	200% Above
Non-ORx	Yes	65862017760	CEFDINIR	100	\$0.98000	\$0.45000	101%-200% Above
Non-ORx	Yes	65862017760	CEFDINIR	14	\$2.21429	\$0.42857	200% Above
Non-ORx	Yes	65862018601	CLINDAMYCIN HYDROCHLORIDE	42	\$1.35714	\$0.26191	200% Above
Non-ORx	Yes	65862018601	CLINDAMYCIN HYDROCHLORIDE	40	\$0.20000	\$0.25000	(10%-25%) Below
Non-ORx	Yes	65862018601	CLINDAMYCIN HYDROCHLORIDE	28	\$0.71429	\$0.25000	101%-200% Above
Non-ORx	Yes	65862018601	CLINDAMYCIN HYDROCHLORIDE	4	\$1.00000	\$0.25000	200% Above
Non-ORx	Yes	65862018601	CLINDAMYCIN HYDROCHLORIDE	20	\$0.55000	\$0.25000	101%-200% Above
Non-ORx	Yes	65862018730	ONDANSETRON HYDROCHLORIDE	20	\$0.35000	\$0.05000	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
Non-ORx	Yes	65862018830	ONDANSETRON HYDROCHLORIDE	15	\$0.86667	\$0.13333	200% Above
Non-ORx	Yes	65862018830	ONDANSETRON HYDROCHLORIDE	6	\$0.66667	\$0.16667	200% Above
Non-ORx	Yes	65862019105	CYCLOBENZAPRINE HYDROCHLO	90	\$0.14444	\$0.02222	200% Above
Non-ORx	Yes	65862019105	CYCLOBENZAPRINE HYDROCHLO	56	\$0.21429	\$0.01786	200% Above
Non-ORx	Yes	65862019105	CYCLOBENZAPRINE HYDROCHLO	30	\$0.33333	\$0.03333	200% Above
Non-ORx	Yes	65862019201	FLUOXETINE HYDROCHLORIDE	90	\$0.25556	\$0.03333	200% Above
Non-ORx	Yes	65862019299	FLUOXETINE HYDROCHLORIDE	150	\$0.12667	\$0.03333	200% Above
Non-ORx	Yes	65862019299	FLUOXETINE HYDROCHLORIDE	30	\$0.36667	\$0.03333	200% Above
Non-ORx	Yes	65862019301	FLUOXETINE HCL	30	\$0.46667	\$0.03333	200% Above
Non-ORx	Yes	65862019399	FLUOXETINE HCL	300	\$0.08667	\$0.03333	101%-200% Above
Non-ORx	Yes	65862019399	FLUOXETINE HCL	90	\$0.18889	\$0.03333	200% Above
Non-ORx	Yes	65862019399	FLUOXETINE HCL	180	\$0.31667	\$0.03333	200% Above
Non-ORx	Yes	65862019405	FLUOXETINE HYDROCHLORIDE	60	\$0.45000	\$0.08333	200% Above
Non-ORx	Yes	65862019405	FLUOXETINE HYDROCHLORIDE	60	\$0.23333	\$0.06667	200% Above
Non-ORx	Yes	65862020190	LOSARTAN POTASSIUM	60	\$0.25000	\$0.06667	200% Above
Non-ORx	Yes	65862020199	LOSARTAN POTASSIUM	270	\$0.11852	\$0.05556	101%-200% Above
Non-ORx	Yes	65862020199	LOSARTAN POTASSIUM	240	\$0.34167	\$0.06667	200% Above
Non-ORx	Yes	65862020199	LOSARTAN POTASSIUM	60	\$0.81667	\$0.05000	200% Above
Non-ORx	Yes	65862020230	LOSARTAN POTASSIUM	60	\$0.43333	\$0.06667	200% Above
Non-ORx	Yes	65862020290	LOSARTAN POTASSIUM	180	\$0.32778	\$0.06667	200% Above
Non-ORx	Yes	65862020299	LOSARTAN POTASSIUM	270	\$0.25185	\$0.07778	200% Above
Non-ORx	Yes	65862020299	LOSARTAN POTASSIUM	330	\$0.17576	\$0.07879	101%-200% Above
Non-ORx	Yes	65862020299	LOSARTAN POTASSIUM	270	\$0.17407	\$0.07407	101%-200% Above
Non-ORx	Yes	65862020299	LOSARTAN POTASSIUM	270	\$0.31852	\$0.06667	200% Above
Non-ORx	Yes	65862020299	LOSARTAN POTASSIUM	150	\$0.48667	\$0.06667	200% Above
Non-ORx	Yes	65862020299	LOSARTAN POTASSIUM	31	\$0.22581	\$0.09677	101%-200% Above
Non-ORx	Yes	65862020299	LOSARTAN POTASSIUM	60	\$0.35000	\$0.08333	200% Above
Non-ORx	Yes	65862020330	LOSARTAN POTASSIUM	120	\$0.21667	\$0.10000	101%-200% Above
Non-ORx	Yes	65862020390	LOSARTAN POTASSIUM	90	\$0.17778	\$0.10000	76%-100% Above
Non-ORx	Yes	65862020390	LOSARTAN POTASSIUM	90	\$0.44444	\$0.08889	200% Above
Non-ORx	Yes	65862020390	LOSARTAN POTASSIUM	30	\$0.16667	\$0.10000	51%-75% Above
Non-ORx	Yes	65862020399	LOSARTAN POTASSIUM	240	\$0.32500	\$0.09167	200% Above
Non-ORx	Yes	65862020399	LOSARTAN POTASSIUM	240	\$0.17083	\$0.08750	76%-100% Above
Non-ORx	Yes	65862020399	LOSARTAN POTASSIUM	180	\$0.36667	\$0.10000	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
Non-ORx	Yes	65862020399	LOSARTAN POTASSIUM	360	\$0.27500	\$0.10000	101%-200% Above
Non-ORx	Yes	65862020399	LOSARTAN POTASSIUM	28	\$0.28571	\$0.10714	101%-200% Above
Non-ORx	Yes	65862020399	LOSARTAN POTASSIUM	540	\$0.30741	\$0.08889	200% Above
Non-ORx	Yes	65862020399	LOSARTAN POTASSIUM	60	\$0.50000	\$0.08333	200% Above
Non-ORx	Yes	65862021105	MINOCYCLINE HYDROCHLORIDE	56	\$1.39286	\$0.37500	200% Above
Non-ORx	Yes	65862021105	MINOCYCLINE HYDROCHLORIDE	30	\$0.70000	\$0.36667	76%-100% Above
Non-ORx	Yes	65862021105	MINOCYCLINE HYDROCHLORIDE	20	\$1.40000	\$0.40000	200% Above
Non-ORx	Yes	65862021150	MINOCYCLINE HYDROCHLORIDE	90	\$1.40000	\$0.37778	200% Above
Non-ORx	Yes	65862021150	MINOCYCLINE HYDROCHLORIDE	60	\$1.40000	\$0.38333	200% Above
Non-ORx	Yes	65862021401	ZALEPLON	30	\$0.70000	\$0.16667	200% Above
Non-ORx	Yes	65862021901	CEFDINIR	100	\$0.85000	\$0.18000	200% Above
Non-ORx	Yes	65862021960	CEFDINIR	120	\$0.91667	\$0.16667	200% Above
Non-ORx	Yes	65862022701	LAMOTRIGINE	180	\$0.21667	\$0.03333	200% Above
Non-ORx	Yes	65862022801	LAMOTRIGINE	270	\$0.31852	\$0.05926	200% Above
Non-ORx	Yes	65862022801	LAMOTRIGINE	14	\$0.21429	\$0.07143	200% Above
Non-ORx	Yes	65862022801	LAMOTRIGINE	45	\$0.33333	\$0.06667	200% Above
Non-ORx	Yes	65862022960	LAMOTRIGINE	30	\$0.40000	\$0.10000	200% Above
Non-ORx	Yes	65862023060	LAMOTRIGINE	90	\$0.45556	\$0.08889	200% Above
Non-ORx	Yes	65862023060	LAMOTRIGINE	90	\$0.41111	\$0.10000	200% Above
Non-ORx	Yes	65862023060	LAMOTRIGINE	60	\$0.30000	\$0.10000	200% Above
Non-ORx	Yes	65862023060	LAMOTRIGINE	30	\$0.46667	\$0.10000	200% Above
Non-ORx	Yes	65862024508	LEVETIRACETAM	84	\$0.28571	\$0.08333	200% Above
Non-ORx	Yes	65862024605	LEVETIRACETAM	360	\$0.24167	\$0.10556	101%-200% Above
Non-ORx	Yes	65862024608	LEVETIRACETAM	540	\$0.24074	\$0.10556	101%-200% Above
Non-ORx	Yes	65862024608	LEVETIRACETAM	60	\$0.38333	\$0.10000	200% Above
Non-ORx	Yes	65862024708	LEVETIRACETAM	120	\$0.52500	\$0.15000	200% Above
Non-ORx	Yes	65862028801	PERINDOPRIL ERBUMINE	30	\$2.33333	\$0.46667	200% Above
Non-ORx	Yes	65862029490	ROSUVASTATIN CALCIUM	90	\$0.28889	\$0.06667	200% Above
Non-ORx	Yes	65862029590	ROSUVASTATIN CALCIUM	30	\$0.33333	\$0.06667	200% Above
Non-ORx	Yes	65862029690	ROSUVASTATIN CALCIUM	30	\$0.50000	\$0.13333	200% Above
Non-ORx	Yes	65862035705	CLOPIDOGREL	90	\$0.17778	\$0.06667	101%-200% Above
Non-ORx	Yes	65862035705	CLOPIDOGREL	57	\$0.17544	\$0.07018	101%-200% Above
Non-ORx	Yes	65862035705	CLOPIDOGREL	28	\$0.35714	\$0.07143	200% Above
Non-ORx	Yes	65862035705	CLOPIDOGREL	270	\$0.32593	\$0.06667	200% Above
Non-ORx	Yes	65862035705	CLOPIDOGREL	48	\$0.39583	\$0.06250	200% Above
Non-ORx	Yes	65862035790	CLOPIDOGREL	270	\$0.48148	\$0.06667	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
Non-ORx	Yes	65862037301	ESCITALOPRAM OXALATE	60	\$0.25000	\$0.03333	200% Above
Non-ORx	Yes	65862037401	ESCITALOPRAM OXALATE	90	\$0.28889	\$0.04444	200% Above
Non-ORx	Yes	65862037401	ESCITALOPRAM OXALATE	30	\$0.30000	\$0.03333	200% Above
Non-ORx	Yes	65862037401	ESCITALOPRAM OXALATE	23	\$1.08696	\$0.04348	200% Above
Non-ORx	Yes	65862037405	ESCITALOPRAM OXALATE	60	\$0.66667	\$0.03333	200% Above
Non-ORx	Yes	65862037501	ESCITALOPRAM OXALATE	60	\$0.35000	\$0.08333	200% Above
Non-ORx	Yes	65862037501	ESCITALOPRAM OXALATE	30	\$0.33333	\$0.06667	200% Above
Non-ORx	Yes	65862037505	ESCITALOPRAM OXALATE	60	\$0.38333	\$0.08333	200% Above
Non-ORx	Yes	65862037505	ESCITALOPRAM OXALATE	30	\$0.33333	\$0.10000	200% Above
Non-ORx	Yes	65862037505	ESCITALOPRAM OXALATE	90	\$0.25556	\$0.06667	200% Above
Non-ORx	Yes	65862039010	ONDANSETRON ODT	20	\$1.50000	\$0.20000	200% Above
Non-ORx	Yes	65862039010	ONDANSETRON ODT	24	\$1.12500	\$0.20833	200% Above
Non-ORx	Yes	65862039010	ONDANSETRON ODT	60	\$0.96667	\$0.23333	200% Above
Non-ORx	Yes	65862039010	ONDANSETRON ODT	6	\$1.16667	\$0.16667	200% Above
Non-ORx	Yes	65862039010	ONDANSETRON ODT	24	\$1.29167	\$0.25000	200% Above
Non-ORx	Yes	65862039010	ONDANSETRON ODT	10	\$1.10000	\$0.20000	200% Above
Non-ORx	Yes	65862039110	ONDANSETRON ODT	30	\$1.53333	\$0.23333	200% Above
Non-ORx	Yes	65862041901	SULFAMETHOXAZOLE/TRIMETH	30	\$0.36667	\$0.06667	200% Above
Non-ORx	Yes	65862042005	SULFAMETHOXAZOLE/TRIMETH	84	\$0.48810	\$0.07143	200% Above
Non-ORx	Yes	65862042005	SULFAMETHOXAZOLE/TRIMETH	120	\$0.41667	\$0.05833	200% Above
Non-ORx	Yes	65862042005	SULFAMETHOXAZOLE/TRIMETH	60	\$0.51667	\$0.06667	200% Above
Non-ORx	Yes	65862042005	SULFAMETHOXAZOLE/TRIMETH	40	\$0.32500	\$0.07500	200% Above
Non-ORx	Yes	65862042005	SULFAMETHOXAZOLE/TRIMETH	13	\$0.53846	\$0.07692	200% Above
Non-ORx	Yes	65862042005	SULFAMETHOXAZOLE/TRIMETH	20	\$0.50000	\$0.10000	200% Above
Non-ORx	Yes	65862042005	SULFAMETHOXAZOLE/TRIMETH	160	\$0.55000	\$0.05000	200% Above
Non-ORx	Yes	65862042005	SULFAMETHOXAZOLE/TRIMETH	14	\$0.35714	\$0.07143	200% Above
Non-ORx	Yes	65862044830	VALACYCLOVIR HYDROCHLORID	60	\$1.15000	\$0.30000	200% Above
Non-ORx	Yes	65862044890	VALACYCLOVIR HYDROCHLORID	31	\$1.22581	\$0.32258	200% Above
Non-ORx	Yes	65862044890	VALACYCLOVIR HYDROCHLORID	90	\$1.14444	\$0.31111	200% Above
Non-ORx	Yes	65862044890	VALACYCLOVIR HYDROCHLORID	14	\$1.00000	\$0.28571	200% Above
Non-ORx	Yes	65862044890	VALACYCLOVIR HYDROCHLORID	30	\$1.16667	\$0.30000	200% Above
Non-ORx	Yes	65862044990	VALACYCLOVIR HCL	16	\$1.18750	\$0.56250	101%-200% Above
Non-ORx	Yes	65862044990	VALACYCLOVIR HCL	12	\$2.08333	\$0.58333	200% Above
Non-ORx	Yes	65862046890	LOSARTAN POTASSIUM/HYDROC	30	\$0.10000	\$0.16667	(26%-50%) Below
Non-ORx	Yes	65862046899	LOSARTAN POTASSIUM/HYDROC	180	\$0.31667	\$0.16667	76%-100% Above
Non-ORx	Yes	65862046899	LOSARTAN POTASSIUM/HYDROC	60	\$0.36667	\$0.16667	101%-200% Above
Non-ORx	Yes	65862046990	LOSARTAN POTASSIUM/HYDROC	90	\$0.40000	\$0.17778	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
Non-ORx	Yes	65862046990	LOSARTAN POTASSIUM/HYDROC	60	\$0.43333	\$0.16667	101%-200% Above
Non-ORx	Yes	65862046990	LOSARTAN POTASSIUM/HYDROC	15	\$1.00000	\$0.20000	200% Above
Non-ORx	Yes	65862046999	LOSARTAN POTASSIUM/HYDROC	90	\$0.57778	\$0.17778	200% Above
Non-ORx	Yes	65862046999	LOSARTAN POTASSIUM/HYDROC	120	\$0.39167	\$0.16667	101%-200% Above
Non-ORx	Yes	65862047099	LOSARTAN POTASSIUM/HYDROC	180	\$0.48889	\$0.19444	101%-200% Above
Non-ORx	Yes	65862047099	LOSARTAN POTASSIUM/HYDROC	150	\$0.55333	\$0.20000	101%-200% Above
Non-ORx	Yes	65862047501	RAMIPRIL	30	\$0.50000	\$0.06667	200% Above
Non-ORx	Yes	65862047701	RAMIPRIL	120	\$0.30000	\$0.06667	200% Above
Non-ORx	Yes	65862048901	QUETIAPINE FUMARATE	30	\$0.30000	\$0.03333	200% Above
Non-ORx	Yes	65862049001	QUETIAPINE FUMARATE	90	\$0.27778	\$0.04444	200% Above
Non-ORx	Yes	65862049101	QUETIAPINE FUMARATE	30	\$0.46667	\$0.06667	200% Above
Non-ORx	Yes	65862049301	QUETIAPINE FUMARATE	90	\$0.47778	\$0.11111	200% Above
Non-ORx	Yes	65862050220	AMOXICILLIN/CLAVULANATE P	20	\$1.00000	\$0.30000	200% Above
Non-ORx	Yes	65862050220	AMOXICILLIN/CLAVULANATE P	14	\$1.00000	\$0.28571	200% Above
Non-ORx	Yes	65862050220	AMOXICILLIN/CLAVULANATE P	14	\$1.14286	\$0.35714	200% Above
Non-ORx	Yes	65862050301	AMOXICILLIN/CLAVULANATE P	20	\$1.50000	\$0.35000	200% Above
Non-ORx	Yes	65862050301	AMOXICILLIN/CLAVULANATE P	14	\$1.00000	\$0.35714	101%-200% Above
Non-ORx	Yes	65862050320	AMOXICILLIN/CLAVULANATE P	74	\$1.51351	\$0.32432	200% Above
Non-ORx	Yes	65862050320	AMOXICILLIN/CLAVULANATE P	56	\$1.75000	\$0.35714	200% Above
Non-ORx	Yes	65862050320	AMOXICILLIN/CLAVULANATE P	120	\$1.48333	\$0.35000	200% Above
Non-ORx	Yes	65862051230	PIOGLITAZONE HYDROCHLORID	30	\$0.26667	\$0.10000	101%-200% Above
Non-ORx	Yes	65862052205	NAPROXEN	40	\$0.05000	\$0.07500	(26%-50%) Below
Non-ORx	Yes	65862052205	NAPROXEN	120	\$0.30833	\$0.08333	200% Above
Non-ORx	Yes	65862052301	GABAPENTIN	180	\$0.54444	\$0.09444	200% Above
Non-ORx	Yes	65862052305	GABAPENTIN	120	\$0.33333	\$0.09167	200% Above
Non-ORx	Yes	65862052305	GABAPENTIN	180	\$0.36111	\$0.08889	200% Above
Non-ORx	Yes	65862052401	GABAPENTIN	180	\$0.30000	\$0.12222	101%-200% Above
Non-ORx	Yes	65862052405	GABAPENTIN	90	\$0.64444	\$0.12222	200% Above
Non-ORx	Yes	65862052405	GABAPENTIN	60	\$0.25000	\$0.11667	101%-200% Above
Non-ORx	Yes	65862052730	VENLAFAXINE HCL ER	180	\$0.17778	\$0.11111	51%-75% Above
Non-ORx	Yes	65862052730	VENLAFAXINE HCL ER	30	\$0.43333	\$0.13333	200% Above
Non-ORx	Yes	65862052730	VENLAFAXINE HCL ER	30	\$0.13333	\$0.10000	26%-50% Above
Non-ORx	Yes	65862052790	VENLAFAXINE HCL ER	90	\$0.18889	\$0.11111	51%-75% Above
Non-ORx	Yes	65862052790	VENLAFAXINE HCL ER	180	\$0.34444	\$0.11667	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
Non-ORx	Yes	65862052790	VENLAFAXINE HCL ER	60	\$0.18333	\$0.11667	51%-75% Above
Non-ORx	Yes	65862052790	VENLAFAXINE HCL ER	60	\$0.31667	\$0.10000	200% Above
Non-ORx	Yes	65862052830	VENLAFAXINE HYDROCHLORIDE	30	\$0.46667	\$0.13333	200% Above
Non-ORx	Yes	65862052890	VENLAFAXINE HYDROCHLORIDE	90	\$0.43333	\$0.12222	200% Above
Non-ORx	Yes	65862052890	VENLAFAXINE HYDROCHLORIDE	180	\$0.55000	\$0.13333	200% Above
Non-ORx	Yes	65862052899	VENLAFAXINE HYDROCHLORIDE	90	\$0.46667	\$0.12222	200% Above
Non-ORx	Yes	65862052899	VENLAFAXINE HYDROCHLORIDE	60	\$0.48333	\$0.13333	200% Above
Non-ORx	Yes	65862052899	VENLAFAXINE HYDROCHLORIDE	60	\$0.43333	\$0.11667	200% Above
Non-ORx	Yes	65862053401	AMOXICILLIN/CLAVULANATE P	200	\$0.21000	\$0.07000	200% Above
Non-ORx	Yes	65862053513	AMOXICILLIN/CLAVULANATE P	125	\$0.37600	\$0.06400	200% Above
Non-ORx	Yes	65862053575	AMOXICILLIN/CLAVULANATE P	75	\$0.37333	\$0.08000	200% Above
Non-ORx	Yes	65862053750	LEVOFLOXACIN	14	\$0.85714	\$0.21429	200% Above
Non-ORx	Yes	65862053750	LEVOFLOXACIN	12	\$0.83333	\$0.16667	200% Above
Non-ORx	Yes	65862053820	LEVOFLOXACIN	27	\$1.51852	\$0.37037	200% Above
Non-ORx	Yes	65862053820	LEVOFLOXACIN	20	\$2.60000	\$0.40000	200% Above
Non-ORx	Yes	65862053820	LEVOFLOXACIN	7	\$0.28571	\$0.42857	(26%-50%) Below
Non-ORx	Yes	65862055990	PANTOPRAZOLE SODIUM	60	\$0.31667	\$0.05000	200% Above
Non-ORx	Yes	65862055990	PANTOPRAZOLE SODIUM	30	\$0.30000	\$0.06667	200% Above
Non-ORx	Yes	65862056090	PANTOPRAZOLE SODIUM	270	\$0.40000	\$0.05556	200% Above
Non-ORx	Yes	65862056090	PANTOPRAZOLE SODIUM	360	\$0.22778	\$0.06667	200% Above
Non-ORx	Yes	65862056099	PANTOPRAZOLE SODIUM	120	\$0.37500	\$0.06667	200% Above
Non-ORx	Yes	65862056099	PANTOPRAZOLE SODIUM	150	\$0.70000	\$0.06000	200% Above
Non-ORx	Yes	65862056099	PANTOPRAZOLE SODIUM	600	\$0.31333	\$0.06667	200% Above
Non-ORx	Yes	65862056099	PANTOPRAZOLE SODIUM	90	\$0.22222	\$0.05556	200% Above
Non-ORx	Yes	65862056099	PANTOPRAZOLE SODIUM	480	\$0.23958	\$0.06667	200% Above
Non-ORx	Yes	65862056790	MONTELUKAST SODIUM	180	\$0.58889	\$0.09444	200% Above
Non-ORx	Yes	65862056790	MONTELUKAST SODIUM	90	\$0.64444	\$0.08889	200% Above
Non-ORx	Yes	65862056890	MONTELUKAST SODIUM	90	\$1.38889	\$0.08889	200% Above
Non-ORx	Yes	65862056890	MONTELUKAST SODIUM	120	\$0.47500	\$0.10000	200% Above
Non-ORx	Yes	65862056890	MONTELUKAST SODIUM	7	\$0.57143	\$0.14286	200% Above
Non-ORx	Yes	65862057490	MONTELUKAST SODIUM	120	\$0.39167	\$0.05833	200% Above
Non-ORx	Yes	65862057490	MONTELUKAST SODIUM	270	\$0.40741	\$0.05926	200% Above
Non-ORx	Yes	65862057490	MONTELUKAST SODIUM	90	\$0.96667	\$0.06667	200% Above
Non-ORx	Yes	65862057490	MONTELUKAST SODIUM	450	\$0.35778	\$0.05556	200% Above
Non-ORx	Yes	65862057490	MONTELUKAST SODIUM	90	\$0.15556	\$0.06667	101%-200% Above
Non-ORx	Yes	65862057490	MONTELUKAST SODIUM	60	\$0.05000	\$0.06667	(10%-25%) Below
Non-ORx	Yes	65862058301	AMLODIPINE BESYLATE/BENAZ	30	\$0.73333	\$0.13333	200% Above
Non-ORx	Yes	65862058405	AMLODIPINE BESYLATE/BENAZ	90	\$2.16667	\$0.13333	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
Non-ORx	Yes	65862058601	AMLODIPINE BESYLATE/BENAZ	90	\$0.52222	\$0.14444	200% Above
Non-ORx	Yes	65862058605	AMLODIPINE BESYLATE/BENAZ	90	\$0.70000	\$0.13333	200% Above
Non-ORx	Yes	65862058701	AMLODIPINE BESYLATE/BENAZ	30	\$0.20000	\$0.16667	10%-25% Above
Non-ORx	Yes	65862059805	TAMSULOSIN HYDROCHLORIDE	180	\$0.47778	\$0.06667	200% Above
Non-ORx	Yes	65862059805	TAMSULOSIN HYDROCHLORIDE	210	\$0.31429	\$0.06667	200% Above
Non-ORx	Yes	65862059805	TAMSULOSIN HYDROCHLORIDE	60	\$0.05000	\$0.06667	(10%-25%) Below
Non-ORx	Yes	65862060130	MODAFINIL	30	\$1.26667	\$0.36667	200% Above
Non-ORx	Yes	65862060230	MODAFINIL	30	\$1.36667	\$0.56667	101%-200% Above
Non-ORx	Yes	65862062101	FLECAINIDE ACETATE	90	\$0.32222	\$0.15556	101%-200% Above
Non-ORx	Yes	65862064130	AZITHROMYCIN	18	\$1.44444	\$0.50000	101%-200% Above
Non-ORx	Yes	65862064130	AZITHROMYCIN	12	\$3.16667	\$0.50000	200% Above
Non-ORx	Yes	65862064163	AZITHROMYCIN	30	\$1.56667	\$0.50000	200% Above
Non-ORx	Yes	65862064163	AZITHROMYCIN	6	\$1.50000	\$0.50000	200% Above
Non-ORx	Yes	65862064169	AZITHROMYCIN	30	\$1.56667	\$0.50000	200% Above
Non-ORx	Yes	65862064264	AZITHROMYCIN	3	\$6.33333	\$1.00000	200% Above
Non-ORx	Yes	65862067699	ALPRAZOLAM	60	\$0.10000	\$0.01667	200% Above
Non-ORx	Yes	65862067699	ALPRAZOLAM	30	\$0.13333	\$0.03333	200% Above
Non-ORx	Yes	65862067701	ALPRAZOLAM	90	\$0.05556	\$0.02222	101%-200% Above
Non-ORx	Yes	65862067701	ALPRAZOLAM	30	\$0.00000	\$0.03333	(76%-100%) Below
Non-ORx	Yes	65862067705	ALPRAZOLAM	65	\$0.04615	\$0.01539	200% Above
Non-ORx	Yes	65862067705	ALPRAZOLAM	60	\$0.05000	\$0.01667	200% Above
Non-ORx	Yes	65862067705	ALPRAZOLAM	30	\$0.13333	\$0.03333	200% Above
Non-ORx	Yes	65862067799	ALPRAZOLAM	190	\$0.05263	\$0.02105	101%-200% Above
Non-ORx	Yes	65862067799	ALPRAZOLAM	300	\$0.05333	\$0.02333	101%-200% Above
Non-ORx	Yes	65862067799	ALPRAZOLAM	60	\$0.05000	\$0.01667	200% Above
Non-ORx	Yes	65862067801	ALPRAZOLAM	30	\$0.10000	\$0.03333	200% Above
Non-ORx	Yes	65862067805	ALPRAZOLAM	90	\$0.01111	\$0.02222	(26%-50%) Below
Non-ORx	Yes	65862067805	ALPRAZOLAM	30	\$0.10000	\$0.03333	200% Above
Non-ORx	Yes	65862067899	ALPRAZOLAM	120	\$0.10000	\$0.02500	200% Above
Non-ORx	Yes	65862067899	ALPRAZOLAM	180	\$0.10000	\$0.02222	200% Above
Non-ORx	Yes	65862067899	ALPRAZOLAM	180	\$0.14444	\$0.02222	200% Above
Non-ORx	Yes	65862067899	ALPRAZOLAM	60	\$0.16667	\$0.03333	200% Above
Non-ORx	Yes	65862067899	ALPRAZOLAM	120	\$0.10833	\$0.01667	200% Above
Non-ORx	Yes	65862067901	ALPRAZOLAM	90	\$0.12222	\$0.05556	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
Non-ORx	Yes	65862068890	SILDENAFIL CITRATE	30	\$0.66667	\$0.06667	200% Above
Non-ORx	Yes	65862069130	SILDENAFIL	6	\$1.83333	\$0.33333	200% Above
Non-ORx	Yes	65862069201	PHENYTOIN SODIUM EXTENDED	540	\$0.31667	\$0.16482	76%-100% Above
Non-ORx	Yes	65862069705	VENLAFAXINE HCL ER	180	\$0.52778	\$0.15556	200% Above
Non-ORx	Yes	65862069705	VENLAFAXINE HCL ER	60	\$1.41667	\$0.15000	200% Above
Non-ORx	Yes	65862069705	VENLAFAXINE HCL ER	60	\$0.90000	\$0.16667	200% Above
Non-ORx	Yes	65862069730	VENLAFAXINE HCL ER	60	\$0.30000	\$0.16667	76%-100% Above
Non-ORx	Yes	65862069790	VENLAFAXINE HCL ER	180	\$0.42778	\$0.15556	101%-200% Above
Non-ORx	Yes	65862069790	VENLAFAXINE HCL ER	30	\$0.43333	\$0.16667	101%-200% Above
Non-ORx	Yes	65862070020	CEFUROXIME AXETIL	20	\$0.35000	\$0.55000	(26%-50%) Below
Non-ORx	Yes	65862070260	ZIPRASIDONE HCL	60	\$1.91667	\$0.28333	200% Above
Non-ORx	Yes	65862072130	RABEPRAZOLE SODIUM	60	\$0.53333	\$0.23333	101%-200% Above
Non-ORx	Yes	65862072190	RABEPRAZOLE SODIUM	90	\$0.35556	\$0.24444	26%-50% Above
Non-ORx	Yes	65862073205	AMIODARONE HYDROCHLORIDE	120	\$0.29167	\$0.13333	101%-200% Above
Non-ORx	Yes	65862073205	AMIODARONE HYDROCHLORIDE	30	\$0.43333	\$0.13333	200% Above
Non-ORx	Yes	65862073260	AMIODARONE HYDROCHLORIDE	60	\$0.43333	\$0.13333	200% Above
Non-ORx	Yes	65862077885	TRI-LO-MILI	56	\$0.48214	\$0.17857	101%-200% Above
Non-ORx	Yes	65862077990	OLMESARTAN MEDOXOMIL/HYDR	30	\$0.26667	\$0.23333	10%-25% Above
Non-ORx	Yes	65862078030	OLMESARTAN MEDOXOMIL/HYDR	60	\$0.38333	\$0.30000	26%-50% Above
Non-ORx	Yes	65862078030	OLMESARTAN MEDOXOMIL/HYDR	30	\$1.26667	\$0.30000	200% Above
Non-ORx	Yes	65862078090	OLMESARTAN MEDOXOMIL/HYDR	60	\$0.60000	\$0.30000	101%-200% Above
Non-ORx	Yes	65862078130	OLMESARTAN MEDOXOMIL/HYDR	90	\$1.11111	\$0.28889	200% Above
Non-ORx	Yes	65862078190	OLMESARTAN MEDOXOMIL/HYDR	30	\$1.16667	\$0.30000	200% Above
Non-ORx	Yes	65862078201	METHENAMINE HIPPURATE	90	\$1.16667	\$0.84444	26%-50% Above
Non-ORx	Yes	65862078201	METHENAMINE HIPPURATE	120	\$1.26667	\$0.83333	51%-75% Above
Non-ORx	Yes	65862078430	ESOMEPRAZOLE MAGNESIUM	90	\$0.48889	\$0.22222	101%-200% Above
Non-ORx	Yes	65862078430	ESOMEPRAZOLE MAGNESIUM	120	\$0.49167	\$0.20000	101%-200% Above
Non-ORx	Yes	65862078430	ESOMEPRAZOLE MAGNESIUM	90	\$0.48889	\$0.20000	101%-200% Above
Non-ORx	Yes	65862078430	ESOMEPRAZOLE MAGNESIUM	120	\$0.50000	\$0.20000	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
Non-ORx	Yes	65862080630	ARMODAFINIL	90	\$3.31111	\$0.85556	200% Above
Non-ORx	Yes	65862080630	ARMODAFINIL	60	\$1.98333	\$0.86667	101%-200% Above
Non-ORx	Yes	65862080730	ARMODAFINIL	60	\$2.85000	\$1.06667	101%-200% Above
Non-ORx	Yes	65862083030	PRASUGREL	60	\$0.80000	\$0.36667	101%-200% Above
Non-ORx	Yes	65862085730	AMLODIPINE/OLMESARTAN MED	90	\$1.44444	\$0.46667	200% Above
Non-ORx	Yes	65862085901	FAMOTIDINE	60	\$0.20000	\$0.03333	200% Above
Non-ORx	Yes	65862086001	FAMOTIDINE	90	\$0.36667	\$0.06667	200% Above
Non-ORx	Yes	65862086001	FAMOTIDINE	30	\$0.36667	\$0.06667	200% Above
Non-ORx	Yes	65862086495	SIMPESSE	91	\$0.51648	\$0.42857	10%-25% Above
Non-ORx	Yes	65862087011	RISEDRONATE SODIUM	1	\$46.00000	\$17.00000	101%-200% Above
Non-ORx	Yes	65862090801	CELECOXIB	60	\$0.55000	\$0.10000	200% Above
Non-ORx	Yes	65862090901	CELECOXIB	30	\$0.73333	\$0.13333	200% Above
Non-ORx	Yes	65862090901	CELECOXIB	13	\$0.69231	\$0.15385	200% Above
Non-ORx	Yes	65862091060	CELECOXIB	30	\$2.06667	\$0.66667	200% Above
Non-ORx	Yes	65862093488	AUROVELA 24 FE	28	\$1.03571	\$0.71429	26%-50% Above
Non-ORx	Yes	65862094088	AUROVELA FE 1/20	168	\$0.57143	\$0.22619	101%-200% Above
Non-ORx	Yes	65862094088	AUROVELA FE 1/20	28	\$0.00000	\$0.21429	(76%-100%) Below
Non-ORx	Yes	65862094188	AUROVELA FE 1.5/30	28	\$0.71429	\$0.32143	101%-200% Above
Non-ORx	Yes	65862096730	ESZOPICLONE	30	\$0.36667	\$0.16667	101%-200% Above
Non-ORx	Yes	65862096801	ESZOPICLONE	60	\$0.50000	\$0.23333	101%-200% Above
Non-ORx	Yes	65862096901	ESZOPICLONE	60	\$0.76667	\$0.16667	200% Above
Non-ORx	Yes	65862096901	ESZOPICLONE	60	\$1.00000	\$0.16667	200% Above
Non-ORx	Yes	65862098601	POTASSIUM CHLORIDE ER	8	\$0.62500	\$0.12500	200% Above
Non-ORx	Yes	65862099830	ARMODAFINIL	30	\$3.30000	\$1.00000	200% Above
Non-ORx	Yes	66685101201	AMOXICILLIN/CLAVULANATE P	75	\$0.09333	\$0.08000	10%-25% Above
Non-ORx	Yes	66689000802	NYSTATIN	120	\$0.16667	\$0.14167	10%-25% Above
Non-ORx	Yes	66689000816	NYSTATIN	300	\$0.08000	\$0.05667	26%-50% Above
Non-ORx	Yes	66689000816	NYSTATIN	480	\$0.03125	\$0.05625	(26%-50%) Below
Non-ORx	Yes	66689000816	NYSTATIN	150	\$0.02667	\$0.05333	(26%-50%) Below
Non-ORx	Yes	66689000816	NYSTATIN	200	\$0.06500	\$0.05500	10%-25% Above
Non-ORx	Yes	66689002316	HYDROCODONE BITARTRATE/AC	473	\$0.05074	\$0.08034	(26%-50%) Below
Non-ORx	Yes	66993001968	ALBUTEROL SULFATE HFA	36	\$2.88889	\$1.86111	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
Non-ORx	Yes	66993001968	ALBUTEROL SULFATE HFA	36	\$2.27778	\$1.83333	10%-25% Above
Non-ORx	Yes	66993001968	ALBUTEROL SULFATE HFA	72	\$2.65278	\$1.83333	26%-50% Above
Non-ORx	Yes	66993037083	MEDROXYPROGESTERONE ACETA	1	\$48.00000	\$30.00000	51%-75% Above
Non-ORx	Yes	66993037083	MEDROXYPROGESTERONE ACETA	2	\$58.00000	\$29.00000	101%-200% Above
Non-ORx	Yes	66993058597	FLUTICASONE PROPIONATE/SA	60	\$1.33333	\$1.98333	(26%-50%) Below
Non-ORx	Yes	66993059702	AMPHETAMINE/DEXTROAMPHE TA	30	\$1.23333	\$0.56667	101%-200% Above
Non-ORx	Yes	66993059902	AMPHETAMINE/DEXTROAMPHE TA	30	\$0.50000	\$0.60000	(10%-25%) Below
Non-ORx	Yes	66993068130	OLANZAPINE	30	\$0.30000	\$0.10000	200% Above
Non-ORx	Yes	66993068330	OLANZAPINE	60	\$0.66667	\$0.13333	200% Above
Non-ORx	Yes	66993081530	DOXYCYCLINE	30	\$18.00000	\$15.33333	10%-25% Above
Non-ORx	Yes	66993087761	CALCIPOTRIENE	60	\$2.91667	\$1.30000	101%-200% Above
Non-ORx	Yes	66993096045	METRONIDAZOLE	90	\$0.74444	\$0.84444	(10%-25%) Below
Non-ORx	Yes	67877014605	TEMAZEPAM	60	\$0.31667	\$0.08333	200% Above
Non-ORx	Yes	67877014605	TEMAZEPAM	60	\$0.40000	\$0.06667	200% Above
Non-ORx	Yes	67877014701	TEMAZEPAM	60	\$0.26667	\$0.10000	101%-200% Above
Non-ORx	Yes	67877014705	TEMAZEPAM	90	\$0.23333	\$0.10000	101%-200% Above
Non-ORx	Yes	67877014705	TEMAZEPAM	90	\$0.30000	\$0.10000	200% Above
Non-ORx	Yes	67877019705	AMLODIPINE BESYLATE	90	\$0.18889	\$0.01111	200% Above
Non-ORx	Yes	67877019705	AMLODIPINE BESYLATE	60	\$0.30000	\$0.01667	200% Above
Non-ORx	Yes	67877019710	AMLODIPINE BESYLATE	90	\$0.03333	\$0.01111	200% Above
Non-ORx	Yes	67877019790	AMLODIPINE BESYLATE	90	\$0.03333	\$0.01111	200% Above
Non-ORx	Yes	67877019805	AMLODIPINE BESYLATE	150	\$0.05333	\$0.01333	200% Above
Non-ORx	Yes	67877019805	AMLODIPINE BESYLATE	420	\$0.22381	\$0.01667	200% Above
