NADAC Summary Report

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68645058259	METFORMIN HCL 500 MG TABLET	2025-02-27	180.000	WALMART PHARMACY	1366469496	0.00000	0.00	0.00
68180096301	ALBUTEROL HFA 90 MCG INHALER	2025-01-07	17.000	WALMART PHARMACY	1649297789	0.55588	0.00	1.01
64380078408	PREDNISONE 10 MG TABLET	2025-01-17	30.000	WALMART PHARMACY	1649297789	0.00000	0.00	0.00
68180096301	ALBUTEROL HFA 90 MCG INHALER	2025-02-23	17.000	WALMART PHARMACY	1649297789	0.61529	0.00	0.00
59651071901	DICYCLOMINE 10 MG CAPSULE	2025-03-25	60.000	WALMART PHARMACY	1750309449	0.00000	0.00	0.00
59651048801	PREDNISONE 20 MG TABLET	2025-03-13	10.000	WALMART PHARMACY	1609965292	0.00000	0.00	0.00
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	2025-03-31	12.000	WALMART PHARMACY	1609965292	0.00000	0.00	0.00
49483048112	ASPIRIN EC 81 MG TABLET	2025-01-11	90.000	CVS PHARMACY	1609979368	0.01322	0.00	1.34
59651071901	DICYCLOMINE 10 MG CAPSULE	2025-03-07	60.000	WALMART PHARMACY	1609965292	0.00000	0.00	0.75
00781185220	AMOX-CLAV 875-125 MG TABLET	2025-02-24	14.000	MARTINSBURG VAMC	1629026414	0.00000	0.00	-0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
10.00	0.01368	2025-02-26	-0.23	0.00	No	No
30.00	2.32051	2025-01-01	-0.19	0.00	No	No
4.97	0.04665	2025-01-15	-0.58	0.00	No	No
30.00	2.53475	2025-02-19	-0.24	0.00	No	No
10.75	0.08613	2025-03-19	-0.31	0.00	No	No
8.04	0.07911	2025-03-12	-0.29	0.00	No	No
4.00	0.11657	2025-03-26	-0.66	0.00	No	No
0.00	0.01317	2025-01-08	-0.78	0.00	Yes	No
10.00	0.08345	2025-03-05	-0.31	0.00	No	No
4.33	0.3224	2025-02-19	-0.71	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
00591505201	PREDNISONE 5 MG TABLET	2025-02-26	21.000	SAM'S CLUB PHARMACY	1942575808	0.00000	0.00	0.00
43598017010	CHLORTHALIDONE 25 MG TABLET	2025-01-18	90.000	MARTINSBURG VAMC	1629026414	0.02478	0.00	0.00
00378464426	ESTRADIOL 0.025 MG PATCH(2/WK)	2025-02-19	8.000	MARTINSBURG VAMC	1629026414	2.04500	0.00	0.15
63323058282	GLUCAGON 1 MG EMERGENCY KIT	2025-03-04	1.000	MARTINSBURG VAMC	1629026414	137.17000	0.00	0.00
00378464426	ESTRADIOL 0.025 MG PATCH(2/WK)	2025-03-17	8.000	MARTINSBURG VAMC	1629026414	2.04500	0.00	0.15
70954006020	PREDNISONE 20 MG TABLET	2025-01-29	6.000	WALGREENS	1164947941	0.00000	0.00	0.00
70954005920	PREDNISONE 10 MG TABLET	2025-01-28	10.000	WALGREENS	1538685987	0.00000	0.00	0.00
00378334053	XULANE 150-35 MCG/DAY PATCH	2025-03-03	9.000	CVS PHARMACY	1154424810	29.33222	0.00	0.00
68180087673	NORETHINDRONE 0.35 MG TABLET	2025-02-21	28.000	WALMART PHARMACY	1538186663	0.08607	0.00	6.59
55111014512	FLUCONAZOLE 150 MG TABLET	2025-02-21	2.000	WALMART PHARMACY	1538186663	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
7.43	0.04743	2025-02-26	-0.35	0.00	No	No
0.00	0.07682	2025-01-15	-0.87	0.00	No	No
10.00	6.29395	2025-02-19	-0.56	0.00	No	No
24.21	268.55333	2025-02-26	-0.42	0.00	No	No
10.00	6.29395	2025-03-12	-0.56	0.00	No	No
3.54	0.07317	2025-01-29	-0.68	0.00	No	No
4.33	0.04773	2025-01-22	-0.61	0.00	No	No
0.00	35.78717	2025-02-26	-0.21	0.00	Yes	No
0.00	0.08614	2025-02-19	-0.30	0.00	No	No
9.60	0.53979	2025-02-19	-0.17	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68180087673	NORETHINDRONE 0.35 MG TABLET	2025-03-18	28.000	WALMART PHARMACY	1538186663	0.08607	0.00	6.59
70954006020	PREDNISONE 20 MG TABLET	2025-03-25	18.000	WALGREENS	1750807046	0.00000	0.00	0.00
70954005820	PREDNISONE 5 MG TABLET	2025-03-09	21.000	KROGER SAV-ON	1174557961	0.00000	0.00	0.00
64380078508	PREDNISONE 20 MG TABLET	2025-01-29	5.000	MEDICINE SHOPPE PHARMACY	1457605933	0.00000	0.00	-0.00
68645058459	METFORMIN HCL 1,000 MG TABLET	2025-01-05	180.000	WALMART PHARMACY	1649364795	0.00000	0.00	0.00
29300024401	BUSPIRONE HCL 5 MG TABLET	2025-01-10	60.000	WALMART PHARMACY	1649364795	0.00000	0.00	0.00
68645061190	LISINOPRIL 20 MG TABLET	2025-01-31	90.000	WALMART PHARMACY	1649364795	0.00000	0.00	0.00
29300024401	BUSPIRONE HCL 5 MG TABLET	2025-02-25	60.000	WALMART PHARMACY	1649364795	0.00000	0.00	0.00
47781066590	LEVOTHYROXINE 175 MCG TABLET	2025-02-15	90.000	WALMART PHARMACY	1467479501	0.00000	0.00	-0.00
65862017160	TOPIRAMATE 25 MG TABLET	2025-03-22	30.000	WALMART PHARMACY	1467479501	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
0.00	0.08614	2025-03-12	-0.30	0.00	No	No
6.62	0.08187	2025-03-19	-0.45	0.00	No	No
9.99	0.04743	2025-03-05	-0.13	0.00	No	No
8.05	0.07317	2025-01-29	-0.26	0.00	No	No
10.00	0.02204	2025-01-01	-0.31	0.00	No	No
4.00	0.01976	2025-01-08	-0.66	0.00	No	No
10.00	0.02401	2025-01-29	-0.21	0.00	No	No
4.00	0.02195	2025-02-19	-0.66	0.00	No	No
10.00	0.08637	2025-02-12	-0.45	0.00	No	No
4.50	0.02806	2025-03-19	-0.60	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
00037682210	PROCTOFOAM-HC 1%-1% FOAM	2025-01-03	10.000	HUNTINGTON VAMC	1508824301	0.00000	0.00	0.00
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-03-02	90.000	WALMART PHARMACY	1649364795	0.00000	0.00	0.00
67877025115	TRIAMCINOLONE 0.1% CREAM	2025-02-17	15.000	WALMART PHARMACY	1649364795	0.00000	0.00	0.00
68645058459	METFORMIN HCL 1,000 MG TABLET	2025-02-23	180.000	WALMART PHARMACY	1649364795	0.02317	0.00	5.83
00003089421	ELIQUIS 5 MG TABLET	2025-01-06	120.000	MARTINSBURG VAMC	1629026414	0.00000	0.00	0.00
76282021405	SERTRALINE HCL 100 MG TABLET	2025-01-17	45.000	MARTINSBURG VAMC	1629026414	0.00000	0.00	0.00
00003089421	ELIQUIS 5 MG TABLET	2025-02-25	120.000	MARTINSBURG VAMC	1629026414	0.00000	0.00	0.00
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	2025-03-10	90.000	MARTINSBURG VAMC	1629026414	0.00000	0.00	0.00
00472080415	DESONIDE 0.05% CREAM	2025-02-19	15.000	MARTINSBURG VAMC	1629026414	0.00000	0.00	-0.00
00591405289	IVERMECTIN 1% CREAM	2025-02-21	45.000	MARTINSBURG VAMC	1629026414	1.19844	0.00	0.15

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111.20	17.54119	2025-01-01	-0.40	0.00	No	No
10.00	0.01217	2025-02-26	-0.14	0.00	No	No
6.19	0.12708	2025-02-12	-0.50	0.00	No	No
0.00	0.02319	2025-02-19	-0.32	0.00	No	No
166.41	9.51063	2025-01-01	-0.86	0.00	No	No
1.58	0.04769	2025-01-15	-0.87	0.00	No	No
165.01	9.70084	2025-02-19	-0.86	0.00	No	No
18.28	0.04928	2025-03-05	0.00	0.22	No	No
5.00	0.39598	2025-02-19	-0.70	0.00	No	No
15.00	3.13012	2025-02-19	-0.54	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
52817081154	TRIAMCINOLONE 0.1% CREAM	2025-03-07	454.000	MARTINSBURG VAMC	1629026414	0.00548	0.00	0.15
60505082901	FLUTICASONE PROP 50 MCG SPRAY	2025-02-26	16.000	WALMART PHARMACY	1750309449	0.13688	0.00	8.68
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	2025-01-15	10.000	MEDICAL CENTER PHARMACY	1639163538	0.00000	0.00	1.77
00121087416	CETIRIZINE HCL 1 MG/ML SOLN	2025-02-18	75.000	CVS PHARMACY	1164858148	0.00000	0.00	0.00
00121087416	CETIRIZINE HCL 1 MG/ML SOLN	2025-03-19	75.000	CVS PHARMACY	1164858148	0.00000	0.00	0.00
29300024401	BUSPIRONE HCL 5 MG TABLET	2025-02-09	120.000	WALMART PHARMACY	1497954978	0.00000	0.00	0.00
62332002431	FLUOXETINE HCL 40 MG CAPSULE	2025-02-09	30.000	WALMART PHARMACY	1497954978	0.00000	0.00	0.00
64380078507	PREDNISONE 20 MG TABLET	2025-03-05	10.000	WALMART PHARMACY	1497954978	0.00000	0.00	0.00
60505082901	FLUTICASONE PROP 50 MCG SPRAY	2025-03-05	16.000	WALMART PHARMACY	1497954978	0.00000	0.00	0.00
29300024401	BUSPIRONE HCL 5 MG TABLET	2025-03-06	120.000	WALMART PHARMACY	1497954978	0.00000	0.00	0.00

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5.00	0.03182	2025-03-05	-0.69	0.00	No	No
5.00	0.44945	2025-02-26	-0.10	0.00	No	No
5.00	0.0881	2025-01-15	-0.40	0.00	No	No
13.99	0.14115	2025-02-12	-0.34	0.00	Yes	No
13.99	0.1457	2025-03-19	-0.35	0.00	Yes	No
8.00	0.01949	2025-02-05	-0.38	0.00	No	No
4.00	0.05872	2025-02-05	-0.67	0.00	No	No
4.04	0.07911	2025-03-05	-0.64	0.00	No	No
15.87	0.44945	2025-03-05	-0.10	0.00	No	No
8.00	0.02195	2025-03-05	-0.39	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
62332002431	FLUOXETINE HCL 40 MG CAPSULE	2025-03-06	30.000	WALMART PHARMACY	1497954978	0.00000	0.00	0.00
68645061190	LISINOPRIL 20 MG TABLET	2025-03-13	90.000	WALMART PHARMACY	1497954978	0.00311	0.00	7.72
68645059459	FAMOTIDINE 20 MG TABLET	2025-03-28	30.000	WALMART PHARMACY	1497954978	0.00000	0.00	7.24
65162019011	NAPROXEN 500 MG TABLET	2025-02-13	20.000	WALMART PHARMACY	1881870210	0.00000	0.00	0.00
47781065190	LEVOTHYROXINE 100 MCG TABLET	2025-03-13	90.000	WALMART PHARMACY	1881870210	0.00000	0.00	0.00
62559075816	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-03-22	150.000	FRUTH PHARMACY	1164437000	0.00000	0.00	0.00
59651048805	PREDNISONE 20 MG TABLET	2025-03-22	10.000	FRUTH PHARMACY	1164437000	0.00000	0.00	0.00
68645052154	SERTRALINE HCL 25 MG TABLET	2025-01-14	30.000	WALMART PHARMACY	1497954978	0.00000	0.00	0.00
68645060990	LISINOPRIL 5 MG TABLET	2025-01-25	90.000	WALMART PHARMACY	1538186663	0.00000	0.00	0.00
29300013005	HYDROCHLOROTHIAZIDE 12.5 MG CP	2025-01-25	90.000	WALMART PHARMACY	1538186663	0.00000	0.00	0.00

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4.00	0.06602	2025-03-05	-0.68	0.00	No	No
2.00	0.02538	2025-03-12	-0.22	0.00	No	No
1.81	0.03313	2025-03-26	-0.21	0.00	No	No
4.55	0.05472	2025-02-12	-0.61	0.00	No	No
10.00	0.05519	2025-03-12	-0.35	0.00	No	No
15.29	0.04345	2025-03-19	-0.10	0.00	No	No
7.56	0.08187	2025-03-19	-0.33	0.00	No	No
9.00	0.03225	2025-01-08	-0.21	0.00	No	No
10.00	0.01386	2025-01-22	-0.15	0.00	No	No
10.00	0.02806	2025-01-22	-0.23	0.00	No	No

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68645061190	LISINOPRIL 20 MG TABLET	2025-01-10	90.000	WALMART PHARMACY	1881870210	0.00000	0.00	0.00
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	2025-02-07	14.000	KROGER PHARMACY	1043244825	0.00000	0.00	0.00
69315030805	CIPROFLOXACIN 0.3% EYE DROP	2025-01-21	5.000	CVS PHARMACY	1972606630	0.00000	0.00	0.00
76282073345	LISINOPRIL 40 MG TABLET	2025-03-21	45.000	HUNTINGTON VAMC	1508824301	0.00000	0.00	0.00
00536137223	NICOTINE 4 MG CHEWING GUM	2025-03-21	110.000	HUNTINGTON VAMC	1508824301	0.15073	0.00	0.15
11534016503	FOLIC ACID 1 MG TABLET	2025-02-26	30.000	WALGREENS	1750807491	0.02267	0.00	3.62
11527075043	SODIUM FLUORIDE 5000 PPM PASTE	2025-01-27	100.000	CVS PHARMACY	1972606630	0.00000	0.00	0.00
00121087416	CETIRIZINE HCL 1 MG/ML SOLN	2025-03-05	150.000	CVS PHARMACY	1972606630	0.00000	0.00	0.00
00121087416	CETIRIZINE HCL 1 MG/ML SOLN	2025-03-05	75.000	CVS PHARMACY	1972606630	0.00000	0.00	0.00
68645056354	IBUPROFEN 800 MG TABLET	2025-01-05	30.000	WALMART PHARMACY	1265459390	0.00000	0.00	0.00

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10.00	0.02387	2025-01-08	-0.21	0.00	No	No
9.99	0.05277	2025-02-05	-0.11	0.00	No	No
13.99	1.50086	2025-01-15	-0.22	0.00	Yes	No
1.88	0.04653	2025-03-19	-0.85	0.00	No	No
0.00	0.27827	2025-03-19	-0.59	0.00	No	No
0.00	0.02251	2025-02-26	-0.61	0.00	No	No
16.89	0.09372	2025-01-22	-0.15	0.00	Yes	No
13.99	0.14587	2025-03-05	-0.57	0.00	Yes	No
13.99	0.14587	2025-03-05	-0.35	0.00	Yes	No
5.82	0.05567	2025-01-01	-0.52	0.00	No	No

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45802046564	KETOCONAZOLE 2% SHAMPOO	2025-02-24	120.000	WALGREENS	1376067090	0.00000	0.00	4.59
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-03-10	12.000	WALGREENS	1588899140	0.00000	0.00	-0.00
11534016503	FOLIC ACID 1 MG TABLET	2025-01-03	90.000	WALGREENS	1255589503	0.00000	0.00	0.00
64380078408	PREDNISONE 10 MG TABLET	2025-01-09	20.000	WALMART PHARMACY	1639196769	0.00000	0.00	0.00
47781066290	LEVOTHYROXINE 150 MCG TABLET	2025-01-25	90.000	WALMART PHARMACY	1639196769	0.00000	0.00	0.00
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-02-08	30.000	WALMART PHARMACY	1639196769	0.00000	0.00	-0.00
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-03-01	30.000	WALMART PHARMACY	1639196769	0.00000	0.00	-0.00
68180071160	CEFDINIR 300 MG CAPSULE	2025-03-21	14.000	WALMART PHARMACY	1639196769	0.00000	0.00	3.50
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	2025-03-14	24.600	FRUTH PHARMACY	1437164373	0.00000	0.00	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-01-18	10.000	WALGREENS	1124257613	0.00000	0.00	0.00

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15.00	0.09667	2025-02-19	-0.11	0.00	No	No
6.57	0.08742	2025-03-05	-0.43	0.00	No	No
8.91	0.02077	2025-01-01	-0.28	0.00	No	No
4.00	0.04665	2025-01-08	-0.65	0.00	No	No
10.00	0.0713	2025-01-22	-0.41	0.00	No	No
8.97	0.08158	2025-02-05	-0.31	0.00	No	No
8.97	0.08742	2025-02-26	-0.32	0.00	No	No
10.00	0.47036	2025-03-19	-0.21	0.00	No	No
10.93	0.11147	2025-03-12	-0.17	0.00	No	No
4.56	0.0717	2025-01-15	-0.59	0.00	No	No

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70954006020	PREDNISONE 20 MG TABLET	2025-03-27	3.000	WALGREENS	1124257613	0.00000	0.00	0.00
59651048901	PREDNISONE 50 MG TABLET	2025-02-05	5.000	WALGREENS	1922524909	0.00000	0.00	0.00
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-02-17	100.000	WALGREENS	1922524909	0.00000	0.00	-0.00
00574110404	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2025-02-17	180.000	WALGREENS	1922524909	0.00878	0.00	4.71
00781261305	AMOXICILLIN 500 MG CAPSULE	2025-02-24	20.000	WALGREENS	1922524909	0.00000	0.00	0.00
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-03-03	100.000	WALGREENS	1922524909	0.00000	0.00	0.00
00574110404	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2025-03-03	180.000	WALGREENS	1922524909	0.00339	0.00	5.68
65862058305	AMLODIPINE-BENAZEPRIL 5-10 MG	2025-01-06	90.000	MARTINSBURG VAMC	1629026414	0.00000	0.00	0.00
65862058305	AMLODIPINE-BENAZEPRIL 5-10 MG	2025-03-25	90.000	MARTINSBURG VAMC	1629026414	0.00000	0.00	0.00
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	2025-01-13	6.000	CVS PHARMACY	1023791787	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
2.77	0.08187	2025-03-26	-0.74	0.00	No	No
4.04	0.16886	2025-02-05	-0.64	0.00	No	No
11.25	0.0344	2025-02-12	-0.19	0.00	No	No
14.00	0.08654	2025-02-12	-0.22	0.00	No	No
9.61	0.08742	2025-02-19	-0.21	0.00	No	No
11.25	0.03869	2025-02-26	-0.22	0.00	No	No
14.00	0.08115	2025-02-26	-0.19	0.00	No	No
7.86	0.0885	2025-01-01	-0.57	0.00	No	No
7.86	0.10516	2025-03-19	-0.61	0.00	No	No
17.99	1.65534	2025-01-08	-0.12	0.00	Yes	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
00591292754	LEVALBUTEROL TAR HFA 45 MCG INH	2025-01-17	15.000	CVS PHARMACY	1134223811	3.05933	0.00	0.00
00591292754	LEVALBUTEROL TAR HFA 45 MCG INH	2025-03-11	15.000	CVS PHARMACY	1134223811	3.05933	0.00	0.00
59651048805	PREDNISONE 20 MG TABLET	2025-03-28	5.000	FRUTH PHARMACY	1982619821	0.00000	0.00	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-02-28	15.000	KROGER PHARMACY	1881628675	0.00000	0.00	7.99
23155005101	NYSTATIN 500,000 UNIT ORAL TAB	2025-03-18	2.000	KROGER PHARMACY	1881628675	0.31500	0.00	9.36
00603533932	PREDNISONE 20 MG TABLET	2025-01-10	6.000	MEDICAL CENTER PHARMACY	1639163538	0.00000	0.00	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-02-17	14.000	WALGREENS	1013432749	0.00000	0.00	0.00
27808005102	PROMETHAZINE 6.25 MG/5 ML SYRP	2025-03-04	15.000	WALGREENS	1659897205	0.00000	0.00	0.00
00378750332	BREYNA 160-4.5 MCG INHALER	2025-03-01	10.300	WALMART PHARMACY	1720005853	16.56311	0.00	0.00
00487970130	BUDESONIDE 0.5 MG/2 ML SUSP	2025-03-05	120.000	WALMART PHARMACY	1720005853	0.88008	0.00	0.00

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0.00	3.29373	2025-01-15	-0.23	0.00	Yes	No
0.00	3.3626	2025-03-05	-0.25	0.00	Yes	No
4.53	0.08187	2025-03-26	-0.58	0.00	No	No
2.00	0.07911	2025-02-26	-0.14	0.00	No	No
0.00	0.31342	2025-03-12	-0.10	0.00	No	No
1.87	0.0717	2025-01-08	-0.83	0.00	No	No
5.59	0.07317	2025-02-12	-0.51	0.00	No	No
3.52	0.03806	2025-02-26	-0.68	0.00	No	No
0.00	23.08377	2025-02-26	-0.31	0.00	No	No
0.00	0.91101	2025-03-05	-0.12	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
64380078408	PREDNISONE 10 MG TABLET	2025-03-05	30.000	WALMART PHARMACY	1720005853	0.00000	0.00	0.00
55111014512	FLUCONAZOLE 150 MG TABLET	2025-03-13	2.000	WALMART PHARMACY	1720005853	0.00000	0.00	0.00
47781064390	LEVOTHYROXINE 50 MCG TABLET	2025-01-02	90.000	WALMART PHARMACY	1790072916	0.00000	0.00	0.00
43598032675	CIPROFLOX-DEXAMETH OTIC SUSP	2025-03-15	7.500	WALMART PHARMACY	1790072916	0.00000	0.00	0.00
68645061090	LISINOPRIL 10 MG TABLET	2025-03-18	90.000	WALMART PHARMACY	1790072916	0.01767	0.00	8.41
68180096301	ALBUTEROL HFA 90 MCG INHALER	2025-03-08	8.500	WALMART PHARMACY	1821015967	2.38000	0.00	0.00
64380078507	PREDNISONE 20 MG TABLET	2025-03-08	10.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
60505082901	FLUTICASONE PROP 50 MCG SPRAY	2025-03-08	16.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
68645057559	GLIPIZIDE 10 MG TABLET	2025-03-15	90.000	WALMART PHARMACY	1790072916	0.04411	0.00	2.03
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	2025-01-31	15.000	MEDICAL CENTER PHARMACY	1639163538	0.00000	0.00	0.00

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4.97	0.05399	2025-03-05	-0.59	0.00	No	No
9.60	0.53979	2025-03-12	-0.17	0.00	No	No
10.00	0.0517	2025-01-01	-0.34	0.00	No	No
84.56	14.39834	2025-03-12	-0.29	0.00	No	No
0.00	0.0177	2025-03-12	-0.17	0.00	No	No
0.00	2.53475	2025-03-05	-0.37	0.00	No	No
4.04	0.07911	2025-03-05	-0.64	0.00	No	No
15.87	0.44945	2025-03-05	-0.10	0.00	No	No
0.00	0.04416	2025-03-12	-0.59	0.00	No	No
10.15	0.08665	2025-01-29	-0.14	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
60219170705	PREDNISONE 10 MG TABLET	2025-02-03	18.000	KROGER PHARMACY	1043244825	0.00000	0.00	0.00
31722099605	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2025-01-24	5.000	KROGER PHARMACY	1154355949	0.00000	0.00	-0.00
61314063705	PREDNISOLONE AC 1% EYE DROP	2025-01-02	5.000	WALGREENS	1265959134	0.00000	0.00	0.00
61314063705	PREDNISOLONE AC 1% EYE DROP	2025-02-15	5.000	WALGREENS	1265959134	0.00000	0.00	0.00
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-01-28	90.000	WALGREENS	1437676392	0.01100	0.00	8.16
70954006020	PREDNISONE 20 MG TABLET	2025-01-31	10.000	WALGREENS	1497271134	0.00000	0.00	0.00
00185012201	NITROFURANTOIN MONO-MCR 100 MG	2025-03-17	10.000	WALGREENS	1730605171	0.00000	0.00	0.00
00574110404	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2025-02-12	240.000	WALGREENS	1902035454	0.00000	0.00	0.00
68645061190	LISINOPRIL 20 MG TABLET	2025-01-16	90.000	WALMART PHARMACY	1376560417	0.02389	0.00	7.85
13668001101	CITALOPRAM HBR 40 MG TABLET	2025-02-06	90.000	WALMART PHARMACY	1609965292	0.03956	0.00	6.44

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9.99	0.04773	2025-01-29	-0.12	0.00	No	No
9.99	0.12377	2025-01-22	-0.10	0.00	No	No
30.69	4.78445	2025-01-01	-0.11	0.00	No	No
30.69	4.80516	2025-02-12	-0.11	0.00	No	No
0.00	0.011	2025-01-22	-0.20	0.00	No	No
4.56	0.07317	2025-01-29	-0.59	0.00	No	No
8.25	0.30818	2025-03-12	-0.39	0.00	No	No
25.09	0.08654	2025-02-12	-0.20	0.00	No	No
0.00	0.02387	2025-01-15	-0.21	0.00	No	No
0.00	0.03957	2025-02-05	-0.29	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-01-02	21.000	WALMART PHARMACY	1710904842	0.00000	0.00	0.00
68645056354	IBUPROFEN 800 MG TABLET	2025-01-02	30.000	WALMART PHARMACY	1710904842	0.00000	0.00	0.00
29300024505	BUSPIRONE HCL 10 MG TABLET	2025-02-20	180.000	WALMART PHARMACY	1710904842	0.00000	0.00	0.00
67877021905	CEPHALEXIN 500 MG CAPSULE	2025-01-20	3.000	WALMART PHARMACY	1720005853	0.00000	0.00	0.00
29300024401	BUSPIRONE HCL 5 MG TABLET	2025-01-27	30.000	WALMART PHARMACY	1720005853	0.00000	0.00	0.00
00172392660	DIAZEPAM 5 MG TABLET	2025-03-20	3.000	WALMART PHARMACY	1720005853	0.00000	0.00	0.00
16571013412	CETIRIZINE HCL 1 MG/ML SYRUP	2025-03-29	75.000	WALMART PHARMACY	1720005853	0.00000	0.00	0.00
62332002331	FLUOXETINE HCL 20 MG CAPSULE	2025-01-21	30.000	WALMART PHARMACY	1730106873	0.02967	0.00	3.11
68180071160	CEFDINIR 300 MG CAPSULE	2025-03-07	10.000	WALMART PHARMACY	1750309449	0.00000	0.00	-0.00
47781064090	LEVOTHYROXINE 25 MCG TABLET	2025-01-10	30.000	WALMART PHARMACY	1790072916	0.00000	0.00	0.00

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6.28	0.08279	2025-01-01	-0.49	0.00	No	No
5.82	0.05567	2025-01-01	-0.52	0.00	No	No
10.00	0.03079	2025-02-19	-0.38	0.00	No	No
4.00	0.10778	2025-01-15	-0.63	0.00	No	No
4.00	0.01949	2025-01-22	-0.64	0.00	No	No
4.00	0.02795	2025-03-19	-0.62	0.00	No	No
6.57	0.02147	2025-03-26	-0.46	0.00	No	No
0.00	0.02969	2025-01-15	-0.65	0.00	No	No
9.65	0.45141	2025-03-05	-0.36	0.00	No	No
4.00	0.04342	2025-01-08	-0.66	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
00574220520	TRETINOIN 0.05% CREAM	2025-02-04	20.000	CVS PHARMACY	1144323890	0.65750	0.00	4.64
54838050280	HYDROXYZINE 10 MG/5 ML SYRUP	2025-02-06	118.000	CVS PHARMACY	1528161288	0.02958	0.00	0.00
42571025101	CLINDAMYCIN HCL 150 MG CAPSULE	2025-03-04	14.000	KROGER PHARMACY	1336173129	0.00000	0.00	-0.00
55111068305	IBU 600 MG TABLET	2025-03-04	30.000	KROGER PHARMACY	1336173129	0.00000	0.00	-0.00
00406012405	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	2025-01-10	10.000	WALGREENS	1124257613	0.00000	0.00	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-02-01	7.000	WALGREENS	1124257613	0.00000	0.00	-0.00
70954006020	PREDNISONE 20 MG TABLET	2025-01-07	5.000	WALGREENS	1538685987	0.00000	0.00	0.00
68180044102	CEPHALEXIN 250 MG/5 ML SUSP	2025-01-28	200.000	WALMART PHARMACY	1376560417	0.00000	0.00	3.00
00121088516	PREDNISOLONE 15 MG/5 ML SOLN	2025-03-15	25.000	WALMART PHARMACY	1376560417	0.03840	0.00	2.13
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	2025-02-03	7.000	WALMART PHARMACY	1467479501	0.00000	0.00	0.00

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15.00	1.40773	2025-01-29	-0.15	0.00	Yes	No
15.00	0.16116	2025-02-05	-0.37	0.00	Yes	No
9.99	0.08622	2025-02-26	-0.15	0.00	No	No
9.99	0.04873	2025-02-26	-0.16	0.00	No	No
9.63	0.14998	2025-01-08	-0.20	0.00	No	No
3.79	0.07317	2025-01-29	-0.66	0.00	No	No
3.28	0.0717	2025-01-01	-0.70	0.00	No	No
15.00	0.05095	2025-01-22	-0.13	0.00	No	No
15.00	0.63833	2025-03-12	-0.32	0.00	No	No
4.00	0.08665	2025-01-29	-0.64	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-01-27	21.000	WALMART PHARMACY	1487838132	0.00000	0.00	0.00
68645058259	METFORMIN HCL 500 MG TABLET	2025-01-02	30.000	WALMART PHARMACY	1801813936	0.01300	0.00	3.61
68645058259	METFORMIN HCL 500 MG TABLET	2025-01-30	30.000	WALMART PHARMACY	1801813936	0.01333	0.00	3.60
68645058259	METFORMIN HCL 500 MG TABLET	2025-02-26	30.000	WALMART PHARMACY	1801813936	0.01367	0.00	3.59
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-03-19	21.000	WALMART PHARMACY	1881870210	0.00000	0.00	-0.00
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	2025-02-20	3.000	CVS PHARMACY	1073616736	29.33000	0.00	0.00
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	2025-03-23	3.000	CVS PHARMACY	1073616736	29.33000	0.00	0.00
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	2025-01-10	3.000	CVS PHARMACY	1154424810	29.33000	0.00	0.00
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	2025-02-28	100.000	WALGREENS	1124253786	0.00000	0.00	-0.00
68645058459	METFORMIN HCL 1,000 MG TABLET	2025-02-03	180.000	WALMART PHARMACY	1497954978	0.02217	0.00	6.01

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9.76	0.11419	2025-01-22	-0.24	0.00	No	No
0.00	0.01304	2025-01-01	-0.63	0.00	No	No
0.00	0.01323	2025-01-29	-0.63	0.00	No	No
0.00	0.01368	2025-02-26	-0.63	0.00	No	No
9.24	0.15456	2025-03-19	-0.33	0.00	No	No
0.00	37.43887	2025-02-19	-0.28	0.00	Yes	No
0.00	37.0041	2025-03-19	-0.28	0.00	Yes	No
0.00	38.03566	2025-01-08	-0.29	0.00	Yes	No
11.81	0.03366	2025-02-26	-0.15	0.00	No	No
0.00	0.02215	2025-01-29	-0.31	0.00	No	No

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29300024505	BUSPIRONE HCL 10 MG TABLET	2025-01-08	60.000	WALMART PHARMACY	1639196769	0.00000	0.00	-0.00
47781064090	LEVOTHYROXINE 25 MCG TABLET	2025-01-25	30.000	WALMART PHARMACY	1639196769	0.00000	0.00	0.00
47781064390	LEVOTHYROXINE 50 MCG TABLET	2025-02-08	90.000	WALMART PHARMACY	1639196769	0.00000	0.00	0.00
47781064090	LEVOTHYROXINE 25 MCG TABLET	2025-02-26	30.000	WALMART PHARMACY	1639196769	0.00000	0.00	0.00
29300024505	BUSPIRONE HCL 10 MG TABLET	2025-03-11	60.000	WALMART PHARMACY	1639196769	0.00000	0.00	0.00
59651045701	CARBIDOPA-LEVODOPA 25-100 TAB	2025-01-03	360.000	WALMART PHARMACY	1720005853	0.00000	0.00	2.00
47781064690	LEVOTHYROXINE 75 MCG TABLET	2025-03-01	90.000	WALMART PHARMACY	1720005853	0.00000	0.00	0.00
59651045701	CARBIDOPA-LEVODOPA 25-100 TAB	2025-03-29	360.000	WALMART PHARMACY	1720005853	0.00556	0.00	0.00
68180096301	ALBUTEROL HFA 90 MCG INHALER	2025-03-13	8.500	WALMART PHARMACY	1790072916	2.38000	0.00	0.00
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-01-13	21.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00

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4.00	0.02862	2025-01-08	-0.67	0.00	No	No
4.00	0.043	2025-01-22	-0.66	0.00	No	No
10.00	0.05075	2025-02-05	-0.34	0.00	No	No
4.00	0.04343	2025-02-26	-0.66	0.00	No	No
4.00	0.03079	2025-03-05	-0.68	0.00	No	No
30.00	0.07542	2025-01-01	-0.15	0.00	No	No
10.00	0.05432	2025-02-26	-0.35	0.00	No	No
30.00	0.09598	2025-03-26	-0.29	0.00	No	No
0.00	2.53475	2025-03-12	-0.37	0.00	No	No
9.76	0.11746	2025-01-08	-0.25	0.00	No	No

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00409656201	TESTOSTERONE CYP 200 MG/ML	2025-01-15	2.000	WALMART PHARMACY	1821015967	4.49000	0.00	0.00
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	2025-02-05	150.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
00409656201	TESTOSTERONE CYP 200 MG/ML	2025-02-12	2.000	WALMART PHARMACY	1821015967	4.49000	0.00	0.00
47781065790	LEVOTHYROXINE 125 MCG TABLET	2025-02-19	90.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	2025-03-11	150.000	WALMART PHARMACY	1821015967	0.00000	0.00	-0.00
00409656201	TESTOSTERONE CYP 200 MG/ML	2025-03-11	2.000	WALMART PHARMACY	1821015967	4.49000	0.00	0.00
00406048410	ACETAMINOPHEN-COD #3 TABLET	2025-02-13	6.000	MEDICAL CENTER PHARMACY	1639163538	0.00000	0.00	0.00
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	2025-03-09	84.000	WALGREENS	1649796061	0.14583	0.00	6.34
43547040610	CLONAZEPAM 0.5 MG TABLET	2025-01-14	40.000	MARTINSBURG VAMC	1629026414	0.00000	0.00	-0.00
43547040610	CLONAZEPAM 0.5 MG TABLET	2025-02-12	40.000	MARTINSBURG VAMC	1629026414	0.00000	0.00	-0.00

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15.00	12.37528	2025-01-15	-0.32	0.00	No	No
9.59	0.03735	2025-02-05	-0.40	0.00	No	No
15.00	12.23459	2025-02-12	-0.31	0.00	No	No
10.00	0.07216	2025-02-19	-0.41	0.00	No	No
9.59	0.03875	2025-03-05	-0.41	0.00	No	No
15.00	13.03302	2025-03-05	-0.34	0.00	No	No
7.80	0.23697	2025-02-12	-0.35	0.00	No	No
0.00	0.14583	2025-03-05	-0.18	0.00	No	No
2.12	0.0207	2025-01-08	-0.81	0.00	No	No
2.12	0.01935	2025-02-12	-0.81	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
43547040610	CLONAZEPAM 0.5 MG TABLET	2025-03-13	40.000	MARTINSBURG VAMC	1629026414	0.00000	0.00	-0.00
68180096301	ALBUTEROL HFA 90 MCG INHALER	2025-03-31	8.500	WALMART PHARMACY	1356368484	2.38000	0.00	0.00
45802020230	ESTRADIOL 0.1% (0.5 MG) GEL PKT	2025-02-19	90.000	CVS PHARMACY	1275636631	0.00000	0.00	-0.00
59651071901	DICYCLOMINE 10 MG CAPSULE	2025-01-04	15.000	WALMART PHARMACY	1881870210	0.00000	0.00	0.00
64380078408	PREDNISONE 10 MG TABLET	2025-02-09	20.000	WALMART PHARMACY	1376560417	0.00000	0.00	0.00
60758011905	PREDNISOLONE AC 1% EYE DROP	2025-03-26	5.000	CVS PHARMACY	1285039727	4.68400	0.00	6.27
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	2025-02-12	100.000	WALGREENS	1891211702	0.00000	0.00	0.00
00409656201	TESTOSTERONE CYP 200 MG/ML	2025-03-11	1.000	WALMART PHARMACY	1750309449	0.00000	0.00	0.00
65162076310	WARFARIN SODIUM 2.5 MG TABLET	2025-01-18	90.000	WALMART PHARMACY	1457378580	0.00000	0.00	-0.00
65162076910	WARFARIN SODIUM 10 MG TABLET	2025-01-21	30.000	WALMART PHARMACY	1457378580	0.00000	0.00	0.00

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2.12	0.02094	2025-03-12	-0.81	0.00	No	No
0.00	2.56359	2025-03-26	-0.37	0.00	No	No
156.56	1.83293	2025-02-19	-0.11	0.00	Yes	No
4.00	0.08082	2025-01-01	-0.66	0.00	No	No
4.00	0.04773	2025-02-05	-0.65	0.00	No	No
3.30	5.34364	2025-03-26	-0.11	0.00	Yes	No
11.81	0.0318	2025-02-12	-0.14	0.00	No	No
11.99	13.03302	2025-03-05	-0.49	0.00	No	No
10.00	0.09557	2025-01-15	-0.48	0.00	No	No
4.00	0.11359	2025-01-15	-0.71	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
69238199101	DIGOXIN 125 MCG TABLET	2025-01-25	14.000	WALMART PHARMACY	1457378580	0.00000	0.00	-0.00
59651071901	DICYCLOMINE 10 MG CAPSULE	2025-01-25	21.000	WALMART PHARMACY	1457378580	0.00000	0.00	0.00
65162076910	WARFARIN SODIUM 10 MG TABLET	2025-03-06	30.000	WALMART PHARMACY	1457378580	0.00000	0.00	-0.00
29300035501	TRAMADOL HCL 50 MG TABLET	2025-03-19	5.000	WALMART PHARMACY	1548287675	0.00000	0.00	0.00
50111056001	TRAZODONE 50 MG TABLET	2025-01-08	90.000	WALMART PHARMACY	1992722029	0.00000	0.00	-0.00
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-02-28	21.000	WALMART PHARMACY	1992722029	0.00000	0.00	0.00
70010078201	METOPROLOL SUCC ER 100 MG TAB	2025-02-13	90.000	SALEM COLONIAL PHARMACY	1053344705	0.00000	0.00	0.00
45802005536	TRIAMCINOLONE 0.1% OINTMENT	2025-01-07	80.000	WALMART PHARMACY	1457378580	0.00000	0.00	0.00
61314062810	POLYMYXIN B-TMP EYE DROPS	2025-01-08	10.000	WALGREENS	1093234080	0.00000	0.00	0.00
43598032675	CIPROFLOX-DEXAMETH OTIC SUSP	2025-02-03	7.500	WALMART PHARMACY	1710904842	0.00000	0.00	0.00

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4.20	0.13769	2025-01-22	-0.66	0.00	No	No
4.00	0.07879	2025-01-22	-0.67	0.00	No	No
4.00	0.11389	2025-03-05	-0.71	0.00	No	No
4.29	0.02594	2025-03-19	-0.60	0.00	No	No
10.00	0.03177	2025-01-08	-0.25	0.00	No	No
9.76	0.1323	2025-02-26	-0.26	0.00	No	No
11.90	0.10797	2025-02-12	-0.41	0.00	No	No
8.94	0.05903	2025-01-01	-0.41	0.00	No	No
12.19	0.44777	2025-01-08	-0.19	0.00	No	No
84.56	12.89053	2025-01-29	-0.21	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
29300024401	BUSPIRONE HCL 5 MG TABLET	2025-01-31	180.000	WALMART PHARMACY	1356368484	0.00000	0.00	0.00
29300046801	CLONIDINE HCL 0.1 MG TABLET	2025-01-12	60.000	WALMART PHARMACY	1447277579	0.00000	0.00	0.00
29300046801	CLONIDINE HCL 0.1 MG TABLET	2025-02-12	60.000	WALMART PHARMACY	1447277579	0.00000	0.00	0.00
29300046801	CLONIDINE HCL 0.1 MG TABLET	2025-03-15	60.000	WALMART PHARMACY	1447277579	0.00000	0.00	0.00
68382091634	METHYLPREDNISOLONE 4 MG DOSEPK	2025-03-27	21.000	WALGREENS	1417473844	0.00000	0.00	0.00
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	2025-02-01	9.000	CVS PHARMACY	1558532713	29.33222	0.00	0.00
53746051101	SPIRONOLACTONE 25 MG TABLET	2025-01-15	30.000	WALMART PHARMACY	1881870210	0.04567	0.00	4.19
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-01-27	90.000	WALMART PHARMACY	1881870210	0.01100	0.00	9.01
65862017260	TOPIRAMATE 50 MG TABLET	2025-03-27	60.000	WALMART PHARMACY	1912924051	0.04017	0.00	6.59
67877021905	CEPHALEXIN 500 MG CAPSULE	2025-01-10	21.000	WALMART PHARMACY	1992722029	0.00000	0.00	0.00

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10.00	0.01949	2025-01-29	-0.29	0.00	No	No
4.00	0.0229	2025-01-08	-0.66	0.00	No	No
4.00	0.02305	2025-02-12	-0.66	0.00	No	No
4.00	0.025	2025-03-12	-0.67	0.00	No	No
11.99	0.15456	2025-03-26	-0.13	0.00	No	No
0.00	37.7194	2025-01-29	-0.25	0.00	Yes	No
0.00	0.04561	2025-01-15	-0.53	0.00	No	No
0.00	0.011	2025-01-22	-0.13	0.00	No	No
0.00	0.04015	2025-03-26	-0.30	0.00	No	No
8.58	0.10778	2025-01-08	-0.33	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
67877021905	CEPHALEXIN 500 MG CAPSULE	2025-01-16	14.000	WALMART PHARMACY	1992722029	0.00000	0.00	0.00
67877015905	METFORMIN HCL ER 500 MG TABLET	2025-03-03	360.000	WALMART PHARMACY	1992722029	0.00000	0.00	0.00
70752020411	FOLIC ACID 1 MG TABLET	2025-03-07	30.000	WALMART PHARMACY	1992722029	0.00000	0.00	0.00
59651048701	PREDNISONE 10 MG TABLET	2025-03-26	20.000	MOUNTAINEER PHARMACY	1184015802	0.00000	0.00	0.00
64380078507	PREDNISONE 20 MG TABLET	2025-03-06	5.000	WALMART PHARMACY	1750309449	0.00000	0.00	0.00
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2025-03-26	140.000	WALMART PHARMACY	1750309449	0.00000	0.00	0.44
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-02-11	21.000	WALMART PHARMACY	1992722029	0.00000	0.00	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-02-14	18.000	WALGREENS	1144665373	0.00000	0.00	0.00
11527073044	SODIUM FLUORIDE 5000 PPM PASTE	2025-02-11	100.000	CVS PHARMACY	1164858148	0.00000	0.00	0.00
00093220401	METOCLOPRAMIDE 5 MG TABLET	2025-03-25	12.000	WALGREENS	1750807046	0.00000	0.00	2.99

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5.72	0.10778	2025-01-15	-0.52	0.00	No	No
10.00	0.02863	2025-02-26	-0.52	0.00	No	No
4.00	0.02251	2025-03-05	-0.64	0.00	No	No
6.08	0.05827	2025-03-26	-0.48	0.00	No	No
4.00	0.07911	2025-03-05	-0.63	0.00	No	No
15.00	0.09145	2025-03-26	-0.34	0.00	No	No
9.76	0.11419	2025-02-05	-0.24	0.00	No	No
6.62	0.07317	2025-02-12	-0.44	0.00	No	No
16.89	0.09372	2025-02-05	-0.15	0.00	Yes	No
3.00	0.04372	2025-03-19	-0.46	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees
33342005010	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	2025-02-11	30.000	WALMART PHARMACY	1629095757	0.00000	0.00
64980056210	FUROSEMIDE 20 MG TABLET	2025-02-05	30.000	KROGER PHARMACY	1760416556	0.00000	0.00
70954005820	PREDNISONE 5 MG TABLET	2025-02-26	21.000	KROGER PHARMACY	1760416556	0.00000	0.00
64980056210	FUROSEMIDE 20 MG TABLET	2025-03-23	30.000	KROGER PHARMACY	1760416556	0.00000	0.00
55111014512	FLUCONAZOLE 150 MG TABLET	2025-01-03	2.000	WALMART PHARMACY	1992723688	0.00000	0.00
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-01-03	21.000	WALMART PHARMACY	1992723688	0.00000	0.00
55111014512	FLUCONAZOLE 150 MG TABLET	2025-01-31	1.000	WALMART PHARMACY	1992723688	0.00000	0.00
00116200116	CHLORHEXIDINE 0.12% RINSE	2025-01-03	473.000	WALMART PHARMACY	1639196777	0.00000	0.00
55111014512	FLUCONAZOLE 150 MG TABLET	2025-01-10	2.000	WALMART PHARMACY	1639196777	0.00000	0.00
00591288201	VERAPAMIL SR 180 MG CAPSULE	2025-01-16	30.000	WALMART PHARMACY	1639196777	0.00000	0.00

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1.00	3.00	0.06913	2025-02-05	-0.68	0.00	No	No
0.00	9.99	0.02252	2025-02-05	-0.11	0.00	No	No
0.00	9.99	0.04743	2025-02-26	-0.13	0.00	No	No
0.00	9.99	0.02649	2025-03-19	-0.11	0.00	No	No
0.00	9.60	0.51642	2025-01-01	-0.17	0.00	No	No
0.00	9.76	0.11746	2025-01-01	-0.25	0.00	No	No
0.00	4.80	0.52425	2025-01-29	-0.56	0.00	No	No
0.00	7.48	0.00699	2025-01-01	-0.46	0.00	No	No
0.00	9.60	0.51642	2025-01-08	-0.17	0.00	No	No
0.00	35.29	1.07246	2025-01-15	-0.17	0.00	No	No

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55111014512	FLUCONAZOLE 150 MG TABLET	2025-01-29	2.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.00
00591288201	VERAPAMIL SR 180 MG CAPSULE	2025-02-16	30.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.00
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-02-28	21.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.00
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	2025-03-24	2.000	CVS PHARMACY	1407950181	49.99500	0.00	0.00
47781064390	LEVOTHYROXINE 50 MCG TABLET	2025-01-24	30.000	WALMART PHARMACY	1881870210	0.00000	0.00	0.00
68382009405	CARVEDILOL 12.5 MG TABLET	2025-01-24	60.000	WALMART PHARMACY	1881870210	0.02050	0.00	4.60
00054429931	FUROSEMIDE 40 MG TABLET	2025-01-27	30.000	WALMART PHARMACY	1881870210	0.02867	0.00	3.14
68382009305	CARVEDILOL 6.25 MG TABLET	2025-02-01	60.000	WALMART PHARMACY	1881870210	0.01733	0.00	4.19
68382009305	CARVEDILOL 6.25 MG TABLET	2025-03-14	60.000	WALMART PHARMACY	1881870210	0.01850	0.00	7.09
00054429931	FUROSEMIDE 40 MG TABLET	2025-03-14	30.000	WALMART PHARMACY	1881870210	0.03133	0.00	3.06

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9.60	0.52425	2025-01-29	-0.17	0.00	No	No
35.29	1.02113	2025-02-12	-0.14	0.00	No	No
6.28	0.08742	2025-02-26	-0.49	0.00	No	No
10.00	110.04652	2025-03-19	-0.52	0.00	Yes	No
4.00	0.05075	2025-01-22	-0.67	0.00	No	No
0.00	0.02044	2025-01-22	-0.50	0.00	No	No
0.00	0.02862	2025-01-22	-0.65	0.00	No	No
0.00	0.01736	2025-01-29	-0.55	0.00	No	No
0.00	0.01856	2025-03-12	-0.29	0.00	No	No
0.00	0.03121	2025-03-12	-0.65	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68382009405	CARVEDILOL 12.5 MG TABLET	2025-03-14	60.000	WALMART PHARMACY	1881870210	0.02167	0.00	6.90
70954006020	PREDNISONE 20 MG TABLET	2025-02-08	10.000	WALGREENS	1144665373	0.00000	0.00	0.00
68382080701	TRAZODONE 150 MG TABLET	2025-01-14	90.000	WALMART PHARMACY	1366469496	0.10333	0.00	0.70
45802011214	MUPIROCIN 2% OINTMENT	2025-03-28	15.000	WALGREENS	1144665373	0.00000	0.00	0.00
00185067405	HYDROXYZINE PAM 25 MG CAP	2025-01-20	30.000	WALGREENS	1619493202	0.00000	0.00	0.71
00185067401	HYDROXYZINE PAM 25 MG CAP	2025-03-07	30.000	WALGREENS	1619493202	0.00000	0.00	0.98
00713022515	TRIAMCINOLONE 0.1% CREAM	2025-03-26	15.000	WALGREENS	1861652562	0.00000	0.00	0.00
47781066890	LEVOTHYROXINE 200 MCG TABLET	2025-01-01	30.000	WALMART PHARMACY	1366469496	0.00000	0.00	0.00
00555906458	KELNOR 1-35 28 TABLET	2025-01-03	28.000	WALMART PHARMACY	1366469496	0.30071	0.00	8.44
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-01-05	30.000	WALMART PHARMACY	1366469496	0.01067	0.00	3.68

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0.00	0.02159	2025-03-12	-0.30	0.00	No	No
4.56	0.07317	2025-02-05	-0.59	0.00	No	No
0.00	0.10334	2025-01-08	-0.49	0.00	No	No
9.37	0.34576	2025-03-26	-0.40	0.00	No	No
10.00	0.05983	2025-01-15	-0.13	0.00	No	No
10.00	0.06426	2025-03-05	-0.12	0.00	No	No
7.51	0.13388	2025-03-26	-0.40	0.00	No	No
4.00	0.09085	2025-01-01	-0.70	0.00	No	No
0.00	0.30066	2025-01-01	-0.11	0.00	No	No
0.00	0.01079	2025-01-01	-0.63	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68645019059	METOPROLOL TARTRATE 50 MG TAB	2025-01-13	60.000	WALMART PHARMACY	1366469496	0.01917	0.00	2.85
31722070190	LOSARTAN POTASSIUM 50 MG TAB	2025-01-15	30.000	WALMART PHARMACY	1366469496	0.03600	0.00	7.92
00054429931	FUROSEMIDE 40 MG TABLET	2025-01-22	45.000	WALMART PHARMACY	1366469496	0.02867	0.00	4.71
00228212850	CLONIDINE HCL 0.2 MG TABLET	2025-01-23	30.000	WALMART PHARMACY	1366469496	0.03167	0.00	7.87
65162019011	NAPROXEN 500 MG TABLET	2025-01-26	20.000	WALMART PHARMACY	1366469496	0.00000	0.00	0.00
47781066890	LEVOTHYROXINE 200 MCG TABLET	2025-01-29	30.000	WALMART PHARMACY	1366469496	0.00000	0.00	0.00
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-01-31	30.000	WALMART PHARMACY	1366469496	0.01100	0.00	3.67
68645060990	LISINOPRIL 5 MG TABLET	2025-01-31	90.000	WALMART PHARMACY	1366469496	0.01389	0.00	8.75
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-02-09	90.000	WALMART PHARMACY	1366469496	0.01100	0.00	9.01
68645019059	METOPROLOL TARTRATE 50 MG TAB	2025-02-09	60.000	WALMART PHARMACY	1366469496	0.01917	0.00	2.85

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0.00	0.0192	2025-01-08	-0.66	0.00	No	No
0.00	0.0361	2025-01-15	-0.22	0.00	No	No
0.00	0.02862	2025-01-22	-0.49	0.00	No	No
0.00	0.0318	2025-01-22	-0.23	0.00	No	No
4.55	0.05472	2025-01-22	-0.61	0.00	No	No
4.00	0.08973	2025-01-29	-0.70	0.00	No	No
0.00	0.011	2025-01-29	-0.63	0.00	No	No
0.00	0.01386	2025-01-29	-0.15	0.00	No	No
0.00	0.011	2025-02-05	-0.13	0.00	No	No
0.00	0.01919	2025-02-05	-0.66	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
31722070190	LOSARTAN POTASSIUM 50 MG TAB	2025-02-10	30.000	WALMART PHARMACY	1366469496	0.03567	0.00	7.93
68645056259	IBUPROFEN 600 MG TABLET	2025-02-15	20.000	WALMART PHARMACY	1366469496	0.00000	0.00	0.00
00054429931	FUROSEMIDE 40 MG TABLET	2025-02-21	45.000	WALMART PHARMACY	1366469496	0.03111	0.00	4.60
00228212850	CLONIDINE HCL 0.2 MG TABLET	2025-02-22	30.000	WALMART PHARMACY	1366469496	0.03367	0.00	7.81
00054429731	FUROSEMIDE 20 MG TABLET	2025-02-27	30.000	WALMART PHARMACY	1366469496	0.02500	0.00	3.25
68645058459	METFORMIN HCL 1,000 MG TABLET	2025-03-06	180.000	WALMART PHARMACY	1366469496	0.02317	0.00	5.83
00555906458	KELNOR 1-35 28 TABLET	2025-03-06	28.000	WALMART PHARMACY	1366469496	0.34071	0.00	7.32
68645019059	METOPROLOL TARTRATE 50 MG TAB	2025-03-07	60.000	WALMART PHARMACY	1366469496	0.02150	0.00	2.71
31722070190	LOSARTAN POTASSIUM 50 MG TAB	2025-03-10	30.000	WALMART PHARMACY	1366469496	0.03833	0.00	7.85
00228212850	CLONIDINE HCL 0.2 MG TABLET	2025-03-23	30.000	WALMART PHARMACY	1366469496	0.03433	0.00	7.79

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
0.00	0.03558	2025-02-05	-0.22	0.00	No	No
4.00	0.04794	2025-02-12	-0.65	0.00	No	No
0.00	0.03121	2025-02-19	-0.50	0.00	No	No
0.00	0.03382	2025-02-19	-0.23	0.00	No	No
0.00	0.02485	2025-02-26	-0.64	0.00	No	No
0.00	0.02319	2025-03-05	-0.32	0.00	No	No
0.00	0.3408	2025-03-05	-0.16	0.00	No	No
0.00	0.02142	2025-03-05	-0.66	0.00	No	No
0.00	0.03818	2025-03-05	-0.23	0.00	No	No
0.00	0.03442	2025-03-19	-0.23	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-03-24	30.000	WALMART PHARMACY	1366469496	0.01267	0.00	3.62
00054429731	FUROSEMIDE 20 MG TABLET	2025-03-25	30.000	WALMART PHARMACY	1366469496	0.02633	0.00	3.21
00555906458	KELNOR 1-35 28 TABLET	2025-03-28	28.000	WALMART PHARMACY	1366469496	0.36250	0.00	6.71
68180096301	ALBUTEROL HFA 90 MCG INHALER	2025-01-03	8.500	WALMART PHARMACY	1881870210	2.32000	0.00	0.51
68645052154	SERTRALINE HCL 25 MG TABLET	2025-01-05	30.000	WALMART PHARMACY	1881870210	0.03233	0.00	8.03
43547033703	BENAZEPRIL HCL 20 MG TABLET	2025-01-11	90.000	WALMART PHARMACY	1881870210	0.06211	0.00	4.41
47781065790	LEVOTHYROXINE 125 MCG TABLET	2025-01-17	90.000	WALMART PHARMACY	1881870210	0.00000	0.00	0.00
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-01-24	90.000	WALMART PHARMACY	1881870210	0.01100	0.00	9.01
47781066290	LEVOTHYROXINE 150 MCG TABLET	2025-01-27	90.000	WALMART PHARMACY	1881870210	0.00000	0.00	0.00
60505015701	BUPROPION HCL 100 MG TABLET	2025-02-09	60.000	WALMART PHARMACY	1881870210	0.10900	0.00	8.46

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
0.00	0.01281	2025-03-19	-0.63	0.00	No	No
0.00	0.02649	2025-03-19	-0.65	0.00	No	No
0.00	0.36246	2025-03-26	-0.18	0.00	No	No
0.00	2.32051	2025-01-01	-0.33	0.00	No	No
0.00	0.03225	2025-01-01	-0.21	0.00	No	No
0.00	0.06214	2025-01-08	-0.38	0.00	No	No
10.00	0.07177	2025-01-15	-0.41	0.00	No	No
0.00	0.011	2025-01-22	-0.13	0.00	No	No
10.00	0.0713	2025-01-22	-0.41	0.00	No	No
0.00	0.10897	2025-02-05	-0.12	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
60505015701	BUPROPION HCL 100 MG TABLET	2025-03-09	60.000	WALMART PHARMACY	1881870210	0.11833	0.00	7.90
68180044102	CEPHALEXIN 250 MG/5 ML SUSP	2025-03-26	200.000	WALMART PHARMACY	1881870210	0.00910	0.00	6.18
51672408104	CLINDAMYCIN PH 1% SOLUTION	2025-02-27	120.000	MARTINSBURG VAMC	1629026414	0.00000	0.00	-0.00
00591544210	PREDNISONE 10 MG TABLET	2025-03-10	30.000	WALGREENS	1861652562	0.00000	0.00	0.00
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	2025-03-31	6.000	WALGREENS	1861652562	0.00000	0.00	0.00
29300024401	BUSPIRONE HCL 5 MG TABLET	2025-01-02	60.000	WALMART PHARMACY	1366469496	0.00000	0.00	0.00
16571011401	HYDROXYZINE HCL 25 MG TABLET	2025-01-03	60.000	WALMART PHARMACY	1366469496	0.00000	0.00	0.00
68645061190	LISINOPRIL 20 MG TABLET	2025-01-24	30.000	WALMART PHARMACY	1366469496	0.02400	0.00	3.28
42806054705	VITAMIN D2 1.25 MG(50,000 UNIT)	2025-01-25	4.000	WALMART PHARMACY	1366469496	0.00000	0.00	0.00
70752020411	FOLIC ACID 1 MG TABLET	2025-01-27	30.000	WALMART PHARMACY	1366469496	0.00000	0.00	0.00

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0.00	0.11838	2025-03-05	-0.15	0.00	No	No
10.00	0.0591	2025-03-26	-0.19	0.00	No	No
10.00	0.16829	2025-02-26	-0.67	0.00	No	No
8.99	0.05399	2025-03-05	-0.26	0.00	No	No
7.46	0.05983	2025-03-26	-0.31	0.00	No	No
4.00	0.01976	2025-01-01	-0.66	0.00	No	No
10.00	0.03948	2025-01-01	-0.22	0.00	No	No
0.00	0.02401	2025-01-22	-0.64	0.00	No	No
6.96	0.10587	2025-01-22	-0.36	0.00	No	No
4.00	0.02086	2025-01-22	-0.64	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees
29300024401	BUSPIRONE HCL 5 MG TABLET	2025-01-28	60.000	WALMART PHARMACY	1366469496	0.00000	0.00
29300046801	CLONIDINE HCL 0.1 MG TABLET	2025-01-29	30.000	WALMART PHARMACY	1366469496	0.02300	0.00
72578005518	DOXYCYCLINE HYCLATE 100 MG CAP	2025-01-30	10.000	WALMART PHARMACY	1366469496	0.00000	0.00
16571011401	HYDROXYZINE HCL 25 MG TABLET	2025-02-05	60.000	WALMART PHARMACY	1366469496	0.00000	0.00
70752020411	FOLIC ACID 1 MG TABLET	2025-02-24	30.000	WALMART PHARMACY	1366469496	0.00000	0.00
42806054705	VITAMIN D2 1.25 MG(50,000 UNIT)	2025-03-04	4.000	WALMART PHARMACY	1366469496	0.00000	0.00
29300046801	CLONIDINE HCL 0.1 MG TABLET	2025-03-12	90.000	WALMART PHARMACY	1366469496	0.02500	0.00
62332002431	FLUOXETINE HCL 40 MG CAPSULE	2025-03-12	90.000	WALMART PHARMACY	1366469496	0.06600	0.00
16571011401	HYDROXYZINE HCL 25 MG TABLET	2025-03-18	60.000	WALMART PHARMACY	1366469496	0.00000	0.00
42806054705	VITAMIN D2 1.25 MG(50,000 UNIT)	2025-03-28	4.000	WALMART PHARMACY	1366469496	0.00000	0.00

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0.00	4.00	0.01949	2025-01-22	-0.66	0.00	No	No
3.31	0.00	0.02305	2025-01-29	-0.64	0.00	No	No
0.00	8.16	0.10693	2025-01-29	-0.29	0.00	No	No
0.00	10.00	0.03964	2025-02-05	-0.22	0.00	No	No
0.00	4.00	0.02251	2025-02-19	-0.64	0.00	No	No
0.00	6.96	0.11721	2025-02-26	-0.36	0.00	No	No
3.75	0.00	0.025	2025-03-12	-0.53	0.00	No	No
4.06	0.00	0.06602	2025-03-12	-0.39	0.00	No	No
0.00	10.00	0.04247	2025-03-12	-0.23	0.00	No	No
0.00	6.96	0.12229	2025-03-26	-0.37	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees
70752020411	FOLIC ACID 1 MG TABLET	2025-03-29	30.000	WALMART PHARMACY	1366469496	0.00000	0.00
47781065790	LEVOTHYROXINE 125 MCG TABLET	2025-01-06	30.000	WALMART PHARMACY	1881870210	0.00000	0.00
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-01-15	21.000	WALMART PHARMACY	1881870210	0.00000	0.00
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-02-10	90.000	WALMART PHARMACY	1881870210	0.01100	0.00
47781066890	LEVOTHYROXINE 200 MCG TABLET	2025-02-11	90.000	WALMART PHARMACY	1881870210	0.00000	0.00
65162035803	ZAFEMY 150-35 MCG/DAY PATCH	2025-03-27	9.000	WALMART PHARMACY	1881870210	24.55000	0.00
65162035803	ZAFEMY 150-35 MCG/DAY PATCH	2025-01-06	9.000	WALMART PHARMACY	1912924051	24.55000	0.00
65862006299	METOPROLOL TARTRATE 25 MG TAB	2025-02-17	90.000	WALMART PHARMACY	1912924051	0.01567	0.00
65162035803	ZAFEMY 150-35 MCG/DAY PATCH	2025-03-14	9.000	WALMART PHARMACY	1912924051	24.55000	0.00
67877021905	CEPHALEXIN 500 MG CAPSULE	2025-01-23	30.000	WALMART PHARMACY	1639196777	0.00000	0.00

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0.00	4.00	0.0232	2025-03-26	-0.64	0.00	No	No
0.00	4.00	0.07177	2025-01-01	-0.68	0.00	No	No
0.00	9.76	0.11746	2025-01-15	-0.25	0.00	No	No
9.01	0.00	0.011	2025-02-05	-0.13	0.00	No	No
0.00	10.00	0.08973	2025-02-05	-0.46	0.00	No	No
0.00	0.00	28.66828	2025-03-26	-0.18	0.00	No	No
0.00	0.00	26.59892	2025-01-01	-0.12	0.00	No	No
4.59	0.00	0.01563	2025-02-12	-0.50	0.00	No	No
0.00	0.00	28.44132	2025-03-12	-0.17	0.00	No	No
0.00	12.26	0.10819	2025-01-22	-0.11	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-02-13	7.000	WALMART PHARMACY	1730106873	0.00000	0.00
58657017001	M-NATAL PLUS TABLET	2025-01-17	90.000	CVS PHARMACY	1619070372	0.00000	0.00
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-02-16	75.000	WALMART PHARMACY	1356368484	0.00000	0.00
65862050320	AMOX-CLAV 875-125 MG TABLET	2025-02-27	10.000	WALMART PHARMACY	1356368484	0.00000	0.00
70954005920	PREDNISONE 10 MG TABLET	2025-01-15	14.000	WALGREENS	1649796061	0.00000	0.00
68645061090	LISINOPRIL 10 MG TABLET	2025-01-14	90.000	WALMART PHARMACY	1649297789	0.00000	0.00
47781064990	LEVOTHYROXINE 88 MCG TABLET	2025-01-16	90.000	WALMART PHARMACY	1881870210	0.00000	0.00
65862017160	TOPIRAMATE 25 MG TABLET	2025-01-20	60.000	WALMART PHARMACY	1881870210	0.00000	0.00
64380078408	PREDNISONE 10 MG TABLET	2025-03-06	30.000	WALMART PHARMACY	1881870210	0.00000	0.00
00172392560	DIAZEPAM 2 MG TABLET	2025-03-22	2.000	WALMART PHARMACY	1881870210	0.00000	0.00

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0.00	4.00	0.08158	2025-02-12	-0.64	0.00	No	No
0.00	17.99	0.12205	2025-01-15	-0.16	0.00	Yes	No
0.00	9.17	0.0344	2025-02-12	-0.30	0.00	No	No
1.91	10.00	0.3224	2025-02-26	-0.13	0.00	No	No
0.00	5.26	0.04665	2025-01-15	-0.53	0.00	No	No
0.00	10.00	0.01707	2025-01-08	-0.17	0.00	No	No
0.00	10.00	0.05732	2025-01-15	-0.36	0.00	No	No
0.00	9.00	0.02572	2025-01-15	-0.25	0.00	No	No
0.00	4.97	0.05399	2025-03-05	-0.59	0.00	No	No
0.00	4.00	0.022	2025-03-19	-0.62	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
57237002901	AMOXICILLIN 875 MG TABLET	2025-03-03	14.000	WALMART PHARMACY	1366469496	0.00000	0.00	0.00
00115521116	COLESTIPOL HCL 1 GM TABLET	2025-01-20	60.000	CVS PHARMACY	1063515724	0.38317	0.00	0.00
62559039512	COLESTIPOL HCL 1 GM TABLET	2025-02-12	180.000	CVS PHARMACY	1063515724	0.44439	0.00	0.00
29300013901	DIVALPROEX SOD DR 250 MG TAB	2025-02-11	30.000	WALMART PHARMACY	1376560417	0.00000	0.00	-0.00
29300013901	DIVALPROEX SOD DR 250 MG TAB	2025-03-16	30.000	WALMART PHARMACY	1376560417	0.00000	0.00	0.00
55111014512	FLUCONAZOLE 150 MG TABLET	2025-01-14	1.000	WALMART PHARMACY	1801813936	0.00000	0.00	0.00
53746066901	ACEBUTOLOL 200 MG CAPSULE	2025-03-04	180.000	WALMART PHARMACY	1801813936	0.35156	0.00	0.00
72578016601	DEXAMETHASONE 1 MG TABLET	2025-03-22	1.000	WALMART PHARMACY	1801813936	0.00000	0.00	0.00
00054429731	FUROSEMIDE 20 MG TABLET	2025-03-24	90.000	WALMART PHARMACY	1801813936	0.00000	0.00	0.00
68382080701	TRAZODONE 150 MG TABLET	2025-03-14	90.000	WALMART PHARMACY	1811914955	0.00000	0.00	-0.00

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8.69	0.16502	2025-02-26	-0.32	0.00	No	No
15.00	0.64507	2025-01-15	-0.23	0.00	Yes	No
30.00	0.63142	2025-02-12	-0.11	0.00	Yes	No
4.50	0.09413	2025-02-05	-0.66	0.00	No	No
4.50	0.09624	2025-03-12	-0.66	0.00	No	No
4.80	0.51642	2025-01-08	-0.56	0.00	No	No
30.00	0.59735	2025-02-26	-0.21	0.00	No	No
4.00	0.17714	2025-03-19	-0.63	0.00	No	No
10.00	0.02649	2025-03-19	-0.22	0.00	No	No
10.00	0.11036	2025-03-12	-0.51	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
47781066890	LEVOTHYROXINE 200 MCG TABLET	2025-03-14	90.000	WALMART PHARMACY	1811914955	0.00000	0.00	0.00
68645060890	LISINOPRIL 2.5 MG TABLET	2025-03-14	90.000	WALMART PHARMACY	1811914955	0.00000	0.00	0.00
62332002331	FLUOXETINE HCL 20 MG CAPSULE	2025-01-03	90.000	WALMART PHARMACY	1487838132	0.00000	0.00	0.00
00378750232	BREYNA 80-4.5 MCG INHALER	2025-01-02	30.900	WALMART PHARMACY	1437585056	14.58382	0.00	0.00
47781064390	LEVOTHYROXINE 50 MCG TABLET	2025-02-18	90.000	WALMART PHARMACY	1437585056	0.00000	0.00	0.00
68645061090	LISINOPRIL 10 MG TABLET	2025-02-18	90.000	WALMART PHARMACY	1437585056	0.00000	0.00	0.00
64380078507	PREDNISONE 20 MG TABLET	2025-03-18	5.000	WALMART PHARMACY	1437585056	0.00000	0.00	0.00
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-03-27	21.000	WALMART PHARMACY	1437585056	0.00000	0.00	0.00
69230032435	POLYETHYLENE GLYCOL 3350 POWD	2025-01-07	238.000	WALMART PHARMACY	1487838132	0.01681	0.00	0.00
62332002431	FLUOXETINE HCL 40 MG CAPSULE	2025-02-20	30.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00

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10.00	0.09532	2025-03-12	-0.48	0.00	No	No
10.00	0.01395	2025-03-12	-0.15	0.00	No	No
10.00	0.02969	2025-01-01	-0.24	0.00	No	No
20.00	20.24539	2025-01-01	-0.26	0.00	No	No
10.00	0.05075	2025-02-12	-0.34	0.00	No	No
10.00	0.01718	2025-02-12	-0.17	0.00	No	No
4.00	0.07911	2025-03-12	-0.63	0.00	No	No
9.24	0.15456	2025-03-26	-0.33	0.00	No	No
0.00	0.02517	2025-01-01	-0.76	0.00	No	No
4.00	0.06602	2025-02-19	-0.68	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68645058259	METFORMIN HCL 500 MG TABLET	2025-02-06	180.000	WALMART PHARMACY	1720005853	0.00000	0.00	0.00
64380078408	PREDNISONE 10 MG TABLET	2025-02-09	15.000	WALMART PHARMACY	1720005853	0.00000	0.00	-0.00
67877021905	CEPHALEXIN 500 MG CAPSULE	2025-01-02	28.000	WALMART PHARMACY	1750309449	0.00000	0.00	1.44
68645058259	METFORMIN HCL 500 MG TABLET	2025-02-17	180.000	WALMART PHARMACY	1750309449	0.00000	0.00	0.00
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-02-17	90.000	WALMART PHARMACY	1750309449	0.00000	0.00	0.00
62332002431	FLUOXETINE HCL 40 MG CAPSULE	2025-02-17	90.000	WALMART PHARMACY	1750309449	0.00000	0.00	0.00
47781064690	LEVOTHYROXINE 75 MCG TABLET	2025-02-17	90.000	WALMART PHARMACY	1750309449	0.00000	0.00	0.00
00904674860	BISACODYL EC 5 MG TABLET	2025-02-11	4.000	KROGER PHARMACY	1760416556	0.03500	0.00	7.35
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	2025-03-18	150.000	WALMART PHARMACY	1629095757	0.00000	0.00	-0.00
68645061190	LISINOPRIL 20 MG TABLET	2025-01-06	30.000	WALMART PHARMACY	1710904842	0.00000	0.00	-0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
10.00	0.01323	2025-02-05	-0.22	0.00	No	No
4.00	0.04773	2025-02-05	-0.64	0.00	No	No
10.00	0.10778	2025-01-01	-0.15	0.00	No	No
10.00	0.01323	2025-02-12	-0.22	0.00	No	No
10.00	0.011	2025-02-12	-0.13	0.00	No	No
10.00	0.05872	2025-02-12	-0.37	0.00	No	No
10.00	0.05079	2025-02-12	-0.34	0.00	No	No
0.00	0.03614	2025-02-05	-0.30	0.00	No	No
9.59	0.03875	2025-03-12	-0.41	0.00	No	No
4.00	0.02387	2025-01-01	-0.64	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68645061190	LISINOPRIL 20 MG TABLET	2025-02-04	30.000	WALMART PHARMACY	1710904842	0.00000	0.00	-0.00
60505265605	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	2025-02-28	90.000	WALMART PHARMACY	1710904842	0.00000	0.00	-0.00
68645061190	LISINOPRIL 20 MG TABLET	2025-03-07	30.000	WALMART PHARMACY	1710904842	0.00000	0.00	0.00
62135021001	FOLIC ACID 1 MG TABLET	2025-01-08	100.000	HUNTINGTON VAMC	1508824301	0.00000	0.00	0.00
00168032346	METRONIDAZOLE 0.75% CREAM	2025-02-25	45.000	HUNTINGTON VAMC	1508824301	0.00000	0.00	-0.00
59762444002	METHYLPREDNISOLONE 4 MG DOSEPK	2025-03-10	1.000	HUNTINGTON VAMC	1508824301	0.00000	0.00	0.00
76282064501	SILDENAFIL 100 MG TABLET	2025-01-28	18.000	HUNTINGTON VAMC	1508824301	0.00000	0.00	0.00
62559075816	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-02-17	118.000	FRUTH PHARMACY	1528073467	0.00000	0.00	-0.00
47781065990	LEVOTHYROXINE 137 MCG TABLET	2025-03-26	30.000	WALMART PHARMACY	1285651323	0.00000	0.00	-0.00
68645051654	AMLODIPINE BESYLATE 10 MG TAB	2025-02-21	30.000	WALMART PHARMACY	1992722029	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
4.00	0.02401	2025-01-29	-0.64	0.00	No	No
10.00	0.08485	2025-02-26	-0.45	0.00	No	No
4.00	0.02538	2025-03-05	-0.64	0.00	No	No
6.19	0.02077	2025-01-08	-0.51	0.00	No	No
10.00	0.24932	2025-02-19	-0.54	0.00	No	No
2.07	0.1323	2025-03-05	-0.81	0.00	No	No
1.00	0.13518	2025-01-22	-0.92	0.00	No	No
12.09	0.0344	2025-02-12	-0.17	0.00	No	No
4.00	0.08487	2025-03-26	-0.69	0.00	No	No
9.00	0.01694	2025-02-19	-0.18	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
00054429931	FUROSEMIDE 40 MG TABLET	2025-02-21	30.000	WALMART PHARMACY	1992722029	0.00000	0.00	0.00
68645051654	AMLODIPINE BESYLATE 10 MG TAB	2025-03-19	30.000	WALMART PHARMACY	1992722029	0.00000	0.00	0.00
00054429931	FUROSEMIDE 40 MG TABLET	2025-03-19	30.000	WALMART PHARMACY	1992722029	0.00000	0.00	0.00
47781064690	LEVOTHYROXINE 75 MCG TABLET	2025-01-06	90.000	WALMART PHARMACY	1376560417	0.00000	0.00	0.00
00406117003	NALTREXONE 50 MG TABLET	2025-03-09	30.000	WALMART PHARMACY	1376560417	0.67167	0.00	6.32
68382004101	PROMETHAZINE 25 MG TABLET	2025-03-25	30.000	WALMART PHARMACY	1467479501	0.00000	0.00	0.00
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-01-29	30.000	WALMART PHARMACY	1538186663	0.00000	0.00	0.00
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-02-26	30.000	WALMART PHARMACY	1538186663	0.00000	0.00	0.00
23155076401	HYDROCHLOROTHIAZIDE 12.5 MG TB	2025-03-06	90.000	WALMART PHARMACY	1538186663	0.00000	0.00	0.00
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-03-24	30.000	WALMART PHARMACY	1538186663	0.00000	0.00	0.00

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4.00	0.03121	2025-02-19	-0.65	0.00	No	No
9.00	0.01745	2025-03-19	-0.18	0.00	No	No
4.00	0.03299	2025-03-19	-0.65	0.00	No	No
10.00	0.05334	2025-01-01	-0.35	0.00	No	No
10.00	1.00496	2025-03-05	-0.10	0.00	No	No
9.00	0.049	2025-03-19	-0.25	0.00	No	No
4.00	0.011	2025-01-29	-0.63	0.00	No	No
4.00	0.01217	2025-02-26	-0.63	0.00	No	No
10.00	0.04813	2025-03-05	-0.33	0.00	No	No
4.00	0.01281	2025-03-19	-0.63	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
31722012805	GEMFIBROZIL 600 MG TABLET	2025-03-26	180.000	WALMART PHARMACY	1821015967	0.05056	0.00	4.90
54838050280	HYDROXYZINE 10 MG/5 ML SYRUP	2025-01-17	120.000	CVS PHARMACY	1972606630	0.00000	0.00	0.00
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-01-02	30.000	ARACOMA DRUG COMPANY	1780639286	0.00000	0.00	1.43
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2025-01-08	60.000	ARACOMA DRUG COMPANY	1780639286	0.00000	0.00	3.41
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-01-13	21.000	ARACOMA DRUG COMPANY	1780639286	0.00000	0.00	0.00
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	2025-01-13	4.000	ARACOMA DRUG COMPANY	1780639286	0.00000	0.00	0.00
64380078408	PREDNISONE 10 MG TABLET	2025-02-03	30.000	ARACOMA DRUG COMPANY	1780639286	0.00000	0.00	0.00
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	2025-02-07	4.000	ARACOMA DRUG COMPANY	1780639286	0.00000	0.00	0.00
11534016503	FOLIC ACID 1 MG TABLET	2025-02-10	90.000	ARACOMA DRUG COMPANY	1780639286	0.00000	0.00	0.00
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	2025-02-18	4.000	ARACOMA DRUG COMPANY	1780639286	0.00000	0.00	0.00

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10.00	0.10611	2025-03-26	-0.19	0.00	No	No
18.69	0.16929	2025-01-15	-0.39	0.00	Yes	No
10.00	0.08279	2025-01-01	-0.12	0.00	No	No
10.00	0.09227	2025-01-08	-0.16	0.00	No	No
8.00	0.08279	2025-01-08	-0.35	0.00	No	No
7.88	0.10563	2025-01-08	-0.28	0.00	No	No
6.31	0.04773	2025-01-29	-0.47	0.00	No	No
2.87	0.10587	2025-02-05	-0.74	0.00	No	No
6.91	0.02086	2025-02-05	-0.44	0.00	No	No
7.88	0.10587	2025-02-12	-0.28	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
62559075816	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-02-25	120.000	ARACOMA DRUG COMPANY	1780639286	0.00000	0.00	1.10
57237003105	AMOXICILLIN 500 MG CAPSULE	2025-02-26	30.000	ARACOMA DRUG COMPANY	1780639286	0.00000	0.00	1.43
64380078408	PREDNISONE 10 MG TABLET	2025-03-01	30.000	ARACOMA DRUG COMPANY	1780639286	0.00000	0.00	0.00
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	2025-03-07	3.000	ARACOMA DRUG COMPANY	1780639286	0.00000	0.00	-0.00
52817018000	CLONIDINE HCL 0.1 MG TABLET	2025-03-07	30.000	ARACOMA DRUG COMPANY	1780639286	0.00000	0.00	0.00
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	2025-03-10	4.000	ARACOMA DRUG COMPANY	1780639286	0.00000	0.00	0.00
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	2025-03-12	4.000	ARACOMA DRUG COMPANY	1780639286	0.00000	0.00	0.00
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	2025-03-18	4.000	ARACOMA DRUG COMPANY	1780639286	0.00000	0.00	0.00
70710145902	AZITHROMYCIN 200 MG/5 ML SUSP	2025-02-03	22.500	CAREWELL PHARMACY	1548025737	0.00000	0.00	0.00
59651048805	PREDNISONE 20 MG TABLET	2025-02-19	10.000	FRUTH PHARMACY	1437164373	0.00000	0.00	0.00

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10.00	0.03869	2025-02-19	-0.27	0.00	No	No
10.00	0.08742	2025-02-26	-0.13	0.00	No	No
6.31	0.05399	2025-02-26	-0.48	0.00	No	No
5.91	0.11721	2025-03-05	-0.45	0.00	No	No
6.25	0.025	2025-03-05	-0.44	0.00	No	No
7.88	0.11721	2025-03-05	-0.28	0.00	No	No
7.88	0.11721	2025-03-12	-0.28	0.00	No	No
7.88	0.11721	2025-03-12	-0.28	0.00	No	No
9.99	0.21631	2025-01-29	-0.35	0.00	No	No
5.81	0.07911	2025-02-19	-0.48	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
70954006020	PREDNISONE 20 MG TABLET	2025-02-14	14.000	KROGER PHARMACY	1043244833	0.00000	0.00	0.00
60505004206	ACYCLOVIR 200 MG CAPSULE	2025-02-20	35.000	KROGER PHARMACY	1043244833	0.00000	0.00	0.00
65162046650	IBUPROFEN 800 MG TABLET	2025-01-23	12.000	KROGER PHARMACY	1063446854	0.00000	0.00	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-02-03	10.000	KROGER PHARMACY	1063446854	0.00000	0.00	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-02-09	10.000	KROGER PHARMACY	1063446854	0.00000	0.00	0.00
00904675180	ASPIRIN EC 81 MG TABLET	2025-02-14	30.000	KROGER PHARMACY	1063446854	0.01367	0.00	5.58
00093310905	AMOXICILLIN 500 MG CAPSULE	2025-02-22	20.000	KROGER PHARMACY	1063446854	0.00000	0.00	0.49
00093310905	AMOXICILLIN 500 MG CAPSULE	2025-02-28	20.000	KROGER PHARMACY	1063446854	0.00000	0.00	0.49
70954006020	PREDNISONE 20 MG TABLET	2025-03-14	10.000	KROGER PHARMACY	1063446854	0.00000	0.00	0.00
00904675180	ASPIRIN EC 81 MG TABLET	2025-03-19	30.000	KROGER PHARMACY	1063446854	0.01467	0.00	5.55

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9.99	0.07317	2025-02-12	-0.13	0.00	No	No
9.99	0.09763	2025-02-19	-0.28	0.00	No	No
9.99	0.0562	2025-01-22	-0.11	0.00	No	No
9.99	0.07317	2025-01-29	-0.11	0.00	No	No
9.99	0.07317	2025-02-05	-0.11	0.00	No	No
0.00	0.01368	2025-02-12	-0.45	0.00	No	No
10.00	0.08742	2025-02-19	-0.14	0.00	No	No
10.00	0.08742	2025-02-26	-0.14	0.00	No	No
9.99	0.07911	2025-03-12	-0.11	0.00	No	No
0.00	0.01553	2025-03-19	-0.45	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
70954006020	PREDNISONE 20 MG TABLET	2025-03-19	10.000	KROGER PHARMACY	1063446854	0.00000	0.00	0.00
00002773701	INSULIN LISPRO 100 UNIT/ML VL	2025-02-18	10.000	KROGER PHARMACY	1770517559	2.40400	0.00	5.95
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	2025-01-06	5.000	MEDICINE CABINET PHARMACY	1356007629	0.00000	0.00	0.00
64380078408	PREDNISONE 10 MG TABLET	2025-02-03	10.000	MEDICINE CABINET PHARMACY	1356007629	0.00000	0.00	0.00
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	2025-03-12	4.000	MEDICINE CABINET PHARMACY	1356007629	0.00000	0.00	0.00
00185067405	HYDROXYZINE PAM 25 MG CAP	2025-03-26	7.000	MEDICINE CABINET PHARMACY	1356007629	0.00000	0.00	0.00
59651048801	PREDNISONE 20 MG TABLET	2025-02-03	5.000	MILLER BROTHERS PHARMACY	1497266258	0.00000	0.00	0.00

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9.99	0.08187	2025-03-19	-0.12	0.00	No	No
0.00	2.4035	2025-02-12	-0.13	0.00	No	No
8.75	0.10563	2025-01-01	-0.21	0.00	No	No
9.60	0.04773	2025-01-29	-0.12	0.00	No	No
7.00	0.11721	2025-03-12	-0.36	0.00	No	No
9.53	0.06523	2025-03-26	-0.13	0.00	No	No
3.62	0.07317	2025-01-29	-0.67	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
59651048801	PREDNISONE 20 MG TABLET	2025-03-19	10.000	MILLER BROTHERS PHARMACY	1497266258	0.00000	0.00	0.00
00406048401	ACETAMINOPHEN-COD #3 TABLET	2025-02-07	14.000	RIVERSIDE PHARMACY	1720206774	0.00000	0.00	-0.00
00591544301	PREDNISONE 20 MG TABLET	2025-01-08	10.000	SAM'S CLUB PHARMACY	1902823040	0.00000	0.00	-0.00
27808005701	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-01-08	120.000	SAM'S CLUB PHARMACY	1902823040	0.00000	0.00	0.38
29300046810	CLONIDINE HCL 0.1 MG TABLET	2025-01-15	30.000	WALGREENS	1053837963	0.00000	0.00	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-02-18	11.000	WALGREENS	1053837963	0.00000	0.00	-0.00
29300046810	CLONIDINE HCL 0.1 MG TABLET	2025-02-24	30.000	WALGREENS	1053837963	0.00000	0.00	0.00
68180086573	BLISOVI FE 1-20 TABLET	2025-03-13	84.000	WALGREENS	1053837963	0.12929	0.00	5.63
57237002801	AMOXICILLIN 500 MG TABLET	2025-03-25	14.000	WALGREENS	1053837963	0.00000	0.00	-0.00
29300046810	CLONIDINE HCL 0.1 MG TABLET	2025-03-26	30.000	WALGREENS	1053837963	0.00000	0.00	0.00

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7.25	0.08187	2025-03-19	-0.36	0.00	No	No
6.65	0.23697	2025-02-05	-0.52	0.00	No	No
5.57	0.0717	2025-01-08	-0.50	0.00	No	No
10.00	0.03452	2025-01-08	-0.29	0.00	No	No
9.50	0.0229	2025-01-15	-0.15	0.00	No	No
4.82	0.07317	2025-02-12	-0.57	0.00	No	No
9.50	0.025	2025-02-19	-0.15	0.00	No	No
0.00	0.12925	2025-03-12	-0.23	0.00	No	No
8.97	0.1311	2025-03-19	-0.27	0.00	No	No
9.50	0.02583	2025-03-26	-0.16	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
51672128202	TRIAMCINOLONE 0.1% CREAM	2025-01-22	30.000	WALGREENS	1164948972	0.00000	0.00	0.40
70954006020	PREDNISONE 20 MG TABLET	2025-02-16	5.000	WALGREENS	1164948972	0.00000	0.00	0.00
70954005920	PREDNISONE 10 MG TABLET	2025-03-11	21.000	WALGREENS	1164948972	0.00000	0.00	-0.00
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-03-20	90.000	WALGREENS	1164948972	0.00000	0.00	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-03-24	6.000	WALGREENS	1164948972	0.00000	0.00	0.00
68180086673	BLISOVI FE 1.5-30 TABLET	2025-01-13	84.000	WALGREENS	1235655200	0.13810	0.00	6.99
70954005920	PREDNISONE 10 MG TABLET	2025-01-08	15.000	WALGREENS	1427574441	0.00000	0.00	0.00
45802046564	KETOCONAZOLE 2% SHAMPOO	2025-01-10	120.000	WALGREENS	1427574441	0.01192	0.00	8.16
76204020030	ALBUTEROL SUL 2.5 MG/3 ML SOLN	2025-01-13	90.000	WALGREENS	1427574441	0.00000	0.00	3.79
11534016503	FOLIC ACID 1 MG TABLET	2025-01-14	90.000	WALGREENS	1427574441	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
10.00	0.09543	2025-01-22	-0.22	0.00	No	No
3.28	0.07317	2025-02-12	-0.70	0.00	No	No
6.90	0.05399	2025-03-05	-0.41	0.00	No	No
9.15	0.01281	2025-03-19	-0.21	0.00	No	No
3.54	0.08187	2025-03-19	-0.68	0.00	No	No
0.00	0.13805	2025-01-08	-0.16	0.00	No	No
5.50	0.04665	2025-01-08	-0.51	0.00	No	No
10.00	0.09525	2025-01-08	-0.11	0.00	No	No
10.00	0.06036	2025-01-08	-0.13	0.00	No	No
8.91	0.02077	2025-01-08	-0.28	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
45802086802	POLYETHYLENE GLYCOL 3350 POWD	2025-01-20	238.000	WALGREENS	1427574441	0.02517	0.00	5.08
00904674860	BISACODYL EC 5 MG TABLET	2025-01-20	4.000	WALGREENS	1427574441	0.03750	0.00	1.92
00781214501	AMPICILLIN 500 MG CAPSULE	2025-01-28	28.000	WALGREENS	1427574441	0.08429	0.00	7.76
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-01-28	90.000	WALGREENS	1427574441	0.00000	0.00	0.00
45802006436	TRIAMCINOLONE 0.1% CREAM	2025-02-05	80.000	WALGREENS	1427574441	0.00000	0.00	1.48
70954006020	PREDNISONE 20 MG TABLET	2025-02-05	11.000	WALGREENS	1427574441	0.00000	0.00	-0.00
70954040310	DEXAMETHASONE 4 MG TABLET	2025-02-14	5.000	WALGREENS	1427574441	0.00000	0.00	0.00
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-02-21	90.000	WALGREENS	1427574441	0.00000	0.00	-0.00
65162003310	ACETAMINOPHEN-COD #3 TABLET	2025-02-26	4.000	WALGREENS	1427574441	0.00000	0.00	0.00
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2025-03-04	12.000	WALGREENS	1427574441	0.00000	0.00	0.30

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
0.00	0.02517	2025-01-15	-0.33	0.00	No	No
0.00	0.03866	2025-01-15	-0.81	0.00	No	No
10.00	0.44133	2025-01-22	-0.12	0.00	No	No
9.14	0.011	2025-01-22	-0.20	0.00	No	No
10.00	0.05162	2025-02-05	-0.21	0.00	No	No
4.82	0.07317	2025-02-05	-0.57	0.00	No	No
7.95	0.2712	2025-02-12	-0.33	0.00	No	No
9.14	0.01217	2025-02-19	-0.21	0.00	No	No
5.80	0.25045	2025-02-26	-0.50	0.00	No	No
10.00	0.12132	2025-02-26	-0.14	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2025-03-07	12.000	WALGREENS	1427574441	0.00000	0.00	0.30
00781261305	AMOXICILLIN 500 MG CAPSULE	2025-03-10	20.000	WALGREENS	1427574441	0.00000	0.00	0.00
00574110404	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2025-03-10	140.000	WALGREENS	1427574441	0.00971	0.00	5.73
00185012201	NITROFURANTOIN MONO-MCR 100 MG	2025-03-13	20.000	WALGREENS	1427574441	0.00000	0.00	4.50
68382091634	METHYLPREDNISOLONE 4 MG DOSEPK	2025-03-19	21.000	WALGREENS	1427574441	0.00000	0.00	1.99
00093506105	HYDROXYZINE HCL 25 MG TABLET	2025-03-19	3.000	WALGREENS	1427574441	0.00000	0.00	0.00
00574110404	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2025-03-20	180.000	WALGREENS	1427574441	0.02828	0.00	0.30
00574110404	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2025-03-21	118.000	WALGREENS	1427574441	0.00000	0.00	2.19
70954006020	PREDNISONE 20 MG TABLET	2025-03-23	10.000	WALGREENS	1427574441	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
10.00	0.12132	2025-03-05	-0.14	0.00	No	No
9.61	0.08742	2025-03-05	-0.21	0.00	No	No
10.00	0.08115	2025-03-05	-0.22	0.00	No	No
10.00	0.30818	2025-03-12	-0.13	0.00	No	No
10.00	0.15456	2025-03-19	-0.13	0.00	No	No
4.55	0.04398	2025-03-19	-0.57	0.00	No	No
10.00	0.08383	2025-03-19	-0.40	0.00	No	No
10.00	0.08383	2025-03-19	-0.40	0.00	No	No
4.56	0.08187	2025-03-19	-0.60	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2025-03-24	12.000	WALGREENS	1427574441	0.00000	0.00	0.30
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	2025-03-28	1.000	WALGREENS	1427574441	1.85000	0.00	8.45
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-01-09	118.000	WALGREENS	1659897205	0.00000	0.00	2.59
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	2025-01-09	100.000	WALGREENS	1659897205	0.00000	0.00	1.81
00781261305	AMOXICILLIN 500 MG CAPSULE	2025-01-21	21.000	WALGREENS	1659897205	0.00000	0.00	0.00
62559075816	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-01-23	118.000	WALGREENS	1659897205	0.00000	0.00	2.59
70954006020	PREDNISONE 20 MG TABLET	2025-01-27	11.000	WALGREENS	1659897205	0.00000	0.00	-0.00
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	2025-01-28	3.000	WALGREENS	1659897205	0.00000	0.00	-0.00
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-01-29	90.000	WALGREENS	1659897205	0.00000	0.00	0.00
00591544221	PREDNISONE 10 MG TAB DOSE PACK	2025-02-27	21.000	WALGREENS	1659897205	0.01476	0.00	4.58

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
10.00	0.12126	2025-03-19	-0.14	0.00	No	No
0.00	1.84641	2025-03-26	-0.17	0.00	No	No
10.00	0.03452	2025-01-08	-0.14	0.00	No	No
10.00	0.03139	2025-01-08	-0.13	0.00	No	No
9.99	0.08279	2025-01-15	-0.18	0.00	No	No
10.00	0.0344	2025-01-22	-0.13	0.00	No	No
4.82	0.07317	2025-01-22	-0.57	0.00	No	No
8.41	1.60351	2025-01-22	-0.45	0.00	No	No
9.14	0.011	2025-01-29	-0.20	0.00	No	No
10.00	0.491	2025-02-26	-0.28	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-03-05	90.000	WALGREENS	1659897205	0.00000	0.00	0.32
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-03-05	90.000	WALGREENS	1659897205	0.00000	0.00	-0.00
00378750332	BREYNA 160-4.5 MCG INHALER	2025-03-09	10.300	WALGREENS	1659897205	20.86311	0.00	0.00
00591544221	PREDNISONE 10 MG TAB DOSE PACK	2025-03-14	21.000	WALGREENS	1659897205	0.01476	0.00	4.58
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2025-03-17	10.000	WALGREENS	1659897205	0.00000	0.00	0.00
00591544221	PREDNISONE 10 MG TAB DOSE PACK	2025-03-18	21.000	WALGREENS	1659897205	0.01476	0.00	4.58
68382091634	METHYLPREDNISOLONE 4 MG DOSEPK	2025-03-27	21.000	WALGREENS	1659897205	0.00000	0.00	1.99
70954006020	PREDNISONE 20 MG TABLET	2025-03-28	7.000	WALGREENS	1659897205	0.00000	0.00	0.00
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-03-30	180.000	WALGREENS	1659897205	0.00000	0.00	5.99
64980056310	FUROSEMIDE 40 MG TABLET	2025-03-31	30.000	WALGREENS	1659897205	0.00000	0.00	0.00

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10.00	0.03869	2025-03-05	-0.26	0.00	No	No
9.14	0.01217	2025-03-05	-0.21	0.00	No	No
0.00	23.08377	2025-03-05	-0.13	0.00	No	No
10.00	0.491	2025-03-12	-0.28	0.00	No	No
8.92	0.12132	2025-03-12	-0.24	0.00	No	No
10.00	0.491	2025-03-12	-0.28	0.00	No	No
10.00	0.15456	2025-03-26	-0.13	0.00	No	No
3.79	0.08187	2025-03-26	-0.66	0.00	No	No
10.00	0.04345	2025-03-26	-0.13	0.00	No	No
6.79	0.03299	2025-03-26	-0.41	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68382091634	METHYLPREDNISOLONE 4 MG DOSEPK	2025-03-31	21.000	WALGREENS	1659897205	0.00000	0.00	1.99
62559075816	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-01-09	125.000	WALGREENS	1952827065	0.00000	0.00	2.99
00536123441	ASPIRIN EC 81 MG TABLET	2025-01-18	30.000	WALGREENS	1952827065	0.01333	0.00	2.37
00574110404	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2025-02-06	118.000	WALGREENS	1952827065	0.00178	0.00	5.18
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-02-09	90.000	WALGREENS	1952827065	0.00000	0.00	0.00
00536123441	ASPIRIN EC 81 MG TABLET	2025-02-13	30.000	WALGREENS	1952827065	0.01367	0.00	2.36
70954006020	PREDNISONE 20 MG TABLET	2025-02-13	10.000	WALGREENS	1952827065	0.00000	0.00	0.00
00781261305	AMOXICILLIN 500 MG CAPSULE	2025-02-28	20.000	WALGREENS	1952827065	0.00000	0.00	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-02-28	10.000	WALGREENS	1952827065	0.00000	0.00	0.00
00574110404	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2025-03-01	118.000	WALGREENS	1952827065	0.00000	0.00	5.39

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
10.00	0.15456	2025-03-26	-0.13	0.00	No	No
10.00	0.03452	2025-01-08	-0.12	0.00	No	No
0.00	0.01317	2025-01-15	-0.75	0.00	No	No
10.00	0.08654	2025-02-05	-0.26	0.00	No	No
9.14	0.011	2025-02-05	-0.20	0.00	No	No
0.00	0.01368	2025-02-12	-0.75	0.00	No	No
4.56	0.07317	2025-02-12	-0.59	0.00	No	No
9.61	0.08742	2025-02-26	-0.21	0.00	No	No
4.56	0.07911	2025-02-26	-0.60	0.00	No	No
10.00	0.08115	2025-02-26	-0.23	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
76204020030	ALBUTEROL SUL 2.5 MG/3 ML SOLN	2025-03-01	90.000	WALGREENS	1952827065	0.00000	0.00	3.79
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-03-18	100.000	WALGREENS	1952827065	0.03870	0.00	7.38
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-03-18	100.000	WALGREENS	1952827065	0.00000	0.00	1.25
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-03-20	90.000	WALGREENS	1952827065	0.00000	0.00	0.00
00536123441	ASPIRIN EC 81 MG TABLET	2025-03-26	30.000	WALGREENS	1952827065	0.01567	0.00	2.30
68645056354	IBUPROFEN 800 MG TABLET	2025-02-18	30.000	WALMART PHARMACY	1447277579	0.00000	0.00	-0.00
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2025-02-18	200.000	WALMART PHARMACY	1447277579	0.03815	0.00	4.42
62332002431	FLUOXETINE HCL 40 MG CAPSULE	2025-02-27	180.000	WALMART PHARMACY	1649297789	0.06600	0.00	8.12
68645060990	LISINOPRIL 5 MG TABLET	2025-02-27	90.000	WALMART PHARMACY	1649297789	0.01444	0.00	8.70
68645061190	LISINOPRIL 20 MG TABLET	2025-02-24	90.000	WALMART PHARMACY	1811914955	0.02533	0.00	7.72

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10.00	0.05917	2025-02-26	-0.13	0.00	No	No
0.00	0.03869	2025-03-12	-0.22	0.00	No	No
10.00	0.03869	2025-03-12	-0.22	0.00	No	No
9.14	0.01281	2025-03-19	-0.21	0.00	No	No
0.00	0.01553	2025-03-26	-0.75	0.00	No	No
5.82	0.0562	2025-02-12	-0.52	0.00	No	No
10.00	0.08815	2025-02-12	-0.22	0.00	No	No
0.00	0.06602	2025-02-26	-0.11	0.00	No	No
0.00	0.01445	2025-02-26	-0.15	0.00	No	No
0.00	0.02538	2025-02-19	-0.22	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2025-01-02	70.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2025-01-02	140.000	WALMART PHARMACY	1821015967	0.02086	0.00	2.52
64380078507	PREDNISONE 20 MG TABLET	2025-01-02	5.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-01-02	30.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-01-05	30.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
65862005299	SIMVASTATIN 20 MG TABLET	2025-01-05	30.000	WALMART PHARMACY	1821015967	0.02933	0.00	8.12
68645061190	LISINOPRIL 20 MG TABLET	2025-01-05	30.000	WALMART PHARMACY	1821015967	0.02400	0.00	3.28

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
7.72	0.09227	2025-01-01	-0.54	0.00	No	No
10.00	0.09227	2025-01-01	-0.34	0.00	No	No
4.00	0.0717	2025-01-01	-0.63	0.00	No	No
8.97	0.08279	2025-01-01	-0.31	0.00	No	No
4.00	0.01079	2025-01-01	-0.63	0.00	No	No
0.00	0.02917	2025-01-01	-0.21	0.00	No	No
0.00	0.02387	2025-01-01	-0.64	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
65162099308	DOTTI 0.05 MG PATCH	2025-01-06	8.000	WALMART PHARMACY	1821015967	5.98875	0.00	1.28
59746017210	PREDNISONE 5 MG TABLET	2025-01-06	10.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
29300024505	BUSPIRONE HCL 10 MG TABLET	2025-01-07	120.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
43598032675	CIPROFLOX-DEXAMETH OTIC SUSP	2025-01-07	7.500	WALMART PHARMACY	1821015967	9.94133	0.00	0.00
68180098003	LISINOPRIL 10 MG TABLET	2025-01-09	90.000	WALMART PHARMACY	1821015967	0.01711	0.00	8.46
65162019011	NAPROXEN 500 MG TABLET	2025-01-09	20.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
68180096301	ALBUTEROL HFA 90 MCG INHALER	2025-01-12	8.500	WALMART PHARMACY	1821015967	0.00000	0.00	0.23

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0.00	5.98844	2025-01-01	-0.16	0.00	No	No
4.00	0.04351	2025-01-01	-0.63	0.00	No	No
6.67	0.02862	2025-01-01	-0.52	0.00	No	No
10.00	12.77122	2025-01-01	-0.20	0.00	No	No
0.00	0.01707	2025-01-08	-0.17	0.00	No	No
4.55	0.05534	2025-01-08	-0.61	0.00	No	No
20.00	2.32051	2025-01-08	-0.33	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
00904675180	ASPIRIN EC 81 MG TABLET	2025-01-13	30.000	WALMART PHARMACY	1821015967	0.01333	0.00	3.60
47781064090	LEVOTHYROXINE 25 MCG TABLET	2025-01-14	25.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-01-14	21.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
67877025145	TRIAMCINOLONE 0.1% CREAM	2025-01-14	454.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
68382002310	ATENOLOL 50 MG TABLET	2025-01-14	90.000	WALMART PHARMACY	1821015967	0.02289	0.00	7.94
23155076401	HYDROCHLOROTHIAZIDE 12.5 MG TB	2025-01-14	90.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
64380078507	PREDNISONE 20 MG TABLET	2025-01-14	10.000	WALMART PHARMACY	1821015967	0.00000	0.00	-0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
0.00	0.01317	2025-01-08	-0.63	0.00	No	No
4.00	0.04342	2025-01-08	-0.65	0.00	No	No
9.76	0.11746	2025-01-08	-0.25	0.00	No	No
17.97	0.03	2025-01-08	-0.25	0.00	No	No
0.00	0.02288	2025-01-08	-0.20	0.00	No	No
10.00	0.04193	2025-01-08	-0.30	0.00	No	No
4.04	0.0717	2025-01-08	-0.64	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-01-15	21.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
29300013005	HYDROCHLOROTHIAZIDE 12.5 MG CP	2025-01-15	90.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
45802006335	TRIAMCINOLONE 0.025% CREAM	2025-01-16	30.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
62332002431	FLUOXETINE HCL 40 MG CAPSULE	2025-01-17	30.000	WALMART PHARMACY	1821015967	0.05933	0.00	2.22
43598032675	CIPROFLOX-DEXAMETH OTIC SUSP	2025-01-17	7.500	WALMART PHARMACY	1821015967	9.94133	0.00	0.00
68645061290	LISINOPRIL 30 MG TABLET	2025-01-18	30.000	WALMART PHARMACY	1821015967	0.04767	0.00	2.57
50111056001	TRAZODONE 50 MG TABLET	2025-01-20	30.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
9.76	0.11746	2025-01-15	-0.25	0.00	No	No
10.00	0.02881	2025-01-15	-0.24	0.00	No	No
9.86	0.13336	2025-01-15	-0.32	0.00	No	No
0.00	0.05938	2025-01-15	-0.67	0.00	No	No
10.00	12.77122	2025-01-15	-0.20	0.00	No	No
0.00	0.04783	2025-01-15	-0.66	0.00	No	No
4.00	0.03177	2025-01-15	-0.65	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
62332002331	FLUOXETINE HCL 20 MG CAPSULE	2025-01-20	30.000	WALMART PHARMACY	1821015967	0.02967	0.00	3.11
72485061310	OFLOXACIN 0.3% EYE DROPS	2025-01-21	5.000	WALMART PHARMACY	1821015967	0.00000	0.00	1.32
67877025145	TRIAMCINOLONE 0.1% CREAM	2025-01-23	454.000	WALMART PHARMACY	1821015967	0.00775	0.00	4.45
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-01-24	21.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
55111032105	GLIMEPIRIDE 2 MG TABLET	2025-01-24	90.000	WALMART PHARMACY	1821015967	0.03089	0.00	7.22
68645061290	LISINOPRIL 30 MG TABLET	2025-01-28	90.000	WALMART PHARMACY	1821015967	0.04733	0.00	5.74
68645058459	METFORMIN HCL 1,000 MG TABLET	2025-01-29	60.000	WALMART PHARMACY	1821015967	0.02217	0.00	2.67

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
0.00	0.02969	2025-01-15	-0.65	0.00	No	No
10.00	1.51438	2025-01-15	-0.37	0.00	No	No
10.00	0.02978	2025-01-22	-0.25	0.00	No	No
9.76	0.11419	2025-01-22	-0.24	0.00	No	No
0.00	0.03086	2025-01-22	-0.25	0.00	No	No
0.00	0.04735	2025-01-22	-0.32	0.00	No	No
0.00	0.02215	2025-01-29	-0.66	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68645058459	METFORMIN HCL 1,000 MG TABLET	2025-01-29	180.000	WALMART PHARMACY	1821015967	0.02217	0.00	6.01
47781064690	LEVOTHYROXINE 75 MCG TABLET	2025-01-29	90.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
29300046801	CLONIDINE HCL 0.1 MG TABLET	2025-01-29	90.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
31722070190	LOSARTAN POTASSIUM 50 MG TAB	2025-01-29	30.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
70010014805	POTASSIUM CL ER 10 MEQ CAPSULE	2025-01-29	30.000	WALMART PHARMACY	1821015967	0.00000	0.00	1.86
67877069601	CHLORTHALIDONE 25 MG TABLET	2025-01-29	30.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
47781066890	LEVOTHYROXINE 200 MCG TABLET	2025-01-29	30.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
0.00	0.02215	2025-01-29	-0.31	0.00	No	No
10.00	0.05079	2025-01-29	-0.34	0.00	No	No
6.00	0.02305	2025-01-29	-0.52	0.00	No	No
9.00	0.03558	2025-01-29	-0.22	0.00	No	No
10.00	0.12594	2025-01-29	-0.17	0.00	No	No
9.00	0.07447	2025-01-29	-0.29	0.00	No	No
4.00	0.08973	2025-01-29	-0.70	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
00409656201	TESTOSTERONE CYP 200 MG/ML	2025-01-30	2.000	WALMART PHARMACY	1821015967	6.99000	0.00	0.00
47781066890	LEVOTHYROXINE 200 MCG TABLET	2025-01-30	90.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
23155076401	HYDROCHLOROTHIAZIDE 12.5 MG TB	2025-01-30	30.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
68645061090	LISINOPRIL 10 MG TABLET	2025-02-02	30.000	WALMART PHARMACY	1821015967	0.01733	0.00	3.48
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-02-03	21.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
65162099308	DOTTI 0.05 MG PATCH	2025-02-04	8.000	WALMART PHARMACY	1821015967	5.92750	0.00	1.77
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-02-05	21.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
10.00	12.23459	2025-01-29	-0.31	0.00	No	No
10.00	0.08973	2025-01-29	-0.46	0.00	No	No
4.00	0.04258	2025-01-29	-0.66	0.00	No	No
0.00	0.01718	2025-01-29	-0.64	0.00	No	No
9.76	0.11419	2025-01-29	-0.24	0.00	No	No
0.00	5.92804	2025-01-29	-0.15	0.00	No	No
9.76	0.11419	2025-02-05	-0.24	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68645052154	SERTRALINE HCL 25 MG TABLET	2025-02-06	30.000	WALMART PHARMACY	1821015967	0.03067	0.00	8.08
43547033803	BENAZEPRIL HCL 40 MG TABLET	2025-02-07	90.000	WALMART PHARMACY	1821015967	0.07011	0.00	3.69
64380078507	PREDNISONE 20 MG TABLET	2025-02-09	5.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
64380078507	PREDNISONE 20 MG TABLET	2025-02-10	5.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
13668010401	ISOSORBIDE MONONIT ER 30 MG TB	2025-02-11	90.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
65862006299	METOPROLOL TARTRATE 25 MG TAB	2025-02-11	180.000	WALMART PHARMACY	1821015967	0.01561	0.00	7.19
68645058459	METFORMIN HCL 1,000 MG TABLET	2025-02-13	180.000	WALMART PHARMACY	1821015967	0.02217	0.00	6.01

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0.00	0.03055	2025-02-05	-0.21	0.00	No	No
0.00	0.07015	2025-02-05	-0.40	0.00	No	No
4.00	0.07317	2025-02-05	-0.63	0.00	No	No
4.00	0.07317	2025-02-05	-0.63	0.00	No	No
10.00	0.06531	2025-02-05	-0.39	0.00	No	No
0.00	0.01563	2025-02-05	-0.25	0.00	No	No
0.00	0.02215	2025-02-12	-0.31	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
71930005612	ACETAMINOPHEN-COD #4 TABLET	2025-02-13	21.000	WALMART PHARMACY	1821015967	0.00000	0.00	6.40
68645061290	LISINOPRIL 30 MG TABLET	2025-02-14	30.000	WALMART PHARMACY	1821015967	0.04733	0.00	2.58
68645056354	IBUPROFEN 800 MG TABLET	2025-02-14	40.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
64380078507	PREDNISONE 20 MG TABLET	2025-02-17	5.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
65162019011	NAPROXEN 500 MG TABLET	2025-02-17	30.000	WALMART PHARMACY	1821015967	0.00000	0.00	-0.00
55111018015	TIZANIDINE HCL 4 MG TABLET	2025-02-17	20.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2025-02-18	6.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
10.00	0.39831	2025-02-12	-0.13	0.00	No	No
0.00	0.04735	2025-02-12	-0.66	0.00	No	No
7.76	0.0562	2025-02-12	-0.39	0.00	No	No
4.00	0.07317	2025-02-12	-0.63	0.00	No	No
6.82	0.05472	2025-02-12	-0.44	0.00	No	No
6.00	0.04397	2025-02-12	-0.47	0.00	No	No
6.34	0.12377	2025-02-12	-0.44	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
29300013601	CLONIDINE HCL 0.2 MG TABLET	2025-02-19	30.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
62332002331	FLUOXETINE HCL 20 MG CAPSULE	2025-02-19	30.000	WALMART PHARMACY	1821015967	0.02967	0.00	3.11
47781065790	LEVOTHYROXINE 125 MCG TABLET	2025-02-20	90.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
53746051101	SPIRONOLACTONE 25 MG TABLET	2025-02-20	60.000	WALMART PHARMACY	1821015967	0.00000	0.00	1.11
47781064090	LEVOTHYROXINE 25 MCG TABLET	2025-02-24	30.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-02-24	21.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
55111014512	FLUCONAZOLE 150 MG TABLET	2025-02-24	2.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
68645061190	LISINOPRIL 20 MG TABLET	2025-02-26	30.000	WALMART PHARMACY	1821015967	0.02533	0.00	3.24
67877021905	CEPHALEXIN 500 MG CAPSULE	2025-02-26	30.000	WALMART PHARMACY	1821015967	0.00000	0.00	2.26
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-02-26	21.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
4.00	0.03382	2025-02-19	-0.65	0.00	No	No
0.00	0.03107	2025-02-19	-0.65	0.00	No	No
10.00	0.07216	2025-02-19	-0.41	0.00	No	No
10.00	0.0494	2025-02-19	-0.17	0.00	No	No
4.00	0.04343	2025-02-19	-0.66	0.00	No	No
6.28	0.08742	2025-02-19	-0.49	0.00	No	No
9.60	0.53979	2025-02-19	-0.17	0.00	No	No
0.00	0.02538	2025-02-26	-0.64	0.00	No	No
10.00	0.1214	2025-02-26	-0.13	0.00	No	No
9.76	0.1323	2025-02-26	-0.26	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-02-27	30.000	WALMART PHARMACY	1821015967	0.00000	0.00	-0.00
23155076401	HYDROCHLOROTHIAZIDE 12.5 MG TB	2025-02-27	90.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-02-27	21.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	2025-02-28	150.000	WALMART PHARMACY	1821015967	0.00000	0.00	-0.00
68645058459	METFORMIN HCL 1,000 MG TABLET	2025-03-02	60.000	WALMART PHARMACY	1821015967	0.02317	0.00	2.61
65162099308	DOTTI 0.05 MG PATCH	2025-03-02	8.000	WALMART PHARMACY	1821015967	6.14875	0.00	0.00
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-03-02	21.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
47781066590	LEVOTHYROXINE 175 MCG TABLET	2025-03-02	90.000	WALMART PHARMACY	1821015967	0.00000	0.00	-0.00
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	2025-03-03	100.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
55111014512	FLUCONAZOLE 150 MG TABLET	2025-03-03	2.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
8.97	0.08742	2025-02-26	-0.32	0.00	No	No
10.00	0.04813	2025-02-26	-0.33	0.00	No	No
9.76	0.1323	2025-02-26	-0.26	0.00	No	No
9.59	0.03875	2025-02-26	-0.41	0.00	No	No
0.00	0.02319	2025-02-26	-0.66	0.00	No	No
0.00	6.4968	2025-02-26	-0.21	0.00	No	No
9.76	0.1323	2025-02-26	-0.26	0.00	No	No
10.00	0.09185	2025-02-26	-0.47	0.00	No	No
6.39	0.03366	2025-02-26	-0.54	0.00	No	No
9.60	0.53979	2025-02-26	-0.17	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2025-03-03	50.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2025-03-03	200.000	WALMART PHARMACY	1821015967	0.03345	0.00	5.36
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2025-03-03	200.000	WALMART PHARMACY	1821015967	0.03345	0.00	5.36
45802086802	POLYETHYLENE GLYCOL 3350 POWD	2025-03-03	238.000	WALMART PHARMACY	1821015967	0.01681	0.00	0.00
00904674880	BISACODYL EC 5 MG TABLET	2025-03-03	4.000	WALMART PHARMACY	1821015967	0.03750	0.00	3.85
42806071401	BENZONATATE 100 MG CAPSULE	2025-03-04	15.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
57237002901	AMOXICILLIN 875 MG TABLET	2025-03-04	20.000	WALMART PHARMACY	1821015967	0.00000	0.00	2.41
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-03-04	21.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
00409656201	TESTOSTERONE CYP 200 MG/ML	2025-03-04	2.000	WALMART PHARMACY	1821015967	6.99000	0.00	0.00
60505082901	FLUTICASONE PROP 50 MCG SPRAY	2025-03-05	16.000	WALMART PHARMACY	1821015967	0.00000	0.00	5.87