Non-ORx	Yes	67877019805	AMLODIPINE BESYLATE	90	\$0.18889	\$0.01111	200% Above
Non-ORx	Yes	67877019810	AMLODIPINE BESYLATE	360	\$0.05556	\$0.01111	200% Above
Non-ORx	Yes	67877019810	AMLODIPINE BESYLATE	180	\$0.05556	\$0.01667	200% Above
Non-ORx	Yes	67877019905	AMLODIPINE BESYLATE	240	\$0.06667	\$0.01667	200% Above
Non-ORx	Yes	67877019905	AMLODIPINE BESYLATE	180	\$0.13333	\$0.01111	200% Above
Non-ORx	Yes	67877019905	AMLODIPINE BESYLATE	90	\$0.31111	\$0.03333	200% Above
Non-ORx	Yes	67877019910	AMLODIPINE BESYLATE	240	\$0.06667	\$0.01667	200% Above
Non-ORx	Yes	67877019910	AMLODIPINE BESYLATE	180	\$0.13333	\$0.01111	200% Above
Non-ORx	Yes	67877019910	AMLODIPINE BESYLATE	30	\$0.00000	\$0.03333	(76%-100%) Below
Non-ORx	Yes	67877019990	AMLODIPINE BESYLATE	180	\$0.20000	\$0.01111	200% Above
Non-ORx	Yes	67877021560	CEFUROXIME AXETIL	28	\$1.25000	\$0.32143	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
Non-ORx	Yes	67877021560	CEFUROXIME AXETIL	40	\$1.27500	\$0.35000	200% Above
Non-ORx	Yes	67877021560	CEFUROXIME AXETIL	14	\$0.21429	\$0.35714	(26%-50%) Below
Non-ORx	Yes	67877021620	CEFUROXIME AXETIL	20	\$1.00000	\$0.55000	76%-100% Above
Non-ORx	Yes	67877021620	CEFUROXIME AXETIL	10	\$1.80000	\$0.50000	200% Above
Non-ORx	Yes	67877021620	CEFUROXIME AXETIL	14	\$2.28571	\$0.50000	200% Above
Non-ORx	Yes	67877021660	CEFUROXIME AXETIL	20	\$2.40000	\$0.55000	200% Above
Non-ORx	Yes	67877021660	CEFUROXIME AXETIL	14	\$0.78571	\$0.50000	51%-75% Above
Non-ORx	Yes	67877021660	CEFUROXIME AXETIL	10	\$2.40000	\$0.60000	200% Above
Non-ORx	Yes	67877021905	CEPHALEXIN	30	\$0.33333	\$0.13333	101%-200% Above
Non-ORx	Yes	67877021905	CEPHALEXIN	60	\$0.48333	\$0.10000	200% Above
Non-ORx	Yes	67877021905	CEPHALEXIN	12	\$0.41667	\$0.08333	200% Above
Non-ORx	Yes	67877021905	CEPHALEXIN	15	\$0.33333	\$0.13333	101%-200% Above
Non-ORx	Yes	67877021905	CEPHALEXIN	32	\$0.59375	\$0.12500	200% Above
Non-ORx	Yes	67877022205	GABAPENTIN	90	\$0.12222	\$0.03333	200% Above
Non-ORx	Yes	67877022210	GABAPENTIN	150	\$0.12000	\$0.03333	200% Above
Non-ORx	Yes	67877022210	GABAPENTIN	120	\$0.11667	\$0.03333	200% Above
Non-ORx	Yes	67877022210	GABAPENTIN	270	\$0.07407	\$0.03333	101%-200% Above
Non-ORx	Yes	67877022301	GABAPENTIN	270	\$0.24074	\$0.04815	200% Above
Non-ORx	Yes	67877022305	GABAPENTIN	360	\$0.23889	\$0.05278	200% Above
Non-ORx	Yes	67877022305	GABAPENTIN	270	\$0.20370	\$0.05185	200% Above
Non-ORx	Yes	67877022305	GABAPENTIN	270	\$0.24074	\$0.04815	200% Above
Non-ORx	Yes	67877022305	GABAPENTIN	60	\$0.23333	\$0.05000	200% Above
Non-ORx	Yes	67877022310	GABAPENTIN	180	\$0.23889	\$0.05000	200% Above
Non-ORx	Yes	67877022310	GABAPENTIN	90	\$0.24444	\$0.05556	200% Above
Non-ORx	Yes	67877022410	GABAPENTIN	120	\$0.23333	\$0.06667	200% Above
Non-ORx	Yes	67877022501	MYCOPHENOLATE MOFETIL	120	\$1.40000	\$0.33333	200% Above
Non-ORx	Yes	67877022501	MYCOPHENOLATE MOFETIL	60	\$1.40000	\$0.33333	200% Above
Non-ORx	Yes	67877024201	QUETIAPINE FUMARATE	120	\$0.17500	\$0.03333	200% Above
Non-ORx	Yes	67877024201	QUETIAPINE FUMARATE	60	\$0.16667	\$0.03333	200% Above
Non-ORx	Yes	67877024201	QUETIAPINE FUMARATE	60	\$0.11667	\$0.03333	200% Above
Non-ORx	Yes	67877024601	QUETIAPINE FUMARATE	30	\$0.23333	\$0.13333	76%-100% Above
Non-ORx	Yes	67877024901	QUETIAPINE FUMARATE	60	\$0.18333	\$0.05000	200% Above
Non-ORx	Yes	67877024901	QUETIAPINE FUMARATE	90	\$0.12222	\$0.03333	200% Above
Non-ORx	Yes	67877025001	QUETIAPINE FUMARATE	180	\$0.36111	\$0.05556	200% Above
Non-ORx	Yes	67877025001	QUETIAPINE FUMARATE	60	\$0.45000	\$0.05000	200% Above
Non-ORx	Yes	67877025010	QUETIAPINE FUMARATE	60	\$0.26667	\$0.05000	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
Non-ORx	Yes	67877025130	TRIAMCINOLONE ACETONIDE	60	\$0.08333	\$0.15000	(26%-50%) Below
Non-ORx	Yes	67877025145	TRIAMCINOLONE ACETONIDE	1816	\$0.04350	\$0.03084	26%-50% Above
Non-ORx	Yes	67877025180	TRIAMCINOLONE ACETONIDE	80	\$0.06250	\$0.05000	26%-50% Above
Non-ORx	Yes	67877026218	RIZATRIPTAN BENZOATE	54	\$3.16667	\$0.55556	200% Above
Non-ORx	Yes	67877026218	RIZATRIPTAN BENZOATE	12	\$3.16667	\$0.50000	200% Above
Non-ORx	Yes	67877027801	TACROLIMUS	60	\$0.33333	\$0.26667	26%-50% Above
Non-ORx	Yes	67877027901	TACROLIMUS	640	\$0.42031	\$0.37031	10%-25% Above
Non-ORx	Yes	67877029860	CHOLESTYRAMINE	60	\$2.18333	\$1.28333	51%-75% Above
Non-ORx	Yes	67877029860	CHOLESTYRAMINE	30	\$0.50000	\$1.26667	(51%-75%) Below
Non-ORx	Yes	67877031745	TRIAMCINOLONE ACETONIDE	454	\$0.04185	\$0.03304	26%-50% Above
Non-ORx	Yes	67877032001	IBUPROFEN	20	\$0.20000	\$0.05000	200% Above
Non-ORx	Yes	67877032005	IBUPROFEN	60	\$0.15000	\$0.06667	101%-200% Above
Non-ORx	Yes	67877032005	IBUPROFEN	60	\$0.16667	\$0.06667	101%-200% Above
Non-ORx	Yes	67877032101	IBUPROFEN	90	\$0.16667	\$0.07778	101%-200% Above
Non-ORx	Yes	67877032105	IBUPROFEN	270	\$0.18148	\$0.07778	101%-200% Above
Non-ORx	Yes	67877032105	IBUPROFEN	330	\$0.19091	\$0.07273	101%-200% Above
Non-ORx	Yes	67877032105	IBUPROFEN	270	\$0.08148	\$0.07407	10%-25% Above
Non-ORx	Yes	67877032105	IBUPROFEN	120	\$0.34167	\$0.06667	200% Above
Non-ORx	Yes	67877032105	IBUPROFEN	40	\$0.37500	\$0.05000	200% Above
Non-ORx	Yes	67877032105	IBUPROFEN	16	\$0.31250	\$0.06250	200% Above
Non-ORx	Yes	67877032105	IBUPROFEN	60	\$0.11667	\$0.06667	76%-100% Above
Non-ORx	Yes	67877032105	IBUPROFEN	42	\$0.02381	\$0.07143	(51%-75%) Below
Non-ORx	Yes	67877039230	NEBIVOLOL HYDROCHLORIDE	30	\$4.83333	\$0.56667	200% Above
Non-ORx	Yes	67877041305	METFORMIN HYDROCHLORIDE E	120	\$0.12500	\$0.03333	200% Above
Non-ORx	Yes	67877041401	METFORMIN HYDROCHLORIDE E	240	\$0.37917	\$0.08333	200% Above
Non-ORx	Yes	67877041401	METFORMIN HYDROCHLORIDE E	90	\$0.34444	\$0.08889	200% Above
Non-ORx	Yes	67877041690	VALSARTAN	90	\$0.45556	\$0.23333	76%-100% Above
Non-ORx	Yes	67877041690	VALSARTAN	30	\$0.80000	\$0.23333	200% Above
Non-ORx	Yes	67877041790	VALSARTAN	30	\$0.93333	\$0.26667	200% Above
Non-ORx	Yes	67877041890	VALSARTAN	90	\$1.63333	\$0.37778	200% Above
Non-ORx	Yes	67877041890	VALSARTAN	30	\$1.63333	\$0.36667	200% Above
Non-ORx	Yes	67877041890	VALSARTAN	30	\$2.16667	\$0.33333	200% Above
Non-ORx	Yes	67877042905	GABAPENTIN	90	\$0.43333	\$0.12222	200% Above
Non-ORx	Yes	67877042905	GABAPENTIN	28	\$0.53571	\$0.10714	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
Non-ORx	Yes	67877043003	ARIPIRAZOLE	30	\$0.53333	\$0.13333	200% Above
Non-ORx	Yes	67877043103	ARIPIRAZOLE	60	\$0.51667	\$0.16667	200% Above
Non-ORx	Yes	67877043303	ARIPIRAZOLE	15	\$0.60000	\$0.13333	200% Above
Non-ORx	Yes	67877044005	ROSUVASTATIN CALCIUM	60	\$0.05000	\$0.06667	(10%-25%) Below
Non-ORx	Yes	67877044090	ROSUVASTATIN CALCIUM	30	\$0.30000	\$0.06667	200% Above
Non-ORx	Yes	67877044390	RABEPRAZOLE SODIUM	90	\$0.35556	\$0.24444	26%-50% Above
Non-ORx	Yes	67877044690	OLMESARTAN MEDOXOMIL	30	\$1.76667	\$0.10000	200% Above
Non-ORx	Yes	67877046505	PREGABALIN	180	\$0.31111	\$0.08333	200% Above
Non-ORx	Yes	67877048230	TELMISARTAN	30	\$0.50000	\$0.33333	51%-75% Above
Non-ORx	Yes	67877048330	TELMISARTAN	30	\$1.26667	\$0.33333	200% Above
Non-ORx	Yes	67877048430	TELMISARTAN	60	\$0.80000	\$0.33333	101%-200% Above
Non-ORx	Yes	67877049005	EZETIMIBE	60	\$0.58333	\$0.13333	200% Above
Non-ORx	Yes	67877049005	EZETIMIBE	90	\$0.50000	\$0.13333	200% Above
Non-ORx	Yes	67877049005	EZETIMIBE	60	\$0.56667	\$0.13333	200% Above
Non-ORx	Yes	67877049005	EZETIMIBE	30	\$0.56667	\$0.10000	200% Above
Non-ORx	Yes	67877049030	EZETIMIBE	30	\$0.56667	\$0.10000	200% Above
Non-ORx	Yes	67877049090	EZETIMIBE	90	\$0.56667	\$0.13333	200% Above
Non-ORx	Yes	67877049090	EZETIMIBE	30	\$0.56667	\$0.10000	200% Above
Non-ORx	Yes	67877050651	COLESEVELAM HYDROCHLORIDE	300	\$2.11667	\$0.44000	200% Above
Non-ORx	Yes	67877051110	ATORVASTATIN CALCIUM	60	\$0.11667	\$0.03333	200% Above
Non-ORx	Yes	67877051110	ATORVASTATIN CALCIUM	30	\$0.10000	\$0.03333	200% Above
Non-ORx	Yes	67877051210	ATORVASTATIN CALCIUM	60	\$0.11667	\$0.03333	200% Above
Non-ORx	Yes	67877051305	ATORVASTATIN CALCIUM	60	\$0.05000	\$0.06667	(10%-25%) Below
Non-ORx	Yes	67877054360	CEFDINIR	40	\$1.90000	\$0.45000	200% Above
Non-ORx	Yes	67877054360	CEFDINIR	6	\$2.66667	\$0.50000	200% Above
Non-ORx	Yes	67877054360	CEFDINIR	14	\$1.64286	\$0.42857	200% Above
Non-ORx	Yes	67877056110	METFORMIN HYDROCHLORIDE	180	\$0.11111	\$0.01667	200% Above
Non-ORx	Yes	67877056110	METFORMIN HYDROCHLORIDE	30	\$0.00000	\$0.03333	(76%-100%) Below
Non-ORx	Yes	67877056110	METFORMIN HYDROCHLORIDE	120	\$0.07500	\$0.01667	200% Above
Non-ORx	Yes	67877056310	METFORMIN HYDROCHLORIDE	270	\$0.18519	\$0.02593	200% Above
Non-ORx	Yes	67877056310	METFORMIN HYDROCHLORIDE	360	\$0.17222	\$0.02778	200% Above
Non-ORx	Yes	67877056310	METFORMIN HYDROCHLORIDE	120	\$0.20000	\$0.03333	200% Above
Non-ORx	Yes	67877059001	METOPROLOL SUCCINATE ER	30	\$0.16667	\$0.10000	51%-75% Above
Non-ORx	Yes	67877059201	METOPROLOL SUCCINATE ER	60	\$0.38333	\$0.13333	101%-200% Above
Non-ORx	Yes	67877059301	METOPROLOL SUCCINATE ER	30	\$0.70000	\$0.26667	101%-200% Above
Non-ORx	Yes	67877065861	CLOBAZAM	240	\$2.06667	\$0.52500	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
Non-ORx	Yes	67877069601	CHLORTHALIDONE	45	\$0.33333	\$0.17778	76%-100% Above
Non-ORx	Yes	67877069601	CHLORTHALIDONE	14	\$0.50000	\$0.14286	200% Above
Non-ORx	Yes	67877069601	CHLORTHALIDONE	15	\$0.40000	\$0.20000	101%-200% Above
Non-ORx	Yes	67877069601	CHLORTHALIDONE	150	\$0.87333	\$0.16667	200% Above
Non-ORx	Yes	67877069701	CHLORTHALIDONE	30	\$0.20000	\$0.26667	(10%-25%) Below
Non-ORx	Yes	67877069701	CHLORTHALIDONE	30	\$0.70000	\$0.23333	200% Above
Non-ORx	Yes	68001000501	METHYLPREDNISOLONE DOSE P	84	\$0.72619	\$0.17857	200% Above
Non-ORx	Yes	68001000501	METHYLPREDNISOLONE DOSE P	126	\$0.54762	\$0.19048	101%-200% Above
Non-ORx	Yes	68001000501	METHYLPREDNISOLONE DOSE P	84	\$0.98810	\$0.19048	200% Above
Non-ORx	Yes	68001011406	LEVETIRACETAM ER	120	\$1.25000	\$0.40000	200% Above
Non-ORx	Yes	68001013300	AMLODIPINE BESYLATE/BENAZ	30	\$0.10000	\$0.13333	(10%-25%) Below
Non-ORx	Yes	68001015103	CARVEDIOL	105	\$0.17143	\$0.01905	200% Above
Non-ORx	Yes	68001015203	CARVEDIOL	360	\$0.15000	\$0.03333	200% Above
Non-ORx	Yes	68001015303	CARVEDIOL	60	\$0.06667	\$0.03333	101%-200% Above
Non-ORx	Yes	68001015403	CARVEDIOL	120	\$0.10833	\$0.02500	200% Above
Non-ORx	Yes	68001015403	CARVEDIOL	180	\$0.13333	\$0.01667	200% Above
Non-ORx	Yes	68001015800	VENLAFAXINE HCL	30	\$0.26667	\$0.10000	101%-200% Above
Non-ORx	Yes	68001016000	VENLAFAXINE HCL	60	\$0.10000	\$0.11667	(10%-25%) Below
Non-ORx	Yes	68001016208	PROMETHAZINE HYDROCHLORID	90	\$0.22222	\$0.04444	200% Above
Non-ORx	Yes	68001016208	PROMETHAZINE HYDROCHLORID	100	\$0.18000	\$0.05000	200% Above
Non-ORx	Yes	68001016208	PROMETHAZINE HYDROCHLORID	60	\$0.33333	\$0.03333	200% Above
Non-ORx	Yes	68001016208	PROMETHAZINE HYDROCHLORID	51	\$0.17647	\$0.03922	200% Above
Non-ORx	Yes	68001017700	GLIMEPIRIDE	90	\$0.15556	\$0.03333	200% Above
Non-ORx	Yes	68001017903	GLIMEPIRIDE	60	\$0.25000	\$0.05000	200% Above
Non-ORx	Yes	68001018000	QUETIAPINE FUMARATE	90	\$0.10000	\$0.04444	101%-200% Above
Non-ORx	Yes	68001018400	QUETIAPINE FUMARATE	28	\$0.03571	\$0.07143	(26%-50%) Below
Non-ORx	Yes	68001018508	QUETIAPINE FUMARATE	150	\$0.01333	\$0.03333	(51%-75%) Below
Non-ORx	Yes	68001018508	QUETIAPINE FUMARATE	30	\$0.20000	\$0.03333	200% Above
Non-ORx	Yes	68001019603	ESCITALOPRAM OXALATE	30	\$0.26667	\$0.03333	200% Above
Non-ORx	Yes	68001023700	CLONIDINE HYDROCHLORIDE	60	\$0.01667	\$0.03333	(26%-50%) Below
Non-ORx	Yes	68001023703	CLONIDINE HYDROCHLORIDE	180	\$0.08333	\$0.02778	200% Above
Non-ORx	Yes	68001023703	CLONIDINE HYDROCHLORIDE	90	\$0.02222	\$0.03333	(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
Non-ORx	Yes	68001023703	CLONIDINE HYDROCHLORIDE	30	\$0.10000	\$0.03333	200% Above
Non-ORx	Yes	68001023703	CLONIDINE HYDROCHLORIDE	60	\$0.15000	\$0.03333	200% Above
Non-ORx	Yes	68001023800	CLONIDINE HYDROCHLORIDE	90	\$0.02222	\$0.03333	(26%-50%) Below
Non-ORx	Yes	68001023800	CLONIDINE HYDROCHLORIDE	30	\$0.16667	\$0.03333	200% Above
Non-ORx	Yes	68001023803	CLONIDINE HYDROCHLORIDE	30	\$0.16667	\$0.03333	200% Above
Non-ORx	Yes	68001023900	CLONIDINE HYDROCHLORIDE	180	\$0.11667	\$0.03889	200% Above
Non-ORx	Yes	68001023900	CLONIDINE HYDROCHLORIDE	30	\$0.23333	\$0.03333	200% Above
Non-ORx	Yes	68001024604	ONDANSETRON ODT	20	\$0.65000	\$0.20000	200% Above
Non-ORx	Yes	68001024604	ONDANSETRON ODT	12	\$1.08333	\$0.25000	200% Above
Non-ORx	Yes	68001024617	ONDANSETRON ODT	18	\$1.11111	\$0.22222	200% Above
Non-ORx	Yes	68001024617	ONDANSETRON ODT	24	\$1.08333	\$0.25000	200% Above
Non-ORx	Yes	68001024704	ONDANSETRON ODT	30	\$0.80000	\$0.23333	200% Above
Non-ORx	Yes	68001024717	ONDANSETRON ODT	6	\$1.33333	\$0.16667	200% Above
Non-ORx	Yes	68001025204	FLUCONAZOLE	3	\$1.33333	\$0.33333	200% Above
Non-ORx	Yes	68001025320	FLUCONAZOLE	3	\$5.00000	\$0.66667	200% Above
Non-ORx	Yes	68001025320	FLUCONAZOLE	1	\$5.00000	\$1.00000	200% Above
Non-ORx	Yes	68001028000	DICLOFENAC SODIUM DR	14	\$0.50000	\$0.07143	200% Above
Non-ORx	Yes	68001028100	DICLOFENAC SODIUM DR	60	\$0.25000	\$0.10000	101%-200% Above
Non-ORx	Yes	68001028108	DICLOFENAC SODIUM DR	150	\$0.42000	\$0.09333	200% Above
Non-ORx	Yes	68001028108	DICLOFENAC SODIUM DR	120	\$0.24167	\$0.09167	101%-200% Above
Non-ORx	Yes	68001028108	DICLOFENAC SODIUM DR	60	\$0.41667	\$0.10000	200% Above
Non-ORx	Yes	68001030800	BUPROPION HYDROCHLORIDE	60	\$0.31667	\$0.13333	101%-200% Above
Non-ORx	Yes	68001031600	LOVASTATIN	30	\$0.23333	\$0.06667	200% Above
Non-ORx	Yes	68001032103	BUPROPION HYDROCHLORIDE E	180	\$0.38889	\$0.19444	101%-200% Above
Non-ORx	Yes	68001032103	BUPROPION HYDROCHLORIDE E	90	\$0.46667	\$0.20000	101%-200% Above
Non-ORx	Yes	68001032105	BUPROPION HYDROCHLORIDE E	30	\$0.40000	\$0.20000	101%-200% Above
Non-ORx	Yes	68001032203	BUPROPION HYDROCHLORIDE E	30	\$0.10000	\$0.13333	(10%-25%) Below
Non-ORx	Yes	68001032700	TRIAMTERENE/HYDROCHLOROT H	30	\$0.30000	\$0.10000	200% Above
Non-ORx	Yes	68001032703	TRIAMTERENE/HYDROCHLOROT H	30	\$0.36667	\$0.10000	200% Above
Non-ORx	Yes	68001032800	TRIAMTERENE/HYDROCHLOROT H	60	\$0.45000	\$0.13333	200% Above
Non-ORx	Yes	68001033300	LISINOPRIL	30	\$0.00000	\$0.03333	(76%-100%) Below
Non-ORx	Yes	68001033408	LISINOPRIL	90	\$0.20000	\$0.02222	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
Non-ORx	Yes	68001033408	LISINOPRIL	360	\$0.03889	\$0.01944	101%-200% Above
Non-ORx	Yes	68001033408	LISINOPRIL	28	\$0.00000	\$0.03571	(76%-100%) Below
Non-ORx	Yes	68001033408	LISINOPRIL	210	\$0.12381	\$0.03333	200% Above
Non-ORx	Yes	68001033408	LISINOPRIL	120	\$0.10833	\$0.01667	200% Above
Non-ORx	Yes	68001033500	LISINOPRIL	30	\$0.20000	\$0.03333	200% Above
Non-ORx	Yes	68001033508	LISINOPRIL	240	\$0.07917	\$0.02500	200% Above
Non-ORx	Yes	68001033508	LISINOPRIL	270	\$0.20741	\$0.02593	200% Above
Non-ORx	Yes	68001033508	LISINOPRIL	180	\$0.14444	\$0.02222	200% Above
Non-ORx	Yes	68001033508	LISINOPRIL	240	\$0.10417	\$0.03333	200% Above
Non-ORx	Yes	68001033600	LISINOPRIL	90	\$0.03333	\$0.05556	(26%-50%) Below
Non-ORx	Yes	68001035600	METOPROLOL SUCCINATE ER	165	\$0.15152	\$0.09091	51%-75% Above
Non-ORx	Yes	68001035600	METOPROLOL SUCCINATE ER	30	\$0.33333	\$0.10000	200% Above
Non-ORx	Yes	68001035603	METOPROLOL SUCCINATE ER	30	\$0.33333	\$0.10000	200% Above
Non-ORx	Yes	68001036103	MONTELUKAST SODIUM	90	\$0.18889	\$0.05556	200% Above
Non-ORx	Yes	68001036103	MONTELUKAST SODIUM	120	\$0.18333	\$0.05833	200% Above
Non-ORx	Yes	68001036103	MONTELUKAST SODIUM	240	\$0.27500	\$0.06667	200% Above
Non-ORx	Yes	68001036103	MONTELUKAST SODIUM	120	\$0.24167	\$0.06667	200% Above
Non-ORx	Yes	68001036105	MONTELUKAST SODIUM	90	\$0.36667	\$0.06667	200% Above
Non-ORx	Yes	68001036206	CEFDINIR	40	\$1.60000	\$0.47500	200% Above
Non-ORx	Yes	68001036206	CEFDINIR	80	\$1.61250	\$0.46250	200% Above
Non-ORx	Yes	68001036206	CEFDINIR	28	\$0.92857	\$0.46429	101%-200% Above
Non-ORx	Yes	68001036206	CEFDINIR	40	\$0.95000	\$0.45000	101%-200% Above
Non-ORx	Yes	68001036500	METRONIDAZOLE	65	\$0.47692	\$0.13846	200% Above
Non-ORx	Yes	68001036500	METRONIDAZOLE	30	\$0.66667	\$0.13333	200% Above
Non-ORx	Yes	68001036500	METRONIDAZOLE	9	\$0.44444	\$0.11111	200% Above
Non-ORx	Yes	68001036500	METRONIDAZOLE	14	\$0.50000	\$0.14286	200% Above
Non-ORx	Yes	68001036503	METRONIDAZOLE	14	\$0.50000	\$0.14286	200% Above
Non-ORx	Yes	68001038100	LABETALOL HYDROCHLORIDE	90	\$0.40000	\$0.12222	200% Above
Non-ORx	Yes	68001038500	NITROFURANTOIN MACROCRYST	14	\$1.00000	\$0.42857	101%-200% Above
Non-ORx	Yes	68001038500	NITROFURANTOIN MACROCRYST	30	\$0.90000	\$0.43333	101%-200% Above
Non-ORx	Yes	68001039603	POTASSIUM CHLORIDE ER	30	\$0.33333	\$0.13333	101%-200% Above
Non-ORx	Yes	68001039800	FAMOTIDINE	60	\$0.18333	\$0.06667	101%-200% Above
Non-ORx	Yes	68001039803	FAMOTIDINE	60	\$0.25000	\$0.06667	200% Above
Non-ORx	Yes	68001039803	FAMOTIDINE	30	\$0.13333	\$0.06667	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
Non-ORx	Yes	68001039900	FLUOXETINE HYDROCHLORIDE	30	\$0.20000	\$0.03333	200% Above
Non-ORx	Yes	68001039908	FLUOXETINE HYDROCHLORIDE	90	\$0.12222	\$0.03333	200% Above
Non-ORx	Yes	68001039908	FLUOXETINE HYDROCHLORIDE	60	\$0.13333	\$0.03333	200% Above
Non-ORx	Yes	68001040008	FLUOXETINE HYDROCHLORIDE	180	\$0.08333	\$0.03333	101%-200% Above
Non-ORx	Yes	68001040008	FLUOXETINE HYDROCHLORIDE	90	\$0.07778	\$0.03333	101%-200% Above
Non-ORx	Yes	68001040100	FLUOXETINE HYDROCHLORIDE	60	\$0.28333	\$0.08333	200% Above
Non-ORx	Yes	68001040103	FLUOXETINE HYDROCHLORIDE	60	\$0.28333	\$0.06667	200% Above
Non-ORx	Yes	68001040303	LEVETIRACETAM	120	\$0.32500	\$0.10833	200% Above
Non-ORx	Yes	68001040303	LEVETIRACETAM	60	\$0.11667	\$0.10000	10%-25% Above
Non-ORx	Yes	68001040403	LEVETIRACETAM	60	\$0.25000	\$0.15000	51%-75% Above
Non-ORx	Yes	68001040407	LEVETIRACETAM	120	\$0.12500	\$0.15000	(10%-25%) Below
Non-ORx	Yes	68001040506	LEVETIRACETAM	60	\$0.13333	\$0.21667	(26%-50%) Below
Non-ORx	Yes	68001041103	GABAPENTIN	540	\$0.32222	\$0.08889	200% Above
Non-ORx	Yes	68001041103	GABAPENTIN	120	\$0.29167	\$0.08333	200% Above
Non-ORx	Yes	68001041103	GABAPENTIN	120	\$0.33333	\$0.09167	200% Above
Non-ORx	Yes	68001041203	GABAPENTIN	360	\$0.29167	\$0.12222	101%-200% Above
Non-ORx	Yes	68001041306	DULOXETINE HYDROCHLORIDE	120	\$0.41667	\$0.12500	200% Above
Non-ORx	Yes	68001041306	DULOXETINE HYDROCHLORIDE	60	\$0.25000	\$0.13333	76%-100% Above
Non-ORx	Yes	68001041408	DULOXETINE HYDROCHLORIDE	74	\$0.36487	\$0.10811	200% Above
Non-ORx	Yes	68001041408	DULOXETINE HYDROCHLORIDE	30	\$0.50000	\$0.10000	200% Above
Non-ORx	Yes	68001041508	DULOXETINE HYDROCHLORIDE	150	\$0.25333	\$0.14000	76%-100% Above
Non-ORx	Yes	68001041508	DULOXETINE HYDROCHLORIDE	60	\$0.25000	\$0.13333	76%-100% Above
Non-ORx	Yes	68001041508	DULOXETINE HYDROCHLORIDE	90	\$0.23333	\$0.13333	76%-100% Above
Non-ORx	Yes	68001042300	NITROFURANTOIN MONOHYDRAT	20	\$0.95000	\$0.50000	76%-100% Above
Non-ORx	Yes	68001042300	NITROFURANTOIN MONOHYDRAT	28	\$1.85714	\$0.50000	200% Above
Non-ORx	Yes	68001042300	NITROFURANTOIN MONOHYDRAT	14	\$3.00000	\$0.50000	200% Above
Non-ORx	Yes	68001042800	RAMIPRIL	30	\$0.26667	\$0.10000	101%-200% Above
Non-ORx	Yes	68001044503	POTASSIUM CHLORIDE ER	180	\$0.48889	\$0.18889	101%-200% Above
Non-ORx	Yes	68001044503	POTASSIUM CHLORIDE ER	30	\$0.53333	\$0.20000	101%-200% Above
Non-ORx	Yes	68001045400	ESCITALOPRAM OXALATE	90	\$0.12222	\$0.04444	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
Non-ORx	Yes	68001045500	ESCITALOPRAM OXALATE	45	\$1.06667	\$0.04444	200% Above
Non-ORx	Yes	68001045500	ESCITALOPRAM OXALATE	30	\$0.26667	\$0.03333	200% Above
Non-ORx	Yes	68001045508	ESCITALOPRAM OXALATE	210	\$0.17143	\$0.04762	200% Above
Non-ORx	Yes	68001045508	ESCITALOPRAM OXALATE	60	\$0.25000	\$0.05000	200% Above
Non-ORx	Yes	68001045508	ESCITALOPRAM OXALATE	60	\$0.38333	\$0.03333	200% Above
Non-ORx	Yes	68001045600	ESCITALOPRAM OXALATE	30	\$0.16667	\$0.10000	51%-75% Above
Non-ORx	Yes	68001045608	ESCITALOPRAM OXALATE	90	\$0.17778	\$0.07778	101%-200% Above
Non-ORx	Yes	68001045608	ESCITALOPRAM OXALATE	390	\$0.17949	\$0.08205	101%-200% Above
Non-ORx	Yes	68001045608	ESCITALOPRAM OXALATE	60	\$0.26667	\$0.06667	200% Above
Non-ORx	Yes	68001045608	ESCITALOPRAM OXALATE	30	\$0.03333	\$0.10000	(51%-75%) Below
Non-ORx	Yes	68001045842	ENOXAPARIN SODIUM	2	\$4.50000	\$11.00000	(51%-75%) Below
Non-ORx	Yes	68001047200	DIVALPROEX SODIUM DR	30	\$0.26667	\$0.06667	200% Above
Non-ORx	Yes	68001047400	DIVALPROEX SODIUM DR	60	\$0.55000	\$0.13333	200% Above
Non-ORx	Yes	68001047403	DIVALPROEX SODIUM DR	30	\$0.50000	\$0.13333	200% Above
Non-ORx	Yes	68001048608	LISINOPRIL	90	\$0.25556	\$0.05556	200% Above
Non-ORx	Yes	68001048608	LISINOPRIL	120	\$0.18333	\$0.05000	200% Above
Non-ORx	Yes	68001048608	LISINOPRIL	60	\$0.18333	\$0.06667	101%-200% Above
Non-ORx	Yes	68001050103	METOPROLOL SUCCINATE ER	255	\$0.12549	\$0.10588	10%-25% Above
Non-ORx	Yes	68001050103	METOPROLOL SUCCINATE ER	90	\$0.38889	\$0.10000	200% Above
Non-ORx	Yes	68001050103	METOPROLOL SUCCINATE ER	45	\$0.13333	\$0.11111	10%-25% Above
Non-ORx	Yes	68001050203	METOPROLOL SUCCINATE ER	30	\$0.36667	\$0.16667	101%-200% Above
Non-ORx	Yes	68001050569	POLYETHYLENE GLYCOL 3350	510	\$0.02549	\$0.01961	26%-50% Above
Non-ORx	Yes	68084034601	LOSARTAN POTASSIUM	30	\$0.03333	\$0.06667	(26%-50%) Below
Non-ORx	Yes	68084034701	LOSARTAN POTASSIUM	30	\$0.26667	\$0.06667	200% Above
Non-ORx	Yes	68180011707	LEVETIRACETAM ER	360	\$0.93611	\$0.25000	200% Above
Non-ORx	Yes	68180012201	CEPHALEXIN	90	\$0.55556	\$0.11111	200% Above
Non-ORx	Yes	68180012201	CEPHALEXIN	35	\$0.54286	\$0.11429	200% Above
Non-ORx	Yes	68180012202	CEPHALEXIN	40	\$0.50000	\$0.12500	200% Above
Non-ORx	Yes	68180012202	CEPHALEXIN	32	\$0.34375	\$0.12500	101%-200% Above
Non-ORx	Yes	68180012202	CEPHALEXIN	60	\$0.76667	\$0.11667	200% Above
Non-ORx	Yes	68180012202	CEPHALEXIN	30	\$0.50000	\$0.10000	200% Above
Non-ORx	Yes	68180012202	CEPHALEXIN	20	\$0.35000	\$0.10000	200% Above
Non-ORx	Yes	68180012202	CEPHALEXIN	14	\$0.57143	\$0.14286	200% Above
Non-ORx	Yes	68180012202	CEPHALEXIN	28	\$0.75000	\$0.10714	200% Above
Non-ORx	Yes	68180013501	ESCITALOPRAM OXALATE	120	\$0.30000	\$0.05000	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
Non-ORx	Yes	68180013501	ESCITALOPRAM OXALATE	180	\$0.27778	\$0.04444	200% Above
Non-ORx	Yes	68180013501	ESCITALOPRAM OXALATE	30	\$0.30000	\$0.03333	200% Above
Non-ORx	Yes	68180013601	ESCITALOPRAM OXALATE	90	\$0.34444	\$0.07778	200% Above
Non-ORx	Yes	68180013601	ESCITALOPRAM OXALATE	90	\$0.34444	\$0.08889	200% Above
Non-ORx	Yes	68180013701	ESCITALOPRAM OXALATE	90	\$0.26667	\$0.04444	200% Above
Non-ORx	Yes	68180013701	ESCITALOPRAM OXALATE	30	\$0.23333	\$0.03333	200% Above
Non-ORx	Yes	68180015001	FAMOTIDINE	50	\$2.80000	\$0.98000	101%-200% Above
Non-ORx	Yes	68180015301	DES Loratadine	30	\$2.30000	\$0.36667	200% Above
Non-ORx	Yes	68180015301	DES Loratadine	15	\$1.00000	\$0.40000	101%-200% Above
Non-ORx	Yes	68180016011	AZITHROMYCIN	18	\$1.88889	\$0.50000	200% Above
Non-ORx	Yes	68180016011	AZITHROMYCIN	12	\$1.83333	\$0.50000	200% Above
Non-ORx	Yes	68180016011	AZITHROMYCIN	72	\$1.98611	\$0.50000	200% Above
Non-ORx	Yes	68180016011	AZITHROMYCIN	10	\$1.90000	\$0.50000	200% Above
Non-ORx	Yes	68180016613	VANCOMYCIN HYDROCHLORIDE	56	\$6.37500	\$1.69643	200% Above
Non-ORx	Yes	68180016613	VANCOMYCIN HYDROCHLORIDE	44	\$2.93182	\$1.70455	51%-75% Above
Non-ORx	Yes	68180018001	CEFADROXIL	10	\$1.20000	\$0.20000	200% Above
Non-ORx	Yes	68180021609	LOSARTAN POTASSIUM/HYDROCHLORIDE	90	\$0.57778	\$0.17778	200% Above
Non-ORx	Yes	68180021609	LOSARTAN POTASSIUM/HYDROCHLORIDE	90	\$0.36667	\$0.16667	101%-200% Above
Non-ORx	Yes	68180021709	LOSARTAN POTASSIUM/HYDROCHLORIDE	90	\$0.37778	\$0.20000	76%-100% Above
Non-ORx	Yes	68180023209	FENOFIBRATE	180	\$0.63333	\$0.18889	200% Above
Non-ORx	Yes	68180029606	DULOXETINE HYDROCHLORIDE	90	\$0.63333	\$0.14444	200% Above
Non-ORx	Yes	68180029606	DULOXETINE HYDROCHLORIDE	90	\$0.63333	\$0.12222	200% Above
Non-ORx	Yes	68180029606	DULOXETINE HYDROCHLORIDE	90	\$0.23333	\$0.13333	76%-100% Above
Non-ORx	Yes	68180031902	BUPROPION HYDROCHLORIDE E	360	\$0.43889	\$0.14444	200% Above
Non-ORx	Yes	68180031902	BUPROPION HYDROCHLORIDE E	240	\$0.33750	\$0.14167	101%-200% Above
Non-ORx	Yes	68180031902	BUPROPION HYDROCHLORIDE E	150	\$0.64000	\$0.13333	200% Above
Non-ORx	Yes	68180031909	BUPROPION HYDROCHLORIDE E	180	\$0.43333	\$0.14444	200% Above
Non-ORx	Yes	68180031909	BUPROPION HYDROCHLORIDE E	180	\$0.43333	\$0.13889	200% Above
Non-ORx	Yes	68180031909	BUPROPION HYDROCHLORIDE E	150	\$0.44000	\$0.13333	200% Above
Non-ORx	Yes	68180032002	BUPROPION HYDROCHLORIDE E	450	\$0.75556	\$0.20000	200% Above
Non-ORx	Yes	68180032002	BUPROPION HYDROCHLORIDE E	240	\$0.43333	\$0.19167	101%-200% Above
Non-ORx	Yes	68180032002	BUPROPION HYDROCHLORIDE E	180	\$0.65000	\$0.20000	200% Above
Non-ORx	Yes	68180032006	BUPROPION HYDROCHLORIDE E	90	\$0.38889	\$0.20000	76%-100% Above
Non-ORx	Yes	68180032006	BUPROPION HYDROCHLORIDE E	30	\$0.56667	\$0.20000	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
Non-ORx	Yes	68180032009	BUPROPION HYDROCHLORIDE E	60	\$0.15000	\$0.20000	(10%-25%) Below
Non-ORx	Yes	68180032009	BUPROPION HYDROCHLORIDE E	60	\$0.73333	\$0.20000	200% Above
Non-ORx	Yes	68180032301	ESZOPICLONE	30	\$0.63333	\$0.26667	101%-200% Above
Non-ORx	Yes	68180035103	SERTRALINE HCL	90	\$0.24444	\$0.05556	200% Above
Non-ORx	Yes	68180035103	SERTRALINE HCL	30	\$0.26667	\$0.06667	200% Above
Non-ORx	Yes	68180035103	SERTRALINE HCL	28	\$0.21429	\$0.07143	200% Above
Non-ORx	Yes	68180035106	SERTRALINE HCL	30	\$0.20000	\$0.06667	200% Above
Non-ORx	Yes	68180035202	SERTRALINE HCL	180	\$0.27778	\$0.04444	200% Above
Non-ORx	Yes	68180035202	SERTRALINE HCL	30	\$0.26667	\$0.03333	200% Above
Non-ORx	Yes	68180035302	SERTRALINE HYDROCHLORIDE	90	\$0.28889	\$0.05556	200% Above
Non-ORx	Yes	68180035302	SERTRALINE HYDROCHLORIDE	180	\$0.26111	\$0.06667	200% Above
Non-ORx	Yes	68180035302	SERTRALINE HYDROCHLORIDE	120	\$0.28333	\$0.05833	200% Above
Non-ORx	Yes	68180035302	SERTRALINE HYDROCHLORIDE	60	\$0.28333	\$0.06667	200% Above
Non-ORx	Yes	68180037603	LOSARTAN POTASSIUM	20	\$0.75000	\$0.05000	200% Above
Non-ORx	Yes	68180037703	LOSARTAN POTASSIUM	60	\$0.25000	\$0.06667	200% Above
Non-ORx	Yes	68180037803	LOSARTAN POTASSIUM	90	\$0.44444	\$0.08889	200% Above
Non-ORx	Yes	68180038902	FENOFIBRATE	30	\$0.36667	\$0.16667	101%-200% Above
Non-ORx	Yes	68180040203	CEFPROZIL	100	\$0.21000	\$0.25000	(10%-25%) Below
Non-ORx	Yes	68180044101	CEPHALEXIN	100	\$0.18000	\$0.09000	101%-200% Above
Non-ORx	Yes	68180044102	CEPHALEXIN	400	\$0.15500	\$0.07000	101%-200% Above
Non-ORx	Yes	68180045901	AMLODIPINE BESYLATE/BENAZ	30	\$0.56667	\$0.13333	200% Above
Non-ORx	Yes	68180046403	SIMVASTATIN	90	\$0.20000	\$0.04444	200% Above
Non-ORx	Yes	68180046403	SIMVASTATIN	120	\$0.09167	\$0.03333	101%-200% Above
Non-ORx	Yes	68180046703	LOVASTATIN	30	\$0.30000	\$0.06667	200% Above
Non-ORx	Yes	68180046803	LOVASTATIN	120	\$0.35833	\$0.06667	200% Above
Non-ORx	Yes	68180046807	LOVASTATIN	90	\$0.30000	\$0.05556	200% Above
Non-ORx	Yes	68180047201	AMLODIPINE BESYLATE/BENAZ	90	\$0.55556	\$0.14444	200% Above
Non-ORx	Yes	68180047201	AMLODIPINE BESYLATE/BENAZ	30	\$0.50000	\$0.13333	200% Above
Non-ORx	Yes	68180047802	SIMVASTATIN	30	\$0.10000	\$0.03333	200% Above
Non-ORx	Yes	68180047803	SIMVASTATIN	60	\$0.20000	\$0.03333	200% Above
Non-ORx	Yes	68180047903	SIMVASTATIN	60	\$0.16667	\$0.03333	200% Above
Non-ORx	Yes	68180051303	LISINOPRIL	180	\$0.13333	\$0.02222	200% Above
Non-ORx	Yes	68180051303	LISINOPRIL	180	\$0.16111	\$0.01667	200% Above
Non-ORx	Yes	68180051303	LISINOPRIL	90	\$0.23333	\$0.03333	200% Above
Non-ORx	Yes	68180051303	LISINOPRIL	90	\$0.15556	\$0.01111	200% Above
Non-ORx	Yes	68180051801	LISINOPRIL/HYDROCHLOROTHI	90	\$0.27778	\$0.03333	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
Non-ORx	Yes	68180051801	LISINOPRIL/HYDROCHLOROTHI	30	\$0.20000	\$0.03333	200% Above
Non-ORx	Yes	68180051802	LISINOPRIL/HYDROCHLOROTHI	180	\$0.16667	\$0.03333	200% Above
Non-ORx	Yes	68180051802	LISINOPRIL/HYDROCHLOROTHI	15	\$0.20000	\$0.06667	200% Above
Non-ORx	Yes	68180051802	LISINOPRIL/HYDROCHLOROTHI	240	\$0.22083	\$0.03333	200% Above
Non-ORx	Yes	68180051901	LISINOPRIL/HYDROCHLOROTHI	90	\$0.30000	\$0.05556	200% Above
Non-ORx	Yes	68180051901	LISINOPRIL/HYDROCHLOROTHI	30	\$0.16667	\$0.06667	101%-200% Above
Non-ORx	Yes	68180051902	LISINOPRIL/HYDROCHLOROTHI	180	\$0.25556	\$0.05556	200% Above
Non-ORx	Yes	68180051902	LISINOPRIL/HYDROCHLOROTHI	120	\$0.16667	\$0.05000	200% Above
Non-ORx	Yes	68180051902	LISINOPRIL/HYDROCHLOROTHI	180	\$0.30000	\$0.05000	200% Above
Non-ORx	Yes	68180051902	LISINOPRIL/HYDROCHLOROTHI	30	\$0.20000	\$0.03333	200% Above
Non-ORx	Yes	68180051902	LISINOPRIL/HYDROCHLOROTHI	120	\$0.24167	\$0.05000	200% Above
Non-ORx	Yes	68180051902	LISINOPRIL/HYDROCHLOROTHI	240	\$0.23750	\$0.06667	200% Above
Non-ORx	Yes	68180052001	LISINOPRIL/HYDROCHLOROTHI	60	\$0.03333	\$0.05000	(26%-50%) Below
Non-ORx	Yes	68180052001	LISINOPRIL/HYDROCHLOROTHI	30	\$0.23333	\$0.03333	200% Above
Non-ORx	Yes	68180052001	LISINOPRIL/HYDROCHLOROTHI	60	\$0.03333	\$0.06667	(26%-50%) Below
Non-ORx	Yes	68180052002	LISINOPRIL/HYDROCHLOROTHI	90	\$0.34444	\$0.04444	200% Above
Non-ORx	Yes	68180052002	LISINOPRIL/HYDROCHLOROTHI	90	\$0.34444	\$0.05556	200% Above
Non-ORx	Yes	68180052002	LISINOPRIL/HYDROCHLOROTHI	180	\$0.13333	\$0.03333	200% Above
Non-ORx	Yes	68180052002	LISINOPRIL/HYDROCHLOROTHI	60	\$0.18333	\$0.06667	101%-200% Above
Non-ORx	Yes	68180055409	QUINAPRIL HCL	180	\$0.46667	\$0.11111	200% Above
Non-ORx	Yes	68180056801	TRANDOLAPRIL	30	\$1.00000	\$0.30000	200% Above
Non-ORx	Yes	68180058901	RAMIPRIL	90	\$0.31111	\$0.06667	200% Above
Non-ORx	Yes	68180058901	RAMIPRIL	30	\$0.50000	\$0.06667	200% Above
Non-ORx	Yes	68180059101	RAMIPRIL	90	\$0.34444	\$0.06667	200% Above
Non-ORx	Yes	68180059206	DESVENLAFAXINE ER	180	\$2.86667	\$0.56667	200% Above
Non-ORx	Yes	68180059306	DESVENLAFAXINE ER	30	\$3.33333	\$0.63333	200% Above
Non-ORx	Yes	68180060607	CLONIDINE HYDROCHLORIDE	30	\$1.13333	\$0.43333	101%-200% Above
Non-ORx	Yes	68180063502	ATORVASTATIN CALCIUM	30	\$0.30000	\$0.03333	200% Above
Non-ORx	Yes	68180063509	ATORVASTATIN CALCIUM	30	\$0.23333	\$0.03333	200% Above
Non-ORx	Yes	68180063602	ATORVASTATIN CALCIUM	60	\$0.36667	\$0.06667	200% Above
Non-ORx	Yes	68180063602	ATORVASTATIN CALCIUM	120	\$0.36667	\$0.03333	200% Above
Non-ORx	Yes	68180063609	ATORVASTATIN CALCIUM	90	\$0.28889	\$0.05556	200% Above
Non-ORx	Yes	68180063609	ATORVASTATIN CALCIUM	90	\$0.28889	\$0.04444	200% Above
Non-ORx	Yes	68180063609	ATORVASTATIN CALCIUM	15	\$0.33333	\$0.06667	200% Above
Non-ORx	Yes	68180063702	ATORVASTATIN CALCIUM	30	\$0.46667	\$0.06667	200% Above
Non-ORx	Yes	68180063709	ATORVASTATIN CALCIUM	30	\$0.46667	\$0.06667	200% Above
Non-ORx	Yes	68180063809	ATORVASTATIN CALCIUM	30	\$0.36667	\$0.10000	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
Non-ORx	Yes	68180065208	DOXYCYCLINE MONOHYDRATE	30	\$1.66667	\$0.23333	200% Above
Non-ORx	Yes	68180065208	DOXYCYCLINE MONOHYDRATE	28	\$1.64286	\$0.25000	200% Above
Non-ORx	Yes	68180065208	DOXYCYCLINE MONOHYDRATE	14	\$1.64286	\$0.21429	200% Above
Non-ORx	Yes	68180065208	DOXYCYCLINE MONOHYDRATE	7	\$1.42857	\$0.28571	200% Above
Non-ORx	Yes	68180071160	CEFDINIR	60	\$0.58333	\$0.45000	26%-50% Above
Non-ORx	Yes	68180071160	CEFDINIR	28	\$1.03571	\$0.42857	101%-200% Above
Non-ORx	Yes	68180071909	AMLODIPINE BESYLATE	360	\$0.14167	\$0.01111	200% Above
Non-ORx	Yes	68180072003	AMLODIPINE BESYLATE	150	\$0.06000	\$0.01333	200% Above
Non-ORx	Yes	68180072003	AMLODIPINE BESYLATE	180	\$0.22222	\$0.01111	200% Above
Non-ORx	Yes	68180072003	AMLODIPINE BESYLATE	120	\$0.22500	\$0.00833	200% Above
Non-ORx	Yes	68180072003	AMLODIPINE BESYLATE	180	\$0.16111	\$0.01667	200% Above
Non-ORx	Yes	68180072003	AMLODIPINE BESYLATE	1080	\$0.17500	\$0.01111	200% Above
Non-ORx	Yes	68180072103	AMLODIPINE BESYLATE	120	\$0.23333	\$0.01667	200% Above
Non-ORx	Yes	68180072103	AMLODIPINE BESYLATE	150	\$0.06667	\$0.01333	200% Above
Non-ORx	Yes	68180072103	AMLODIPINE BESYLATE	270	\$0.09630	\$0.01852	200% Above
Non-ORx	Yes	68180072103	AMLODIPINE BESYLATE	60	\$0.30000	\$0.03333	200% Above
Non-ORx	Yes	68180072103	AMLODIPINE BESYLATE	360	\$0.15000	\$0.01111	200% Above
Non-ORx	Yes	68180072205	CEFDINIR	100	\$0.65000	\$0.11000	200% Above
Non-ORx	Yes	68180075601	AMLODIPINE BESYLATE/BENAZ	30	\$0.43333	\$0.13333	200% Above
Non-ORx	Yes	68180078001	ZOLPIDEM TARTRATE ER	60	\$1.15000	\$0.18333	200% Above
Non-ORx	Yes	68180078001	ZOLPIDEM TARTRATE ER	90	\$0.70000	\$0.16667	200% Above
Non-ORx	Yes	68180082873	FYAVOLV	84	\$2.13095	\$1.47619	26%-50% Above
Non-ORx	Yes	68180082873	FYAVOLV	84	\$2.13095	\$1.34524	51%-75% Above
Non-ORx	Yes	68180083873	NORGESTIMATE/ETHINYL ESTR	28	\$0.53571	\$0.17857	200% Above
Non-ORx	Yes	68180086573	BLISOVI FE 1/20	84	\$0.42857	\$0.21429	101%-200% Above
Non-ORx	Yes	68180086573	BLISOVI FE 1/20	84	\$0.71429	\$0.22619	200% Above
Non-ORx	Yes	68180086573	BLISOVI FE 1/20	56	\$0.53571	\$0.21429	101%-200% Above
Non-ORx	Yes	68180086673	BLISOVI FE 1.5/30	56	\$0.75000	\$0.32143	101%-200% Above
Non-ORx	Yes	68180087773	JENCYCLA	28	\$0.25000	\$0.17857	26%-50% Above
Non-ORx	Yes	68180088673	NIKKI	84	\$0.59524	\$0.36905	51%-75% Above
Non-ORx	Yes	68180088673	NIKKI	168	\$0.89286	\$0.38095	101%-200% Above
Non-ORx	Yes	68180088673	NIKKI	56	\$0.60714	\$0.39286	51%-75% Above
Non-ORx	Yes	68180089173	ENSKYCE	84	\$0.32143	\$0.21429	51%-75% Above
Non-ORx	Yes	68180090273	DROSPIRENONE/ETHINYL ESTR	168	\$0.82143	\$0.27976	101%-200% Above
Non-ORx	Yes	68180096301	ALBUTEROL SULFATE HFA	26	\$5.96154	\$3.30769	76%-100% Above
Non-ORx	Yes	68180096301	ALBUTEROL SULFATE HFA	34	\$3.94118	\$3.35294	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
Non-ORx	Yes	68180096301	ALBUTEROL SULFATE HFA	17	\$2.58824	\$3.23529	(10%-25%) Below
Non-ORx	Yes	68180096503	LEVOTHYROXINE SODIUM	30	\$0.30000	\$0.13333	101%-200% Above
Non-ORx	Yes	68180096603	LEVOTHYROXINE SODIUM	60	\$0.06667	\$0.15000	(51%-75%) Below
Non-ORx	Yes	68180096603	LEVOTHYROXINE SODIUM	180	\$0.31111	\$0.14444	101%-200% Above
Non-ORx	Yes	68180096603	LEVOTHYROXINE SODIUM	15	\$0.33333	\$0.13333	101%-200% Above
Non-ORx	Yes	68180096603	LEVOTHYROXINE SODIUM	30	\$0.33333	\$0.13333	101%-200% Above
Non-ORx	Yes	68180096703	LEVOTHYROXINE SODIUM	45	\$0.37778	\$0.15556	101%-200% Above
Non-ORx	Yes	68180096703	LEVOTHYROXINE SODIUM	90	\$0.25556	\$0.15556	51%-75% Above
Non-ORx	Yes	68180096703	LEVOTHYROXINE SODIUM	120	\$0.28333	\$0.16667	51%-75% Above
Non-ORx	Yes	68180096803	LEVOTHYROXINE SODIUM	30	\$0.26667	\$0.20000	26%-50% Above
Non-ORx	Yes	68180096803	LEVOTHYROXINE SODIUM	30	\$0.40000	\$0.16667	101%-200% Above
Non-ORx	Yes	68180096901	LEVOTHYROXINE SODIUM	90	\$0.26667	\$0.16667	51%-75% Above
Non-ORx	Yes	68180096903	LEVOTHYROXINE SODIUM	30	\$0.40000	\$0.16667	101%-200% Above
Non-ORx	Yes	68180097001	LEVOTHYROXINE SODIUM	30	\$0.46667	\$0.16667	101%-200% Above
Non-ORx	Yes	68180097003	LEVOTHYROXINE SODIUM	90	\$0.32222	\$0.17778	76%-100% Above
Non-ORx	Yes	68180097003	LEVOTHYROXINE SODIUM	50	\$0.54000	\$0.18000	200% Above
Non-ORx	Yes	68180097003	LEVOTHYROXINE SODIUM	30	\$0.40000	\$0.16667	101%-200% Above
Non-ORx	Yes	68180097003	LEVOTHYROXINE SODIUM	30	\$0.40000	\$0.20000	101%-200% Above
Non-ORx	Yes	68180097101	LEVOTHYROXINE SODIUM	30	\$0.06667	\$0.20000	(51%-75%) Below
Non-ORx	Yes	68180097103	LEVOTHYROXINE SODIUM	90	\$0.23333	\$0.21111	10%-25% Above
Non-ORx	Yes	68180097103	LEVOTHYROXINE SODIUM	90	\$0.31111	\$0.20000	51%-75% Above
Non-ORx	Yes	68180097303	LEVOTHYROXINE SODIUM	30	\$0.50000	\$0.23333	101%-200% Above
Non-ORx	Yes	68180097401	LEVOTHYROXINE SODIUM	30	\$0.56667	\$0.23333	101%-200% Above
Non-ORx	Yes	68180097403	LEVOTHYROXINE SODIUM	30	\$0.10000	\$0.23333	(51%-75%) Below
Non-ORx	Yes	68180097503	LEVOTHYROXINE SODIUM	30	\$0.50000	\$0.26667	76%-100% Above
Non-ORx	Yes	68180098003	LISINOPRIL	120	\$0.16667	\$0.01667	200% Above
Non-ORx	Yes	68180098003	LISINOPRIL	360	\$0.16389	\$0.02222	200% Above
Non-ORx	Yes	68180098003	LISINOPRIL	900	\$0.15667	\$0.02222	200% Above
Non-ORx	Yes	68180098003	LISINOPRIL	90	\$0.11111	\$0.03333	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
Non-ORx	Yes	68180098101	LISINOPRIL	90	\$0.07778	\$0.02222	200% Above
Non-ORx	Yes	68180098101	LISINOPRIL	30	\$0.26667	\$0.03333	200% Above
Non-ORx	Yes	68180098103	LISINOPRIL	180	\$0.22222	\$0.02778	200% Above
Non-ORx	Yes	68180098103	LISINOPRIL	990	\$0.18788	\$0.02222	200% Above
Non-ORx	Yes	68180098103	LISINOPRIL	300	\$0.10667	\$0.03333	200% Above
Non-ORx	Yes	68382000116	PAROXETINE HCL	30	\$0.53333	\$0.13333	200% Above
Non-ORx	Yes	68382000116	PAROXETINE HCL	30	\$0.40000	\$0.10000	200% Above
Non-ORx	Yes	68382000301	AZATHIOPRINE	90	\$0.26667	\$0.23333	10%-25% Above
Non-ORx	Yes	68382000301	AZATHIOPRINE	120	\$0.58333	\$0.23333	101%-200% Above
Non-ORx	Yes	68382000801	LAMOTRIGINE	90	\$0.43333	\$0.05556	200% Above
Non-ORx	Yes	68382000810	LAMOTRIGINE	120	\$0.16667	\$0.06667	101%-200% Above
Non-ORx	Yes	68382000914	LAMOTRIGINE	90	\$0.21111	\$0.08889	101%-200% Above
Non-ORx	Yes	68382000914	LAMOTRIGINE	120	\$0.21667	\$0.08333	101%-200% Above
Non-ORx	Yes	68382001005	LAMOTRIGINE	30	\$0.30000	\$0.10000	200% Above
Non-ORx	Yes	68382001014	LAMOTRIGINE	60	\$0.60000	\$0.10000	200% Above
Non-ORx	Yes	68382001901	VENLAFAXINE HCL	90	\$0.32222	\$0.10000	200% Above
Non-ORx	Yes	68382002310	ATENOLOL	90	\$0.22222	\$0.02222	200% Above
Non-ORx	Yes	68382002310	ATENOLOL	180	\$0.23889	\$0.03333	200% Above
Non-ORx	Yes	68382002310	ATENOLOL	60	\$0.26667	\$0.03333	200% Above
Non-ORx	Yes	68382002310	ATENOLOL	180	\$0.08333	\$0.03333	101%-200% Above
Non-ORx	Yes	68382002401	ATENOLOL	90	\$0.30000	\$0.04444	200% Above
Non-ORx	Yes	68382003416	VENLAFAXINE HCL ER	60	\$0.70000	\$0.11667	200% Above
Non-ORx	Yes	68382003416	VENLAFAXINE HCL ER	30	\$0.50000	\$0.13333	200% Above
Non-ORx	Yes	68382003510	VENLAFAXINE HYDROCHLORIDE	270	\$0.42963	\$0.12222	200% Above
Non-ORx	Yes	68382003510	VENLAFAXINE HYDROCHLORIDE	150	\$0.43333	\$0.12000	200% Above
Non-ORx	Yes	68382003510	VENLAFAXINE HYDROCHLORIDE	30	\$0.50000	\$0.13333	200% Above
Non-ORx	Yes	68382003516	VENLAFAXINE HYDROCHLORIDE	180	\$0.52222	\$0.12222	200% Above
Non-ORx	Yes	68382003516	VENLAFAXINE HYDROCHLORIDE	15	\$0.46667	\$0.13333	200% Above
Non-ORx	Yes	68382003610	VENLAFAXINE HCL ER	90	\$0.74444	\$0.15556	200% Above
Non-ORx	Yes	68382003610	VENLAFAXINE HCL ER	60	\$0.70000	\$0.16667	200% Above
Non-ORx	Yes	68382003616	VENLAFAXINE HCL ER	90	\$0.74444	\$0.16667	200% Above
Non-ORx	Yes	68382003616	VENLAFAXINE HCL ER	360	\$0.65278	\$0.15556	200% Above
Non-ORx	Yes	68382004001	PROMETHAZINE HCL	12	\$0.33333	\$0.08333	200% Above
Non-ORx	Yes	68382004101	PROMETHAZINE HYDROCHLORID	30	\$0.30000	\$0.03333	200% Above
Non-ORx	Yes	68382004101	PROMETHAZINE HYDROCHLORID	25	\$0.28000	\$0.04000	200% Above
Non-ORx	Yes	68382004101	PROMETHAZINE HYDROCHLORID	40	\$0.25000	\$0.05000	200% Above
Non-ORx	Yes	68382005005	MELOXICAM	180	\$0.17222	\$0.01667	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
Non-ORx	Yes	68382005005	MELOXICAM	90	\$0.25556	\$0.03333	200% Above
Non-ORx	Yes	68382005105	MELOXICAM	150	\$0.24000	\$0.02000	200% Above
Non-ORx	Yes	68382005105	MELOXICAM	180	\$0.10000	\$0.02222	200% Above
Non-ORx	Yes	68382005105	MELOXICAM	180	\$0.10000	\$0.02222	200% Above
Non-ORx	Yes	68382005105	MELOXICAM	540	\$0.17407	\$0.03333	200% Above
Non-ORx	Yes	68382005105	MELOXICAM	120	\$0.11667	\$0.01667	200% Above
Non-ORx	Yes	68382007901	HALOPERIDOL	62	\$0.77419	\$0.46774	51%-75% Above
Non-ORx	Yes	68382009101	BENZONATATE	60	\$0.50000	\$0.13333	200% Above
Non-ORx	Yes	68382009101	BENZONATATE	21	\$0.52381	\$0.14286	200% Above
Non-ORx	Yes	68382009205	CARVEDIOL	540	\$0.15556	\$0.02222	200% Above
Non-ORx	Yes	68382009205	CARVEDIOL	120	\$0.18333	\$0.01667	200% Above
Non-ORx	Yes	68382009205	CARVEDIOL	120	\$0.19167	\$0.01667	200% Above
Non-ORx	Yes	68382009301	CARVEDIOL	60	\$0.13333	\$0.01667	200% Above
Non-ORx	Yes	68382009405	CARVEDIOL	120	\$0.10833	\$0.02500	200% Above
Non-ORx	Yes	68382009405	CARVEDIOL	360	\$0.13056	\$0.01667	200% Above
Non-ORx	Yes	68382009505	CARVEDIOL	180	\$0.13889	\$0.03333	200% Above
Non-ORx	Yes	68382009601	HYDROXYCHLOROQUINE SULFAT	180	\$1.03889	\$0.25000	200% Above
Non-ORx	Yes	68382009601	HYDROXYCHLOROQUINE SULFAT	28	\$0.85714	\$0.25000	200% Above
Non-ORx	Yes	68382009601	HYDROXYCHLOROQUINE SULFAT	30	\$0.20000	\$0.23333	(10%-25%) Below
Non-ORx	Yes	68382009605	HYDROXYCHLOROQUINE SULFAT	180	\$0.92778	\$0.25000	200% Above
Non-ORx	Yes	68382009605	HYDROXYCHLOROQUINE SULFAT	90	\$0.93333	\$0.24444	200% Above
Non-ORx	Yes	68382009605	HYDROXYCHLOROQUINE SULFAT	30	\$0.53333	\$0.23333	101%-200% Above
Non-ORx	Yes	68382009605	HYDROXYCHLOROQUINE SULFAT	60	\$1.31667	\$0.23333	200% Above
Non-ORx	Yes	68382009705	PAROXETINE HYDROCHLORIDE	30	\$0.33333	\$0.06667	200% Above
Non-ORx	Yes	68382009706	PAROXETINE HYDROCHLORIDE	30	\$0.26667	\$0.06667	200% Above
Non-ORx	Yes	68382009716	PAROXETINE HYDROCHLORIDE	90	\$0.36667	\$0.06667	200% Above
Non-ORx	Yes	68382009801	PAROXETINE HYDROCHLORIDE	60	\$0.28333	\$0.10000	101%-200% Above
Non-ORx	Yes	68382009805	PAROXETINE HYDROCHLORIDE	120	\$0.19167	\$0.09167	101%-200% Above
Non-ORx	Yes	68382009810	PAROXETINE HYDROCHLORIDE	180	\$0.28333	\$0.08889	200% Above
Non-ORx	Yes	68382009810	PAROXETINE HYDROCHLORIDE	60	\$0.26667	\$0.10000	101%-200% Above
Non-ORx	Yes	68382013201	TAMSULOSIN HYDROCHLORIDE	180	\$0.36111	\$0.06111	200% Above
Non-ORx	Yes	68382013201	TAMSULOSIN HYDROCHLORIDE	180	\$0.19444	\$0.06667	101%-200% Above
Non-ORx	Yes	68382013201	TAMSULOSIN HYDROCHLORIDE	28	\$0.03571	\$0.07143	(26%-50%) Below
Non-ORx	Yes	68382013201	TAMSULOSIN HYDROCHLORIDE	60	\$0.03333	\$0.06667	(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
Non-ORx	Yes	68382013210	TAMSULOSIN HYDROCHLORIDE	90	\$0.17778	\$0.06667	101%-200% Above
Non-ORx	Yes	68382013210	TAMSULOSIN HYDROCHLORIDE	180	\$0.27778	\$0.06111	200% Above
Non-ORx	Yes	68382013210	TAMSULOSIN HYDROCHLORIDE	80	\$0.47500	\$0.06250	200% Above
Non-ORx	Yes	68382013210	TAMSULOSIN HYDROCHLORIDE	180	\$0.21667	\$0.06667	200% Above
Non-ORx	Yes	68382013210	TAMSULOSIN HYDROCHLORIDE	180	\$0.28889	\$0.06667	200% Above
Non-ORx	Yes	68382013506	LOSARTAN POTASSIUM	30	\$0.20000	\$0.06667	200% Above
Non-ORx	Yes	68382013510	LOSARTAN POTASSIUM	180	\$0.33333	\$0.05556	200% Above
Non-ORx	Yes	68382013516	LOSARTAN POTASSIUM	30	\$0.23333	\$0.06667	200% Above
Non-ORx	Yes	68382013710	LOSARTAN POTASSIUM	60	\$0.63333	\$0.10000	200% Above
Non-ORx	Yes	68382013805	TOPIRAMATE	120	\$0.11667	\$0.03333	200% Above
Non-ORx	Yes	68382013805	TOPIRAMATE	180	\$0.13333	\$0.03333	200% Above
Non-ORx	Yes	68382013805	TOPIRAMATE	30	\$0.16667	\$0.03333	200% Above
Non-ORx	Yes	68382013814	TOPIRAMATE	60	\$0.28333	\$0.03333	200% Above
Non-ORx	Yes	68382013905	TOPIRAMATE	180	\$0.21667	\$0.04444	200% Above
Non-ORx	Yes	68382013905	TOPIRAMATE	90	\$0.26667	\$0.04444	200% Above
Non-ORx	Yes	68382013905	TOPIRAMATE	60	\$0.21667	\$0.03333	200% Above
Non-ORx	Yes	68382013914	TOPIRAMATE	60	\$0.35000	\$0.05000	200% Above
Non-ORx	Yes	68382014005	TOPIRAMATE	60	\$0.26667	\$0.06667	200% Above
Non-ORx	Yes	68382014005	TOPIRAMATE	120	\$0.25000	\$0.06667	200% Above
Non-ORx	Yes	68382014014	TOPIRAMATE	60	\$0.48333	\$0.06667	200% Above
Non-ORx	Yes	68382014014	TOPIRAMATE	30	\$0.43333	\$0.06667	200% Above
Non-ORx	Yes	68382020906	ANASTROZOLE	60	\$0.58333	\$0.13333	200% Above
Non-ORx	Yes	68382020906	ANASTROZOLE	8	\$0.25000	\$0.12500	101%-200% Above
Non-ORx	Yes	68382025501	OXYBUTYNIN CHLORIDE ER	90	\$0.53333	\$0.15556	200% Above
Non-ORx	Yes	68382025501	OXYBUTYNIN CHLORIDE ER	90	\$0.53333	\$0.14444	200% Above
Non-ORx	Yes	68382025601	OXYBUTYNIN CHLORIDE ER	180	\$0.60000	\$0.16667	200% Above
Non-ORx	Yes	68382025601	OXYBUTYNIN CHLORIDE ER	30	\$0.53333	\$0.16667	200% Above
Non-ORx	Yes	68382031601	MINOCYCLINE HYDROCHLORIDE	30	\$0.93333	\$0.20000	200% Above
Non-ORx	Yes	68382031818	MINOCYCLINE HYDROCHLORIDE	180	\$1.39444	\$0.38333	200% Above
Non-ORx	Yes	68382031818	MINOCYCLINE HYDROCHLORIDE	30	\$1.40000	\$0.36667	200% Above
Non-ORx	Yes	68382031818	MINOCYCLINE HYDROCHLORIDE	30	\$1.40000	\$0.40000	200% Above
Non-ORx	Yes	68382032010	POTASSIUM CHLORIDE ER	120	\$0.30000	\$0.13333	101%-200% Above
Non-ORx	Yes	68382038401	DESMOPRESSIN ACETATE	10	\$13.90000	\$9.60000	26%-50% Above
Non-ORx	Yes	68382044405	FAMOTIDINE	50	\$2.80000	\$0.98000	101%-200% Above
Non-ORx	Yes	68382050010	OMEPRAZOLE	90	\$0.45556	\$0.06667	200% Above
Non-ORx	Yes	68382050010	OMEPRAZOLE	120	\$0.42500	\$0.05833	200% Above
Non-ORx	Yes	68382050010	OMEPRAZOLE	60	\$0.40000	\$0.06667	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
Non-ORx	Yes	68382050010	OMEPRAZOLE	180	\$0.33333	\$0.06667	200% Above
Non-ORx	Yes	68382050010	OMEPRAZOLE	150	\$0.42667	\$0.06000	200% Above
Non-ORx	Yes	68382052860	CHOLESTYRAMINE	40	\$1.77500	\$1.27500	26%-50% Above
Non-ORx	Yes	68382052860	CHOLESTYRAMINE	30	\$1.53333	\$1.23333	10%-25% Above
Non-ORx	Yes	68382052942	CHOLESTYRAMINE LIGHT	231	\$0.32035	\$0.21212	51%-75% Above
Non-ORx	Yes	68382053801	POTASSIUM CITRATE ER	120	\$0.35000	\$0.70000	(26%-50%) Below
Non-ORx	Yes	68382055901	NITROFURANTOIN MACROCRYST	30	\$1.16667	\$0.43333	101%-200% Above
Non-ORx	Yes	68382056410	METOPROLOL SUCCINATE ER	60	\$0.33333	\$0.10000	200% Above
Non-ORx	Yes	68382056410	METOPROLOL SUCCINATE ER	15	\$0.33333	\$0.06667	200% Above
Non-ORx	Yes	68382056510	METOPROLOL SUCCINATE ER	60	\$0.08333	\$0.10000	(10%-25%) Below
Non-ORx	Yes	68382056510	METOPROLOL SUCCINATE ER	90	\$0.60000	\$0.10000	200% Above
Non-ORx	Yes	68382056601	METOPROLOL SUCCINATE ER	15	\$0.40000	\$0.13333	200% Above
Non-ORx	Yes	68382056610	METOPROLOL SUCCINATE ER	60	\$0.11667	\$0.13333	(10%-25%) Below
Non-ORx	Yes	68382056610	METOPROLOL SUCCINATE ER	25	\$0.40000	\$0.12000	200% Above
Non-ORx	Yes	68382056610	METOPROLOL SUCCINATE ER	240	\$0.37917	\$0.13333	101%-200% Above
Non-ORx	Yes	68382066001	SPIRONOLACTONE	60	\$0.31667	\$0.05000	200% Above
Non-ORx	Yes	68382066001	SPIRONOLACTONE	15	\$0.33333	\$0.06667	200% Above
Non-ORx	Yes	68382066005	SPIRONOLACTONE	90	\$0.31111	\$0.05556	200% Above
Non-ORx	Yes	68382066005	SPIRONOLACTONE	60	\$0.28333	\$0.05000	200% Above
Non-ORx	Yes	68382066101	SPIRONOLACTONE	45	\$0.55556	\$0.11111	200% Above
Non-ORx	Yes	68382066201	SPIRONOLACTONE	90	\$1.01111	\$0.20000	200% Above
Non-ORx	Yes	68382070718	DOXYCYCLINE MONOHYDRATE	20	\$1.40000	\$0.25000	200% Above
Non-ORx	Yes	68382070718	DOXYCYCLINE MONOHYDRATE	10	\$1.40000	\$0.20000	200% Above
Non-ORx	Yes	68382078201	DOXYCYCLINE MONOHYDRATE	30	\$0.13333	\$0.20000	(26%-50%) Below
Non-ORx	Yes	68382078601	DOXAZOSIN MESYLATE	30	\$0.23333	\$0.10000	101%-200% Above
Non-ORx	Yes	68382079101	ACYCLOVIR	60	\$0.53333	\$0.10000	200% Above
Non-ORx	Yes	68382079101	ACYCLOVIR	30	\$0.50000	\$0.10000	200% Above
Non-ORx	Yes	68382079201	ACYCLOVIR	60	\$0.65000	\$0.20000	200% Above
Non-ORx	Yes	68382079901	LABETALOL HYDROCHLORIDE	60	\$0.10000	\$0.18333	(26%-50%) Below
Non-ORx	Yes	68382080510	TRAZODONE HYDROCHLORIDE	180	\$0.37778	\$0.03333	200% Above
Non-ORx	Yes	68382080510	TRAZODONE HYDROCHLORIDE	45	\$0.24444	\$0.04444	200% Above
Non-ORx	Yes	68382080510	TRAZODONE HYDROCHLORIDE	60	\$0.21667	\$0.03333	200% Above
Non-ORx	Yes	68382080601	TRAZODONE HYDROCHLORIDE	30	\$0.33333	\$0.06667	200% Above
Non-ORx	Yes	68382080610	TRAZODONE HYDROCHLORIDE	60	\$0.26667	\$0.06667	200% Above
Non-ORx	Yes	68382080610	TRAZODONE HYDROCHLORIDE	30	\$0.33333	\$0.06667	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
Non-ORx	Yes	68382080705	TRAZODONE HYDROCHLORIDE	60	\$0.48333	\$0.13333	200% Above
Non-ORx	Yes	68382080705	TRAZODONE HYDROCHLORIDE	30	\$0.36667	\$0.13333	101%-200% Above
Non-ORx	Yes	68382080705	TRAZODONE HYDROCHLORIDE	15	\$0.40000	\$0.13333	200% Above
Non-ORx	Yes	68382085701	TRIAMTERENE/HYDROCHLOROT H	30	\$0.56667	\$0.13333	200% Above
Non-ORx	Yes	68382091634	METHYLPREDNISOLONE DOSE P	84	\$0.46429	\$0.19048	101%-200% Above
Non-ORx	Yes	68382097001	CHLORTHALIDONE	30	\$0.66667	\$0.16667	200% Above
Non-ORx	Yes	68382097001	CHLORTHALIDONE	15	\$0.66667	\$0.20000	200% Above
Non-ORx	Yes	68382097101	CHLORTHALIDONE	90	\$0.66667	\$0.27778	101%-200% Above
Non-ORx	Yes	68382098106	LAMOTRIGINE ER	60	\$6.38333	\$1.75000	200% Above
Non-ORx	Yes	68382098206	LAMOTRIGINE ER	30	\$4.76667	\$1.66667	101%-200% Above
Non-ORx	Yes	68462010230	FLUCONAZOLE	3	\$1.00000	\$0.33333	200% Above
Non-ORx	Yes	68462010530	ONDANSETRON HYDROCHLORIDE	30	\$0.76667	\$0.06667	200% Above
Non-ORx	Yes	68462010530	ONDANSETRON HYDROCHLORIDE	40	\$0.42500	\$0.07500	200% Above
Non-ORx	Yes	68462010530	ONDANSETRON HYDROCHLORIDE	45	\$0.35556	\$0.06667	200% Above
Non-ORx	Yes	68462010530	ONDANSETRON HYDROCHLORIDE	75	\$0.34667	\$0.06667	200% Above
Non-ORx	Yes	68462010530	ONDANSETRON HYDROCHLORIDE	20	\$0.45000	\$0.05000	200% Above
Non-ORx	Yes	68462010630	ONDANSETRON HYDROCHLORIDE	10	\$0.90000	\$0.10000	200% Above
Non-ORx	Yes	68462010630	ONDANSETRON HYDROCHLORIDE	12	\$0.66667	\$0.16667	200% Above
Non-ORx	Yes	68462010805	TOPIRAMATE	90	\$0.20000	\$0.03333	200% Above