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5.51	0.08343	2025-02-26	-0.62	0.00	No	No
10.00	0.08343	2025-02-26	-0.19	0.00	No	No
10.00	0.08343	2025-02-26	-0.19	0.00	No	No
0.00	0.02588	2025-02-26	-0.76	0.00	No	No
0.00	0.03638	2025-02-26	-0.62	0.00	No	No
9.02	0.06951	2025-02-26	-0.22	0.00	No	No
10.00	0.16502	2025-02-26	-0.10	0.00	No	No
9.76	0.1323	2025-02-26	-0.26	0.00	No	No
10.00	13.03302	2025-02-26	-0.34	0.00	No	No
10.00	0.44945	2025-03-05	-0.10	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
29300041001	ATENOLOL 25 MG TABLET	2025-03-07	30.000	WALMART PHARMACY	1821015967	0.02267	0.00	3.32
62332002331	FLUOXETINE HCL 20 MG CAPSULE	2025-03-07	30.000	WALMART PHARMACY	1821015967	0.03100	0.00	3.07
29300024505	BUSPIRONE HCL 10 MG TABLET	2025-03-07	60.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
31722070190	LOSARTAN POTASSIUM 50 MG TAB	2025-03-07	30.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
67877069601	CHLORTHALIDONE 25 MG TABLET	2025-03-07	30.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
47781066890	LEVOTHYROXINE 200 MCG TABLET	2025-03-07	30.000	WALMART PHARMACY	1821015967	0.00000	0.00	-0.00
71930005612	ACETAMINOPHEN-COD #4 TABLET	2025-03-09	21.000	WALMART PHARMACY	1821015967	0.00000	0.00	6.40
42806054705	VITAMIN D2 1.25 MG(50,000 UNIT)	2025-03-10	4.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
55111014512	FLUCONAZOLE 150 MG TABLET	2025-03-10	1.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-03-10	21.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
0.00	0.02272	2025-03-05	-0.64	0.00	No	No
0.00	0.03107	2025-03-05	-0.65	0.00	No	No
4.00	0.03079	2025-03-05	-0.68	0.00	No	No
9.00	0.03818	2025-03-05	-0.23	0.00	No	No
9.00	0.07732	2025-03-05	-0.30	0.00	No	No
4.00	0.09532	2025-03-05	-0.70	0.00	No	No
10.00	0.42769	2025-03-05	-0.16	0.00	No	No
6.96	0.11721	2025-03-05	-0.36	0.00	No	No
4.80	0.53979	2025-03-05	-0.56	0.00	No	No
9.76	0.1323	2025-03-05	-0.26	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-03-10	21.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
60505082901	FLUTICASONE PROP 50 MCG SPRAY	2025-03-12	16.000	WALMART PHARMACY	1821015967	0.00000	0.00	5.87
68645061190	LISINOPRIL 20 MG TABLET	2025-03-12	90.000	WALMART PHARMACY	1821015967	0.02533	0.00	7.72
68645061190	LISINOPRIL 20 MG TABLET	2025-03-12	90.000	WALMART PHARMACY	1821015967	0.02533	0.00	7.72
68180096301	ALBUTEROL HFA 90 MCG INHALER	2025-03-12	8.500	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
68645061290	LISINOPRIL 30 MG TABLET	2025-03-13	30.000	WALMART PHARMACY	1821015967	0.05133	0.00	2.46
60505082901	FLUTICASONE PROP 50 MCG SPRAY	2025-03-13	16.000	WALMART PHARMACY	1821015967	0.00000	0.00	5.87
57237002901	AMOXICILLIN 875 MG TABLET	2025-03-14	20.000	WALMART PHARMACY	1821015967	0.00000	0.00	2.41
42806071401	BENZONATATE 100 MG CAPSULE	2025-03-14	15.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
23155076401	HYDROCHLOROTHIAZIDE 12.5 MG TB	2025-03-14	90.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00

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6.28	0.08742	2025-03-05	-0.49	0.00	No	No
10.00	0.44945	2025-03-12	-0.10	0.00	No	No
0.00	0.02538	2025-03-12	-0.22	0.00	No	No
0.00	0.02538	2025-03-12	-0.22	0.00	No	No
20.23	2.53475	2025-03-12	-0.37	0.00	No	No
0.00	0.05139	2025-03-12	-0.67	0.00	No	No
10.00	0.44945	2025-03-12	-0.10	0.00	No	No
10.00	0.16502	2025-03-12	-0.10	0.00	No	No
9.02	0.06951	2025-03-12	-0.22	0.00	No	No
10.00	0.04813	2025-03-12	-0.33	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
13668033001	TRAZODONE 50 MG TABLET	2025-03-18	30.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
53746051101	SPIRONOLACTONE 25 MG TABLET	2025-03-18	60.000	WALMART PHARMACY	1821015967	0.00000	0.00	1.11
68382080601	TRAZODONE 100 MG TABLET	2025-03-18	30.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2025-03-18	50.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
60505024701	MIRTAZAPINE 15 MG TABLET	2025-03-19	30.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-03-20	21.000	WALMART PHARMACY	1821015967	0.00000	0.00	-0.00
68645056259	IBUPROFEN 600 MG TABLET	2025-03-20	21.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	2025-03-20	15.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-03-20	21.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
60505082901	FLUTICASONE PROP 50 MCG SPRAY	2025-03-21	16.000	WALMART PHARMACY	1821015967	0.00000	0.00	5.87

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4.00	0.03346	2025-03-12	-0.65	0.00	No	No
10.00	0.0494	2025-03-12	-0.17	0.00	No	No
4.00	0.05685	2025-03-12	-0.67	0.00	No	No
5.51	0.08343	2025-03-12	-0.62	0.00	No	No
9.00	0.07406	2025-03-19	-0.29	0.00	No	No
6.28	0.09188	2025-03-19	-0.49	0.00	No	No
4.00	0.04951	2025-03-19	-0.65	0.00	No	No
4.00	0.11657	2025-03-19	-0.67	0.00	No	No
9.24	0.15456	2025-03-19	-0.33	0.00	No	No
10.00	0.46041	2025-03-19	-0.11	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2025-03-21	240.000	WALMART PHARMACY	1821015967	0.04979	0.00	4.51
68645061190	LISINOPRIL 20 MG TABLET	2025-03-23	90.000	WALMART PHARMACY	1821015967	0.02622	0.00	7.64
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-03-23	21.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-03-24	30.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	2025-03-24	25.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2025-03-24	100.000	WALMART PHARMACY	1821015967	0.00000	0.00	1.03
00121088516	PREDNISOLONE 15 MG/5 ML SOLN	2025-03-25	70.000	WALMART PHARMACY	1821015967	0.52814	0.00	3.68
65862005299	SIMVASTATIN 20 MG TABLET	2025-03-25	30.000	WALMART PHARMACY	1821015967	0.03067	0.00	8.08
62332002431	FLUOXETINE HCL 40 MG CAPSULE	2025-03-25	30.000	WALMART PHARMACY	1821015967	0.06800	0.00	6.96
60505082901	FLUTICASONE PROP 50 MCG SPRAY	2025-03-25	16.000	WALMART PHARMACY	1821015967	0.00000	0.00	5.87

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10.00	0.09145	2025-03-19	-0.18	0.00	No	No
0.00	0.02621	2025-03-19	-0.22	0.00	No	No
9.24	0.15456	2025-03-19	-0.33	0.00	No	No
4.00	0.01281	2025-03-19	-0.63	0.00	No	No
5.50	0.11657	2025-03-19	-0.59	0.00	No	No
10.00	0.09145	2025-03-19	-0.44	0.00	No	No
10.00	0.67101	2025-03-19	-0.12	0.00	No	No
0.00	0.03074	2025-03-19	-0.21	0.00	No	No
0.00	0.06815	2025-03-19	-0.28	0.00	No	No
10.00	0.46041	2025-03-19	-0.11	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
57237002901	AMOXICILLIN 875 MG TABLET	2025-03-27	20.000	WALMART PHARMACY	1821015967	0.00000	0.00	2.41
64380078507	PREDNISONE 20 MG TABLET	2025-03-28	5.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
50111078751	AZITHROMYCIN 250 MG TABLET	2025-03-29	6.000	WALMART PHARMACY	1821015967	0.00000	0.00	1.45
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-03-31	21.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-02-14	30.000	WALGREENS	1427574441	0.00000	0.00	0.00
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-03-14	30.000	WALGREENS	1427574441	0.00000	0.00	0.00
47781065990	LEVOTHYROXINE 137 MCG TABLET	2025-01-08	90.000	WALMART PHARMACY	1639196769	0.00000	0.00	0.00
68645057559	GLIPIZIDE 10 MG TABLET	2025-01-17	180.000	WALMART PHARMACY	1639196769	0.04167	0.00	2.50
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	2025-03-03	14.000	WALMART PHARMACY	1750309449	0.00000	0.00	0.00
45802046564	KETOCONAZOLE 2% SHAMPOO	2025-03-24	120.000	WALMART PHARMACY	1750309449	0.01208	0.00	5.32

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10.00	0.16872	2025-03-26	-0.10	0.00	No	No
4.00	0.08187	2025-03-26	-0.63	0.00	No	No
10.00	0.37667	2025-03-26	-0.10	0.00	No	No
9.24	0.15456	2025-03-26	-0.33	0.00	No	No
4.38	0.011	2025-02-12	-0.60	0.00	No	No
4.38	0.01217	2025-03-12	-0.60	0.00	No	No
10.00	0.07359	2025-01-08	-0.42	0.00	No	No
0.00	0.04167	2025-01-15	-0.44	0.00	No	No
7.91	0.05697	2025-02-26	-0.30	0.00	No	No
10.00	0.09539	2025-03-19	-0.24	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
67877021905	CEPHALEXIN 500 MG CAPSULE	2025-03-24	14.000	WALMART PHARMACY	1750309449	0.00000	0.00	0.00
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	2025-01-08	100.000	WALGREENS	1235655200	0.00000	0.00	0.00
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	2025-03-03	100.000	WALGREENS	1659897205	0.00000	0.00	-0.00
49483048112	ASPIRIN EC 81 MG TABLET	2025-03-07	90.000	CVS PHARMACY	1972606630	0.01478	0.00	1.20
00093317431	ALBUTEROL HFA 90 MCG INHALER	2025-01-27	25.500	HUNTINGTON VAMC	1508824301	0.96118	0.00	0.00
76282073045	LISINOPRIL 10 MG TABLET	2025-01-27	45.000	HUNTINGTON VAMC	1508824301	0.00933	0.00	0.00
00378932132	WIXELA 250-50 INHUB	2025-02-03	180.000	HUNTINGTON VAMC	1508824301	0.40356	0.00	0.00
59762011701	MESALAMINE DR 400 MG CAPSULE	2025-01-31	84.000	WALMART PHARMACY	1649297789	2.05893	0.00	0.00
50111078751	AZITHROMYCIN 250 MG TABLET	2025-03-26	6.000	WALMART PHARMACY	1649297789	0.00000	0.00	6.45
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-03-26	21.000	WALMART PHARMACY	1649297789	0.00000	0.00	4.24

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5.72	0.1286	2025-03-19	-0.53	0.00	No	No
11.81	0.03139	2025-01-08	-0.13	0.00	No	No
11.81	0.03366	2025-02-26	-0.15	0.00	No	No
0.00	0.01473	2025-03-05	-0.79	0.00	Yes	No
0.00	2.35969	2025-01-22	-0.65	0.00	No	No
0.00	0.01718	2025-01-22	-0.96	0.00	No	No
0.00	1.31435	2025-01-29	-0.71	0.00	No	No
2.50	2.22689	2025-01-29	-0.11	0.00	No	No
5.00	0.37667	2025-03-26	-0.10	0.00	No	No
5.00	0.15456	2025-03-26	-0.33	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
65162035803	ZAFEMY 150-35 MCG/DAY PATCH	2025-03-28	9.000	WALMART PHARMACY	1447277579	24.55000	0.00	0.00
00555901658	SPRINTEC 28 DAY TABLET	2025-01-02	28.000	WALMART PHARMACY	1487838132	0.11143	0.00	5.88
00555901658	SPRINTEC 28 DAY TABLET	2025-01-30	28.000	WALMART PHARMACY	1487838132	0.11179	0.00	5.87
68645052154	SERTRALINE HCL 25 MG TABLET	2025-02-03	30.000	WALMART PHARMACY	1487838132	0.00000	0.00	0.00
29300046801	CLONIDINE HCL 0.1 MG TABLET	2025-02-03	30.000	WALMART PHARMACY	1487838132	0.00000	0.00	0.00
23155076401	HYDROCHLOROTHIAZIDE 12.5 MG TB	2025-02-11	90.000	WALMART PHARMACY	1487838132	0.00000	0.00	0.00
00555901658	SPRINTEC 28 DAY TABLET	2025-02-28	28.000	WALMART PHARMACY	1487838132	0.12071	0.00	5.62
00555901658	SPRINTEC 28 DAY TABLET	2025-03-28	28.000	WALMART PHARMACY	1487838132	0.12821	0.00	5.41
52817018100	CLONIDINE HCL 0.2 MG TABLET	2025-02-08	180.000	MARTINSBURG VAMC	1629026414	0.00000	0.00	0.00
59651048901	PREDNISONE 50 MG TABLET	2025-02-18	5.000	WALMART PHARMACY	1366469496	0.00000	0.00	0.00

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0.00	28.66828	2025-03-26	-0.18	0.00	No	No
0.00	0.11128	2025-01-01	-0.34	0.00	No	No
0.00	0.1118	2025-01-29	-0.34	0.00	No	No
9.00	0.03055	2025-01-29	-0.21	0.00	No	No
4.00	0.02305	2025-01-29	-0.64	0.00	No	No
10.00	0.04258	2025-02-05	-0.30	0.00	No	No
0.00	0.12083	2025-02-26	-0.35	0.00	No	No
0.00	0.12836	2025-03-26	-0.36	0.00	No	No
19.10	0.0318	2025-02-05	0.00	0.18	No	No
9.11	0.16886	2025-02-12	-0.20	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
00172392660	DIAZEPAM 5 MG TABLET	2025-02-18	12.000	WALMART PHARMACY	1366469496	0.00000	0.00	0.00
00591533501	TRIHEXYPHENIDYL 2 MG TABLET	2025-02-18	60.000	WALGREENS	1861652562	0.00000	0.00	2.97
00536136223	NICOTINE 2 MG CHEWING GUM	2025-03-06	220.000	HUNTINGTON VAMC	1508824301	0.12918	0.00	0.15
76282041290	FINASTERIDE 5 MG TABLET	2025-03-21	90.000	CLARKSBURG VAMC	1356399364	0.00000	0.00	0.00
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-01-01	21.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
68180096301	ALBUTEROL HFA 90 MCG INHALER	2025-01-01	8.500	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
68382000106	PAROXETINE HCL 40 MG TABLET	2025-01-27	30.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
29300046801	CLONIDINE HCL 0.1 MG TABLET	2025-01-27	30.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
42806054705	VITAMIN D2 1.25 MG(50,000 UNIT)	2025-01-28	5.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
67877024901	QUETIAPINE FUMARATE 50 MG TAB	2025-02-03	14.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00

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5.18	0.02438	2025-02-12	-0.52	0.00	No	No
10.00	0.07442	2025-02-12	-0.13	0.00	No	No
0.00	0.22667	2025-03-05	-0.53	0.00	No	No
5.43	0.07167	2025-03-19	-0.68	0.00	No	No
9.76	0.11746	2025-01-01	-0.25	0.00	No	No
20.23	2.32051	2025-01-01	-0.33	0.00	No	No
9.00	0.11214	2025-01-22	-0.35	0.00	No	No
4.00	0.02305	2025-01-22	-0.64	0.00	No	No
8.70	0.10587	2025-01-22	-0.21	0.00	No	No
4.20	0.03271	2025-01-29	-0.62	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68382009810	PAROXETINE HCL 20 MG TABLET	2025-02-21	14.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
65862006299	METOPROLOL TARTRATE 25 MG TAB	2025-01-02	180.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
68645057559	GLIPIZIDE 10 MG TABLET	2025-01-16	90.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-01-20	90.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
68645058459	METFORMIN HCL 1,000 MG TABLET	2025-02-20	180.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
68645052154	SERTRALINE HCL 25 MG TABLET	2025-02-28	30.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
00054429931	FUROSEMIDE 40 MG TABLET	2025-02-28	30.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
68645060890	LISINOPRIL 2.5 MG TABLET	2025-03-14	90.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
68645052154	SERTRALINE HCL 25 MG TABLET	2025-03-26	30.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
00054429931	FUROSEMIDE 40 MG TABLET	2025-03-31	30.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
4.00	0.07237	2025-02-19	-0.65	0.00	No	No
10.00	0.01555	2025-01-01	-0.25	0.00	No	No
6.00	0.04167	2025-01-15	-0.58	0.00	No	No
10.00	0.01079	2025-01-15	-0.13	0.00	No	No
10.00	0.02319	2025-02-19	-0.32	0.00	No	No
9.00	0.0324	2025-02-26	-0.21	0.00	No	No
4.00	0.03121	2025-02-26	-0.65	0.00	No	No
10.00	0.01395	2025-03-12	-0.15	0.00	No	No
9.00	0.0326	2025-03-26	-0.22	0.00	No	No
4.00	0.03299	2025-03-26	-0.65	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
59651071901	DICYCLOMINE 10 MG CAPSULE	2025-01-28	10.000	WALMART PHARMACY	1285651323	0.00000	0.00	0.00
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2025-01-03	12.000	ARACOMA DRUG COMPANY	1780639286	0.00000	0.00	0.00
31722099605	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2025-01-08	12.000	ARACOMA DRUG COMPANY	1780639286	0.00000	0.00	0.00
67877015905	METFORMIN HCL ER 500 MG TABLET	2025-02-22	30.000	BECKLEY VAMC PHARMACY	1104884535	0.00000	0.00	-0.00
76282073090	LISINOPRIL 10 MG TABLET	2025-03-03	90.000	BECKLEY VAMC PHARMACY	1104884535	0.00000	0.00	0.00
55111019690	CLOPIDOGREL 75 MG TABLET	2025-01-22	30.000	CAMDEN-ON-GAULEY MEDICAL PHARM	1801935242	0.00000	0.00	0.00
55111019690	CLOPIDOGREL 75 MG TABLET	2025-02-24	30.000	CAMDEN-ON-GAULEY MEDICAL PHARM	1801935242	0.00000	0.00	0.00
50742061601	METOPROLOL SUCC ER 50 MG TAB	2025-03-03	90.000	CAMDEN-ON-GAULEY MEDICAL PHARM	1801935242	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
4.00	0.07879	2025-01-22	-0.65	0.00	No	No
8.29	0.12482	2025-01-01	-0.31	0.00	No	No
8.29	0.12482	2025-01-08	-0.31	0.00	No	No
6.75	0.02863	2025-02-19	-0.41	0.00	No	No
1.13	0.0177	2025-02-26	-0.91	0.00	No	No
6.00	0.05723	2025-01-22	-0.51	0.00	No	No
6.00	0.06027	2025-02-19	-0.51	0.00	No	No
6.00	0.05925	2025-02-26	-0.62	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
55111019690	CLOPIDOGREL 75 MG TABLET	2025-03-28	30.000	CAMDEN-ON-GAULEY MEDICAL PHARM	1801935242	0.00000	0.00	0.00
00378334053	XULANE 150-35 MCG/DAY PATCH	2025-01-04	3.000	CVS PHARMACY	1154424810	29.33000	0.00	0.00
62559075816	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-01-19	150.000	CVS PHARMACY	1154424810	0.00000	0.00	0.00
00378334053	XULANE 150-35 MCG/DAY PATCH	2025-02-15	3.000	CVS PHARMACY	1154424810	29.33000	0.00	0.00
11527073044	SODIUM FLUORIDE 5000 PPM PASTE	2025-01-04	100.000	CVS PHARMACY	1275636631	0.00000	0.00	1.89
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	2025-01-28	3.000	CVS PHARMACY	1417345901	29.33000	0.00	0.00
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	2025-03-11	3.000	CVS PHARMACY	1417345901	29.33000	0.00	0.00
68094090006	AZITHROMYCIN 250 MG TABLET	2025-02-05	6.000	FREEDOM PHARMACY	1366080699	0.00000	0.00	-0.00
68094090006	AZITHROMYCIN 250 MG TABLET	2025-03-11	6.000	FREEDOM PHARMACY	1366080699	0.00000	0.00	-0.00
31722052110	HYDRALAZINE 50 MG TABLET	2025-02-05	30.000	KROGER PHARMACY	1932133717	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
6.00	0.06179	2025-03-26	-0.51	0.00	No	No
0.00	37.11492	2025-01-01	-0.28	0.00	Yes	No
13.99	0.03452	2025-01-15	-0.11	0.00	Yes	No
0.00	36.73665	2025-02-12	-0.27	0.00	Yes	No
15.00	0.09322	2025-01-01	-0.15	0.00	Yes	No
0.00	37.7194	2025-01-22	-0.29	0.00	Yes	No
0.00	37.43887	2025-03-05	-0.28	0.00	Yes	No
9.30	0.32126	2025-02-05	-0.25	0.00	No	No
9.30	0.36217	2025-03-05	-0.27	0.00	No	No
9.99	0.04177	2025-02-05	-0.15	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
16571066101	MECLIZINE 25 MG TABLET	2025-02-17	15.000	KROGER PHARMACY	1932133717	0.00000	0.00	0.00
00591544301	PREDNISONE 20 MG TABLET	2025-02-03	6.000	NEW RIVER HEALTH OAK HILL PHAR	1922764125	0.00000	0.00	0.00
60219170705	PREDNISONE 10 MG TABLET	2025-03-14	10.000	RAINELLE MEDICAL CTR PHCY	1235238122	0.00000	0.00	0.00
70010078005	METOPROLOL SUCC ER 25 MG TAB	2025-01-13	45.000	SUMMERSVILLE REGIONAL MED CTR	1407314313	0.00000	0.00	0.00
65862064163	AZITHROMYCIN 250 MG TABLET	2025-01-10	4.000	VALLEY HEALTH MILTON PHARMACY	1891453312	0.00000	0.00	0.00
65862064163	AZITHROMYCIN 250 MG TABLET	2025-01-22	4.000	VALLEY HEALTH MILTON PHARMACY	1891453312	0.00000	0.00	-0.00
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-02-15	21.000	WALGREENS	1255589503	0.00000	0.00	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-02-03	10.000	WALGREENS	1457877219	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
9.99	0.07774	2025-02-12	-0.14	0.00	No	No
5.55	0.07317	2025-01-29	-0.49	0.00	No	No
7.40	0.05399	2025-03-12	-0.33	0.00	No	No
8.23	0.05304	2025-01-08	-0.36	0.00	No	No
8.92	0.32433	2025-01-08	-0.24	0.00	No	No
8.90	0.32126	2025-01-22	-0.24	0.00	No	No
10.00	0.08158	2025-02-12	-0.18	0.00	No	No
4.56	0.07317	2025-01-29	-0.59	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-02-15	90.000	WALGREENS	1457877219	0.00000	0.00	0.00
70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	2025-01-21	1.000	WALGREENS	1598281404	0.00000	0.00	0.00
50742064601	TRIAZOLAM 0.25 MG TABLET	2025-02-04	1.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
68645060990	LISINOPRIL 5 MG TABLET	2025-02-08	30.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-02-08	21.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
68645060990	LISINOPRIL 5 MG TABLET	2025-03-19	30.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
67877069601	CHLORTHALIDONE 25 MG TABLET	2025-01-04	24.000	WALMART PHARMACY	1487838132	0.00000	0.00	0.00

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9.14	0.011	2025-02-12	-0.20	0.00	No	No
6.45	1.65534	2025-01-15	-0.47	0.00	No	No
4.00	0.28253	2025-01-29	-0.63	0.00	No	No
4.00	0.01386	2025-02-05	-0.63	0.00	No	No
9.76	0.11419	2025-02-05	-0.24	0.00	No	No
4.00	0.01541	2025-03-19	-0.63	0.00	No	No
7.20	0.07682	2025-01-01	-0.42	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
64380078507	PREDNISONE 20 MG TABLET	2025-02-09	10.000	WALMART PHARMACY	1487838132	0.00000	0.00	0.00
68645061090	LISINOPRIL 10 MG TABLET	2025-01-02	90.000	WALMART PHARMACY	1639196769	0.01711	0.00	8.46
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-01-14	21.000	WALMART PHARMACY	1639196769	0.00000	0.00	0.00
68382056401	METOPROLOL SUCC ER 25 MG TAB	2025-01-16	30.000	WALMART PHARMACY	1639196769	0.00000	0.00	0.00
68645052354	SERTRALINE HCL 100 MG TABLET	2025-01-18	30.000	WALMART PHARMACY	1639196769	0.00000	0.00	0.00
68645056354	IBUPROFEN 800 MG TABLET	2025-01-24	24.000	WALMART PHARMACY	1639196769	0.00000	0.00	0.00
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-01-24	21.000	WALMART PHARMACY	1639196769	0.00000	0.00	0.00

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4.04	0.07317	2025-02-05	-0.64	0.00	No	No
0.00	0.01707	2025-01-01	-0.17	0.00	No	No
9.76	0.11746	2025-01-08	-0.25	0.00	No	No
9.00	0.05304	2025-01-15	-0.26	0.00	No	No
9.00	0.04769	2025-01-15	-0.25	0.00	No	No
4.66	0.0562	2025-01-22	-0.61	0.00	No	No
9.76	0.11419	2025-01-22	-0.24	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
00116200116	CHLORHEXIDINE 0.12% RINSE	2025-01-24	473.000	WALMART PHARMACY	1639196769	0.00000	0.00	0.00
00406012401	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	2025-01-24	4.000	WALMART PHARMACY	1639196769	0.00000	0.00	0.00
68382056401	METOPROLOL SUCC ER 25 MG TAB	2025-02-14	30.000	WALMART PHARMACY	1639196769	0.00000	0.00	0.00
68645052354	SERTRALINE HCL 100 MG TABLET	2025-02-15	30.000	WALMART PHARMACY	1639196769	0.00000	0.00	0.00
00832532511	POTASSIUM CL ER 20 MEQ TABLET	2025-02-19	30.000	WALMART PHARMACY	1639196769	0.00000	0.00	-0.00
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2025-03-09	120.000	WALMART PHARMACY	1639196769	0.00000	0.00	-0.00
55111032205	GLIMEPIRIDE 4 MG TABLET	2025-03-14	90.000	WALMART PHARMACY	1639196769	0.00000	0.00	0.00

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7.48	0.007	2025-01-22	-0.46	0.00	No	No
6.72	0.1536	2025-01-22	-0.39	0.00	No	No
9.00	0.05304	2025-02-12	-0.26	0.00	No	No
9.00	0.04773	2025-02-12	-0.25	0.00	No	No
8.07	0.13778	2025-02-19	-0.45	0.00	No	No
13.23	0.08343	2025-03-05	-0.35	0.00	No	No
10.00	0.03233	2025-03-12	-0.25	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
47781066290	LEVOTHYROXINE 150 MCG TABLET	2025-03-17	90.000	WALMART PHARMACY	1639196769	0.00000	0.00	-0.00
68382056401	METOPROLOL SUCC ER 25 MG TAB	2025-03-17	30.000	WALMART PHARMACY	1639196769	0.00000	0.00	0.00
57237002901	AMOXICILLIN 875 MG TABLET	2025-03-17	20.000	WALMART PHARMACY	1639196769	0.00000	0.00	0.00
13668001001	CITALOPRAM HBR 20 MG TABLET	2025-03-19	90.000	WALMART PHARMACY	1639196769	0.00000	0.00	0.00
68645052354	SERTRALINE HCL 100 MG TABLET	2025-03-20	30.000	WALMART PHARMACY	1639196769	0.00000	0.00	0.00
64380078507	PREDNISONE 20 MG TABLET	2025-03-23	4.000	WALMART PHARMACY	1639196769	0.00000	0.00	0.00
50111078751	AZITHROMYCIN 250 MG TABLET	2025-03-23	6.000	WALMART PHARMACY	1639196769	0.00000	0.00	0.00

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10.00	0.0789	2025-03-12	-0.43	0.00	No	No
9.00	0.05453	2025-03-12	-0.26	0.00	No	No
12.41	0.16502	2025-03-12	-0.10	0.00	No	No
10.00	0.03196	2025-03-19	-0.25	0.00	No	No
9.00	0.05282	2025-03-19	-0.25	0.00	No	No
4.00	0.08187	2025-03-19	-0.63	0.00	No	No
11.45	0.37667	2025-03-19	-0.10	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees
00832532511	POTASSIUM CL ER 20 MEQ TABLET	2025-03-25	30.000	WALMART PHARMACY	1639196769	0.00000	0.00
00054429931	FUROSEMIDE 40 MG TABLET	2025-03-29	60.000	WALMART PHARMACY	1639196769	0.00000	0.00
47781064090	LEVOTHYROXINE 25 MCG TABLET	2025-03-23	90.000	WALMART PHARMACY	1720005853	0.00000	0.00
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-02-21	21.000	WALMART PHARMACY	1790072916	0.00000	0.00
67877015905	METFORMIN HCL ER 500 MG TABLET	2025-02-25	180.000	WALMART PHARMACY	1790072916	0.00000	0.00
68645061090	LISINOPRIL 10 MG TABLET	2025-02-28	90.000	WALMART PHARMACY	1790072916	0.00000	0.00
67877015905	METFORMIN HCL ER 500 MG TABLET	2025-03-01	90.000	WALMART PHARMACY	1790072916	0.00000	0.00
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-03-02	21.000	WALMART PHARMACY	1790072916	0.00000	0.00
68645056354	IBUPROFEN 800 MG TABLET	2025-03-06	20.000	WALMART PHARMACY	1790072916	0.00000	0.00
68645056354	IBUPROFEN 800 MG TABLET	2025-03-13	40.000	WALMART PHARMACY	1790072916	0.00000	0.00

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-0.00	8.07	0.13671	2025-03-19	-0.45	0.00	No	No
0.00	8.00	0.03299	2025-03-26	-0.36	0.00	No	No
0.00	10.00	0.04513	2025-03-19	-0.31	0.00	No	No
0.00	9.76	0.1323	2025-02-19	-0.26	0.00	No	No
0.00	6.00	0.02863	2025-02-19	-0.62	0.00	No	No
0.00	10.00	0.0177	2025-02-26	-0.17	0.00	No	No
0.00	4.00	0.02863	2025-02-26	-0.69	0.00	No	No
0.00	9.76	0.1323	2025-02-26	-0.26	0.00	No	No
0.00	4.00	0.06029	2025-03-05	-0.66	0.00	No	No
0.00	7.76	0.06029	2025-03-12	-0.40	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees
00406051201	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	2025-03-13	5.000	WALMART PHARMACY	1790072916	0.00000	0.00
47781064090	LEVOTHYROXINE 25 MCG TABLET	2025-03-24	90.000	WALMART PHARMACY	1790072916	0.00000	0.00
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-03-25	90.000	WALMART PHARMACY	1790072916	0.00000	0.00
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2025-01-02	118.000	WALMART PHARMACY	1801814595	0.00000	0.00
57237002901	AMOXICILLIN 875 MG TABLET	2025-01-03	14.000	WALMART PHARMACY	1801814595	0.00000	0.00
64380078507	PREDNISONE 20 MG TABLET	2025-01-03	10.000	WALMART PHARMACY	1801814595	0.00000	0.00
68645056354	IBUPROFEN 800 MG TABLET	2025-01-23	60.000	WALMART PHARMACY	1801814595	0.00000	0.00
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	2025-01-29	35.000	WALMART PHARMACY	1801814595	0.00000	0.00
00378827052	ALBUTEROL SUL 2.5 MG/3 ML SOLN	2025-01-29	75.000	WALMART PHARMACY	1801814595	0.00000	0.00
68180044101	CEPHALEXIN 250 MG/5 ML SUSP	2025-01-31	300.000	WALMART PHARMACY	1801814595	0.02167	0.00

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0.00	6.00	0.13022	2025-03-12	-0.46	0.00	No	No
0.00	10.00	0.04513	2025-03-19	-0.31	0.00	No	No
0.00	10.00	0.01281	2025-03-19	-0.14	0.00	No	No
0.00	13.01	0.09227	2025-01-01	-0.39	0.00	No	No
0.00	8.69	0.15465	2025-01-01	-0.31	0.00	No	No
-0.00	4.04	0.0717	2025-01-01	-0.64	0.00	No	No
0.00	11.64	0.0562	2025-01-22	-0.16	0.00	No	No
0.00	7.70	0.10628	2025-01-29	-0.46	0.00	No	No
0.00	11.44	0.05918	2025-01-29	-0.23	0.00	No	No
5.50	15.00	0.07165	2025-01-29	-0.16	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-02-21	21.000	WALMART PHARMACY	1801814595	0.00000	0.00	0.00
68382080701	TRAZODONE 150 MG TABLET	2025-02-21	90.000	WALMART PHARMACY	1801814595	0.00000	0.00	-0.00
64380078507	PREDNISONE 20 MG TABLET	2025-01-07	5.000	WALMART PHARMACY	1811914948	0.00000	0.00	0.00
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2025-01-07	200.000	WALMART PHARMACY	1811914948	0.01725	0.00	3.60
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2025-01-14	240.000	WALMART PHARMACY	1811914948	0.02975	0.00	4.32
55111014512	FLUCONAZOLE 150 MG TABLET	2025-01-24	2.000	WALMART PHARMACY	1811914948	0.00000	0.00	0.00
13668001001	CITALOPRAM HBR 20 MG TABLET	2025-01-25	30.000	WALMART PHARMACY	1811914948	0.00000	0.00	0.00
13668000901	CITALOPRAM HBR 10 MG TABLET	2025-02-06	90.000	WALMART PHARMACY	1811914948	0.00000	0.00	0.00
42806054705	VITAMIN D2 1.25 MG(50,000 UNIT)	2025-02-08	4.000	WALMART PHARMACY	1811914948	0.00000	0.00	0.00
65162019011	NAPROXEN 500 MG TABLET	2025-02-08	20.000	WALMART PHARMACY	1811914948	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
9.76	0.1323	2025-02-19	-0.26	0.00	No	No
10.00	0.11036	2025-02-19	-0.51	0.00	No	No
4.00	0.0717	2025-01-01	-0.63	0.00	No	No
15.00	0.09227	2025-01-01	-0.24	0.00	No	No
15.00	0.09227	2025-01-08	-0.19	0.00	No	No
9.60	0.52425	2025-01-22	-0.17	0.00	No	No
4.00	0.02773	2025-01-22	-0.65	0.00	No	No
10.00	0.02246	2025-02-05	-0.20	0.00	No	No
6.96	0.10587	2025-02-05	-0.36	0.00	No	No
4.55	0.05472	2025-02-05	-0.61	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68645058259	METFORMIN HCL 500 MG TABLET	2025-02-13	60.000	WALMART PHARMACY	1811914948	0.00000	0.00	0.00
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2025-02-14	200.000	WALMART PHARMACY	1811914948	0.01315	0.00	4.42
68645051554	AMLODIPINE BESYLATE 5 MG TAB	2025-03-01	30.000	WALMART PHARMACY	1811914948	0.00000	0.00	0.00
70752020411	FOLIC ACID 1 MG TABLET	2025-03-01	30.000	WALMART PHARMACY	1811914948	0.00000	0.00	0.00
31722070090	LOSARTAN POTASSIUM 25 MG TAB	2025-03-04	30.000	WALMART PHARMACY	1811914948	0.00000	0.00	0.00
00555901658	SPRINTEC 28 DAY TABLET	2025-03-13	28.000	WALMART PHARMACY	1811914948	0.12071	0.00	5.62
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2025-03-21	9.000	WALMART PHARMACY	1811914948	0.00000	0.00	0.00
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-03-21	21.000	WALMART PHARMACY	1811914948	0.00000	0.00	0.00
68645056354	IBUPROFEN 800 MG TABLET	2025-03-22	21.000	WALMART PHARMACY	1811914948	0.00000	0.00	0.00
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2025-03-22	200.000	WALMART PHARMACY	1811914948	0.01645	0.00	3.76

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
4.00	0.01323	2025-02-12	-0.65	0.00	No	No
15.00	0.08815	2025-02-12	-0.22	0.00	No	No
9.00	0.01082	2025-02-26	-0.17	0.00	No	No
4.00	0.02251	2025-02-26	-0.64	0.00	No	No
9.00	0.02921	2025-02-26	-0.21	0.00	No	No
0.00	0.12083	2025-03-12	-0.35	0.00	No	No
9.51	0.12126	2025-03-19	-0.18	0.00	No	No
9.24	0.15456	2025-03-19	-0.33	0.00	No	No
4.07	0.06324	2025-03-19	-0.66	0.00	No	No
15.00	0.09145	2025-03-19	-0.23	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-01-09	21.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
67877015905	METFORMIN HCL ER 500 MG TABLET	2025-01-10	180.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
68645056354	IBUPROFEN 800 MG TABLET	2025-01-16	60.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
68645057559	GLIPIZIDE 10 MG TABLET	2025-01-16	180.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-01-16	21.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
68645019059	METOPROLOL TARTRATE 50 MG TAB	2025-01-20	2.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
68645056259	IBUPROFEN 600 MG TABLET	2025-02-10	40.000	WALMART PHARMACY	1821015967	0.04800	0.00	5.32
59651072401	CLONAZEPAM 2 MG TABLET	2025-02-10	6.000	WALMART PHARMACY	1821015967	0.03667	0.00	5.50
72578005518	DOXYCYCLINE HYCLATE 100 MG CAP	2025-02-10	12.000	WALMART PHARMACY	1821015967	0.10667	0.00	8.51
72578005518	DOXYCYCLINE HYCLATE 100 MG CAP	2025-02-15	12.000	WALMART PHARMACY	1821015967	0.10667	0.00	8.51

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
9.76	0.11746	2025-01-08	-0.25	0.00	No	No
6.00	0.02708	2025-01-08	-0.61	0.00	No	No
11.64	0.05567	2025-01-15	-0.16	0.00	No	No
10.00	0.04167	2025-01-15	-0.44	0.00	No	No
9.76	0.11746	2025-01-15	-0.25	0.00	No	No
4.00	0.0192	2025-01-15	-0.62	0.00	No	No
0.00	0.04794	2025-02-05	-0.42	0.00	No	No
0.00	0.03636	2025-02-05	-0.47	0.00	No	No
0.00	0.10693	2025-02-05	-0.17	0.00	No	No
0.00	0.10693	2025-02-12	-0.17	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
47781064690	LEVOTHYROXINE 75 MCG TABLET	2025-03-07	65.000	WALMART PHARMACY	1821015967	0.05431	0.00	5.14
68645061090	LISINOPRIL 10 MG TABLET	2025-03-07	90.000	WALMART PHARMACY	1821015967	0.01767	0.00	8.41
67877015905	METFORMIN HCL ER 500 MG TABLET	2025-03-12	180.000	WALMART PHARMACY	1821015967	0.02861	0.00	0.85
65862006299	METOPROLOL TARTRATE 25 MG TAB	2025-03-12	180.000	WALMART PHARMACY	1821015967	0.01678	0.00	6.98
47781064990	LEVOTHYROXINE 88 MCG TABLET	2025-03-12	26.000	WALMART PHARMACY	1821015967	0.06192	0.00	2.39
68645058459	METFORMIN HCL 1,000 MG TABLET	2025-01-25	90.000	WALMART PHARMACY	1902823032	0.00000	0.00	0.00
67877021905	CEPHALEXIN 500 MG CAPSULE	2025-01-25	14.000	WALMART PHARMACY	1902823032	0.00000	0.00	0.00
68645061190	LISINOPRIL 20 MG TABLET	2025-02-22	90.000	WALMART PHARMACY	1902823032	0.00000	0.00	-0.00
64380078507	PREDNISONE 20 MG TABLET	2025-03-04	10.000	WALMART PHARMACY	1902823032	0.00000	0.00	0.00
68645061090	LISINOPRIL 10 MG TABLET	2025-03-05	90.000	WALMART PHARMACY	1902823032	0.00000	0.00	0.00

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0.00	0.05432	2025-03-05	-0.38	0.00	No	No
0.00	0.0177	2025-03-05	-0.17	0.00	No	No
0.00	0.02863	2025-03-12	-0.62	0.00	No	No
0.00	0.01677	2025-03-12	-0.26	0.00	No	No
0.00	0.06194	2025-03-12	-0.67	0.00	No	No
6.00	0.02215	2025-01-22	-0.52	0.00	No	No
5.72	0.10819	2025-01-22	-0.52	0.00	No	No
10.00	0.02538	2025-02-19	-0.22	0.00	No	No
4.04	0.07911	2025-02-26	-0.64	0.00	No	No
10.00	0.0177	2025-03-05	-0.17	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
62332002331	FLUOXETINE HCL 20 MG CAPSULE	2025-03-11	90.000	WALMART PHARMACY	1902823032	0.00000	0.00	0.00
68180096301	ALBUTEROL HFA 90 MCG INHALER	2025-01-13	8.500	WALMART PHARMACY	1912391772	0.55529	0.00	0.51
55111014512	FLUCONAZOLE 150 MG TABLET	2025-01-18	2.000	WALMART PHARMACY	1912391772	0.00000	0.00	0.00
60505265605	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	2025-01-30	30.000	WALMART PHARMACY	1912391772	0.00000	0.00	0.00
60505265605	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	2025-02-25	30.000	WALMART PHARMACY	1912391772	0.00000	0.00	-0.00
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-02-26	21.000	WALMART PHARMACY	1912391772	0.00000	0.00	0.00
60505265605	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	2025-03-25	30.000	WALMART PHARMACY	1912391772	0.00000	0.00	-0.00
31722070090	LOSARTAN POTASSIUM 25 MG TAB	2025-01-11	30.000	WALMART PHARMACY	1750309449	0.00000	0.00	0.00
00597015330	JARDIANCE 25 MG TABLET	2025-03-03	90.000	MARTINSBURG VAMC	1629026414	0.85089	0.00	0.00

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10.00	0.03107	2025-03-05	-0.25	0.00	No	No
15.00	2.32051	2025-01-08	-0.33	0.00	No	No
9.60	0.51642	2025-01-15	-0.17	0.00	No	No
4.00	0.07823	2025-01-29	-0.69	0.00	No	No
4.00	0.08485	2025-02-19	-0.69	0.00	No	No
9.76	0.1323	2025-02-26	-0.26	0.00	No	No
4.00	0.09475	2025-03-19	-0.70	0.00	No	No
9.00	0.02707	2025-01-08	-0.20	0.00	No	No
105.00	20.13118	2025-02-26	-0.90	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
00169418113	OZEMPIC 0.25-0.5 MG/DOSE (2 MG/3 ML) PEN	2025-03-28	1.000	MARTINSBURG VAMC	1629026414	88.51000	0.00	0.00
68382091634	METHYLPREDNISOLONE 4 MG DOSEPK	2025-03-21	21.000	WALGREENS	1780108407	0.00000	0.00	0.00
60505024801	MIRTAZAPINE 30 MG TABLET	2025-01-10	90.000	HUNTINGTON VAMC	1508824301	0.00000	0.00	0.00
00781261305	AMOXICILLIN 500 MG CAPSULE	2025-03-04	12.000	WALGREENS	1922524909	0.00000	0.00	-0.00
70954006020	PREDNISONE 20 MG TABLET	2025-03-24	10.000	WALGREENS	1922524909	0.00000	0.00	0.00
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	2025-01-16	2.000	CVS PHARMACY	1144323890	47.49500	0.00	0.00
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-03-08	90.000	WALGREENS	1427574441	0.00000	0.00	-0.00
00228202950	ALPRAZOLAM 0.5 MG TABLET	2025-02-12	6.000	VALLEY HEALTH PHARMACY	1104279066	0.00000	0.00	0.00
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	2025-01-28	4.000	MEDICINE CABINET PHARMACY	1356007629	0.00000	0.00	0.00

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35.00	321.21459	2025-03-26	-0.63	0.00	No	No
11.99	0.15456	2025-03-19	-0.13	0.00	No	No
25.00	0.08026	2025-01-08	0.00	0.41	No	No
6.57	0.08742	2025-02-26	-0.43	0.00	No	No
4.56	0.08187	2025-03-19	-0.60	0.00	No	No
15.00	98.09752	2025-01-15	-0.47	0.00	Yes	No
9.14	0.01217	2025-03-05	-0.21	0.00	No	No
8.00	0.02017	2025-02-12	-0.25	0.00	No	No
7.00	0.10587	2025-01-22	-0.36	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2025-02-04	14.000	MEDICINE CABINET PHARMACY	1356007629	0.00000	0.00	0.00
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	2025-03-03	4.000	MEDICINE CABINET PHARMACY	1356007629	0.00000	0.00	0.00
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	2025-01-07	1.000	WALGREENS	1053837963	0.00000	0.00	-0.00
67877015905	METFORMIN HCL ER 500 MG TABLET	2025-02-11	90.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
68645061190	LISINOPRIL 20 MG TABLET	2025-02-17	90.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-01-31	90.000	CAREWELL PHARMACY	1548025737	0.00000	0.00	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-02-14	5.000	WALGREENS	1588899140	0.00000	0.00	0.00
62332002331	FLUOXETINE HCL 20 MG CAPSULE	2025-01-13	90.000	WALMART PHARMACY	1447277579	0.00000	0.00	0.00
68645058459	METFORMIN HCL 1,000 MG TABLET	2025-01-13	180.000	WALMART PHARMACY	1790072916	0.02206	0.00	6.03

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6.06	0.12377	2025-01-29	-0.50	0.00	No	No
7.00	0.11721	2025-02-26	-0.36	0.00	No	No
3.97	0.10563	2025-01-01	-0.63	0.00	No	No
4.00	0.02667	2025-02-05	-0.69	0.00	No	No
10.00	0.02401	2025-02-12	-0.21	0.00	No	No
9.99	0.011	2025-01-29	-0.13	0.00	No	No
3.28	0.07317	2025-02-12	-0.70	0.00	No	No
10.00	0.02969	2025-01-08	-0.24	0.00	No	No
0.00	0.02204	2025-01-08	-0.31	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68645058459	METFORMIN HCL 1,000 MG TABLET	2025-03-24	180.000	WALMART PHARMACY	1790072916	0.02406	0.00	5.67
00597015390	JARDIANCE 25 MG TABLET	2025-02-11	90.000	HUNTINGTON VAMC	1508824301	0.00000	0.00	0.00
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-02-18	90.000	WALGREENS	1629251038	0.00000	0.00	0.00
76282073390	LISINOPRIL 40 MG TABLET	2025-02-01	90.000	HUNTINGTON VAMC	1508824301	0.00089	0.00	0.00
64380078507	PREDNISONE 20 MG TABLET	2025-01-07	14.000	WALMART PHARMACY	1649297789	0.00000	0.00	0.00
29300024401	BUSPIRONE HCL 5 MG TABLET	2025-01-27	60.000	WALMART PHARMACY	1649297789	0.00000	0.00	0.00
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-02-09	21.000	WALMART PHARMACY	1649297789	0.00000	0.00	0.00
29300024401	BUSPIRONE HCL 5 MG TABLET	2025-02-23	60.000	WALMART PHARMACY	1649297789	0.00000	0.00	0.00
29300024401	BUSPIRONE HCL 5 MG TABLET	2025-03-24	60.000	WALMART PHARMACY	1649297789	0.00000	0.00	0.00
68462022110	LITHIUM CARBONATE 300 MG CAP	2025-01-03	30.000	WALGREENS	1922524909	0.00000	0.00	0.00

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0.00	0.02408	2025-03-19	-0.33	0.00	No	No
181.58	20.13118	2025-02-05	-0.90	0.00	No	No
9.15	0.011	2025-02-12	-0.20	0.00	No	No
1.85	0.04219	2025-01-29	-0.86	0.00	No	No
5.66	0.0717	2025-01-01	-0.51	0.00	No	No
4.00	0.01949	2025-01-22	-0.66	0.00	No	No
9.76	0.11419	2025-02-05	-0.24	0.00	No	No
4.00	0.02195	2025-02-19	-0.66	0.00	No	No
4.00	0.02365	2025-03-19	-0.66	0.00	No	No
7.37	0.09339	2025-01-01	-0.45	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
70954005920	PREDNISONE 10 MG TABLET	2025-01-21	20.000	WALGREENS	1922524909	0.00000	0.00	0.00
70954005920	PREDNISONE 10 MG TABLET	2025-01-30	20.000	WALGREENS	1922524909	0.00000	0.00	0.00
00378750332	BREYNA 160-4.5 MCG INHALER	2025-03-22	10.300	WALGREENS	1922524909	18.92136	0.00	0.00
29300024401	BUSPIRONE HCL 5 MG TABLET	2025-01-28	180.000	WALMART PHARMACY	1487838132	0.00000	0.00	0.00
24208091055	ERYTHROMYCIN 0.5% EYE OINTMENT	2025-03-31	3.500	CABIN CREEK HEALTH CENTER PHCY	1265592679	0.00000	0.00	8.24
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	2025-02-04	4.000	WALMART PHARMACY	1457378580	0.00000	0.00	0.00
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-02-19	30.000	WALMART PHARMACY	1457378580	0.00000	0.00	0.00
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	2025-03-16	4.000	WALMART PHARMACY	1457378580	0.00000	0.00	0.00
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-03-20	30.000	WALMART PHARMACY	1457378580	0.00000	0.00	0.00
68382056501	METOPROLOL SUCC ER 50 MG TAB	2025-02-25	30.000	WALMART PHARMACY	1457378580	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
6.66	0.04665	2025-01-15	-0.42	0.00	No	No
6.66	0.04773	2025-01-29	-0.42	0.00	No	No
20.00	23.17608	2025-03-19	-0.14	0.00	No	No
10.00	0.01949	2025-01-22	-0.29	0.00	No	No
10.00	2.84655	2025-03-26	-0.11	0.00	No	No
9.94	0.42457	2025-01-29	-0.18	0.00	No	No
4.00	0.01217	2025-02-19	-0.63	0.00	No	No
9.94	0.44748	2025-03-12	-0.19	0.00	No	No
4.00	0.01281	2025-03-19	-0.63	0.00	No	No
9.00	0.05925	2025-02-19	-0.27	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees
68382056501	METOPROLOL SUCC ER 50 MG TAB	2025-03-24	30.000	WALMART PHARMACY	1457378580	0.00000	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-02-11	15.000	WALGREENS	1417473000	0.00000	0.00
62332002331	FLUOXETINE HCL 20 MG CAPSULE	2025-01-15	30.000	WALMART PHARMACY	1467479501	0.00000	0.00
68382056501	METOPROLOL SUCC ER 50 MG TAB	2025-01-15	30.000	WALMART PHARMACY	1467479501	0.00000	0.00
64380078408	PREDNISONE 10 MG TABLET	2025-02-06	20.000	WALMART PHARMACY	1467479501	0.00000	0.00
68645058259	METFORMIN HCL 500 MG TABLET	2025-03-21	60.000	WALMART PHARMACY	1467479501	0.00000	0.00
68382056501	METOPROLOL SUCC ER 50 MG TAB	2025-03-21	30.000	WALMART PHARMACY	1467479501	0.00000	0.00
68645055854	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	2025-01-06	30.000	WALMART PHARMACY	1720005853	0.00000	0.00
68645055854	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	2025-02-08	30.000	WALMART PHARMACY	1720005853	0.00000	0.00
68645055854	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	2025-03-08	30.000	WALMART PHARMACY	1720005853	0.00000	0.00

Amount of Dispensing Fee	Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
0.00	9.00	0.06388	2025-03-19	-0.27	0.00	No	No
0.00	5.85	0.07317	2025-02-05	-0.50	0.00	No	No
0.00	4.00	0.02969	2025-01-15	-0.65	0.00	No	No
0.00	9.00	0.05663	2025-01-15	-0.26	0.00	No	No
0.00	4.00	0.04773	2025-02-05	-0.65	0.00	No	No
0.00	4.00	0.01391	2025-03-19	-0.65	0.00	No	No
0.00	9.00	0.06388	2025-03-19	-0.27	0.00	No	No
0.00	4.00	0.03868	2025-01-01	-0.66	0.00	No	No
0.00	4.00	0.03779	2025-02-05	-0.66	0.00	No	No
0.00	4.00	0.04107	2025-03-05	-0.66	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
45802046564	KETOCONAZOLE 2% SHAMPOO	2025-02-27	120.000	WALMART PHARMACY	1750309449	0.01333	0.00	5.17
00310737220	BUDESONIDE-FORMOTEROL 80-4.5	2025-03-27	10.200	WALGREENS	1124257613	13.14608	0.00	0.00
47781066590	LEVOTHYROXINE 175 MCG TABLET	2025-01-14	90.000	WALMART PHARMACY	1811914955	0.00000	0.00	0.00
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-01-12	90.000	WALGREENS	1285964569	0.00000	0.00	0.00
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-01-20	21.000	WALGREENS	1285964569	0.00000	0.00	0.00
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-02-13	21.000	WALGREENS	1285964569	0.00000	0.00	0.00
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-02-13	21.000	WALGREENS	1285964569	0.00000	0.00	0.00
00185012201	NITROFURANTOIN MONO-MCR 100 MG	2025-02-18	14.000	WALGREENS	1457876112	0.00000	0.00	0.00
59762045001	COLESTIPOL HCL 1 GM TABLET	2025-03-10	480.000	HUNTINGTON VAMC	1508824301	0.20044	0.00	0.00
59651048805	PREDNISONE 20 MG TABLET	2025-01-21	10.000	FRUTH PHARMACY	1164437000	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
10.00	0.09667	2025-02-26	-0.24	0.00	No	No
25.00	16.75554	2025-03-26	-0.12	0.00	No	No
10.00	0.09137	2025-01-08	-0.47	0.00	No	No
9.15	0.01079	2025-01-08	-0.20	0.00	No	No
10.00	0.08279	2025-01-15	-0.18	0.00	No	No
10.00	0.08158	2025-02-12	-0.18	0.00	No	No
10.00	0.08158	2025-02-12	-0.18	0.00	No	No
10.75	0.28445	2025-02-12	-0.26	0.00	No	No
25.00	0.68394	2025-03-05	-0.64	0.00	No	No
5.81	0.0717	2025-01-15	-0.48	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-02-26	150.000	WALGREENS	1629251038	0.00000	0.00	0.00
16714008110	HYDROXYZINE HCL 10 MG TABLET	2025-03-11	60.000	WALMART PHARMACY	1376560417	0.00000	0.00	0.60
55111014512	FLUCONAZOLE 150 MG TABLET	2025-03-20	2.000	WALMART PHARMACY	1376560417	0.00000	0.00	0.00
67877021905	CEPHALEXIN 500 MG CAPSULE	2025-03-23	14.000	WALMART PHARMACY	1376560417	0.00000	0.00	0.00
68645058259	METFORMIN HCL 500 MG TABLET	2025-02-02	180.000	WALMART PHARMACY	1750309449	0.00000	0.00	0.00
00713022880	TRIAMCINOLONE 0.1% OINTMENT	2025-02-12	80.000	KROGER PHARMACY	1881628675	0.00000	0.00	1.49
70954006020	PREDNISONE 20 MG TABLET	2025-02-23	10.000	KROGER PHARMACY	1881628675	0.00000	0.00	0.00
00713022880	TRIAMCINOLONE 0.1% OINTMENT	2025-02-24	80.000	KROGER PHARMACY	1881628675	0.00000	0.00	1.49
68382002401	ATENOLOL 100 MG TABLET	2025-01-13	60.000	WALMART PHARMACY	1811914955	0.00000	0.00	0.00
64380078408	PREDNISONE 10 MG TABLET	2025-01-14	32.000	WALMART PHARMACY	1811914955	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
14.29	0.03869	2025-02-26	-0.12	0.00	No	No
10.00	0.02999	2025-03-05	-0.14	0.00	No	No
9.60	0.59122	2025-03-19	-0.18	0.00	No	No
5.72	0.1286	2025-03-19	-0.53	0.00	No	No
10.00	0.01323	2025-01-29	-0.22	0.00	No	No
10.00	0.05855	2025-02-12	-0.24	0.00	No	No
9.99	0.07911	2025-02-19	-0.11	0.00	No	No
10.00	0.06419	2025-02-19	-0.26	0.00	No	No
8.00	0.03581	2025-01-08	-0.37	0.00	No	No
5.30	0.04665	2025-01-08	-0.56	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
23155076401	HYDROCHLOROTHIAZIDE 12.5 MG TB	2025-01-15	90.000	WALMART PHARMACY	1811914955	0.00000	0.00	0.00
23155076401	HYDROCHLOROTHIAZIDE 12.5 MG TB	2025-01-15	90.000	WALMART PHARMACY	1811914955	0.00000	0.00	0.00
50111056001	TRAZODONE 50 MG TABLET	2025-01-27	30.000	WALMART PHARMACY	1811914955	0.00000	0.00	0.00
68382002401	ATENOLOL 100 MG TABLET	2025-02-11	60.000	WALMART PHARMACY	1811914955	0.00000	0.00	0.00
47781064090	LEVOTHYROXINE 25 MCG TABLET	2025-01-27	30.000	WALMART PHARMACY	1649297789	0.00000	0.00	0.00
47781064090	LEVOTHYROXINE 25 MCG TABLET	2025-02-25	30.000	WALMART PHARMACY	1649297789	0.00000	0.00	0.00
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-01-24	21.000	WALMART PHARMACY	1457378580	0.00000	0.00	0.00
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	2025-02-03	150.000	WALMART PHARMACY	1457378580	0.00000	0.00	0.00
60758011905	PREDNISOLONE AC 1% EYE DROP	2025-03-29	5.000	CVS PHARMACY	1962505628	3.34400	0.00	6.27
00228202910	ALPRAZOLAM 0.5 MG TABLET	2025-02-06	15.000	WALMART PHARMACY	1992722029	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
10.00	0.04193	2025-01-15	-0.30	0.00	No	No
10.00	0.04193	2025-01-15	-0.30	0.00	No	No
4.00	0.03179	2025-01-22	-0.65	0.00	No	No
8.00	0.03689	2025-02-05	-0.37	0.00	No	No
4.00	0.043	2025-01-22	-0.66	0.00	No	No
4.00	0.04343	2025-02-19	-0.66	0.00	No	No
9.76	0.11419	2025-01-22	-0.24	0.00	No	No
9.59	0.03735	2025-01-29	-0.40	0.00	No	No
10.00	5.34364	2025-03-26	-0.11	0.00	Yes	No
6.96	0.02017	2025-02-05	-0.36	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-02-07	21.000	WALMART PHARMACY	1992722029	0.00000	0.00	0.00
47781064690	LEVOTHYROXINE 75 MCG TABLET	2025-02-12	30.000	WALMART PHARMACY	1992723688	0.00000	0.00	0.00
67877021905	CEPHALEXIN 500 MG CAPSULE	2025-02-13	4.000	WALMART PHARMACY	1992723688	0.00000	0.00	0.00
47781064690	LEVOTHYROXINE 75 MCG TABLET	2025-03-12	30.000	WALMART PHARMACY	1992723688	0.05433	0.00	2.37
68645061190	LISINOPRIL 20 MG TABLET	2025-01-09	90.000	WALMART PHARMACY	1669490355	0.00000	0.00	0.00
47781065190	LEVOTHYROXINE 100 MCG TABLET	2025-01-09	90.000	WALMART PHARMACY	1669490355	0.00000	0.00	0.00
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-01-10	90.000	WALMART PHARMACY	1669490355	0.00000	0.00	0.00
47781064990	LEVOTHYROXINE 88 MCG TABLET	2025-02-13	90.000	WALMART PHARMACY	1669490355	0.00000	0.00	0.00
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-02-27	45.000	WALMART PHARMACY	1669490355	0.00000	0.00	0.00
67877015905	METFORMIN HCL ER 500 MG TABLET	2025-03-03	90.000	WALMART PHARMACY	1669490355	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
9.76	0.11419	2025-02-05	-0.24	0.00	No	No
4.00	0.05079	2025-02-12	-0.67	0.00	No	No
4.00	0.10819	2025-02-12	-0.63	0.00	No	No
0.00	0.05432	2025-03-12	-0.67	0.00	No	No
10.00	0.02387	2025-01-08	-0.21	0.00	No	No
10.00	0.05509	2025-01-08	-0.35	0.00	No	No
10.00	0.01079	2025-01-08	-0.13	0.00	No	No
10.00	0.05802	2025-02-12	-0.36	0.00	No	No
6.00	0.01217	2025-02-26	-0.46	0.00	No	No
4.00	0.02863	2025-02-26	-0.69	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee	Amount of Member Cost Share
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-03-19	21.000	WALMART PHARMACY	1669490355	0.00000	0.00	0.00	6.28
62332002331	FLUOXETINE HCL 20 MG CAPSULE	2025-03-13	30.000	WALMART PHARMACY	1649297789	0.00000	0.00	0.00	4.00
64380083506	PREDNISONE 2.5 MG TABLET	2025-03-24	90.000	CVS PHARMACY	1144323890	0.00000	0.00	0.00	14.19
69315050447	NYSTATIN 100,000 UNIT/ML SUSP	2025-03-03	280.000	WALGREENS	1780108407	0.00000	0.00	4.55	20.00
00378334053	XULANE 150-35 MCG/DAY PATCH	2025-01-13	3.000	WALGREENS	1881118503	31.56333	0.00	0.00	0.00
00378334053	XULANE 150-35 MCG/DAY PATCH	2025-02-10	3.000	WALGREENS	1881118503	31.56333	0.00	0.00	0.00
00378334053	XULANE 150-35 MCG/DAY PATCH	2025-03-04	12.000	WALGREENS	1881118503	28.79083	0.00	0.00	0.00
68462041929	HAILEY FE 1-20 TABLET	2025-01-17	28.000	WALMART PHARMACY	1487838132	0.12464	0.00	8.02	0.00