Non-ORx	Yes	68462010805	TOPIRAMATE	60	\$0.20000	\$0.03333	200% Above
Non-ORx	Yes	68462011940	FLUCONAZOLE	3	\$4.00000	\$0.66667	200% Above
Non-ORx	Yes	68462011944	FLUCONAZOLE	18	\$3.94444	\$0.77778	200% Above
Non-ORx	Yes	68462011944	FLUCONAZOLE	2	\$4.00000	\$1.00000	200% Above
Non-ORx	Yes	68462012605	GABAPENTIN	180	\$0.52222	\$0.08889	200% Above
Non-ORx	Yes	68462012605	GABAPENTIN	60	\$0.33333	\$0.08333	200% Above
Non-ORx	Yes	68462012605	GABAPENTIN	30	\$0.53333	\$0.10000	200% Above
Non-ORx	Yes	68462012705	GABAPENTIN	84	\$0.59524	\$0.11905	200% Above
Non-ORx	Yes	68462012801	ZONISAMIDE	60	\$0.26667	\$0.10000	101%-200% Above
Non-ORx	Yes	68462013001	ZONISAMIDE	180	\$0.61111	\$0.12222	200% Above
Non-ORx	Yes	68462013281	NORETHINDRONE ACETATE/ETH	168	\$0.86905	\$0.28571	200% Above
Non-ORx	Yes	68462013281	NORETHINDRONE ACETATE/ETH	84	\$0.78571	\$0.28571	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
Non-ORx	Yes	68462013901	OXCARBAZEPINE	180	\$0.75556	\$0.42778	76%-100% Above
Non-ORx	Yes	68462015305	TOPIRAMATE	180	\$0.28889	\$0.05000	200% Above
Non-ORx	Yes	68462015305	TOPIRAMATE	30	\$0.23333	\$0.03333	200% Above
Non-ORx	Yes	68462015713	ONDANSETRON ODT	20	\$1.50000	\$0.20000	200% Above
Non-ORx	Yes	68462015713	ONDANSETRON ODT	6	\$1.16667	\$0.16667	200% Above
Non-ORx	Yes	68462015713	ONDANSETRON ODT	10	\$0.60000	\$0.20000	200% Above
Non-ORx	Yes	68462015713	ONDANSETRON ODT	24	\$0.79167	\$0.25000	200% Above
Non-ORx	Yes	68462015813	ONDANSETRON ODT	21	\$7.61905	\$0.23810	200% Above
Non-ORx	Yes	68462015813	ONDANSETRON ODT	7	\$1.42857	\$0.28571	200% Above
Non-ORx	Yes	68462016205	CARVEDIOL	60	\$0.21667	\$0.01667	200% Above
Non-ORx	Yes	68462016305	CARVEDIOL	120	\$0.10833	\$0.02500	200% Above
Non-ORx	Yes	68462016305	CARVEDIOL	180	\$0.18889	\$0.01667	200% Above
Non-ORx	Yes	68462016405	CARVEDIOL	180	\$0.12778	\$0.02222	200% Above
Non-ORx	Yes	68462016405	CARVEDIOL	90	\$0.16667	\$0.02222	200% Above
Non-ORx	Yes	68462016505	CARVEDIOL	180	\$0.17778	\$0.03333	200% Above
Non-ORx	Yes	68462016505	CARVEDIOL	180	\$0.15000	\$0.03333	200% Above
Non-ORx	Yes	68462018022	MUPIROCIN	66	\$0.78788	\$0.16667	200% Above
Non-ORx	Yes	68462018022	MUPIROCIN	44	\$0.79546	\$0.18182	200% Above
Non-ORx	Yes	68462018022	MUPIROCIN	88	\$0.53409	\$0.18182	101%-200% Above
Non-ORx	Yes	68462018135	CLOTRIMAZOLE	60	\$0.30000	\$0.18333	51%-75% Above
Non-ORx	Yes	68462019001	NAPROXEN	180	\$0.18333	\$0.07778	101%-200% Above
Non-ORx	Yes	68462019001	NAPROXEN	60	\$0.28333	\$0.08333	200% Above
Non-ORx	Yes	68462019005	NAPROXEN	90	\$0.35556	\$0.07778	200% Above
Non-ORx	Yes	68462019005	NAPROXEN	180	\$0.28889	\$0.08333	200% Above
Non-ORx	Yes	68462019005	NAPROXEN	20	\$0.20000	\$0.10000	101%-200% Above
Non-ORx	Yes	68462019255	MOMETASONE FUROATE	45	\$0.88889	\$0.33333	101%-200% Above
Non-ORx	Yes	68462019805	PRAVASTATIN SODIUM	30	\$0.76667	\$0.16667	200% Above
Non-ORx	Yes	68462019890	PRAVASTATIN SODIUM	30	\$0.76667	\$0.13333	200% Above
Non-ORx	Yes	68462019930	TELMISARTAN	30	\$0.50000	\$0.33333	51%-75% Above
Non-ORx	Yes	68462020030	TELMISARTAN	90	\$0.81111	\$0.34444	101%-200% Above
Non-ORx	Yes	68462020030	TELMISARTAN	30	\$0.46667	\$0.33333	26%-50% Above
Non-ORx	Yes	68462020130	TELMISARTAN	60	\$1.08333	\$0.35000	200% Above
Non-ORx	Yes	68462020801	MOEXIPRIL HCL	30	\$1.03333	\$0.66667	51%-75% Above
Non-ORx	Yes	68462022301	LITHIUM CARBONATE ER	30	\$0.33333	\$0.16667	101%-200% Above
Non-ORx	Yes	68462022401	LITHIUM CARBONATE ER	30	\$0.36667	\$0.20000	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
Non-ORx	Yes	68462025301	ROPINIROLE HYDROCHLORIDE	90	\$0.26667	\$0.05556	200% Above
Non-ORx	Yes	68462025301	ROPINIROLE HYDROCHLORIDE	60	\$0.40000	\$0.05000	200% Above
Non-ORx	Yes	68462025301	ROPINIROLE HYDROCHLORIDE	30	\$0.50000	\$0.06667	200% Above
Non-ORx	Yes	68462025601	ROPINIROLE HCL	60	\$0.28333	\$0.06667	200% Above
Non-ORx	Yes	68462026005	VERAPAMIL HCL ER	30	\$0.26667	\$0.16667	51%-75% Above
Non-ORx	Yes	68462026190	ROSUVASTATIN CALCIUM	30	\$0.26667	\$0.06667	200% Above
Non-ORx	Yes	68462026190	ROSUVASTATIN CALCIUM	12	\$0.50000	\$0.08333	200% Above
Non-ORx	Yes	68462026210	ROSUVASTATIN CALCIUM	90	\$1.78889	\$0.06667	200% Above
Non-ORx	Yes	68462026290	ROSUVASTATIN CALCIUM	180	\$0.28889	\$0.06667	200% Above
Non-ORx	Yes	68462026290	ROSUVASTATIN CALCIUM	60	\$0.30000	\$0.06667	200% Above
Non-ORx	Yes	68462026290	ROSUVASTATIN CALCIUM	30	\$0.03333	\$0.06667	(26%-50%) Below
Non-ORx	Yes	68462026310	ROSUVASTATIN CALCIUM	180	\$0.44444	\$0.07778	200% Above
Non-ORx	Yes	68462026390	ROSUVASTATIN CALCIUM	60	\$0.18333	\$0.06667	101%-200% Above
Non-ORx	Yes	68462026405	ROSUVASTATIN CALCIUM	90	\$0.63333	\$0.13333	200% Above
Non-ORx	Yes	68462026430	ROSUVASTATIN CALCIUM	60	\$0.55000	\$0.13333	200% Above
Non-ORx	Yes	68462026430	ROSUVASTATIN CALCIUM	30	\$0.53333	\$0.13333	200% Above
Non-ORx	Yes	68462026830	ATOMOXETINE	30	\$3.93333	\$1.13333	200% Above
Non-ORx	Yes	68462026930	ATOMOXETINE	30	\$0.86667	\$1.33333	(26%-50%) Below
Non-ORx	Yes	68462027030	ATOMOXETINE	60	\$4.56667	\$1.33333	200% Above
Non-ORx	Yes	68462027130	ATOMOXETINE	30	\$0.73333	\$1.86667	(51%-75%) Below
Non-ORx	Yes	68462029201	VERAPAMIL HCL ER	30	\$0.23333	\$0.30000	(10%-25%) Below
Non-ORx	Yes	68462029817	CLOTRIMAZOLE/BETAMETHASONE	30	\$0.36667	\$0.26667	26%-50% Above
Non-ORx	Yes	68462029855	CLOTRIMAZOLE/BETAMETHASONE	90	\$0.48889	\$0.17778	101%-200% Above
Non-ORx	Yes	68462030201	INDOMETHACIN	90	\$0.27778	\$0.11111	101%-200% Above
Non-ORx	Yes	68462030201	INDOMETHACIN	60	\$0.25000	\$0.11667	101%-200% Above
Non-ORx	Yes	68462030201	INDOMETHACIN	30	\$0.26667	\$0.13333	101%-200% Above
Non-ORx	Yes	68462030205	INDOMETHACIN	60	\$0.28333	\$0.11667	101%-200% Above
Non-ORx	Yes	68462030205	INDOMETHACIN	21	\$0.28571	\$0.14286	101%-200% Above
Non-ORx	Yes	68462030329	HEATHER	56	\$0.28571	\$0.16071	76%-100% Above
Non-ORx	Yes	68462030450	NORETHINDRONE ACETATE	180	\$0.78889	\$0.53889	26%-50% Above
Non-ORx	Yes	68462030450	NORETHINDRONE ACETATE	60	\$0.78333	\$0.60000	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
Non-ORx	Yes	68462030529	NORETHINDRONE	84	\$0.38095	\$0.16667	101%-200% Above
Non-ORx	Yes	68462030529	NORETHINDRONE	28	\$0.64286	\$0.17857	200% Above
Non-ORx	Yes	68462030929	NORGESTIMATE/ETHINYL ESTR	112	\$0.41964	\$0.15179	101%-200% Above
Non-ORx	Yes	68462030929	NORGESTIMATE/ETHINYL ESTR	84	\$0.30952	\$0.15476	101%-200% Above
Non-ORx	Yes	68462031629	BRIELLYN	84	\$0.89286	\$0.54762	51%-75% Above
Non-ORx	Yes	68462032290	EZETIMIBE/SIMVASTATIN	60	\$3.08333	\$0.66667	200% Above
Non-ORx	Yes	68462033090	PRAMIPEXOLE DIHYDROCHLORI	90	\$0.03333	\$0.05556	(26%-50%) Below
Non-ORx	Yes	68462033190	PRAMIPEXOLE DIHYDROCHLORI	30	\$0.03333	\$0.06667	(26%-50%) Below
Non-ORx	Yes	68462033290	PRAMIPEXOLE DIHYDROCHLORI	180	\$0.17222	\$0.06111	101%-200% Above
Non-ORx	Yes	68462033290	PRAMIPEXOLE DIHYDROCHLORI	60	\$0.03333	\$0.06667	(26%-50%) Below
Non-ORx	Yes	68462033390	PRAMIPEXOLE DIHYDROCHLORI	30	\$0.30000	\$0.06667	200% Above
Non-ORx	Yes	68462034690	LEVOCETIRIZINE DIHYDROCHL	120	\$0.30833	\$0.07500	200% Above
Non-ORx	Yes	68462034690	LEVOCETIRIZINE DIHYDROCHL	150	\$0.30667	\$0.07333	200% Above
Non-ORx	Yes	68462034690	LEVOCETIRIZINE DIHYDROCHL	90	\$0.84444	\$0.06667	200% Above
Non-ORx	Yes	68462034690	LEVOCETIRIZINE DIHYDROCHL	60	\$0.18333	\$0.06667	101%-200% Above
Non-ORx	Yes	68462034690	LEVOCETIRIZINE DIHYDROCHL	60	\$0.35000	\$0.06667	200% Above
Non-ORx	Yes	68462035701	POTASSIUM CHLORIDE ER	30	\$0.90000	\$0.13333	200% Above
Non-ORx	Yes	68462035701	POTASSIUM CHLORIDE ER	10	\$0.40000	\$0.10000	200% Above
Non-ORx	Yes	68462037330	TOPIRAMATE ER	30	\$10.16667	\$8.66667	10%-25% Above
Non-ORx	Yes	68462038502	MOMETASONE FUROATE	60	\$0.60000	\$0.33333	76%-100% Above
Non-ORx	Yes	68462039610	OMEPRAZOLE	120	\$0.09167	\$0.03333	101%-200% Above
Non-ORx	Yes	68462039610	OMEPRAZOLE	90	\$0.08889	\$0.03333	101%-200% Above
Non-ORx	Yes	68462039610	OMEPRAZOLE	60	\$0.38333	\$0.03333	200% Above
Non-ORx	Yes	68462039610	OMEPRAZOLE	120	\$0.15833	\$0.03333	200% Above
Non-ORx	Yes	68462039710	OMEPRAZOLE	270	\$0.35556	\$0.06667	200% Above
Non-ORx	Yes	68462039710	OMEPRAZOLE	120	\$0.28333	\$0.05833	200% Above
Non-ORx	Yes	68462039710	OMEPRAZOLE	120	\$0.28333	\$0.06667	200% Above
Non-ORx	Yes	68462039710	OMEPRAZOLE	28	\$0.53571	\$0.07143	200% Above
Non-ORx	Yes	68462039710	OMEPRAZOLE	330	\$0.42727	\$0.06667	200% Above
Non-ORx	Yes	68462039710	OMEPRAZOLE	240	\$0.62917	\$0.06667	200% Above
Non-ORx	Yes	68462040601	INDOMETHACIN	30	\$0.23333	\$0.10000	101%-200% Above
Non-ORx	Yes	68462040601	INDOMETHACIN	21	\$0.04762	\$0.09524	(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
Non-ORx	Yes	68462040610	INDOMETHACIN	18	\$0.16667	\$0.11111	51%-75% Above
Non-ORx	Yes	68462041929	HAILEY FE 1/20	28	\$0.82143	\$0.21429	200% Above
Non-ORx	Yes	68462043630	OLMESARTAN MEDOXOMIL	180	\$0.17778	\$0.08333	101%-200% Above
Non-ORx	Yes	68462043630	OLMESARTAN MEDOXOMIL	30	\$0.16667	\$0.06667	101%-200% Above
Non-ORx	Yes	68462043730	OLMESARTAN MEDOXOMIL	90	\$0.40000	\$0.11111	200% Above
Non-ORx	Yes	68462043730	OLMESARTAN MEDOXOMIL	120	\$0.27500	\$0.10000	101%-200% Above
Non-ORx	Yes	68462043790	OLMESARTAN MEDOXOMIL	60	\$0.20000	\$0.10000	101%-200% Above
Non-ORx	Yes	68462043830	OLMESARTAN MEDOXOMIL	120	\$0.55833	\$0.15833	200% Above
Non-ORx	Yes	68462043830	OLMESARTAN MEDOXOMIL	90	\$0.35556	\$0.15556	101%-200% Above
Non-ORx	Yes	68462043830	OLMESARTAN MEDOXOMIL	60	\$0.41667	\$0.13333	200% Above
Non-ORx	Yes	68462043890	OLMESARTAN MEDOXOMIL	180	\$0.46111	\$0.15000	200% Above
Non-ORx	Yes	68462043890	OLMESARTAN MEDOXOMIL	60	\$0.23333	\$0.16667	26%-50% Above
Non-ORx	Yes	68462043890	OLMESARTAN MEDOXOMIL	60	\$0.48333	\$0.13333	200% Above
Non-ORx	Yes	68462050481	HAILEY 1.5/30	84	\$0.73810	\$0.57143	26%-50% Above
Non-ORx	Yes	68462050481	HAILEY 1.5/30	21	\$0.95238	\$0.57143	51%-75% Above
Non-ORx	Yes	68462053253	CLOBETASOL PROPIONATE	50	\$2.34000	\$0.36000	200% Above
Non-ORx	Yes	68462053670	IMIQUIMOD	48	\$2.70833	\$0.91667	101%-200% Above
Non-ORx	Yes	68462056529	NORGESTIMATE/ETHINYL ESTR	112	\$0.33036	\$0.16964	76%-100% Above
Non-ORx	Yes	68462056830	AMLODIPINE/OLMESARTAN MED	90	\$1.28889	\$0.47778	101%-200% Above
Non-ORx	Yes	68462058201	FENOFIBRATE MICRONIZED	30	\$0.50000	\$0.30000	51%-75% Above
Non-ORx	Yes	68462059189	FLUOCINOLONE ACETONIDE BO	236	\$0.79661	\$0.22881	200% Above
Non-ORx	Yes	68462059189	FLUOCINOLONE ACETONIDE BO	118	\$0.79661	\$0.26271	200% Above
Non-ORx	Yes	68462060935	PIMECROLIMUS	60	\$6.45000	\$4.61667	26%-50% Above
Non-ORx	Yes	68462060994	PIMECROLIMUS	100	\$6.46000	\$4.08000	51%-75% Above
Non-ORx	Yes	68462063729	LEVONORGESTREL AND ETHINY	28	\$1.75000	\$1.32143	26%-50% Above
Non-ORx	Yes	68462063945	NITROGLYCERIN	100	\$0.45000	\$0.28000	51%-75% Above
Non-ORx	Yes	68462063945	NITROGLYCERIN	50	\$0.54000	\$0.28000	76%-100% Above
Non-ORx	Yes	68462063945	NITROGLYCERIN	25	\$0.44000	\$0.24000	76%-100% Above
Non-ORx	Yes	68462068601	TACROLIMUS	540	\$0.50556	\$0.37593	26%-50% Above
Non-ORx	Yes	68462068701	TACROLIMUS	180	\$0.76111	\$2.07778	(51%-75%) Below
Non-ORx	Yes	68462072029	DROSPIRENONE/ETHINYL ESTR	56	\$0.80357	\$0.37500	101%-200% Above
Non-ORx	Yes	68462073129	HAILEY 24 FE	168	\$1.23810	\$0.71429	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
Non-ORx	Yes	68462079935	NYSTATIN/TRIAMCINOLONE	30	\$0.50000	\$0.36667	26%-50% Above
Non-ORx	Yes	68462085229	CHARLOTTE 24 FE	84	\$1.17857	\$0.52381	101%-200% Above
Non-ORx	Yes	68462086635	CLINDAMYCIN PHOSPHATE	30	\$0.56667	\$0.76667	(26%-50%) Below
Non-ORx	Yes	68645013154	FLUOXETINE HYDROCHLORIDE	60	\$0.18333	\$0.03333	200% Above
Non-ORx	Yes	68645019059	METOPROLOL TARTRATE	60	\$0.03333	\$0.01667	101%-200% Above
Non-ORx	Yes	68645019059	METOPROLOL TARTRATE	30	\$0.13333	\$0.03333	200% Above
Non-ORx	Yes	68645019159	METOPROLOL TARTRATE	60	\$0.01667	\$0.03333	(26%-50%) Below
Non-ORx	Yes	68645035059	CARVEDILOL	60	\$0.13333	\$0.01667	200% Above
Non-ORx	Yes	68645045690	ENALAPRIL MALEATE	30	\$0.23333	\$0.10000	101%-200% Above
Non-ORx	Yes	68645047954	METOPROLOL SUCCINATE ER	30	\$0.60000	\$0.13333	200% Above
Non-ORx	Yes	68645049154	PANTOPRAZOLE SODIUM	30	\$0.50000	\$0.06667	200% Above
Non-ORx	Yes	68645051054	HYDROCHLOROTHIAZIDE	120	\$0.04167	\$0.01667	101%-200% Above
Non-ORx	Yes	68645051054	HYDROCHLOROTHIAZIDE	270	\$0.05556	\$0.01111	200% Above
Non-ORx	Yes	68645051054	HYDROCHLOROTHIAZIDE	60	\$0.05000	\$0.01667	200% Above
Non-ORx	Yes	68645051954	ESCITALOPRAM OXALATE	180	\$0.30000	\$0.04444	200% Above
Non-ORx	Yes	68645051954	ESCITALOPRAM OXALATE	150	\$0.32000	\$0.03333	200% Above
Non-ORx	Yes	68645052054	ESCITALOPRAM OXALATE	45	\$0.15556	\$0.08889	76%-100% Above
Non-ORx	Yes	68645052054	ESCITALOPRAM OXALATE	90	\$0.43333	\$0.06667	200% Above
Non-ORx	Yes	68645052154	SERTRALINE HCL	90	\$0.03333	\$0.05556	(26%-50%) Below
Non-ORx	Yes	68645052254	SERTRALINE HCL	60	\$0.08333	\$0.03333	101%-200% Above
Non-ORx	Yes	68645052254	SERTRALINE HCL	30	\$0.26667	\$0.03333	200% Above
Non-ORx	Yes	68645052354	SERTRALINE HYDROCHLORIDE	30	\$0.10000	\$0.06667	51%-75% Above
Non-ORx	Yes	68645054154	FINASTERIDE	60	\$0.33333	\$0.06667	200% Above
Non-ORx	Yes	68645055154	LISINOPRIL	30	\$0.06667	\$0.03333	101%-200% Above
Non-ORx	Yes	68645055254	LISINOPRIL	60	\$0.06667	\$0.01667	200% Above
Non-ORx	Yes	68645055354	LISINOPRIL	60	\$0.05000	\$0.03333	51%-75% Above
Non-ORx	Yes	68645055354	LISINOPRIL	120	\$0.10000	\$0.03333	200% Above
Non-ORx	Yes	68645055754	LISINOPRIL/HYDROCHLOROTHI	60	\$0.11667	\$0.05000	101%-200% Above
Non-ORx	Yes	68645055754	LISINOPRIL/HYDROCHLOROTHI	150	\$0.11333	\$0.05333	101%-200% Above
Non-ORx	Yes	68645055854	LISINOPRIL/HYDROCHLOROTHI	60	\$0.06667	\$0.05000	26%-50% Above
Non-ORx	Yes	68645055854	LISINOPRIL/HYDROCHLOROTHI	30	\$0.06667	\$0.03333	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
Non-ORx	Yes	68645056259	IBUPROFEN	40	\$0.00000	\$0.05000	(76%-100%) Below
Non-ORx	Yes	68645056790	LOVASTATIN	45	\$0.55556	\$0.06667	200% Above
Non-ORx	Yes	68645057559	GLIPIZIDE	90	\$0.03333	\$0.04444	(10%-25%) Below
Non-ORx	Yes	68645057559	GLIPIZIDE	60	\$0.03333	\$0.05000	(26%-50%) Below
Non-ORx	Yes	68645058054	AMLODIPINE BESYLATE	180	\$0.23333	\$0.01111	200% Above
Non-ORx	Yes	68645058054	AMLODIPINE BESYLATE	120	\$0.23333	\$0.01667	200% Above
Non-ORx	Yes	68645058054	AMLODIPINE BESYLATE	30	\$0.23333	\$0.03333	200% Above
Non-ORx	Yes	68645058054	AMLODIPINE BESYLATE	60	\$0.03333	\$0.01667	101%-200% Above
Non-ORx	Yes	68645058259	METFORMIN HYDROCHLORIDE	120	\$0.04167	\$0.01667	101%-200% Above
Non-ORx	Yes	68645058259	METFORMIN HYDROCHLORIDE	330	\$0.03939	\$0.01515	101%-200% Above
Non-ORx	Yes	68645058259	METFORMIN HYDROCHLORIDE	30	\$0.13333	\$0.03333	200% Above
Non-ORx	Yes	68645058259	METFORMIN HYDROCHLORIDE	120	\$0.03333	\$0.01667	101%-200% Above
Non-ORx	Yes	68645059090	CLOPIDOGREL	90	\$0.20000	\$0.06667	200% Above
Non-ORx	Yes	68645059354	LISINAPRIL	150	\$0.10000	\$0.06667	51%-75% Above
Non-ORx	Yes	68645059459	FAMOTIDINE	120	\$0.20000	\$0.03333	200% Above
Non-ORx	Yes	68682000710	DILTIAZEM HCL	60	\$0.83333	\$0.16667	200% Above
Non-ORx	Yes	68682010301	DICLOFENAC SODIUM ER	60	\$2.26667	\$1.06667	101%-200% Above
Non-ORx	Yes	68682010510	NIFEDIPINE ER	90	\$0.12222	\$0.20000	(26%-50%) Below
Non-ORx	Yes	68682010530	NIFEDIPINE ER	30	\$0.36667	\$0.20000	76%-100% Above
Non-ORx	Yes	68682010810	NIFEDIPINE ER	30	\$0.86667	\$0.16667	200% Above
Non-ORx	Yes	68682010910	NIFEDIPINE ER	60	\$0.63333	\$0.25000	101%-200% Above
Non-ORx	Yes	68682010910	NIFEDIPINE ER	90	\$0.71111	\$0.24444	101%-200% Above
Non-ORx	Yes	68682010910	NIFEDIPINE ER	30	\$0.40000	\$0.23333	51%-75% Above
Non-ORx	Yes	68682037190	DILTIAZEM HYDROCHLORIDE E	30	\$1.10000	\$0.56667	76%-100% Above
Non-ORx	Yes	68682065520	DIAZEPAM RECTAL GEL	1	\$25.00000	\$267.00000	(76%-100%) Below
Non-ORx	Yes	68682099798	DILTIAZEM HYDROCHLORIDE E	90	\$0.61111	\$0.27778	101%-200% Above
Non-ORx	Yes	69097012303	TOPIRAMATE	180	\$0.21667	\$0.04444	200% Above
Non-ORx	Yes	69097012303	TOPIRAMATE	90	\$0.22222	\$0.04444	200% Above
Non-ORx	Yes	69097012303	TOPIRAMATE	60	\$0.21667	\$0.05000	200% Above
Non-ORx	Yes	69097012315	TOPIRAMATE	150	\$0.22000	\$0.04667	200% Above
Non-ORx	Yes	69097012315	TOPIRAMATE	60	\$0.25000	\$0.05000	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
Non-ORx	Yes	69097012403	TOPIRAMATE	60	\$0.31667	\$0.06667	200% Above
Non-ORx	Yes	69097012412	TOPIRAMATE	30	\$0.26667	\$0.06667	200% Above
Non-ORx	Yes	69097012715	AMLODIPINE BESYLATE	90	\$0.08889	\$0.01111	200% Above
Non-ORx	Yes	69097012715	AMLODIPINE BESYLATE	120	\$0.25833	\$0.01667	200% Above
Non-ORx	Yes	69097012815	AMLODIPINE BESYLATE	90	\$0.10000	\$0.02222	200% Above
Non-ORx	Yes	69097012815	AMLODIPINE BESYLATE	180	\$0.10000	\$0.01111	200% Above
Non-ORx	Yes	69097012815	AMLODIPINE BESYLATE	30	\$0.00000	\$0.03333	(76%-100%) Below
Non-ORx	Yes	69097014260	ALBUTEROL SULFATE HFA	13	\$2.46154	\$4.53846	(26%-50%) Below
Non-ORx	Yes	69097014260	ALBUTEROL SULFATE HFA	20	\$5.15000	\$4.40000	10%-25% Above
Non-ORx	Yes	69097014260	ALBUTEROL SULFATE HFA	13	\$2.69231	\$4.23077	(26%-50%) Below
Non-ORx	Yes	69097014260	ALBUTEROL SULFATE HFA	63	\$3.53968	\$4.14286	(10%-25%) Below
Non-ORx	Yes	69097015807	MELOXICAM	60	\$0.28333	\$0.01667	200% Above
Non-ORx	Yes	69097015815	MELOXICAM	120	\$0.01667	\$0.02500	(26%-50%) Below
Non-ORx	Yes	69097015907	MELOXICAM	180	\$0.38333	\$0.02222	200% Above
Non-ORx	Yes	69097015907	MELOXICAM	210	\$0.29524	\$0.03333	200% Above
Non-ORx	Yes	69097015907	MELOXICAM	180	\$0.23333	\$0.01667	200% Above
Non-ORx	Yes	69097015912	MELOXICAM	30	\$0.00000	\$0.03333	(76%-100%) Below
Non-ORx	Yes	69097015915	MELOXICAM	90	\$0.06667	\$0.02222	200% Above
Non-ORx	Yes	69097015915	MELOXICAM	180	\$0.10000	\$0.02222	200% Above
Non-ORx	Yes	69097015915	MELOXICAM	90	\$0.10000	\$0.03333	200% Above
Non-ORx	Yes	69097015915	MELOXICAM	120	\$0.11667	\$0.01667	200% Above
Non-ORx	Yes	69097022416	ALENDRONATE SODIUM	12	\$1.91667	\$0.33333	200% Above
Non-ORx	Yes	69097031987	BUDESONIDE	120	\$2.09167	\$0.59167	200% Above
Non-ORx	Yes	69097040707	METOPROLOL SUCCINATE ER	30	\$0.33333	\$0.10000	200% Above
Non-ORx	Yes	69097040907	METOPROLOL SUCCINATE ER	30	\$0.70000	\$0.26667	101%-200% Above
Non-ORx	Yes	69097042107	CELECOXIB	90	\$0.72222	\$0.14444	200% Above
Non-ORx	Yes	69097042112	CELECOXIB	90	\$0.72222	\$0.15556	200% Above
Non-ORx	Yes	69097045805	FENOFIBRATE	90	\$0.31111	\$0.15556	101%-200% Above
Non-ORx	Yes	69097052444	DICLOFENAC SODIUM	200	\$0.24500	\$0.09500	101%-200% Above
Non-ORx	Yes	69097052444	DICLOFENAC SODIUM	400	\$0.24500	\$0.09500	101%-200% Above
Non-ORx	Yes	69097052444	DICLOFENAC SODIUM	200	\$0.25000	\$0.10000	101%-200% Above
Non-ORx	Yes	69097052444	DICLOFENAC SODIUM	100	\$0.25000	\$0.09000	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
Non-ORx	Yes	69097067905	PREGABALIN	120	\$0.05000	\$0.08333	(26%-50%) Below
Non-ORx	Yes	69097068205	PREGABALIN	210	\$0.36191	\$0.09048	200% Above
Non-ORx	Yes	69097068205	PREGABALIN	60	\$0.36667	\$0.08333	200% Above
Non-ORx	Yes	69097068205	PREGABALIN	30	\$0.36667	\$0.10000	200% Above
Non-ORx	Yes	69097068205	PREGABALIN	31	\$0.06452	\$0.09677	(26%-50%) Below
Non-ORx	Yes	69097068305	PREGABALIN	90	\$0.16667	\$0.11111	51%-75% Above
Non-ORx	Yes	69097068305	PREGABALIN	90	\$0.38889	\$0.10000	200% Above
Non-ORx	Yes	69097068305	PREGABALIN	30	\$0.40000	\$0.10000	200% Above
Non-ORx	Yes	69097068505	PREGABALIN	120	\$0.25000	\$0.11667	101%-200% Above
Non-ORx	Yes	69097068505	PREGABALIN	60	\$0.51667	\$0.13333	200% Above
Non-ORx	Yes	69097080232	TESTOSTERONE CYPIONATE	4	\$2.25000	\$15.25000	(76%-100%) Below
Non-ORx	Yes	69097080232	TESTOSTERONE CYPIONATE	2	\$10.00000	\$15.50000	(26%-50%) Below
Non-ORx	Yes	69097080232	TESTOSTERONE CYPIONATE	1	\$10.00000	\$15.00000	(26%-50%) Below
Non-ORx	Yes	69097080232	TESTOSTERONE CYPIONATE	6	\$6.16667	\$15.00000	(51%-75%) Below
Non-ORx	Yes	69097080237	TESTOSTERONE CYPIONATE	10	\$6.60000	\$3.00000	101%-200% Above
Non-ORx	Yes	69097080237	TESTOSTERONE CYPIONATE	1	\$7.00000	\$3.00000	101%-200% Above
Non-ORx	Yes	69097081312	GABAPENTIN	120	\$0.16667	\$0.03333	200% Above
Non-ORx	Yes	69097081312	GABAPENTIN	360	\$0.18333	\$0.03333	200% Above
Non-ORx	Yes	69097081312	GABAPENTIN	90	\$0.18889	\$0.03333	200% Above
Non-ORx	Yes	69097081312	GABAPENTIN	120	\$0.19167	\$0.03333	200% Above
Non-ORx	Yes	69097081507	GABAPENTIN	90	\$0.27778	\$0.06667	200% Above
Non-ORx	Yes	69097082103	GEMFIBROZIL	120	\$0.18333	\$0.10000	76%-100% Above
Non-ORx	Yes	69097082112	GEMFIBROZIL	360	\$0.30000	\$0.10556	101%-200% Above
Non-ORx	Yes	69097082112	GEMFIBROZIL	120	\$0.40000	\$0.10000	200% Above
Non-ORx	Yes	69097082207	CITALOPRAM HYDROBROMIDE	60	\$0.11667	\$0.03333	200% Above
Non-ORx	Yes	69097082312	CITALOPRAM HYDROBROMIDE	270	\$0.25926	\$0.02963	200% Above
Non-ORx	Yes	69097082312	CITALOPRAM HYDROBROMIDE	180	\$0.24444	\$0.03333	200% Above
Non-ORx	Yes	69097082312	CITALOPRAM HYDROBROMIDE	150	\$0.24000	\$0.03333	200% Above
Non-ORx	Yes	69097082412	CITALOPRAM HYDROBROMIDE	180	\$0.26667	\$0.03333	200% Above
Non-ORx	Yes	69097083305	SERTRALINE HCL	30	\$0.26667	\$0.06667	200% Above
Non-ORx	Yes	69097083312	SERTRALINE HCL	60	\$0.08333	\$0.05000	51%-75% Above
Non-ORx	Yes	69097083312	SERTRALINE HCL	90	\$0.16667	\$0.06667	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
Non-ORx	Yes	69097083412	SERTRALINE HCL	90	\$0.23333	\$0.04444	200% Above
Non-ORx	Yes	69097083412	SERTRALINE HCL	150	\$0.22667	\$0.03333	200% Above
Non-ORx	Yes	69097083512	SERTRALINE HYDROCHLORIDE	135	\$0.28889	\$0.05926	200% Above
Non-ORx	Yes	69097083512	SERTRALINE HYDROCHLORIDE	180	\$0.28889	\$0.05556	200% Above
Non-ORx	Yes	69097083512	SERTRALINE HYDROCHLORIDE	60	\$0.28333	\$0.06667	200% Above
Non-ORx	Yes	69097084412	ALFUZOSIN HCL ER	30	\$0.23333	\$0.13333	76%-100% Above
Non-ORx	Yes	69097084507	CYCLOBENZAPRINE HYDROCHLO	21	\$0.23810	\$0.04762	200% Above
Non-ORx	Yes	69097084615	CYCLOBENZAPRINE HYDROCHLO	90	\$0.14444	\$0.02222	200% Above
Non-ORx	Yes	69097084615	CYCLOBENZAPRINE HYDROCHLO	210	\$0.09048	\$0.02381	200% Above
Non-ORx	Yes	69097084615	CYCLOBENZAPRINE HYDROCHLO	90	\$0.07778	\$0.03333	101%-200% Above
Non-ORx	Yes	69097084805	ESCITALOPRAM OXALATE	90	\$0.25556	\$0.04444	200% Above
Non-ORx	Yes	69097084805	ESCITALOPRAM OXALATE	90	\$0.21111	\$0.03333	200% Above
Non-ORx	Yes	69097084905	ESCITALOPRAM OXALATE	30	\$0.23333	\$0.10000	101%-200% Above
Non-ORx	Yes	69097084905	ESCITALOPRAM OXALATE	90	\$0.26667	\$0.06667	200% Above
Non-ORx	Yes	69097094312	GABAPENTIN	180	\$0.17778	\$0.05000	200% Above
Non-ORx	Yes	69097094312	GABAPENTIN	240	\$0.03333	\$0.05000	(26%-50%) Below
Non-ORx	Yes	69097094312	GABAPENTIN	330	\$0.20000	\$0.04849	200% Above
Non-ORx	Yes	69097094312	GABAPENTIN	270	\$0.17407	\$0.04815	200% Above
Non-ORx	Yes	69097094312	GABAPENTIN	180	\$0.19444	\$0.05556	200% Above
Non-ORx	Yes	69097094312	GABAPENTIN	120	\$0.15833	\$0.05000	200% Above
Non-ORx	Yes	69097094312	GABAPENTIN	90	\$0.17778	\$0.04444	200% Above
Non-ORx	Yes	69097094405	ATORVASTATIN CALCIUM	30	\$0.20000	\$0.03333	200% Above
Non-ORx	Yes	69097094605	ATORVASTATIN CALCIUM	30	\$0.03333	\$0.06667	(26%-50%) Below
Non-ORx	Yes	69097094705	ATORVASTATIN CALCIUM	30	\$0.46667	\$0.10000	200% Above
Non-ORx	Yes	69097095605	PREGABALIN	60	\$0.13333	\$0.08333	51%-75% Above
Non-ORx	Yes	69117001801	ACYCLOVIR	30	\$0.26667	\$0.10000	101%-200% Above
Non-ORx	Yes	69238101302	TESTOSTERONE	150	\$1.31333	\$0.80000	51%-75% Above
Non-ORx	Yes	69238106905	POTASSIUM CHLORIDE ER	60	\$0.51667	\$0.18333	101%-200% Above
Non-ORx	Yes	69238110002	DOXYCYCLINE HYCLATE	20	\$1.05000	\$0.15000	200% Above
Non-ORx	Yes	69238110002	DOXYCYCLINE HYCLATE	14	\$1.71429	\$0.14286	200% Above
Non-ORx	Yes	69238110005	DOXYCYCLINE HYCLATE	120	\$0.39167	\$0.15000	101%-200% Above
Non-ORx	Yes	69238110005	DOXYCYCLINE HYCLATE	80	\$0.45000	\$0.15000	200% Above
Non-ORx	Yes	69238111501	BUSPIRONE HYDROCHLORIDE	90	\$0.16667	\$0.03333	200% Above
Non-ORx	Yes	69238111701	BUSPIRONE HYDROCHLORIDE	60	\$0.13333	\$0.03333	200% Above
Non-ORx	Yes	69238111801	BUSPIRONE HYDROCHLORIDE	120	\$0.28333	\$0.05000	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
Non-ORx	Yes	69238111906	BUSPIRONE HYDROCHLORIDE	110	\$0.50000	\$0.20000	101%-200% Above
Non-ORx	Yes	69238111906	BUSPIRONE HYDROCHLORIDE	75	\$0.16000	\$0.20000	(10%-25%) Below
Non-ORx	Yes	69238112309	NADOLOL	30	\$0.40000	\$0.20000	101%-200% Above
Non-ORx	Yes	69238115403	EZETIMIBE	60	\$0.10000	\$0.13333	(10%-25%) Below
Non-ORx	Yes	69238115403	EZETIMIBE	60	\$1.30000	\$0.13333	200% Above
Non-ORx	Yes	69238115409	EZETIMIBE	90	\$0.50000	\$0.13333	200% Above
Non-ORx	Yes	69238115409	EZETIMIBE	30	\$0.56667	\$0.13333	200% Above
Non-ORx	Yes	69238117009	DOXEPIN HYDROCHLORIDE	60	\$0.50000	\$0.30000	51%-75% Above
Non-ORx	Yes	69238117109	DOXEPIN HCL	120	\$0.78333	\$0.31667	101%-200% Above
Non-ORx	Yes	69238134201	ETODOLAC	60	\$0.96667	\$0.33333	101%-200% Above
Non-ORx	Yes	69238134201	ETODOLAC	30	\$0.93333	\$0.33333	101%-200% Above
Non-ORx	Yes	69238134201	ETODOLAC	20	\$0.60000	\$0.35000	51%-75% Above
Non-ORx	Yes	69238134903	TADALAFIL	12	\$1.66667	\$0.50000	200% Above
Non-ORx	Yes	69238149001	BUMETANIDE	30	\$0.76667	\$0.23333	200% Above
Non-ORx	Yes	69238149101	BUMETANIDE	30	\$0.50000	\$0.43333	10%-25% Above
Non-ORx	Yes	69238153106	LARISSIA	168	\$0.44048	\$0.23810	76%-100% Above
Non-ORx	Yes	69238153206	CLOBETASOL PROPIONATE	60	\$0.61667	\$0.45000	26%-50% Above
Non-ORx	Yes	69238154401	HYDROXYCHLOROQUINE SULFAT	60	\$0.20000	\$0.25000	(10%-25%) Below
Non-ORx	Yes	69238154401	HYDROXYCHLOROQUINE SULFAT	52	\$1.01923	\$0.25000	200% Above
Non-ORx	Yes	69238155406	LILLOW	28	\$0.53571	\$0.17857	200% Above
Non-ORx	Yes	69238158306	NORLYDA	28	\$0.50000	\$0.17857	101%-200% Above
Non-ORx	Yes	69238161606	OFLOXACIN	10	\$9.90000	\$2.40000	200% Above
Non-ORx	Yes	69238183001	LEVOTHYROXINE SODIUM	60	\$0.28333	\$0.13333	101%-200% Above
Non-ORx	Yes	69238183007	LEVOTHYROXINE SODIUM	90	\$0.31111	\$0.13333	101%-200% Above
Non-ORx	Yes	69238183007	LEVOTHYROXINE SODIUM	104	\$0.25962	\$0.13462	76%-100% Above
Non-ORx	Yes	69238183007	LEVOTHYROXINE SODIUM	90	\$0.33333	\$0.13333	101%-200% Above
Non-ORx	Yes	69238183007	LEVOTHYROXINE SODIUM	30	\$0.26667	\$0.16667	51%-75% Above
Non-ORx	Yes	69238183107	LEVOTHYROXINE SODIUM	270	\$0.30000	\$0.14444	101%-200% Above
Non-ORx	Yes	69238183107	LEVOTHYROXINE SODIUM	60	\$0.30000	\$0.15000	101%-200% Above
Non-ORx	Yes	69238183107	LEVOTHYROXINE SODIUM	240	\$0.20833	\$0.13333	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
Non-ORx	Yes	69238183201	LEVOTHYROXINE SODIUM	30	\$0.03333	\$0.16667	(76%-100%) Below
Non-ORx	Yes	69238183207	LEVOTHYROXINE SODIUM	45	\$0.66667	\$0.15556	200% Above
Non-ORx	Yes	69238183207	LEVOTHYROXINE SODIUM	270	\$0.24074	\$0.15556	51%-75% Above
Non-ORx	Yes	69238183207	LEVOTHYROXINE SODIUM	31	\$0.38710	\$0.16129	101%-200% Above
Non-ORx	Yes	69238183207	LEVOTHYROXINE SODIUM	150	\$0.28667	\$0.16667	51%-75% Above
Non-ORx	Yes	69238183301	LEVOTHYROXINE SODIUM	90	\$0.26667	\$0.18889	26%-50% Above
Non-ORx	Yes	69238183301	LEVOTHYROXINE SODIUM	30	\$0.26667	\$0.16667	51%-75% Above
Non-ORx	Yes	69238183307	LEVOTHYROXINE SODIUM	90	\$0.38889	\$0.18889	101%-200% Above
Non-ORx	Yes	69238183407	LEVOTHYROXINE SODIUM	210	\$0.26667	\$0.17143	51%-75% Above
Non-ORx	Yes	69238183407	LEVOTHYROXINE SODIUM	180	\$0.34444	\$0.16667	101%-200% Above
Non-ORx	Yes	69238183407	LEVOTHYROXINE SODIUM	120	\$0.27500	\$0.16667	51%-75% Above
Non-ORx	Yes	69238183501	LEVOTHYROXINE SODIUM	30	\$0.33333	\$0.16667	101%-200% Above
Non-ORx	Yes	69238183507	LEVOTHYROXINE SODIUM	90	\$0.40000	\$0.17778	101%-200% Above
Non-ORx	Yes	69238183507	LEVOTHYROXINE SODIUM	30	\$0.40000	\$0.16667	101%-200% Above
Non-ORx	Yes	69238183601	LEVOTHYROXINE SODIUM	60	\$0.46667	\$0.20000	101%-200% Above
Non-ORx	Yes	69238183607	LEVOTHYROXINE SODIUM	90	\$0.33333	\$0.21111	51%-75% Above
Non-ORx	Yes	69238183607	LEVOTHYROXINE SODIUM	45	\$0.31111	\$0.22222	26%-50% Above
Non-ORx	Yes	69238183607	LEVOTHYROXINE SODIUM	30	\$0.36667	\$0.20000	76%-100% Above
Non-ORx	Yes	69238183701	LEVOTHYROXINE SODIUM	30	\$0.30000	\$0.23333	26%-50% Above
Non-ORx	Yes	69238183801	LEVOTHYROXINE SODIUM	90	\$0.31111	\$0.24444	26%-50% Above
Non-ORx	Yes	69238183801	LEVOTHYROXINE SODIUM	30	\$0.30000	\$0.23333	26%-50% Above
Non-ORx	Yes	69238183807	LEVOTHYROXINE SODIUM	90	\$0.31111	\$0.22222	26%-50% Above
Non-ORx	Yes	69238183901	LEVOTHYROXINE SODIUM	28	\$0.57143	\$0.25000	101%-200% Above
Non-ORx	Yes	69238184001	LEVOTHYROXINE SODIUM	90	\$0.40000	\$0.27778	26%-50% Above
Non-ORx	Yes	69238184001	LEVOTHYROXINE SODIUM	90	\$0.43333	\$0.26667	51%-75% Above
Non-ORx	Yes	69238184001	LEVOTHYROXINE SODIUM	60	\$0.40000	\$0.26667	51%-75% Above
Non-ORx	Yes	69238207707	PROPRANOLOL HYDROCHLORIDE	30	\$0.26667	\$0.06667	200% Above
Non-ORx	Yes	69238207807	PROPRANOLOL HYDROCHLORIDE	90	\$0.37778	\$0.10000	200% Above
Non-ORx	Yes	69238207807	PROPRANOLOL HYDROCHLORIDE	60	\$0.40000	\$0.10000	200% Above
Non-ORx	Yes	69238207807	PROPRANOLOL HYDROCHLORIDE	30	\$0.33333	\$0.06667	200% Above
Non-ORx	Yes	69292053001	PROPRANOLOL HYDROCHLORIDE	60	\$0.18333	\$0.08333	101%-200% Above
Non-ORx	Yes	69292053201	PROPRANOLOL HYDROCHLORIDE	30	\$0.13333	\$0.10000	26%-50% Above
Non-ORx	Yes	69292056201	METOLAZONE	15	\$1.06667	\$0.80000	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
Non-ORx	Yes	69315011701	FUROSEMIDE	120	\$0.13333	\$0.03333	200% Above
Non-ORx	Yes	69315011710	FUROSEMIDE	90	\$0.08889	\$0.03333	101%-200% Above
Non-ORx	Yes	69315011710	FUROSEMIDE	120	\$0.12500	\$0.03333	200% Above
Non-ORx	Yes	69315011710	FUROSEMIDE	60	\$0.11667	\$0.03333	200% Above
Non-ORx	Yes	69315012710	FOLIC ACID	180	\$0.06111	\$0.02778	101%-200% Above
Non-ORx	Yes	69315012710	FOLIC ACID	450	\$0.06444	\$0.02444	101%-200% Above
Non-ORx	Yes	69315012710	FOLIC ACID	180	\$0.06111	\$0.02222	101%-200% Above
Non-ORx	Yes	69315012710	FOLIC ACID	240	\$0.06250	\$0.03333	76%-100% Above
Non-ORx	Yes	69315012710	FOLIC ACID	60	\$0.05000	\$0.03333	51%-75% Above
Non-ORx	Yes	69315013110	HYDROCHLOROTHIAZIDE	90	\$0.06667	\$0.01111	200% Above
Non-ORx	Yes	69315013110	HYDROCHLOROTHIAZIDE	60	\$0.05000	\$0.01667	200% Above
Non-ORx	Yes	69315013601	BENZTROPINE MESYLATE	60	\$0.21667	\$0.08333	101%-200% Above
Non-ORx	Yes	69315013701	BENZTROPINE MESYLATE	30	\$0.33333	\$0.10000	200% Above
Non-ORx	Yes	69315015501	HYDROCHLOROTHIAZIDE	60	\$0.03333	\$0.06667	(26%-50%) Below
Non-ORx	Yes	69315015510	HYDROCHLOROTHIAZIDE	180	\$0.12778	\$0.05556	101%-200% Above
Non-ORx	Yes	69315018201	OXYBUTYNIN CHLORIDE	60	\$0.35000	\$0.06667	200% Above
Non-ORx	Yes	69315031228	PROCTO-MED HC	28	\$0.53571	\$0.32143	51%-75% Above
Non-ORx	Yes	69315090410	LORAZEPAM	120	\$0.17500	\$0.04167	200% Above
Non-ORx	Yes	69315090505	LORAZEPAM	60	\$0.15000	\$0.03333	200% Above
Non-ORx	Yes	69315090510	LORAZEPAM	90	\$0.22222	\$0.04444	200% Above
Non-ORx	Yes	69315090510	LORAZEPAM	60	\$0.03333	\$0.05000	(26%-50%) Below
Non-ORx	Yes	69315090601	LORAZEPAM	30	\$0.16667	\$0.06667	101%-200% Above
Non-ORx	Yes	69315090605	LORAZEPAM	60	\$0.43333	\$0.06667	200% Above
Non-ORx	Yes	69367016204	PHENAZOPYRIDINE HYDROCHLO	30	\$1.30000	\$0.36667	200% Above
Non-ORx	Yes	69367016304	PHENAZOPYRIDINE HCL	6	\$1.66667	\$0.50000	200% Above
Non-ORx	Yes	69367017216	PHENOBARBITAL	450	\$0.00444	\$0.09111	(76%-100%) Below
Non-ORx	Yes	69367020305	BUTALBITAL/ACETAMINOPHEN/	60	\$0.66667	\$0.16667	200% Above
Non-ORx	Yes	69367023809	LEVOCETIRIZINE DIHYDROCHL	30	\$0.30000	\$0.06667	200% Above
Non-ORx	Yes	69367025409	FENOFIBRATE	30	\$0.63333	\$0.16667	200% Above
Non-ORx	Yes	69367027216	CODEINE/GUAIFENESIN	120	\$0.08333	\$0.02500	200% Above
Non-ORx	Yes	69452011920	OXYBUTYNIN CHLORIDE ER	30	\$0.40000	\$0.13333	200% Above
Non-ORx	Yes	69452014420	BENZONATATE	21	\$0.80952	\$0.14286	200% Above
Non-ORx	Yes	69452015120	VITAMIN D	16	\$0.50000	\$0.12500	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
Non-ORx	Yes	69452015120	VITAMIN D	55	\$0.60000	\$0.14546	200% Above
Non-ORx	Yes	69452015120	VITAMIN D	45	\$0.55556	\$0.13333	200% Above
Non-ORx	Yes	69452015120	VITAMIN D	41	\$0.56098	\$0.14634	200% Above
Non-ORx	Yes	69452015120	VITAMIN D	30	\$0.60000	\$0.13333	200% Above
Non-ORx	Yes	69452015120	VITAMIN D	6	\$0.50000	\$0.16667	200% Above
Non-ORx	Yes	69452015120	VITAMIN D	56	\$0.50000	\$0.25000	101%-200% Above
Non-ORx	Yes	69452015120	VITAMIN D	132	\$0.54546	\$0.16667	200% Above
Non-ORx	Yes	69452015120	VITAMIN D	10	\$0.60000	\$0.10000	200% Above
Non-ORx	Yes	69452015773	RIZATRIPTAN BENZOATE ODT	12	\$2.41667	\$0.66667	200% Above
Non-ORx	Yes	69452017173	AZITHROMYCIN	12	\$1.91667	\$0.50000	200% Above
Non-ORx	Yes	69452017173	AZITHROMYCIN	24	\$1.83333	\$0.50000	200% Above
Non-ORx	Yes	69452017213	AZITHROMYCIN	3	\$6.33333	\$1.00000	200% Above
Non-ORx	Yes	69452020820	CALCITRIOL	90	\$1.21111	\$0.30000	200% Above
Non-ORx	Yes	69452023320	PROGESTERONE	180	\$1.18333	\$0.25000	200% Above
Non-ORx	Yes	69452023320	PROGESTERONE	30	\$1.16667	\$0.30000	200% Above
Non-ORx	Yes	69452023420	PROGESTERONE	30	\$1.53333	\$0.43333	200% Above
Non-ORx	Yes	69452029030	ACYCLOVIR	30	\$0.33333	\$0.10000	200% Above
Non-ORx	Yes	69452029120	ACYCLOVIR	15	\$2.46667	\$0.20000	200% Above
Non-ORx	Yes	69543038810	KETOROLAC TROMETHAMINE	15	\$1.53333	\$0.66667	101%-200% Above
Non-ORx	Yes	69584011110	CARISOPRODOL	40	\$0.37500	\$0.05000	200% Above
Non-ORx	Yes	69584011150	CARISOPRODOL	60	\$0.20000	\$0.05000	200% Above
Non-ORx	Yes	69584011190	CARISOPRODOL	270	\$0.16296	\$0.05556	101%-200% Above
Non-ORx	Yes	69584061150	METHOCARBAMOL	150	\$0.27333	\$0.06667	200% Above
Non-ORx	Yes	69584061150	METHOCARBAMOL	30	\$0.16667	\$0.06667	101%-200% Above
Non-ORx	Yes	69584061150	METHOCARBAMOL	27	\$0.33333	\$0.07407	200% Above
Non-ORx	Yes	69584061250	METHOCARBAMOL	170	\$0.28235	\$0.09412	200% Above
Non-ORx	Yes	69584084110	SOTALOL HYDROCHLORIDE	180	\$0.21111	\$0.08333	101%-200% Above
Non-ORx	Yes	69680011225	CYANOCOBALAMIN	4	\$3.75000	\$2.75000	26%-50% Above
Non-ORx	Yes	69680011225	CYANOCOBALAMIN	3	\$1.00000	\$3.00000	(51%-75%) Below
Non-ORx	Yes	69680011225	CYANOCOBALAMIN	6	\$2.50000	\$3.00000	(10%-25%) Below
Non-ORx	Yes	69680013300	POTASSIUM CHLORIDE ER	30	\$0.23333	\$0.13333	76%-100% Above
Non-ORx	Yes	69680013392	POTASSIUM CHLORIDE ER	120	\$0.10000	\$0.13333	(10%-25%) Below
Non-ORx	Yes	69680013392	POTASSIUM CHLORIDE ER	30	\$0.10000	\$0.13333	(10%-25%) Below
Non-ORx	Yes	69680013393	POTASSIUM CHLORIDE ER	60	\$0.20000	\$0.13333	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
Non-ORx	Yes	69918020101	DESMOPRESSIN ACETATE	30	\$3.46667	\$0.43333	200% Above
Non-ORx	Yes	69918030130	TRANEXAMIC ACID	20	\$3.65000	\$1.95000	76%-100% Above
Non-ORx	Yes	70010000201	COLCHICINE	60	\$1.11667	\$0.65000	51%-75% Above
Non-ORx	Yes	70010000201	COLCHICINE	30	\$0.96667	\$0.63333	51%-75% Above
Non-ORx	Yes	70010000401	DEXMETHYLPHENIDATE HYDROC	30	\$5.53333	\$1.43333	200% Above
Non-ORx	Yes	70010000501	DEXMETHYLPHENIDATE HYDROC	60	\$5.16667	\$1.46667	200% Above
Non-ORx	Yes	70010000601	DEXMETHYLPHENIDATE HYDROC	30	\$4.13333	\$1.23333	200% Above
Non-ORx	Yes	70010001301	METHYLPHENIDATE HYDROCHLO	30	\$6.80000	\$1.36667	200% Above
Non-ORx	Yes	70010001401	METHYLPHENIDATE HYDROCHLO	60	\$0.43333	\$1.26667	(51%-75%) Below
Non-ORx	Yes	70010006305	METFORMIN HYDROCHLORIDE	180	\$0.05000	\$0.01667	200% Above
Non-ORx	Yes	70010006305	METFORMIN HYDROCHLORIDE	360	\$0.11667	\$0.01667	200% Above
Non-ORx	Yes	70010006305	METFORMIN HYDROCHLORIDE	30	\$0.00000	\$0.03333	(76%-100%) Below
Non-ORx	Yes	70010006305	METFORMIN HYDROCHLORIDE	180	\$0.06111	\$0.01667	200% Above
Non-ORx	Yes	70010006310	METFORMIN HYDROCHLORIDE	360	\$0.12778	\$0.01667	200% Above
Non-ORx	Yes	70010006310	METFORMIN HYDROCHLORIDE	390	\$0.05128	\$0.01539	200% Above
Non-ORx	Yes	70010006310	METFORMIN HYDROCHLORIDE	360	\$0.12778	\$0.01667	200% Above
Non-ORx	Yes	70010006310	METFORMIN HYDROCHLORIDE	420	\$0.17143	\$0.01667	200% Above
Non-ORx	Yes	70010006310	METFORMIN HYDROCHLORIDE	60	\$0.00000	\$0.03333	(76%-100%) Below
Non-ORx	Yes	70010006310	METFORMIN HYDROCHLORIDE	90	\$0.12222	\$0.02222	200% Above
Non-ORx	Yes	70010006310	METFORMIN HYDROCHLORIDE	180	\$0.32222	\$0.01111	200% Above
Non-ORx	Yes	70010006401	METFORMIN HYDROCHLORIDE	120	\$0.08333	\$0.03333	101%-200% Above
Non-ORx	Yes	70010006405	METFORMIN HYDROCHLORIDE	60	\$0.11667	\$0.03333	200% Above
Non-ORx	Yes	70010006410	METFORMIN HYDROCHLORIDE	180	\$0.18333	\$0.02778	200% Above
Non-ORx	Yes	70010006505	METFORMIN HYDROCHLORIDE	180	\$0.04444	\$0.02778	51%-75% Above
Non-ORx	Yes	70010006505	METFORMIN HYDROCHLORIDE	180	\$0.19444	\$0.03333	200% Above
Non-ORx	Yes	70010006505	METFORMIN HYDROCHLORIDE	60	\$0.16667	\$0.03333	200% Above
Non-ORx	Yes	70010006510	METFORMIN HYDROCHLORIDE	150	\$0.06667	\$0.02667	101%-200% Above
Non-ORx	Yes	70010006510	METFORMIN HYDROCHLORIDE	360	\$0.11667	\$0.02778	200% Above
Non-ORx	Yes	70010006510	METFORMIN HYDROCHLORIDE	240	\$0.16667	\$0.02500	200% Above
Non-ORx	Yes	70010006510	METFORMIN HYDROCHLORIDE	540	\$0.06111	\$0.03333	76%-100% Above
Non-ORx	Yes	70010006510	METFORMIN HYDROCHLORIDE	90	\$0.16667	\$0.02222	200% Above
Non-ORx	Yes	70010007244	POTASSIUM CHLORIDE	720	\$0.13056	\$0.15417	(10%-25%) Below
Non-ORx	Yes	70010010810	GABAPENTIN	90	\$0.38889	\$0.03333	200% Above
Non-ORx	Yes	70010010810	GABAPENTIN	150	\$0.16667	\$0.03333	200% Above
Non-ORx	Yes	70010010901	GABAPENTIN	90	\$0.17778	\$0.05556	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
Non-ORx	Yes	70010013501	POTASSIUM CHLORIDE ER	90	\$0.48889	\$0.18889	101%-200% Above
Non-ORx	Yes	70010013501	POTASSIUM CHLORIDE ER	60	\$0.51667	\$0.18333	101%-200% Above
Non-ORx	Yes	70010013505	POTASSIUM CHLORIDE ER	60	\$0.35000	\$0.18333	76%-100% Above
Non-ORx	Yes	70010013505	POTASSIUM CHLORIDE ER	28	\$0.50000	\$0.17857	101%-200% Above
Non-ORx	Yes	70010014805	POTASSIUM CHLORIDE ER	60	\$0.68333	\$0.13333	200% Above
Non-ORx	Yes	70010049101	METFORMIN HYDROCHLORIDE E	120	\$0.15000	\$0.03333	200% Above
Non-ORx	Yes	70010049101	METFORMIN HYDROCHLORIDE E	30	\$0.13333	\$0.03333	200% Above
Non-ORx	Yes	70010049105	METFORMIN HYDROCHLORIDE E	210	\$0.20952	\$0.03810	200% Above
Non-ORx	Yes	70010049105	METFORMIN HYDROCHLORIDE E	360	\$0.18333	\$0.03333	200% Above
Non-ORx	Yes	70010049105	METFORMIN HYDROCHLORIDE E	240	\$0.14583	\$0.03750	200% Above
Non-ORx	Yes	70010049105	METFORMIN HYDROCHLORIDE E	390	\$0.15385	\$0.03590	200% Above
Non-ORx	Yes	70010049105	METFORMIN HYDROCHLORIDE E	360	\$0.15833	\$0.03611	200% Above
Non-ORx	Yes	70010049105	METFORMIN HYDROCHLORIDE E	60	\$0.15000	\$0.03333	200% Above
Non-ORx	Yes	70010049105	METFORMIN HYDROCHLORIDE E	120	\$0.15000	\$0.03333	200% Above
Non-ORx	Yes	70010049105	METFORMIN HYDROCHLORIDE E	600	\$0.09333	\$0.03333	101%-200% Above
Non-ORx	Yes	70010049110	METFORMIN HYDROCHLORIDE E	270	\$0.15556	\$0.03333	200% Above
Non-ORx	Yes	70010075401	METHOCARBAMOL	80	\$0.27500	\$0.07500	200% Above
Non-ORx	Yes	70010075401	METHOCARBAMOL	90	\$0.03333	\$0.06667	(26%-50%) Below
Non-ORx	Yes	70010075401	METHOCARBAMOL	240	\$0.18333	\$0.07083	101%-200% Above
Non-ORx	Yes	70010075401	METHOCARBAMOL	120	\$0.25833	\$0.06667	200% Above
Non-ORx	Yes	70010075401	METHOCARBAMOL	30	\$0.23333	\$0.06667	200% Above
Non-ORx	Yes	70010075405	METHOCARBAMOL	60	\$0.23333	\$0.06667	200% Above
Non-ORx	Yes	70010077001	METHOCARBAMOL	90	\$0.22222	\$0.08889	101%-200% Above
Non-ORx	Yes	70010077001	METHOCARBAMOL	70	\$0.37143	\$0.08571	200% Above
Non-ORx	Yes	70010077001	METHOCARBAMOL	180	\$0.27778	\$0.09444	101%-200% Above
Non-ORx	Yes	70010077001	METHOCARBAMOL	120	\$0.28333	\$0.09167	200% Above
Non-ORx	Yes	70010077001	METHOCARBAMOL	15	\$0.26667	\$0.06667	200% Above
Non-ORx	Yes	70010077001	METHOCARBAMOL	120	\$0.16667	\$0.08333	101%-200% Above
Non-ORx	Yes	70010077005	METHOCARBAMOL	90	\$0.27778	\$0.08889	200% Above
Non-ORx	Yes	70010077005	METHOCARBAMOL	60	\$0.18333	\$0.10000	76%-100% Above
Non-ORx	Yes	70069000510	CYANOCOBALAMIN	16	\$1.06250	\$2.93750	(51%-75%) Below
Non-ORx	Yes	70069000510	CYANOCOBALAMIN	3	\$1.00000	\$3.00000	(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
Non-ORx	Yes	70069000510	CYANOCOBALAMIN	6	\$2.16667	\$3.00000	(26%-50%) Below
Non-ORx	Yes	70069000701	OLOPATADINE HCL	5	\$5.80000	\$3.00000	76%-100% Above
Non-ORx	Yes	70069013101	TOBRAMYCIN	5	\$0.80000	\$1.20000	(26%-50%) Below
Non-ORx	Yes	70069023101	BRIMONIDINE TARTRATE	10	\$0.50000	\$0.80000	(26%-50%) Below
Non-ORx	Yes	70069023201	BRIMONIDINE TARTRATE	10	\$1.20000	\$0.70000	51%-75% Above
Non-ORx	Yes	70069042101	LATANOPROST	8	\$3.50000	\$1.62500	101%-200% Above
Non-ORx	Yes	70069042101	LATANOPROST	3	\$3.00000	\$1.33333	101%-200% Above
Non-ORx	Yes	70377000215	SIMVASTATIN	30	\$0.13333	\$0.03333	200% Above
Non-ORx	Yes	70377000315	SIMVASTATIN	60	\$0.26667	\$0.03333	200% Above
Non-ORx	Yes	70377000315	SIMVASTATIN	210	\$0.36667	\$0.03333	200% Above
Non-ORx	Yes	70377000415	SIMVASTATIN	270	\$0.20000	\$0.04444	200% Above
Non-ORx	Yes	70377000612	ROSUVASTATIN CALCIUM	90	\$0.40000	\$0.06667	200% Above
Non-ORx	Yes	70377000612	ROSUVASTATIN CALCIUM	60	\$0.31667	\$0.06667	200% Above
Non-ORx	Yes	70377000612	ROSUVASTATIN CALCIUM	120	\$0.33333	\$0.06667	200% Above
Non-ORx	Yes	70377000712	ROSUVASTATIN CALCIUM	270	\$0.43333	\$0.06667	200% Above
Non-ORx	Yes	70377000712	ROSUVASTATIN CALCIUM	120	\$0.34167	\$0.06667	200% Above
Non-ORx	Yes	70377000712	ROSUVASTATIN CALCIUM	90	\$0.33333	\$0.06667	200% Above
Non-ORx	Yes	70377000812	ROSUVASTATIN CALCIUM	180	\$0.44444	\$0.07778	200% Above
Non-ORx	Yes	70377000812	ROSUVASTATIN CALCIUM	60	\$0.36667	\$0.08333	200% Above
Non-ORx	Yes	70377000812	ROSUVASTATIN CALCIUM	30	\$0.36667	\$0.06667	200% Above
Non-ORx	Yes	70377000911	ROSUVASTATIN CALCIUM	90	\$0.53333	\$0.13333	200% Above
Non-ORx	Yes	70377000913	ROSUVASTATIN CALCIUM	60	\$0.51667	\$0.13333	200% Above
Non-ORx	Yes	70377002711	ATORVASTATIN CALCIUM	90	\$0.18889	\$0.03333	200% Above
Non-ORx	Yes	70377002711	ATORVASTATIN CALCIUM	30	\$0.20000	\$0.03333	200% Above
Non-ORx	Yes	70377002711	ATORVASTATIN CALCIUM	60	\$0.18333	\$0.03333	200% Above
Non-ORx	Yes	70377002811	ATORVASTATIN CALCIUM	90	\$0.30000	\$0.05556	200% Above
Non-ORx	Yes	70377002811	ATORVASTATIN CALCIUM	180	\$0.30000	\$0.04444	200% Above
Non-ORx	Yes	70377002811	ATORVASTATIN CALCIUM	180	\$0.28333	\$0.04444	200% Above
Non-ORx	Yes	70377002811	ATORVASTATIN CALCIUM	60	\$0.36667	\$0.03333	200% Above
Non-ORx	Yes	70377002811	ATORVASTATIN CALCIUM	180	\$0.26667	\$0.05000	200% Above
Non-ORx	Yes	70377002911	ATORVASTATIN CALCIUM	180	\$0.34444	\$0.05556	200% Above
Non-ORx	Yes	70377002911	ATORVASTATIN CALCIUM	120	\$0.40000	\$0.06667	200% Above
Non-ORx	Yes	70377002911	ATORVASTATIN CALCIUM	60	\$0.33333	\$0.06667	200% Above
Non-ORx	Yes	70377003012	ATORVASTATIN CALCIUM	180	\$0.46667	\$0.10000	200% Above
Non-ORx	Yes	70377003012	ATORVASTATIN CALCIUM	30	\$0.46667	\$0.10000	200% Above
Non-ORx	Yes	70436000203	POTASSIUM CHLORIDE ER	620	\$0.42903	\$0.13710	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
Non-ORx	Yes	70436001002	BUPROPION HYDROCHLORIDE E	270	\$0.43333	\$0.14444	200% Above
Non-ORx	Yes	70436001002	BUPROPION HYDROCHLORIDE E	180	\$0.43333	\$0.13889	200% Above
Non-ORx	Yes	70436001002	BUPROPION HYDROCHLORIDE E	360	\$0.43333	\$0.13889	200% Above
Non-ORx	Yes	70436001002	BUPROPION HYDROCHLORIDE E	14	\$0.42857	\$0.14286	200% Above
Non-ORx	Yes	70436001002	BUPROPION HYDROCHLORIDE E	90	\$0.32222	\$0.13333	101%-200% Above
Non-ORx	Yes	70436001002	BUPROPION HYDROCHLORIDE E	60	\$0.56667	\$0.13333	200% Above
Non-ORx	Yes	70436001102	BUPROPION HYDROCHLORIDE E	270	\$0.55556	\$0.20000	101%-200% Above
Non-ORx	Yes	70436001102	BUPROPION HYDROCHLORIDE E	180	\$0.47778	\$0.19444	101%-200% Above
Non-ORx	Yes	70436001102	BUPROPION HYDROCHLORIDE E	240	\$0.50833	\$0.20000	101%-200% Above
Non-ORx	Yes	70436003604	DESVENLAFAXINE ER	90	\$3.30000	\$0.66667	200% Above
Non-ORx	Yes	70436005801	BUPROPION HYDROCHLORIDE E	60	\$0.21667	\$0.11667	76%-100% Above
Non-ORx	Yes	70436005801	BUPROPION HYDROCHLORIDE E	30	\$0.23333	\$0.10000	101%-200% Above
Non-ORx	Yes	70436005901	BUPROPION HYDROCHLORIDE E	180	\$0.46111	\$0.10000	200% Above
Non-ORx	Yes	70436005901	BUPROPION HYDROCHLORIDE E	90	\$0.38889	\$0.10000	200% Above
Non-ORx	Yes	70436005901	BUPROPION HYDROCHLORIDE E	30	\$0.36667	\$0.10000	200% Above
Non-ORx	Yes	70436005902	BUPROPION HYDROCHLORIDE E	180	\$0.32222	\$0.10000	200% Above
Non-ORx	Yes	70436006001	BUPROPION HYDROCHLORIDE E	30	\$0.43333	\$0.16667	101%-200% Above
Non-ORx	Yes	70436015541	PROMETHAZINE DM	120	\$0.09167	\$0.06667	26%-50% Above
Non-ORx	Yes	70436015542	PROMETHAZINE DM	360	\$0.07222	\$0.05833	10%-25% Above
Non-ORx	Yes	70505010010	DOXYLAMINE SUCCINATE/PYRI	100	\$1.33000	\$3.58000	(51%-75%) Below
Non-ORx	Yes	70700010915	CLOBETASOL PROPIONATE	15	\$0.80000	\$0.53333	51%-75% Above
Non-ORx	Yes	70700011385	ISIBLOOM	28	\$0.10714	\$0.21429	(26%-50%) Below
Non-ORx	Yes	70700011485	LORYNA	84	\$0.80952	\$0.36905	101%-200% Above
Non-ORx	Yes	70700011485	LORYNA	56	\$0.64286	\$0.39286	51%-75% Above
Non-ORx	Yes	70700011885	VIENVA	84	\$0.53571	\$0.23810	101%-200% Above
Non-ORx	Yes	70700011985	ESTARYLLA	196	\$0.31633	\$0.17857	76%-100% Above
Non-ORx	Yes	70700011985	ESTARYLLA	252	\$0.31349	\$0.17857	76%-100% Above
Non-ORx	Yes	70700011985	ESTARYLLA	56	\$0.48214	\$0.16071	200% Above
Non-ORx	Yes	70700012185	TRI-ESTARYLLA	84	\$0.69048	\$0.17857	200% Above
Non-ORx	Yes	70700012285	VOLNEA	28	\$0.67857	\$0.25000	101%-200% Above
Non-ORx	Yes	70700012487	LOJAIMIESS	91	\$0.61539	\$0.31868	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
Non-ORx	Yes	70700015010	OMEPRAZOLE	104	\$0.31731	\$0.03846	200% Above
Non-ORx	Yes	70700015010	OMEPRAZOLE	120	\$0.23333	\$0.03333	200% Above
Non-ORx	Yes	70700015010	OMEPRAZOLE	300	\$0.27333	\$0.03333	200% Above
Non-ORx	Yes	70700015010	OMEPRAZOLE	270	\$0.28519	\$0.03333	200% Above
Non-ORx	Yes	70700015010	OMEPRAZOLE	90	\$0.20000	\$0.03333	200% Above
Non-ORx	Yes	70700015010	OMEPRAZOLE	240	\$0.19167	\$0.03333	200% Above
Non-ORx	Yes	70700015285	GEMMILY	56	\$6.50000	\$2.78571	101%-200% Above
Non-ORx	Yes	70700016201	PROGESTERONE	84	\$1.17857	\$0.25000	200% Above
Non-ORx	Yes	70700016201	PROGESTERONE	30	\$0.70000	\$0.30000	101%-200% Above
Non-ORx	Yes	70700016201	PROGESTERONE	60	\$1.05000	\$0.26667	200% Above
Non-ORx	Yes	70700016301	PROGESTERONE	120	\$1.30833	\$0.46667	101%-200% Above
Non-ORx	Yes	70700026305	LANSOPRAZOLE	30	\$0.40000	\$0.13333	200% Above
Non-ORx	Yes	70700026330	LANSOPRAZOLE	60	\$0.45000	\$0.13333	200% Above
Non-ORx	Yes	70700026330	LANSOPRAZOLE	30	\$0.46667	\$0.13333	200% Above
Non-ORx	Yes	70700026390	LANSOPRAZOLE	30	\$0.50000	\$0.13333	200% Above
Non-ORx	Yes	70710111001	CYPROHEPTADINE HYDROCHLOR	90	\$0.22222	\$0.08889	101%-200% Above
Non-ORx	Yes	70710112307	DOXYCYCLINE MONOHYDRATE	30	\$0.56667	\$0.33333	51%-75% Above
Non-ORx	Yes	70710113801	FLUCONAZOLE	16	\$1.43750	\$0.31250	200% Above
Non-ORx	Yes	70710113803	FLUCONAZOLE	14	\$2.64286	\$0.35714	200% Above
Non-ORx	Yes	70710113908	FLUCONAZOLE	3	\$6.33333	\$0.66667	200% Above
Non-ORx	Yes	70710113908	FLUCONAZOLE	4	\$6.50000	\$0.75000	200% Above
Non-ORx	Yes	70710113908	FLUCONAZOLE	8	\$8.75000	\$1.00000	200% Above
Non-ORx	Yes	70710113908	FLUCONAZOLE	3	\$9.00000	\$1.00000	200% Above
Non-ORx	Yes	70710113908	FLUCONAZOLE	6	\$10.66667	\$0.50000	200% Above
Non-ORx	Yes	70710114003	FLUCONAZOLE	7	\$1.71429	\$0.57143	200% Above
Non-ORx	Yes	70710116701	ATENOLOL/CHLORTHALIDONE	30	\$1.03333	\$0.36667	101%-200% Above
Non-ORx	Yes	70710122600	AMITRIPTYLINE HYDROCHLORI	60	\$0.26667	\$0.08333	200% Above
Non-ORx	Yes	70710122600	AMITRIPTYLINE HYDROCHLORI	30	\$0.33333	\$0.06667	200% Above
Non-ORx	Yes	70710122701	AMITRIPTYLINE HYDROCHLORI	60	\$0.55000	\$0.15000	200% Above
Non-ORx	Yes	70710122701	AMITRIPTYLINE HYDROCHLORI	60	\$0.53333	\$0.16667	200% Above
Non-ORx	Yes	70710128500	BACLOFEN	30	\$0.23333	\$0.06667	200% Above
Non-ORx	Yes	70710128605	BACLOFEN	42	\$0.38095	\$0.11905	200% Above
Non-ORx	Yes	70710130207	MESALAMINE	30	\$3.90000	\$3.36667	10%-25% Above
Non-ORx	Yes	70710134403	RAMELTEON	30	\$2.36667	\$1.26667	76%-100% Above
Non-ORx	Yes	70710145802	AZITHROMYCIN	15	\$1.06667	\$0.46667	101%-200% Above
Non-ORx	Yes	70710145902	AZITHROMYCIN	23	\$0.39130	\$0.34783	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
Non-ORx	Yes	70710159101	ACETAZOLAMIDE ER	60	\$1.16667	\$0.41667	101%-200% Above
Non-ORx	Yes	70710160901	BACLOFEN	60	\$0.91667	\$0.70000	26%-50% Above
Non-ORx	Yes	70710160901	BACLOFEN	30	\$0.13333	\$0.70000	(76%-100%) Below
Non-ORx	Yes	70710176006	ENOXAPARIN SODIUM	40	\$6.45000	\$10.10000	(26%-50%) Below
Non-ORx	Yes	70748022001	TACROLIMUS	240	\$0.52500	\$0.37500	26%-50% Above
Non-ORx	Yes	70752010112	CYPROHEPTADINE HYDROCHLOR	210	\$0.09524	\$0.06191	51%-75% Above
Non-ORx	Yes	70756020212	AMITRIPTYLINE HYDROCHLORI	30	\$0.36667	\$0.06667	200% Above
Non-ORx	Yes	70756020312	AMITRIPTYLINE HYDROCHLORI	60	\$0.50000	\$0.16667	200% Above
Non-ORx	Yes	70756021490	FENOFIBRATE	60	\$0.56667	\$0.13333	200% Above
Non-ORx	Yes	70756021551	FENOFIBRATE	90	\$1.87778	\$0.18889	200% Above
Non-ORx	Yes	70756021551	FENOFIBRATE	90	\$0.63333	\$0.15556	200% Above
Non-ORx	Yes	70756021551	FENOFIBRATE	150	\$0.63333	\$0.20000	200% Above