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0.09188	2025-03-19	-0.49	0.00	No	No
0.03107	2025-03-12	-0.65	0.00	No	No
0.06728	2025-03-19	-0.14	0.00	Yes	No
0.06694	2025-02-26	-0.16	0.00	No	No
37.11492	2025-01-08	-0.22	0.00	No	No
36.73665	2025-02-05	-0.22	0.00	No	No
35.78717	2025-02-26	-0.21	0.00	No	No
0.12469	2025-01-15	-0.18	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee	Amount of Member Cost Share
16714040604	LARIN FE 1-20 TABLET	2025-02-14	28.000	WALMART PHARMACY	1487838132	0.12536	0.00	8.00	0.00
16714040604	LARIN FE 1-20 TABLET	2025-03-14	28.000	WALMART PHARMACY	1487838132	0.12929	0.00	7.89	0.00
65862024608	LEVETIRACETAM 500 MG TABLET	2025-01-28	60.000	WALMART PHARMACY	1578581260	0.07150	0.00	4.71	0.00
29300042010	AMITRIPTYLINE HCL 25 MG TAB	2025-02-11	90.000	WALMART PHARMACY	1578581260	0.04733	0.00	5.74	0.00
00378750232	BREYNA 80-4.5 MCG INHALER	2025-02-11	10.300	WALMART PHARMACY	1578581260	15.23107	0.00	0.00	0.00
67877015905	METFORMIN HCL ER 500 MG TABLET	2025-02-11	60.000	WALMART PHARMACY	1578581260	0.02667	0.00	2.40	0.00
65862024608	LEVETIRACETAM 500 MG TABLET	2025-02-23	60.000	WALMART PHARMACY	1578581260	0.07850	0.00	4.29	0.00
65862024608	LEVETIRACETAM 500 MG TABLET	2025-03-22	60.000	WALMART PHARMACY	1578581260	0.08217	0.00	4.07	0.00
60505082901	FLUTICASONE PROP 50 MCG SPRAY	2025-03-20	16.000	WALMART PHARMACY	1649364795	0.02313	0.00	8.50	7.00

Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
0.12524	2025-02-12	-0.18	0.00	No	No
0.12925	2025-03-12	-0.18	0.00	No	No
0.07155	2025-01-22	-0.39	0.00	No	No
0.04736	2025-02-05	-0.32	0.00	No	No
20.40702	2025-02-05	-0.29	0.00	No	No
0.02667	2025-02-05	-0.67	0.00	No	No
0.07844	2025-02-19	-0.41	0.00	No	No
0.08216	2025-03-19	-0.42	0.00	No	No
0.46041	2025-03-19	-0.11	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee	Amount of Member Cost Share
00378750332	BREYNA 160-4.5 MCG INHALER	2025-03-20	30.900	WALMART PHARMACY	1649364795	16.15437	0.00	0.00	0.00
68180096301	ALBUTEROL HFA 90 MCG INHALER	2025-03-20	25.500	WALMART PHARMACY	1649364795	2.38000	0.00	0.00	0.00
29300024505	BUSPIRONE HCL 10 MG TABLET	2025-01-04	60.000	WALMART PHARMACY	1811914955	0.00000	0.00	-0.00	4.00
16714008110	HYDROXYZINE HCL 10 MG TABLET	2025-01-04	60.000	WALMART PHARMACY	1811914955	0.00000	0.00	3.60	7.00
13668001101	CITALOPRAM HBR 40 MG TABLET	2025-01-04	30.000	WALMART PHARMACY	1811914955	0.04000	0.00	2.80	0.00
59651072301	CLONAZEPAM 1 MG TABLET	2025-01-04	14.000	WALMART PHARMACY	1811914955	0.00000	0.00	0.83	7.00
59651072301	CLONAZEPAM 1 MG TABLET	2025-02-01	14.000	WALMART PHARMACY	1811914955	0.00000	0.00	0.83	7.00
29300024505	BUSPIRONE HCL 10 MG TABLET	2025-02-01	60.000	WALMART PHARMACY	1811914955	0.00000	0.00	0.00	4.00
13668001101	CITALOPRAM HBR 40 MG TABLET	2025-02-01	30.000	WALMART PHARMACY	1811914955	0.03967	0.00	2.81	0.00

Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
23.17608	2025-03-19	-0.31	0.00	No	No
2.56359	2025-03-19	-0.20	0.00	No	No
0.02862	2025-01-01	-0.67	0.00	No	No
0.02797	2025-01-01	-0.13	0.00	No	No
0.04004	2025-01-01	-0.66	0.00	No	No
0.02722	2025-01-01	-0.28	0.00	No	No
0.02768	2025-01-29	-0.28	0.00	No	No
0.02845	2025-01-29	-0.67	0.00	No	No
0.03957	2025-01-29	-0.66	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee	Amount of Member Cost Share
16714008110	HYDROXYZINE HCL 10 MG TABLET	2025-02-01	60.000	WALMART PHARMACY	1811914955	0.00000	0.00	3.60	7.00
29300024505	BUSPIRONE HCL 10 MG TABLET	2025-02-27	60.000	WALMART PHARMACY	1811914955	0.00000	0.00	0.00	4.00
13668001101	CITALOPRAM HBR 40 MG TABLET	2025-02-27	30.000	WALMART PHARMACY	1811914955	0.04267	0.00	2.72	0.00
59651072301	CLONAZEPAM 1 MG TABLET	2025-03-01	14.000	WALMART PHARMACY	1811914955	0.00000	0.00	0.83	7.00
16714008110	HYDROXYZINE HCL 10 MG TABLET	2025-03-01	60.000	WALMART PHARMACY	1811914955	0.00000	0.00	3.60	7.00
29300024505	BUSPIRONE HCL 10 MG TABLET	2025-03-26	60.000	WALMART PHARMACY	1811914955	0.00000	0.00	0.00	4.00
13668001101	CITALOPRAM HBR 40 MG TABLET	2025-03-26	30.000	WALMART PHARMACY	1811914955	0.04433	0.00	7.67	0.00
16714008110	HYDROXYZINE HCL 10 MG TABLET	2025-03-27	60.000	WALMART PHARMACY	1811914955	0.00000	0.00	3.60	7.00
70954005920	PREDNISONE 10 MG TABLET	2025-02-24	16.000	WALGREENS	1164947941	0.00000	0.00	0.00	5.73

Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
0.02756	2025-01-29	-0.13	0.00	No	No
0.03079	2025-02-26	-0.68	0.00	No	No
0.04272	2025-02-26	-0.66	0.00	No	No
0.0292	2025-02-26	-0.28	0.00	No	No
0.02999	2025-02-26	-0.14	0.00	No	No
0.03236	2025-03-26	-0.68	0.00	No	No
0.04433	2025-03-26	-0.24	0.00	No	No
0.03191	2025-03-26	-0.15	0.00	No	No
0.05399	2025-02-19	-0.50	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee	Amount of Member Cost Share
55111018015	TIZANIDINE HCL 4 MG TABLET	2025-02-26	30.000	WALMART PHARMACY	1285651323	0.00000	0.00	0.00	9.00
64980056210	FUROSEMIDE 20 MG TABLET	2025-01-16	30.000	KROGER PHARMACY	1336173129	0.00000	0.00	0.00	9.99
64980056210	FUROSEMIDE 20 MG TABLET	2025-02-13	30.000	KROGER PHARMACY	1336173129	0.00000	0.00	0.00	9.99
10572010001	PEG-3350 AND ELECTROLYTES SOLN	2025-01-03	4000.000	HUNTINGTON VAMC	1508824301	0.00200	0.00	0.15	0.00
59762224209	AMLODIPINE BESYLATE 2.5 MG TAB	2025-01-22	90.000	HUNTINGTON VAMC	1508824301	0.00000	0.00	0.00	14.41
76282062910	CITALOPRAM HBR 20 MG TABLET	2025-01-28	15.000	HUNTINGTON VAMC	1508824301	0.00000	0.00	-0.00	6.69
76282062990	CITALOPRAM HBR 20 MG TABLET	2025-02-27	15.000	HUNTINGTON VAMC	1508824301	0.00000	0.00	0.00	1.93
13668001005	CITALOPRAM HBR 20 MG TABLET	2025-03-25	15.000	HUNTINGTON VAMC	1508824301	0.00000	0.00	-0.00	6.69
00006008131	JANUMET XR 100-1,000 MG TABLET	2025-01-02	30.000	ARACOMA DRUG COMPANY	1780639286	12.20000	0.00	0.00	30.00

Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
0.04664	2025-02-26	-0.24	0.00	No	No
0.0228	2025-01-15	-0.11	0.00	No	No
0.02252	2025-02-12	-0.11	0.00	No	No
0.00408	2025-01-01	-0.70	0.00	No	No
0.01003	2025-01-22	0.00	0.26	No	No
0.02773	2025-01-22	-0.39	0.00	No	No
0.03013	2025-02-26	-0.82	0.00	No	No
0.03196	2025-03-19	-0.39	0.00	No	No
10.55642	2025-01-01	0.00	0.21	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
64980056210	FUROSEMIDE 20 MG TABLET	2025-02-04	5.000	ARACOMA DRUG COMPANY	1780639286	0.00000	0.00	0.00
70010002210	POTASSIUM CL ER 10 MEQ TABLET	2025-02-04	5.000	ARACOMA DRUG COMPANY	1780639286	0.00000	0.00	0.00
67877012450	SILVER SULFADIAZINE 1% CREAM	2025-02-21	50.000	ARACOMA DRUG COMPANY	1780639286	0.00000	0.00	5.12
72578000805	METRONIDAZOLE 500 MG TABLET	2025-02-25	14.000	ARACOMA DRUG COMPANY	1780639286	0.00000	0.00	0.00
68094090006	AZITHROMYCIN 250 MG TABLET	2025-02-25	6.000	ARACOMA DRUG COMPANY	1780639286	0.00000	0.00	0.00
62559075816	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-02-25	150.000	ARACOMA DRUG COMPANY	1780639286	0.00000	0.00	3.87
68382004105	PROMETHAZINE 25 MG TABLET	2025-03-10	20.000	ARACOMA DRUG COMPANY	1780639286	0.00000	0.00	0.00
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-03-11	30.000	ARACOMA DRUG COMPANY	1780639286	0.00000	0.00	1.43
62559075816	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-03-12	100.000	ARACOMA DRUG COMPANY	1780639286	0.00000	0.00	0.00
68462014301	CLINDAMYCIN HCL 150 MG CAPSULE	2025-03-13	28.000	ARACOMA DRUG COMPANY	1780639286	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
0.69	0.02252	2025-01-29	-0.93	0.00	No	No
3.70	0.09742	2025-01-29	-0.66	0.00	No	No
10.00	0.13206	2025-02-19	-0.12	0.00	No	No
9.68	0.09996	2025-02-19	-0.19	0.00	No	No
4.30	0.36217	2025-02-19	-0.66	0.00	No	No
10.00	0.03869	2025-02-19	-0.15	0.00	No	No
9.62	0.04512	2025-03-05	-0.16	0.00	No	No
10.00	0.08742	2025-03-05	-0.13	0.00	No	No
9.25	0.03869	2025-03-12	-0.36	0.00	No	No
5.02	0.08622	2025-03-12	-0.61	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
69315050447	NYSTATIN 100,000 UNIT/ML SUSP	2025-03-17	150.000	ARACOMA DRUG COMPANY	1780639286	0.00027	0.00	2.03
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	2025-03-22	4.000	ARACOMA DRUG COMPANY	1780639286	0.00000	0.00	0.00
00121086802	NYSTATIN 100,000 UNIT/ML SUSP	2025-01-13	600.000	BECKLEY VAMC PHARMACY	1104884535	0.02443	0.00	0.15
76282073310	LISINOPRIL 40 MG TABLET	2025-01-21	90.000	BECKLEY VAMC PHARMACY	1104884535	0.00000	0.00	0.00
16714048502	DIVALPROEX SOD ER 500 MG TAB	2025-01-27	180.000	BECKLEY VAMC PHARMACY	1104884535	0.00000	0.00	0.00
10572010001	PEG-3350 AND ELECTROLYTES SOLN	2025-02-03	4000.000	BECKLEY VAMC PHARMACY	1104884535	0.00200	0.00	0.15
81964022114	AMOX-CLAV 875-125 MG TABLET	2025-03-06	20.000	BECKLEY VAMC PHARMACY	1104884535	0.00000	0.00	-0.00
00093317431	ALBUTEROL HFA 90 MCG INHALER	2025-03-26	25.500	BECKLEY VAMC PHARMACY	1104884535	0.20824	0.00	0.00
67877024910	QUETIAPINE FUMARATE 50 MG TAB	2025-02-05	90.000	BRADSHAW ECONOMY DRUG INC	1205227634	0.00000	0.00	-0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
10.00	0.06694	2025-03-12	-0.41	0.00	No	No
7.88	0.12229	2025-03-19	-0.28	0.00	No	No
10.00	0.14607	2025-01-08	-0.75	0.00	No	No
2.84	0.04222	2025-01-15	-0.80	0.00	No	No
20.00	0.17149	2025-01-22	-0.52	0.00	No	No
0.00	0.00409	2025-01-29	-0.70	0.00	No	No
6.86	0.3224	2025-03-05	-0.59	0.00	No	No
20.00	2.56359	2025-03-26	-0.67	0.00	No	No
10.00	0.03271	2025-02-05	-0.26	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
57237000511	FLUCONAZOLE 150 MG TABLET	2025-02-18	3.000	BRADSHAW ECONOMY DRUG INC	1205227634	0.00000	0.00	0.00
00781809003	AZITHROMYCIN 500 MG TABLET	2025-03-21	3.000	BRADSHAW ECONOMY DRUG INC	1205227634	0.00000	0.00	0.00
59762004901	METHYLPREDNISOLONE 8 MG TABLET	2025-03-31	8.000	CABIN CREEK HEALTH CENTER PHCY	1265592679	0.00000	0.00	6.08
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	2025-02-27	1.000	CAREWELL PHARMACY	1548025737	0.00000	0.00	0.00
70954006030	PREDNISONE 20 MG TABLET	2025-01-13	10.000	CITIZENS DRUG STORE	1336326792	0.00000	0.00	0.00
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-02-10	30.000	CRAB ORCHARD PHARMACY	1619050754	0.00000	0.00	0.00
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-03-11	30.000	CRAB ORCHARD PHARMACY	1619050754	0.00000	0.00	0.00
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-01-10	180.000	CVS PHARMACY	1871696526	0.00000	0.00	4.89
62559075816	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-02-05	150.000	CVS PHARMACY	1871696526	0.00000	0.00	3.99

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5.00	0.52425	2025-02-12	-0.59	0.00	No	No
9.00	0.67281	2025-03-19	-0.28	0.00	No	No
10.00	0.9892	2025-03-26	-0.13	0.00	No	No
9.99	1.73711	2025-02-26	-0.18	0.00	No	No
8.04	0.0717	2025-01-08	-0.28	0.00	No	No
9.33	0.011	2025-02-05	-0.14	0.00	No	No
9.33	0.01217	2025-03-05	-0.14	0.00	No	No
10.00	0.03452	2025-01-08	-0.11	0.00	Yes	No
10.00	0.0344	2025-02-05	-0.11	0.00	Yes	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
00378013710	ALLOPURINOL 100 MG TABLET	2025-02-12	30.000	FOUR SEASONS PHARMACY	1154439024	0.00000	0.00	0.00
00121087316	LACTULOSE 10 GM/15 ML SOLUTION	2025-03-13	473.000	GILBERT PHARMACY INC	1083740864	0.00336	0.00	5.76
52817018000	CLONIDINE HCL 0.1 MG TABLET	2025-01-29	30.000	HICKMAN'S PHARMACY	1194764167	0.00000	0.00	0.00
68094090018	AZITHROMYCIN 250 MG TABLET	2025-03-27	6.000	HICKMAN'S PHARMACY	1194764167	0.00000	0.00	0.00
45802065125	NICOTINE 4 MG CHEWING GUM	2025-01-08	220.000	HUNTINGTON VAMC	1508824301	0.15068	0.00	0.15
00093317431	ALBUTEROL HFA 90 MCG INHALER	2025-02-08	25.500	HUNTINGTON VAMC	1508824301	0.17686	0.00	0.00
00536137223	NICOTINE 4 MG CHEWING GUM	2025-02-12	220.000	HUNTINGTON VAMC	1508824301	0.15068	0.00	0.15
65162046650	IBUPROFEN 800 MG TABLET	2025-01-30	15.000	KROGER PHARMACY	1043244833	0.00000	0.00	0.00
00904675180	ASPIRIN EC 81 MG TABLET	2025-02-28	180.000	KROGER PHARMACY	1043244833	0.01472	0.00	8.97
70954006020	PREDNISONE 20 MG TABLET	2025-02-04	10.000	KROGER PHARMACY	1497789275	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
6.56	0.03813	2025-02-12	-0.44	0.00	No	No
10.00	0.0245	2025-03-12	-0.21	0.00	No	No
9.75	0.02305	2025-01-29	-0.13	0.00	No	No
7.02	0.37667	2025-03-26	-0.45	0.00	No	No
0.00	0.26473	2025-01-08	-0.52	0.00	No	No
20.00	2.35969	2025-02-05	-0.65	0.00	No	No
0.00	0.2643	2025-02-12	-0.51	0.00	No	No
9.99	0.0562	2025-01-29	-0.12	0.00	No	No
0.00	0.01473	2025-02-26	-0.12	0.00	No	No
9.99	0.07317	2025-01-29	-0.11	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
00172392670	DIAZEPAM 5 MG TABLET	2025-02-04	3.000	MILLER BROTHERS PHARMACY	1497266258	0.00000	0.00	0.00
59651048801	PREDNISONE 20 MG TABLET	2025-03-28	5.000	MILLER BROTHERS PHARMACY	1497266258	0.00000	0.00	0.00
60219170805	PREDNISONE 20 MG TABLET	2025-01-24	10.000	RENEGADE PHARMACY INC	1154977023	0.00000	0.00	0.00
60219170805	PREDNISONE 20 MG TABLET	2025-02-03	10.000	RENEGADE PHARMACY INC	1154977023	0.00000	0.00	0.00
69680012105	CYANOCOBALAMIN 30,000 MCG/30 ML	2025-01-23	1.000	THE BECKLEY PHARMACY	1699818377	0.00000	0.00	0.00
00378459510	METOPROLOL SUCC ER 25 MG TAB	2025-02-28	30.000	THE BECKLEY PHARMACY	1699818377	0.00000	0.00	0.00
13668001105	CITALOPRAM HBR 40 MG TABLET	2025-03-08	90.000	THE BECKLEY PHARMACY	1699818377	0.00000	0.00	0.00
69680012105	CYANOCOBALAMIN 30,000 MCG/30 ML	2025-03-14	1.000	THE BECKLEY PHARMACY	1699818377	0.00000	0.00	0.00
70954005920	PREDNISONE 10 MG TABLET	2025-01-02	20.000	WALGREENS	1053837963	0.00000	0.00	0.00

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1.67	0.02438	2025-01-29	-0.84	0.00	No	No
3.62	0.08187	2025-03-26	-0.67	0.00	No	No
9.99	0.07317	2025-01-22	-0.11	0.00	No	No
9.99	0.07317	2025-01-29	-0.11	0.00	No	No
5.84	0.61612	2025-01-22	-0.47	0.00	No	No
10.00	0.05453	2025-02-26	-0.18	0.00	No	No
12.42	0.04272	2025-03-05	-0.13	0.00	No	No
5.84	0.56065	2025-03-12	-0.47	0.00	No	No
6.66	0.04665	2025-01-01	-0.42	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees
70954005920	PREDNISONE 10 MG TABLET	2025-01-16	14.000	WALGREENS	1053837963	0.00000	0.00
00574110404	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2025-01-17	100.000	WALGREENS	1053837963	0.00000	0.00
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	2025-01-20	18.000	WALGREENS	1053837963	0.00000	0.00
45802011214	MUPIROCIN 2% OINTMENT	2025-01-21	30.000	WALGREENS	1053837963	0.00000	0.00
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	2025-01-27	25.000	WALGREENS	1053837963	0.00000	0.00
00574110404	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2025-02-04	50.000	WALGREENS	1053837963	0.00000	0.00
62559075816	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-02-04	100.000	WALGREENS	1053837963	0.00000	0.00
70954005920	PREDNISONE 10 MG TABLET	2025-02-04	10.000	WALGREENS	1053837963	0.00000	0.00
00574110404	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2025-02-07	240.000	WALGREENS	1053837963	0.04488	0.00
61314062810	POLYMYXIN B-TMP EYE DROPS	2025-02-07	10.000	WALGREENS	1053837963	0.00000	0.00

Amount of Dispensing Fee	Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
0.00	5.26	0.04665	2025-01-15	-0.53	0.00	No	No
3.99	10.00	0.09309	2025-01-15	-0.29	0.00	No	No
0.00	7.62	0.10868	2025-01-15	-0.39	0.00	No	No
6.74	10.00	0.33326	2025-01-15	-0.18	0.00	No	No
0.00	9.81	0.10628	2025-01-22	-0.25	0.00	No	No
1.99	10.00	0.08654	2025-01-29	-0.19	0.00	No	No
1.25	10.00	0.0344	2025-01-29	-0.19	0.00	No	No
0.00	4.33	0.04773	2025-01-29	-0.61	0.00	No	No
4.32	10.00	0.08654	2025-02-05	-0.20	0.00	No	No
0.00	12.19	0.43544	2025-02-05	-0.18	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees
70954005920	PREDNISONE 10 MG TABLET	2025-02-10	10.000	WALGREENS	1053837963	0.00000	0.00
00781261305	AMOXICILLIN 500 MG CAPSULE	2025-02-24	20.000	WALGREENS	1053837963	0.00000	0.00
00574110404	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2025-02-25	300.000	WALGREENS	1053837963	0.04783	0.00
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2025-03-03	12.000	WALGREENS	1053837963	0.00000	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-03-04	5.000	WALGREENS	1053837963	0.00000	0.00
11534016503	FOLIC ACID 1 MG TABLET	2025-03-11	90.000	WALGREENS	1053837963	0.00000	0.00
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	2025-03-11	100.000	WALGREENS	1053837963	0.00000	0.00
00378034505	DIAZEPAM 5 MG TABLET	2025-03-19	20.000	WALGREENS	1053837963	0.00000	0.00
61314063705	PREDNISOLONE AC 1% EYE DROP	2025-03-19	5.000	WALGREENS	1053837963	1.21600	0.00
70954005920	PREDNISONE 10 MG TABLET	2025-03-21	14.000	WALGREENS	1053837963	0.00000	0.00

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0.00	4.33	0.04773	2025-02-05	-0.61	0.00	No	No
0.00	9.61	0.08742	2025-02-19	-0.21	0.00	No	No
5.44	10.00	0.08115	2025-02-19	-0.14	0.00	No	No
0.30	10.00	0.12132	2025-02-26	-0.14	0.00	No	No
0.00	3.28	0.07911	2025-02-26	-0.70	0.00	No	No
-0.00	8.91	0.02251	2025-03-05	-0.29	0.00	No	No
1.81	10.00	0.03366	2025-03-05	-0.15	0.00	No	No
0.00	4.94	0.02795	2025-03-19	-0.55	0.00	No	No
4.61	20.00	5.34364	2025-03-19	-0.18	0.00	No	No
0.00	5.26	0.05827	2025-03-19	-0.53	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees
70954005920	PREDNISONE 10 MG TABLET	2025-03-21	9.000	WALGREENS	1053837963	0.00000	0.00
76204020030	ALBUTEROL SUL 2.5 MG/3 ML SOLN	2025-03-21	90.000	WALGREENS	1053837963	0.00000	0.00
70954005920	PREDNISONE 10 MG TABLET	2025-03-24	20.000	WALGREENS	1053837963	0.00000	0.00
29300046810	CLONIDINE HCL 0.1 MG TABLET	2025-03-24	30.000	WALGREENS	1053837963	0.00000	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-03-25	5.000	WALGREENS	1053837963	0.00000	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-03-26	10.000	WALGREENS	1053837963	0.08200	0.00
61314063705	PREDNISOLONE AC 1% EYE DROP	2025-03-28	5.000	WALGREENS	1053837963	3.34400	0.00
61314065625	CIPROFLOXACIN 0.3% EYE DROP	2025-01-06	2.500	WALGREENS	1174040604	0.00000	0.00
61314062810	POLYMYXIN B-TMP EYE DROPS	2025-01-10	10.000	WALGREENS	1174040604	0.00000	0.00
42858021501	DEXTROAMP-AMPHET ER 15 MG CAP	2025-01-22	30.000	WALGREENS	1174040604	0.31700	0.00

Amount of Dispensing Fee	Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
0.00	4.10	0.05827	2025-03-19	-0.63	0.00	No	No
3.79	10.00	0.05776	2025-03-19	-0.12	0.00	No	No
0.00	6.66	0.05827	2025-03-19	-0.43	0.00	No	No
0.00	9.50	0.02583	2025-03-19	-0.16	0.00	No	No
0.00	3.28	0.08187	2025-03-19	-0.70	0.00	No	No
3.74	0.00	0.08187	2025-03-26	-0.60	0.00	No	No
3.97	10.00	5.34364	2025-03-26	-0.18	0.00	No	No
1.99	10.00	2.71253	2025-01-01	-0.31	0.00	No	No
2.19	10.00	0.44777	2025-01-08	-0.19	0.00	No	No
4.09	10.00	0.69411	2025-01-22	-0.25	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees
62559075816	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-01-26	120.000	WALGREENS	1174040604	0.00000	0.00
59651048901	PREDNISONE 50 MG TABLET	2025-01-26	7.000	WALGREENS	1174040604	0.00000	0.00
00574110404	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2025-02-08	118.000	WALGREENS	1174040604	0.00178	0.00
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	2025-02-09	7.000	WALGREENS	1174040604	0.00000	0.00
65862070780	AMOXICILLIN 250 MG/5 ML SUSP	2025-02-11	80.000	WALGREENS	1174040604	0.00000	0.00
42858021501	DEXTROAMP-AMPHET ER 15 MG CAP	2025-02-24	30.000	WALGREENS	1174040604	0.35633	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-03-24	5.000	WALGREENS	1245407949	0.00000	0.00
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-03-17	118.000	WALGREENS	1255589503	0.00000	0.00
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-03-17	118.000	WALGREENS	1255589503	0.00000	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-03-20	10.000	WALGREENS	1255589503	0.00000	0.00

Amount of Dispensing Fee	Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
2.69	10.00	0.0344	2025-01-22	-0.13	0.00	No	No
0.00	4.85	0.16886	2025-01-22	-0.58	0.00	No	No
5.18	10.00	0.08654	2025-02-05	-0.26	0.00	No	No
0.00	9.26	0.12752	2025-02-05	-0.19	0.00	No	No
0.00	7.35	0.02759	2025-02-05	-0.42	0.00	No	No
2.91	10.00	0.68971	2025-02-19	-0.24	0.00	No	No
0.00	3.28	0.08187	2025-03-19	-0.70	0.00	No	No
2.59	10.00	0.03869	2025-03-12	-0.16	0.00	No	No
2.59	10.00	0.03869	2025-03-12	-0.16	0.00	No	No
0.00	4.56	0.08187	2025-03-19	-0.60	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
45802011214	MUPIROCIN 2% OINTMENT	2025-03-23	15.000	WALGREENS	1255589503	0.00000	0.00	0.00
70954040310	DEXAMETHASONE 4 MG TABLET	2025-01-14	2.000	WALGREENS	1265959134	0.00000	0.00	0.00
49483048110	ASPIRIN EC 81 MG TABLET	2025-01-20	60.000	WALGREENS	1265959134	0.01317	0.00	1.76
70954005920	PREDNISONE 10 MG TABLET	2025-01-30	12.000	WALGREENS	1316463979	0.00000	0.00	0.00
65162003310	ACETAMINOPHEN-COD #3 TABLET	2025-03-24	10.000	WALGREENS	1316463979	0.00000	0.00	1.51
45802011214	MUPIROCIN 2% OINTMENT	2025-01-15	30.000	WALGREENS	1427574441	0.00000	0.00	6.74
45802006335	TRIAMCINOLONE 0.025% CREAM	2025-01-16	15.000	WALGREENS	1427574441	0.00000	0.00	0.00
00781202005	AMOXICILLIN 250 MG CAPSULE	2025-01-21	30.000	WALGREENS	1427574441	0.00000	0.00	0.00
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-02-02	118.000	WALGREENS	1427574441	0.00000	0.00	2.59
45802011214	MUPIROCIN 2% OINTMENT	2025-02-27	30.000	WALGREENS	1427574441	0.01733	0.00	6.22

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
9.37	0.34576	2025-03-19	-0.40	0.00	No	No
4.38	0.28001	2025-01-08	-0.60	0.00	No	No
0.00	0.01317	2025-01-15	-0.77	0.00	No	No
4.80	0.04773	2025-01-29	-0.57	0.00	No	No
10.00	0.26399	2025-03-19	-0.12	0.00	No	No
10.00	0.33326	2025-01-15	-0.18	0.00	No	No
6.45	0.13336	2025-01-15	-0.48	0.00	No	No
9.11	0.07176	2025-01-15	-0.28	0.00	No	No
10.00	0.0344	2025-01-29	-0.13	0.00	No	No
10.00	0.35076	2025-02-26	-0.20	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
70954006020	PREDNISONE 20 MG TABLET	2025-03-22	10.000	WALGREENS	1427574441	0.00000	0.00	0.00
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2025-03-22	12.000	WALGREENS	1427574441	0.00000	0.00	0.30
70954006020	PREDNISONE 20 MG TABLET	2025-03-24	5.000	WALGREENS	1427574441	0.00000	0.00	0.00
70954005920	PREDNISONE 10 MG TABLET	2025-03-24	10.000	WALGREENS	1427574441	0.00000	0.00	0.00
70954005920	PREDNISONE 10 MG TABLET	2025-03-25	10.000	WALGREENS	1427574441	0.00000	0.00	0.00
00574110404	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2025-03-27	280.000	WALGREENS	1427574441	0.03782	0.00	0.00
00781261305	AMOXICILLIN 500 MG CAPSULE	2025-03-31	20.000	WALGREENS	1427574441	0.00000	0.00	0.00
53746083153	CIPROFLOX-DEXAMETH OTIC SUSP	2025-03-31	7.500	WALGREENS	1427574441	11.93200	0.00	0.00
59762005602	MEDROXYPROGESTERONE 10 MG TAB	2025-03-05	10.000	WALGREENS	1508051996	0.00000	0.00	0.00
62559075816	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-01-12	118.000	WALGREENS	1659897205	0.00000	0.00	2.59

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
4.56	0.08187	2025-03-19	-0.60	0.00	No	No
10.00	0.12126	2025-03-19	-0.14	0.00	No	No
3.28	0.08187	2025-03-19	-0.70	0.00	No	No
4.33	0.05827	2025-03-19	-0.61	0.00	No	No
4.33	0.05827	2025-03-19	-0.61	0.00	No	No
10.00	0.08383	2025-03-26	-0.39	0.00	No	No
9.61	0.09188	2025-03-26	-0.22	0.00	No	No
10.00	14.36773	2025-03-26	-0.16	0.00	No	No
6.77	0.14944	2025-03-05	-0.44	0.00	No	No
10.00	0.03452	2025-01-08	-0.14	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2025-01-13	5.000	WALGREENS	1659897205	0.00000	0.00	0.00
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2025-01-22	10.000	WALGREENS	1659897205	0.00000	0.00	0.00
00406012405	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	2025-01-23	10.000	WALGREENS	1659897205	0.00000	0.00	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-01-27	5.000	WALGREENS	1659897205	0.00000	0.00	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-02-05	20.000	WALGREENS	1659897205	0.00000	0.00	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-02-12	5.000	WALGREENS	1659897205	0.00000	0.00	0.00
45802086802	POLYETHYLENE GLYCOL 3350 POWD	2025-02-19	238.000	WALGREENS	1659897205	0.02466	0.00	5.20
00185012201	NITROFURANTOIN MONO-MCR 100 MG	2025-02-20	14.000	WALGREENS	1659897205	0.00000	0.00	0.75
00591544221	PREDNISONE 10 MG TAB DOSE PACK	2025-02-28	21.000	WALGREENS	1659897205	0.01476	0.00	4.58
00781261305	AMOXICILLIN 500 MG CAPSULE	2025-03-04	14.000	WALGREENS	1659897205	0.00000	0.00	0.00

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5.46	0.12482	2025-01-08	-0.51	0.00	No	No
8.92	0.12377	2025-01-22	-0.24	0.00	No	No
9.63	0.1536	2025-01-22	-0.20	0.00	No	No
3.28	0.07317	2025-01-22	-0.70	0.00	No	No
7.13	0.07317	2025-02-05	-0.40	0.00	No	No
3.28	0.07317	2025-02-12	-0.70	0.00	No	No
0.00	0.02588	2025-02-19	-0.34	0.00	No	No
10.00	0.30818	2025-02-19	-0.27	0.00	No	No
10.00	0.491	2025-02-26	-0.28	0.00	No	No
7.33	0.08742	2025-02-26	-0.37	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-03-07	30.000	WALGREENS	1659897205	0.00000	0.00	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-03-14	11.000	WALGREENS	1659897205	0.00000	0.00	0.00
61314062810	POLYMYXIN B-TMP EYE DROPS	2025-03-15	10.000	WALGREENS	1659897205	0.00000	0.00	2.19
00406012405	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	2025-03-17	10.000	WALGREENS	1659897205	0.00000	0.00	0.00
70954005920	PREDNISONE 10 MG TABLET	2025-03-26	10.000	WALGREENS	1659897205	0.00000	0.00	0.00
65862007175	AMOXICILLIN 400 MG/5 ML SUSP	2025-03-29	75.000	WALGREENS	1659897205	0.00000	0.00	0.00
62559075816	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-01-09	120.000	WALGREENS	1730605171	0.00000	0.00	2.69
70954006020	PREDNISONE 20 MG TABLET	2025-01-20	10.000	WALGREENS	1730605171	0.00000	0.00	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-02-20	10.000	WALGREENS	1730605171	0.00000	0.00	0.00
70954005920	PREDNISONE 10 MG TABLET	2025-02-21	30.000	WALGREENS	1841716404	0.00000	0.00	0.00

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4.38	0.01217	2025-03-05	-0.60	0.00	No	No
4.82	0.07911	2025-03-12	-0.58	0.00	No	No
10.00	0.46083	2025-03-12	-0.19	0.00	No	No
9.63	0.15504	2025-03-12	-0.20	0.00	No	No
4.33	0.05827	2025-03-26	-0.61	0.00	No	No
9.30	0.03866	2025-03-26	-0.31	0.00	No	No
10.00	0.03452	2025-01-08	-0.13	0.00	No	No
4.56	0.0717	2025-01-15	-0.59	0.00	No	No
4.56	0.07911	2025-02-19	-0.60	0.00	No	No
8.99	0.05399	2025-02-19	-0.26	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
70954005920	PREDNISONE 10 MG TABLET	2025-01-02	12.000	WALGREENS	1891211702	0.00000	0.00	0.00
65862007175	AMOXICILLIN 400 MG/5 ML SUSP	2025-01-11	75.000	WALGREENS	1891211702	0.00000	0.00	-0.00
62559075816	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-01-13	140.000	WALGREENS	1891211702	0.00000	0.00	3.79
70954006020	PREDNISONE 20 MG TABLET	2025-01-15	5.000	WALGREENS	1891211702	0.00000	0.00	0.00
70954005920	PREDNISONE 10 MG TABLET	2025-01-17	30.000	WALGREENS	1891211702	0.00000	0.00	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-02-03	10.000	WALGREENS	1891211702	0.00000	0.00	0.00
62559075816	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-02-05	120.000	WALGREENS	1891211702	0.00000	0.00	2.69
59651018201	METHOTREXATE 2.5 MG TABLET	2025-02-24	5.000	WALGREENS	1891211702	0.00000	0.00	0.00
11534016503	FOLIC ACID 1 MG TABLET	2025-02-24	30.000	WALGREENS	1891211702	0.00000	0.00	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-02-24	20.000	WALGREENS	1891211702	0.00000	0.00	0.00

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4.80	0.04665	2025-01-01	-0.57	0.00	No	No
9.30	0.03779	2025-01-08	-0.30	0.00	No	No
10.00	0.03452	2025-01-08	-0.10	0.00	No	No
3.28	0.0717	2025-01-15	-0.70	0.00	No	No
8.99	0.04665	2025-01-15	-0.24	0.00	No	No
4.56	0.07317	2025-01-29	-0.59	0.00	No	No
10.00	0.0344	2025-02-05	-0.13	0.00	No	No
7.23	0.15552	2025-02-19	-0.36	0.00	No	No
4.30	0.02251	2025-02-19	-0.61	0.00	No	No
7.13	0.07911	2025-02-19	-0.41	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
00591544221	PREDNISONE 10 MG TAB DOSE PACK	2025-03-04	21.000	WALGREENS	1891211702	0.01476	0.00	4.58
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-03-17	140.000	WALGREENS	1891211702	0.00000	0.00	3.79
70954006020	PREDNISONE 20 MG TABLET	2025-03-17	5.000	WALGREENS	1891211702	0.00000	0.00	0.00
45802046564	KETOCONAZOLE 2% SHAMPOO	2025-03-19	120.000	WALGREENS	1891211702	0.01333	0.00	7.99
11534016503	FOLIC ACID 1 MG TABLET	2025-03-23	30.000	WALGREENS	1891211702	0.00000	0.00	0.00
10702025350	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	2025-03-25	20.000	WALGREENS	1891211702	0.00000	0.00	1.99
70954005920	PREDNISONE 10 MG TABLET	2025-03-26	15.000	WALGREENS	1891211702	0.00000	0.00	0.00
00591544221	PREDNISONE 10 MG TAB DOSE PACK	2025-03-26	21.000	WALGREENS	1891211702	0.08810	0.00	3.04
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	2025-03-20	7.000	WALGREENS	1952827065	0.00000	0.00	0.00
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2025-03-24	5.000	WALGREENS	1952827065	0.00000	0.00	0.00

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10.00	0.491	2025-02-26	-0.28	0.00	No	No
10.00	0.03869	2025-03-12	-0.13	0.00	No	No
3.28	0.07911	2025-03-12	-0.70	0.00	No	No
10.00	0.09539	2025-03-19	-0.11	0.00	No	No
4.30	0.0232	2025-03-19	-0.62	0.00	No	No
10.00	0.15433	2025-03-19	-0.12	0.00	No	No
5.50	0.05827	2025-03-26	-0.52	0.00	No	No
10.00	0.56449	2025-03-26	-0.33	0.00	No	No
9.26	0.13388	2025-03-19	-0.19	0.00	No	No
5.46	0.12126	2025-03-19	-0.51	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
70954006020	PREDNISONE 20 MG TABLET	2025-03-24	10.000	WALGREENS	1952827065	0.00000	0.00	0.00
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-03-26	20.000	WALGREENS	1952827065	0.00000	0.00	0.00
68645061290	LISINOPRIL 30 MG TABLET	2025-01-20	90.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
62332002431	FLUOXETINE HCL 40 MG CAPSULE	2025-02-02	90.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
29300024505	BUSPIRONE HCL 10 MG TABLET	2025-02-02	180.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
47781064390	LEVOTHYROXINE 50 MCG TABLET	2025-02-18	30.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
00054429731	FUROSEMIDE 20 MG TABLET	2025-02-20	60.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
4.56	0.08187	2025-03-19	-0.60	0.00	No	No
9.62	0.09188	2025-03-26	-0.22	0.00	No	No
10.00	0.04783	2025-01-15	-0.32	0.00	No	No
10.00	0.05872	2025-01-29	-0.37	0.00	No	No
10.00	0.02845	2025-01-29	-0.36	0.00	No	No
4.00	0.05075	2025-02-12	-0.67	0.00	No	No
8.00	0.02485	2025-02-19	-0.33	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
57237002901	AMOXICILLIN 875 MG TABLET	2025-03-02	20.000	WALMART PHARMACY	1093732133	0.00000	0.00	2.41
47781064390	LEVOTHYROXINE 50 MCG TABLET	2025-03-22	90.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
47781064390	LEVOTHYROXINE 50 MCG TABLET	2025-03-22	30.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
65162076610	WARFARIN SODIUM 5 MG TABLET	2025-02-03	60.000	WALMART PHARMACY	1356368484	0.00000	0.00	0.00
42806071401	BENZONATATE 100 MG CAPSULE	2025-02-27	15.000	WALMART PHARMACY	1356368484	0.00000	0.00	0.00
65162076610	WARFARIN SODIUM 5 MG TABLET	2025-03-10	60.000	WALMART PHARMACY	1356368484	0.00000	0.00	0.00
47781064690	LEVOTHYROXINE 75 MCG TABLET	2025-03-18	90.000	WALMART PHARMACY	1356368484	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
10.00	0.16502	2025-02-26	-0.10	0.00	No	No
10.00	0.0575	2025-03-19	-0.36	0.00	No	No
4.00	0.0575	2025-03-19	-0.67	0.00	No	No
8.00	0.09383	2025-01-29	-0.50	0.00	No	No
9.02	0.06951	2025-02-26	-0.22	0.00	No	No
8.00	0.09694	2025-03-05	-0.51	0.00	No	No
10.00	0.05432	2025-03-12	-0.35	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68645061190	LISINOPRIL 20 MG TABLET	2025-01-27	90.000	WALMART PHARMACY	1710904842	0.00000	0.00	0.00
61314065605	CIPROFLOXACIN 0.3% EYE DROP	2025-02-24	5.000	WALMART PHARMACY	1710904842	0.00000	0.00	4.60
68645056259	IBUPROFEN 600 MG TABLET	2025-03-21	12.000	WALMART PHARMACY	1710904842	0.00000	0.00	0.00
67877021905	CEPHALEXIN 500 MG CAPSULE	2025-03-21	28.000	WALMART PHARMACY	1710904842	0.00000	0.00	1.44
68180096301	ALBUTEROL HFA 90 MCG INHALER	2025-02-19	8.500	WALMART PHARMACY	1790072916	1.18353	0.00	0.17
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2025-01-24	9.000	WALMART PHARMACY	1801814595	0.00000	0.00	0.00
62332002331	FLUOXETINE HCL 20 MG CAPSULE	2025-02-01	90.000	WALMART PHARMACY	1801814595	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
10.00	0.02401	2025-01-22	-0.21	0.00	No	No
10.00	1.57752	2025-02-19	-0.21	0.00	No	No
4.00	0.04951	2025-03-19	-0.64	0.00	No	No
10.00	0.1286	2025-03-19	-0.19	0.00	No	No
10.00	2.53475	2025-02-19	-0.37	0.00	No	No
9.51	0.12377	2025-01-22	-0.18	0.00	No	No
10.00	0.02978	2025-01-29	-0.24	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
00172208980	HYDROCHLOROTHIAZIDE 50 MG TAB	2025-02-07	90.000	WALMART PHARMACY	1801814595	0.00000	0.00	0.00
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-02-14	21.000	WALMART PHARMACY	1801814595	0.00000	0.00	0.00
68645061190	LISINOPRIL 20 MG TABLET	2025-02-21	90.000	WALMART PHARMACY	1801814595	0.00000	0.00	-0.00
13668001101	CITALOPRAM HBR 40 MG TABLET	2025-03-15	90.000	WALMART PHARMACY	1801814595	0.00000	0.00	0.00
68382080601	TRAZODONE 100 MG TABLET	2025-03-15	90.000	WALMART PHARMACY	1801814595	0.00000	0.00	0.00
00054429731	FUROSEMIDE 20 MG TABLET	2025-03-27	90.000	WALMART PHARMACY	1801814595	0.00000	0.00	0.00
29300046801	CLONIDINE HCL 0.1 MG TABLET	2025-01-01	30.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
00172208980	HYDROCHLOROTHIAZIDE 50 MG TAB	2025-01-03	30.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
29300024505	BUSPIRONE HCL 10 MG TABLET	2025-01-03	60.000	WALMART PHARMACY	1821015967	0.00000	0.00	-0.00
31722070190	LOSARTAN POTASSIUM 50 MG TAB	2025-01-03	30.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
10.00	0.03403	2025-02-05	-0.26	0.00	No	No
9.76	0.11419	2025-02-12	-0.24	0.00	No	No
10.00	0.02538	2025-02-19	-0.22	0.00	No	No
10.00	0.04272	2025-03-12	-0.30	0.00	No	No
10.00	0.05685	2025-03-12	-0.36	0.00	No	No
10.00	0.02649	2025-03-26	-0.22	0.00	No	No
4.00	0.0229	2025-01-01	-0.64	0.00	No	No
4.00	0.03308	2025-01-01	-0.65	0.00	No	No
4.00	0.02862	2025-01-01	-0.67	0.00	No	No
9.00	0.0361	2025-01-01	-0.22	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68382080601	TRAZODONE 100 MG TABLET	2025-01-03	30.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
42806054705	VITAMIN D2 1.25 MG(50,000 UNIT)	2025-01-04	4.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-01-04	21.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-01-04	21.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
68645056259	IBUPROFEN 600 MG TABLET	2025-01-05	30.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
00054429731	FUROSEMIDE 20 MG TABLET	2025-01-05	5.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
70752020411	FOLIC ACID 1 MG TABLET	2025-01-05	30.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
00093220301	METOCLOPRAMIDE 10 MG TABLET	2025-01-05	120.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
29300039605	AMLODIPINE BESYLATE 2.5 MG TAB	2025-01-06	30.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
29300046801	CLONIDINE HCL 0.1 MG TABLET	2025-01-07	30.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00

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4.00	0.05221	2025-01-01	-0.67	0.00	No	No
6.96	0.10563	2025-01-01	-0.36	0.00	No	No
6.28	0.08279	2025-01-01	-0.49	0.00	No	No
9.76	0.11746	2025-01-01	-0.25	0.00	No	No
5.43	0.0483	2025-01-01	-0.55	0.00	No	No
4.00	0.0228	2025-01-01	-0.62	0.00	No	No
4.00	0.02077	2025-01-01	-0.64	0.00	No	No
5.33	0.0453	2025-01-01	-0.67	0.00	No	No
9.00	0.00985	2025-01-01	-0.17	0.00	No	No
4.00	0.0229	2025-01-01	-0.64	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
16714008110	HYDROXYZINE HCL 10 MG TABLET	2025-01-07	30.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
68645056354	IBUPROFEN 800 MG TABLET	2025-01-09	60.000	WALMART PHARMACY	1821015967	0.00000	0.00	1.64
64380078507	PREDNISONE 20 MG TABLET	2025-01-09	4.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
64380078507	PREDNISONE 20 MG TABLET	2025-01-10	10.000	WALMART PHARMACY	1821015967	0.00000	0.00	-0.00
00555901858	TRI-SPRINTEC TABLET	2025-01-11	28.000	WALMART PHARMACY	1821015967	0.12321	0.00	5.55
68645056354	IBUPROFEN 800 MG TABLET	2025-01-13	30.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
68382080601	TRAZODONE 100 MG TABLET	2025-01-14	30.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
68645052354	SERTRALINE HCL 100 MG TABLET	2025-01-14	30.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
68645056354	IBUPROFEN 800 MG TABLET	2025-01-15	45.000	WALMART PHARMACY	1821015967	0.00000	0.00	-0.00
47781064990	LEVOTHYROXINE 88 MCG TABLET	2025-01-18	30.000	WALMART PHARMACY	1821015967	0.00000	0.00	-0.00

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5.30	0.02797	2025-01-01	-0.53	0.00	No	No
10.00	0.05567	2025-01-08	-0.16	0.00	No	No
4.00	0.0717	2025-01-08	-0.63	0.00	No	No
4.04	0.0717	2025-01-08	-0.64	0.00	No	No
0.00	0.12315	2025-01-08	-0.35	0.00	No	No
5.82	0.05567	2025-01-08	-0.52	0.00	No	No
4.00	0.05221	2025-01-08	-0.67	0.00	No	No
9.00	0.04769	2025-01-08	-0.25	0.00	No	No
8.73	0.05567	2025-01-15	-0.33	0.00	No	No
4.00	0.05732	2025-01-15	-0.67	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
42806054705	VITAMIN D2 1.25 MG(50,000 UNIT)	2025-01-20	4.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
65862006299	METOPROLOL TARTRATE 25 MG TAB	2025-01-22	30.000	WALMART PHARMACY	1821015967	0.00000	0.00	-0.00
00555901858	TRI-SPRINTEC TABLET	2025-01-24	28.000	WALMART PHARMACY	1821015967	0.12214	0.00	5.58
55111014512	FLUCONAZOLE 150 MG TABLET	2025-01-25	1.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
29300024505	BUSPIRONE HCL 10 MG TABLET	2025-01-26	60.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
55111014512	FLUCONAZOLE 150 MG TABLET	2025-01-27	2.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-01-30	21.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
31722070190	LOSARTAN POTASSIUM 50 MG TAB	2025-01-31	30.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
29300046801	CLONIDINE HCL 0.1 MG TABLET	2025-01-31	7.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
68382080601	TRAZODONE 100 MG TABLET	2025-01-31	15.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00

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6.96	0.10563	2025-01-15	-0.36	0.00	No	No
4.00	0.01563	2025-01-22	-0.63	0.00	No	No
0.00	0.12209	2025-01-22	-0.35	0.00	No	No
4.80	0.52425	2025-01-22	-0.56	0.00	No	No
4.00	0.02845	2025-01-22	-0.67	0.00	No	No
9.60	0.52425	2025-01-22	-0.17	0.00	No	No
9.76	0.11419	2025-01-29	-0.24	0.00	No	No
9.00	0.03558	2025-01-29	-0.22	0.00	No	No
4.00	0.02305	2025-01-29	-0.62	0.00	No	No
4.00	0.05231	2025-01-29	-0.65	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
42806054705	VITAMIN D2 1.25 MG(50,000 UNIT)	2025-01-31	4.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
42806054705	VITAMIN D2 1.25 MG(50,000 UNIT)	2025-01-31	4.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
29300039605	AMLODIPINE BESYLATE 2.5 MG TAB	2025-02-01	30.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
29300046801	CLONIDINE HCL 0.1 MG TABLET	2025-02-02	30.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
16714008110	HYDROXYZINE HCL 10 MG TABLET	2025-02-02	30.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
68382002310	ATENOLOL 50 MG TABLET	2025-02-03	90.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
13668001101	CITALOPRAM HBR 40 MG TABLET	2025-02-03	90.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
00054429731	FUROSEMIDE 20 MG TABLET	2025-02-03	14.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-02-03	21.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
00172208980	HYDROCHLOROTHIAZIDE 50 MG TAB	2025-02-04	30.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00