Non-ORx	Yes	70756021590	FENOFIBRATE	60	\$0.51667	\$0.20000	101%-200% Above
Non-ORx	Yes	70756021590	FENOFIBRATE	60	\$0.66667	\$0.16667	200% Above
Non-ORx	Yes	70756021590	FENOFIBRATE	28	\$0.67857	\$0.14286	200% Above
Non-ORx	Yes	70756021590	FENOFIBRATE	30	\$0.20000	\$0.16667	10%-25% Above
Non-ORx	Yes	70756040711	CLOMIPRAMINE HYDROCHLORID	90	\$0.64444	\$0.72222	(10%-25%) Below
Non-ORx	Yes	70756080751	LANSOPRAZOLE	120	\$0.40000	\$0.13333	200% Above
Non-ORx	Yes	70756080751	LANSOPRAZOLE	60	\$0.40000	\$0.13333	200% Above
Non-ORx	Yes	70756081230	OLMESARTAN MEDOXOMIL/HYDR	30	\$0.33333	\$0.23333	26%-50% Above
Non-ORx	Yes	70756081290	OLMESARTAN MEDOXOMIL/HYDR	90	\$0.27778	\$0.23333	10%-25% Above
Non-ORx	Yes	70756081330	OLMESARTAN MEDOXOMIL/HYDR	90	\$1.15556	\$0.28889	200% Above
Non-ORx	Yes	70756081390	OLMESARTAN MEDOXOMIL/HYDR	90	\$1.11111	\$0.28889	200% Above
Non-ORx	Yes	70756081490	OLMESARTAN MEDOXOMIL/HYDR	90	\$0.83333	\$0.30000	101%-200% Above
Non-ORx	Yes	70954000510	OXYBUTYNIN CHLORIDE	60	\$0.10000	\$0.08333	10%-25% Above
Non-ORx	Yes	70954000510	OXYBUTYNIN CHLORIDE	60	\$0.20000	\$0.06667	200% Above
Non-ORx	Yes	70954000510	OXYBUTYNIN CHLORIDE	30	\$0.26667	\$0.06667	200% Above
Non-ORx	Yes	70954000520	OXYBUTYNIN CHLORIDE	90	\$0.23333	\$0.06667	200% Above
Non-ORx	Yes	70954000520	OXYBUTYNIN CHLORIDE	30	\$0.10000	\$0.06667	51%-75% Above
Non-ORx	Yes	70954001910	PRAZOSIN HYDROCHLORIDE	30	\$0.43333	\$0.20000	101%-200% Above
Non-ORx	Yes	70954003620	CLOTRIMAZOLE	30	\$2.06667	\$1.06667	76%-100% Above
Non-ORx	Yes	70954005820	PREDNISONE	90	\$0.15556	\$0.06667	101%-200% Above

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
Non-ORx	Yes	70954005820	PREDNISONE	30	\$0.16667	\$0.06667	101%-200% Above
Non-ORx	Yes	70954005820	PREDNISONE	21	\$0.14286	\$0.04762	200% Above
Non-ORx	Yes	70954005830	PREDNISONE	21	\$0.57143	\$0.42857	26%-50% Above
Non-ORx	Yes	70954005920	PREDNISONE	40	\$0.17500	\$0.07500	101%-200% Above
Non-ORx	Yes	70954005920	PREDNISONE	15	\$0.13333	\$0.06667	101%-200% Above
Non-ORx	Yes	70954005930	PREDNISONE	63	\$0.95238	\$0.76191	26%-50% Above
Non-ORx	Yes	70954006020	PREDNISONE	21	\$0.19048	\$0.09524	101%-200% Above
Non-ORx	Yes	70954008510	CHLORZOXAZONE	180	\$0.70556	\$0.26667	101%-200% Above
Non-ORx	Yes	71093011105	GABAPENTIN	180	\$0.40000	\$0.08889	200% Above
Non-ORx	Yes	71093012105	GABAPENTIN	120	\$0.04167	\$0.05000	(10%-25%) Below
Non-ORx	Yes	71093012205	GABAPENTIN	210	\$0.18095	\$0.06191	101%-200% Above
Non-ORx	Yes	71093015606	ZOLPIDEM TARTRATE	60	\$0.15000	\$0.03333	200% Above
Non-ORx	Yes	71930000713	BACLOFEN	30	\$0.06667	\$0.13333	(26%-50%) Below
Non-ORx	Yes	71930001912	HYDROCODONE BITARTRATE/AC	12	\$0.25000	\$0.08333	200% Above
Non-ORx	Yes	71930001912	HYDROCODONE BITARTRATE/AC	9	\$0.22222	\$0.11111	101%-200% Above
Non-ORx	Yes	71930002012	HYDROCODONE BITARTRATE/AC	90	\$0.26667	\$0.12222	101%-200% Above
Non-ORx	Yes	71930002052	HYDROCODONE BITARTRATE/AC	20	\$0.40000	\$0.10000	200% Above
Non-ORx	Yes	71930005552	ACETAMINOPHEN/CODEINE PHO	120	\$0.15833	\$0.10833	26%-50% Above
Non-ORx	Yes	71930005552	ACETAMINOPHEN/CODEINE PHO	40	\$0.17500	\$0.10000	76%-100% Above
Non-ORx	Yes	72205000390	ROSUVASTATIN CALCIUM	180	\$0.28889	\$0.06667	200% Above
Non-ORx	Yes	72205000390	ROSUVASTATIN CALCIUM	180	\$0.24444	\$0.06667	200% Above
Non-ORx	Yes	72205000399	ROSUVASTATIN CALCIUM	60	\$0.30000	\$0.06667	200% Above
Non-ORx	Yes	72205000399	ROSUVASTATIN CALCIUM	120	\$0.24167	\$0.06667	200% Above
Non-ORx	Yes	72205000490	ROSUVASTATIN CALCIUM	180	\$0.49444	\$0.07778	200% Above
Non-ORx	Yes	72205000490	ROSUVASTATIN CALCIUM	240	\$0.41250	\$0.06667	200% Above
Non-ORx	Yes	72205000499	ROSUVASTATIN CALCIUM	90	\$0.42222	\$0.07778	200% Above
Non-ORx	Yes	72205000499	ROSUVASTATIN CALCIUM	210	\$0.29048	\$0.06667	200% Above
Non-ORx	Yes	72205000530	ROSUVASTATIN CALCIUM	90	\$0.65556	\$0.13333	200% Above
Non-ORx	Yes	72205000530	ROSUVASTATIN CALCIUM	150	\$0.74000	\$0.13333	200% Above
Non-ORx	Yes	72205000599	ROSUVASTATIN CALCIUM	60	\$0.55000	\$0.13333	200% Above
Non-ORx	Yes	72205000599	ROSUVASTATIN CALCIUM	60	\$0.58333	\$0.13333	200% Above
Non-ORx	Yes	72205001390	PREGABALIN	60	\$0.21667	\$0.06667	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
Non-ORx	Yes	72205001590	PREGABALIN	60	\$0.06667	\$0.10000	(26%-50%) Below
Non-ORx	Yes	72205001690	PREGABALIN	240	\$0.18333	\$0.10417	76%-100% Above
Non-ORx	Yes	72205001890	PREGABALIN	60	\$0.51667	\$0.13333	200% Above
Non-ORx	Yes	72205002405	ATORVASTATIN CALCIUM	28	\$0.53571	\$0.07143	200% Above
Non-ORx	Yes	72205002505	ATORVASTATIN CALCIUM	60	\$0.41667	\$0.10000	200% Above
Non-ORx	Yes	72205002790	ROSUVASTATIN CALCIUM	240	\$0.59583	\$0.06667	200% Above
Non-ORx	Yes	72205002799	ROSUVASTATIN CALCIUM	60	\$0.33333	\$0.06667	200% Above
Non-ORx	Yes	72578000105	DOXYCYCLINE HYCLATE	4	\$0.50000	\$0.25000	101%-200% Above
Non-ORx	Yes	72578000118	DOXYCYCLINE HYCLATE	30	\$0.56667	\$0.13333	200% Above
Non-ORx	Yes	72578000118	DOXYCYCLINE HYCLATE	90	\$0.26667	\$0.13333	101%-200% Above
Non-ORx	Yes	72578000118	DOXYCYCLINE HYCLATE	20	\$0.55000	\$0.15000	200% Above
Non-ORx	Yes	72578000201	ACYCLOVIR	30	\$0.20000	\$0.13333	51%-75% Above
Non-ORx	Yes	72578000805	METRONIDAZOLE	14	\$0.57143	\$0.14286	200% Above
Non-ORx	Yes	72606050803	TELMISARTAN	30	\$0.50000	\$0.30000	51%-75% Above
Non-ORx	Yes	72664021101	NADOLOL	30	\$0.60000	\$0.30000	101%-200% Above
Non-ORx	Yes	72664021201	NADOLOL	30	\$0.86667	\$0.33333	101%-200% Above
Non-ORx	Yes	72888003905	AMIODARONE HYDROCHLORIDE	60	\$0.26667	\$0.13333	101%-200% Above
Non-ORx	Yes	73070010315	INSULIN ASPART FLEXPEN	15	\$14.66667	\$17.86667	(10%-25%) Below
Non-ORx	Yes	75826011410	PHENAZOPYRIDINE HYDROCHLO	30	\$1.66667	\$0.36667	200% Above
Non-ORx	Yes	75826011410	PHENAZOPYRIDINE HYDROCHLO	9	\$1.66667	\$0.33333	200% Above
Non-ORx	Yes	75826011510	PHENAZOPYRIDINE HCL	18	\$1.77778	\$0.44444	200% Above
Non-ORx	Yes	75834010901	CHLORTHALIDONE	90	\$0.50000	\$0.16667	200% Above
Non-ORx	Yes	75834010901	CHLORTHALIDONE	30	\$0.43333	\$0.16667	101%-200% Above
Non-ORx	Yes	75834010910	CHLORTHALIDONE	60	\$0.23333	\$0.16667	26%-50% Above
Non-ORx	Yes	75834011001	CHLORTHALIDONE	30	\$0.66667	\$0.26667	101%-200% Above
Non-ORx	Yes	75834012401	ACYCLOVIR	30	\$0.16667	\$0.10000	51%-75% Above
Non-ORx	Yes	75834013029	NORETHINDRONE ACETATE/ETH	28	\$1.67857	\$1.46429	10%-25% Above
Non-ORx	Yes	75834015901	VERAPAMIL HYDROCHLORIDE E	90	\$0.28889	\$0.17778	51%-75% Above
Non-ORx	Yes	75834015901	VERAPAMIL HYDROCHLORIDE E	60	\$0.26667	\$0.16667	51%-75% Above
Non-ORx	Yes	75834015901	VERAPAMIL HYDROCHLORIDE E	60	\$0.35000	\$0.16667	101%-200% Above
Non-ORx	Yes	75834015905	VERAPAMIL HYDROCHLORIDE E	60	\$0.60000	\$0.16667	200% Above
Non-ORx	Yes	75834023805	CELECOXIB	30	\$0.66667	\$0.13333	200% Above
Non-ORx	Yes	75834025601	ATORVASTATIN CALCIUM	90	\$0.26667	\$0.03333	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
Non-ORx	Yes	75834025701	ATORVASTATIN CALCIUM	30	\$0.33333	\$0.06667	200% Above
Non-ORx	Yes	75834025801	ATORVASTATIN CALCIUM	30	\$0.36667	\$0.10000	200% Above
Non-ORx	Yes	75834050005	METFORMIN HYDROCHLORIDE E	360	\$0.21944	\$0.03889	200% Above
Non-ORx	Yes	75834050005	METFORMIN HYDROCHLORIDE E	180	\$0.14444	\$0.03333	200% Above
Non-ORx	Yes	75834050005	METFORMIN HYDROCHLORIDE E	450	\$0.12222	\$0.03556	200% Above
Non-ORx	Yes	75834050005	METFORMIN HYDROCHLORIDE E	360	\$0.12222	\$0.03611	200% Above
Non-ORx	Yes	75834050005	METFORMIN HYDROCHLORIDE E	90	\$0.11111	\$0.03333	200% Above
Non-ORx	Yes	75834050005	METFORMIN HYDROCHLORIDE E	300	\$0.16333	\$0.03333	200% Above
Non-ORx	Yes	75834050005	METFORMIN HYDROCHLORIDE E	120	\$0.18333	\$0.03333	200% Above
Non-ORx	Yes	75854031530	PRENATE MINI	30	\$8.56667	\$10.50000	(10%-25%) Below
Non-ORx	Yes	76204010025	IPRATROPIUM BROMIDE	313	\$0.12141	\$0.05751	101%-200% Above
Non-ORx	Yes	76204020025	ALBUTEROL SULFATE	450	\$0.07778	\$0.04222	76%-100% Above
Non-ORx	Yes	76204020025	ALBUTEROL SULFATE	300	\$0.11667	\$0.04000	101%-200% Above
Non-ORx	Yes	76204020025	ALBUTEROL SULFATE	150	\$0.16000	\$0.04000	200% Above
Non-ORx	Yes	76204020030	ALBUTEROL SULFATE	90	\$0.24444	\$0.04444	200% Above
Non-ORx	Yes	76204020060	ALBUTEROL SULFATE	720	\$0.20278	\$0.04444	200% Above
Non-ORx	Yes	76204020060	ALBUTEROL SULFATE	540	\$0.17963	\$0.04444	200% Above
Non-ORx	Yes	76204060030	IPRATROPIUM BROMIDE/ALBUT	180	\$0.08333	\$0.06111	26%-50% Above
Non-ORx	Yes	76204060060	IPRATROPIUM BROMIDE/ALBUT	180	\$0.08333	\$0.06111	26%-50% Above
Non-ORx	Yes	76204080025	LEVALBUTEROL HCL	150	\$0.55333	\$0.31333	76%-100% Above
Non-ORx	Yes	76282044805	LISINOPRIL/HYDROCHLOROTHI	30	\$0.23333	\$0.03333	200% Above
Non-ORx	Yes	76385011050	CARVEDIOL	360	\$0.17222	\$0.02222	200% Above
Non-ORx	Yes	76385011050	CARVEDIOL	56	\$0.26786	\$0.01786	200% Above
Non-ORx	Yes	76385011150	CARVEDIOL	180	\$0.16667	\$0.02222	200% Above
Non-ORx	Yes	76385011150	CARVEDIOL	120	\$0.16667	\$0.01667	200% Above
Non-ORx	Yes	76385011250	CARVEDIOL	180	\$0.17222	\$0.02222	200% Above
Non-ORx	Yes	76385013501	NADOLOL	90	\$1.07778	\$0.46667	101%-200% Above
Y	No	00054309036	BUTORPHANOL TARTRATE	8	\$9.25000	\$12.00000	(10%-25%) Below
Y	No	00093360882	FLUTICASONE PROPIONATE/SA	3	\$96.33333	\$84.33333	10%-25% Above
Y	No	00093719805	FLUOXETINE HYDROCHLORIDE	30	\$0.30000	\$0.06667	200% Above
Y	No	00115165903	PROPRANOLOL HYDROCHLORIDE	180	\$0.26667	\$0.07778	200% Above
Y	No	00115991801	DEXMETHYLPHENIDATE HCL ER	90	\$1.22222	\$1.43333	(10%-25%) Below
Y	No	00228207610	TEMAZEPAM	60	\$0.16667	\$0.08333	101%-200% Above
Y	No	00378145001	LITHIUM CARBONATE ER	180	\$0.25000	\$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
Y	No	00378292277	TELMISARTAN	90	\$1.05556	\$0.31111	200% Above
Y	No	00378292293	TELMISARTAN	90	\$0.94444	\$0.31111	200% Above
Y	No	00406052201	OXYCODONE/ACETAMINOPHEN	70	\$0.08571	\$0.12857	(26%-50%) Below
Y	No	00555097402	AMPHETAMINE/DEXTROAMPHE TA	45	\$0.24444	\$0.31111	(10%-25%) Below
Y	No	00555913167	OCELLA	84	\$1.46429	\$0.27381	200% Above
Y	No	00591079410	DICYCLOMINE HYDROCHLORIDE	60	\$0.08333	\$0.11667	(26%-50%) Below
Y	No	13668000710	ZOLPIDEM TARTRATE	90	\$0.07778	\$0.03333	101%-200% Above
Y	No	13668000810	ZOLPIDEM TARTRATE	90	\$0.11111	\$0.03333	200% Above
Y	No	13668000810	ZOLPIDEM TARTRATE	30	\$0.10000	\$0.03333	200% Above
Y	No	13668009490	PRAMIPEXOLE DIHYDROCHLORI	90	\$0.26667	\$0.05556	200% Above
Y	No	16729018317	HYDROCHLOROTHIAZIDE	90	\$0.05556	\$0.01111	200% Above
Y	No	16729021816	CLOPIDOGREL	90	\$0.48889	\$0.06667	200% Above
Y	No	16729048001	METHYLPHENIDATE HYDROCHLO	90	\$0.36667	\$0.21111	51%-75% Above
Y	No	27808009201	DEXMETHYLPHENIDATE HCL	90	\$0.48889	\$0.16667	101%-200% Above
Y	No	31722013190	DUTASTERIDE	90	\$0.71111	\$0.21111	200% Above
Y	No	31722056560	INDOMETHACIN ER	30	\$0.26667	\$0.23333	10%-25% Above
Y	No	31722077705	ACYCLOVIR	30	\$0.20000	\$0.10000	101%-200% Above
Y	No	42192032701	NP THYROID 15	270	\$0.55926	\$0.50741	10%-25% Above
Y	No	42385095330	EMTRICITABINE/TENOFOVIR D	90	\$3.04444	\$0.83333	200% Above
Y	No	42571024301	ACETAZOLAMIDE ER	180	\$1.26667	\$0.39444	200% Above
Y	No	43547028211	ESCITALOPRAM OXALATE	90	\$0.35556	\$0.07778	200% Above
Y	No	43547040610	CLONAZEPAM	120	\$0.14167	\$0.02500	200% Above
Y	No	43547040610	CLONAZEPAM	90	\$0.14444	\$0.02222	200% Above
Y	No	43547040610	CLONAZEPAM	45	\$0.13333	\$0.02222	200% Above
Y	No	43547040610	CLONAZEPAM	60	\$0.13333	\$0.01667	200% Above
Y	No	43547040710	CLONAZEPAM	180	\$0.18333	\$0.03333	200% Above
Y	No	43547040710	CLONAZEPAM	180	\$0.14444	\$0.03333	200% Above
Y	No	43598016430	OLANZAPINE	30	\$0.26667	\$0.10000	101%-200% Above
Y	No	45802070000	TACROLIMUS	90	\$1.90000	\$2.11111	(10%-25%) Below
Y	No	50228017910	GABAPENTIN	270	\$0.14815	\$0.02963	200% Above
Y	No	50742061610	METOPROLOL SUCCINATE ER	90	\$0.33333	\$0.10000	200% Above
Y	No	50742061610	METOPROLOL SUCCINATE ER	90	\$0.33333	\$0.11111	200% Above
Y	No	50742065884	ESTRADIOL/NORETHINDRONE A	84	\$2.03571	\$1.73810	10%-25% Above
Y	No	51224011960	GABAPENTIN	60	\$0.16667	\$0.05000	200% Above
Y	No	51672128003	DESONIDE	60	\$1.08333	\$0.65000	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
Y	No	51991070510	ALPRAZOLAM	180	\$0.04444	\$0.02222	101%-200% Above
Y	No	51991070610	ALPRAZOLAM	180	\$0.04444	\$0.02222	101%-200% Above
Y	No	57237004230	VALACYCLOVIR HYDROCHLORID	90	\$0.25556	\$0.31111	(10%-25%) Below
Y	No	57237016250	OMEPRAZOLE	90	\$0.45556	\$0.06667	200% Above
Y	No	59651010569	ELETRIPTAN HYDROBROMIDE	36	\$8.00000	\$3.66667	101%-200% Above
Y	No	59651021430	AZELASTINE HYDROCHLORIDE	120	\$0.56667	\$0.26667	101%-200% Above
Y	No	60505008302	PAROXETINE HYDROCHLORIDE	30	\$0.03333	\$0.10000	(51%-75%) Below
Y	No	60505082901	FLUTICASONE PROPIONATE	48	\$0.47917	\$0.27083	76%-100% Above
Y	No	60505257908	ATORVASTATIN CALCIUM	30	\$0.13333	\$0.03333	200% Above
Y	No	60505258008	ATORVASTATIN CALCIUM	90	\$0.33333	\$0.05556	200% Above
Y	No	62332038690	MODAFINIL	90	\$0.76667	\$0.56667	26%-50% Above
Y	No	62332038690	MODAFINIL	180	\$0.76667	\$0.57222	26%-50% Above
Y	No	62332063731	DOXEPIN HYDROCHLORIDE	30	\$0.26667	\$0.23333	10%-25% Above
Y	No	62559027830	NEBIVOLOL	90	\$4.18889	\$0.64444	200% Above
Y	No	62756001540	TESTOSTERONE CYPIONATE	6	\$4.33333	\$15.33333	(51%-75%) Below
Y	No	62756001540	TESTOSTERONE CYPIONATE	6	\$4.33333	\$15.16667	(51%-75%) Below
Y	No	62756001540	TESTOSTERONE CYPIONATE	5	\$4.40000	\$15.20000	(51%-75%) Below
Y	No	62756079813	DIVALPROEX SODIUM DR	60	\$0.38333	\$0.13333	101%-200% Above
Y	No	65162062711	TRAMADOL HCL	60	\$0.05000	\$0.01667	200% Above
Y	No	65162062711	TRAMADOL HCL	35	\$0.05714	\$0.02857	101%-200% Above
Y	No	65162062750	TRAMADOL HCL	90	\$0.05556	\$0.02222	101%-200% Above
Y	No	65162089703	ARIPIRAZOLE	90	\$0.26667	\$0.16667	51%-75% Above
Y	No	65862001305	SERTRALINE HYDROCHLORIDE	45	\$0.28889	\$0.06667	200% Above
Y	No	65862019399	FLUOXETINE HCL	90	\$0.17778	\$0.03333	200% Above
Y	No	65862020390	LOSARTAN POTASSIUM	180	\$0.44444	\$0.08889	200% Above
Y	No	65862023060	LAMOTRIGINE	30	\$0.06667	\$0.10000	(26%-50%) Below
Y	No	65862023060	LAMOTRIGINE	90	\$0.41111	\$0.10000	200% Above
Y	No	65862096901	ESZOPICLONE	90	\$0.44444	\$0.16667	101%-200% Above
Y	No	66993008479	SUMATRIPTAN SUCCINATE REF	15	\$136.26667	\$116.93333	10%-25% Above
Y	No	67877024801	QUETIAPINE FUMARATE	30	\$0.26667	\$0.20000	26%-50% Above
Y	No	67877025010	QUETIAPINE FUMARATE	90	\$0.16667	\$0.05556	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	68180011807	LEVETIRACETAM ER	450	\$1.02222	\$0.40444	101%-200% Above
Y	No	68180030360	CEFUROXIME AXETIL	28	\$0.32143	\$0.53571	(26%-50%) Below
Y	No	68180032301	ESZOPICLONE	180	\$0.42222	\$0.23333	76%-100% Above
Y	No	68180051802	LISINOPRIL/HYDROCHLOROTHI	90	\$0.23333	\$0.03333	200% Above
Y	No	68180098003	LISINOPRIL	90	\$0.11111	\$0.02222	200% Above
Y	No	68382008001	HALOPERIDOL	90	\$0.60000	\$0.53333	10%-25% Above
Y	No	68462026290	ROSUVASTATIN CALCIUM	30	\$0.30000	\$0.06667	200% Above
Y	No	69097012715	AMLODIPINE BESYLATE	90	\$0.08889	\$0.01111	200% Above
Y	No	69238131409	PREGABALIN	60	\$0.31667	\$0.08333	200% Above
Y	No	69315013710	BENZTROPINE MESYLATE	60	\$0.25000	\$0.08333	200% Above
Y	No	69315090410	LORAZEPAM	270	\$0.07407	\$0.03704	101%-200% Above
Y	No	69315090410	LORAZEPAM	180	\$0.07222	\$0.03889	76%-100% Above
Y	No	69315090410	LORAZEPAM	90	\$0.08889	\$0.03333	101%-200% Above
Y	No	69315090410	LORAZEPAM	30	\$0.06667	\$0.03333	101%-200% Above
Y	No	69315090510	LORAZEPAM	60	\$0.08333	\$0.05000	51%-75% Above
Y	No	70010000501	DEXMETHYLPHENIDATE HYDROC	180	\$2.63889	\$1.47222	76%-100% Above
Y	No	70436001102	BUPROPION HYDROCHLORIDE E	90	\$0.54444	\$0.20000	101%-200% Above
Y	No	70436001102	BUPROPION HYDROCHLORIDE E	30	\$0.60000	\$0.20000	200% Above
Y	No	70756021590	FENOFIBRATE	180	\$0.63333	\$0.18889	200% Above
Y	No	70756021590	FENOFIBRATE	30	\$0.13333	\$0.20000	(26%-50%) Below
Y	No	76385010001	METHSCOPOLAMINE BROMIDE	270	\$1.17037	\$1.01852	10%-25% Above
Y	Yes	00093820401	CIMETIDINE	31	\$0.74194	\$0.54839	26%-50% Above
Y	Yes	00574022701	BENAZEPRIL HYDROCHLORIDE/	90	\$0.84444	\$0.40000	101%-200% Above
Y	Yes	00591079410	DICYCLOMINE HYDROCHLORIDE	124	\$0.08871	\$0.11290	(10%-25%) Below
Y	Yes	42571024301	ACETAZOLAMIDE ER	270	\$1.27037	\$0.42593	101%-200% Above
Y	Yes	43547040610	CLONAZEPAM	180	\$0.13889	\$0.02222	200% Above
Y	Yes	43598051090	ESOMEPRAZOLE MAGNESIUM	90	\$4.17778	\$0.20000	200% Above
Y	Yes	51991070610	ALPRAZOLAM	135	\$0.04444	\$0.02222	101%-200% Above
Y	Yes	55111025960	ZIPRASIDONE HCL	90	\$1.62222	\$0.43333	200% Above
Y	Yes	60505257808	ATORVASTATIN CALCIUM	90	\$0.94444	\$0.03333	200% Above
Y	Yes	62756018413	OXCARBAZEPINE	540	\$0.40000	\$0.21482	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
Y	Yes	65862023060	LAMOTRIGINE	60	\$0.45000	\$0.10000	200% Above
Y	Yes	65862056090	PANTOPRAZOLE SODIUM	31	\$0.41936	\$0.06452	200% Above
Y	Yes	67877041390	METFORMIN HYDROCHLORIDE E	360	\$0.61111	\$0.03611	200% Above
Y	Yes	69097012615	AMLODIPINE BESYLATE	90	\$0.41111	\$0.01111	200% Above
Non-ORx	No	00054472831	PREDNISONE	21	\$0.14286	\$0.04762	200% Above
Non-ORx	No	00054474225	PREDNISONE	90	\$0.11111	\$0.07778	26%-50% Above
Non-ORx	No	00054474225	PREDNISONE	60	\$0.11667	\$0.08333	26%-50% Above
Non-ORx	No	00054474225	PREDNISONE	60	\$0.10000	\$0.06667	51%-75% Above
Non-ORx	No	00054485925	TRIAZOLAM	30	\$2.26667	\$1.06667	101%-200% Above
Non-ORx	No	00054485925	TRIAZOLAM	1	\$2.00000	\$1.00000	101%-200% Above
Non-ORx	No	00054485925	TRIAZOLAM	2	\$2.50000	\$1.00000	101%-200% Above
Non-ORx	No	00054981729	PREDNISONE	21	\$0.19048	\$0.09524	101%-200% Above
Non-ORx	No	00054981729	PREDNISONE	21	\$0.09524	\$0.04762	101%-200% Above
Non-ORx	No	00054982825	PREDNISONE	30	\$0.16667	\$0.06667	101%-200% Above
Non-ORx	No	00054982831	PREDNISONE	90	\$0.16667	\$0.06667	101%-200% Above
Non-ORx	No	00054982831	PREDNISONE	10	\$0.20000	\$0.10000	101%-200% Above
Non-ORx	No	00054982831	PREDNISONE	15	\$0.13333	\$0.06667	101%-200% Above
Non-ORx	No	00054982831	PREDNISONE	21	\$0.09524	\$0.04762	101%-200% Above
Non-ORx	No	00074518290	SYNTHROID	90	\$1.05556	\$1.37778	(10%-25%) Below
Non-ORx	No	00074659490	SYNTHROID	180	\$1.17222	\$1.37778	(10%-25%) Below
Non-ORx	No	00074662490	SYNTHROID	90	\$1.05556	\$1.37778	(10%-25%) Below
Non-ORx	No	00078069620	ENTRESTO	300	\$8.72333	\$9.98333	(10%-25%) Below
Non-ORx	No	00078087601	TOBRADEX	12	\$48.66667	\$55.00000	(10%-25%) Below
Non-ORx	No	00088221905	LANTUS SOLOSTAR	135	\$23.82222	\$27.24444	(10%-25%) Below
Non-ORx	No	00093005301	BUSPIRONE HYDROCHLORIDE	270	\$0.17037	\$0.03333	200% Above
Non-ORx	No	00093005301	BUSPIRONE HYDROCHLORIDE	120	\$0.15833	\$0.02500	200% Above
Non-ORx	No	00093005301	BUSPIRONE HYDROCHLORIDE	90	\$0.13333	\$0.03333	200% Above
Non-ORx	No	00093005301	BUSPIRONE HYDROCHLORIDE	420	\$0.14762	\$0.03333	200% Above
Non-ORx	No	00093005401	BUSPIRONE HYDROCHLORIDE	180	\$0.13889	\$0.03333	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
Non-ORx	No	00093005401	BUSPIRONE HYDROCHLORIDE	240	\$0.11667	\$0.04167	101%-200% Above
Non-ORx	No	00093005401	BUSPIRONE HYDROCHLORIDE	180	\$0.16667	\$0.03889	200% Above
Non-ORx	No	00093005401	BUSPIRONE HYDROCHLORIDE	60	\$0.11667	\$0.05000	101%-200% Above
Non-ORx	No	00093005401	BUSPIRONE HYDROCHLORIDE	30	\$0.10000	\$0.03333	200% Above
Non-ORx	No	00093005401	BUSPIRONE HYDROCHLORIDE	59	\$0.16949	\$0.03390	200% Above
Non-ORx	No	00093005401	BUSPIRONE HYDROCHLORIDE	900	\$0.13333	\$0.03333	200% Above
Non-ORx	No	00093005405	BUSPIRONE HYDROCHLORIDE	120	\$0.18333	\$0.04167	200% Above
Non-ORx	No	00093005405	BUSPIRONE HYDROCHLORIDE	120	\$0.15000	\$0.03333	200% Above
Non-ORx	No	00093005405	BUSPIRONE HYDROCHLORIDE	30	\$0.16667	\$0.03333	200% Above
Non-ORx	No	00093005805	TRAMADOL HCL	76	\$0.17105	\$0.02632	200% Above
Non-ORx	No	00093005805	TRAMADOL HCL	78	\$0.16667	\$0.02564	200% Above
Non-ORx	No	00093005805	TRAMADOL HCL	180	\$0.16667	\$0.02222	200% Above
Non-ORx	No	00093005805	TRAMADOL HCL	112	\$0.16071	\$0.02679	200% Above
Non-ORx	No	00093005805	TRAMADOL HCL	540	\$0.16111	\$0.02222	200% Above
Non-ORx	No	00093005805	TRAMADOL HCL	150	\$0.19333	\$0.02667	200% Above
Non-ORx	No	00093005805	TRAMADOL HCL	240	\$0.14583	\$0.02500	200% Above
Non-ORx	No	00093005805	TRAMADOL HCL	360	\$0.15556	\$0.01667	200% Above
Non-ORx	No	00093005805	TRAMADOL HCL	78	\$0.12821	\$0.03846	200% Above
Non-ORx	No	00093005805	TRAMADOL HCL	84	\$0.14286	\$0.03571	200% Above
Non-ORx	No	00093005805	TRAMADOL HCL	24	\$0.20833	\$0.04167	200% Above
Non-ORx	No	00093005805	TRAMADOL HCL	42	\$0.19048	\$0.04762	200% Above
Non-ORx	No	00093005805	TRAMADOL HCL	60	\$0.16667	\$0.03333	200% Above
Non-ORx	No	00093009001	EPITOL	90	\$0.23333	\$0.21111	10%-25% Above
Non-ORx	No	00093010901	CARBAMAZEPINE	90	\$0.74444	\$0.20000	200% Above
Non-ORx	No	00093015001	ACETAMINOPHEN/CODEINE	16	\$0.25000	\$0.12500	101%-200% Above
Non-ORx	No	00093015001	ACETAMINOPHEN/CODEINE	8	\$0.25000	\$0.12500	101%-200% Above
Non-ORx	No	00093026292	FLUOCINONIDE	120	\$0.85000	\$0.63333	26%-50% Above
Non-ORx	No	00093026492	FLUOCINONIDE	60	\$1.13333	\$0.31667	200% Above
Non-ORx	No	00093031401	KETOROLAC TROMETHAMINE	100	\$1.39000	\$0.70000	76%-100% Above
Non-ORx	No	00093031401	KETOROLAC TROMETHAMINE	240	\$1.47500	\$0.65000	101%-200% Above
Non-ORx	No	00093031401	KETOROLAC TROMETHAMINE	40	\$1.50000	\$0.65000	101%-200% Above
Non-ORx	No	00093031401	KETOROLAC TROMETHAMINE	60	\$1.36667	\$0.63333	101%-200% Above
Non-ORx	No	00093031401	KETOROLAC TROMETHAMINE	27	\$1.51852	\$0.62963	101%-200% Above
Non-ORx	No	00093031401	KETOROLAC TROMETHAMINE	20	\$1.50000	\$0.60000	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
Non-ORx	No	00093031401	KETOROLAC TROMETHAMINE	9	\$1.55556	\$0.66667	101%-200% Above
Non-ORx	No	00093031401	KETOROLAC TROMETHAMINE	2	\$1.50000	\$0.50000	200% Above
Non-ORx	No	00093031401	KETOROLAC TROMETHAMINE	150	\$1.48000	\$0.66667	101%-200% Above
Non-ORx	No	00093031401	KETOROLAC TROMETHAMINE	36	\$1.50000	\$0.66667	101%-200% Above
Non-ORx	No	00093057606	LOVASTATIN	30	\$0.23333	\$0.03333	200% Above
Non-ORx	No	00093057610	LOVASTATIN	180	\$0.15000	\$0.05556	101%-200% Above
Non-ORx	No	00093057610	LOVASTATIN	60	\$0.43333	\$0.06667	200% Above
Non-ORx	No	00093057610	LOVASTATIN	60	\$0.23333	\$0.03333	200% Above
Non-ORx	No	00093071101	FLURBIPROFEN	90	\$0.48889	\$0.38889	26%-50% Above
Non-ORx	No	00093071101	FLURBIPROFEN	60	\$0.65000	\$0.33333	76%-100% Above
Non-ORx	No	00093075210	ATENOLOL	180	\$0.22222	\$0.03333	200% Above
Non-ORx	No	00093075210	ATENOLOL	180	\$0.22222	\$0.02778	200% Above
Non-ORx	No	00093075210	ATENOLOL	90	\$0.22222	\$0.02222	200% Above
Non-ORx	No	00093075210	ATENOLOL	120	\$0.18333	\$0.03333	200% Above
Non-ORx	No	00093075210	ATENOLOL	60	\$0.01667	\$0.03333	(26%-50%) Below
Non-ORx	No	00093075301	ATENOLOL	30	\$0.23333	\$0.03333	200% Above
Non-ORx	No	00093075305	ATENOLOL	180	\$0.30000	\$0.04444	200% Above
Non-ORx	No	00093077110	PRAVASTATIN SODIUM	270	\$0.32222	\$0.06667	200% Above
Non-ORx	No	00093077198	PRAVASTATIN SODIUM	450	\$0.32222	\$0.06667	200% Above
Non-ORx	No	00093077198	PRAVASTATIN SODIUM	150	\$0.34667	\$0.06667	200% Above
Non-ORx	No	00093078701	ATENOLOL	90	\$0.18889	\$0.02222	200% Above
Non-ORx	No	00093078701	ATENOLOL	60	\$0.23333	\$0.03333	200% Above
Non-ORx	No	00093078710	ATENOLOL	450	\$0.19778	\$0.02222	200% Above
Non-ORx	No	00093078710	ATENOLOL	180	\$0.21111	\$0.02778	200% Above
Non-ORx	No	00093078710	ATENOLOL	60	\$0.25000	\$0.03333	200% Above
Non-ORx	No	00093078710	ATENOLOL	150	\$0.28000	\$0.03333	200% Above
Non-ORx	No	00093078710	ATENOLOL	60	\$0.31667	\$0.01667	200% Above
Non-ORx	No	00093081001	NORTRIPTYLINE HYDROCHLORI	270	\$0.31111	\$0.06667	200% Above
Non-ORx	No	00093081001	NORTRIPTYLINE HYDROCHLORI	60	\$0.30000	\$0.06667	200% Above
Non-ORx	No	00093081001	NORTRIPTYLINE HYDROCHLORI	120	\$0.24167	\$0.06667	200% Above
Non-ORx	No	00093081101	NORTRIPTYLINE HCL	90	\$0.33333	\$0.10000	200% Above
Non-ORx	No	00093081201	NORTRIPTYLINE HYDROCHLORI	30	\$0.43333	\$0.13333	200% Above
Non-ORx	No	00093081301	NORTRIPTYLINE HCL	30	\$0.46667	\$0.16667	101%-200% Above
Non-ORx	No	00093083201	CLONAZEPAM	60	\$0.18333	\$0.01667	200% Above
Non-ORx	No	00093083205	CLONAZEPAM	80	\$0.12500	\$0.02500	200% Above
Non-ORx	No	00093083205	CLONAZEPAM	540	\$0.15185	\$0.02222	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
Non-ORx	No	00093083205	CLONAZEPAM	600	\$0.18500	\$0.02500	200% Above
Non-ORx	No	00093083205	CLONAZEPAM	1560	\$0.17628	\$0.01667	200% Above
Non-ORx	No	00093083205	CLONAZEPAM	24	\$0.20833	\$0.04167	200% Above
Non-ORx	No	00093083205	CLONAZEPAM	1080	\$0.17963	\$0.03333	200% Above
Non-ORx	No	00093083205	CLONAZEPAM	48	\$0.14583	\$0.02083	200% Above
Non-ORx	No	00093083205	CLONAZEPAM	135	\$0.17037	\$0.02222	200% Above
Non-ORx	No	00093083205	CLONAZEPAM	40	\$0.22500	\$0.02500	200% Above
Non-ORx	No	00093092606	LOVASTATIN	120	\$0.29167	\$0.06667	200% Above
Non-ORx	No	00093092610	LOVASTATIN	30	\$0.03333	\$0.06667	(26%-50%) Below
Non-ORx	No	00093092806	LOVASTATIN	60	\$0.40000	\$0.06667	200% Above
Non-ORx	No	00093092810	LOVASTATIN	180	\$0.27778	\$0.06667	200% Above
Non-ORx	No	00093092810	LOVASTATIN	150	\$0.31333	\$0.06667	200% Above
Non-ORx	No	00093094801	DICLOFENAC POTASSIUM	60	\$0.75000	\$0.45000	51%-75% Above
Non-ORx	No	00093094801	DICLOFENAC POTASSIUM	9	\$0.77778	\$0.44444	76%-100% Above
Non-ORx	No	00093098301	NYSTATIN	120	\$0.99167	\$0.36667	101%-200% Above
Non-ORx	No	00093098301	NYSTATIN	90	\$1.00000	\$0.36667	101%-200% Above
Non-ORx	No	00093098301	NYSTATIN	30	\$1.00000	\$0.36667	101%-200% Above
Non-ORx	No	00093100301	BUSPIRONE HCL	180	\$0.16111	\$0.05556	101%-200% Above
Non-ORx	No	00093100301	BUSPIRONE HCL	360	\$0.26667	\$0.05000	200% Above
Non-ORx	No	00093100301	BUSPIRONE HCL	150	\$0.20000	\$0.06667	200% Above
Non-ORx	No	00093100301	BUSPIRONE HCL	45	\$0.26667	\$0.04444	200% Above
Non-ORx	No	00093100301	BUSPIRONE HCL	600	\$0.22833	\$0.05000	200% Above
Non-ORx	No	00093100305	BUSPIRONE HCL	180	\$0.21667	\$0.05556	200% Above
Non-ORx	No	00093101042	MUPIROCIN	88	\$0.23864	\$0.18182	26%-50% Above
Non-ORx	No	00093101042	MUPIROCIN	1210	\$0.80331	\$0.18182	200% Above
Non-ORx	No	00093106101	SOTALOL HCL	90	\$0.31111	\$0.08889	200% Above
Non-ORx	No	00093106101	SOTALOL HCL	60	\$0.26667	\$0.08333	200% Above
Non-ORx	No	00093107853	CEFPROZIL	20	\$1.35000	\$1.05000	26%-50% Above
Non-ORx	No	00093117410	PENICILLIN V POTASSIUM	56	\$0.57143	\$0.10714	200% Above
Non-ORx	No	00093117410	PENICILLIN V POTASSIUM	40	\$0.60000	\$0.10000	200% Above
Non-ORx	No	00093117410	PENICILLIN V POTASSIUM	48	\$0.58333	\$0.08333	200% Above
Non-ORx	No	00093117701	NEOMYCIN SULFATE	6	\$1.00000	\$0.83333	10%-25% Above
Non-ORx	No	00093117701	NEOMYCIN SULFATE	8	\$1.00000	\$0.75000	26%-50% Above
Non-ORx	No	00093171301	WARFARIN SODIUM	30	\$0.40000	\$0.10000	200% Above
Non-ORx	No	00093171501	WARFARIN SODIUM	30	\$0.46667	\$0.10000	200% Above
Non-ORx	No	00093172001	WARFARIN SODIUM	30	\$0.13333	\$0.10000	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
Non-ORx	No	00093172101	WARFARIN SODIUM	45	\$0.46667	\$0.11111	200% Above
Non-ORx	No	00093172101	WARFARIN SODIUM	30	\$0.46667	\$0.10000	200% Above
Non-ORx	No	00093172101	WARFARIN SODIUM	12	\$0.50000	\$0.08333	200% Above
Non-ORx	No	00093172110	WARFARIN SODIUM	30	\$0.46667	\$0.10000	200% Above
Non-ORx	No	00093172301	WARFARIN SODIUM	12	\$0.50000	\$0.08333	200% Above
Non-ORx	No	00093202631	AZITHROMYCIN	60	\$0.55000	\$0.28333	76%-100% Above
Non-ORx	No	00093202631	AZITHROMYCIN	60	\$0.48333	\$0.30000	51%-75% Above
Non-ORx	No	00093206506	CILOSTAZOL	60	\$0.25000	\$0.11667	101%-200% Above
Non-ORx	No	00093214062	TRI-LO-SPRINTEC	504	\$0.60318	\$0.17857	200% Above
Non-ORx	No	00093214062	TRI-LO-SPRINTEC	84	\$0.42857	\$0.16667	101%-200% Above
Non-ORx	No	00093214062	TRI-LO-SPRINTEC	140	\$0.39286	\$0.17857	101%-200% Above
Non-ORx	No	00093217901	LIOTHYRONINE SODIUM	30	\$0.86667	\$0.40000	101%-200% Above
Non-ORx	No	00093220301	METOCLOPRAMIDE HYDROCHLOR	240	\$0.15833	\$0.05000	200% Above
Non-ORx	No	00093220301	METOCLOPRAMIDE HYDROCHLOR	60	\$0.03333	\$0.05000	(26%-50%) Below
Non-ORx	No	00093220301	METOCLOPRAMIDE HYDROCHLOR	30	\$0.16667	\$0.03333	200% Above
Non-ORx	No	00093220305	METOCLOPRAMIDE HYDROCHLOR	60	\$0.18333	\$0.05000	200% Above
Non-ORx	No	00093220305	METOCLOPRAMIDE HYDROCHLOR	72	\$0.18056	\$0.05556	200% Above
Non-ORx	No	00093220305	METOCLOPRAMIDE HYDROCHLOR	40	\$0.17500	\$0.05000	200% Above
Non-ORx	No	00093220305	METOCLOPRAMIDE HYDROCHLOR	12	\$0.16667	\$0.08333	101%-200% Above
Non-ORx	No	00093220305	METOCLOPRAMIDE HYDROCHLOR	30	\$0.16667	\$0.06667	101%-200% Above
Non-ORx	No	00093220401	METOCLOPRAMIDE HCL	180	\$0.16667	\$0.05000	200% Above
Non-ORx	No	00093220401	METOCLOPRAMIDE HCL	20	\$0.20000	\$0.05000	200% Above
Non-ORx	No	00093220401	METOCLOPRAMIDE HCL	90	\$0.05556	\$0.03333	51%-75% Above
Non-ORx	No	00093220405	METOCLOPRAMIDE HCL	90	\$0.11111	\$0.04444	101%-200% Above
Non-ORx	No	00093221001	SUCRALFATE	120	\$0.40833	\$0.20000	101%-200% Above
Non-ORx	No	00093221001	SUCRALFATE	90	\$0.41111	\$0.20000	101%-200% Above
Non-ORx	No	00093221001	SUCRALFATE	30	\$0.40000	\$0.20000	101%-200% Above
Non-ORx	No	00093221001	SUCRALFATE	28	\$0.39286	\$0.17857	101%-200% Above

Dispensing Pharmacy Affiliate of ORx	State or Local Government Health Plan	NDC	Drug Name	Drug Quantity	Average Pharmacy Reimbursement Per Unit	Average NADAC Per Unit	Percentage of NADAC Reimbursement
Non-ORx	No	00093221001	SUCRALFATE	56	\$0.41071	\$0.19643	101%-200% Above
Non-ORx	No	00093226301	AMOXICILLIN	84	\$0.33333	\$0.14286	101%-200% Above
Non-ORx	No	00093226301	AMOXICILLIN	30	\$0.33333	\$0.13333	101%-200% Above
Non-ORx	No	00093226301	AMOXICILLIN	21	\$0.33333	\$0.09524	200% Above
Non-ORx	No	00093226301	AMOXICILLIN	15	\$0.33333	\$0.13333	101%-200% Above
Non-ORx	No	00093226301	AMOXICILLIN	12	\$0.33333	\$0.08333	200% Above
Non-ORx	No	00093226301	AMOXICILLIN	40	\$0.35000	\$0.10000	200% Above
Non-ORx	No	00093226401	AMOXICILLIN	14	\$0.42857	\$0.14286	200% Above
Non-ORx	No	00093227534	AMOXICILLIN/CLAVULANATE P	60	\$0.65000	\$0.33333	76%-100% Above
Non-ORx	No	00093227534	AMOXICILLIN/CLAVULANATE P	68	\$0.64706	\$0.33824	76%-100% Above
Non-ORx	No	00093227534	AMOXICILLIN/CLAVULANATE P	94	\$0.64894	\$0.34043	76%-100% Above
Non-ORx	No	00093227534	AMOXICILLIN/CLAVULANATE P	100	\$0.92000	\$0.35000	101%-200% Above
Non-ORx	No	00093227534	AMOXICILLIN/CLAVULANATE P	42	\$0.90476	\$0.35714	101%-200% Above
Non-ORx	No	00093227534	AMOXICILLIN/CLAVULANATE P	19	\$1.00000	\$0.36842	101%-200% Above
Non-ORx	No	00093227973	AMOXICILLIN/CLAVULANATE P	200	\$0.31000	\$0.07500	200% Above
Non-ORx	No	00093227973	AMOXICILLIN/CLAVULANATE P	100	\$0.14000	\$0.07000	101%-200% Above
Non-ORx	No	00093301756	TADALAFIL	150	\$0.84000	\$0.20000	200% Above
Non-ORx	No	00093301756	TADALAFIL	24	\$0.66667	\$0.16667	200% Above
Non-ORx	No	00093301756	TADALAFIL	12	\$1.41667	\$0.16667	200% Above
Non-ORx	No	00093301856	TADALAFIL	10	\$1.30000	\$0.40000	200% Above
Non-ORx	No	00093301856	TADALAFIL	12	\$1.33333	\$0.33333	200% Above
Non-ORx	No	00093301856	TADALAFIL	3	\$3.00000	\$0.33333	200% Above
Non-ORx	No	00093301956	TADALAFIL	12	\$2.25000	\$0.41667	200% Above
Non-ORx	No	00093301956	TADALAFIL	18	\$8.27778	\$0.44444	200% Above
Non-ORx	No	00093301956	TADALAFIL	30	\$2.16667	\$0.50000	200% Above
Non-ORx	No	00093301956	TADALAFIL	5	\$2.20000	\$0.40000	200% Above
Non-ORx	No	00093309256	ARMODAFINIL	30	\$3.93333	\$0.86667	200% Above
Non-ORx	No	00093309456	ARMODAFINIL	30	\$4.30000	\$1.06667	200% Above
Non-ORx	No	00093310905	AMOXICILLIN	150	\$0.26667	\$0.06667	200% Above
Non-ORx	No	00093310905	AMOXICILLIN	56	\$0.25000	\$0.07143	200% Above
Non-ORx	No	00093310905	AMOXICILLIN	112	\$0.25000	\$0.07143	200% Above
Non-ORx	No	00093310905	AMOXICILLIN	84	\$0.17857	\$0.07143	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
Non-ORx	No	00093310905	AMOXICILLIN	14	\$0.28571	\$0.07143	200% Above
Non-ORx	No	00093310905	AMOXICILLIN	12	\$0.25000	\$0.08333	200% Above
Non-ORx	No	00093310905	AMOXICILLIN	504	\$0.23016	\$0.04762	200% Above
Non-ORx	No	00093310905	AMOXICILLIN	80	\$0.22500	\$0.05000	200% Above
Non-ORx	No	00093310905	AMOXICILLIN	16	\$0.25000	\$0.06250	200% Above
Non-ORx	No	00093312501	DICLOXACILLIN SODIUM	21	\$1.23810	\$0.90476	26%-50% Above
Non-ORx	No	00093314505	CEPHALEXIN	40	\$0.32500	\$0.10000	200% Above
Non-ORx	No	00093314505	CEPHALEXIN	30	\$0.23333	\$0.10000	101%-200% Above
Non-ORx	No	00093314505	CEPHALEXIN	21	\$0.42857	\$0.09524	200% Above
Non-ORx	No	00093314701	CEPHALEXIN	14	\$0.07143	\$0.14286	(26%-50%) Below
Non-ORx	No	00093314705	CEPHALEXIN	120	\$0.70000	\$0.10000	200% Above
Non-ORx	No	00093314705	CEPHALEXIN	60	\$0.60000	\$0.13333	200% Above
Non-ORx	No	00093314705	CEPHALEXIN	140	\$0.56429	\$0.10714	200% Above
Non-ORx	No	00093314705	CEPHALEXIN	56	\$0.08929	\$0.12500	(26%-50%) Below
Non-ORx	No	00093314705	CEPHALEXIN	42	\$0.09524	\$0.11905	(10%-25%) Below
Non-ORx	No	00093314705	CEPHALEXIN	160	\$0.69375	\$0.12500	200% Above
Non-ORx	No	00093314705	CEPHALEXIN	21	\$0.38095	\$0.14286	101%-200% Above
Non-ORx	No	00093314705	CEPHALEXIN	63	\$0.66667	\$0.09524	200% Above
Non-ORx	No	00093314705	CEPHALEXIN	30	\$0.80000	\$0.10000	200% Above
Non-ORx	No	00093314705	CEPHALEXIN	24	\$0.45833	\$0.08333	200% Above
Non-ORx	No	00093314705	CEPHALEXIN	12	\$0.83333	\$0.16667	200% Above
Non-ORx	No	00093314705	CEPHALEXIN	16	\$0.75000	\$0.12500	200% Above
Non-ORx	No	00093314705	CEPHALEXIN	98	\$0.36735	\$0.14286	101%-200% Above
Non-ORx	No	00093314705	CEPHALEXIN	140	\$0.49286	\$0.10000	200% Above
Non-ORx	No	00093317431	ALBUTEROL SULFATE HFA	26	\$2.38462	\$3.07692	(10%-25%) Below
Non-ORx	No	00093317431	ALBUTEROL SULFATE HFA	51	\$2.31373	\$3.23529	(26%-50%) Below
Non-ORx	No	00093317431	ALBUTEROL SULFATE HFA	234	\$2.40171	\$3.00000	(10%-25%) Below
Non-ORx	No	00093317431	ALBUTEROL SULFATE HFA	900	\$2.36778	\$3.22222	(26%-50%) Below
Non-ORx	No	00093321201	CLONAZEPAM	30	\$0.20000	\$0.03333	200% Above
Non-ORx	No	00093321205	CLONAZEPAM	270	\$0.17407	\$0.03333	200% Above
Non-ORx	No	00093321205	CLONAZEPAM	120	\$0.24167	\$0.03333	200% Above
Non-ORx	No	00093321205	CLONAZEPAM	720	\$0.20139	\$0.03333	200% Above
Non-ORx	No	00093321205	CLONAZEPAM	540	\$0.21296	\$0.03333	200% Above
Non-ORx	No	00093321205	CLONAZEPAM	570	\$0.21404	\$0.03333	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
Non-ORx	No	00093321205	CLONAZEPAM	20	\$0.25000	\$0.05000	200% Above
Non-ORx	No	00093321205	CLONAZEPAM	45	\$0.24444	\$0.02222	200% Above
Non-ORx	No	00093321305	CLONAZEPAM	120	\$0.24167	\$0.03333	200% Above
Non-ORx	No	00093321305	CLONAZEPAM	45	\$0.31111	\$0.04444	200% Above
Non-ORx	No	00093321305	CLONAZEPAM	15	\$0.33333	\$0.06667	200% Above
Non-ORx	No	00093321305	CLONAZEPAM	60	\$0.20000	\$0.03333	200% Above
Non-ORx	No	00093321915	KETOCONAZOLE	210	\$0.83810	\$0.50000	51%-75% Above
Non-ORx	No	00093321915	KETOCONAZOLE	45	\$1.02222	\$0.53333	76%-100% Above
Non-ORx	No	00093321930	KETOCONAZOLE	60	\$1.21667	\$0.46667	101%-200% Above
Non-ORx	No	00093321930	KETOCONAZOLE	510	\$1.09216	\$0.46667	101%-200% Above
Non-ORx	No	00093322308	ESTRADIOL	24	\$8.75000	\$7.87500	10%-25% Above
Non-ORx	No	00093322397	ESTRADIOL	8	\$14.00000	\$8.37500	51%-75% Above
Non-ORx	No	00093324101	BISOPROLOL FUMARATE/HYDRO	360	\$0.44444	\$0.35556	26%-50% Above
Non-ORx	No	00093324356	BISOPROLOL FUMARATE/HYDRO	60	\$0.81667	\$0.36667	101%-200% Above
Non-ORx	No	00093324356	BISOPROLOL FUMARATE/HYDRO	90	\$0.46667	\$0.36667	26%-50% Above
Non-ORx	No	00093324356	BISOPROLOL FUMARATE/HYDRO	180	\$0.47222	\$0.36667	26%-50% Above
Non-ORx	No	00093324356	BISOPROLOL FUMARATE/HYDRO	30	\$1.33333	\$0.30000	200% Above
Non-ORx	No	00093342201	CYCLOBENZAPRINE HYDROCHLO	90	\$0.04444	\$0.03333	26%-50% Above
Non-ORx	No	00093342210	CYCLOBENZAPRINE HYDROCHLO	60	\$0.23333	\$0.03333	200% Above
Non-ORx	No	00093342210	CYCLOBENZAPRINE HYDROCHLO	420	\$0.24524	\$0.01667	200% Above
Non-ORx	No	00093342210	CYCLOBENZAPRINE HYDROCHLO	80	\$0.23750	\$0.02500	200% Above
Non-ORx	No	00093342210	CYCLOBENZAPRINE HYDROCHLO	720	\$0.24167	\$0.02222	200% Above
Non-ORx	No	00093342210	CYCLOBENZAPRINE HYDROCHLO	35	\$0.22857	\$0.02857	200% Above
Non-ORx	No	00093342210	CYCLOBENZAPRINE HYDROCHLO	750	\$0.25733	\$0.03333	200% Above
Non-ORx	No	00093342601	LORAZEPAM	180	\$0.08333	\$0.04444	76%-100% Above
Non-ORx	No	00093342601	LORAZEPAM	180	\$0.11111	\$0.05000	101%-200% Above
Non-ORx	No	00093342601	LORAZEPAM	60	\$0.08333	\$0.03333	101%-200% Above
Non-ORx	No	00093342605	LORAZEPAM	60	\$0.15000	\$0.05000	200% Above
Non-ORx	No	00093342701	LORAZEPAM	90	\$0.16667	\$0.06667	101%-200% Above
Non-ORx	No	00093342710	LORAZEPAM	30	\$0.16667	\$0.06667	101%-200% Above
Non-ORx	No	00093354143	ESTRADIOL	387	\$1.16538	\$0.97674	10%-25% Above
Non-ORx	No	00093354456	ATOMOXETINE	30	\$3.46667	\$1.06667	200% Above
Non-ORx	No	00093354556	ATOMOXETINE	60	\$4.06667	\$1.13333	200% Above
Non-ORx	No	00093354756	ATOMOXETINE	90	\$4.73333	\$1.33333	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
Non-ORx	No	00093360982	FLUTICASONE PROPIONATE/SA	2	\$106.00000	\$83.00000	26%-50% Above
Non-ORx	No	00093406801	PRAZOSIN HYDROCHLORIDE	60	\$0.51667	\$0.30000	51%-75% Above
Non-ORx	No	00093415573	AMOXICILLIN	300	\$0.04333	\$0.02000	101%-200% Above
Non-ORx	No	00093415573	AMOXICILLIN	100	\$0.04000	\$0.02000	101%-200% Above
Non-ORx	No	00093415580	AMOXICILLIN	300	\$0.03333	\$0.02000	51%-75% Above
Non-ORx	No	00093415580	AMOXICILLIN	150	\$0.03333	\$0.02000	51%-75% Above
Non-ORx	No	00093416173	AMOXICILLIN	300	\$0.07000	\$0.02333	200% Above
Non-ORx	No	00093416173	AMOXICILLIN	1600	\$0.06438	\$0.02500	101%-200% Above
Non-ORx	No	00093416173	AMOXICILLIN	1000	\$0.07000	\$0.02000	200% Above
Non-ORx	No	00093416178	AMOXICILLIN	225	\$0.06667	\$0.02222	200% Above
Non-ORx	No	00093416178	AMOXICILLIN	2550	\$0.06196	\$0.02667	101%-200% Above
Non-ORx	No	00093416178	AMOXICILLIN	150	\$0.06667	\$0.02667	101%-200% Above
Non-ORx	No	00093417573	CEPHALEXIN	200	\$0.16500	\$0.06000	101%-200% Above
Non-ORx	No	00093417573	CEPHALEXIN	100	\$0.17000	\$0.06000	101%-200% Above
Non-ORx	No	00093417773	CEPHALEXIN	300	\$0.20000	\$0.10667	76%-100% Above
Non-ORx	No	00093417773	CEPHALEXIN	200	\$0.15000	\$0.11000	26%-50% Above
Non-ORx	No	00093417774	CEPHALEXIN	400	\$0.09500	\$0.07000	26%-50% Above
Non-ORx	No	00093505698	ATORVASTATIN CALCIUM	90	\$0.07778	\$0.03333	101%-200% Above
Non-ORx	No	00093505698	ATORVASTATIN CALCIUM	15	\$0.33333	\$0.06667	200% Above
Non-ORx	No	00093505698	ATORVASTATIN CALCIUM	690	\$0.27971	\$0.03333	200% Above
Non-ORx	No	00093505798	ATORVASTATIN CALCIUM	90	\$0.18889	\$0.10000	76%-100% Above
Non-ORx	No	00093505798	ATORVASTATIN CALCIUM	810	\$0.50247	\$0.10000	200% Above
Non-ORx	No	00093505898	ATORVASTATIN CALCIUM	180	\$0.26667	\$0.05556	200% Above
Non-ORx	No	00093505898	ATORVASTATIN CALCIUM	120	\$0.36667	\$0.06667	200% Above
Non-ORx	No	00093505898	ATORVASTATIN CALCIUM	1470	\$0.32245	\$0.06667	200% Above
Non-ORx	No	00093505998	ATORVASTATIN CALCIUM	180	\$0.35000	\$0.05000	200% Above
Non-ORx	No	00093505998	ATORVASTATIN CALCIUM	270	\$0.20000	\$0.04444	200% Above
Non-ORx	No	00093505998	ATORVASTATIN CALCIUM	90	\$0.35556	\$0.05556	200% Above
Non-ORx	No	00093505998	ATORVASTATIN CALCIUM	1380	\$0.31594	\$0.03333	200% Above
Non-ORx	No	00093505998	ATORVASTATIN CALCIUM	31	\$0.35484	\$0.03226	200% Above
Non-ORx	No	00093505998	ATORVASTATIN CALCIUM	360	\$0.26944	\$0.06667	200% Above
Non-ORx	No	00093506001	HYDROXYZINE HYDROCHLORIDE	120	\$0.23333	\$0.05000	200% Above
Non-ORx	No	00093506001	HYDROXYZINE HYDROCHLORIDE	90	\$0.22222	\$0.03333	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
Non-ORx	No	00093506101	HYDROXYZINE HYDROCHLORIDE	60	\$0.05000	\$0.08333	(26%-50%) Below
Non-ORx	No	00093506101	HYDROXYZINE HYDROCHLORIDE	120	\$0.35833	\$0.05000	200% Above
Non-ORx	No	00093506101	HYDROXYZINE HYDROCHLORIDE	120	\$0.41667	\$0.07500	200% Above
Non-ORx	No	00093506101	HYDROXYZINE HYDROCHLORIDE	360	\$0.30556	\$0.07778	200% Above
Non-ORx	No	00093506101	HYDROXYZINE HYDROCHLORIDE	30	\$0.30000	\$0.06667	200% Above
Non-ORx	No	00093506101	HYDROXYZINE HYDROCHLORIDE	12	\$0.33333	\$0.08333	200% Above
Non-ORx	No	00093506101	HYDROXYZINE HYDROCHLORIDE	80	\$0.42500	\$0.07500	200% Above
Non-ORx	No	00093506101	HYDROXYZINE HYDROCHLORIDE	40	\$0.20000	\$0.05000	200% Above
Non-ORx	No	00093506101	HYDROXYZINE HYDROCHLORIDE	180	\$0.36667	\$0.06667	200% Above
Non-ORx	No	00093506105	HYDROXYZINE HYDROCHLORIDE	60	\$0.23333	\$0.05000	200% Above
Non-ORx	No	00093506105	HYDROXYZINE HYDROCHLORIDE	120	\$0.27500	\$0.08333	200% Above
Non-ORx	No	00093506105	HYDROXYZINE HYDROCHLORIDE	90	\$0.34444	\$0.07778	200% Above
Non-ORx	No	00093506105	HYDROXYZINE HYDROCHLORIDE	15	\$0.33333	\$0.06667	200% Above
Non-ORx	No	00093506105	HYDROXYZINE HYDROCHLORIDE	90	\$0.30000	\$0.06667	200% Above
Non-ORx	No	00093506110	HYDROXYZINE HYDROCHLORIDE	90	\$0.20000	\$0.04444	200% Above
Non-ORx	No	00093506110	HYDROXYZINE HYDROCHLORIDE	120	\$0.41667	\$0.08333	200% Above
Non-ORx	No	00093506110	HYDROXYZINE HYDROCHLORIDE	120	\$0.19167	\$0.07500	101%-200% Above
Non-ORx	No	00093506110	HYDROXYZINE HYDROCHLORIDE	90	\$0.43333	\$0.06667	200% Above
Non-ORx	No	00093506110	HYDROXYZINE HYDROCHLORIDE	60	\$0.41667	\$0.05000	200% Above
Non-ORx	No	00093506201	HYDROXYZINE HCL	180	\$0.40000	\$0.10000	200% Above
Non-ORx	No	00093506201	HYDROXYZINE HCL	45	\$0.42222	\$0.08889	200% Above
Non-ORx	No	00093506201	HYDROXYZINE HCL	90	\$0.28889	\$0.10000	101%-200% Above
Non-ORx	No	00093506201	HYDROXYZINE HCL	42	\$0.33333	\$0.09524	200% Above
Non-ORx	No	00093506205	HYDROXYZINE HCL	90	\$0.06667	\$0.08889	(10%-25%) Below
Non-ORx	No	00093520006	BUSPIRONE HCL	120	\$0.34167	\$0.20000	51%-75% Above
Non-ORx	No	00093520006	BUSPIRONE HCL	60	\$0.16667	\$0.20000	(10%-25%) Below
Non-ORx	No	00093532862	JUNEL FE 24	84	\$1.23810	\$0.63095	76%-100% Above
Non-ORx	No	00093532862	JUNEL FE 24	84	\$1.28571	\$0.71429	76%-100% Above
Non-ORx	No	00093532862	JUNEL FE 24	56	\$1.60714	\$0.71429	101%-200% Above
Non-ORx	No	00093534156	SILDENAFIL CITRATE	6	\$2.16667	\$0.16667	200% Above
Non-ORx	No	00093534256	SILDENAFIL CITRATE	30	\$2.33333	\$0.16667	200% Above
Non-ORx	No	00093534356	SILDENAFIL CITRATE	12	\$2.33333	\$0.25000	200% Above
Non-ORx	No	00093534356	SILDENAFIL CITRATE	108	\$2.33333	\$0.33333	200% Above
Non-ORx	No	00093534356	SILDENAFIL CITRATE	10	\$2.40000	\$0.20000	200% Above
Non-ORx	No	00093542088	CABERGOLINE	8	\$3.75000	\$2.50000	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
Non-ORx	No	00093545528	MIMVEY	168	\$1.97619	\$1.19048	51%-75% Above
Non-ORx	No	00093545528	MIMVEY	84	\$1.97619	\$1.09524	76%-100% Above
Non-ORx	No	00093545542	MIMVEY	28	\$2.89286	\$1.17857	101%-200% Above
Non-ORx	No	00093553801	ESZOPICLONE	90	\$0.67778	\$0.26667	101%-200% Above
Non-ORx	No	00093553801	ESZOPICLONE	270	\$0.82963	\$0.23333	200% Above
Non-ORx	No	00093553801	ESZOPICLONE	25	\$0.44000	\$0.24000	76%-100% Above
Non-ORx	No	00093553901	ESZOPICLONE	210	\$0.54762	\$0.16667	200% Above
Non-ORx	No	00093553901	ESZOPICLONE	15	\$0.33333	\$0.20000	51%-75% Above
Non-ORx	No	00093553901	ESZOPICLONE	120	\$0.40833	\$0.13333	200% Above
Non-ORx	No	00093557156	ERYTHROMYCIN	120	\$9.25833	\$7.43333	10%-25% Above
Non-ORx	No	00093557156	ERYTHROMYCIN	45	\$8.26667	\$7.48889	10%-25% Above
Non-ORx	No	00093598527	EPINEPHRINE	4	\$170.00000	\$138.00000	10%-25% Above
Non-ORx	No	00093598527	EPINEPHRINE	4	\$166.50000	\$139.50000	10%-25% Above
Non-ORx	No	00093598627	EPINEPHRINE	4	\$166.50000	\$137.75000	10%-25% Above
Non-ORx	No	00093598627	EPINEPHRINE	22	\$191.18182	\$138.00000	26%-50% Above
Non-ORx	No	00093681573	BUDESONIDE	60	\$0.18333	\$0.75000	(76%-100%) Below
Non-ORx	No	00093681673	BUDESONIDE	360	\$1.06111	\$0.57778	76%-100% Above
Non-ORx	No	00093681673	BUDESONIDE	120	\$2.57500	\$0.57500	200% Above
Non-ORx	No	00093681673	BUDESONIDE	120	\$1.05833	\$0.58333	76%-100% Above
Non-ORx	No	00093681773	BUDESONIDE	60	\$5.53333	\$4.25000	26%-50% Above
Non-ORx	No	00093681773	BUDESONIDE	180	\$4.49444	\$3.81667	10%-25% Above
Non-ORx	No	00093719801	FLUOXETINE HYDROCHLORIDE	90	\$0.46667	\$0.08889	200% Above
Non-ORx	No	00093719801	FLUOXETINE HYDROCHLORIDE	120	\$0.08333	\$0.07500	10%-25% Above
Non-ORx	No	00093719801	FLUOXETINE HYDROCHLORIDE	540	\$0.44444	\$0.07778	200% Above
Non-ORx	No	00093719801	FLUOXETINE HYDROCHLORIDE	420	\$0.13095	\$0.06667	76%-100% Above
Non-ORx	No	00093719801	FLUOXETINE HYDROCHLORIDE	240	\$0.10417	\$0.08333	26%-50% Above
Non-ORx	No	00093719805	FLUOXETINE HYDROCHLORIDE	360	\$0.46667	\$0.07778	200% Above
Non-ORx	No	00093719805	FLUOXETINE HYDROCHLORIDE	30	\$0.46667	\$0.06667	200% Above
Non-ORx	No	00093720110	PRAVASTATIN SODIUM	180	\$0.36667	\$0.06667	200% Above
Non-ORx	No	00093720110	PRAVASTATIN SODIUM	60	\$0.41667	\$0.06667	200% Above
Non-ORx	No	00093720110	PRAVASTATIN SODIUM	270	\$0.36296	\$0.06667	200% Above
Non-ORx	No	00093720198	PRAVASTATIN SODIUM	540	\$0.32407	\$0.06667	200% Above
Non-ORx	No	00093720198	PRAVASTATIN SODIUM	270	\$0.31111	\$0.06667	200% Above
Non-ORx	No	00093720210	PRAVASTATIN SODIUM	270	\$0.38519	\$0.08889	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
Non-ORx	No	00093720210	PRAVASTATIN SODIUM	330	\$0.25455	\$0.10000	101%-200% Above
Non-ORx	No	00093720298	PRAVASTATIN SODIUM	1260	\$0.38413	\$0.08889	200% Above
Non-ORx	No	00093720298	PRAVASTATIN SODIUM	270	\$0.27037	\$0.10000	101%-200% Above
Non-ORx	No	00093727098	PRAVASTATIN SODIUM	360	\$0.55556	\$0.15556	200% Above
Non-ORx	No	00093727098	PRAVASTATIN SODIUM	90	\$0.55556	\$0.14444	200% Above
Non-ORx	No	00093727098	PRAVASTATIN SODIUM	30	\$0.10000	\$0.13333	(10%-25%) Below
Non-ORx	No	00093727156	PIOGLITAZONE HYDROCHLORID	90	\$0.45556	\$0.08889	200% Above
Non-ORx	No	00093727156	PIOGLITAZONE HYDROCHLORID	90	\$0.26667	\$0.10000	101%-200% Above
Non-ORx	No	00093727198	PIOGLITAZONE HYDROCHLORID	270	\$0.46667	\$0.08889	200% Above
Non-ORx	No	00093727205	PIOGLITAZONE HYDROCHLORID	30	\$0.43333	\$0.13333	200% Above
Non-ORx	No	00093727256	PIOGLITAZONE HYDROCHLORID	90	\$0.54444	\$0.13333	200% Above
Non-ORx	No	00093727256	PIOGLITAZONE HYDROCHLORID	120	\$0.20000	\$0.13333	51%-75% Above
Non-ORx	No	00093727298	PIOGLITAZONE HYDROCHLORID	90	\$0.54444	\$0.13333	200% Above
Non-ORx	No	00093727298	PIOGLITAZONE HYDROCHLORID	90	\$0.44444	\$0.12222	200% Above
Non-ORx	No	00093727298	PIOGLITAZONE HYDROCHLORID	60	\$0.43333	\$0.13333	200% Above
Non-ORx	No	00093727398	PIOGLITAZONE HCL	180	\$0.56667	\$0.14444	200% Above
Non-ORx	No	00093729601	CARVEDILOL	60	\$0.15000	\$0.03333	200% Above
Non-ORx	No	00093729605	CARVEDILOL	90	\$0.17778	\$0.03333	200% Above
Non-ORx	No	00093733401	MYCOPHENOLATE MOFETIL	120	\$0.90833	\$0.16667	200% Above
Non-ORx	No	00093733401	MYCOPHENOLATE MOFETIL	60	\$0.91667	\$0.16667	200% Above
Non-ORx	No	00093733405	MYCOPHENOLATE MOFETIL	360	\$0.57778	\$0.16667	200% Above
Non-ORx	No	00093733405	MYCOPHENOLATE MOFETIL	120	\$0.57500	\$0.16667	200% Above
Non-ORx	No	00093736798	LOSARTAN POTASSIUM/HYDROC	60	\$0.38333	\$0.16667	101%-200% Above
Non-ORx	No	00093738598	VENLAFAXINE HYDROCHLORIDE	60	\$0.43333	\$0.13333	200% Above
Non-ORx	No	00093747243	RIZATRIPTAN BENZOATE	12	\$1.41667	\$0.50000	101%-200% Above
Non-ORx	No	00093747243	RIZATRIPTAN BENZOATE	6	\$4.00000	\$0.50000	200% Above
Non-ORx	No	00093747243	RIZATRIPTAN BENZOATE	4	\$1.25000	\$0.50000	101%-200% Above
Non-ORx	No	00093748756	MONTELUKAST SODIUM	30	\$0.63333	\$1.20000	(26%-50%) Below
Non-ORx	No	00093770198	LEVOCETIRIZINE DIHYDROCHL	30	\$0.03333	\$0.06667	(26%-50%) Below
Non-ORx	No	00093770456	EMTRICITABINE/TENOFOVIR D	60	\$11.51667	\$0.80000	200% Above
Non-ORx	No	00093770456	EMTRICITABINE/TENOFOVIR D	60	\$3.03333	\$0.83333	200% Above
Non-ORx	No	00093770456	EMTRICITABINE/TENOFOVIR D	90	\$7.76667	\$0.83333	200% Above
Non-ORx	No	00093770456	EMTRICITABINE/TENOFOVIR D	120	\$3.03333	\$0.76667	200% Above
Non-ORx	No	00093770456	EMTRICITABINE/TENOFOVIR D	600	\$9.82000	\$0.83333	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
Non-ORx	No	00093811956	FAMCICLOVIR	102	\$1.39216	\$0.85294	51%-75% Above
Non-ORx	No	00093811956	FAMCICLOVIR	3	\$3.33333	\$1.00000	200% Above
Non-ORx	No	00093816301	QUETIAPINE FUMARATE	75	\$0.62667	\$0.12000	200% Above
Non-ORx	No	00093820401	CIMETIDINE	30	\$1.63333	\$0.56667	101%-200% Above
Non-ORx	No	00093823298	IRBESARTAN/HYDROCHLOROTHI	120	\$0.60000	\$0.30000	101%-200% Above
Non-ORx	No	00093823898	IRBESARTAN/HYDROCHLOROTHI	60	\$0.66667	\$0.26667	101%-200% Above
Non-ORx	No	00093831118	ELETRIPTAN HYDROBROMIDE	9	\$1.11111	\$3.66667	(51%-75%) Below
Non-ORx	No	00093834401	GLYBURIDE	120	\$0.05000	\$0.10833	(51%-75%) Below
Non-ORx	No	00093834401	GLYBURIDE	180	\$0.05000	\$0.11111	(51%-75%) Below
Non-ORx	No	00093834401	GLYBURIDE	30	\$0.26667	\$0.10000	101%-200% Above
Non-ORx	No	00093914801	VENLAFAXINE HYDROCHLORIDE	180	\$0.38333	\$0.09444	200% Above
Non-ORx	No	00093914801	VENLAFAXINE HYDROCHLORIDE	60	\$0.15000	\$0.10000	51%-75% Above
Non-ORx	No	00093915701	VENLAFAXINE HYDROCHLORIDE	30	\$0.63333	\$0.13333	200% Above
Non-ORx	No	00093943305	GLYBURIDE	60	\$0.08333	\$0.10000	(10%-25%) Below
Non-ORx	No	00115164301	NITROFURANTOIN MACROCRYST	60	\$0.91667	\$0.43333	101%-200% Above