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6.96	0.10587	2025-01-29	-0.36	0.00	No	No
6.96	0.10587	2025-01-29	-0.36	0.00	No	No
9.00	0.01003	2025-01-29	-0.17	0.00	No	No
4.00	0.02305	2025-01-29	-0.64	0.00	No	No
5.30	0.02756	2025-01-29	-0.53	0.00	No	No
10.00	0.02277	2025-01-29	-0.20	0.00	No	No
10.00	0.03957	2025-01-29	-0.29	0.00	No	No
4.00	0.02252	2025-01-29	-0.63	0.00	No	No
9.76	0.11419	2025-01-29	-0.24	0.00	No	No
4.00	0.03403	2025-01-29	-0.65	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
00093220301	METOCLOPRAMIDE 10 MG TABLET	2025-02-04	120.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
70752020411	FOLIC ACID 1 MG TABLET	2025-02-04	30.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	2025-02-04	75.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	2025-02-04	100.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
70436015541	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-02-04	118.000	WALMART PHARMACY	1821015967	0.00000	0.00	2.48
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	2025-02-04	100.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
29300024505	BUSPIRONE HCL 10 MG TABLET	2025-02-04	60.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	2025-02-06	10.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
00574110404	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2025-02-06	50.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.67
68645019159	METOPROLOL TARTRATE 100 MG TAB	2025-02-07	15.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
5.33	0.04472	2025-01-29	-0.66	0.00	No	No
4.00	0.02086	2025-01-29	-0.64	0.00	No	No
4.80	0.03735	2025-01-29	-0.64	0.00	No	No
6.39	0.0318	2025-01-29	-0.53	0.00	No	No
10.00	0.04852	2025-01-29	-0.23	0.00	No	No
6.39	0.0318	2025-01-29	-0.53	0.00	No	No
4.00	0.02845	2025-01-29	-0.67	0.00	No	No
4.00	0.10628	2025-02-05	-0.65	0.00	No	No
10.00	0.08654	2025-02-05	-0.28	0.00	No	No
4.00	0.02548	2025-02-05	-0.63	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68382009810	PAROXETINE HCL 20 MG TABLET	2025-02-07	30.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
29300046801	CLONIDINE HCL 0.1 MG TABLET	2025-02-07	30.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
29300013901	DIVALPROEX SOD DR 250 MG TAB	2025-02-07	60.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
68645056354	IBUPROFEN 800 MG TABLET	2025-02-09	45.000	WALMART PHARMACY	1821015967	0.00000	0.00	-0.00
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-02-12	20.000	WALMART PHARMACY	1821015967	0.00000	0.00	-0.00
00555901858	TRI-SPRINTEC TABLET	2025-02-14	28.000	WALMART PHARMACY	1821015967	0.12214	0.00	5.58
64380078507	PREDNISONE 20 MG TABLET	2025-02-14	5.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
68645061090	LISINOPRIL 10 MG TABLET	2025-02-14	90.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
68645056259	IBUPROFEN 600 MG TABLET	2025-02-15	30.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
42806054705	VITAMIN D2 1.25 MG(50,000 UNIT)	2025-02-16	4.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
4.00	0.06719	2025-02-05	-0.68	0.00	No	No
4.00	0.02305	2025-02-05	-0.64	0.00	No	No
9.00	0.09413	2025-02-05	-0.44	0.00	No	No
8.73	0.0562	2025-02-05	-0.33	0.00	No	No
5.98	0.08158	2025-02-12	-0.51	0.00	No	No
0.00	0.12209	2025-02-12	-0.35	0.00	No	No
4.00	0.07317	2025-02-12	-0.63	0.00	No	No
10.00	0.01718	2025-02-12	-0.17	0.00	No	No
5.43	0.04794	2025-02-12	-0.54	0.00	No	No
6.96	0.10587	2025-02-12	-0.36	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
47781064690	LEVOTHYROXINE 75 MCG TABLET	2025-02-17	90.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
64380078507	PREDNISONE 20 MG TABLET	2025-02-17	8.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
47781064990	LEVOTHYROXINE 88 MCG TABLET	2025-02-18	30.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
00555901858	TRI-SPRINTEC TABLET	2025-02-18	28.000	WALMART PHARMACY	1821015967	0.12214	0.00	5.58
43598032675	CIPROFLOX-DEXAMETH OTIC SUSP	2025-02-21	7.500	WALMART PHARMACY	1821015967	9.94133	0.00	0.00
68645061190	LISINOPRIL 20 MG TABLET	2025-02-21	90.000	WALMART PHARMACY	1821015967	0.00000	0.00	-0.00
68382056501	METOPROLOL SUCC ER 50 MG TAB	2025-02-21	30.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
00409656201	TESTOSTERONE CYP 200 MG/ML	2025-02-21	2.000	WALMART PHARMACY	1821015967	6.99000	0.00	0.00
68645056354	IBUPROFEN 800 MG TABLET	2025-02-23	60.000	WALMART PHARMACY	1821015967	0.00000	0.00	1.64
29300024505	BUSPIRONE HCL 10 MG TABLET	2025-02-24	60.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
10.00	0.05079	2025-02-12	-0.34	0.00	No	No
4.00	0.07317	2025-02-12	-0.64	0.00	No	No
4.00	0.05802	2025-02-12	-0.67	0.00	No	No
0.00	0.12209	2025-02-12	-0.35	0.00	No	No
10.00	14.39834	2025-02-19	-0.29	0.00	No	No
10.00	0.02538	2025-02-19	-0.22	0.00	No	No
9.00	0.05925	2025-02-19	-0.27	0.00	No	No
10.00	13.03302	2025-02-19	-0.34	0.00	No	No
10.00	0.06029	2025-02-19	-0.17	0.00	No	No
4.00	0.03079	2025-02-19	-0.68	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
00555901858	TRI-SPRINTEC TABLET	2025-02-24	28.000	WALMART PHARMACY	1821015967	0.12821	0.00	5.41
43598032675	CIPROFLOX-DEXAMETH OTIC SUSP	2025-02-25	7.500	WALMART PHARMACY	1821015967	9.94133	0.00	0.00
65862006299	METOPROLOL TARTRATE 25 MG TAB	2025-02-26	30.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
55111014512	FLUCONAZOLE 150 MG TABLET	2025-02-26	1.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
16714040604	LARIN FE 1-20 TABLET	2025-03-02	28.000	WALMART PHARMACY	1821015967	0.12929	0.00	7.89
55111018015	TIZANIDINE HCL 4 MG TABLET	2025-03-03	30.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
29300024505	BUSPIRONE HCL 10 MG TABLET	2025-03-03	60.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-03-03	28.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
60219204301	DEXAMETHASONE 4 MG TABLET	2025-03-03	5.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
68382080601	TRAZODONE 100 MG TABLET	2025-03-04	30.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
0.00	0.12837	2025-02-19	-0.36	0.00	No	No
10.00	14.39834	2025-02-19	-0.29	0.00	No	No
4.00	0.01677	2025-02-26	-0.64	0.00	No	No
4.80	0.53979	2025-02-26	-0.56	0.00	No	No
0.00	0.12925	2025-02-26	-0.18	0.00	No	No
9.00	0.04664	2025-02-26	-0.24	0.00	No	No
4.00	0.03079	2025-02-26	-0.68	0.00	No	No
8.37	0.08742	2025-02-26	-0.35	0.00	No	No
6.49	0.28058	2025-02-26	-0.45	0.00	No	No
4.00	0.05685	2025-02-26	-0.67	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
00172208980	HYDROCHLOROTHIAZIDE 50 MG TAB	2025-03-04	30.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
31722070190	LOSARTAN POTASSIUM 50 MG TAB	2025-03-05	30.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
42806054705	VITAMIN D2 1.25 MG(50,000 UNIT)	2025-03-05	4.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
29300039605	AMLODIPINE BESYLATE 2.5 MG TAB	2025-03-05	30.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
70752020411	FOLIC ACID 1 MG TABLET	2025-03-05	30.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
00093220301	METOCLOPRAMIDE 10 MG TABLET	2025-03-05	120.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
68382080601	TRAZODONE 100 MG TABLET	2025-03-05	15.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-03-06	21.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
55111014512	FLUCONAZOLE 150 MG TABLET	2025-03-06	2.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-03-06	21.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
4.00	0.0345	2025-02-26	-0.65	0.00	No	No
9.00	0.03818	2025-03-05	-0.23	0.00	No	No
6.96	0.11721	2025-03-05	-0.36	0.00	No	No
9.00	0.01087	2025-03-05	-0.17	0.00	No	No
4.00	0.02251	2025-03-05	-0.64	0.00	No	No
5.33	0.0473	2025-03-05	-0.67	0.00	No	No
4.00	0.05685	2025-03-05	-0.65	0.00	No	No
9.76	0.1323	2025-03-05	-0.26	0.00	No	No
9.60	0.53979	2025-03-05	-0.17	0.00	No	No
9.76	0.1323	2025-03-05	-0.26	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
16714008110	HYDROXYZINE HCL 10 MG TABLET	2025-03-07	30.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
29300013901	DIVALPROEX SOD DR 250 MG TAB	2025-03-07	60.000	WALMART PHARMACY	1821015967	0.00000	0.00	-0.00
68382009810	PAROXETINE HCL 20 MG TABLET	2025-03-07	30.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
29300046801	CLONIDINE HCL 0.1 MG TABLET	2025-03-07	30.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
68645019159	METOPROLOL TARTRATE 100 MG TAB	2025-03-07	15.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
47781064690	LEVOTHYROXINE 75 MCG TABLET	2025-03-08	90.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
68645056259	IBUPROFEN 600 MG TABLET	2025-03-09	30.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
29300046801	CLONIDINE HCL 0.1 MG TABLET	2025-03-10	30.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	2025-03-10	60.000	WALMART PHARMACY	1821015967	0.00000	0.00	3.20
13668001101	CITALOPRAM HBR 40 MG TABLET	2025-03-11	90.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00

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5.30	0.02999	2025-03-05	-0.53	0.00	No	No
9.00	0.09624	2025-03-05	-0.45	0.00	No	No
4.00	0.07237	2025-03-05	-0.68	0.00	No	No
4.00	0.025	2025-03-05	-0.64	0.00	No	No
4.00	0.02759	2025-03-05	-0.63	0.00	No	No
10.00	0.05432	2025-03-05	-0.35	0.00	No	No
5.43	0.04873	2025-03-05	-0.55	0.00	No	No
4.00	0.025	2025-03-05	-0.64	0.00	No	No
10.00	0.11147	2025-03-05	-0.23	0.00	No	No
10.00	0.04272	2025-03-05	-0.30	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68645052354	SERTRALINE HCL 100 MG TABLET	2025-03-14	30.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
16714008310	HYDROXYZINE HCL 50 MG TABLET	2025-03-14	30.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
68382080601	TRAZODONE 100 MG TABLET	2025-03-14	30.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
68645061090	LISINOPRIL 10 MG TABLET	2025-03-14	90.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
42806054705	VITAMIN D2 1.25 MG(50,000 UNIT)	2025-03-14	4.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-03-15	30.000	WALMART PHARMACY	1821015967	0.00000	0.00	-0.00
00555901858	TRI-SPRINTEC TABLET	2025-03-15	28.000	WALMART PHARMACY	1821015967	0.12821	0.00	5.41
00555901858	TRI-SPRINTEC TABLET	2025-03-16	28.000	WALMART PHARMACY	1821015967	0.12821	0.00	5.41
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	2025-03-17	150.000	WALMART PHARMACY	1821015967	0.00000	0.00	-0.00
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	2025-03-17	10.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00

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9.00	0.05114	2025-03-12	-0.25	0.00	No	No
7.70	0.06182	2025-03-12	-0.38	0.00	No	No
4.00	0.05685	2025-03-12	-0.67	0.00	No	No
10.00	0.0177	2025-03-12	-0.17	0.00	No	No
6.96	0.11721	2025-03-12	-0.36	0.00	No	No
8.97	0.08742	2025-03-12	-0.32	0.00	No	No
0.00	0.12837	2025-03-12	-0.36	0.00	No	No
0.00	0.12837	2025-03-12	-0.36	0.00	No	No
9.59	0.03875	2025-03-12	-0.41	0.00	No	No
5.65	0.05697	2025-03-12	-0.49	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-03-17	21.000	WALMART PHARMACY	1821015967	0.00000	0.00	-0.00
55111014512	FLUCONAZOLE 150 MG TABLET	2025-03-17	2.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
42806054705	VITAMIN D2 1.25 MG(50,000 UNIT)	2025-03-18	4.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
00121088516	PREDNISOLONE 15 MG/5 ML SOLN	2025-03-20	30.000	WALMART PHARMACY	1821015967	0.33767	0.00	1.58
00121088516	PREDNISOLONE 15 MG/5 ML SOLN	2025-03-20	34.000	WALMART PHARMACY	1821015967	0.37676	0.00	1.79
61314062810	POLYMYXIN B-TMP EYE DROPS	2025-03-20	10.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
72485067035	ERYTHROMYCIN 0.5% EYE OINTMENT	2025-03-20	3.500	WALMART PHARMACY	1821015967	0.00000	0.00	3.74
59651072001	DICYCLOMINE 20 MG TABLET	2025-03-21	30.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
47781064990	LEVOTHYROXINE 88 MCG TABLET	2025-03-22	30.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
68645058459	METFORMIN HCL 1,000 MG TABLET	2025-03-22	180.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00

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9.24	0.1323	2025-03-12	-0.30	0.00	No	No
9.60	0.53979	2025-03-12	-0.17	0.00	No	No
6.96	0.11721	2025-03-12	-0.36	0.00	No	No
10.00	0.67101	2025-03-19	-0.29	0.00	No	No
10.00	0.67101	2025-03-19	-0.26	0.00	No	No
9.06	0.4867	2025-03-19	-0.41	0.00	No	No
10.00	2.84655	2025-03-19	-0.33	0.00	No	No
7.04	0.08697	2025-03-19	-0.46	0.00	No	No
4.00	0.06733	2025-03-19	-0.68	0.00	No	No
10.00	0.02408	2025-03-19	-0.33	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
59651071901	DICYCLOMINE 10 MG CAPSULE	2025-03-25	60.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.75
68382056501	METOPROLOL SUCC ER 50 MG TAB	2025-03-27	30.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
72578005518	DOXYCYCLINE HYCLATE 100 MG CAP	2025-03-28	14.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.74
60505082901	FLUTICASONE PROP 50 MCG SPRAY	2025-03-31	16.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
68382080601	TRAZODONE 100 MG TABLET	2025-02-04	90.000	WALMART PHARMACY	1902823032	0.00000	0.00	0.00
68645052154	SERTRALINE HCL 25 MG TABLET	2025-02-17	30.000	WALMART PHARMACY	1902823032	0.00000	0.00	0.00
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-03-04	21.000	WALMART PHARMACY	1902823032	0.00000	0.00	0.00
68645056354	IBUPROFEN 800 MG TABLET	2025-02-17	30.000	WALMART PHARMACY	1093732133	0.01767	0.00	4.13
60219158503	FLUOROMETHOLONE 0.1% EYE DROP	2025-03-28	10.000	WALMART PHARMACY	1093732133	8.19200	0.00	0.00
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-01-08	21.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00

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10.00	0.08613	2025-03-19	-0.31	0.00	No	No
9.00	0.06388	2025-03-26	-0.27	0.00	No	No
10.00	0.12632	2025-03-26	-0.12	0.00	No	No
14.78	0.46041	2025-03-26	-0.17	0.00	No	No
10.00	0.05231	2025-01-29	-0.34	0.00	No	No
9.00	0.03055	2025-02-12	-0.21	0.00	No	No
9.76	0.1323	2025-02-26	-0.26	0.00	No	No
1.16	0.0562	2025-02-12	-0.52	0.00	No	No
20.48	13.37197	2025-03-26	-0.29	0.00	No	No
9.76	0.11746	2025-01-08	-0.25	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
70954006020	PREDNISONE 20 MG TABLET	2025-03-20	11.000	KROGER PHARMACY	1336173129	0.00000	0.00	0.00
16571075710	ESCITALOPRAM 20 MG TABLET	2025-03-31	30.000	BECKLEY ARH PHARMACY	1699751818	0.00000	0.00	1.17
00093310905	AMOXICILLIN 500 MG CAPSULE	2025-02-03	14.000	KROGER PHARMACY	1336173129	0.00000	0.00	0.00
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	2025-02-06	100.000	WALMART PHARMACY	1265459390	0.00000	0.00	0.00
65862020399	LOSARTAN POTASSIUM 100 MG TAB	2025-01-29	1.000	WALGREENS	1902035454	0.05000	0.00	5.03
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2025-03-21	10.000	WALGREENS	1902035454	0.12100	0.00	7.71
00172392660	DIAZEPAM 5 MG TABLET	2025-03-24	3.000	WALMART PHARMACY	1750309449	0.00000	0.00	3.60
45802011214	MUPIROCIN 2% OINTMENT	2025-03-27	15.000	WALGREENS	1326564170	0.28333	0.00	4.18
68645058259	METFORMIN HCL 500 MG TABLET	2025-01-21	180.000	WALMART PHARMACY	1639196777	0.01306	0.00	7.65
57237002901	AMOXICILLIN 875 MG TABLET	2025-03-11	20.000	WALMART PHARMACY	1649364795	0.16500	0.00	9.11

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
9.99	0.08187	2025-03-19	-0.12	0.00	No	No
10.00	0.07802	2025-03-26	-0.13	0.00	No	No
9.99	0.08158	2025-01-29	-0.14	0.00	No	No
6.39	0.0318	2025-02-05	-0.53	0.00	No	No
0.00	0.04729	2025-01-29	-0.52	0.00	No	No
0.00	0.12126	2025-03-19	-0.24	0.00	No	No
0.40	0.02795	2025-03-19	-0.62	0.00	No	No
0.94	0.34576	2025-03-26	-0.40	0.00	No	No
0.00	0.01304	2025-01-15	-0.22	0.00	No	No
0.00	0.16502	2025-03-05	-0.10	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
45802046564	KETOCONAZOLE 2% SHAMPOO	2025-01-10	120.000	WALGREENS	1679099311	0.00000	0.00	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-02-13	10.000	WALGREENS	1679099311	0.00000	0.00	0.00
45802046564	KETOCONAZOLE 2% SHAMPOO	2025-02-21	120.000	WALGREENS	1679099311	0.00000	0.00	0.00
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	2025-03-03	6.000	WALGREENS	1679099311	0.00000	0.00	0.00
29300012910	HYDROCHLOROTHIAZIDE 50 MG TAB	2025-03-07	30.000	WALGREENS	1679099311	0.00000	0.00	0.00
45802046564	KETOCONAZOLE 2% SHAMPOO	2025-03-24	120.000	WALGREENS	1679099311	0.00000	0.00	0.00
53746083153	CIPROFLOX-DEXAMETH OTIC SUSP	2025-03-27	7.500	WALGREENS	1679099311	10.59867	0.00	0.00
68645061190	LISINOPRIL 20 MG TABLET	2025-01-10	30.000	WALMART PHARMACY	1285651323	0.00000	0.00	-0.00
68645061190	LISINOPRIL 20 MG TABLET	2025-02-11	30.000	WALMART PHARMACY	1285651323	0.00000	0.00	-0.00
68382009505	CARVEDILOL 25 MG TABLET	2025-01-17	60.000	WALMART PHARMACY	1376560417	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
19.59	0.09525	2025-01-08	-0.11	0.00	No	No
4.56	0.07317	2025-02-12	-0.59	0.00	No	No
19.59	0.09667	2025-02-19	-0.11	0.00	No	No
7.46	0.05697	2025-02-26	-0.31	0.00	No	No
5.99	0.0345	2025-03-05	-0.48	0.00	No	No
19.59	0.09539	2025-03-19	-0.11	0.00	No	No
20.00	14.36773	2025-03-26	-0.16	0.00	No	No
4.00	0.02387	2025-01-08	-0.64	0.00	No	No
4.00	0.02401	2025-02-05	-0.64	0.00	No	No
5.42	0.02816	2025-01-15	-0.55	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68645058459	METFORMIN HCL 1,000 MG TABLET	2025-01-20	180.000	WALMART PHARMACY	1376560417	0.00000	0.00	0.00
68645061190	LISINOPRIL 20 MG TABLET	2025-01-22	30.000	WALMART PHARMACY	1376560417	0.00000	0.00	-0.00
64380078408	PREDNISONE 10 MG TABLET	2025-02-09	20.000	WALMART PHARMACY	1376560417	0.00000	0.00	0.00
68645061190	LISINOPRIL 20 MG TABLET	2025-02-17	30.000	WALMART PHARMACY	1376560417	0.00000	0.00	-0.00
68382009505	CARVEDILOL 25 MG TABLET	2025-02-23	60.000	WALMART PHARMACY	1376560417	0.00000	0.00	0.00
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-03-15	21.000	WALMART PHARMACY	1376560417	0.00000	0.00	0.00
68645061190	LISINOPRIL 20 MG TABLET	2025-03-20	30.000	WALMART PHARMACY	1376560417	0.00000	0.00	0.00
47781065190	LEVOTHYROXINE 100 MCG TABLET	2025-01-31	90.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
00781261305	AMOXICILLIN 500 MG CAPSULE	2025-01-13	21.000	WALGREENS	1992220628	0.00000	0.00	0.00
00781261305	AMOXICILLIN 500 MG CAPSULE	2025-01-07	21.000	WALGREENS	1093234080	0.00000	0.00	0.00

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10.00	0.02204	2025-01-15	-0.31	0.00	No	No
4.00	0.02401	2025-01-22	-0.64	0.00	No	No
4.00	0.04773	2025-02-05	-0.65	0.00	No	No
4.00	0.02401	2025-02-12	-0.64	0.00	No	No
5.42	0.02966	2025-02-19	-0.56	0.00	No	No
6.28	0.08742	2025-03-12	-0.49	0.00	No	No
4.00	0.02621	2025-03-19	-0.65	0.00	No	No
10.00	0.05386	2025-01-29	-0.35	0.00	No	No
9.99	0.08279	2025-01-08	-0.18	0.00	No	No
9.99	0.08279	2025-01-01	-0.18	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-03-11	90.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
65862006299	METOPROLOL TARTRATE 25 MG TAB	2025-01-13	180.000	WALMART PHARMACY	1649297789	0.00000	0.00	0.00
64380078408	PREDNISONE 10 MG TABLET	2025-02-12	21.000	WALMART PHARMACY	1649297789	0.00000	0.00	0.00
68180096301	ALBUTEROL HFA 90 MCG INHALER	2025-02-12	8.500	WALMART PHARMACY	1649297789	1.18353	0.00	0.17
68645055854	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	2025-03-09	90.000	WALMART PHARMACY	1649297789	0.00000	0.00	0.00
42806054705	VITAMIN D2 1.25 MG(50,000 UNIT)	2025-01-14	5.000	WALMART PHARMACY	1801814595	0.00000	0.00	0.00
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-01-27	90.000	WALMART PHARMACY	1801814595	0.00000	0.00	0.00
42806054705	VITAMIN D2 1.25 MG(50,000 UNIT)	2025-02-14	5.000	WALMART PHARMACY	1801814595	0.00000	0.00	0.00
68382004101	PROMETHAZINE 25 MG TABLET	2025-01-08	15.000	WALMART PHARMACY	1811914948	0.00000	0.00	0.00
42806054705	VITAMIN D2 1.25 MG(50,000 UNIT)	2025-01-17	5.000	WALMART PHARMACY	1811914948	0.00000	0.00	0.00

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10.00	0.01217	2025-03-05	-0.14	0.00	No	No
10.00	0.01555	2025-01-08	-0.25	0.00	No	No
4.00	0.04773	2025-02-12	-0.65	0.00	No	No
10.00	2.35969	2025-02-12	-0.34	0.00	No	No
10.00	0.04107	2025-03-05	-0.30	0.00	No	No
8.70	0.10563	2025-01-08	-0.21	0.00	No	No
10.00	0.011	2025-01-22	-0.13	0.00	No	No
8.70	0.10587	2025-02-12	-0.21	0.00	No	No
7.50	0.03896	2025-01-08	-0.32	0.00	No	No
8.70	0.10563	2025-01-15	-0.21	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
42806054705	VITAMIN D2 1.25 MG(50,000 UNIT)	2025-03-08	5.000	WALMART PHARMACY	1811914948	0.00000	0.00	0.00
00536105224	POLYETHYLENE GLYCOL 3350 POWD	2025-02-28	238.000	CLARKSBURG VAMC	1356399364	0.01311	0.00	0.15
00904674880	BISACODYL EC 5 MG TABLET	2025-02-28	4.000	CLARKSBURG VAMC	1356399364	0.00500	0.00	0.15
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	2025-03-07	5.000	MEDICAL CENTER PHARMACY	1639163538	0.00000	0.00	0.00
00185012201	NITROFURANTOIN MONO-MCR 100 MG	2025-02-22	14.000	WALGREENS	1669998241	0.00000	0.00	0.00
29300024401	BUSPIRONE HCL 5 MG TABLET	2025-01-20	90.000	WALMART PHARMACY	1457378580	0.00000	0.00	0.00
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	2025-01-23	100.000	WALMART PHARMACY	1457378580	0.00000	0.00	0.00
55111014512	FLUCONAZOLE 150 MG TABLET	2025-02-27	1.000	WALMART PHARMACY	1457378580	0.00000	0.00	0.00
29300024401	BUSPIRONE HCL 5 MG TABLET	2025-03-01	60.000	WALMART PHARMACY	1457378580	0.00000	0.00	0.00
13668001101	CITALOPRAM HBR 40 MG TABLET	2025-03-01	30.000	WALMART PHARMACY	1457378580	0.00000	0.00	0.00

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8.70	0.11721	2025-03-05	-0.21	0.00	No	No
0.00	0.02588	2025-02-26	-0.80	0.00	No	No
0.00	0.03638	2025-02-26	-0.98	0.00	No	No
3.39	0.09095	2025-03-05	-0.69	0.00	No	No
10.75	0.30818	2025-02-19	-0.27	0.00	No	No
6.00	0.01976	2025-01-15	-0.51	0.00	No	No
6.39	0.0318	2025-01-22	-0.53	0.00	No	No
4.80	0.53979	2025-02-26	-0.56	0.00	No	No
4.00	0.02195	2025-02-26	-0.66	0.00	No	No
4.00	0.04272	2025-02-26	-0.66	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	2025-03-07	150.000	WALMART PHARMACY	1457378580	0.00000	0.00	-0.00
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-01-08	30.000	WALMART PHARMACY	1467479501	0.00000	0.00	0.00
00555901658	SPRINTEC 28 DAY TABLET	2025-01-11	28.000	WALMART PHARMACY	1467479501	0.11143	0.00	5.88
00555901658	SPRINTEC 28 DAY TABLET	2025-02-07	28.000	WALMART PHARMACY	1467479501	0.11179	0.00	5.87
64380078408	PREDNISONE 10 MG TABLET	2025-02-11	30.000	WALMART PHARMACY	1467479501	0.00000	0.00	0.00
00555901658	SPRINTEC 28 DAY TABLET	2025-03-01	28.000	WALMART PHARMACY	1467479501	0.12071	0.00	5.62
00555901658	SPRINTEC 28 DAY TABLET	2025-03-21	28.000	WALMART PHARMACY	1467479501	0.12821	0.00	5.41

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9.59	0.03875	2025-03-05	-0.41	0.00	No	No
8.97	0.08279	2025-01-08	-0.31	0.00	No	No
0.00	0.11128	2025-01-08	-0.34	0.00	No	No
0.00	0.1118	2025-02-05	-0.34	0.00	No	No
4.97	0.04773	2025-02-05	-0.58	0.00	No	No
0.00	0.12083	2025-02-26	-0.35	0.00	No	No
0.00	0.12836	2025-03-19	-0.36	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
67877015905	METFORMIN HCL ER 500 MG TABLET	2025-01-13	90.000	WALMART PHARMACY	1912391772	0.00000	0.00	0.00
68645060990	LISINOPRIL 5 MG TABLET	2025-01-25	90.000	WALMART PHARMACY	1912391772	0.00000	0.00	0.00
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	2025-01-30	200.000	WALMART PHARMACY	1912391772	0.00000	0.00	0.00
68645061190	LISINOPRIL 20 MG TABLET	2025-03-06	90.000	WALMART PHARMACY	1912391772	0.00000	0.00	-0.00
64380078507	PREDNISONE 20 MG TABLET	2025-03-19	6.000	WALMART PHARMACY	1912391772	0.00000	0.00	-0.00
62559039512	COLESTIPOL HCL 1 GM TABLET	2025-01-10	90.000	CVS PHARMACY	1073616736	0.00000	0.00	0.00
62559075816	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-03-06	180.000	CVS PHARMACY	1205231495	0.00000	0.00	4.89
00536136223	NICOTINE 2 MG CHEWING GUM	2025-02-06	220.000	HUNTINGTON VAMC	1508824301	0.12918	0.00	0.15
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2025-03-20	30.000	HUNTINGTON VAMC	1508824301	0.00000	0.00	0.00
00536136223	NICOTINE 2 MG CHEWING GUM	2025-03-28	220.000	HUNTINGTON VAMC	1508824301	0.12918	0.00	0.15

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4.00	0.02708	2025-01-08	-0.69	0.00	No	No
10.00	0.01386	2025-01-22	-0.15	0.00	No	No
12.78	0.0318	2025-01-29	-0.24	0.00	No	No
10.00	0.02538	2025-03-05	-0.22	0.00	No	No
4.00	0.08187	2025-03-19	-0.64	0.00	No	No
55.59	0.64507	2025-01-08	-0.19	0.00	Yes	No
10.00	0.03869	2025-03-05	-0.15	0.00	Yes	No
0.00	0.22252	2025-02-05	-0.52	0.00	No	No
6.34	0.12126	2025-03-19	-0.55	0.00	No	No
0.00	0.22311	2025-03-26	-0.52	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68180087673	NORETHINDRONE 0.35 MG TABLET	2025-01-23	28.000	WALMART PHARMACY	1639196769	0.07893	0.00	6.79
68180087673	NORETHINDRONE 0.35 MG TABLET	2025-02-24	28.000	WALMART PHARMACY	1639196769	0.08607	0.00	6.59
68180087673	NORETHINDRONE 0.35 MG TABLET	2025-03-26	28.000	WALMART PHARMACY	1639196769	0.09000	0.00	6.48
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-03-28	30.000	WALMART PHARMACY	1811914955	0.00000	0.00	0.00
49483048112	ASPIRIN EC 81 MG TABLET	2025-03-16	90.000	CVS PHARMACY	1285039727	0.01478	0.00	1.20
71930002012	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	2025-03-11	20.000	FRUTH PHARMACY	1437164373	0.15500	0.00	7.59
11534016503	FOLIC ACID 1 MG TABLET	2025-03-10	90.000	WALGREENS	1841716560	0.00000	0.00	-0.00
16714008310	HYDROXYZINE HCL 50 MG TABLET	2025-02-26	30.000	WALMART PHARMACY	1285651323	0.00000	0.00	0.00
24979002602	DILTIAZEM 24H ER(CD) 120 MG CP	2025-03-09	30.000	WALMART PHARMACY	1285651323	0.14933	0.00	4.35
47781064090	LEVOTHYROXINE 25 MCG TABLET	2025-03-10	66.000	WALMART PHARMACY	1710904842	0.00000	0.00	0.00

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0.00	0.07878	2025-01-22	-0.29	0.00	No	No
0.00	0.08614	2025-02-19	-0.30	0.00	No	No
0.00	0.09016	2025-03-26	-0.31	0.00	No	No
8.97	0.09188	2025-03-26	-0.32	0.00	No	No
0.00	0.01473	2025-03-12	-0.79	0.00	Yes	No
0.00	0.15504	2025-03-05	-0.21	0.00	No	No
8.91	0.02251	2025-03-05	-0.29	0.00	No	No
7.70	0.06182	2025-02-26	-0.38	0.00	No	No
0.00	0.14947	2025-03-05	-0.41	0.00	No	No
8.80	0.04343	2025-03-05	-0.34	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
64980028005	GLIPIZIDE ER 5 MG TABLET	2025-01-08	30.000	WALMART PHARMACY	1720005853	0.08000	0.00	6.60
31722070190	LOSARTAN POTASSIUM 50 MG TAB	2025-01-08	30.000	WALMART PHARMACY	1720005853	0.03600	0.00	7.92
00378827052	ALBUTEROL SUL 2.5 MG/3 ML SOLN	2025-01-09	75.000	WALMART PHARMACY	1720005853	0.06053	0.00	6.90
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-02-08	40.000	WALMART PHARMACY	1720005853	0.00000	0.00	0.00
68645058259	METFORMIN HCL 500 MG TABLET	2025-02-13	180.000	WALMART PHARMACY	1720005853	0.01322	0.00	7.62
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-03-07	30.000	WALMART PHARMACY	1720005853	0.00000	0.00	0.00
00054032756	FLUTICASONE-SALMETEROL 250-50	2025-03-08	60.000	WALMART PHARMACY	1720005853	1.39800	0.00	0.89
68180096301	ALBUTEROL HFA 90 MCG INHALER	2025-03-09	8.500	WALMART PHARMACY	1720005853	2.38000	0.00	0.00
68645056354	IBUPROFEN 800 MG TABLET	2025-03-14	30.000	WALMART PHARMACY	1720005853	0.00000	0.00	0.00
43598032675	CIPROFLOX-DEXAMETH OTIC SUSP	2025-03-24	7.500	WALMART PHARMACY	1720005853	0.00000	0.00	0.00

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0.00	0.07986	2025-01-08	-0.30	0.00	No	No
0.00	0.0361	2025-01-08	-0.22	0.00	No	No
0.00	0.06054	2025-01-08	-0.24	0.00	No	No
11.96	0.08158	2025-02-05	-0.13	0.00	No	No
0.00	0.01323	2025-02-12	-0.22	0.00	No	No
8.97	0.08742	2025-03-05	-0.32	0.00	No	No
0.00	1.39797	2025-03-05	-0.10	0.00	No	No
0.00	2.53475	2025-03-05	-0.37	0.00	No	No
5.82	0.06029	2025-03-12	-0.53	0.00	No	No
84.56	14.36773	2025-03-19	-0.28	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68645058459	METFORMIN HCL 1,000 MG TABLET	2025-02-06	180.000	WALMART PHARMACY	1750309449	0.02217	0.00	6.01
67877015905	METFORMIN HCL ER 500 MG TABLET	2025-02-17	180.000	WALMART PHARMACY	1750309449	0.02667	0.00	1.20
67877015905	METFORMIN HCL ER 500 MG TABLET	2025-01-25	180.000	WALMART PHARMACY	1790072916	0.02667	0.00	1.20
67877021905	CEPHALEXIN 500 MG CAPSULE	2025-02-03	16.000	WALMART PHARMACY	1790072916	0.00000	0.00	0.00
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-02-17	30.000	WALMART PHARMACY	1790072916	0.08167	0.00	6.52
68645056354	IBUPROFEN 800 MG TABLET	2025-02-17	20.000	WALMART PHARMACY	1790072916	0.05600	0.00	2.88
55111014512	FLUCONAZOLE 150 MG TABLET	2025-02-19	1.000	WALMART PHARMACY	1790072916	0.52000	0.00	4.28
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-03-11	21.000	WALMART PHARMACY	1790072916	0.13238	0.00	6.98
55111014512	FLUCONAZOLE 150 MG TABLET	2025-03-11	1.000	WALMART PHARMACY	1790072916	0.54000	0.00	4.26
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	2025-03-19	100.000	WALMART PHARMACY	1790072916	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
0.00	0.02215	2025-02-05	-0.31	0.00	No	No
0.00	0.02667	2025-02-12	-0.61	0.00	No	No
0.00	0.02667	2025-01-22	-0.61	0.00	No	No
6.54	0.10819	2025-01-29	-0.46	0.00	No	No
0.00	0.08158	2025-02-12	-0.31	0.00	No	No
0.00	0.0562	2025-02-12	-0.66	0.00	No	No
0.00	0.53979	2025-02-19	-0.56	0.00	No	No
0.00	0.1323	2025-03-05	-0.26	0.00	No	No
0.00	0.53979	2025-03-05	-0.56	0.00	No	No
6.39	0.03373	2025-03-19	-0.54	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
60505082901	FLUTICASONE PROP 50 MCG SPRAY	2025-03-31	16.000	WALMART PHARMACY	1790072916	0.46063	0.00	7.41
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	2025-03-18	150.000	WALMART PHARMACY	1912391772	0.00000	0.00	0.00
00121088516	PREDNISOLONE 15 MG/5 ML SOLN	2025-03-18	15.000	WALMART PHARMACY	1912391772	0.00000	0.00	0.00
59762444002	METHYLPREDNISOLONE 4 MG DOSEPK	2025-02-18	1.000	HUNTINGTON VAMC	1508824301	0.00000	0.00	0.00
00406051201	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	2025-02-18	30.000	HUNTINGTON VAMC	1508824301	0.00000	0.00	0.00
60219170701	PREDNISONE 10 MG TABLET	2025-03-18	20.000	KROGER PHARMACY	1063446854	0.00000	0.00	0.00
00406012405	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	2025-02-24	10.000	WALGREENS	1841716560	0.00000	0.00	0.00
00093031901	DILTIAZEM 60 MG TABLET	2025-02-05	180.000	WALMART PHARMACY	1801814595	0.12728	0.00	1.09
65162035803	ZAFEMY 150-35 MCG/DAY PATCH	2025-02-13	9.000	WALMART PHARMACY	1801814595	24.55000	0.00	0.00
00378750232	BREYNA 80-4.5 MCG INHALER	2025-03-06	10.300	WALMART PHARMACY	1801814595	15.23107	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
0.00	0.46041	2025-03-26	-0.17	0.00	No	No
9.59	0.03875	2025-03-12	-0.41	0.00	No	No
10.85	0.63833	2025-03-12	-0.46	0.00	No	No
1.13	0.11419	2025-02-12	-0.89	0.00	No	No
5.09	0.12752	2025-02-12	-0.64	0.00	No	No
9.99	0.05399	2025-03-12	-0.14	0.00	No	No
9.63	0.15504	2025-02-19	-0.20	0.00	No	No
0.00	0.12727	2025-02-05	-0.28	0.00	No	No
0.00	26.52333	2025-02-12	-0.11	0.00	No	No
0.00	20.13435	2025-03-05	-0.28	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
60505082901	FLUTICASONE PROP 50 MCG SPRAY	2025-03-06	16.000	WALMART PHARMACY	1801814595	0.00000	0.00	0.00
65162019011	NAPROXEN 500 MG TABLET	2025-03-22	30.000	WALMART PHARMACY	1801814595	0.00000	0.00	0.00
31722053301	METHOCARBAMOL 500 MG TABLET	2025-03-22	30.000	WALMART PHARMACY	1801814595	0.00000	0.00	0.00
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-03-22	21.000	WALMART PHARMACY	1801814595	0.00000	0.00	0.00
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-01-02	90.000	FRUTH PHARMACY	1609881549	0.01078	0.00	4.42
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-03-27	90.000	FRUTH PHARMACY	1609881549	0.01278	0.00	4.24
70954005920	PREDNISONE 10 MG TABLET	2025-03-27	15.000	WALGREENS	1013432749	0.00000	0.00	0.00
00574110404	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2025-03-09	180.000	WALGREENS	1922524909	0.00000	0.00	0.00
47781064090	LEVOTHYROXINE 25 MCG TABLET	2025-03-17	90.000	WALMART PHARMACY	1285651323	0.00000	0.00	0.00
68645058459	METFORMIN HCL 1,000 MG TABLET	2025-03-17	180.000	WALMART PHARMACY	1285651323	0.02317	0.00	5.83

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
15.87	0.44945	2025-03-05	-0.10	0.00	No	No
6.82	0.06272	2025-03-19	-0.45	0.00	No	No
8.20	0.03806	2025-03-19	-0.30	0.00	No	No
9.24	0.15456	2025-03-19	-0.33	0.00	No	No
0.00	0.01079	2025-01-01	-0.53	0.00	No	No
0.00	0.01281	2025-03-26	-0.54	0.00	No	No
5.50	0.05827	2025-03-26	-0.52	0.00	No	No
20.29	0.08115	2025-03-05	-0.19	0.00	No	No
10.00	0.04343	2025-03-12	-0.31	0.00	No	No
0.00	0.02319	2025-03-12	-0.32	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
62332002431	FLUOXETINE HCL 40 MG CAPSULE	2025-03-06	90.000	WALMART PHARMACY	1750309449	0.06600	0.00	4.06
00781261305	AMOXICILLIN 500 MG CAPSULE	2025-02-12	21.000	WALGREENS	1497271134	0.00000	0.00	-0.00
70954006020	PREDNISONE 20 MG TABLET	2025-02-19	11.000	WALGREENS	1841716560	0.00000	0.00	-0.00
61314065605	CIPROFLOXACIN 0.3% EYE DROP	2025-02-24	5.000	WALMART PHARMACY	1801813936	0.00000	0.00	0.00
60219170805	PREDNISONE 20 MG TABLET	2025-01-08	10.000	RENEGADE PHARMACY INC	1154977023	0.00000	0.00	0.00
11534016503	FOLIC ACID 1 MG TABLET	2025-03-14	90.000	WALGREENS	1316463979	0.00000	0.00	-0.00
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-03-30	180.000	WALGREENS	1659897205	0.00000	0.00	0.00
68382091634	METHYLPREDNISOLONE 4 MG DOSEPK	2025-03-30	21.000	WALGREENS	1659897205	0.00000	0.00	0.00
70954005820	PREDNISONE 5 MG TABLET	2025-01-02	15.000	WALGREENS	1841716404	0.00000	0.00	0.00
31722053301	METHOCARBAMOL 500 MG TABLET	2025-02-23	20.000	WALMART PHARMACY	1801814595	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
0.00	0.06602	2025-03-05	-0.39	0.00	No	No
9.99	0.08158	2025-02-12	-0.18	0.00	No	No
4.82	0.07911	2025-02-19	-0.58	0.00	No	No
14.60	1.57752	2025-02-19	-0.21	0.00	No	No
9.99	0.0717	2025-01-08	-0.11	0.00	No	No
8.91	0.02251	2025-03-12	-0.29	0.00	No	No
15.99	0.04345	2025-03-26	-0.13	0.00	No	No
11.99	0.15456	2025-03-26	-0.13	0.00	No	No
5.36	0.04351	2025-01-01	-0.52	0.00	No	No
7.33	0.03582	2025-02-19	-0.35	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
64380078507	PREDNISONE 20 MG TABLET	2025-02-23	15.000	WALMART PHARMACY	1801814595	0.00000	0.00	0.00
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2025-02-23	9.000	WALMART PHARMACY	1801814595	0.00000	0.00	0.00
29300013701	CLONIDINE HCL 0.3 MG TABLET	2025-01-11	30.000	WALMART PHARMACY	1902823032	0.03600	0.00	2.92
68382011514	RISPERIDONE 2 MG TABLET	2025-01-11	60.000	WALMART PHARMACY	1902823032	0.04350	0.00	5.39
65862017260	TOPIRAMATE 50 MG TABLET	2025-01-11	60.000	WALMART PHARMACY	1902823032	0.03633	0.00	6.82
50111056001	TRAZODONE 50 MG TABLET	2025-01-11	45.000	WALMART PHARMACY	1902823032	0.03178	0.00	4.57
31722002405	OXCARBAZEPINE 300 MG TABLET	2025-01-11	30.000	WALMART PHARMACY	1902823032	0.15000	0.00	0.00
29300013901	DIVALPROEX SOD DR 250 MG TAB	2025-01-23	30.000	WALMART PHARMACY	1902823032	0.09400	0.00	1.68
29300024401	BUSPIRONE HCL 5 MG TABLET	2025-01-23	90.000	WALMART PHARMACY	1902823032	0.00000	0.00	0.00
29300013701	CLONIDINE HCL 0.3 MG TABLET	2025-01-23	30.000	WALMART PHARMACY	1902823032	0.03633	0.00	2.91

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
6.06	0.07911	2025-02-19	-0.48	0.00	No	No
9.51	0.12132	2025-02-19	-0.18	0.00	No	No
0.00	0.03613	2025-01-08	-0.65	0.00	No	No
0.00	0.04343	2025-01-08	-0.39	0.00	No	No
0.00	0.03634	2025-01-08	-0.29	0.00	No	No
0.00	0.03177	2025-01-08	-0.50	0.00	No	No
0.00	0.16783	2025-01-08	-0.71	0.00	No	No
0.00	0.09413	2025-01-22	-0.66	0.00	No	No
6.00	0.01949	2025-01-22	-0.51	0.00	No	No
0.00	0.03643	2025-01-22	-0.65	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
13668001001	CITALOPRAM HBR 20 MG TABLET	2025-01-27	90.000	WALMART PHARMACY	1902823032	0.02778	0.00	7.50
29300013701	CLONIDINE HCL 0.3 MG TABLET	2025-02-15	30.000	WALMART PHARMACY	1902823032	0.03633	0.00	2.91
63304077301	LORAZEPAM 1 MG TABLET	2025-02-15	60.000	WALMART PHARMACY	1902823032	0.00000	0.00	0.00
68382011514	RISPERIDONE 2 MG TABLET	2025-02-15	60.000	WALMART PHARMACY	1902823032	0.04783	0.00	5.13
31722002405	OXCARBAZEPINE 300 MG TABLET	2025-02-15	30.000	WALMART PHARMACY	1902823032	0.15000	0.00	0.00
29300024401	BUSPIRONE HCL 5 MG TABLET	2025-02-26	90.000	WALMART PHARMACY	1902823032	0.00000	0.00	0.00
29300013901	DIVALPROEX SOD DR 250 MG TAB	2025-02-26	30.000	WALMART PHARMACY	1902823032	0.09633	0.00	1.61
29300013701	CLONIDINE HCL 0.3 MG TABLET	2025-02-26	30.000	WALMART PHARMACY	1902823032	0.03900	0.00	2.83
68382011514	RISPERIDONE 2 MG TABLET	2025-03-22	60.000	WALMART PHARMACY	1902823032	0.05850	0.00	4.49
13668033001	TRAZODONE 50 MG TABLET	2025-03-22	45.000	WALMART PHARMACY	1902823032	0.03578	0.00	4.39

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
0.00	0.02773	2025-01-22	-0.23	0.00	No	No
0.00	0.03643	2025-02-12	-0.65	0.00	No	No
5.94	0.04209	2025-02-12	-0.54	0.00	No	No
0.00	0.04782	2025-02-12	-0.40	0.00	No	No
0.00	0.17017	2025-02-12	-0.71	0.00	No	No
6.00	0.02195	2025-02-26	-0.52	0.00	No	No
0.00	0.09624	2025-02-26	-0.66	0.00	No	No
0.00	0.03903	2025-02-26	-0.66	0.00	No	No
0.00	0.05853	2025-03-19	-0.43	0.00	No	No
0.00	0.03571	2025-03-19	-0.50	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee	Amount of Member Cost Share
31722002405	OXCARBAZEPINE 300 MG TABLET	2025-03-25	30.000	WALMART PHARMACY	1902823032	0.15000	0.00	0.00	0.00
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-01-11	90.000	WALGREENS	1891211702	0.01078	0.00	8.18	0.00
47781065190	LEVOTHYROXINE 100 MCG TABLET	2025-02-04	90.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00	10.00
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	2025-03-14	4.000	ARACOMA DRUG COMPANY	1780639286	0.00000	0.00	0.00	7.88
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	2025-03-14	4.000	ARACOMA DRUG COMPANY	1780639286	0.00000	0.00	0.00	7.88
45802006436	TRIAMCINOLONE 0.1% CREAM	2025-02-20	80.000	WALGREENS	1841716560	0.00000	0.00	1.48	10.00
68382005105	MELOXICAM 15 MG TABLET	2025-03-24	7.000	WALMART PHARMACY	1609965292	0.00000	0.00	0.00	4.00
60505082901	FLUTICASONE PROP 50 MCG SPRAY	2025-03-17	16.000	WALMART PHARMACY	1790072916	0.00000	0.00	5.87	10.00

Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
0.1873	2025-03-19	-0.72	0.00	No	No
0.01079	2025-01-08	-0.20	0.00	No	No
0.05386	2025-01-29	-0.35	0.00	No	No
0.11721	2025-03-12	-0.28	0.00	No	No
0.11721	2025-03-12	-0.28	0.00	No	No
0.05608	2025-02-19	-0.23	0.00	No	No
0.02018	2025-03-19	-0.62	0.00	No	No
0.44945	2025-03-12	-0.10	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee	Amount of Member Cost Share
31722002405	OXCARBAZEPINE 300 MG TABLET	2025-02-28	45.000	WALMART PHARMACY	1821015967	0.15000	0.00	0.00	0.00
31722002405	OXCARBAZEPINE 300 MG TABLET	2025-03-25	45.000	WALMART PHARMACY	1821015967	0.15000	0.00	0.00	0.00
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-02-07	21.000	WALMART PHARMACY	1750309449	0.00000	0.00	0.00	9.76
31722070190	LOSARTAN POTASSIUM 50 MG TAB	2025-02-11	30.000	WALMART PHARMACY	1750309449	0.03567	0.00	7.93	0.00
64380078507	PREDNISONE 20 MG TABLET	2025-02-02	10.000	WALMART PHARMACY	1912391772	0.00000	0.00	0.00	4.04
75907004301	TRIMETHOPRIM 100 MG TABLET	2025-02-25	90.000	CVS PHARMACY	1881797546	0.62211	0.00	0.00	10.00
70756063525	CYANOCOBALAMIN 1,000 MCG/ML VL	2025-01-15	1.000	ARACOMA DRUG COMPANY	1780639286	0.00000	0.00	-0.00	8.30
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-01-15	21.000	ARACOMA DRUG COMPANY	1780639286	0.00000	0.00	0.00	8.00
00116200116	CHLORHEXIDINE 0.12% RINSE	2025-01-16	473.000	ARACOMA DRUG COMPANY	1780639286	0.00000	0.00	2.01	10.00

Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
0.18222	2025-02-26	-0.64	0.00	No	No
0.1873	2025-03-19	-0.64	0.00	No	No
0.11419	2025-02-05	-0.24	0.00	No	No
0.03558	2025-02-05	-0.22	0.00	No	No
0.07317	2025-01-29	-0.64	0.00	No	No
1.37115	2025-02-19	-0.51	0.00	Yes	No
1.65534	2025-01-15	-0.32	0.00	No	No
0.08279	2025-01-15	-0.35	0.00	No	No
0.00699	2025-01-15	-0.13	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee	Amount of Member Cost Share
00781261305	AMOXICILLIN 500 MG CAPSULE	2025-01-16	21.000	ARACOMA DRUG COMPANY	1780639286	0.00000	0.00	0.00	7.99
57237003105	AMOXICILLIN 500 MG CAPSULE	2025-01-26	30.000	ARACOMA DRUG COMPANY	1780639286	0.00000	0.00	1.43	10.00
51672300302	HYDROCORTISONE 2.5% CREAM	2025-02-04	28.350	ARACOMA DRUG COMPANY	1780639286	0.00000	0.00	0.00	9.67
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	2025-02-04	12.000	ARACOMA DRUG COMPANY	1780639286	0.00000	0.00	-0.00	8.63
64380078508	PREDNISONE 20 MG TABLET	2025-02-12	5.000	ARACOMA DRUG COMPANY	1780639286	0.00000	0.00	0.00	1.05
69367030951	SODIUM FLUORIDE 5000 PLUS CRM	2025-02-12	51.000	ARACOMA DRUG COMPANY	1780639286	0.00000	0.00	2.17	10.00
70756063525	CYANOCOBALAMIN 1,000 MCG/ML VL	2025-02-14	1.000	ARACOMA DRUG COMPANY	1780639286	0.00000	0.00	-0.00	8.30

Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
0.08279	2025-01-15	-0.35	0.00	No	No
0.08158	2025-01-22	-0.12	0.00	No	No
0.08733	2025-01-29	-0.25	0.00	No	No
0.10587	2025-01-29	-0.27	0.00	No	No
0.07317	2025-02-12	-0.90	0.00	No	No
0.061	2025-02-12	-0.11	0.00	No	No
1.60351	2025-02-12	-0.31	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee	Amount of Member Cost Share
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	2025-02-19	100.000	ARACOMA DRUG COMPANY	1780639286	0.00000	0.00	-0.00	9.81
57237003105	AMOXICILLIN 500 MG CAPSULE	2025-02-21	21.000	ARACOMA DRUG COMPANY	1780639286	0.00000	0.00	0.00	8.00
64380078508	PREDNISONE 20 MG TABLET	2025-02-24	10.000	ARACOMA DRUG COMPANY	1780639286	0.00000	0.00	0.00	2.10
68094090006	AZITHROMYCIN 250 MG TABLET	2025-02-26	6.000	ARACOMA DRUG COMPANY	1780639286	0.00000	0.00	0.00	4.30
57237010199	METOPROLOL TARTRATE 50 MG TAB	2025-03-03	2.000	ARACOMA DRUG COMPANY	1780639286	0.00000	0.00	0.00	1.08
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	2025-03-04	4.000	ARACOMA DRUG COMPANY	1780639286	0.00000	0.00	0.00	7.88
70756063525	CYANOCOBALAMIN 1,000 MCG/ML VL	2025-03-14	1.000	ARACOMA DRUG COMPANY	1780639286	0.00000	0.00	-0.00	8.30

Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
0.03366	2025-02-19	-0.29	0.00	No	No
0.08742	2025-02-19	-0.35	0.00	No	No
0.07911	2025-02-19	-0.81	0.00	No	No
0.36217	2025-02-26	-0.66	0.00	No	No
0.02142	2025-02-26	-0.90	0.00	No	No
0.11721	2025-02-26	-0.28	0.00	No	No
1.73711	2025-03-12	-0.32	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee	Amount of Member Cost Share
76282073110	LISINOPRIL 20 MG TABLET	2025-01-14	45.000	BECKLEY VAMC PHARMACY	1104884535	0.00200	0.00	0.00	0.45
69097045805	FENOFIBRATE 145 MG TABLET	2025-01-16	90.000	BECKLEY VAMC PHARMACY	1104884535	0.00000	0.00	0.00	10.00
50228035190	PREGABALIN 50 MG CAPSULE	2025-01-18	30.000	BECKLEY VAMC PHARMACY	1104884535	0.00000	0.00	0.00	14.37
00023649810	UBRELVY 50 MG TABLET	2025-03-11	10.000	BECKLEY VAMC PHARMACY	1104884535	60.06500	0.00	0.00	30.00
70954006020	PREDNISONE 20 MG TABLET	2025-01-08	10.000	BMH COMFORT PHARMACY	1780360255	0.00000	0.00	0.00	7.56
29300046810	CLONIDINE HCL 0.1 MG TABLET	2025-01-13	30.000	BMH COMFORT PHARMACY	1780360255	0.00000	0.00	-0.00	6.90
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	2025-01-13	4.000	BMH COMFORT PHARMACY	1780360255	0.00000	0.00	0.00	7.87

Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
0.02387	2025-01-08	-0.95	0.00	No	No
0.12293	2025-01-15	-0.54	0.00	No	No
0.05101	2025-01-15	0.00	0.20	No	No
104.09376	2025-03-05	-0.40	0.00	No	No
0.0717	2025-01-08	-0.33	0.00	No	No
0.0229	2025-01-08	-0.38	0.00	No	No
0.10563	2025-01-08	-0.28	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee	Amount of Member Cost Share
69315011610	FUROSEMIDE 20 MG TABLET	2025-01-14	30.000	BMH COMFORT PHARMACY	1780360255	0.00000	0.00	0.00	9.19
69315011610	FUROSEMIDE 20 MG TABLET	2025-01-21	30.000	BMH COMFORT PHARMACY	1780360255	0.00000	0.00	0.00	9.19
59651048805	PREDNISONE 20 MG TABLET	2025-01-27	10.000	BMH COMFORT PHARMACY	1780360255	0.00000	0.00	0.00	7.56
70954006020	PREDNISONE 20 MG TABLET	2025-02-03	10.000	BMH COMFORT PHARMACY	1780360255	0.00000	0.00	0.00	7.56
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	2025-02-06	4.000	BMH COMFORT PHARMACY	1780360255	0.00000	0.00	0.00	7.87
54838050280	HYDROXYZINE 10 MG/5 ML SYRUP	2025-02-10	40.000	BMH COMFORT PHARMACY	1780360255	0.00000	0.00	4.95	10.00
33342033315	TRIAMCINOLONE 0.1% OINTMENT	2025-02-10	15.000	BMH COMFORT PHARMACY	1780360255	0.00000	0.00	0.57	10.00

Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
0.0228	2025-01-08	-0.18	0.00	No	No
0.0228	2025-01-15	-0.18	0.00	No	No
0.07317	2025-01-22	-0.33	0.00	No	No
0.07317	2025-01-29	-0.33	0.00	No	No
0.10587	2025-02-05	-0.28	0.00	No	No
0.16116	2025-02-05	-0.12	0.00	No	No
0.11439	2025-02-05	-0.13	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee	Amount of Member Cost Share
00168000315	TRIAMCINOLONE 0.025% CREAM	2025-02-10	15.000	BMH COMFORT PHARMACY	1780360255	0.00000	0.00	-0.00	9.46
69315011610	FUROSEMIDE 20 MG TABLET	2025-02-13	30.000	BMH COMFORT PHARMACY	1780360255	0.00000	0.00	0.00	9.19
00169452514	WEGOVY 0.25 MG/0.5 ML PEN	2025-02-14	2.000	BMH COMFORT PHARMACY	1780360255	382.20500	0.00	0.00	50.00
70954006020	PREDNISONE 20 MG TABLET	2025-02-17	10.000	BMH COMFORT PHARMACY	1780360255	0.00000	0.00	0.00	7.56
69315011610	FUROSEMIDE 20 MG TABLET	2025-02-21	30.000	BMH COMFORT PHARMACY	1780360255	0.00000	0.00	0.00	9.19
72578000801	METRONIDAZOLE 500 MG TABLET	2025-02-24	4.000	BMH COMFORT PHARMACY	1780360255	0.00000	0.00	0.00	7.91
00904674817	BISACODYL EC 5 MG TABLET	2025-02-27	4.000	BMH COMFORT PHARMACY	1780360255	0.03750	0.00	5.03	0.00

Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
0.12393	2025-02-05	-0.23	0.00	No	No
0.02252	2025-02-12	-0.18	0.00	No	No
650.79141	2025-02-12	-0.38	0.00	No	No
0.07317	2025-02-12	-0.33	0.00	No	No
0.02485	2025-02-19	-0.18	0.00	No	No
0.09996	2025-02-19	-0.27	0.00	No	No
0.03638	2025-02-26	-0.51	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee	Amount of Member Cost Share
70954006020	PREDNISONE 20 MG TABLET	2025-02-27	5.000	BMH COMFORT PHARMACY	1780360255	0.00000	0.00	0.00	6.28
70954006020	PREDNISONE 20 MG TABLET	2025-02-27	5.000	BMH COMFORT PHARMACY	1780360255	0.00000	0.00	0.00	6.28
70954006020	PREDNISONE 20 MG TABLET	2025-03-03	15.000	BMH COMFORT PHARMACY	1780360255	0.00000	0.00	0.00	8.84
00378034501	DIAZEPAM 5 MG TABLET	2025-03-03	12.000	BMH COMFORT PHARMACY	1780360255	0.00000	0.00	0.00	6.96
69315011610	FUROSEMIDE 20 MG TABLET	2025-03-17	30.000	BMH COMFORT PHARMACY	1780360255	0.00000	0.00	0.00	9.19
69315011610	FUROSEMIDE 20 MG TABLET	2025-03-21	30.000	BMH COMFORT PHARMACY	1780360255	0.00000	0.00	0.00	9.19
59651048805	PREDNISONE 20 MG TABLET	2025-03-25	10.000	BMH COMFORT PHARMACY	1780360255	0.00000	0.00	0.00	7.56

Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
0.07911	2025-02-26	-0.42	0.00	No	No
0.07911	2025-02-26	-0.42	0.00	No	No
0.07911	2025-02-26	-0.24	0.00	No	No
0.02667	2025-02-26	-0.36	0.00	No	No
0.02485	2025-03-12	-0.18	0.00	No	No
0.02649	2025-03-19	-0.19	0.00	No	No
0.08187	2025-03-19	-0.33	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee	Amount of Member Cost Share
50111045002	TRAZODONE 150 MG TABLET	2025-03-26	30.000	BMH COMFORT PHARMACY	1780360255	0.00000	0.00	0.00	8.67
00054981725	PREDNISONE 10 MG TABLET	2025-01-10	15.000	BOONE MEMORIAL HOSPITAL OPT	1679073779	0.00000	0.00	0.00	8.64
00054981725	PREDNISONE 10 MG TABLET	2025-01-20	16.000	BOONE MEMORIAL HOSPITAL OPT	1679073779	0.00000	0.00	0.00	8.88
67877059001	METOPROLOL SUCC ER 25 MG TAB	2025-01-22	30.000	BOONE MEMORIAL HOSPITAL OPT	1679073779	0.00000	0.00	0.00	7.81
00781410315	DROSP-EE-LEVOMEF 3-0.03-0.451	2025-02-06	28.000	BOONE MEMORIAL HOSPITAL OPT	1679073779	0.41571	0.00	0.00	0.00
67877059001	METOPROLOL SUCC ER 25 MG TAB	2025-02-20	30.000	BOONE MEMORIAL HOSPITAL OPT	1679073779	0.00000	0.00	0.00	7.81
55111046601	METOPROLOL SUCC ER 25 MG TAB	2025-03-20	30.000	BOONE MEMORIAL HOSPITAL OPT	1679073779	0.00000	0.00	0.00	7.81

Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
0.11925	2025-03-26	-0.38	0.00	No	No
0.04665	2025-01-08	-0.23	0.00	No	No
0.04665	2025-01-15	-0.21	0.00	No	No
0.05304	2025-01-22	-0.35	0.00	No	No
3.34473	2025-02-05	-0.89	0.00	No	No
0.05453	2025-02-19	-0.36	0.00	No	No
0.05896	2025-03-19	-0.36	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee	Amount of Member Cost Share
00591544301	PREDNISONE 20 MG TABLET	2025-01-02	10.000	CABIN CREEK HEALTH CENTER PHCY	1265592679	0.00000	0.00	0.00	2.59
52817018010	CLONIDINE HCL 0.1 MG TABLET	2025-01-03	10.000	CABIN CREEK HEALTH CENTER PHCY	1265592679	0.00000	0.00	0.00	2.59
69315011610	FUROSEMIDE 20 MG TABLET	2025-01-08	10.000	CABIN CREEK HEALTH CENTER PHCY	1265592679	0.00000	0.00	0.00	1.40
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2025-01-16	10.000	CABIN CREEK HEALTH CENTER PHCY	1265592679	0.00000	0.00	0.00	6.92
00781261301	AMOXICILLIN 500 MG CAPSULE	2025-01-16	15.000	CABIN CREEK HEALTH CENTER PHCY	1265592679	0.00000	0.00	0.00	6.51
00591544301	PREDNISONE 20 MG TABLET	2025-02-04	10.000	CABIN CREEK HEALTH CENTER PHCY	1265592679	0.00000	0.00	0.00	2.59
53746036110	FOLIC ACID 1 MG TABLET	2025-02-11	90.000	CABIN CREEK HEALTH CENTER PHCY	1265592679	0.00000	0.00	0.00	7.02

Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
0.0717	2025-01-01	-0.77	0.00	No	No
0.0229	2025-01-01	-0.76	0.00	No	No
0.0228	2025-01-08	-0.87	0.00	No	No
0.12482	2025-01-15	-0.41	0.00	No	No
0.08279	2025-01-15	-0.45	0.00	No	No
0.07317	2025-01-29	-0.77	0.00	No	No
0.02086	2025-02-05	-0.43	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee	Amount of Member Cost Share
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-02-14	118.000	CABIN CREEK HEALTH CENTER PHCY	1265592679	0.00000	0.00	0.92	10.00
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-02-21	118.000	CABIN CREEK HEALTH CENTER PHCY	1265592679	0.00000	0.00	0.92	10.00
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	2025-02-24	13.000	CABIN CREEK HEALTH CENTER PHCY	1265592679	0.00000	0.00	0.00	9.35
53746036110	FOLIC ACID 1 MG TABLET	2025-03-06	90.000	CABIN CREEK HEALTH CENTER PHCY	1265592679	0.00000	0.00	0.00	7.02
00591544301	PREDNISONE 20 MG TABLET	2025-03-25	14.000	CABIN CREEK HEALTH CENTER PHCY	1265592679	0.00000	0.00	0.00	3.63
68001024604	ONDANSETRON ODT 4 MG TABLET	2025-02-10	10.000	CRAB ORCHARD PHARMACY	1619050754	0.00000	0.00	-0.00	8.88
60219170805	PREDNISONE 20 MG TABLET	2025-02-19	7.000	CRAB ORCHARD PHARMACY	1619050754	0.00000	0.00	0.00	8.51

Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
0.0344	2025-02-12	-0.25	0.00	No	No
0.03869	2025-02-19	-0.27	0.00	No	No
0.11721	2025-02-19	-0.22	0.00	No	No
0.02251	2025-03-05	-0.44	0.00	No	No
0.08187	2025-03-19	-0.69	0.00	No	No
0.15819	2025-02-05	-0.26	0.00	No	No
0.07911	2025-02-19	-0.23	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee	Amount of Member Cost Share
60219170805	PREDNISONE 20 MG TABLET	2025-02-19	10.000	CRAB ORCHARD PHARMACY	1619050754	0.00000	0.00	0.00	9.59
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	2025-03-28	3.000	CVS PHARMACY	1053414714	29.33000	0.00	0.00	0.00
62559075816	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-03-24	210.000	CVS PHARMACY	1134223811	0.00000	0.00	7.19	10.00
00904679489	ASPIRIN 81 MG CHEWABLE TABLET	2025-01-20	90.000	CVS PHARMACY	1154424810	0.02389	0.00	3.84	0.00
49483048112	ASPIRIN EC 81 MG TABLET	2025-03-21	90.000	CVS PHARMACY	1154424810	0.01556	0.00	1.13	0.00
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	2025-01-06	2.000	CVS PHARMACY	1164858148	49.99500	0.00	0.00	10.00
62559075816	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-03-04	140.000	CVS PHARMACY	1265663207	0.00000	0.00	3.99	10.00
62559075816	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-03-22	118.000	CVS PHARMACY	1265663207	0.00000	0.00	3.99	10.00
00591292754	LEVALBUTEROL TAR HFA 45 MCG INH	2025-02-13	15.000	CVS PHARMACY	1275636631	2.39267	0.00	0.00	10.00
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	2025-02-25	2.000	CVS PHARMACY	1285039727	49.99500	0.00	0.00	10.00

Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
0.07911	2025-02-19	-0.15	0.00	No	No
37.0041	2025-03-26	-0.28	0.00	Yes	No
0.04345	2025-03-19	-0.12	0.00	Yes	No
0.02385	2025-01-15	-0.53	0.00	Yes	No
0.01553	2025-03-19	-0.79	0.00	Yes	No
98.09752	2025-01-01	-0.47	0.00	Yes	No
0.03869	2025-02-26	-0.12	0.00	Yes	No
0.04345	2025-03-19	-0.10	0.00	Yes	No
3.25144	2025-02-12	-0.23	0.00	Yes	No
106.32709	2025-02-19	-0.51	0.00	Yes	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee	Amount of Member Cost Share
62559075816	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-02-21	150.000	CVS PHARMACY	1407959166	0.00000	0.00	3.99	10.00
42799080601	IVERMECTIN 3 MG TABLET	2025-01-30	2.000	CVS PHARMACY	1417050170	0.00000	0.00	3.99	10.00
49483048112	ASPIRIN EC 81 MG TABLET	2025-02-14	90.000	CVS PHARMACY	1417050170	0.01367	0.00	1.30	0.00
62559075816	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-02-03	150.000	CVS PHARMACY	1518060276	0.00000	0.00	3.99	10.00
62559075816	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-03-18	150.000	CVS PHARMACY	1518060276	0.00000	0.00	3.99	10.00
62559075816	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-02-07	180.000	CVS PHARMACY	1871696526	0.00000	0.00	4.89	10.00
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	2025-03-05	2.000	CVS PHARMACY	1871696526	49.99500	0.00	0.00	10.00
00574220545	TRETINOIN 0.05% CREAM	2025-02-19	45.000	CVS PHARMACY	1871696534	1.07133	0.00	10.49	10.00
49483048112	ASPIRIN EC 81 MG TABLET	2025-01-05	90.000	CVS PHARMACY	1962505610	0.01322	0.00	1.34	0.00
62559075816	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-03-20	200.000	CVS PHARMACY	1962505610	0.00000	0.00	6.39	10.00

Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
0.03869	2025-02-19	-0.14	0.00	Yes	No
3.2633	2025-01-29	-0.18	0.00	Yes	No
0.01368	2025-02-12	-0.78	0.00	Yes	No
0.0344	2025-01-29	-0.11	0.00	Yes	No
0.03869	2025-03-12	-0.14	0.00	Yes	No
0.0344	2025-02-05	-0.11	0.00	Yes	No
106.32709	2025-03-05	-0.51	0.00	Yes	No
1.51028	2025-02-19	-0.12	0.00	Yes	No
0.01317	2025-01-01	-0.78	0.00	Yes	No
0.04345	2025-03-19	-0.15	0.00	Yes	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68462071171	ESTRADIOL 10 MCG VAGINAL INSRT	2025-02-19	8.000	DOUG'S DRUGS	1457716334	4.97875	0.00	10.49
76282066339	DICLOFENAC SODIUM 1% GEL	2025-02-26	100.000	DOUG'S DRUGS	1457716334	0.00000	0.00	-0.00
59651048701	PREDNISONE 10 MG TABLET	2025-03-05	12.000	FRUTH PHARMACY	1073528915	0.00000	0.00	0.00
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-01-22	90.000	FRUTH PHARMACY	1609881549	0.00000	0.00	0.00
72888012526	LIDOCAINE 2% VISCOUS SOLN	2025-03-05	40.000	GLEN DANIEL PHARMACY	1447693312	0.00000	0.00	2.81
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-02-24	30.000	KANAWHA CITY HLTH CENTER PHCY	1750726444	0.00000	0.00	0.00
42799081501	PREDNISOLONE 15 MG/5 ML SOLN	2025-01-02	20.000	KROGER PHARMACY	1043244833	0.00000	0.00	0.00
57237010299	METOPROLOL TARTRATE 100 MG TAB	2025-01-08	30.000	KROGER PHARMACY	1063446854	0.00000	0.00	0.00
31722025205	ALLOPURINOL 100 MG TABLET	2025-01-08	30.000	KROGER PHARMACY	1063446854	0.00000	0.00	0.00
60219170701	PREDNISONE 10 MG TABLET	2025-01-12	15.000	KROGER PHARMACY	1063446854	0.00000	0.00	-0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
10.00	7.28159	2025-02-19	-0.12	0.00	No	No
15.06	0.11509	2025-02-26	-0.32	0.00	No	No
6.16	0.05399	2025-03-05	-0.45	0.00	No	No
5.39	0.011	2025-01-22	-0.53	0.00	No	No
10.00	0.09935	2025-03-05	-0.11	0.00	No	No
0.71	0.01217	2025-02-19	-0.93	0.00	No	No
9.99	0.10868	2025-01-01	-0.21	0.00	No	No
9.99	0.02531	2025-01-08	-0.11	0.00	No	No
9.99	0.0394	2025-01-08	-0.14	0.00	No	No
9.99	0.04665	2025-01-08	-0.11	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
31722099601	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2025-01-30	8.000	KROGER PHARMACY	1063446854	0.00000	0.00	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-01-30	10.000	KROGER PHARMACY	1063446854	0.00000	0.00	0.00
57237010299	METOPROLOL TARTRATE 100 MG TAB	2025-02-05	30.000	KROGER PHARMACY	1063446854	0.00000	0.00	0.00
31722025205	ALLOPURINOL 100 MG TABLET	2025-02-05	30.000	KROGER PHARMACY	1063446854	0.00000	0.00	0.00
24979020103	DICYCLOMINE 10 MG CAPSULE	2025-02-12	20.000	KROGER PHARMACY	1063446854	0.00000	0.00	0.00
31722025205	ALLOPURINOL 100 MG TABLET	2025-03-07	30.000	KROGER PHARMACY	1063446854	0.00000	0.00	0.00
57237010299	METOPROLOL TARTRATE 100 MG TAB	2025-03-07	30.000	KROGER PHARMACY	1063446854	0.00000	0.00	0.00
00093310905	AMOXICILLIN 500 MG CAPSULE	2025-03-10	20.000	KROGER PHARMACY	1063446854	0.00000	0.00	0.49
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	2025-01-27	200.000	KROGER PHARMACY	1063446854	0.00000	0.00	3.95
70954006020	PREDNISONE 20 MG TABLET	2025-03-26	24.000	KROGER PHARMACY	1063446854	0.00000	0.00	-0.00

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9.99	0.12377	2025-01-29	-0.13	0.00	No	No
9.99	0.07317	2025-01-29	-0.11	0.00	No	No
9.99	0.02548	2025-02-05	-0.11	0.00	No	No
9.99	0.03813	2025-02-05	-0.14	0.00	No	No
9.99	0.07879	2025-02-12	-0.17	0.00	No	No
9.99	0.04114	2025-03-05	-0.15	0.00	No	No
9.99	0.02759	2025-03-05	-0.12	0.00	No	No
10.00	0.08742	2025-03-05	-0.14	0.00	No	No
10.00	0.0318	2025-01-22	-0.17	0.00	No	No
9.99	0.08187	2025-03-26	-0.20	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
42571025101	CLINDAMYCIN HCL 150 MG CAPSULE	2025-01-23	14.000	KROGER PHARMACY	1689608465	0.00000	0.00	0.00
65862001501	AMOXICILLIN 875 MG TABLET	2025-02-07	10.000	KROGER PHARMACY	1689608465	0.00000	0.00	0.49
70954006020	PREDNISONE 20 MG TABLET	2025-02-21	10.000	KROGER PHARMACY	1689608465	0.00000	0.00	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-02-20	10.000	KROGER PHARMACY	1699709303	0.00000	0.00	0.00
65862001501	AMOXICILLIN 875 MG TABLET	2025-02-20	10.000	KROGER PHARMACY	1770517559	0.00000	0.00	0.49
00093310905	AMOXICILLIN 500 MG CAPSULE	2025-03-13	21.000	KROGER PHARMACY	1770517559	0.00000	0.00	0.99
65862007150	AMOXICILLIN 400 MG/5 ML SUSP	2025-03-20	50.000	KROGER PHARMACY	1770517559	0.00000	0.00	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-03-21	21.000	KROGER PHARMACY	1770517559	0.00000	0.00	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-01-05	10.000	KROGER PHARMACY	1851325633	0.00000	0.00	0.00
42858072301	DEXTROAMP-AMPHETAMIN 10 MG TAB	2025-03-28	90.000	KROGER PHARMACY	1851325633	0.07767	0.00	0.00

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9.99	0.0829	2025-01-22	-0.14	0.00	No	No
10.00	0.15313	2025-02-05	-0.13	0.00	No	No
9.99	0.07911	2025-02-19	-0.11	0.00	No	No
9.99	0.07911	2025-02-19	-0.11	0.00	No	No
10.00	0.16502	2025-02-19	-0.14	0.00	No	No
10.00	0.08742	2025-03-12	-0.11	0.00	No	No
9.99	0.04612	2025-03-19	-0.22	0.00	No	No
9.99	0.08187	2025-03-19	-0.18	0.00	No	No
9.99	0.0717	2025-01-01	-0.11	0.00	No	No
10.00	0.27075	2025-03-26	-0.51	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
00093310905	AMOXICILLIN 500 MG CAPSULE	2025-01-14	15.000	KROGER PHARMACY	1942234737	0.00000	0.00	0.00
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2025-03-14	8.000	MEDICAL CENTER PHARMACY	1639163538	0.00000	0.00	0.00
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-01-08	30.000	MILLER BROTHERS PHARMACY	1497266258	0.00000	0.00	0.00
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-01-16	30.000	MILLER BROTHERS PHARMACY	1497266258	0.00000	0.00	0.00
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-02-06	30.000	MILLER BROTHERS PHARMACY	1497266258	0.00000	0.00	0.00
53746010905	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2025-02-12	3.000	MILLER BROTHERS PHARMACY	1497266258	0.00000	0.00	0.00
59651048801	PREDNISONE 20 MG TABLET	2025-02-13	10.000	MILLER BROTHERS PHARMACY	1497266258	0.00000	0.00	0.00

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9.99	0.08279	2025-01-08	-0.15	0.00	No	No
6.92	0.12132	2025-03-12	-0.40	0.00	No	No
1.99	0.01079	2025-01-08	-0.82	0.00	No	No
1.99	0.01079	2025-01-15	-0.82	0.00	No	No
1.99	0.011	2025-02-05	-0.82	0.00	No	No
5.80	0.12377	2025-02-12	-0.47	0.00	No	No
7.25	0.07317	2025-02-12	-0.35	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-02-27	30.000	MILLER BROTHERS PHARMACY	1497266258	0.00000	0.00	0.00
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-03-10	30.000	MILLER BROTHERS PHARMACY	1497266258	0.00000	0.00	0.00
69315011610	FUROSEMIDE 20 MG TABLET	2025-03-13	5.000	MILLER BROTHERS PHARMACY	1497266258	0.00000	0.00	0.00
59651048801	PREDNISONE 20 MG TABLET	2025-03-31	10.000	MILLER BROTHERS PHARMACY	1497266258	0.00000	0.00	0.00
00591544301	PREDNISONE 20 MG TABLET	2025-02-12	5.000	NEW RIVER HEALTH OAK HILL PHAR	1922764125	0.00000	0.00	0.00
00591544301	PREDNISONE 20 MG TABLET	2025-03-12	10.000	NEW RIVER HEALTH OAK HILL PHAR	1922764125	0.00000	0.00	0.00
00536123441	ASPIRIN EC 81 MG TABLET	2025-03-06	90.000	NEW RIVER HEALTH SMITHERS PHAR	1982233235	0.01478	0.00	4.99

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1.99	0.01217	2025-02-26	-0.82	0.00	No	No
1.99	0.01217	2025-03-05	-0.82	0.00	No	No
1.95	0.02485	2025-03-12	-0.82	0.00	No	No
7.25	0.08187	2025-03-26	-0.36	0.00	No	No
5.30	0.07317	2025-02-12	-0.51	0.00	No	No
6.59	0.07911	2025-03-12	-0.42	0.00	No	No
0.00	0.01473	2025-03-05	-0.47	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
60219170805	PREDNISONE 20 MG TABLET	2025-02-21	10.000	RENEGADE PHARMACY INC	1154977023	0.00000	0.00	0.00
00378718505	METFORMIN HCL 500 MG TABLET	2025-03-25	60.000	SAM'S CLUB PHARMACY	1720005861	0.00000	0.00	0.00
00378718505	METFORMIN HCL 500 MG TABLET	2025-03-04	30.000	SAM'S CLUB PHARMACY	1902823040	0.00000	0.00	0.00
59651048901	PREDNISONE 50 MG TABLET	2025-03-19	3.000	SAM'S CLUB PHARMACY	1902823040	0.00000	0.00	0.00
68180072103	AMLODIPINE BESYLATE 10 MG TAB	2025-01-06	30.000	THE BECKLEY PHARMACY	1699818377	0.00000	0.00	0.00
68180072103	AMLODIPINE BESYLATE 10 MG TAB	2025-02-01	30.000	THE BECKLEY PHARMACY	1699818377	0.00000	0.00	0.00
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	2025-03-04	60.000	THE BECKLEY PHARMACY	1699818377	0.00000	0.00	2.00
27808003501	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2025-02-12	5.000	THOMAS FAMILY PHARMACY	1518355999	0.00000	0.00	0.00
64380078408	PREDNISONE 10 MG TABLET	2025-02-18	30.000	THOMAS FAMILY PHARMACY	1518355999	0.00000	0.00	0.00
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	2025-03-03	11.000	THOMAS FAMILY PHARMACY	1518355999	0.00000	0.00	0.00

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9.99	0.07911	2025-02-19	-0.11	0.00	No	No
8.08	0.01391	2025-03-19	-0.29	0.00	No	No
4.04	0.01368	2025-02-26	-0.63	0.00	No	No
4.00	0.19505	2025-03-19	-0.64	0.00	No	No
5.64	0.01544	2025-01-01	-0.49	0.00	No	No
5.64	0.01568	2025-01-29	-0.49	0.00	No	No
10.00	0.05073	2025-02-26	-0.11	0.00	No	No
4.33	0.12377	2025-02-12	-0.61	0.00	No	No
6.85	0.04773	2025-02-12	-0.43	0.00	No	No
4.29	0.11147	2025-02-26	-0.63	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	2025-02-05	100.000	VALLEY HEALTH HARTS PHARMACY	1578204392	0.00000	0.00	-0.00
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	2025-02-12	100.000	VALLEY HEALTH HARTS PHARMACY	1578204392	0.00000	0.00	-0.00
70954006020	PREDNISONE 20 MG TABLET	2025-02-05	3.000	WALGREENS	1013432749	0.00000	0.00	0.00
45802011214	MUPIROCIN 2% OINTMENT	2025-01-07	30.000	WALGREENS	1053837963	0.00000	0.00	6.74
69315050447	NYSTATIN 100,000 UNIT/ML SUSP	2025-01-13	60.000	WALGREENS	1053837963	0.00000	0.00	0.00
42806042501	BUPROPION HCL SR 150 MG TABLET	2025-01-14	30.000	WALGREENS	1053837963	0.00000	0.00	1.43
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-01-22	90.000	WALGREENS	1053837963	0.00000	0.00	0.00
00781261305	AMOXICILLIN 500 MG CAPSULE	2025-02-11	20.000	WALGREENS	1053837963	0.00000	0.00	0.00
42806042501	BUPROPION HCL SR 150 MG TABLET	2025-02-17	30.000	WALGREENS	1053837963	0.00000	0.00	1.43

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9.38	0.0318	2025-02-05	-0.31	0.00	No	No
9.39	0.0318	2025-02-12	-0.31	0.00	No	No
2.77	0.07317	2025-02-05	-0.74	0.00	No	No
10.00	0.33326	2025-01-01	-0.18	0.00	No	No
6.83	0.0599	2025-01-08	-0.52	0.00	No	No
10.00	0.08046	2025-01-08	-0.11	0.00	No	No
9.14	0.011	2025-01-22	-0.20	0.00	No	No
9.61	0.08158	2025-02-05	-0.21	0.00	No	No
10.00	0.08089	2025-02-12	-0.12	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2025-02-21	10.000	WALGREENS	1053837963	0.00000	0.00
00185012201	NITROFURANTOIN MONO-MCR 100 MG	2025-03-07	20.000	WALGREENS	1053837963	0.00000	0.00
00121087316	LACTULOSE 10 GM/15 ML SOLUTION	2025-03-25	237.000	WALGREENS	1053837963	0.00000	0.00
00574110404	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2025-03-27	180.000	WALGREENS	1053837963	0.02828	0.00
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	2025-03-27	100.000	WALGREENS	1053837963	0.00000	0.00
00574110404	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2025-03-27	280.000	WALGREENS	1053837963	0.03782	0.00
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-01-03	90.000	WALGREENS	1083130009	0.00000	0.00
11534016503	FOLIC ACID 1 MG TABLET	2025-01-13	90.000	WALGREENS	1083130009	0.00000	0.00
61314063705	PREDNISOLONE AC 1% EYE DROP	2025-02-04	5.000	WALGREENS	1083130009	0.80600	0.00
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	2025-02-18	16.000	WALGREENS	1083130009	0.00000	0.00

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0.00	8.92	0.12132	2025-02-19	-0.24	0.00	No	No
4.50	10.00	0.30818	2025-03-05	-0.13	0.00	No	No
2.09	10.00	0.02458	2025-03-19	-0.26	0.00	No	No
0.30	10.00	0.08383	2025-03-26	-0.40	0.00	No	No
1.81	10.00	0.03373	2025-03-26	-0.15	0.00	No	No
0.00	10.00	0.08383	2025-03-26	-0.39	0.00	No	No
0.00	9.14	0.01079	2025-01-01	-0.20	0.00	No	No
0.00	8.91	0.02077	2025-01-08	-0.28	0.00	No	No
6.66	20.00	4.80516	2025-01-29	-0.11	0.00	No	No
0.00	10.66	0.08665	2025-02-12	-0.10	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees
45802006435	TRIAMCINOLONE 0.1% CREAM	2025-03-03	15.000	WALGREENS	1083130009	0.00000	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-03-04	10.000	WALGREENS	1083130009	0.00000	0.00
50111033402	METRONIDAZOLE 500 MG TABLET	2025-03-12	6.000	WALGREENS	1083130009	0.00000	0.00
45802006435	TRIAMCINOLONE 0.1% CREAM	2025-03-18	15.000	WALGREENS	1083130009	0.00000	0.00
45802006435	TRIAMCINOLONE 0.1% CREAM	2025-03-25	15.000	WALGREENS	1083130009	0.00000	0.00
64380080807	IBUPROFEN 600 MG TABLET	2025-02-11	15.000	WALGREENS	1164948972	0.00000	0.00
57237002801	AMOXICILLIN 500 MG TABLET	2025-02-17	14.000	WALGREENS	1164948972	0.00000	0.00
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-02-14	90.000	WALGREENS	1174040604	0.00000	0.00
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	2025-03-06	100.000	WALGREENS	1174040604	0.00000	0.00
00378750332	BREYNA 160-4.5 MCG INHALER	2025-03-25	10.300	WALGREENS	1174040604	19.89223	0.00

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0.00	5.89	0.13645	2025-02-26	-0.53	0.00	No	No
0.00	4.56	0.07911	2025-02-26	-0.60	0.00	No	No
-0.00	6.15	0.09996	2025-03-12	-0.45	0.00	No	No
0.00	5.89	0.13645	2025-03-12	-0.53	0.00	No	No
0.00	5.89	0.13388	2025-03-19	-0.53	0.00	No	No
0.00	9.91	0.04794	2025-02-05	-0.12	0.00	No	No
-0.00	8.97	0.11713	2025-02-12	-0.26	0.00	No	No
0.00	9.15	0.011	2025-02-12	-0.20	0.00	No	No
1.81	10.00	0.03366	2025-03-05	-0.15	0.00	No	No
0.00	10.00	23.17608	2025-03-19	-0.14	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2025-01-02	12.000	WALGREENS	1255589503	0.00000	0.00
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	2025-01-12	100.000	WALGREENS	1255589503	0.00000	0.00
62559075816	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-01-19	120.000	WALGREENS	1255589503	0.00000	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-01-23	7.000	WALGREENS	1255589503	0.00000	0.00
00121088508	PREDNISOLONE 15 MG/5 ML SOLN	2025-02-09	4.000	WALGREENS	1255589503	0.00000	0.00
45802004935	TRIAMCINOLONE 0.5% OINTMENT	2025-02-17	15.000	WALGREENS	1255589503	0.00000	0.00
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-02-17	118.000	WALGREENS	1255589503	0.00000	0.00
00378750332	BREYNA 160-4.5 MCG INHALER	2025-03-06	10.300	WALGREENS	1255589503	19.89223	0.00
00555904958	CRYSELLE-28 TABLET	2025-01-24	84.000	WALGREENS	1285964569	0.30345	0.00
45802011214	MUPIROCIN 2% OINTMENT	2025-03-10	15.000	WALGREENS	1326564170	0.00000	0.00

Amount of Dispensing Fee	Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
0.30	10.00	0.12482	2025-01-01	-0.14	0.00	No	No
1.81	10.00	0.03139	2025-01-08	-0.13	0.00	No	No
2.69	10.00	0.03452	2025-01-15	-0.13	0.00	No	No
-0.00	3.79	0.07317	2025-01-22	-0.66	0.00	No	No
0.00	7.76	0.59063	2025-02-05	-0.40	0.00	No	No
2.10	10.00	0.31259	2025-02-12	-0.20	0.00	No	No
2.59	10.00	0.0344	2025-02-12	-0.13	0.00	No	No
0.00	10.00	23.08377	2025-03-05	-0.13	0.00	No	No
0.00	0.00	0.35006	2025-01-22	-0.36	0.00	No	No
0.00	9.37	0.35076	2025-03-05	-0.41	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees
61314063705	PREDNISOLONE AC 1% EYE DROP	2025-01-24	5.000	WALGREENS	1336664002	0.80600	0.00
61314063705	PREDNISOLONE AC 1% EYE DROP	2025-01-27	5.000	WALGREENS	1336664002	2.80600	0.00
00378334053	XULANE 150-35 MCG/DAY PATCH	2025-01-06	12.000	WALGREENS	1396262275	31.55750	0.00
61314063705	PREDNISOLONE AC 1% EYE DROP	2025-03-14	5.000	WALGREENS	1396262275	3.21600	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-01-02	12.000	WALGREENS	1427574441	0.00000	0.00
11534016503	FOLIC ACID 1 MG TABLET	2025-01-08	30.000	WALGREENS	1427574441	0.00000	0.00
00378034505	DIAZEPAM 5 MG TABLET	2025-01-09	10.000	WALGREENS	1427574441	0.00000	0.00
00406012405	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	2025-01-11	9.000	WALGREENS	1427574441	0.00000	0.00
62559075816	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-01-15	118.000	WALGREENS	1427574441	0.00000	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-01-16	12.000	WALGREENS	1427574441	0.00000	0.00

Amount of Dispensing Fee	Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
6.66	20.00	4.80516	2025-01-22	-0.11	0.00	No	No
6.66	10.00	4.80516	2025-01-22	-0.11	0.00	No	No
0.00	0.00	37.11492	2025-01-01	-0.17	0.00	No	No
4.61	10.00	5.21596	2025-03-12	-0.16	0.00	No	No
0.00	5.08	0.0717	2025-01-01	-0.55	0.00	No	No
0.00	4.30	0.02077	2025-01-08	-0.61	0.00	No	No
0.00	3.47	0.02466	2025-01-08	-0.68	0.00	No	No
0.00	8.86	0.14998	2025-01-08	-0.25	0.00	No	No
2.59	10.00	0.03452	2025-01-15	-0.14	0.00	No	No
0.00	5.08	0.0717	2025-01-15	-0.55	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees
83980000210	FUROSEMIDE 20 MG TABLET	2025-01-17	30.000	WALGREENS	1427574441	0.00000	0.00
42799081501	PREDNISOLONE 15 MG/5 ML SOLN	2025-01-31	25.000	WALGREENS	1427574441	0.00000	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-02-07	10.000	WALGREENS	1427574441	0.00000	0.00
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2025-02-07	12.000	WALGREENS	1427574441	0.00000	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-02-11	5.000	WALGREENS	1427574441	0.00000	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-02-15	10.000	WALGREENS	1427574441	0.00000	0.00
83980000210	FUROSEMIDE 20 MG TABLET	2025-02-17	30.000	WALGREENS	1427574441	0.00000	0.00
00574110404	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2025-02-17	140.000	WALGREENS	1427574441	0.01514	0.00
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2025-02-17	10.000	WALGREENS	1427574441	0.00000	0.00
00574110404	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2025-02-17	280.000	WALGREENS	1427574441	0.05082	0.00

Amount of Dispensing Fee	Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
-0.00	6.20	0.0228	2025-01-15	-0.45	0.00	No	No
0.00	9.81	0.10628	2025-01-29	-0.25	0.00	No	No
0.00	4.56	0.07317	2025-02-05	-0.59	0.00	No	No
0.30	10.00	0.12377	2025-02-05	-0.14	0.00	No	No
0.00	3.28	0.07317	2025-02-05	-0.70	0.00	No	No
0.00	4.56	0.07317	2025-02-12	-0.59	0.00	No	No
-0.00	6.20	0.02252	2025-02-12	-0.44	0.00	No	No
4.97	10.00	0.08654	2025-02-12	-0.24	0.00	No	No
0.00	8.92	0.12377	2025-02-12	-0.24	0.00	No	No
3.96	10.00	0.08654	2025-02-12	-0.19	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees
11534016503	FOLIC ACID 1 MG TABLET	2025-02-18	30.000	WALGREENS	1427574441	0.00000	0.00
00574110404	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2025-02-18	240.000	WALGREENS	1427574441	0.04488	0.00
45802006436	TRIAMCINOLONE 0.1% CREAM	2025-02-20	80.000	WALGREENS	1427574441	0.00000	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-02-24	5.000	WALGREENS	1427574441	0.00000	0.00
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-02-25	100.000	WALGREENS	1427574441	0.00000	0.00
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-02-27	120.000	WALGREENS	1427574441	0.00000	0.00
45802011214	MUPIROCIN 2% OINTMENT	2025-03-02	30.000	WALGREENS	1427574441	0.01733	0.00
00574110404	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2025-03-02	180.000	WALGREENS	1427574441	0.02561	0.00
83980000210	FUROSEMIDE 20 MG TABLET	2025-03-06	30.000	WALGREENS	1427574441	0.00000	0.00
00378034505	DIAZEPAM 5 MG TABLET	2025-03-06	28.000	WALGREENS	1427574441	0.00000	0.00

Amount of Dispensing Fee	Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
0.00	4.30	0.02086	2025-02-12	-0.61	0.00	No	No
4.32	10.00	0.08654	2025-02-12	-0.20	0.00	No	No
1.48	10.00	0.05608	2025-02-19	-0.23	0.00	No	No
0.00	3.28	0.07911	2025-02-19	-0.70	0.00	No	No
0.67	10.00	0.03869	2025-02-19	-0.26	0.00	No	No
2.69	10.00	0.03869	2025-02-26	-0.16	0.00	No	No
6.22	10.00	0.35076	2025-02-26	-0.20	0.00	No	No
5.68	10.00	0.08115	2025-02-26	-0.19	0.00	No	No
0.00	6.20	0.02485	2025-03-05	-0.45	0.00	No	No
0.00	6.11	0.02667	2025-03-05	-0.46	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees
00185067605	HYDROXYZINE PAM 50 MG CAP	2025-03-12	30.000	WALGREENS	1427574441	0.00000	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-03-12	10.000	WALGREENS	1427574441	0.00000	0.00
00406012405	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	2025-03-16	9.000	WALGREENS	1427574441	0.00000	0.00
11534016503	FOLIC ACID 1 MG TABLET	2025-03-19	30.000	WALGREENS	1427574441	0.00000	0.00
83980000210	FUROSEMIDE 20 MG TABLET	2025-03-19	30.000	WALGREENS	1427574441	0.00000	0.00
00378034505	DIAZEPAM 5 MG TABLET	2025-03-20	28.000	WALGREENS	1427574441	0.00000	0.00
70954005920	PREDNISONE 10 MG TABLET	2025-03-21	22.000	WALGREENS	1427574441	0.00000	0.00
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-03-24	140.000	WALGREENS	1427574441	0.00000	0.00
00574110404	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2025-03-25	75.000	WALGREENS	1427574441	0.00000	0.00
00591042405	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	2025-03-25	15.000	WALGREENS	1427574441	0.00000	0.00

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1.37	10.00	0.0794	2025-03-12	-0.12	0.00	No	No
0.00	4.56	0.07911	2025-03-12	-0.60	0.00	No	No
0.00	8.86	0.15504	2025-03-12	-0.25	0.00	No	No
0.00	4.30	0.0232	2025-03-19	-0.62	0.00	No	No
0.00	6.20	0.02649	2025-03-19	-0.45	0.00	No	No
0.00	6.11	0.02795	2025-03-19	-0.46	0.00	No	No
0.00	7.13	0.05827	2025-03-19	-0.39	0.00	No	No
3.79	10.00	0.04345	2025-03-19	-0.17	0.00	No	No
1.99	10.00	0.08383	2025-03-19	-0.29	0.00	No	No
0.00	7.29	0.09475	2025-03-19	-0.39	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees
45802086802	POLYETHYLENE GLYCOL 3350 POWD	2025-01-23	238.000	WALGREENS	1457877219	0.02466	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-02-16	10.000	WALGREENS	1457877219	0.00000	0.00
70954005920	PREDNISONE 10 MG TABLET	2025-03-04	5.000	WALGREENS	1457877219	0.00000	0.00
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-03-26	60.000	WALGREENS	1457877219	0.00000	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-03-27	5.000	WALGREENS	1457877219	0.00000	0.00
70954005920	PREDNISONE 10 MG TABLET	2025-01-15	18.000	WALGREENS	1497271134	0.00000	0.00
69238207801	PROPRANOLOL 20 MG TABLET	2025-01-28	10.000	WALGREENS	1497271134	0.00000	0.00
55111072030	LAMOTRIGINE ER 200 MG TABLET	2025-02-19	30.000	WALGREENS	1497271134	0.25800	0.00
68382091634	METHYLPREDNISOLONE 4 MG DOSEPK	2025-03-24	21.000	WALGREENS	1497271134	0.00000	0.00
00713022515	TRIAMCINOLONE 0.1% CREAM	2025-03-29	15.000	WALGREENS	1508051996	0.00000	0.00

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5.20	0.00	0.02465	2025-01-22	-0.32	0.00	No	No
0.00	4.56	0.07317	2025-02-12	-0.59	0.00	No	No
0.00	3.17	0.05399	2025-02-26	-0.71	0.00	No	No
0.00	7.55	0.04345	2025-03-26	-0.42	0.00	No	No
0.00	3.28	0.08187	2025-03-26	-0.70	0.00	No	No
0.00	6.20	0.04665	2025-01-15	-0.45	0.00	No	No
0.00	1.48	0.05829	2025-01-22	-0.87	0.00	No	No
10.49	10.00	0.69899	2025-02-19	-0.10	0.00	No	No
1.99	10.00	0.15456	2025-03-19	-0.13	0.00	No	No
0.00	7.51	0.13388	2025-03-26	-0.40	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees
00781261305	AMOXICILLIN 500 MG CAPSULE	2025-01-03	20.000	WALGREENS	1528584182	0.00000	0.00
11534016503	FOLIC ACID 1 MG TABLET	2025-02-01	90.000	WALGREENS	1528584182	0.00000	0.00
60219234801	TRAMADOL HCL 50 MG TABLET	2025-02-27	9.000	WALGREENS	1528584182	0.00000	0.00
00781261305	AMOXICILLIN 500 MG CAPSULE	2025-03-18	20.000	WALGREENS	1528584182	0.00000	0.00
51672128202	TRIAMCINOLONE 0.1% CREAM	2025-01-21	30.000	WALGREENS	1588899140	0.00000	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-01-28	10.000	WALGREENS	1598281404	0.00000	0.00
70954005920	PREDNISONE 10 MG TABLET	2025-02-05	18.000	WALGREENS	1598281404	0.00000	0.00
10702000350	PROMETHAZINE 25 MG TABLET	2025-03-04	15.000	WALGREENS	1598281404	0.00000	0.00
70954005920	PREDNISONE 10 MG TABLET	2025-03-07	18.000	WALGREENS	1598281404	0.00000	0.00
70954005820	PREDNISONE 5 MG TABLET	2025-02-05	21.000	WALGREENS	1609391358	0.00000	0.00

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0.00	9.61	0.08279	2025-01-01	-0.21	0.00	No	No
0.00	8.91	0.02086	2025-01-29	-0.28	0.00	No	No
0.00	9.51	0.02473	2025-02-26	-0.11	0.00	No	No
0.00	9.61	0.08742	2025-03-12	-0.21	0.00	No	No
0.40	10.00	0.10154	2025-01-15	-0.23	0.00	No	No
0.00	4.56	0.07317	2025-01-22	-0.59	0.00	No	No
0.00	6.20	0.04773	2025-02-05	-0.45	0.00	No	No
0.00	9.60	0.04512	2025-02-26	-0.14	0.00	No	No
0.00	6.20	0.05399	2025-03-05	-0.46	0.00	No	No
-0.00	6.70	0.04429	2025-02-05	-0.41	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees
45802011214	MUPIROCIN 2% OINTMENT	2025-01-03	15.000	WALGREENS	1649796061	0.00000	0.00
42858061001	DEXTROAMP-AMPHET ER 10 MG CAP	2025-01-03	30.000	WALGREENS	1649796061	0.27500	0.00
00574110404	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2025-01-08	118.000	WALGREENS	1649796061	0.00831	0.00
61314062810	POLYMYXIN B-TMP EYE DROPS	2025-01-11	10.000	WALGREENS	1649796061	0.00000	0.00
00781261305	AMOXICILLIN 500 MG CAPSULE	2025-01-16	20.000	WALGREENS	1649796061	0.00000	0.00
00781261305	AMOXICILLIN 500 MG CAPSULE	2025-01-20	20.000	WALGREENS	1649796061	0.00000	0.00
00378001805	METOPROLOL TARTRATE 25 MG TAB	2025-01-24	30.000	WALGREENS	1649796061	0.00000	0.00
00781261305	AMOXICILLIN 500 MG CAPSULE	2025-01-28	21.000	WALGREENS	1649796061	0.00000	0.00
00574110404	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2025-02-05	120.000	WALGREENS	1649796061	0.00317	0.00
42858021501	DEXTROAMP-AMPHET ER 15 MG CAP	2025-02-06	30.000	WALGREENS	1649796061	0.36067	0.00

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0.00	9.37	0.33326	2025-01-01	-0.40	0.00	No	No
5.35	10.00	0.60837	2025-01-01	-0.18	0.00	No	No
4.41	10.00	0.09309	2025-01-08	-0.28	0.00	No	No
0.00	12.19	0.44777	2025-01-08	-0.19	0.00	No	No
0.00	9.61	0.08279	2025-01-15	-0.21	0.00	No	No
0.00	9.61	0.08279	2025-01-15	-0.21	0.00	No	No
0.00	9.28	0.01563	2025-01-22	-0.15	0.00	No	No
-0.00	9.99	0.08158	2025-01-22	-0.18	0.00	No	No
5.21	10.00	0.08654	2025-02-05	-0.25	0.00	No	No
2.78	10.00	0.69411	2025-02-05	-0.25	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees
59651048901	PREDNISONE 50 MG TABLET	2025-02-14	5.000	WALGREENS	1649796061	0.00000	0.00
76204020030	ALBUTEROL SUL 2.5 MG/3 ML SOLN	2025-02-14	90.000	WALGREENS	1649796061	0.00000	0.00
59651048901	PREDNISONE 50 MG TABLET	2025-02-18	5.000	WALGREENS	1649796061	0.00000	0.00
59651048901	PREDNISONE 50 MG TABLET	2025-02-18	5.000	WALGREENS	1649796061	0.00000	0.00
70954005920	PREDNISONE 10 MG TABLET	2025-02-23	20.000	WALGREENS	1649796061	0.00000	0.00
45802011214	MUPIROCIN 2% OINTMENT	2025-02-25	15.000	WALGREENS	1649796061	0.00000	0.00
00574110404	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2025-02-25	120.000	WALGREENS	1649796061	0.00000	0.00
70954005920	PREDNISONE 10 MG TABLET	2025-02-27	30.000	WALGREENS	1649796061	0.00000	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-03-15	10.000	WALGREENS	1649796061	0.00000	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-03-17	10.000	WALGREENS	1649796061	0.00000	0.00

Amount of Dispensing Fee	Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
0.00	4.04	0.16886	2025-02-12	-0.64	0.00	No	No
3.79	10.00	0.05962	2025-02-12	-0.13	0.00	No	No
0.00	4.04	0.16886	2025-02-12	-0.64	0.00	No	No
0.00	4.04	0.16886	2025-02-12	-0.64	0.00	No	No
0.00	6.66	0.05399	2025-02-19	-0.42	0.00	No	No
0.00	9.37	0.35076	2025-02-19	-0.41	0.00	No	No
5.59	10.00	0.08115	2025-02-19	-0.23	0.00	No	No
0.00	8.99	0.05399	2025-02-26	-0.26	0.00	No	No
0.00	4.56	0.07911	2025-03-12	-0.60	0.00	No	No
0.00	4.56	0.07911	2025-03-12	-0.60	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees
70954006020	PREDNISONE 20 MG TABLET	2025-03-23	10.000	WALGREENS	1649796061	0.00000	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-03-26	10.000	WALGREENS	1649796061	0.00000	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-01-22	10.000	WALGREENS	1659897205	0.00000	0.00
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	2025-02-05	1.000	WALGREENS	1659897205	0.00000	0.00
64380080807	IBUPROFEN 600 MG TABLET	2025-02-12	10.000	WALGREENS	1659897205	0.00000	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-02-20	10.000	WALGREENS	1659897205	0.00000	0.00
00378334053	XULANE 150-35 MCG/DAY PATCH	2025-02-25	9.000	WALGREENS	1659897205	31.55444	0.00
51672128202	TRIAMCINOLONE 0.1% CREAM	2025-03-02	30.000	WALGREENS	1659897205	0.00000	0.00
45802011214	MUPIROCIN 2% OINTMENT	2025-03-17	30.000	WALGREENS	1659897205	0.01733	0.00
68382091634	METHYLPREDNISOLONE 4 MG DOSEPK	2025-03-19	21.000	WALGREENS	1659897205	0.00000	0.00

Amount of Dispensing Fee	Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
0.00	4.56	0.08187	2025-03-19	-0.60	0.00	No	No
0.00	4.56	0.08187	2025-03-26	-0.60	0.00	No	No
0.00	4.56	0.07317	2025-01-22	-0.59	0.00	No	No
-0.00	3.97	0.10587	2025-02-05	-0.63	0.00	No	No
-0.00	7.28	0.04794	2025-02-12	-0.34	0.00	No	No
0.00	4.56	0.07911	2025-02-19	-0.60	0.00	No	No
0.00	0.00	35.78717	2025-02-19	-0.15	0.00	No	No
0.40	10.00	0.0953	2025-02-26	-0.22	0.00	No	No
6.22	10.00	0.35076	2025-03-12	-0.20	0.00	No	No
1.99	10.00	0.15456	2025-03-19	-0.13	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2025-03-30	12.000	WALGREENS	1659897205	0.00000	0.00	0.30
00406012405	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	2025-01-17	10.000	WALGREENS	1780108407	0.00000	0.00	0.00
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-03-13	120.000	WALGREENS	1780108407	0.00000	0.00	2.69
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-03-18	120.000	WALGREENS	1780108407	0.00000	0.00	2.69
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-03-26	90.000	WALGREENS	1841716560	0.00000	0.00	0.00
62559075816	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-01-14	140.000	WALGREENS	1891211702	0.00000	0.00	3.79
70954005920	PREDNISONE 10 MG TABLET	2025-01-20	10.000	WALGREENS	1891211702	0.00000	0.00	-0.00
70954006020	PREDNISONE 20 MG TABLET	2025-02-05	10.000	WALGREENS	1891211702	0.00000	0.00	0.00
65862007175	AMOXICILLIN 400 MG/5 ML SUSP	2025-02-15	75.000	WALGREENS	1891211702	0.00000	0.00	-0.00
70954005920	PREDNISONE 10 MG TABLET	2025-03-06	10.000	WALGREENS	1891211702	0.00000	0.00	0.00

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10.00	0.12126	2025-03-26	-0.14	0.00	No	No
9.63	0.14998	2025-01-15	-0.20	0.00	No	No
10.00	0.03869	2025-03-12	-0.16	0.00	No	No
10.00	0.03869	2025-03-12	-0.16	0.00	No	No
9.14	0.01281	2025-03-26	-0.21	0.00	No	No
10.00	0.03452	2025-01-08	-0.10	0.00	No	No
4.33	0.04665	2025-01-15	-0.60	0.00	No	No
4.56	0.07317	2025-02-05	-0.59	0.00	No	No
9.30	0.03735	2025-02-12	-0.30	0.00	No	No
4.33	0.05399	2025-03-05	-0.61	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
29300046810	CLONIDINE HCL 0.1 MG TABLET	2025-03-12	30.000	WALGREENS	1891211702	0.00000	0.00	0.00
27808005102	PROMETHAZINE 6.25 MG/5 ML SYRP	2025-03-13	120.000	WALGREENS	1891211702	0.00000	0.00	1.99
00121088508	PREDNISOLONE 15 MG/5 ML SOLN	2025-01-03	12.000	WALGREENS	1902035454	0.00000	0.00	5.29
54838050280	HYDROXYZINE 10 MG/5 ML SYRUP	2025-01-30	150.000	WALGREENS	1902035454	0.07993	0.00	0.00
54838050280	HYDROXYZINE 10 MG/5 ML SYRUP	2025-03-10	150.000	WALGREENS	1902035454	0.07993	0.00	0.00
00093342705	LORAZEPAM 2 MG TABLET	2025-03-17	2.000	WALGREENS	1902035454	0.00000	0.00	0.00
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2025-03-28	8.000	WALGREENS	1902035454	0.00000	0.00	-0.00
00574110404	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2025-02-05	120.000	WALGREENS	1922524909	0.00317	0.00	5.21
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-02-23	60.000	WALGREENS	1942727698	0.00000	0.00	0.00
00378334053	XULANE 150-35 MCG/DAY PATCH	2025-01-02	3.000	WALGREENS	1952827065	31.56333	0.00	0.00

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9.50	0.025	2025-03-12	-0.15	0.00	No	No
10.00	0.03806	2025-03-12	-0.20	0.00	No	No
10.00	0.5837	2025-01-01	-0.13	0.00	No	No
10.00	0.16116	2025-01-29	-0.37	0.00	No	No
10.00	0.15196	2025-03-05	-0.34	0.00	No	No
4.51	0.06746	2025-03-12	-0.58	0.00	No	No
7.53	0.12126	2025-03-26	-0.34	0.00	No	No
10.00	0.08654	2025-02-05	-0.25	0.00	No	No
7.55	0.03869	2025-02-19	-0.41	0.00	No	No
0.00	37.11492	2025-01-01	-0.22	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
70954006020	PREDNISONE 20 MG TABLET	2025-01-06	10.000	WALGREENS	1952827065	0.00000	0.00	0.00
00781261305	AMOXICILLIN 500 MG CAPSULE	2025-01-07	20.000	WALGREENS	1952827065	0.00000	0.00	0.00
70954005920	PREDNISONE 10 MG TABLET	2025-01-19	30.000	WALGREENS	1952827065	0.00000	0.00	0.00
00378334053	XULANE 150-35 MCG/DAY PATCH	2025-01-21	3.000	WALGREENS	1952827065	31.56333	0.00	0.00
00781261305	AMOXICILLIN 500 MG CAPSULE	2025-01-23	20.000	WALGREENS	1952827065	0.00000	0.00	0.00
70954005920	PREDNISONE 10 MG TABLET	2025-02-01	15.000	WALGREENS	1952827065	0.00000	0.00	0.00
42806042501	BUPROPION HCL SR 150 MG TABLET	2025-02-01	30.000	WALGREENS	1952827065	0.00000	0.00	1.43
00574110404	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2025-02-03	280.000	WALGREENS	1952827065	0.05082	0.00	3.96
65862070655	AMOXICILLIN 125 MG/5 ML SUSP	2025-02-08	150.000	WALGREENS	1952827065	0.00000	0.00	0.00
00574110404	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2025-02-09	150.000	WALGREENS	1952827065	0.01987	0.00	4.91

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4.56	0.0717	2025-01-01	-0.59	0.00	No	No
9.61	0.08279	2025-01-01	-0.21	0.00	No	No
8.99	0.04665	2025-01-15	-0.24	0.00	No	No
0.00	37.11492	2025-01-15	-0.22	0.00	No	No
9.61	0.08158	2025-01-22	-0.21	0.00	No	No
5.50	0.04773	2025-01-29	-0.51	0.00	No	No
10.00	0.08089	2025-01-29	-0.12	0.00	No	No
10.00	0.08654	2025-01-29	-0.19	0.00	No	No
6.71	0.0174	2025-02-05	-0.49	0.00	No	No
10.00	0.08654	2025-02-05	-0.24	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
00574110404	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2025-02-09	150.000	WALGREENS	1952827065	0.01987	0.00	4.91
65862007150	AMOXICILLIN 400 MG/5 ML SUSP	2025-02-14	50.000	WALGREENS	1952827065	0.00000	0.00	0.00
70954005920	PREDNISONE 10 MG TABLET	2025-02-14	10.000	WALGREENS	1952827065	0.00000	0.00	0.00
76204020030	ALBUTEROL SUL 2.5 MG/3 ML SOLN	2025-02-14	90.000	WALGREENS	1952827065	0.00000	0.00	3.79
61314062810	POLYMYXIN B-TMP EYE DROPS	2025-02-14	10.000	WALGREENS	1952827065	0.00000	0.00	2.19
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	2025-02-14	100.000	WALGREENS	1952827065	0.00000	0.00	1.81
70954006020	PREDNISONE 20 MG TABLET	2025-02-15	10.000	WALGREENS	1952827065	0.00000	0.00	0.00
00574110404	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2025-02-18	150.000	WALGREENS	1952827065	0.01987	0.00	4.91
00574110404	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2025-02-18	150.000	WALGREENS	1952827065	0.01987	0.00	4.91
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-02-19	150.000	WALGREENS	1952827065	0.00000	0.00	4.29

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10.00	0.08654	2025-02-05	-0.24	0.00	No	No
6.85	0.04389	2025-02-12	-0.46	0.00	No	No
4.33	0.04773	2025-02-12	-0.61	0.00	No	No
10.00	0.05962	2025-02-12	-0.13	0.00	No	No
10.00	0.43544	2025-02-12	-0.18	0.00	No	No
10.00	0.0318	2025-02-12	-0.14	0.00	No	No
4.56	0.07317	2025-02-12	-0.59	0.00	No	No
10.00	0.08654	2025-02-12	-0.24	0.00	No	No
10.00	0.08654	2025-02-12	-0.24	0.00	No	No
10.00	0.03869	2025-02-19	-0.12	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
45802011214	MUPIROCIN 2% OINTMENT	2025-02-19	15.000	WALGREENS	1952827065	0.00000	0.00	0.00
70954005920	PREDNISONE 10 MG TABLET	2025-02-19	30.000	WALGREENS	1952827065	0.00000	0.00	-0.00
00781261305	AMOXICILLIN 500 MG CAPSULE	2025-03-03	14.000	WALGREENS	1952827065	0.00000	0.00	0.00
70954005920	PREDNISONE 10 MG TABLET	2025-03-05	30.000	WALGREENS	1952827065	0.00000	0.00	0.00
62559039512	COLESTIPOL HCL 1 GM TABLET	2025-03-09	360.000	WALGREENS	1952827065	0.51358	0.00	0.00
59762005601	MEDROXYPROGESTERONE 10 MG TAB	2025-03-10	10.000	WALGREENS	1952827065	0.00000	0.00	0.00
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-03-12	90.000	WALGREENS	1952827065	0.00000	0.00	-0.00
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-03-12	150.000	WALGREENS	1952827065	0.00000	0.00	4.29
17270074000	ALBUTEROL HFA 90 MCG INHALER	2025-03-15	8.500	WALGREENS	1952827065	0.62824	0.00	10.49
00574110404	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2025-03-17	236.000	WALGREENS	1952827065	0.03555	0.00	0.00

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9.37	0.35076	2025-02-19	-0.41	0.00	No	No
8.99	0.05399	2025-02-19	-0.26	0.00	No	No
7.33	0.08742	2025-02-26	-0.37	0.00	No	No
8.99	0.05399	2025-03-05	-0.26	0.00	No	No
10.00	0.68394	2025-03-05	-0.24	0.00	No	No
6.91	0.14944	2025-03-05	-0.42	0.00	No	No
9.14	0.01217	2025-03-12	-0.21	0.00	No	No
10.00	0.03869	2025-03-12	-0.12	0.00	No	No
10.00	2.53475	2025-03-05	-0.19	0.00	No	No
10.00	0.08115	2025-03-12	-0.38	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
64380080707	IBUPROFEN 800 MG TABLET	2025-03-18	9.000	WALGREENS	1952827065	0.00000	0.00	0.00
00378334053	XULANE 150-35 MCG/DAY PATCH	2025-03-18	3.000	WALGREENS	1952827065	28.79667	0.00	0.00
64980056310	FUROSEMIDE 40 MG TABLET	2025-03-19	30.000	WALGREENS	1952827065	0.00000	0.00	0.00
53746083153	CIPROFLOX-DEXAMETH OTIC SUSP	2025-03-24	7.500	WALGREENS	1952827065	11.93200	0.00	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-03-28	11.000	WALGREENS	1952827065	0.00000	0.00	-0.00
69315090405	LORAZEPAM 0.5 MG TABLET	2025-01-16	10.000	WALGREENS	1982121844	0.00000	0.00	0.00
68462013701	OXCARBAZEPINE 150 MG TABLET	2025-01-15	60.000	WALGREENS	1982121844	0.00000	0.00	5.22
00527079437	DEXTROAMP-AMPHET ER 25 MG CAP	2025-01-17	30.000	WALGREENS	1982121844	0.35667	0.00	6.08
47781066290	LEVOTHYROXINE 150 MCG TABLET	2025-03-24	90.000	WALMART PHARMACY	1285651323	0.00000	0.00	0.00
00121088516	PREDNISOLONE 15 MG/5 ML SOLN	2025-03-31	26.000	WALMART PHARMACY	1487838132	0.28654	0.00	1.36