Non-ORx	No	00115164301	NITROFURANTOIN MACROCRYST	30	\$1.26667	\$0.40000	200% Above
Non-ORx	No	00115164501	NITROFURANTOIN MACROCRYST	20	\$0.80000	\$0.35000	101%-200% Above
Non-ORx	No	00115164501	NITROFURANTOIN MACROCRYST	30	\$0.73333	\$0.50000	26%-50% Above
Non-ORx	No	00115164501	NITROFURANTOIN MACROCRYST	14	\$1.42857	\$0.35714	200% Above
Non-ORx	No	00115164501	NITROFURANTOIN MACROCRYST	28	\$1.53571	\$0.50000	200% Above
Non-ORx	No	00115165901	PROPRANOLOL HYDROCHLORIDE	450	\$0.19111	\$0.07778	101%-200% Above
Non-ORx	No	00115165901	PROPRANOLOL HYDROCHLORIDE	120	\$0.15000	\$0.07500	101%-200% Above
Non-ORx	No	00115165901	PROPRANOLOL HYDROCHLORIDE	120	\$0.15000	\$0.08333	76%-100% Above
Non-ORx	No	00115165901	PROPRANOLOL HYDROCHLORIDE	20	\$0.15000	\$0.10000	51%-75% Above
Non-ORx	No	00115165901	PROPRANOLOL HYDROCHLORIDE	180	\$0.17778	\$0.06667	101%-200% Above
Non-ORx	No	00115165903	PROPRANOLOL HYDROCHLORIDE	180	\$0.27222	\$0.07778	200% Above
Non-ORx	No	00115166001	PROPRANOLOL HYDROCHLORIDE	180	\$0.21667	\$0.10000	101%-200% Above
Non-ORx	No	00115166001	PROPRANOLOL HYDROCHLORIDE	90	\$0.16667	\$0.10000	51%-75% Above
Non-ORx	No	00115166001	PROPRANOLOL HYDROCHLORIDE	15	\$0.13333	\$0.06667	101%-200% Above
Non-ORx	No	00115166003	PROPRANOLOL HYDROCHLORIDE	90	\$0.33333	\$0.10000	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
Non-ORx	No	00115166101	PROPRANOLOL HCL	60	\$0.26667	\$0.11667	101%-200% Above
Non-ORx	No	00115166101	PROPRANOLOL HCL	30	\$0.30000	\$0.13333	101%-200% Above
Non-ORx	No	00115168774	BUDESONIDE	240	\$1.57917	\$0.75000	101%-200% Above
Non-ORx	No	00115168974	BUDESONIDE	240	\$1.32917	\$0.57500	101%-200% Above
Non-ORx	No	00115168974	BUDESONIDE	420	\$1.47619	\$0.58333	101%-200% Above
Non-ORx	No	00115169301	PROPRANOLOL HYDROCHLORIDE	90	\$1.04444	\$0.36667	101%-200% Above
Non-ORx	No	00002223680	TRULICITY	12	\$359.75000	\$426.00000	(10%-25%) Below
Non-ORx	No	00115169449	EPINEPHRINE	2	\$0.00000	\$122.00000	(76%-100%) Below
Non-ORx	No	00115169449	EPINEPHRINE	6	\$17.66667	\$121.50000	(76%-100%) Below
Non-ORx	No	00115169606	HYDROCORTISONE	120	\$0.08333	\$0.20833	(51%-75%) Below
Non-ORx	No	00115169606	HYDROCORTISONE	60	\$0.18333	\$0.21667	(10%-25%) Below
Non-ORx	No	00115169701	HYDROCORTISONE	90	\$0.40000	\$0.31111	26%-50% Above
Non-ORx	No	00115173701	METHYLPHENIDATE HYDROCHLO	30	\$3.93333	\$1.10000	200% Above
Non-ORx	No	00115173901	METHYLPHENIDATE HYDROCHLO	30	\$5.36667	\$1.70000	200% Above
Non-ORx	No	00115174801	METAXALONE	30	\$2.93333	\$0.53333	200% Above
Non-ORx	No	00115180301	HYDROXYZINE PAMOATE	540	\$0.14444	\$0.07778	76%-100% Above
Non-ORx	No	00115180301	HYDROXYZINE PAMOATE	540	\$0.14444	\$0.07222	101%-200% Above
Non-ORx	No	00115180301	HYDROXYZINE PAMOATE	120	\$0.14167	\$0.07500	76%-100% Above
Non-ORx	No	00115180301	HYDROXYZINE PAMOATE	600	\$0.14333	\$0.06667	101%-200% Above
Non-ORx	No	00115180301	HYDROXYZINE PAMOATE	20	\$0.15000	\$0.05000	200% Above
Non-ORx	No	00115180301	HYDROXYZINE PAMOATE	14	\$0.14286	\$0.07143	101%-200% Above
Non-ORx	No	00115180301	HYDROXYZINE PAMOATE	330	\$0.13030	\$0.06667	76%-100% Above
Non-ORx	No	00115180301	HYDROXYZINE PAMOATE	45	\$0.13333	\$0.06667	101%-200% Above
Non-ORx	No	00115180301	HYDROXYZINE PAMOATE	80	\$0.15000	\$0.07500	101%-200% Above
Non-ORx	No	00115180302	HYDROXYZINE PAMOATE	30	\$0.13333	\$0.06667	101%-200% Above
Non-ORx	No	00115180401	HYDROXYZINE PAMOATE	90	\$0.15556	\$0.08889	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
Non-ORx	No	00115180401	HYDROXYZINE PAMOATE	20	\$0.20000	\$0.10000	101%-200% Above
Non-ORx	No	00115180401	HYDROXYZINE PAMOATE	30	\$0.16667	\$0.10000	51%-75% Above
Non-ORx	No	00115214216	COLESTIPOL HYDROCHLORIDE	60	\$0.85000	\$0.76667	10%-25% Above
Non-ORx	No	00115351101	PYRIDOSTIGMINE BROMIDE	210	\$0.60952	\$0.29048	101%-200% Above
Non-ORx	No	00115351101	PYRIDOSTIGMINE BROMIDE	90	\$0.61111	\$0.28889	101%-200% Above
Non-ORx	No	00115551110	FENOFIBRATE	90	\$0.40000	\$0.13333	200% Above
Non-ORx	No	00115552202	FENOFIBRATE	30	\$0.66667	\$0.16667	200% Above
Non-ORx	No	00115552210	FENOFIBRATE	90	\$0.43333	\$0.18889	101%-200% Above
Non-ORx	No	00115552210	FENOFIBRATE	120	\$0.52500	\$0.16667	200% Above
Non-ORx	No	00115552210	FENOFIBRATE	31	\$0.67742	\$0.16129	200% Above
Non-ORx	No	00115552210	FENOFIBRATE	210	\$0.49048	\$0.16667	101%-200% Above
Non-ORx	No	00115552210	FENOFIBRATE	810	\$0.71111	\$0.20000	200% Above
Non-ORx	No	00115991801	DEXMETHYLPHENIDATE HCL ER	20	\$5.45000	\$1.50000	200% Above
Non-ORx	No	00115991901	DEXMETHYLPHENIDATE HYDROC	120	\$3.75000	\$1.46667	101%-200% Above
Non-ORx	No	00115992101	DEXMETHYLPHENIDATE HCL ER	60	\$6.53333	\$1.43333	200% Above
Non-ORx	No	00116200116	CHLORHEXIDINE GLUCONATE	960	\$0.00521	\$0.00625	(10%-25%) Below
Non-ORx	No	00116200116	CHLORHEXIDINE GLUCONATE	960	\$0.00417	\$0.00625	(26%-50%) Below
Non-ORx	No	00116200116	CHLORHEXIDINE GLUCONATE	40678	\$0.00836	\$0.00634	26%-50% Above
Non-ORx	No	00121064616	AMANTADINE HCL	600	\$0.03833	\$0.02000	76%-100% Above
Non-ORx	No	00121072104	FLUOXETINE HCL	450	\$0.51333	\$0.36222	26%-50% Above
Non-ORx	No	00121072104	FLUOXETINE HCL	750	\$0.51333	\$0.36133	26%-50% Above
Non-ORx	No	00121072104	FLUOXETINE HCL	115	\$0.11304	\$0.33044	(51%-75%) Below
Non-ORx	No	00121072104	FLUOXETINE HCL	40	\$0.67500	\$0.32500	101%-200% Above
Non-ORx	No	00121072104	FLUOXETINE HCL	75	\$0.68000	\$0.33333	101%-200% Above
Non-ORx	No	00121075908	PREDNISOLONE SODIUM PHOSP	55	\$0.21818	\$0.10909	101%-200% Above
Non-ORx	No	00121075908	PREDNISOLONE SODIUM PHOSP	120	\$0.19167	\$0.11667	51%-75% Above
Non-ORx	No	00121075908	PREDNISOLONE SODIUM PHOSP	70	\$0.21429	\$0.11429	76%-100% Above
Non-ORx	No	00121075908	PREDNISOLONE SODIUM PHOSP	300	\$0.20000	\$0.12000	51%-75% Above
Non-ORx	No	00121075908	PREDNISOLONE SODIUM PHOSP	90	\$0.22222	\$0.11111	101%-200% Above
Non-ORx	No	00121075908	PREDNISOLONE SODIUM PHOSP	75	\$0.21333	\$0.12000	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
Non-ORx	No	00121075908	PREDNISOLONE SODIUM PHOSP	110	\$0.18182	\$0.11818	51%-75% Above
Non-ORx	No	00121075908	PREDNISOLONE SODIUM PHOSP	360	\$0.18611	\$0.11389	51%-75% Above
Non-ORx	No	00121075908	PREDNISOLONE SODIUM PHOSP	90	\$0.22222	\$0.11111	101%-200% Above
Non-ORx	No	00121075908	PREDNISOLONE SODIUM PHOSP	100	\$0.22000	\$0.11000	101%-200% Above
Non-ORx	No	00121075908	PREDNISOLONE SODIUM PHOSP	18	\$0.16667	\$0.11111	51%-75% Above
Non-ORx	No	00121075908	PREDNISOLONE SODIUM PHOSP	80	\$0.16250	\$0.10000	51%-75% Above
Non-ORx	No	00121075908	PREDNISOLONE SODIUM PHOSP	30	\$0.20000	\$0.13333	51%-75% Above
Non-ORx	No	00121075908	PREDNISOLONE SODIUM PHOSP	12	\$0.25000	\$0.08333	200% Above
Non-ORx	No	00121075908	PREDNISOLONE SODIUM PHOSP	33	\$0.21212	\$0.12121	76%-100% Above
Non-ORx	No	00121075908	PREDNISOLONE SODIUM PHOSP	35	\$0.22857	\$0.11429	101%-200% Above
Non-ORx	No	00121075908	PREDNISOLONE SODIUM PHOSP	60	\$0.11667	\$0.10000	10%-25% Above
Non-ORx	No	00121075908	PREDNISOLONE SODIUM PHOSP	75	\$0.20000	\$0.12000	51%-75% Above
Non-ORx	No	00121075908	PREDNISOLONE SODIUM PHOSP	27	\$0.18519	\$0.11111	51%-75% Above
Non-ORx	No	00121077508	GUAIFENESIN/CODEINE	237	\$0.02532	\$0.04219	(26%-50%) Below
Non-ORx	No	00121077508	GUAIFENESIN/CODEINE	200	\$0.02500	\$0.05500	(51%-75%) Below
Non-ORx	No	00121077508	GUAIFENESIN/CODEINE	180	\$0.02778	\$0.05556	(26%-50%) Below
Non-ORx	No	00121077508	GUAIFENESIN/CODEINE	120	\$0.02500	\$0.05000	(26%-50%) Below
Non-ORx	No	00121077516	GUAIFENESIN/CODEINE	300	\$0.02333	\$0.02667	(10%-25%) Below
Non-ORx	No	00121077516	GUAIFENESIN/CODEINE	240	\$0.02917	\$0.02500	10%-25% Above
Non-ORx	No	00121085416	SULFATRIM PEDIATRIC	200	\$0.16500	\$0.08500	76%-100% Above
Non-ORx	No	00121085416	SULFATRIM PEDIATRIC	240	\$0.16667	\$0.07083	101%-200% Above
Non-ORx	No	00121085416	SULFATRIM PEDIATRIC	300	\$0.16667	\$0.08333	101%-200% Above
Non-ORx	No	00121085416	SULFATRIM PEDIATRIC	160	\$0.13750	\$0.08750	51%-75% Above
Non-ORx	No	00121085416	SULFATRIM PEDIATRIC	150	\$0.16667	\$0.08667	76%-100% Above
Non-ORx	No	00121085416	SULFATRIM PEDIATRIC	30	\$0.16667	\$0.06667	101%-200% Above
Non-ORx	No	00121085416	SULFATRIM PEDIATRIC	105	\$0.17143	\$0.07619	101%-200% Above
Non-ORx	No	00121086750	VANCOMYCIN HYDROCHLORIDE	100	\$3.98000	\$1.70000	101%-200% Above
Non-ORx	No	00121086750	VANCOMYCIN HYDROCHLORIDE	40	\$3.97500	\$1.70000	101%-200% Above
Non-ORx	No	00121086802	NYSTATIN	60	\$0.16667	\$0.15000	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
Non-ORx	No	00121086816	NYSTATIN	280	\$0.14643	\$0.05714	101%-200% Above
Non-ORx	No	00121086816	NYSTATIN	140	\$0.14286	\$0.05714	101%-200% Above
Non-ORx	No	00121086816	NYSTATIN	120	\$0.09167	\$0.05000	76%-100% Above
Non-ORx	No	00121087316	LACTULOSE	528	\$0.01894	\$0.01515	26%-50% Above
Non-ORx	No	00121087316	LACTULOSE	900	\$0.02778	\$0.01444	76%-100% Above
Non-ORx	No	00121087316	LACTULOSE	900	\$0.02778	\$0.01556	76%-100% Above
Non-ORx	No	00121087316	LACTULOSE	946	\$0.05180	\$0.01480	200% Above
Non-ORx	No	00121087316	LACTULOSE	473	\$0.05074	\$0.01480	200% Above
Non-ORx	No	00121089020	VANCOMYCIN HYDROCHLORIDE	56	\$6.46429	\$3.83929	51%-75% Above
Non-ORx	No	00121092716	PROMETHAZINE HCL PLAIN	70	\$0.05714	\$0.04286	26%-50% Above
Non-ORx	No	00121092716	PROMETHAZINE HCL PLAIN	30	\$0.06667	\$0.03333	101%-200% Above
Non-ORx	No	00121092816	PROMETHAZINE/CODEINE	240	\$0.08750	\$0.05000	76%-100% Above
Non-ORx	No	00143122701	DICYCLOMINE HYDROCHLORIDE	540	\$0.31111	\$0.16667	76%-100% Above
Non-ORx	No	00143122701	DICYCLOMINE HYDROCHLORIDE	240	\$0.30833	\$0.16667	76%-100% Above
Non-ORx	No	00143122701	DICYCLOMINE HYDROCHLORIDE	240	\$0.22500	\$0.16667	26%-50% Above
Non-ORx	No	00143122701	DICYCLOMINE HYDROCHLORIDE	100	\$0.36000	\$0.17000	101%-200% Above
Non-ORx	No	00143122701	DICYCLOMINE HYDROCHLORIDE	100	\$0.24000	\$0.15000	51%-75% Above
Non-ORx	No	00143122701	DICYCLOMINE HYDROCHLORIDE	15	\$0.33333	\$0.20000	51%-75% Above
Non-ORx	No	00143122701	DICYCLOMINE HYDROCHLORIDE	12	\$0.33333	\$0.16667	101%-200% Above
Non-ORx	No	00143122710	DICYCLOMINE HYDROCHLORIDE	120	\$0.35833	\$0.16667	101%-200% Above
Non-ORx	No	00143177201	ISOSORBIDE DINITRATE	180	\$0.57778	\$0.33333	51%-75% Above
Non-ORx	No	00143211205	DOXYCYCLINE HYCLATE	120	\$0.40833	\$0.13333	200% Above
Non-ORx	No	00143211205	DOXYCYCLINE HYCLATE	60	\$0.55000	\$0.13333	200% Above
Non-ORx	No	00143211205	DOXYCYCLINE HYCLATE	28	\$0.46429	\$0.14286	200% Above
Non-ORx	No	00143211205	DOXYCYCLINE HYCLATE	80	\$0.58750	\$0.15000	200% Above
Non-ORx	No	00143211250	DOXYCYCLINE HYCLATE	60	\$0.50000	\$0.13333	200% Above
Non-ORx	No	00143211250	DOXYCYCLINE HYCLATE	40	\$0.50000	\$0.15000	200% Above
Non-ORx	No	00143312601	DICYCLOMINE HYDROCHLORIDE	120	\$0.30833	\$0.10833	101%-200% Above
Non-ORx	No	00143312601	DICYCLOMINE HYDROCHLORIDE	60	\$0.30000	\$0.11667	101%-200% Above
Non-ORx	No	00143312601	DICYCLOMINE HYDROCHLORIDE	10	\$0.30000	\$0.10000	200% Above
Non-ORx	No	00143312601	DICYCLOMINE HYDROCHLORIDE	28	\$0.32143	\$0.10714	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
Non-ORx	No	00143312601	DICYCLOMINE HYDROCHLORIDE	90	\$0.30000	\$0.10000	200% Above
Non-ORx	No	00143314250	DOXYCYCLINE HYCLATE	20	\$0.55000	\$0.15000	200% Above
Non-ORx	No	00143924920	AMOXICILLIN/CLAVULANATE P	260	\$0.53846	\$0.35000	51%-75% Above
Non-ORx	No	00143924920	AMOXICILLIN/CLAVULANATE P	34	\$0.50000	\$0.35294	26%-50% Above
Non-ORx	No	00143924920	AMOXICILLIN/CLAVULANATE P	10	\$0.50000	\$0.30000	51%-75% Above
Non-ORx	No	00143924920	AMOXICILLIN/CLAVULANATE P	84	\$0.53571	\$0.35714	51%-75% Above
Non-ORx	No	00143928501	AMOXICILLIN	28	\$0.42857	\$0.14286	200% Above
Non-ORx	No	00143928501	AMOXICILLIN	200	\$0.35000	\$0.15000	101%-200% Above
Non-ORx	No	00143928501	AMOXICILLIN	10	\$0.20000	\$0.10000	101%-200% Above
Non-ORx	No	00143928501	AMOXICILLIN	28	\$0.28571	\$0.14286	101%-200% Above
Non-ORx	No	00143929101	ESTRADIOL VALERATE	5	\$46.80000	\$33.80000	26%-50% Above
Non-ORx	No	00143962125	CYANOCOBALAMIN	8	\$2.25000	\$3.00000	(10%-25%) Below
Non-ORx	No	00143962125	CYANOCOBALAMIN	12	\$3.25000	\$2.75000	10%-25% Above
Non-ORx	No	00143962125	CYANOCOBALAMIN	14	\$3.85714	\$3.00000	26%-50% Above
Non-ORx	No	00143962125	CYANOCOBALAMIN	6	\$4.33333	\$3.00000	26%-50% Above
Non-ORx	No	00143965901	TESTOSTERONE CYPIONATE	12	\$10.25000	\$15.33333	(26%-50%) Below
Non-ORx	No	00143965901	TESTOSTERONE CYPIONATE	32	\$13.40625	\$15.25000	(10%-25%) Below
Non-ORx	No	00143965901	TESTOSTERONE CYPIONATE	38	\$11.47368	\$15.50000	(26%-50%) Below
Non-ORx	No	00143965901	TESTOSTERONE CYPIONATE	3	\$8.33333	\$15.00000	(26%-50%) Below
Non-ORx	No	00143965901	TESTOSTERONE CYPIONATE	14	\$9.85714	\$15.00000	(26%-50%) Below
Non-ORx	No	00143972601	TESTOSTERONE CYPIONATE	10	\$7.90000	\$3.00000	101%-200% Above
Non-ORx	No	00143972601	TESTOSTERONE CYPIONATE	2	\$2.00000	\$3.00000	(26%-50%) Below
Non-ORx	No	00143980250	DOXYCYCLINE HYCLATE	60	\$1.05000	\$0.25000	200% Above
Non-ORx	No	00143980250	DOXYCYCLINE HYCLATE	30	\$1.03333	\$0.26667	200% Above
Non-ORx	No	00143980250	DOXYCYCLINE HYCLATE	60	\$1.01667	\$0.20000	200% Above
Non-ORx	No	00143980305	DOXYCYCLINE HYCLATE	420	\$0.64762	\$0.16667	200% Above
Non-ORx	No	00143980305	DOXYCYCLINE HYCLATE	420	\$0.58810	\$0.15000	200% Above
Non-ORx	No	00143980305	DOXYCYCLINE HYCLATE	10	\$0.80000	\$0.10000	200% Above
Non-ORx	No	00143980305	DOXYCYCLINE HYCLATE	6	\$0.33333	\$0.16667	101%-200% Above
Non-ORx	No	00143980305	DOXYCYCLINE HYCLATE	154	\$0.67533	\$0.14286	200% Above
Non-ORx	No	00143980305	DOXYCYCLINE HYCLATE	224	\$0.55804	\$0.14286	200% Above
Non-ORx	No	00143980305	DOXYCYCLINE HYCLATE	540	\$0.69815	\$0.15000	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
Non-ORx	No	00143980350	DOXYCYCLINE HYCLATE	30	\$0.93333	\$0.16667	200% Above
Non-ORx	No	00143980350	DOXYCYCLINE HYCLATE	180	\$0.27222	\$0.15000	76%-100% Above
Non-ORx	No	00143980350	DOXYCYCLINE HYCLATE	56	\$0.67857	\$0.14286	200% Above
Non-ORx	No	00143980350	DOXYCYCLINE HYCLATE	70	\$0.60000	\$0.14286	200% Above
Non-ORx	No	00143980350	DOXYCYCLINE HYCLATE	40	\$0.75000	\$0.15000	200% Above
Non-ORx	No	00143985316	AMOXICILLIN/CLAVULANATE P	1000	\$0.21400	\$0.06400	200% Above
Non-ORx	No	00143985324	AMOXICILLIN/CLAVULANATE P	200	\$0.17000	\$0.06500	101%-200% Above
Non-ORx	No	00143985324	AMOXICILLIN/CLAVULANATE P	125	\$0.16800	\$0.05600	200% Above
Non-ORx	No	00143985375	AMOXICILLIN/CLAVULANATE P	450	\$0.26667	\$0.08667	200% Above
Non-ORx	No	00143985375	AMOXICILLIN/CLAVULANATE P	225	\$0.26667	\$0.08000	200% Above
Non-ORx	No	00143988701	AMOXICILLIN	600	\$0.04333	\$0.02333	76%-100% Above
Non-ORx	No	00143988701	AMOXICILLIN	3400	\$0.05059	\$0.02500	101%-200% Above
Non-ORx	No	00143988701	AMOXICILLIN	500	\$0.04400	\$0.02000	101%-200% Above
Non-ORx	No	00143988750	AMOXICILLIN	150	\$0.06667	\$0.03333	101%-200% Above
Non-ORx	No	00143988750	AMOXICILLIN	50	\$0.06000	\$0.04000	51%-75% Above
Non-ORx	No	00143988775	AMOXICILLIN	225	\$0.06667	\$0.02222	200% Above
Non-ORx	No	00143988775	AMOXICILLIN	225	\$0.03111	\$0.02667	10%-25% Above
Non-ORx	No	00143988775	AMOXICILLIN	1350	\$0.05111	\$0.02667	76%-100% Above
Non-ORx	No	00143988815	AMOXICILLIN	150	\$0.02000	\$0.01333	51%-75% Above
Non-ORx	No	00143988915	AMOXICILLIN	300	\$0.03333	\$0.02000	51%-75% Above
Non-ORx	No	00143992701	CIPROFLOXACIN HYDROCHLORI	20	\$0.15000	\$0.10000	51%-75% Above
Non-ORx	No	00143992701	CIPROFLOXACIN HYDROCHLORI	28	\$1.03571	\$0.10714	200% Above
Non-ORx	No	00143992701	CIPROFLOXACIN HYDROCHLORI	30	\$0.33333	\$0.10000	200% Above
Non-ORx	No	00143992701	CIPROFLOXACIN HYDROCHLORI	14	\$1.00000	\$0.07143	200% Above
Non-ORx	No	00143992701	CIPROFLOXACIN HYDROCHLORI	12	\$1.00000	\$0.08333	200% Above
Non-ORx	No	00143992701	CIPROFLOXACIN HYDROCHLORI	18	\$0.88889	\$0.16667	200% Above
Non-ORx	No	00143992701	CIPROFLOXACIN HYDROCHLORI	10	\$1.00000	\$0.10000	200% Above
Non-ORx	No	00143992801	CIPROFLOXACIN HYDROCHLORI	140	\$0.70714	\$0.14286	200% Above
Non-ORx	No	00143992801	CIPROFLOXACIN HYDROCHLORI	24	\$0.50000	\$0.16667	200% Above
Non-ORx	No	00143992801	CIPROFLOXACIN HYDROCHLORI	240	\$0.83750	\$0.15000	200% Above
Non-ORx	No	00143992801	CIPROFLOXACIN HYDROCHLORI	60	\$0.51667	\$0.15000	200% Above
Non-ORx	No	00143992801	CIPROFLOXACIN HYDROCHLORI	40	\$0.57500	\$0.15000	200% Above
Non-ORx	No	00143992801	CIPROFLOXACIN HYDROCHLORI	30	\$1.16667	\$0.13333	200% Above
Non-ORx	No	00143992801	CIPROFLOXACIN HYDROCHLORI	8	\$1.12500	\$0.12500	200% Above
Non-ORx	No	00143992801	CIPROFLOXACIN HYDROCHLORI	7	\$0.57143	\$0.14286	200% Above
Non-ORx	No	00143992801	CIPROFLOXACIN HYDROCHLORI	6	\$0.50000	\$0.16667	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
Non-ORx	No	00143992801	CIPROFLOXACIN HYDROCHLORI	90	\$0.90000	\$0.10000	200% Above
Non-ORx	No	00143992801	CIPROFLOXACIN HYDROCHLORI	196	\$1.02041	\$0.14286	200% Above
Non-ORx	No	00143992801	CIPROFLOXACIN HYDROCHLORI	12	\$0.58333	\$0.16667	200% Above
Non-ORx	No	00143992801	CIPROFLOXACIN HYDROCHLORI	10	\$0.50000	\$0.20000	101%-200% Above
Non-ORx	No	00143992950	CIPROFLOXACIN HCL	28	\$1.67857	\$0.21429	200% Above
Non-ORx	No	00143992950	CIPROFLOXACIN HCL	14	\$1.64286	\$0.21429	200% Above
Non-ORx	No	00143993905	AMOXICILLIN	80	\$0.18750	\$0.07500	101%-200% Above
Non-ORx	No	00143993905	AMOXICILLIN	60	\$0.08333	\$0.06667	26%-50% Above
Non-ORx	No	00143993905	AMOXICILLIN	60	\$0.18333	\$0.06667	101%-200% Above
Non-ORx	No	00143993905	AMOXICILLIN	56	\$0.17857	\$0.07143	101%-200% Above
Non-ORx	No	00143993905	AMOXICILLIN	12	\$0.16667	\$0.08333	101%-200% Above
Non-ORx	No	00143998201	AMOXICILLIN/CLAVULANATE P	100	\$0.32000	\$0.07000	200% Above
Non-ORx	No	00143998275	AMOXICILLIN/CLAVULANATE P	225	\$0.32444	\$0.08000	200% Above
Non-ORx	No	00168000215	TRIAMCINOLONE ACETONIDE	75	\$0.50667	\$0.26667	76%-100% Above
Non-ORx	No	00168000615	TRIAMCINOLONE ACETONIDE	60	\$0.06667	\$0.15000	(51%-75%) Below
Non-ORx	No	00168000615	TRIAMCINOLONE ACETONIDE	60	\$0.06667	\$0.16667	(51%-75%) Below
Non-ORx	No	00168000615	TRIAMCINOLONE ACETONIDE	15	\$0.06667	\$0.13333	(26%-50%) Below
Non-ORx	No	00168000615	TRIAMCINOLONE ACETONIDE	30	\$0.06667	\$0.13333	(26%-50%) Below
Non-ORx	No	00168003315	BETAMETHASONE VALERATE	15	\$0.86667	\$0.73333	10%-25% Above
Non-ORx	No	00168005615	BETAMETHASONE DIPROPIONAT	60	\$2.20000	\$1.58333	26%-50% Above
Non-ORx	No	00168005760	BETAMETHASONE DIPROPIONAT	60	\$0.56667	\$0.40000	26%-50% Above
Non-ORx	No	00168005760	BETAMETHASONE DIPROPIONAT	120	\$0.56667	\$0.38333	26%-50% Above
Non-ORx	No	00168005960	FLUOCINOLONE ACETONIDE	60	\$0.43333	\$0.36667	10%-25% Above
Non-ORx	No	00168008016	HYDROCORTISONE	908	\$0.09582	\$0.12115	(10%-25%) Below
Non-ORx	No	00168008031	HYDROCORTISONE	270	\$0.24444	\$0.10000	101%-200% Above
Non-ORx	No	00168009930	KETOCONAZOLE	240	\$1.02500	\$0.46667	101%-200% Above
Non-ORx	No	00168013460	FLUOCINONIDE	120	\$0.50833	\$0.42500	10%-25% Above
Non-ORx	No	00168013460	FLUOCINONIDE	60	\$0.50000	\$0.41667	10%-25% Above
Non-ORx	No	00168014630	HYDROCORTISONE	57	\$0.26316	\$0.10526	101%-200% Above
Non-ORx	No	00168014630	HYDROCORTISONE	140	\$0.24286	\$0.10714	101%-200% Above
Non-ORx	No	00168020230	CLINDAMYCIN PHOSPHATE	30	\$1.00000	\$0.63333	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
Non-ORx	No	00168020360	CLINDAMYCIN PHOSPHATE	120	\$0.92500	\$0.83333	10%-25% Above
Non-ORx	No	00168020360	CLINDAMYCIN PHOSPHATE	120	\$1.50000	\$0.71667	101%-200% Above
Non-ORx	No	00168020437	LIDOCAINE	35	\$1.14286	\$0.20000	200% Above
Non-ORx	No	00168025815	CLOTRIMAZOLE/BETAMETHASONE	15	\$0.06667	\$0.26667	(51%-75%) Below
Non-ORx	No	00168026445	ALCLOMETASONE DIPROPIONAT	45	\$0.46667	\$1.22222	(51%-75%) Below
Non-ORx	No	00168026760	AUGMENTED BETAMETHASONE D	60	\$1.65000	\$0.83333	76%-100% Above
Non-ORx	No	00168026850	AUGMENTED BETAMETHASONE D	50	\$2.60000	\$1.00000	101%-200% Above
Non-ORx	No	00168029315	CLOBETASOL PROPIONATE	15	\$1.00000	\$0.46667	101%-200% Above
Non-ORx	No	00168033215	FLUTICASONE PROPIONATE	15	\$0.86667	\$0.33333	101%-200% Above
Non-ORx	No	00168033230	FLUTICASONE PROPIONATE	30	\$0.80000	\$0.30000	101%-200% Above
Non-ORx	No	00168033260	FLUTICASONE PROPIONATE	60	\$0.48333	\$0.25000	76%-100% Above
Non-ORx	No	00168034720	TERCONAZOLE	80	\$1.61250	\$1.30000	10%-25% Above
Non-ORx	No	00168038360	METRONIDAZOLE	59	\$2.64407	\$2.06780	26%-50% Above
Non-ORx	No	00172208380	HYDROCHLOROTHIAZIDE	300	\$0.06000	\$0.01333	200% Above
Non-ORx	No	00172208380	HYDROCHLOROTHIAZIDE	45	\$0.06667	\$0.02222	200% Above
Non-ORx	No	00172208380	HYDROCHLOROTHIAZIDE	120	\$0.05000	\$0.01667	200% Above
Non-ORx	No	00172208380	HYDROCHLOROTHIAZIDE	540	\$0.05926	\$0.01111	200% Above
Non-ORx	No	00172392560	DIAZEPAM	60	\$0.08333	\$0.01667	200% Above
Non-ORx	No	00172392560	DIAZEPAM	30	\$0.10000	\$0.03333	200% Above
Non-ORx	No	00172392570	DIAZEPAM	30	\$0.10000	\$0.03333	200% Above
Non-ORx	No	00172392570	DIAZEPAM	40	\$0.10000	\$0.02500	200% Above
Non-ORx	No	00172392670	DIAZEPAM	60	\$0.13333	\$0.01667	200% Above
Non-ORx	No	00172392670	DIAZEPAM	90	\$0.05556	\$0.02222	101%-200% Above
Non-ORx	No	00172392670	DIAZEPAM	180	\$0.13333	\$0.03333	200% Above
Non-ORx	No	00172392670	DIAZEPAM	45	\$0.13333	\$0.02222	200% Above
Non-ORx	No	00172392680	DIAZEPAM	30	\$0.10000	\$0.03333	200% Above
Non-ORx	No	00172392760	DIAZEPAM	60	\$0.18333	\$0.03333	200% Above
Non-ORx	No	00172392760	DIAZEPAM	90	\$0.14444	\$0.03333	200% Above
Non-ORx	No	00172392770	DIAZEPAM	90	\$0.17778	\$0.03333	200% Above
Non-ORx	No	00172392770	DIAZEPAM	120	\$0.20000	\$0.02500	200% Above
Non-ORx	No	00172392770	DIAZEPAM	120	\$0.20833	\$0.03333	200% Above
Non-ORx	No	00172392770	DIAZEPAM	120	\$0.20833	\$0.01667	200% Above
Non-ORx	No	00172392780	DIAZEPAM	60	\$0.18333	\$0.01667	200% Above
Non-ORx	No	00172392780	DIAZEPAM	30	\$0.20000	\$0.03333	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
Non-ORx	No	00172409680	BACLOFEN	112	\$0.03571	\$0.06250	(26%-50%) Below
Non-ORx	No	00172409760	BACLOFEN	90	\$0.16667	\$0.12222	26%-50% Above
Non-ORx	No	00172409780	BACLOFEN	270	\$0.16667	\$0.11852	26%-50% Above
Non-ORx	No	00172541211	FLUCONAZOLE	3	\$5.00000	\$0.66667	200% Above
Non-ORx	No	00172541211	FLUCONAZOLE	1	\$9.00000	\$1.00000	200% Above
Non-ORx	No	00172541346	FLUCONAZOLE	5	\$2.60000	\$0.60000	200% Above
Non-ORx	No	00172541346	FLUCONAZOLE	1	\$3.00000	\$1.00000	200% Above
Non-ORx	No	00172572860	FAMOTIDINE	60	\$0.36667	\$0.03333	200% Above
Non-ORx	No	00172572960	FAMOTIDINE	30	\$0.80000	\$0.06667	200% Above
Non-ORx	No	00173069600	ADVAIR DISKUS	120	\$3.94167	\$6.30000	(26%-50%) Below
Non-ORx	No	00173071720	ADVAIR HFA	12	\$33.91667	\$42.66667	(10%-25%) Below
Non-ORx	No	00185005501	METOLAZONE	30	\$1.63333	\$0.83333	76%-100% Above
Non-ORx	No	00185012201	NITROFURANTOIN MONOHYDRAT	60	\$0.66667	\$0.50000	26%-50% Above
Non-ORx	No	00185012201	NITROFURANTOIN MONOHYDRAT	45	\$1.20000	\$0.51111	101%-200% Above
Non-ORx	No	00185012201	NITROFURANTOIN MONOHYDRAT	62	\$1.53226	\$0.50000	200% Above
Non-ORx	No	00185012201	NITROFURANTOIN MONOHYDRAT	56	\$1.53571	\$0.50000	200% Above
Non-ORx	No	00185012201	NITROFURANTOIN MONOHYDRAT	170	\$0.71765	\$0.50000	26%-50% Above
Non-ORx	No	00185012201	NITROFURANTOIN MONOHYDRAT	4	\$0.25000	\$0.50000	(26%-50%) Below
Non-ORx	No	00185012201	NITROFURANTOIN MONOHYDRAT	40	\$0.62500	\$0.50000	26%-50% Above
Non-ORx	No	00185012201	NITROFURANTOIN MONOHYDRAT	420	\$0.85238	\$0.50000	51%-75% Above
Non-ORx	No	00185014101	OXAPROZIN	30	\$1.10000	\$0.63333	51%-75% Above
Non-ORx	No	00185027701	BENZAEPRIIL HCL/HYDROCHLOR	30	\$1.43333	\$0.40000	200% Above
Non-ORx	No	00185027701	BENZAEPRIIL HCL/HYDROCHLOR	30	\$1.43333	\$0.46667	200% Above
Non-ORx	No	00185041060	BUPROPION HYDROCHLORIDE E	90	\$0.50000	\$0.11111	200% Above
Non-ORx	No	00185041060	BUPROPION HYDROCHLORIDE E	60	\$0.45000	\$0.10000	200% Above
Non-ORx	No	00185041501	BUPROPION HYDROCHLORIDE E	60	\$0.23333	\$0.10000	101%-200% Above
Non-ORx	No	00185067401	HYDROXYZINE PAMOATE	110	\$0.09091	\$0.07273	26%-50% Above
Non-ORx	No	00185067401	HYDROXYZINE PAMOATE	60	\$0.08333	\$0.06667	26%-50% Above
Non-ORx	No	00185067401	HYDROXYZINE PAMOATE	180	\$0.11667	\$0.06667	76%-100% Above
Non-ORx	No	00185067405	HYDROXYZINE PAMOATE	360	\$0.20000	\$0.07778	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
Non-ORx	No	00185067405	HYDROXYZINE PAMOATE	120	\$0.06667	\$0.07500	(10%-25%) Below
Non-ORx	No	00185067405	HYDROXYZINE PAMOATE	60	\$0.20000	\$0.06667	200% Above
Non-ORx	No	00185067405	HYDROXYZINE PAMOATE	15	\$0.20000	\$0.06667	200% Above
Non-ORx	No	00185067405	HYDROXYZINE PAMOATE	240	\$0.19583	\$0.06667	101%-200% Above