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8.17	0.06029	2025-03-12	-0.26	0.00	No	No
0.00	35.78717	2025-03-12	-0.27	0.00	No	No
6.79	0.03299	2025-03-19	-0.41	0.00	No	No
10.00	14.36773	2025-03-19	-0.16	0.00	No	No
4.82	0.08187	2025-03-26	-0.58	0.00	No	No
8.25	0.03769	2025-01-15	-0.24	0.00	No	No
10.00	0.1187	2025-01-15	-0.14	0.00	No	No
10.00	0.69015	2025-01-15	-0.14	0.00	No	No
10.00	0.08267	2025-03-19	-0.44	0.00	No	No
10.00	0.67101	2025-03-26	-0.33	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-01-01	20.000	WALMART PHARMACY	1639196769	0.00000	0.00	0.00
65162035803	ZAFEMY 150-35 MCG/DAY PATCH	2025-01-06	3.000	WALMART PHARMACY	1639196769	24.55000	0.00	0.00
68645061090	LISINOPRIL 10 MG TABLET	2025-01-17	90.000	WALMART PHARMACY	1639196769	0.00000	0.00	0.00
65162035803	ZAFEMY 150-35 MCG/DAY PATCH	2025-01-25	3.000	WALMART PHARMACY	1639196769	24.55000	0.00	0.00
29300024401	BUSPIRONE HCL 5 MG TABLET	2025-01-28	60.000	WALMART PHARMACY	1639196769	0.00000	0.00	0.00
65162035803	ZAFEMY 150-35 MCG/DAY PATCH	2025-03-03	3.000	WALMART PHARMACY	1639196769	24.55000	0.00	0.00
43598032675	CIPROFLOX-DEXAMETH OTIC SUSP	2025-03-28	7.500	WALMART PHARMACY	1639196769	9.94133	0.00	0.00
16714008310	HYDROXYZINE HCL 50 MG TABLET	2025-01-02	40.000	WALMART PHARMACY	1710904842	0.00000	0.00	0.00
68645061090	LISINOPRIL 10 MG TABLET	2025-01-03	30.000	WALMART PHARMACY	1710904842	0.00000	0.00	0.00
68645051654	AMLODIPINE BESYLATE 10 MG TAB	2025-01-03	30.000	WALMART PHARMACY	1710904842	0.00000	0.00	0.00

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5.98	0.08279	2025-01-01	-0.51	0.00	No	No
0.00	26.59892	2025-01-01	-0.18	0.00	No	No
10.00	0.01707	2025-01-15	-0.17	0.00	No	No
0.00	26.52333	2025-01-22	-0.18	0.00	No	No
4.00	0.01949	2025-01-22	-0.66	0.00	No	No
0.00	28.44132	2025-02-26	-0.23	0.00	No	No
10.00	14.36773	2025-03-26	-0.28	0.00	No	No
9.86	0.05724	2025-01-01	-0.23	0.00	No	No
4.00	0.01707	2025-01-01	-0.64	0.00	No	No
9.00	0.01544	2025-01-01	-0.18	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68645051654	AMLODIPINE BESYLATE 10 MG TAB	2025-01-03	30.000	WALMART PHARMACY	1710904842	0.00000	0.00	0.00
68645061190	LISINOPRIL 20 MG TABLET	2025-01-03	30.000	WALMART PHARMACY	1710904842	0.00000	0.00	-0.00
68645052354	SERTRALINE HCL 100 MG TABLET	2025-01-06	30.000	WALMART PHARMACY	1710904842	0.00000	0.00	0.00
16714008110	HYDROXYZINE HCL 10 MG TABLET	2025-01-06	60.000	WALMART PHARMACY	1710904842	0.00000	0.00	0.60
68645056354	IBUPROFEN 800 MG TABLET	2025-01-09	20.000	WALMART PHARMACY	1710904842	0.00000	0.00	0.00
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-01-09	30.000	WALMART PHARMACY	1710904842	0.00000	0.00	0.00
23155076401	HYDROCHLOROTHIAZIDE 12.5 MG TB	2025-01-18	30.000	WALMART PHARMACY	1710904842	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
9.00	0.01544	2025-01-01	-0.18	0.00	No	No
4.00	0.02387	2025-01-01	-0.64	0.00	No	No
9.00	0.04769	2025-01-01	-0.25	0.00	No	No
10.00	0.02797	2025-01-01	-0.13	0.00	No	No
4.00	0.05567	2025-01-08	-0.66	0.00	No	No
8.97	0.08279	2025-01-08	-0.31	0.00	No	No
4.00	0.04193	2025-01-15	-0.66	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68645061190	LISINOPRIL 20 MG TABLET	2025-01-18	30.000	WALMART PHARMACY	1710904842	0.00000	0.00	-0.00
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	2025-01-22	7.000	WALMART PHARMACY	1710904842	0.00000	0.00	0.00
29300024401	BUSPIRONE HCL 5 MG TABLET	2025-01-23	60.000	WALMART PHARMACY	1710904842	0.00000	0.00	0.00
68645061190	LISINOPRIL 20 MG TABLET	2025-01-27	30.000	WALMART PHARMACY	1710904842	0.00000	0.00	-0.00
68645058459	METFORMIN HCL 1,000 MG TABLET	2025-01-27	60.000	WALMART PHARMACY	1710904842	0.00000	0.00	0.00
55111032105	GLIMEPIRIDE 2 MG TABLET	2025-01-27	60.000	WALMART PHARMACY	1710904842	0.00000	0.00	0.00
47781065190	LEVOTHYROXINE 100 MCG TABLET	2025-01-27	30.000	WALMART PHARMACY	1710904842	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
4.00	0.02387	2025-01-15	-0.64	0.00	No	No
5.85	0.04698	2025-01-22	-0.46	0.00	No	No
4.00	0.01949	2025-01-22	-0.66	0.00	No	No
4.00	0.02401	2025-01-22	-0.64	0.00	No	No
4.00	0.02215	2025-01-22	-0.66	0.00	No	No
8.00	0.03086	2025-01-22	-0.35	0.00	No	No
4.00	0.05386	2025-01-22	-0.67	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-01-29	20.000	WALMART PHARMACY	1710904842	0.00000	0.00	-0.00
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-01-30	21.000	WALMART PHARMACY	1710904842	0.00000	0.00	0.00
29300024505	BUSPIRONE HCL 10 MG TABLET	2025-02-03	90.000	WALMART PHARMACY	1710904842	0.00000	0.00	0.00
47781064690	LEVOTHYROXINE 75 MCG TABLET	2025-02-03	45.000	WALMART PHARMACY	1710904842	0.00000	0.00	0.00
68645061090	LISINOPRIL 10 MG TABLET	2025-02-05	30.000	WALMART PHARMACY	1710904842	0.00000	0.00	0.00
68645052354	SERTRALINE HCL 100 MG TABLET	2025-02-05	30.000	WALMART PHARMACY	1710904842	0.00000	0.00	0.00
16714008110	HYDROXYZINE HCL 10 MG TABLET	2025-02-05	60.000	WALMART PHARMACY	1710904842	0.00000	0.00	0.60

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
5.98	0.08158	2025-01-29	-0.51	0.00	No	No
6.28	0.08158	2025-01-29	-0.49	0.00	No	No
5.00	0.02845	2025-01-29	-0.62	0.00	No	No
6.00	0.05079	2025-01-29	-0.53	0.00	No	No
4.00	0.01718	2025-02-05	-0.64	0.00	No	No
9.00	0.04773	2025-02-05	-0.25	0.00	No	No
10.00	0.02756	2025-02-05	-0.13	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	2025-02-05	10.000	WALMART PHARMACY	1710904842	0.00000	0.00	0.00
23155076401	HYDROCHLOROTHIAZIDE 12.5 MG TB	2025-02-15	30.000	WALMART PHARMACY	1710904842	0.00000	0.00	0.00
68645061190	LISINOPRIL 20 MG TABLET	2025-02-15	30.000	WALMART PHARMACY	1710904842	0.00000	0.00	-0.00
68645051654	AMLODIPINE BESYLATE 10 MG TAB	2025-02-15	30.000	WALMART PHARMACY	1710904842	0.00000	0.00	0.00
68645061090	LISINOPRIL 10 MG TABLET	2025-02-15	30.000	WALMART PHARMACY	1710904842	0.00000	0.00	0.00
68645051654	AMLODIPINE BESYLATE 10 MG TAB	2025-02-15	30.000	WALMART PHARMACY	1710904842	0.00000	0.00	0.00
68645061190	LISINOPRIL 20 MG TABLET	2025-02-15	30.000	WALMART PHARMACY	1710904842	0.00000	0.00	-0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
5.65	0.05277	2025-02-05	-0.49	0.00	No	No
4.00	0.04258	2025-02-12	-0.66	0.00	No	No
4.00	0.02401	2025-02-12	-0.64	0.00	No	No
9.00	0.01568	2025-02-12	-0.18	0.00	No	No
4.00	0.01718	2025-02-12	-0.64	0.00	No	No
9.00	0.01568	2025-02-12	-0.18	0.00	No	No
4.00	0.02401	2025-02-12	-0.64	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
29300024505	BUSPIRONE HCL 10 MG TABLET	2025-02-18	90.000	WALMART PHARMACY	1710904842	0.00000	0.00	0.00
47781064090	LEVOTHYROXINE 25 MCG TABLET	2025-02-21	90.000	WALMART PHARMACY	1710904842	0.00000	0.00	0.00
29300024401	BUSPIRONE HCL 5 MG TABLET	2025-02-21	60.000	WALMART PHARMACY	1710904842	0.00000	0.00	0.00
55111032105	GLIMEPIRIDE 2 MG TABLET	2025-02-27	60.000	WALMART PHARMACY	1710904842	0.00000	0.00	0.00
47781065190	LEVOTHYROXINE 100 MCG TABLET	2025-02-27	30.000	WALMART PHARMACY	1710904842	0.00000	0.00	0.00
68645058459	METFORMIN HCL 1,000 MG TABLET	2025-02-27	60.000	WALMART PHARMACY	1710904842	0.00000	0.00	-0.00
68645061190	LISINOPRIL 20 MG TABLET	2025-02-27	30.000	WALMART PHARMACY	1710904842	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
5.00	0.02845	2025-02-12	-0.62	0.00	No	No
10.00	0.04343	2025-02-19	-0.31	0.00	No	No
4.00	0.02195	2025-02-19	-0.66	0.00	No	No
8.00	0.0306	2025-02-26	-0.35	0.00	No	No
4.00	0.05519	2025-02-26	-0.67	0.00	No	No
4.00	0.02319	2025-02-26	-0.66	0.00	No	No
4.00	0.02538	2025-02-26	-0.64	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
47781064390	LEVOTHYROXINE 50 MCG TABLET	2025-03-03	90.000	WALMART PHARMACY	1710904842	0.00000	0.00	0.00
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-03-04	21.000	WALMART PHARMACY	1710904842	0.00000	0.00	0.00
68645052354	SERTRALINE HCL 100 MG TABLET	2025-03-07	30.000	WALMART PHARMACY	1710904842	0.00000	0.00	0.00
68645061190	LISINOPRIL 20 MG TABLET	2025-03-15	30.000	WALMART PHARMACY	1710904842	0.00000	0.00	0.00
23155076401	HYDROCHLOROTHIAZIDE 12.5 MG TB	2025-03-15	30.000	WALMART PHARMACY	1710904842	0.00000	0.00	0.00
29300024505	BUSPIRONE HCL 10 MG TABLET	2025-03-17	90.000	WALMART PHARMACY	1710904842	0.00000	0.00	0.00
68645058259	METFORMIN HCL 500 MG TABLET	2025-03-18	180.000	WALMART PHARMACY	1710904842	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
10.00	0.05398	2025-02-26	-0.35	0.00	No	No
9.76	0.1323	2025-02-26	-0.26	0.00	No	No
9.00	0.05114	2025-03-05	-0.25	0.00	No	No
4.00	0.02538	2025-03-12	-0.64	0.00	No	No
4.00	0.04813	2025-03-12	-0.66	0.00	No	No
5.00	0.03079	2025-03-12	-0.62	0.00	No	No
10.00	0.01368	2025-03-12	-0.23	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
29300046801	CLONIDINE HCL 0.1 MG TABLET	2025-03-19	90.000	WALMART PHARMACY	1710904842	0.00000	0.00	0.00
68382037002	NYSTATIN 100,000 UNIT/GM POWD	2025-03-24	30.000	WALMART PHARMACY	1710904842	0.02533	0.00	5.27
68645061090	LISINOPRIL 10 MG TABLET	2025-03-26	30.000	WALMART PHARMACY	1710904842	0.00000	0.00	0.00
68645051654	AMLODIPINE BESYLATE 10 MG TAB	2025-03-26	30.000	WALMART PHARMACY	1710904842	0.00000	0.00	0.00
68645051654	AMLODIPINE BESYLATE 10 MG TAB	2025-03-26	30.000	WALMART PHARMACY	1710904842	0.00000	0.00	0.00
68645061190	LISINOPRIL 20 MG TABLET	2025-03-26	30.000	WALMART PHARMACY	1710904842	0.00000	0.00	0.00
16571011401	HYDROXYZINE HCL 25 MG TABLET	2025-03-26	30.000	WALMART PHARMACY	1710904842	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
6.00	0.02583	2025-03-19	-0.53	0.00	No	No
10.00	0.35874	2025-03-19	-0.25	0.00	No	No
9.00	0.01833	2025-03-26	-0.18	0.00	No	No
9.00	0.01745	2025-03-26	-0.18	0.00	No	No
9.00	0.01745	2025-03-26	-0.18	0.00	No	No
9.00	0.02621	2025-03-26	-0.20	0.00	No	No
5.00	0.04398	2025-03-26	-0.58	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
47781064090	LEVOTHYROXINE 25 MCG TABLET	2025-03-27	45.000	WALMART PHARMACY	1710904842	0.00000	0.00	0.00
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-03-27	118.000	WALMART PHARMACY	1710904842	0.00000	0.00	3.87
00054429731	FUROSEMIDE 20 MG TABLET	2025-03-27	38.000	WALMART PHARMACY	1710904842	0.00000	0.00	-0.00
47781065190	LEVOTHYROXINE 100 MCG TABLET	2025-03-31	90.000	WALMART PHARMACY	1710904842	0.00000	0.00	0.00
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	2025-01-07	200.000	WALMART PHARMACY	1720005853	0.00000	0.00	2.78
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-02-17	30.000	WALMART PHARMACY	1720005853	0.00000	0.00	-0.00
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	2025-03-14	38.000	WALMART PHARMACY	1720005853	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
6.00	0.04513	2025-03-26	-0.52	0.00	No	No
10.00	0.04345	2025-03-26	-0.11	0.00	No	No
5.07	0.02649	2025-03-26	-0.56	0.00	No	No
10.00	0.05854	2025-03-26	-0.37	0.00	No	No
10.00	0.03139	2025-01-01	-0.24	0.00	No	No
8.97	0.08158	2025-02-12	-0.31	0.00	No	No
8.36	0.11147	2025-03-12	-0.43	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
33342005010	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	2025-01-28	90.000	WALMART PHARMACY	1750309449	0.00000	0.00	-0.00
47781064690	LEVOTHYROXINE 75 MCG TABLET	2025-02-09	90.000	WALMART PHARMACY	1750309449	0.00000	0.00	0.00
59651048901	PREDNISONE 50 MG TABLET	2025-02-10	5.000	WALMART PHARMACY	1750309449	0.00000	0.00	0.00
68180096301	ALBUTEROL HFA 90 MCG INHALER	2025-02-12	8.500	WALMART PHARMACY	1750309449	1.18353	0.00	0.17
64380078507	PREDNISONE 20 MG TABLET	2025-02-25	10.000	WALMART PHARMACY	1750309449	0.00000	0.00	0.00
00378827052	ALBUTEROL SUL 2.5 MG/3 ML SOLN	2025-02-25	75.000	WALMART PHARMACY	1750309449	0.00000	0.00	1.44
64380078507	PREDNISONE 20 MG TABLET	2025-03-13	10.000	WALMART PHARMACY	1750309449	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
10.00	0.06913	2025-01-22	-0.40	0.00	No	No
10.00	0.05079	2025-02-05	-0.34	0.00	No	No
9.11	0.16886	2025-02-05	-0.20	0.00	No	No
10.00	2.35969	2025-02-12	-0.34	0.00	No	No
4.04	0.07911	2025-02-19	-0.64	0.00	No	No
10.00	0.06023	2025-02-19	-0.24	0.00	No	No
4.04	0.07911	2025-03-12	-0.64	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2025-01-10	7.000	WALMART PHARMACY	1790072916	0.00000	0.00	0.00
00378750332	BREYNA 160-4.5 MCG INHALER	2025-01-04	10.300	WALMART PHARMACY	1790072916	15.59223	0.00	0.00
68645061190	LISINOPRIL 20 MG TABLET	2025-01-05	90.000	WALMART PHARMACY	1790072916	0.00000	0.00	0.00
16571011401	HYDROXYZINE HCL 25 MG TABLET	2025-01-05	60.000	WALMART PHARMACY	1790072916	0.00000	0.00	0.00
13668001001	CITALOPRAM HBR 20 MG TABLET	2025-01-08	90.000	WALMART PHARMACY	1790072916	0.00000	0.00	0.00
00555901858	TRI-SPRINTEC TABLET	2025-01-09	28.000	WALMART PHARMACY	1790072916	0.12321	0.00	5.55
65162003310	ACETAMINOPHEN-COD #3 TABLET	2025-01-09	12.000	WALMART PHARMACY	1790072916	0.00000	0.00	1.21

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
7.40	0.12482	2025-01-08	-0.35	0.00	No	No
10.00	23.19761	2025-01-01	-0.32	0.00	No	No
10.00	0.02387	2025-01-01	-0.21	0.00	No	No
10.00	0.03948	2025-01-01	-0.22	0.00	No	No
10.00	0.02718	2025-01-08	-0.23	0.00	No	No
0.00	0.12315	2025-01-08	-0.35	0.00	No	No
10.00	0.23491	2025-01-08	-0.16	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
64380078408	PREDNISONE 10 MG TABLET	2025-01-10	10.000	WALMART PHARMACY	1790072916	0.00000	0.00	-0.00
43598032675	CIPROFLOX-DEXAMETH OTIC SUSP	2025-01-10	7.500	WALMART PHARMACY	1790072916	9.94133	0.00	0.00
51672407008	CETIRIZINE HCL 1 MG/ML SOLN	2025-01-13	60.000	WALMART PHARMACY	1790072916	0.00000	0.00	0.00
45802000403	HYDROCORTISONE 2.5% CREAM	2025-01-13	28.000	WALMART PHARMACY	1790072916	0.00000	0.00	0.00
68645052354	SERTRALINE HCL 100 MG TABLET	2025-01-14	30.000	WALMART PHARMACY	1790072916	0.00000	0.00	0.00
67877021905	CEPHALEXIN 500 MG CAPSULE	2025-01-15	28.000	WALMART PHARMACY	1790072916	0.00000	0.00	1.44
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-01-15	21.000	WALMART PHARMACY	1790072916	0.00000	0.00	0.00
50111056001	TRAZODONE 50 MG TABLET	2025-01-15	90.000	WALMART PHARMACY	1790072916	0.00000	0.00	-0.00
68645051554	AMLODIPINE BESYLATE 5 MG TAB	2025-01-16	30.000	WALMART PHARMACY	1790072916	0.00000	0.00	0.00
57237002901	AMOXICILLIN 875 MG TABLET	2025-01-16	10.000	WALMART PHARMACY	1790072916	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
4.00	0.04665	2025-01-08	-0.63	0.00	No	No
10.00	12.77122	2025-01-08	-0.20	0.00	No	No
5.25	0.02149	2025-01-08	-0.55	0.00	No	No
8.70	0.10985	2025-01-08	-0.36	0.00	No	No
9.00	0.04769	2025-01-08	-0.25	0.00	No	No
10.00	0.10778	2025-01-15	-0.15	0.00	No	No
9.76	0.11746	2025-01-15	-0.25	0.00	No	No
10.00	0.03177	2025-01-15	-0.25	0.00	No	No
9.00	0.0104	2025-01-15	-0.17	0.00	No	No
6.21	0.15465	2025-01-15	-0.48	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
00378750232	BREYNA 80-4.5 MCG INHALER	2025-01-16	10.300	WALMART PHARMACY	1790072916	14.26019	0.00	0.00
68382056601	METOPROLOL SUCC ER 100 MG TAB	2025-01-16	30.000	WALMART PHARMACY	1790072916	0.00000	0.00	1.98
47781064990	LEVOTHYROXINE 88 MCG TABLET	2025-01-20	90.000	WALMART PHARMACY	1790072916	0.00000	0.00	0.00
16571011401	HYDROXYZINE HCL 25 MG TABLET	2025-01-20	28.000	WALMART PHARMACY	1790072916	0.00000	0.00	0.00
29300024401	BUSPIRONE HCL 5 MG TABLET	2025-01-21	180.000	WALMART PHARMACY	1790072916	0.00000	0.00	0.00
68382002310	ATENOLOL 50 MG TABLET	2025-01-21	90.000	WALMART PHARMACY	1790072916	0.00000	0.00	0.00
70010049201	METFORMIN HCL ER 750 MG TABLET	2025-01-21	180.000	WALMART PHARMACY	1790072916	0.00000	0.00	0.00
55111014512	FLUCONAZOLE 150 MG TABLET	2025-01-21	1.000	WALMART PHARMACY	1790072916	0.00000	0.00	0.00
00115703301	FLUDROCORTISONE 0.1 MG TABLET	2025-01-22	45.000	WALMART PHARMACY	1790072916	0.13267	0.00	7.58
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-01-23	90.000	WALMART PHARMACY	1790072916	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
10.00	20.24539	2025-01-15	-0.28	0.00	No	No
10.00	0.09765	2025-01-15	-0.11	0.00	No	No
10.00	0.05732	2025-01-15	-0.36	0.00	No	No
4.67	0.03948	2025-01-15	-0.60	0.00	No	No
10.00	0.01976	2025-01-15	-0.29	0.00	No	No
10.00	0.02288	2025-01-15	-0.20	0.00	No	No
10.00	0.06044	2025-01-15	-0.53	0.00	No	No
4.80	0.51642	2025-01-15	-0.56	0.00	No	No
10.00	0.35372	2025-01-22	-0.11	0.00	No	No
10.00	0.011	2025-01-22	-0.13	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
13668000901	CITALOPRAM HBR 10 MG TABLET	2025-01-24	30.000	WALMART PHARMACY	1790072916	0.00000	0.00	0.00
47781064090	LEVOTHYROXINE 25 MCG TABLET	2025-01-26	90.000	WALMART PHARMACY	1790072916	0.00000	0.00	0.00
29300024401	BUSPIRONE HCL 5 MG TABLET	2025-01-27	10.000	WALMART PHARMACY	1790072916	0.00000	0.00	0.00
67877021905	CEPHALEXIN 500 MG CAPSULE	2025-01-27	28.000	WALMART PHARMACY	1790072916	0.00000	0.00	1.44
55111014512	FLUCONAZOLE 150 MG TABLET	2025-01-27	2.000	WALMART PHARMACY	1790072916	0.00000	0.00	0.00
31722077701	ACYCLOVIR 400 MG TABLET	2025-01-28	21.000	WALMART PHARMACY	1790072916	0.00000	0.00	0.00
68645061290	LISINOPRIL 30 MG TABLET	2025-01-28	30.000	WALMART PHARMACY	1790072916	0.00000	0.00	0.00
47781065790	LEVOTHYROXINE 125 MCG TABLET	2025-01-28	30.000	WALMART PHARMACY	1790072916	0.00000	0.00	0.00
68180096301	ALBUTEROL HFA 90 MCG INHALER	2025-01-30	17.000	WALMART PHARMACY	1790072916	1.77118	0.00	0.35
29300024401	BUSPIRONE HCL 5 MG TABLET	2025-01-30	180.000	WALMART PHARMACY	1790072916	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
4.00	0.02246	2025-01-22	-0.64	0.00	No	No
10.00	0.043	2025-01-22	-0.30	0.00	No	No
4.00	0.01949	2025-01-22	-0.63	0.00	No	No
10.00	0.10819	2025-01-22	-0.15	0.00	No	No
9.60	0.52425	2025-01-22	-0.17	0.00	No	No
9.36	0.07973	2025-01-22	-0.23	0.00	No	No
4.00	0.04735	2025-01-22	-0.66	0.00	No	No
4.00	0.07133	2025-01-22	-0.68	0.00	No	No
10.00	2.35969	2025-01-29	-0.20	0.00	No	No
10.00	0.01949	2025-01-29	-0.29	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
29300024401	BUSPIRONE HCL 5 MG TABLET	2025-01-30	60.000	WALMART PHARMACY	1790072916	0.00000	0.00	0.00
64380078507	PREDNISONE 20 MG TABLET	2025-01-31	10.000	WALMART PHARMACY	1790072916	0.00000	0.00	0.00
67877021905	CEPHALEXIN 500 MG CAPSULE	2025-01-31	28.000	WALMART PHARMACY	1790072916	0.00000	0.00	1.44
68180044102	CEPHALEXIN 250 MG/5 ML SUSP	2025-01-30	200.000	WALMART PHARMACY	1790072916	0.00095	0.00	7.81
64380078507	PREDNISONE 20 MG TABLET	2025-02-03	10.000	WALMART PHARMACY	1790072916	0.00000	0.00	0.00
47781065190	LEVOTHYROXINE 100 MCG TABLET	2025-02-04	90.000	WALMART PHARMACY	1790072916	0.00000	0.00	0.00
47781065490	LEVOTHYROXINE 112 MCG TABLET	2025-02-05	90.000	WALMART PHARMACY	1790072916	0.00000	0.00	0.00
57664002597	ISOTRETINOIN 40 MG CAPSULE	2025-02-06	30.000	WALMART PHARMACY	1790072916	7.30433	0.00	0.00
00472016630	NYSTATIN 100,000 UNIT/GM OINT	2025-02-06	30.000	WALMART PHARMACY	1790072916	0.00000	0.00	2.18
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-02-07	20.000	WALMART PHARMACY	1790072916	0.00000	0.00	-0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
4.00	0.01949	2025-01-29	-0.66	0.00	No	No
4.04	0.07317	2025-01-29	-0.64	0.00	No	No
10.00	0.10819	2025-01-29	-0.15	0.00	No	No
10.00	0.05095	2025-01-29	-0.13	0.00	No	No
4.04	0.07317	2025-01-29	-0.64	0.00	No	No
10.00	0.05386	2025-01-29	-0.35	0.00	No	No
10.00	0.06852	2025-02-05	-0.40	0.00	No	No
30.00	16.42135	2025-02-05	-0.50	0.00	No	No
10.00	0.22128	2025-02-05	-0.29	0.00	No	No
5.98	0.08158	2025-02-05	-0.51	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68645061190	LISINOPRIL 20 MG TABLET	2025-02-08	90.000	WALMART PHARMACY	1790072916	0.00000	0.00	0.00
57237002901	AMOXICILLIN 875 MG TABLET	2025-02-09	10.000	WALMART PHARMACY	1790072916	0.00000	0.00	0.00
00378750232	BREYNA 80-4.5 MCG INHALER	2025-02-13	10.300	WALMART PHARMACY	1790072916	14.26019	0.00	0.00
68645051654	AMLODIPINE BESYLATE 10 MG TAB	2025-02-13	30.000	WALMART PHARMACY	1790072916	0.00000	0.00	0.00
00121088516	PREDNISOLONE 15 MG/5 ML SOLN	2025-02-13	20.000	WALMART PHARMACY	1790072916	0.10800	0.00	5.34
67877021905	CEPHALEXIN 500 MG CAPSULE	2025-02-14	9.000	WALMART PHARMACY	1790072916	0.00000	0.00	-0.00
31722070090	LOSARTAN POTASSIUM 25 MG TAB	2025-02-14	30.000	WALMART PHARMACY	1790072916	0.00000	0.00	0.00
47781064390	LEVOTHYROXINE 50 MCG TABLET	2025-02-14	30.000	WALMART PHARMACY	1790072916	0.00000	0.00	0.00
13668001001	CITALOPRAM HBR 20 MG TABLET	2025-02-14	90.000	WALMART PHARMACY	1790072916	0.00000	0.00	0.00
13668001001	CITALOPRAM HBR 20 MG TABLET	2025-02-18	30.000	WALMART PHARMACY	1790072916	0.00000	0.00	0.00

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10.00	0.02401	2025-02-05	-0.21	0.00	No	No
6.21	0.15313	2025-02-05	-0.48	0.00	No	No
10.00	20.40702	2025-02-12	-0.29	0.00	No	No
9.00	0.01568	2025-02-12	-0.18	0.00	No	No
10.00	0.60812	2025-02-12	-0.23	0.00	No	No
4.00	0.10819	2025-02-12	-0.65	0.00	No	No
9.00	0.02706	2025-02-12	-0.20	0.00	No	No
4.00	0.05075	2025-02-12	-0.67	0.00	No	No
10.00	0.02773	2025-02-12	-0.23	0.00	No	No
4.00	0.02773	2025-02-12	-0.65	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68645052354	SERTRALINE HCL 100 MG TABLET	2025-02-18	30.000	WALMART PHARMACY	1790072916	0.00000	0.00	0.00
68645051554	AMLODIPINE BESYLATE 5 MG TAB	2025-02-19	30.000	WALMART PHARMACY	1790072916	0.00000	0.00	0.00
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-02-19	20.000	WALMART PHARMACY	1790072916	0.00000	0.00	-0.00
23155076401	HYDROCHLOROTHIAZIDE 12.5 MG TB	2025-02-19	30.000	WALMART PHARMACY	1790072916	0.00000	0.00	0.00
71930005612	ACETAMINOPHEN-COD #4 TABLET	2025-02-20	21.000	WALMART PHARMACY	1790072916	0.00000	0.00	6.40
68382056601	METOPROLOL SUCC ER 100 MG TAB	2025-02-20	30.000	WALMART PHARMACY	1790072916	0.00000	0.00	1.98
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-02-20	14.000	WALMART PHARMACY	1790072916	0.00000	0.00	-0.00
29300013005	HYDROCHLOROTHIAZIDE 12.5 MG CP	2025-02-20	90.000	WALMART PHARMACY	1790072916	0.00000	0.00	0.00
67877021905	CEPHALEXIN 500 MG CAPSULE	2025-02-22	30.000	WALMART PHARMACY	1790072916	0.00000	0.00	2.26
68645061090	LISINOPRIL 10 MG TABLET	2025-02-24	90.000	WALMART PHARMACY	1790072916	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
9.00	0.04773	2025-02-12	-0.25	0.00	No	No
9.00	0.01082	2025-02-19	-0.17	0.00	No	No
5.98	0.08742	2025-02-19	-0.51	0.00	No	No
4.00	0.04813	2025-02-19	-0.66	0.00	No	No
10.00	0.42769	2025-02-19	-0.16	0.00	No	No
10.00	0.11223	2025-02-19	-0.14	0.00	No	No
4.19	0.08742	2025-02-19	-0.64	0.00	No	No
10.00	0.02926	2025-02-19	-0.24	0.00	No	No
10.00	0.1214	2025-02-19	-0.13	0.00	No	No
10.00	0.0177	2025-02-19	-0.17	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
47781065790	LEVOTHYROXINE 125 MCG TABLET	2025-02-25	30.000	WALMART PHARMACY	1790072916	0.00000	0.00	0.00
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	2025-02-25	14.000	WALMART PHARMACY	1790072916	0.00000	0.00	0.00
16571011401	HYDROXYZINE HCL 25 MG TABLET	2025-02-26	60.000	WALMART PHARMACY	1790072916	0.00000	0.00	0.00
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-02-26	21.000	WALMART PHARMACY	1790072916	0.00000	0.00	0.00
27808023301	DOXYCYCLINE HYCLATE 100 MG CAP	2025-02-26	14.000	WALMART PHARMACY	1790072916	0.00000	0.00	0.74
64380078507	PREDNISONE 20 MG TABLET	2025-02-26	10.000	WALMART PHARMACY	1790072916	0.00000	0.00	0.00
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-02-26	21.000	WALMART PHARMACY	1790072916	0.00000	0.00	0.00
47781064390	LEVOTHYROXINE 50 MCG TABLET	2025-02-27	90.000	WALMART PHARMACY	1790072916	0.00000	0.00	0.00
43598032675	CIPROFLOX-DEXAMETH OTIC SUSP	2025-02-27	7.500	WALMART PHARMACY	1790072916	9.94133	0.00	0.00
00116200116	CHLORHEXIDINE 0.12% RINSE	2025-02-28	473.000	WALMART PHARMACY	1790072916	0.00000	0.00	-0.00

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4.00	0.07216	2025-02-19	-0.68	0.00	No	No
7.91	0.05697	2025-02-19	-0.30	0.00	No	No
10.00	0.04247	2025-02-26	-0.23	0.00	No	No
9.76	0.1323	2025-02-26	-0.26	0.00	No	No
10.00	0.1187	2025-02-26	-0.12	0.00	No	No
4.04	0.07911	2025-02-26	-0.64	0.00	No	No
9.76	0.1323	2025-02-26	-0.26	0.00	No	No
10.00	0.05398	2025-02-26	-0.35	0.00	No	No
10.00	14.39834	2025-02-26	-0.29	0.00	No	No
7.48	0.00739	2025-02-26	-0.47	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68645056354	IBUPROFEN 800 MG TABLET	2025-02-28	30.000	WALMART PHARMACY	1790072916	0.00000	0.00	0.00
62332002331	FLUOXETINE HCL 20 MG CAPSULE	2025-02-28	90.000	WALMART PHARMACY	1790072916	0.00000	0.00	0.00
00378750332	BREYNA 160-4.5 MCG INHALER	2025-02-28	10.300	WALMART PHARMACY	1790072916	15.59223	0.00	0.00
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-02-28	21.000	WALMART PHARMACY	1790072916	0.00000	0.00	0.00
00116200116	CHLORHEXIDINE 0.12% RINSE	2025-02-28	473.000	WALMART PHARMACY	1790072916	0.00000	0.00	-0.00
68645056354	IBUPROFEN 800 MG TABLET	2025-02-28	30.000	WALMART PHARMACY	1790072916	0.00000	0.00	0.00
57237002901	AMOXICILLIN 875 MG TABLET	2025-03-01	20.000	WALMART PHARMACY	1790072916	0.00000	0.00	2.41
47781065490	LEVOTHYROXINE 112 MCG TABLET	2025-03-02	90.000	WALMART PHARMACY	1790072916	0.00000	0.00	-0.00
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-03-03	20.000	WALMART PHARMACY	1790072916	0.00000	0.00	0.00
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	2025-03-04	200.000	WALMART PHARMACY	1790072916	0.00000	0.00	2.78

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5.82	0.06029	2025-02-26	-0.53	0.00	No	No
10.00	0.03107	2025-02-26	-0.25	0.00	No	No
10.00	23.08377	2025-02-26	-0.31	0.00	No	No
6.28	0.08742	2025-02-26	-0.49	0.00	No	No
7.48	0.00739	2025-02-26	-0.47	0.00	No	No
5.82	0.06029	2025-02-26	-0.53	0.00	No	No
10.00	0.16502	2025-02-26	-0.10	0.00	No	No
10.00	0.07192	2025-02-26	-0.41	0.00	No	No
5.98	0.08742	2025-02-26	-0.51	0.00	No	No
10.00	0.03366	2025-02-26	-0.26	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
60505082901	FLUTICASONE PROP 50 MCG SPRAY	2025-03-05	16.000	WALMART PHARMACY	1790072916	0.00000	0.00	5.87
57664002597	ISOTRETINOIN 40 MG CAPSULE	2025-03-06	60.000	WALMART PHARMACY	1790072916	5.44850	0.00	0.00
68645060890	LISINOPRIL 2.5 MG TABLET	2025-03-07	90.000	WALMART PHARMACY	1790072916	0.00000	0.00	0.00
29300013701	CLONIDINE HCL 0.3 MG TABLET	2025-03-07	30.000	WALMART PHARMACY	1790072916	0.00000	0.00	0.00
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-03-08	21.000	WALMART PHARMACY	1790072916	0.00000	0.00	0.00
00555901858	TRI-SPRINTEC TABLET	2025-03-08	28.000	WALMART PHARMACY	1790072916	0.12821	0.00	5.41
60505082901	FLUTICASONE PROP 50 MCG SPRAY	2025-03-09	16.000	WALMART PHARMACY	1790072916	0.00000	0.00	5.87
00378750332	BREYNA 160-4.5 MCG INHALER	2025-03-09	10.300	WALMART PHARMACY	1790072916	15.59223	0.00	0.00
68645061290	LISINOPRIL 30 MG TABLET	2025-03-09	90.000	WALMART PHARMACY	1790072916	0.00000	0.00	0.00
62332002431	FLUOXETINE HCL 40 MG CAPSULE	2025-03-10	90.000	WALMART PHARMACY	1790072916	0.00000	0.00	0.00

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10.00	0.44945	2025-03-05	-0.10	0.00	No	No
30.00	15.33684	2025-03-05	-0.62	0.00	No	No
10.00	0.01395	2025-03-05	-0.15	0.00	No	No
4.00	0.03903	2025-03-05	-0.66	0.00	No	No
6.28	0.08742	2025-03-05	-0.49	0.00	No	No
0.00	0.12837	2025-03-05	-0.36	0.00	No	No
10.00	0.44945	2025-03-05	-0.10	0.00	No	No
10.00	23.08377	2025-03-05	-0.31	0.00	No	No
10.00	0.05139	2025-03-05	-0.34	0.00	No	No
10.00	0.06602	2025-03-05	-0.39	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68382002401	ATENOLOL 100 MG TABLET	2025-03-11	30.000	WALMART PHARMACY	1790072916	0.00000	0.00	0.00
68180071160	CEFDINIR 300 MG CAPSULE	2025-03-12	14.000	WALMART PHARMACY	1790072916	0.00000	0.00	3.50
64380078507	PREDNISONE 20 MG TABLET	2025-03-12	10.000	WALMART PHARMACY	1790072916	0.00000	0.00	0.00
29300042010	AMITRIPTYLINE HCL 25 MG TAB	2025-03-12	90.000	WALMART PHARMACY	1790072916	0.00000	0.00	0.00
29300046801	CLONIDINE HCL 0.1 MG TABLET	2025-03-13	45.000	WALMART PHARMACY	1790072916	0.00000	0.00	0.00
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-03-14	90.000	WALMART PHARMACY	1790072916	0.00000	0.00	0.00
60505082901	FLUTICASONE PROP 50 MCG SPRAY	2025-03-16	16.000	WALMART PHARMACY	1790072916	0.00000	0.00	5.87
71930005612	ACETAMINOPHEN-COD #4 TABLET	2025-03-16	21.000	WALMART PHARMACY	1790072916	0.00000	0.00	6.40
68645058259	METFORMIN HCL 500 MG TABLET	2025-03-17	90.000	WALMART PHARMACY	1790072916	0.00000	0.00	0.00
60505082901	FLUTICASONE PROP 50 MCG SPRAY	2025-03-17	16.000	WALMART PHARMACY	1790072916	0.00000	0.00	5.87

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
4.00	0.03967	2025-03-05	-0.66	0.00	No	No
10.00	0.45141	2025-03-12	-0.20	0.00	No	No
4.04	0.07911	2025-03-12	-0.64	0.00	No	No
10.00	0.0524	2025-03-12	-0.34	0.00	No	No
4.00	0.025	2025-03-12	-0.66	0.00	No	No
10.00	0.01217	2025-03-12	-0.14	0.00	No	No
10.00	0.44945	2025-03-12	-0.10	0.00	No	No
10.00	0.42769	2025-03-12	-0.16	0.00	No	No
6.00	0.01368	2025-03-12	-0.49	0.00	No	No
10.00	0.44945	2025-03-12	-0.10	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	2025-03-18	150.000	WALMART PHARMACY	1790072916	0.00000	0.00	-0.00
47781065190	LEVOTHYROXINE 100 MCG TABLET	2025-03-18	90.000	WALMART PHARMACY	1790072916	0.00000	0.00	0.00
29300024401	BUSPIRONE HCL 5 MG TABLET	2025-03-18	180.000	WALMART PHARMACY	1790072916	0.00000	0.00	0.00
13668001001	CITALOPRAM HBR 20 MG TABLET	2025-03-18	30.000	WALMART PHARMACY	1790072916	0.00000	0.00	0.00
23155076401	HYDROCHLOROTHIAZIDE 12.5 MG TB	2025-03-19	30.000	WALMART PHARMACY	1790072916	0.00000	0.00	0.00
68645052354	SERTRALINE HCL 100 MG TABLET	2025-03-21	30.000	WALMART PHARMACY	1790072916	0.00000	0.00	0.00
50111078751	AZITHROMYCIN 250 MG TABLET	2025-03-21	6.000	WALMART PHARMACY	1790072916	0.00000	0.00	1.45
23155076401	HYDROCHLOROTHIAZIDE 12.5 MG TB	2025-03-21	90.000	WALMART PHARMACY	1790072916	0.00000	0.00	0.00
68645056354	IBUPROFEN 800 MG TABLET	2025-03-22	30.000	WALMART PHARMACY	1790072916	0.00000	0.00	-0.00
68382056601	METOPROLOL SUCC ER 100 MG TAB	2025-03-23	30.000	WALMART PHARMACY	1790072916	0.00000	0.00	1.98

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
9.59	0.03875	2025-03-12	-0.41	0.00	No	No
10.00	0.05519	2025-03-12	-0.35	0.00	No	No
10.00	0.02195	2025-03-12	-0.31	0.00	No	No
4.00	0.03013	2025-03-12	-0.65	0.00	No	No
4.00	0.0503	2025-03-19	-0.67	0.00	No	No
9.00	0.05282	2025-03-19	-0.25	0.00	No	No
10.00	0.37667	2025-03-19	-0.10	0.00	No	No
10.00	0.0503	2025-03-19	-0.33	0.00	No	No
5.82	0.06324	2025-03-19	-0.53	0.00	No	No
10.00	0.12306	2025-03-19	-0.16	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
62332002331	FLUOXETINE HCL 20 MG CAPSULE	2025-03-24	30.000	WALMART PHARMACY	1790072916	0.00000	0.00	0.00
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2025-03-24	120.000	WALMART PHARMACY	1790072916	0.00808	0.00	2.26
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-03-25	90.000	WALMART PHARMACY	1790072916	0.00000	0.00	0.00
64380078408	PREDNISONE 10 MG TABLET	2025-03-26	18.000	WALMART PHARMACY	1790072916	0.00000	0.00	0.00
50111078751	AZITHROMYCIN 250 MG TABLET	2025-03-27	6.000	WALMART PHARMACY	1790072916	0.00000	0.00	1.45
47781065790	LEVOTHYROXINE 125 MCG TABLET	2025-03-28	30.000	WALMART PHARMACY	1790072916	0.00000	0.00	0.00
64380078507	PREDNISONE 20 MG TABLET	2025-03-28	10.000	WALMART PHARMACY	1790072916	0.00000	0.00	0.00
00378750232	BREYNA 80-4.5 MCG INHALER	2025-03-28	10.300	WALMART PHARMACY	1790072916	14.26019	0.00	0.00
50111078751	AZITHROMYCIN 250 MG TABLET	2025-03-31	6.000	WALMART PHARMACY	1790072916	0.00000	0.00	1.45
47781064390	LEVOTHYROXINE 50 MCG TABLET	2025-01-01	30.000	WALMART PHARMACY	1801814595	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
9.00	0.03216	2025-03-19	-0.21	0.00	No	No
10.00	0.09145	2025-03-19	-0.38	0.00	No	No
10.00	0.01281	2025-03-19	-0.14	0.00	No	No
4.00	0.05827	2025-03-26	-0.65	0.00	No	No
10.00	0.37667	2025-03-26	-0.10	0.00	No	No
4.00	0.07712	2025-03-26	-0.69	0.00	No	No
4.04	0.08187	2025-03-26	-0.64	0.00	No	No
10.00	20.18754	2025-03-26	-0.28	0.00	No	No
10.00	0.37667	2025-03-26	-0.10	0.00	No	No
4.00	0.0517	2025-01-01	-0.67	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
31722070290	LOSARTAN POTASSIUM 100 MG TAB	2025-01-01	30.000	WALMART PHARMACY	1801814595	0.00000	0.00	0.00
67877021905	CEPHALEXIN 500 MG CAPSULE	2025-01-02	20.000	WALMART PHARMACY	1801814595	0.00000	0.00	0.00
00115521116	COLESTIPOL HCL 1 GM TABLET	2025-01-04	60.000	WALMART PHARMACY	1801814595	0.41067	0.00	0.00
47781064390	LEVOTHYROXINE 50 MCG TABLET	2025-01-07	90.000	WALMART PHARMACY	1801814595	0.00000	0.00	0.00
70752010212	ALBUTEROL SULF 2 MG/5 ML SYRUP	2025-01-13	120.000	WALMART PHARMACY	1801814595	0.00000	0.00	0.00
67877015905	METFORMIN HCL ER 500 MG TABLET	2025-01-22	30.000	WALMART PHARMACY	1801814595	0.00000	0.00	0.00
67877021905	CEPHALEXIN 500 MG CAPSULE	2025-01-28	20.000	WALMART PHARMACY	1801814595	0.00000	0.00	0.00
47781064390	LEVOTHYROXINE 50 MCG TABLET	2025-01-29	30.000	WALMART PHARMACY	1801814595	0.00000	0.00	0.00
31722070290	LOSARTAN POTASSIUM 100 MG TAB	2025-01-29	30.000	WALMART PHARMACY	1801814595	0.00000	0.00	0.00
68382004001	PROMETHAZINE 12.5 MG TABLET	2025-01-29	14.000	WALMART PHARMACY	1801814595	0.00000	0.00	0.00

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9.00	0.04831	2025-01-01	-0.25	0.00	No	No
8.17	0.10778	2025-01-01	-0.35	0.00	No	No
10.00	0.64507	2025-01-01	-0.30	0.00	No	No
10.00	0.0517	2025-01-01	-0.34	0.00	No	No
11.04	0.03773	2025-01-08	-0.26	0.00	No	No
4.00	0.02667	2025-01-22	-0.65	0.00	No	No
8.17	0.10819	2025-01-22	-0.35	0.00	No	No
4.00	0.05075	2025-01-29	-0.67	0.00	No	No
9.00	0.04729	2025-01-29	-0.24	0.00	No	No
7.00	0.03849	2025-01-29	-0.37	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
42806054705	VITAMIN D2 1.25 MG(50,000 UNIT)	2025-01-29	4.000	WALMART PHARMACY	1801814595	0.00000	0.00	0.00
68645051654	AMLODIPINE BESYLATE 10 MG TAB	2025-01-29	30.000	WALMART PHARMACY	1801814595	0.00000	0.00	0.00
43547026910	ROPINIROLE HCL 0.5 MG TABLET	2025-01-29	15.000	WALMART PHARMACY	1801814595	0.00000	0.00	0.00
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-01-30	30.000	WALMART PHARMACY	1801814595	0.00000	0.00	-0.00
29300042010	AMITRIPTYLINE HCL 25 MG TAB	2025-02-08	90.000	WALMART PHARMACY	1801814595	0.00000	0.00	0.00
64380078507	PREDNISONE 20 MG TABLET	2025-02-13	3.000	WALMART PHARMACY	1801814595	0.00000	0.00	0.00
29300035501	TRAMADOL HCL 50 MG TABLET	2025-02-14	10.000	WALMART PHARMACY	1801814595	0.00000	0.00	0.00
42806054705	VITAMIN D2 1.25 MG(50,000 UNIT)	2025-02-22	4.000	WALMART PHARMACY	1801814595	0.00000	0.00	0.00
68645051654	AMLODIPINE BESYLATE 10 MG TAB	2025-02-24	30.000	WALMART PHARMACY	1801814595	0.00000	0.00	0.00
70710146707	COLESTIPOL HCL 1 GM TABLET	2025-02-24	60.000	WALMART PHARMACY	1801814595	0.37150	0.00	0.00

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6.96	0.10587	2025-01-29	-0.36	0.00	No	No
9.00	0.01568	2025-01-29	-0.18	0.00	No	No
4.50	0.04017	2025-01-29	-0.59	0.00	No	No
8.97	0.08158	2025-01-29	-0.31	0.00	No	No
10.00	0.04736	2025-02-05	-0.32	0.00	No	No
4.00	0.07317	2025-02-12	-0.63	0.00	No	No
8.59	0.02332	2025-02-12	-0.20	0.00	No	No
6.96	0.11721	2025-02-19	-0.36	0.00	No	No
9.00	0.01694	2025-02-19	-0.18	0.00	No	No
10.00	0.68394	2025-02-19	-0.37	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
59651048699	PREDNISONE 5 MG TABLET	2025-02-24	40.000	WALMART PHARMACY	1801814595	0.00000	0.00	0.00
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-02-24	21.000	WALMART PHARMACY	1801814595	0.00000	0.00	0.00
62332002331	FLUOXETINE HCL 20 MG CAPSULE	2025-02-25	30.000	WALMART PHARMACY	1801814595	0.00000	0.00	0.00
13668001101	CITALOPRAM HBR 40 MG TABLET	2025-02-26	90.000	WALMART PHARMACY	1801814595	0.00000	0.00	0.00
10572010001	PEG-3350 AND ELECTROLYTES SOLN	2025-02-26	4000.000	WALMART PHARMACY	1801814595	0.00441	0.00	1.50
47781064390	LEVOTHYROXINE 50 MCG TABLET	2025-02-28	30.000	WALMART PHARMACY	1801814595	0.00000	0.00	0.00
31722070290	LOSARTAN POTASSIUM 100 MG TAB	2025-02-28	30.000	WALMART PHARMACY	1801814595	0.00000	0.00	0.00
00121088516	PREDNISOLONE 15 MG/5 ML SOLN	2025-02-28	50.000	WALMART PHARMACY	1801814595	0.43840	0.00	4.26
68645056354	IBUPROFEN 800 MG TABLET	2025-03-08	20.000	WALMART PHARMACY	1801814595	0.00000	0.00	0.00
65862005299	SIMVASTATIN 20 MG TABLET	2025-03-12	30.000	WALMART PHARMACY	1801814595	0.00000	0.00	0.00

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8.47	0.04743	2025-02-19	-0.32	0.00	No	No
9.76	0.1323	2025-02-19	-0.26	0.00	No	No
4.00	0.03107	2025-02-19	-0.65	0.00	No	No
10.00	0.04272	2025-02-26	-0.30	0.00	No	No
0.00	0.00441	2025-02-26	-0.32	0.00	No	No
4.00	0.05398	2025-02-26	-0.67	0.00	No	No
9.00	0.05123	2025-02-26	-0.25	0.00	No	No
10.00	0.63833	2025-02-26	-0.15	0.00	No	No
4.00	0.06029	2025-03-05	-0.66	0.00	No	No
9.00	0.02993	2025-03-12	-0.21	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68645056259	IBUPROFEN 600 MG TABLET	2025-03-16	60.000	WALMART PHARMACY	1801814595	0.00000	0.00	0.86
61314062810	POLYMYXIN B-TMP EYE DROPS	2025-03-17	10.000	WALMART PHARMACY	1801814595	0.00000	0.00	0.00
68382037002	NYSTATIN 100,000 UNIT/GM POWD	2025-03-19	30.000	WALMART PHARMACY	1801814595	0.00000	0.00	6.03
70710146707	COLESTIPOL HCL 1 GM TABLET	2025-03-22	60.000	WALMART PHARMACY	1801814595	0.37150	0.00	0.00
42806054705	VITAMIN D2 1.25 MG(50,000 UNIT)	2025-03-22	4.000	WALMART PHARMACY	1801814595	0.00000	0.00	0.00
68645051654	AMLODIPINE BESYLATE 10 MG TAB	2025-03-22	30.000	WALMART PHARMACY	1801814595	0.00000	0.00	0.00
62332002331	FLUOXETINE HCL 20 MG CAPSULE	2025-03-27	30.000	WALMART PHARMACY	1801814595	0.00000	0.00	0.00
64380078507	PREDNISONE 20 MG TABLET	2025-03-28	10.000	WALMART PHARMACY	1801814595	0.00000	0.00	0.00
68645058459	METFORMIN HCL 1,000 MG TABLET	2025-03-31	60.000	WALMART PHARMACY	1801814595	0.00000	0.00	-0.00
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-01-04	30.000	WALMART PHARMACY	1811914948	0.00000	0.00	0.00

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10.00	0.04873	2025-03-12	-0.19	0.00	No	No
9.06	0.46083	2025-03-12	-0.40	0.00	No	No
10.00	0.35874	2025-03-19	-0.25	0.00	No	No
10.00	0.7166	2025-03-19	-0.40	0.00	No	No
6.96	0.12229	2025-03-19	-0.37	0.00	No	No
9.00	0.01745	2025-03-19	-0.18	0.00	No	No
9.00	0.03216	2025-03-26	-0.21	0.00	No	No
4.04	0.08187	2025-03-26	-0.64	0.00	No	No
9.00	0.02408	2025-03-26	-0.25	0.00	No	No
8.97	0.08279	2025-01-01	-0.31	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
00116200116	CHLORHEXIDINE 0.12% RINSE	2025-01-04	473.000	WALMART PHARMACY	1811914948	0.00000	0.00	0.00
16571013412	CETIRIZINE HCL 1 MG/ML SYRUP	2025-01-12	75.000	WALMART PHARMACY	1811914948	0.00000	0.00	0.00
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	2025-01-12	15.000	WALMART PHARMACY	1811914948	0.00000	0.00	0.00
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	2025-01-12	35.000	WALMART PHARMACY	1811914948	0.00000	0.00	-0.00
23155076401	HYDROCHLOROTHIAZIDE 12.5 MG TB	2025-01-13	90.000	WALMART PHARMACY	1811914948	0.00000	0.00	0.00
64380078507	PREDNISONE 20 MG TABLET	2025-01-26	10.000	WALMART PHARMACY	1811914948	0.00000	0.00	0.00
29300024401	BUSPIRONE HCL 5 MG TABLET	2025-01-28	40.000	WALMART PHARMACY	1811914948	0.00000	0.00	0.00
55111014512	FLUCONAZOLE 150 MG TABLET	2025-01-28	2.000	WALMART PHARMACY	1811914948	0.00000	0.00	0.00
64380078408	PREDNISONE 10 MG TABLET	2025-01-30	10.000	WALMART PHARMACY	1811914948	0.00000	0.00	0.00
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	2025-02-04	200.000	WALMART PHARMACY	1811914948	0.00000	0.00	2.78

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
7.48	0.00699	2025-01-01	-0.46	0.00	No	No
6.57	0.02149	2025-01-08	-0.46	0.00	No	No
4.00	0.10868	2025-01-08	-0.67	0.00	No	No
7.70	0.10868	2025-01-08	-0.46	0.00	No	No
10.00	0.04193	2025-01-08	-0.30	0.00	No	No
4.04	0.07317	2025-01-22	-0.64	0.00	No	No
4.00	0.01949	2025-01-22	-0.65	0.00	No	No
9.60	0.52425	2025-01-22	-0.17	0.00	No	No
4.00	0.04773	2025-01-29	-0.64	0.00	No	No
10.00	0.0318	2025-01-29	-0.24	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	2025-02-06	200.000	WALMART PHARMACY	1811914948	0.00000	0.00	2.78
68645061090	LISINOPRIL 10 MG TABLET	2025-02-10	90.000	WALMART PHARMACY	1811914948	0.00000	0.00	0.00
68180087673	NORETHINDRONE 0.35 MG TABLET	2025-02-24	28.000	WALMART PHARMACY	1811914948	0.08607	0.00	6.59
47781064090	LEVOTHYROXINE 25 MCG TABLET	2025-02-27	90.000	WALMART PHARMACY	1811914948	0.00000	0.00	0.00
68180071160	CEFDINIR 300 MG CAPSULE	2025-03-02	14.000	WALMART PHARMACY	1811914948	0.00000	0.00	3.50
64380078507	PREDNISONE 20 MG TABLET	2025-03-06	5.000	WALMART PHARMACY	1811914948	0.00000	0.00	0.00
64380078507	PREDNISONE 20 MG TABLET	2025-03-10	10.000	WALMART PHARMACY	1811914948	0.00000	0.00	0.00
64380078507	PREDNISONE 20 MG TABLET	2025-03-12	5.000	WALMART PHARMACY	1811914948	0.00000	0.00	0.00
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2025-03-18	200.000	WALMART PHARMACY	1811914948	0.03345	0.00	5.36
68180087673	NORETHINDRONE 0.35 MG TABLET	2025-03-21	28.000	WALMART PHARMACY	1811914948	0.09000	0.00	6.48

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
10.00	0.0318	2025-02-05	-0.24	0.00	No	No
10.00	0.01718	2025-02-05	-0.17	0.00	No	No
0.00	0.08614	2025-02-19	-0.30	0.00	No	No
10.00	0.04343	2025-02-26	-0.31	0.00	No	No
10.00	0.45141	2025-02-26	-0.20	0.00	No	No
4.00	0.07911	2025-03-05	-0.63	0.00	No	No
4.04	0.07911	2025-03-05	-0.64	0.00	No	No
4.00	0.07911	2025-03-12	-0.63	0.00	No	No
10.00	0.08343	2025-03-12	-0.19	0.00	No	No
0.00	0.09016	2025-03-19	-0.31	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
60505082901	FLUTICASONE PROP 50 MCG SPRAY	2025-03-24	16.000	WALMART PHARMACY	1811914948	0.00000	0.00	5.87
68180096301	ALBUTEROL HFA 90 MCG INHALER	2025-03-24	8.500	WALMART PHARMACY	1811914948	1.20353	0.00	0.00
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-03-26	21.000	WALMART PHARMACY	1811914948	0.00000	0.00	0.00
72578005518	DOXYCYCLINE HYCLATE 100 MG CAP	2025-03-26	14.000	WALMART PHARMACY	1811914948	0.00000	0.00	0.74
31722070090	LOSARTAN POTASSIUM 25 MG TAB	2025-03-13	30.000	WALMART PHARMACY	1811914955	0.00000	0.00	0.00
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2025-01-02	140.000	WALMART PHARMACY	1821015967	0.02086	0.00	2.52
47781065190	LEVOTHYROXINE 100 MCG TABLET	2025-01-07	30.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
62332002431	FLUOXETINE HCL 40 MG CAPSULE	2025-01-07	90.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
64380078408	PREDNISONE 10 MG TABLET	2025-01-10	48.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
13668000901	CITALOPRAM HBR 10 MG TABLET	2025-01-14	30.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
10.00	0.46041	2025-03-19	-0.11	0.00	No	No
10.00	2.56359	2025-03-19	-0.37	0.00	No	No
9.24	0.15456	2025-03-26	-0.33	0.00	No	No
10.00	0.12632	2025-03-26	-0.12	0.00	No	No
9.00	0.02921	2025-03-12	-0.21	0.00	No	No
10.00	0.09227	2025-01-01	-0.34	0.00	No	No
4.00	0.05509	2025-01-01	-0.67	0.00	No	No
10.00	0.05938	2025-01-01	-0.37	0.00	No	No
7.95	0.04665	2025-01-08	-0.38	0.00	No	No
4.00	0.02243	2025-01-08	-0.64	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
23155076401	HYDROCHLOROTHIAZIDE 12.5 MG TB	2025-01-14	30.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
29300024505	BUSPIRONE HCL 10 MG TABLET	2025-01-15	180.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2025-01-19	60.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
59651071901	DICYCLOMINE 10 MG CAPSULE	2025-01-20	60.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.75
45802086802	POLYETHYLENE GLYCOL 3350 POWD	2025-01-20	238.000	WALMART PHARMACY	1821015967	0.01681	0.00	0.00
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-01-28	21.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
13668001101	CITALOPRAM HBR 40 MG TABLET	2025-01-31	30.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
47781064390	LEVOTHYROXINE 50 MCG TABLET	2025-01-31	30.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
68382056501	METOPROLOL SUCC ER 50 MG TAB	2025-01-31	30.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
31722070190	LOSARTAN POTASSIUM 50 MG TAB	2025-01-31	30.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
4.00	0.04193	2025-01-08	-0.66	0.00	No	No
10.00	0.02862	2025-01-15	-0.36	0.00	No	No
6.62	0.09227	2025-01-15	-0.59	0.00	No	No
10.00	0.08082	2025-01-15	-0.30	0.00	No	No
0.00	0.02517	2025-01-15	-0.76	0.00	No	No
9.76	0.11419	2025-01-22	-0.24	0.00	No	No
4.00	0.03957	2025-01-29	-0.66	0.00	No	No
4.00	0.05075	2025-01-29	-0.67	0.00	No	No
9.00	0.05821	2025-01-29	-0.26	0.00	No	No
9.00	0.03558	2025-01-29	-0.22	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
31722059690	FENOFIBRATE 145 MG TABLET	2025-01-31	30.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
68645060990	LISINOPRIL 5 MG TABLET	2025-01-31	90.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
65862017360	TOPIRAMATE 100 MG TABLET	2025-02-01	60.000	WALMART PHARMACY	1821015967	0.00000	0.00	-0.00
65862017260	TOPIRAMATE 50 MG TABLET	2025-02-01	60.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-02-04	21.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
00378827052	ALBUTEROL SUL 2.5 MG/3 ML SOLN	2025-02-11	75.000	WALMART PHARMACY	1821015967	0.00000	0.00	1.44
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2025-02-11	280.000	WALMART PHARMACY	1821015967	0.05243	0.00	6.19
13668000901	CITALOPRAM HBR 10 MG TABLET	2025-02-12	90.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
23155076401	HYDROCHLOROTHIAZIDE 12.5 MG TB	2025-02-12	90.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
64380078408	PREDNISONE 10 MG TABLET	2025-02-12	30.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00

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9.00	0.12478	2025-01-29	-0.37	0.00	No	No
10.00	0.01386	2025-01-29	-0.15	0.00	No	No
9.00	0.05608	2025-01-29	-0.35	0.00	No	No
9.00	0.03608	2025-01-29	-0.29	0.00	No	No
9.76	0.11419	2025-01-29	-0.24	0.00	No	No
10.00	0.05918	2025-02-05	-0.23	0.00	No	No
10.00	0.08815	2025-02-05	-0.12	0.00	No	No
10.00	0.02246	2025-02-12	-0.20	0.00	No	No
10.00	0.04258	2025-02-12	-0.30	0.00	No	No
4.97	0.04773	2025-02-12	-0.58	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
29300024505	BUSPIRONE HCL 10 MG TABLET	2025-02-14	180.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
47781066590	LEVOTHYROXINE 175 MCG TABLET	2025-02-15	90.000	WALMART PHARMACY	1821015967	0.00000	0.00	-0.00
62332002431	FLUOXETINE HCL 40 MG CAPSULE	2025-02-16	90.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
68382080701	TRAZODONE 150 MG TABLET	2025-02-17	30.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2025-02-22	90.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
64380078507	PREDNISONE 20 MG TABLET	2025-02-27	11.000	WALMART PHARMACY	1821015967	0.00000	0.00	-0.00
59651080701	MECLIZINE 12.5 MG TABLET	2025-02-27	30.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
60505082901	FLUTICASONE PROP 50 MCG SPRAY	2025-02-27	16.000	WALMART PHARMACY	1821015967	0.00000	0.00	5.87
43598032675	CIPROFLOX-DEXAMETH OTIC SUSP	2025-03-03	7.500	WALMART PHARMACY	1821015967	9.94133	0.00	0.00
55111032205	GLIMEPIRIDE 4 MG TABLET	2025-03-10	90.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00

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10.00	0.02845	2025-02-12	-0.36	0.00	No	No
10.00	0.08637	2025-02-12	-0.45	0.00	No	No
10.00	0.05872	2025-02-12	-0.37	0.00	No	No
4.00	0.10322	2025-02-12	-0.71	0.00	No	No
9.92	0.08343	2025-02-19	-0.45	0.00	No	No
4.44	0.07911	2025-02-26	-0.61	0.00	No	No
9.00	0.05409	2025-02-26	-0.26	0.00	No	No
10.00	0.44945	2025-02-26	-0.10	0.00	No	No
10.00	14.39834	2025-02-26	-0.29	0.00	No	No
10.00	0.03233	2025-03-05	-0.25	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
65862017360	TOPIRAMATE 100 MG TABLET	2025-03-17	60.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
65862017260	TOPIRAMATE 50 MG TABLET	2025-03-17	60.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
68382080701	TRAZODONE 150 MG TABLET	2025-03-21	30.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
31722059690	FENOFIBRATE 145 MG TABLET	2025-03-21	30.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
68645061190	LISINOPRIL 20 MG TABLET	2025-03-21	30.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
68645058259	METFORMIN HCL 500 MG TABLET	2025-03-21	60.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
60505082901	FLUTICASONE PROP 50 MCG SPRAY	2025-03-23	16.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2025-03-23	180.000	WALMART PHARMACY	1821015967	0.03589	0.00	3.39
60505082901	FLUTICASONE PROP 50 MCG SPRAY	2025-03-24	16.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2025-03-24	140.000	WALMART PHARMACY	1821015967	0.02000	0.00	2.64

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9.00	0.06171	2025-03-12	-0.37	0.00	No	No
9.00	0.03883	2025-03-12	-0.30	0.00	No	No
4.00	0.11925	2025-03-19	-0.72	0.00	No	No
9.00	0.13841	2025-03-19	-0.39	0.00	No	No
4.00	0.02621	2025-03-19	-0.65	0.00	No	No
4.00	0.01391	2025-03-19	-0.65	0.00	No	No
15.87	0.46041	2025-03-19	-0.11	0.00	No	No
10.00	0.09145	2025-03-19	-0.26	0.00	No	No
15.87	0.46041	2025-03-19	-0.11	0.00	No	No
10.00	0.09145	2025-03-19	-0.34	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
00121088516	PREDNISOLONE 15 MG/5 ML SOLN	2025-03-27	30.000	WALMART PHARMACY	1821015967	0.33767	0.00	1.58
64380078507	PREDNISONE 20 MG TABLET	2025-03-27	11.000	WALMART PHARMACY	1821015967	0.00000	0.00	-0.00
70752020411	FOLIC ACID 1 MG TABLET	2025-01-07	30.000	WALMART PHARMACY	1902823032	0.00000	0.00	0.00
70069013101	TOBRAMYCIN 0.3% EYE DROP	2025-01-07	5.000	WALMART PHARMACY	1902823032	0.00000	0.00	-0.00
00093081101	NORTRIPTYLINE HCL 25 MG CAP	2025-01-13	30.000	WALMART PHARMACY	1902823032	0.00000	0.00	0.00
68180071160	CEFDINIR 300 MG CAPSULE	2025-01-13	10.000	WALMART PHARMACY	1902823032	0.00000	0.00	-0.00
67877015905	METFORMIN HCL ER 500 MG TABLET	2025-01-16	90.000	WALMART PHARMACY	1902823032	0.00000	0.00	0.00
00115703301	FLUDROCORTISONE 0.1 MG TABLET	2025-02-03	30.000	WALMART PHARMACY	1902823032	0.02033	0.00	5.09
47781065190	LEVOTHYROXINE 100 MCG TABLET	2025-02-05	90.000	WALMART PHARMACY	1902823032	0.00000	0.00	0.00
64380078408	PREDNISONE 10 MG TABLET	2025-02-10	42.000	WALMART PHARMACY	1902823032	0.00000	0.00	0.00

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10.00	0.67101	2025-03-26	-0.29	0.00	No	No
4.44	0.08187	2025-03-26	-0.61	0.00	No	No
4.00	0.02077	2025-01-01	-0.64	0.00	No	No
7.46	1.01287	2025-01-01	-0.52	0.00	No	No
4.00	0.11495	2025-01-08	-0.71	0.00	No	No
9.65	0.41004	2025-01-08	-0.34	0.00	No	No
4.00	0.02708	2025-01-15	-0.69	0.00	No	No
10.00	0.35372	2025-01-29	-0.26	0.00	No	No
10.00	0.05386	2025-02-05	-0.35	0.00	No	No
6.96	0.04773	2025-02-05	-0.44	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
70752020411	FOLIC ACID 1 MG TABLET	2025-02-19	30.000	WALMART PHARMACY	1902823032	0.00000	0.00	0.00
68645061090	LISINOPRIL 10 MG TABLET	2025-03-03	90.000	WALMART PHARMACY	1902823032	0.00000	0.00	0.00
68645052154	SERTRALINE HCL 25 MG TABLET	2025-03-05	30.000	WALMART PHARMACY	1902823032	0.00000	0.00	0.00
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-03-21	30.000	WALMART PHARMACY	1902823032	0.00000	0.00	0.00
00093081101	NORTRIPTYLINE HCL 25 MG CAP	2025-03-23	30.000	WALMART PHARMACY	1902823032	0.00000	0.00	0.00
68382056501	METOPROLOL SUCC ER 50 MG TAB	2025-03-23	30.000	WALMART PHARMACY	1902823032	0.00000	0.00	0.00
68180071160	CEFDINIR 300 MG CAPSULE	2025-03-27	10.000	WALMART PHARMACY	1902823032	0.00000	0.00	0.00
47781065990	LEVOTHYROXINE 137 MCG TABLET	2025-03-28	90.000	WALMART PHARMACY	1902823032	0.00000	0.00	-0.00
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	2025-01-21	100.000	ARACOMA DRUG COMPANY	1780639286	0.00000	0.00	4.81
00116200116	CHLORHEXIDINE 0.12% RINSE	2025-01-27	473.000	ARACOMA DRUG COMPANY	1780639286	0.00000	0.00	7.01

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4.00	0.02251	2025-02-19	-0.64	0.00	No	No
10.00	0.0177	2025-02-26	-0.17	0.00	No	No
9.00	0.0324	2025-03-05	-0.21	0.00	No	No
4.00	0.01281	2025-03-19	-0.63	0.00	No	No
4.00	0.14971	2025-03-19	-0.73	0.00	No	No
9.00	0.06388	2025-03-19	-0.27	0.00	No	No
9.65	0.47036	2025-03-26	-0.36	0.00	No	No
10.00	0.08487	2025-03-26	-0.45	0.00	No	No
5.00	0.03139	2025-01-15	-0.28	0.00	No	No
5.00	0.007	2025-01-22	-0.13	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
64380078408	PREDNISONE 10 MG TABLET	2025-02-04	10.000	ARACOMA DRUG COMPANY	1780639286	0.00000	0.00	0.00
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	2025-02-04	20.000	ARACOMA DRUG COMPANY	1780639286	0.00000	0.00	1.24
62559075816	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-02-26	120.000	ARACOMA DRUG COMPANY	1780639286	0.00000	0.00	6.10
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	2025-02-26	20.000	ARACOMA DRUG COMPANY	1780639286	0.00000	0.00	1.24
64380078408	PREDNISONE 10 MG TABLET	2025-02-26	10.000	ARACOMA DRUG COMPANY	1780639286	0.00000	0.00	0.00
62559075816	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-02-26	120.000	ARACOMA DRUG COMPANY	1780639286	0.00000	0.00	6.10
00088221905	LANTUS SOLOSTAR 100 UNIT/ML	2025-02-12	60.000	BECKLEY VAMC PHARMACY	1104884535	1.16350	0.00	0.00
43547042311	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	2025-03-13	90.000	BECKLEY VAMC PHARMACY	1104884535	0.00000	0.00	0.00
00378064110	PREDNISONE 10 MG TABLET	2025-02-25	15.000	BMH COMFORT PHARMACY	1780360255	0.00000	0.00	3.11

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
2.10	0.04773	2025-01-29	-0.81	0.00	No	No
5.00	0.10628	2025-01-29	-0.51	0.00	No	No
5.00	0.03869	2025-02-26	-0.27	0.00	No	No
5.00	0.11147	2025-02-26	-0.51	0.00	No	No
2.10	0.05399	2025-02-26	-0.81	0.00	No	No
5.00	0.03869	2025-02-26	-0.27	0.00	No	No
50.00	6.1713	2025-02-12	-0.69	0.00	No	No
10.00	0.07531	2025-03-12	-0.42	0.00	No	No
5.00	0.05399	2025-02-19	-0.28	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
00904679480	ASPIRIN 81 MG CHEWABLE TABLET	2025-02-27	360.000	BMH COMFORT PHARMACY	1780360255	0.02419	0.00	0.00
00121087416	CETIRIZINE HCL 1 MG/ML SOLN	2025-03-06	118.000	CVS PHARMACY	1871696526	0.07619	0.00	0.00
00781185201	AMOX-CLAV 875-125 MG TABLET	2025-02-07	14.000	HUNTINGTON VAMC	1508824301	0.00000	0.00	0.00
60219170701	PREDNISONE 10 MG TABLET	2025-03-03	21.000	KROGER PHARMACY	1043244833	0.05381	0.00	8.86
59651086701	CIPROFLOXACIN HCL 500 MG TAB	2025-03-04	5.000	KROGER PHARMACY	1043244833	0.13800	0.00	9.30
52817018100	CLONIDINE HCL 0.2 MG TABLET	2025-01-19	30.000	KROGER PHARMACY	1063446854	0.00000	0.00	4.99
64980056210	FUROSEMIDE 20 MG TABLET	2025-03-04	30.000	KROGER PHARMACY	1063446854	0.00000	0.00	4.99
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-01-23	30.000	MILLER BROTHERS PHARMACY	1497266258	0.00000	0.00	0.00
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-01-29	90.000	MILLER BROTHERS PHARMACY	1497266258	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
0.00	0.02506	2025-02-26	-0.55	0.00	No	No
5.00	0.14587	2025-03-05	-0.49	0.00	Yes	No
4.97	0.29656	2025-02-05	-0.66	0.00	No	No
0.00	0.05399	2025-02-26	-0.14	0.00	No	No
0.00	0.13765	2025-02-26	-0.11	0.00	No	No
5.00	0.03191	2025-01-15	-0.13	0.00	No	No
5.00	0.02485	2025-02-26	-0.11	0.00	No	No
1.99	0.011	2025-01-22	-0.82	0.00	No	No
5.99	0.011	2025-01-29	-0.48	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-02-24	30.000	MILLER BROTHERS PHARMACY	1497266258	0.00000	0.00	0.00
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-03-24	30.000	MILLER BROTHERS PHARMACY	1497266258	0.00000	0.00	0.00
57237010199	METOPROLOL TARTRATE 50 MG TAB	2025-03-28	2.000	MILLER BROTHERS PHARMACY	1497266258	0.02000	0.00	3.00
00143988801	AMOXICILLIN 125 MG/5 ML SUSP	2025-02-26	100.000	RENEGADE PHARMACY INC	1154977023	0.00000	0.00	5.79
17270074000	ALBUTEROL HFA 90 MCG INHALER	2025-03-15	8.500	RENEGADE PHARMACY INC	1154977023	1.21647	0.00	10.49
70954006020	PREDNISONE 20 MG TABLET	2025-03-30	15.000	WALGREENS	1053837963	0.00000	0.00	0.85
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	2025-01-14	100.000	WALGREENS	1255589503	0.00000	0.00	6.81
52817018000	CLONIDINE HCL 0.1 MG TABLET	2025-01-13	30.000	WALGREENS	1427574441	0.00000	0.00	3.25
52817018000	CLONIDINE HCL 0.1 MG TABLET	2025-02-17	30.000	WALGREENS	1427574441	0.00000	0.00	3.25

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
1.99	0.01217	2025-02-19	-0.82	0.00	No	No
1.99	0.01281	2025-03-19	-0.82	0.00	No	No
0.00	0.02243	2025-03-26	-0.71	0.00	No	No
5.00	0.02096	2025-02-26	-0.14	0.00	No	No
5.00	2.53475	2025-03-05	-0.19	0.00	No	No
5.00	0.08187	2025-03-26	-0.50	0.00	No	No
5.00	0.03139	2025-01-08	-0.13	0.00	No	No
5.00	0.0229	2025-01-08	-0.26	0.00	No	No
5.00	0.02305	2025-02-12	-0.26	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	2025-02-24	100.000	WALGREENS	1427574441	0.00000	0.00	6.81
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-02-24	120.000	WALGREENS	1427574441	0.00000	0.00	7.69
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-02-24	120.000	WALGREENS	1427574441	0.00000	0.00	7.69
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	2025-03-04	1.000	WALGREENS	1427574441	1.74000	0.00	8.56
52817018000	CLONIDINE HCL 0.1 MG TABLET	2025-03-20	30.000	WALGREENS	1427574441	0.00000	0.00	3.25
00378034505	DIAZEPAM 5 MG TABLET	2025-02-24	2.000	WALGREENS	1659897205	0.00000	0.00	0.00
11534016503	FOLIC ACID 1 MG TABLET	2025-03-03	90.000	WALGREENS	1891211702	0.00000	0.00	-0.00
70954006020	PREDNISONE 20 MG TABLET	2025-03-12	10.000	WALGREENS	1891211702	0.00000	0.00	0.00
68382091634	METHYLPREDNISOLONE 4 MG DOSEPK	2025-03-20	21.000	WALGREENS	1891211702	0.00000	0.00	6.99
75834021930	VENLAFAXINE HCL ER 225 MG TAB	2025-01-22	90.000	WALGREENS	1902035454	0.41689	0.00	10.49

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5.00	0.03366	2025-02-19	-0.15	0.00	No	No
5.00	0.03869	2025-02-19	-0.16	0.00	No	No
5.00	0.03869	2025-02-19	-0.16	0.00	No	No
0.00	1.73711	2025-02-26	-0.16	0.00	No	No
5.00	0.02583	2025-03-19	-0.27	0.00	No	No
2.29	0.02667	2025-02-19	-0.78	0.00	No	No
8.91	0.02251	2025-02-26	-0.29	0.00	No	No
4.56	0.07911	2025-03-12	-0.60	0.00	No	No
5.00	0.15456	2025-03-19	-0.13	0.00	No	No
10.00	0.60758	2025-01-22	-0.11	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
42806042460	BUPROPION HCL SR 100 MG TABLET	2025-02-23	60.000	WALGREENS	1902035454	0.09250	0.00	8.24
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2025-03-23	5.000	WALGREENS	1952827065	0.12200	0.00	4.85
70954006020	PREDNISONE 20 MG TABLET	2025-01-04	10.000	WALGREENS	1952827065	0.00000	0.00	0.00
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-01-28	90.000	WALGREENS	1952827065	0.00000	0.00	0.00
00574110404	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2025-02-18	100.000	WALGREENS	1952827065	0.03650	0.00	5.34
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	2025-02-18	100.000	WALGREENS	1952827065	0.00000	0.00	6.81
70954006020	PREDNISONE 20 MG TABLET	2025-03-22	10.000	WALGREENS	1952827065	0.08200	0.00	3.74
29300046810	CLONIDINE HCL 0.1 MG TABLET	2025-03-27	30.000	WALGREENS	1952827065	0.02567	0.00	8.73
65862017360	TOPIRAMATE 100 MG TABLET	2025-01-04	60.000	WALMART PHARMACY	1801814595	0.00000	0.00	0.00
68382011414	RISPERIDONE 1 MG TABLET	2025-01-07	60.000	WALMART PHARMACY	1801814595	0.00000	0.00	3.00

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0.00	0.09253	2025-02-19	-0.14	0.00	No	No
0.00	0.12126	2025-03-19	-0.51	0.00	No	No
4.56	0.0717	2025-01-01	-0.59	0.00	No	No
9.14	0.011	2025-01-22	-0.20	0.00	No	No
5.00	0.08654	2025-02-12	-0.27	0.00	No	No
5.00	0.0318	2025-02-12	-0.14	0.00	No	No
0.00	0.08187	2025-03-19	-0.60	0.00	No	No
0.00	0.02583	2025-03-26	-0.16	0.00	No	No
9.00	0.05653	2025-01-01	-0.35	0.00	No	No
5.00	0.03771	2025-01-01	-0.37	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68382080601	TRAZODONE 100 MG TABLET	2025-01-07	30.000	WALMART PHARMACY	1801814595	0.00000	0.00	0.00
64380078507	PREDNISONE 20 MG TABLET	2025-01-13	5.000	WALMART PHARMACY	1801814595	0.00000	0.00	0.00
23155076401	HYDROCHLOROTHIAZIDE 12.5 MG TB	2025-02-14	90.000	WALMART PHARMACY	1801814595	0.00000	0.00	0.00
68382080601	TRAZODONE 100 MG TABLET	2025-02-21	30.000	WALMART PHARMACY	1801814595	0.00000	0.00	0.00
68382011414	RISPERIDONE 1 MG TABLET	2025-02-21	60.000	WALMART PHARMACY	1801814595	0.00000	0.00	3.00
68645058259	METFORMIN HCL 500 MG TABLET	2025-02-27	90.000	WALMART PHARMACY	1801814595	0.00000	0.00	0.00
68645061090	LISINOPRIL 10 MG TABLET	2025-02-27	90.000	WALMART PHARMACY	1801814595	0.00000	0.00	0.00
68382002310	ATENOLOL 50 MG TABLET	2025-01-08	30.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
68645056259	IBUPROFEN 600 MG TABLET	2025-01-16	30.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.43
67877021905	CEPHALEXIN 500 MG CAPSULE	2025-01-16	21.000	WALMART PHARMACY	1821015967	0.00000	0.00	3.58

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4.00	0.05221	2025-01-01	-0.67	0.00	No	No
4.00	0.0717	2025-01-08	-0.63	0.00	No	No
10.00	0.04258	2025-02-12	-0.30	0.00	No	No
4.00	0.05685	2025-02-19	-0.67	0.00	No	No
5.00	0.04192	2025-02-19	-0.38	0.00	No	No
6.00	0.01368	2025-02-26	-0.49	0.00	No	No
10.00	0.0177	2025-02-26	-0.17	0.00	No	No
4.00	0.02288	2025-01-08	-0.64	0.00	No	No
5.00	0.0483	2025-01-15	-0.55	0.00	No	No
5.00	0.10778	2025-01-15	-0.33	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
47781066890	LEVOTHYROXINE 200 MCG TABLET	2025-01-17	90.000	WALMART PHARMACY	1821015967	0.00000	0.00	-0.00
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2025-01-31	100.000	WALMART PHARMACY	1821015967	0.03820	0.00	2.21
68382002310	ATENOLOL 50 MG TABLET	2025-02-05	30.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
68645056354	IBUPROFEN 800 MG TABLET	2025-02-08	30.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.82
68645056354	IBUPROFEN 800 MG TABLET	2025-02-08	45.000	WALMART PHARMACY	1821015967	0.00000	0.00	3.73
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-02-13	30.000	WALMART PHARMACY	1821015967	0.00000	0.00	3.97
47781064390	LEVOTHYROXINE 50 MCG TABLET	2025-02-17	90.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
68382002310	ATENOLOL 50 MG TABLET	2025-03-07	30.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
57237002901	AMOXICILLIN 875 MG TABLET	2025-03-12	20.000	WALMART PHARMACY	1821015967	0.16500	0.00	9.11
68645056354	IBUPROFEN 800 MG TABLET	2025-03-12	15.000	WALMART PHARMACY	1821015967	0.06000	0.00	3.10

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10.00	0.09085	2025-01-15	-0.46	0.00	No	No
5.00	0.08815	2025-01-29	-0.43	0.00	No	No
4.00	0.02277	2025-02-05	-0.64	0.00	No	No
5.00	0.0562	2025-02-05	-0.52	0.00	No	No
5.00	0.0562	2025-02-05	-0.33	0.00	No	No
5.00	0.08158	2025-02-12	-0.31	0.00	No	No
10.00	0.05075	2025-02-12	-0.34	0.00	No	No
4.00	0.02461	2025-03-05	-0.64	0.00	No	No
0.00	0.16502	2025-03-12	-0.10	0.00	No	No
0.00	0.06029	2025-03-12	-0.65	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
47781064690	LEVOTHYROXINE 75 MCG TABLET	2025-03-18	90.000	WALMART PHARMACY	1821015967	0.05433	0.00	5.11
42806054705	VITAMIN D2 1.25 MG(50,000 UNIT)	2025-03-18	3.000	WALMART PHARMACY	1821015967	0.11667	0.00	4.87
13668001001	CITALOPRAM HBR 20 MG TABLET	2025-03-18	90.000	WALMART PHARMACY	1821015967	0.03011	0.00	7.29
00116200116	CHLORHEXIDINE 0.12% RINSE	2025-03-19	473.000	WALMART PHARMACY	1821015967	0.00000	0.00	2.48
50111078751	AZITHROMYCIN 250 MG TABLET	2025-03-19	6.000	WALMART PHARMACY	1821015967	0.00000	0.00	6.45
67877021905	CEPHALEXIN 500 MG CAPSULE	2025-03-26	28.000	WALMART PHARMACY	1821015967	0.00000	0.00	6.44
47781065990	LEVOTHYROXINE 137 MCG TABLET	2025-03-31	90.000	WALMART PHARMACY	1821015967	0.00000	0.00	-0.00
68645056354	IBUPROFEN 800 MG TABLET	2025-02-10	30.000	WALMART PHARMACY	1902823032	0.00000	0.00	0.82
11534016503	FOLIC ACID 1 MG TABLET	2025-03-21	90.000	WALGREENS	1053837963	0.00000	0.00	0.00
70436015301	POTASSIUM CL ER 20 MEQ TABLET	2025-03-19	30.000	WALGREENS	1427574441	0.00000	0.00	8.69

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0.00	0.05432	2025-03-12	-0.35	0.00	No	No
0.00	0.11721	2025-03-12	-0.52	0.00	No	No
0.00	0.03013	2025-03-12	-0.24	0.00	No	No
5.00	0.00764	2025-03-19	-0.47	0.00	No	No
5.00	0.37667	2025-03-19	-0.10	0.00	No	No
5.00	0.1286	2025-03-26	-0.19	0.00	No	No
10.00	0.08487	2025-03-26	-0.45	0.00	No	No
5.00	0.0562	2025-02-05	-0.52	0.00	No	No
8.91	0.0232	2025-03-19	-0.29	0.00	No	No
5.00	0.1649	2025-03-19	-0.11	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
76282073345	LISINOPRIL 40 MG TABLET	2025-01-21	45.000	HUNTINGTON VAMC	1508824301	0.00000	0.00	0.00
10572010001	PEG-3350 AND ELECTROLYTES SOLN	2025-03-21	4000.000	HUNTINGTON VAMC	1508824301	0.00220	0.00	0.15
00074929619	SYNTHROID 112 MCG TABLET	2025-01-08	90.000	BECKLEY VAMC PHARMACY	1104884535	0.00000	0.00	0.00
00093317431	ALBUTEROL HFA 90 MCG INHALER	2025-01-09	25.500	BECKLEY VAMC PHARMACY	1104884535	0.14196	0.00	0.00
00378932032	WIXELA 100-50 INHUB	2025-01-09	1.000	BECKLEY VAMC PHARMACY	1104884535	0.00000	0.00	0.00
60219170805	PREDNISONE 20 MG TABLET	2025-02-13	10.000	RENEGADE PHARMACY INC	1154977023	0.00000	0.00	0.00
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	2025-02-05	15.000	WALGREENS	1053837963	0.00000	0.00	0.00
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	2025-02-24	100.000	WALGREENS	1053837963	0.00000	0.00	-0.00
00574110404	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2025-02-24	120.000	WALGREENS	1053837963	0.00000	0.00	0.00
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2025-02-04	10.000	WALGREENS	1497271134	0.00000	0.00	0.00

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1.20	0.04222	2025-01-15	-0.90	0.00	No	No
0.00	0.00459	2025-03-19	-0.69	0.00	No	No
20.00	1.58747	2025-01-08	-0.87	0.00	No	No
20.00	2.32051	2025-01-08	-0.66	0.00	No	No
4.00	1.05611	2025-01-08	-0.65	0.00	No	No
9.99	0.07317	2025-02-12	-0.11	0.00	No	No
6.68	0.10628	2025-02-05	-0.45	0.00	No	No
11.81	0.03366	2025-02-19	-0.15	0.00	No	No
15.59	0.08115	2025-02-19	-0.23	0.00	No	No
8.92	0.12377	2025-01-29	-0.24	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2025-02-11	8.000	WALGREENS	1497271134	0.00000	0.00	0.00
65162099308	DOTTI 0.05 MG PATCH	2025-01-22	8.000	WALMART PHARMACY	1801814595	4.73875	0.00	1.28
29300041910	AMITRIPTYLINE HCL 10 MG TAB	2025-01-22	30.000	WALMART PHARMACY	1801814595	0.00000	0.00	0.00
13668000901	CITALOPRAM HBR 10 MG TABLET	2025-01-23	90.000	WALMART PHARMACY	1801814595	0.00000	0.00	0.00
65162099308	DOTTI 0.05 MG PATCH	2025-02-15	8.000	WALMART PHARMACY	1801814595	4.67750	0.00	1.77
29300041910	AMITRIPTYLINE HCL 10 MG TAB	2025-02-17	30.000	WALMART PHARMACY	1801814595	0.00000	0.00	0.00
68645058259	METFORMIN HCL 500 MG TABLET	2025-01-09	60.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
29300046801	CLONIDINE HCL 0.1 MG TABLET	2025-02-28	180.000	WALMART PHARMACY	1902823032	0.00000	0.00	0.00
68645061190	LISINOPRIL 20 MG TABLET	2025-02-28	90.000	WALMART PHARMACY	1902823032	0.00000	0.00	-0.00
00169477212	OZEMPIC 2 MG/DOSE (8 MG/3 ML) PEN	2025-01-02	9.000	HUNTINGTON VAMC	1508824301	83.41222	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
7.53	0.12377	2025-02-05	-0.34	0.00	No	No
10.00	5.92804	2025-01-22	-0.15	0.00	No	No
4.00	0.0337	2025-01-22	-0.65	0.00	No	No
10.00	0.02246	2025-01-22	-0.20	0.00	No	No
10.00	5.92804	2025-02-12	-0.15	0.00	No	No
4.00	0.0337	2025-02-12	-0.65	0.00	No	No
4.00	0.01304	2025-01-08	-0.65	0.00	No	No
10.00	0.025	2025-02-26	-0.33	0.00	No	No
10.00	0.02538	2025-02-26	-0.22	0.00	No	No
88.00	311.787	2025-01-01	-0.70	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
00472033730	HYDROCORTISONE 2.5% CREAM	2025-01-13	30.000	HUNTINGTON VAMC	1508824301	0.00000	0.00	0.00
00093317431	ALBUTEROL HFA 90 MCG INHALER	2025-02-05	8.500	HUNTINGTON VAMC	1508824301	0.00000	0.00	0.00
00472033730	HYDROCORTISONE 2.5% CREAM	2025-02-18	30.000	HUNTINGTON VAMC	1508824301	0.00000	0.00	0.00
00472033730	HYDROCORTISONE 2.5% CREAM	2025-03-03	30.000	HUNTINGTON VAMC	1508824301	0.00000	0.00	0.00
00088221905	LANTUS SOLOSTAR 100 UNIT/ML	2025-03-14	15.000	HUNTINGTON VAMC	1508824301	0.77733	0.00	0.00
76282073345	LISINOPRIL 40 MG TABLET	2025-03-19	45.000	HUNTINGTON VAMC	1508824301	0.00000	0.00	0.00
00093317431	ALBUTEROL HFA 90 MCG INHALER	2025-03-20	8.500	HUNTINGTON VAMC	1508824301	0.00000	0.00	0.00
00472033730	HYDROCORTISONE 2.5% CREAM	2025-03-24	30.000	HUNTINGTON VAMC	1508824301	0.00000	0.00	0.00
31722025205	ALLOPURINOL 100 MG TABLET	2025-01-03	30.000	KROGER PHARMACY	1689608465	0.00000	0.00	0.00
31722025205	ALLOPURINOL 100 MG TABLET	2025-02-03	30.000	KROGER PHARMACY	1689608465	0.00000	0.00	0.00

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7.77	0.07099	2025-01-08	-0.38	0.00	No	No
20.00	2.35969	2025-02-05	-0.35	0.00	No	No
7.77	0.07188	2025-02-12	-0.39	0.00	No	No
7.77	0.0783	2025-02-26	-0.39	0.00	No	No
30.00	6.17115	2025-03-12	-0.60	0.00	No	No
1.20	0.04653	2025-03-19	-0.90	0.00	No	No
20.00	2.56359	2025-03-19	-0.38	0.00	No	No
7.77	0.08368	2025-03-19	-0.40	0.00	No	No
9.99	0.0394	2025-01-01	-0.14	0.00	No	No
9.99	0.03813	2025-01-29	-0.14	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
31722025205	ALLOPURINOL 100 MG TABLET	2025-03-05	30.000	KROGER PHARMACY	1689608465	0.00000	0.00	0.00
65162046935	ELURYNG VAGINAL RING	2025-03-06	1.000	WALMART PHARMACY	1710904842	50.18000	0.00	0.00
64380078507	PREDNISONE 20 MG TABLET	2025-01-07	11.000	WALMART PHARMACY	1821015967	0.00000	0.00	-0.00
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-03-03	21.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2025-03-11	140.000	WALMART PHARMACY	1821015967	0.01200	0.00	3.76
64380078507	PREDNISONE 20 MG TABLET	2025-03-12	11.000	WALMART PHARMACY	1821015967	0.00000	0.00	-0.00
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	2025-03-07	1.000	WALGREENS	1316463979	0.00000	0.00	0.00
00904675180	ASPIRIN EC 81 MG TABLET	2025-02-18	30.000	WALMART PHARMACY	1710904842	0.01367	0.00	3.59
62332002331	FLUOXETINE HCL 20 MG CAPSULE	2025-03-05	90.000	WALMART PHARMACY	1992722029	0.00000	0.00	0.00
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-03-05	90.000	WALMART PHARMACY	1992722029	0.00000	0.00	0.00

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9.99	0.04114	2025-03-05	-0.15	0.00	No	No
0.00	52.48018	2025-03-05	-0.20	0.00	No	No
4.44	0.0717	2025-01-01	-0.61	0.00	No	No
9.76	0.1323	2025-02-26	-0.26	0.00	No	No
10.00	0.08343	2025-03-05	-0.30	0.00	No	No
4.44	0.07911	2025-03-12	-0.61	0.00	No	No
3.97	0.11721	2025-03-05	-0.63	0.00	No	No
0.00	0.01368	2025-02-12	-0.63	0.00	No	No
10.00	0.03107	2025-03-05	-0.25	0.00	No	No
10.00	0.01217	2025-03-05	-0.14	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68645061090	LISINOPRIL 10 MG TABLET	2025-03-05	90.000	WALMART PHARMACY	1992722029	0.00000	0.00	0.00
65862050320	AMOX-CLAV 875-125 MG TABLET	2025-03-25	10.000	WALMART PHARMACY	1992722029	0.00000	0.00	0.00
50111078751	AZITHROMYCIN 250 MG TABLET	2025-03-25	6.000	WALMART PHARMACY	1992722029	0.00000	0.00	0.00
55111014512	FLUCONAZOLE 150 MG TABLET	2025-03-25	1.000	WALMART PHARMACY	1992722029	0.00000	0.00	0.00
00093342601	LORAZEPAM 1 MG TABLET	2025-03-10	20.000	HUNTINGTON VAMC	1508824301	0.02450	0.00	0.15
59746017506	PREDNISONE 20 MG TABLET	2025-01-14	5.000	VALLEY HEALTH FORT GAY PHCY	1104569144	0.00000	0.00	0.00
68382091634	METHYLPREDNISOLONE 4 MG DOSEPK	2025-03-24	21.000	WALGREENS	1518483361	0.00000	0.00	1.99
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2025-01-02	9.000	MEDICAL CENTER PHARMACY	1639163538	0.00000	0.00	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-01-18	10.000	WALGREENS	1164947941	0.00000	0.00	0.00

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10.00	0.0177	2025-03-05	-0.17	0.00	No	No
11.40	0.34183	2025-03-19	-0.18	0.00	No	No
11.45	0.37667	2025-03-19	-0.10	0.00	No	No
4.80	0.59122	2025-03-19	-0.57	0.00	No	No
0.00	0.04658	2025-03-05	-0.94	0.00	No	No
8.00	0.0717	2025-01-08	-0.26	0.00	No	No
10.00	0.15456	2025-03-19	-0.13	0.00	No	No
7.79	0.12482	2025-01-01	-0.33	0.00	No	No
4.56	0.0717	2025-01-15	-0.59	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
70954006020	PREDNISONE 20 MG TABLET	2025-02-09	10.000	WALGREENS	1609179860	0.00000	0.00	0.00
29300046810	CLONIDINE HCL 0.1 MG TABLET	2025-02-04	30.000	WALGREENS	1902035454	0.00000	0.00	0.00
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	2025-03-30	5.000	WALMART PHARMACY	1467479501	0.00000	0.00	0.00
00781261305	AMOXICILLIN 500 MG CAPSULE	2025-03-04	20.000	WALGREENS	1952827065	0.00000	0.00	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-03-04	5.000	WALGREENS	1952827065	0.00000	0.00	0.00
00093206406	CILOSTAZOL 100 MG TABLET	2025-01-31	90.000	WALMART PHARMACY	1093732133	0.00000	0.00	-0.00
00116200116	CHLORHEXIDINE 0.12% RINSE	2025-03-04	473.000	WALMART PHARMACY	1093732133	0.00000	0.00	-0.00
00093206406	CILOSTAZOL 100 MG TABLET	2025-03-16	90.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
68645057559	GLIPIZIDE 10 MG TABLET	2025-01-04	120.000	WALMART PHARMACY	1750309449	0.00000	0.00	0.00
68645057559	GLIPIZIDE 10 MG TABLET	2025-03-04	90.000	WALMART PHARMACY	1750309449	0.00000	0.00	0.00

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4.56	0.07317	2025-02-05	-0.59	0.00	No	No
9.50	0.02305	2025-01-29	-0.15	0.00	No	No
4.00	0.09237	2025-03-26	-0.63	0.00	No	No
9.61	0.08742	2025-02-26	-0.21	0.00	No	No
3.28	0.07911	2025-02-26	-0.70	0.00	No	No
13.50	0.11885	2025-01-29	-0.36	0.00	No	No
7.48	0.00739	2025-02-26	-0.47	0.00	No	No
13.50	0.12783	2025-03-12	-0.39	0.00	No	No
8.00	0.04167	2025-01-01	-0.48	0.00	No	No
6.00	0.04416	2025-02-26	-0.59	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
70954006020	PREDNISONE 20 MG TABLET	2025-03-09	11.000	WALGREENS	1285964569	0.00000	0.00	0.00
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2025-03-07	4.000	WALGREENS	1093234080	0.00000	0.00	0.00
16714040604	LARIN FE 1-20 TABLET	2025-01-14	28.000	WALMART PHARMACY	1720005853	0.12464	0.00	8.02
67877021905	CEPHALEXIN 500 MG CAPSULE	2025-01-17	14.000	WALMART PHARMACY	1720005853	0.00000	0.00	0.00
16714040604	LARIN FE 1-20 TABLET	2025-02-10	28.000	WALMART PHARMACY	1720005853	0.12536	0.00	8.00
16714040604	LARIN FE 1-20 TABLET	2025-03-14	28.000	WALMART PHARMACY	1720005853	0.12929	0.00	7.89
68645052154	SERTRALINE HCL 25 MG TABLET	2025-03-12	30.000	WALMART PHARMACY	1497954978	0.03233	0.00	8.03
47781066890	LEVOTHYROXINE 200 MCG TABLET	2025-01-08	45.000	WALMART PHARMACY	1538186663	0.00000	0.00	0.00
72578009001	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG CP	2025-01-24	30.000	WALMART PHARMACY	1538186663	0.00000	0.00	0.00

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4.82	0.07911	2025-03-05	-0.58	0.00	No	No
4.77	0.12132	2025-03-05	-0.57	0.00	No	No
0.00	0.12469	2025-01-08	-0.18	0.00	No	No
5.72	0.10778	2025-01-15	-0.52	0.00	No	No
0.00	0.12524	2025-02-05	-0.18	0.00	No	No
0.00	0.12925	2025-03-12	-0.18	0.00	No	No
0.00	0.0324	2025-03-12	-0.21	0.00	No	No
6.00	0.09085	2025-01-08	-0.59	0.00	No	No
9.00	0.10236	2025-01-22	-0.34	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
62332002431	FLUOXETINE HCL 40 MG CAPSULE	2025-02-28	90.000	WALMART PHARMACY	1538186663	0.06600	0.00	4.06
72578009001	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG CP	2025-03-01	30.000	WALMART PHARMACY	1538186663	0.00000	0.00	0.00
65862050320	AMOX-CLAV 875-125 MG TABLET	2025-03-21	10.000	WALMART PHARMACY	1366469496	0.00000	0.00	0.00
00003089421	ELIQUIS 5 MG TABLET	2025-01-10	40.000	MARTINSBURG VAMC	1629026414	0.00000	0.00	0.00
00003089421	ELIQUIS 5 MG TABLET	2025-02-07	40.000	MARTINSBURG VAMC	1629026414	0.00000	0.00	0.00
00406048401	ACETAMINOPHEN-COD #3 TABLET	2025-03-21	5.000	MARTINSBURG VAMC	1629026414	0.00000	0.00	-0.00
00378750332	BREYNA 160-4.5 MCG INHALER	2025-03-27	30.900	WALGREENS	1245756683	20.86052	0.00	0.00
53746051101	SPIRONOLACTONE 25 MG TABLET	2025-01-01	45.000	WALMART PHARMACY	1366469496	0.00000	0.00	0.00
45802000403	HYDROCORTISONE 2.5% CREAM	2025-01-10	28.000	WALMART PHARMACY	1366469496	0.00000	0.00	0.00
60758011905	PREDNISOLONE AC 1% EYE DROP	2025-01-10	5.000	WALMART PHARMACY	1366469496	0.00000	0.00	0.00

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0.00	0.06602	2025-02-26	-0.39	0.00	No	No
9.00	0.10807	2025-02-26	-0.34	0.00	No	No
11.40	0.34183	2025-03-19	-0.18	0.00	No	No
66.81	9.70084	2025-01-08	-0.83	0.00	No	No
65.41	9.70084	2025-02-05	-0.84	0.00	No	No
1.62	0.26399	2025-03-19	-0.86	0.00	No	No
0.00	23.17608	2025-03-26	-0.11	0.00	No	No
8.34	0.04561	2025-01-01	-0.34	0.00	No	No
8.70	0.10985	2025-01-08	-0.36	0.00	No	No
22.91	4.78445	2025-01-08	-0.33	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
60758011905	PREDNISOLONE AC 1% EYE DROP	2025-01-11	5.000	WALMART PHARMACY	1366469496	0.00000	0.00	0.00
68645058459	METFORMIN HCL 1,000 MG TABLET	2025-02-15	180.000	WALMART PHARMACY	1366469496	0.00000	0.00	0.00
67877015905	METFORMIN HCL ER 500 MG TABLET	2025-02-16	90.000	WALMART PHARMACY	1366469496	0.01778	0.00	1.60
60758011905	PREDNISOLONE AC 1% EYE DROP	2025-02-16	5.000	WALMART PHARMACY	1366469496	3.66600	0.00	0.00
64380078507	PREDNISONE 20 MG TABLET	2025-02-21	5.000	WALMART PHARMACY	1366469496	0.00000	0.00	3.20
23155076401	HYDROCHLOROTHIAZIDE 12.5 MG TB	2025-03-06	90.000	WALMART PHARMACY	1366469496	0.02589	0.00	5.67
60758011905	PREDNISOLONE AC 1% EYE DROP	2025-03-08	5.000	WALMART PHARMACY	1366469496	3.66600	0.00	0.00
45802046564	KETOCONAZOLE 2% SHAMPOO	2025-03-09	120.000	WALMART PHARMACY	1366469496	0.00000	0.00	0.00
68645061090	LISINOPRIL 10 MG TABLET	2025-03-17	90.000	WALMART PHARMACY	1366469496	0.00000	0.00	8.00
60758011905	PREDNISOLONE AC 1% EYE DROP	2025-03-23	5.000	WALMART PHARMACY	1366469496	3.66600	0.00	0.00

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22.91	4.78445	2025-01-08	-0.33	0.00	No	No
10.00	0.02215	2025-02-12	-0.31	0.00	No	No
0.80	0.02667	2025-02-12	-0.69	0.00	No	No
4.58	4.80516	2025-02-12	-0.34	0.00	No	No
0.80	0.07911	2025-02-19	-0.63	0.00	No	No
2.00	0.04813	2025-03-05	-0.33	0.00	No	No
4.58	5.21596	2025-03-05	-0.37	0.00	No	No
16.77	0.09667	2025-03-05	-0.24	0.00	No	No
2.00	0.0177	2025-03-12	-0.17	0.00	No	No
4.58	5.34364	2025-03-19	-0.38	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
00054429931	FUROSEMIDE 40 MG TABLET	2025-03-23	45.000	WALMART PHARMACY	1366469496	0.00000	0.00	0.00
43547033803	BENAZEPRIL HCL 40 MG TABLET	2025-03-26	90.000	WALMART PHARMACY	1366469496	0.06100	0.00	2.51
53746051101	SPIRONOLACTONE 25 MG TABLET	2025-03-31	45.000	WALMART PHARMACY	1366469496	0.00000	0.00	0.00
13668010401	ISOSORBIDE MONONIT ER 30 MG TB	2025-01-06	90.000	WALMART PHARMACY	1881870210	0.00000	0.00	0.00
68645056259	IBUPROFEN 600 MG TABLET	2025-01-22	20.000	WALMART PHARMACY	1881870210	0.00000	0.00	0.00
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-01-22	21.000	WALMART PHARMACY	1881870210	0.00000	0.00	0.00
00116200116	CHLORHEXIDINE 0.12% RINSE	2025-01-22	473.000	WALMART PHARMACY	1881870210	0.00000	0.00	0.00
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2025-01-23	8.000	WALMART PHARMACY	1881870210	0.00000	0.00	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-02-21	5.000	WALGREENS	1093231904	0.00000	0.00	0.00
62559075816	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-02-21	30.000	WALGREENS	1093231904	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
6.00	0.03299	2025-03-19	-0.50	0.00	No	No
2.00	0.08321	2025-03-26	-0.44	0.00	No	No
8.34	0.05175	2025-03-26	-0.35	0.00	No	No
10.00	0.06616	2025-01-01	-0.39	0.00	No	No
4.00	0.04794	2025-01-22	-0.65	0.00	No	No
6.28	0.08158	2025-01-22	-0.49	0.00	No	No
7.48	0.007	2025-01-22	-0.46	0.00	No	No
8.45	0.12377	2025-01-22	-0.26	0.00	No	No
3.28	0.07911	2025-02-19	-0.70	0.00	No	No
4.77	0.03869	2025-02-19	-0.59	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
00113810103	OPILL 0.075 MG TABLET	2025-03-24	84.000	SAM'S CLUB PHARMACY	1942575808	0.54107	0.00	0.00
72578016601	DEXAMETHASONE 1 MG TABLET	2025-03-13	1.000	WALGREENS	1861919466	0.00000	0.00	0.00
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	2025-03-07	84.000	WALGREENS	1538685987	0.14583	0.00	6.34
00406012405	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	2025-01-14	8.000	WALGREENS	1164948972	0.00000	0.00	0.00
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	2025-01-23	10.000	MEDICAL CENTER PHARMACY	1639163538	0.00000	0.00	0.00
69315011601	FUROSEMIDE 20 MG TABLET	2025-02-20	1.000	SAM'S CLUB PHARMACY	1942575808	0.00000	0.00	0.00
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	2025-03-04	75.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.00
68645060990	LISINOPRIL 5 MG TABLET	2025-03-05	90.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.00
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-03-23	90.000	WALMART PHARMACY	1447277579	0.00000	0.00	0.00
68645061190	LISINOPRIL 20 MG TABLET	2025-03-23	90.000	WALMART PHARMACY	1447277579	0.00000	0.00	-0.00

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0.00	0.55086	2025-03-19	-0.20	0.00	No	No
2.30	0.18075	2025-03-12	-0.78	0.00	No	No
0.00	0.14583	2025-03-05	-0.18	0.00	No	No
8.10	0.14998	2025-01-08	-0.31	0.00	No	No
6.77	0.08665	2025-01-22	-0.40	0.00	No	No
4.00	0.02485	2025-02-19	-0.62	0.00	No	No
4.80	0.03875	2025-02-26	-0.64	0.00	No	No
10.00	0.01445	2025-03-05	-0.15	0.00	No	No
10.00	0.01281	2025-03-19	-0.14	0.00	No	No
10.00	0.02621	2025-03-19	-0.22	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
59651080801	MECLIZINE 25 MG TABLET	2025-02-03	30.000	WALMART PHARMACY	1447277579	0.00000	0.00	0.00
67877021905	CEPHALEXIN 500 MG CAPSULE	2025-03-23	10.000	WALMART PHARMACY	1629095757	0.00000	0.00	0.00
00536126163	BENZOYL PEROXIDE 10% WASH	2025-03-25	148.000	CVS PHARMACY	1134223811	0.00000	0.00	0.00
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	2025-02-27	2.000	CVS PHARMACY	1326141086	54.99500	0.00	0.00
00555901858	TRI-SPRINTEC TABLET	2025-01-08	28.000	WALMART PHARMACY	1730106873	0.12321	0.00	5.55
68382002310	ATENOLOL 50 MG TABLET	2025-01-27	90.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
00555901858	TRI-SPRINTEC TABLET	2025-02-02	28.000	WALMART PHARMACY	1730106873	0.12214	0.00	5.58
16571020210	DICLOFENAC SOD EC 50 MG TAB	2025-02-22	21.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
00555901858	TRI-SPRINTEC TABLET	2025-02-23	28.000	WALMART PHARMACY	1730106873	0.12821	0.00	5.41
00555901858	TRI-SPRINTEC TABLET	2025-03-17	28.000	WALMART PHARMACY	1730106873	0.12821	0.00	5.41

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9.00	0.07774	2025-01-29	-0.30	0.00	No	No
4.09	0.1286	2025-03-19	-0.65	0.00	No	No
11.72	0.0479	2025-03-19	-0.33	0.00	Yes	No
0.00	106.32709	2025-02-26	-0.51	0.00	Yes	No
0.00	0.12315	2025-01-08	-0.35	0.00	No	No
10.00	0.02277	2025-01-22	-0.20	0.00	No	No
0.00	0.12209	2025-01-29	-0.35	0.00	No	No
10.25	0.08554	2025-02-19	-0.17	0.00	No	No
0.00	0.12837	2025-02-19	-0.36	0.00	No	No
0.00	0.12837	2025-03-12	-0.36	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
61314062810	POLYMYXIN B-TMP EYE DROPS	2025-02-09	10.000	WALMART PHARMACY	1376560417	0.00000	0.00	-0.00
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-02-16	30.000	WALMART PHARMACY	1881870210	0.00000	0.00	2.00
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-03-23	30.000	WALMART PHARMACY	1881870210	0.00000	0.00	2.00
00536137223	NICOTINE 4 MG CHEWING GUM	2025-02-19	220.000	HUNTINGTON VAMC	1508824301	0.15645	0.00	0.00
64380078407	PREDNISONE 10 MG TABLET	2025-03-31	20.000	SISSONVILLE HEALTH CENTER PHCY	1851843965	0.00000	0.00	0.00
68180086573	BLISOVI FE 1-20 TABLET	2025-01-03	84.000	WALGREENS	1881118503	0.12464	0.00	6.02
52817018000	CLONIDINE HCL 0.1 MG TABLET	2025-01-16	30.000	WALGREENS	1881118503	0.00000	0.00	-0.00
43386009019	GAVILYTE-G SOLUTION	2025-01-31	4000.000	WALGREENS	1881118503	0.00409	0.00	6.23
00904404073	ASPIRIN 81 MG CHEWABLE TABLET	2025-02-14	30.000	WALGREENS	1881118503	0.02433	0.00	2.09
52817018000	CLONIDINE HCL 0.1 MG TABLET	2025-02-17	30.000	WALGREENS	1881118503	0.00000	0.00	-0.00

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9.06	0.43544	2025-02-05	-0.39	0.00	No	No
2.00	0.011	2025-02-12	-0.63	0.00	No	No
2.00	0.01281	2025-03-19	-0.63	0.00	No	No
0.00	0.27222	2025-02-19	-0.51	0.00	No	No
4.81	0.05827	2025-03-26	-0.59	0.00	No	No
0.00	0.12469	2025-01-01	-0.21	0.00	No	No
8.25	0.0229	2025-01-15	-0.26	0.00	No	No
0.00	0.00409	2025-01-29	-0.16	0.00	No	No
0.00	0.02417	2025-02-12	-0.75	0.00	No	No
8.25	0.02305	2025-02-12	-0.26	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
64980056210	FUROSEMIDE 20 MG TABLET	2025-03-03	30.000	WALGREENS	1881118503	0.00000	0.00	0.00
00378027105	DIAZEPAM 2 MG TABLET	2025-03-10	30.000	WALGREENS	1881118503	0.00000	0.00	0.00
00781261305	AMOXICILLIN 500 MG CAPSULE	2025-03-10	12.000	WALGREENS	1881118503	0.00000	0.00	-0.00
52817018000	CLONIDINE HCL 0.1 MG TABLET	2025-03-16	30.000	WALGREENS	1881118503	0.00000	0.00	0.00
00904404073	ASPIRIN 81 MG CHEWABLE TABLET	2025-03-24	30.000	WALGREENS	1881118503	0.02600	0.00	2.04
68180086573	BLISOVI FE 1-20 TABLET	2025-03-28	84.000	WALGREENS	1881118503	0.14667	0.00	4.17
00555901058	NORTREL 1-35 28 TABLET	2025-01-22	84.000	WALGREENS	1992220628	0.22071	0.00	6.35
45802086802	POLYETHYLENE GLYCOL 3350 POWD	2025-02-04	238.000	WALGREENS	1992220628	0.02466	0.00	5.20
51672128402	TRIAMCINOLONE 0.1% OINTMENT	2025-03-14	60.000	WALGREENS	1992220628	0.00000	0.00	1.40
00781261305	AMOXICILLIN 500 MG CAPSULE	2025-03-18	14.000	WALGREENS	1992220628	0.00000	0.00	0.00

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6.20	0.02485	2025-02-26	-0.45	0.00	No	No
4.80	0.02125	2025-03-05	-0.57	0.00	No	No
6.57	0.08742	2025-03-05	-0.43	0.00	No	No
8.25	0.025	2025-03-12	-0.27	0.00	No	No
0.00	0.02608	2025-03-19	-0.75	0.00	No	No
0.00	0.14667	2025-03-26	-0.28	0.00	No	No
0.00	0.22599	2025-01-22	-0.16	0.00	No	No
0.00	0.02465	2025-01-29	-0.32	0.00	No	No
15.00	0.15313	2025-03-12	-0.17	0.00	No	No
7.33	0.08742	2025-03-12	-0.37	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
60758011905	PREDNISOLONE AC 1% EYE DROP	2025-02-25	5.000	WALMART PHARMACY	1578581260	1.58200	0.00	0.00
60505082901	FLUTICASONE PROP 50 MCG SPRAY	2025-03-30	16.000	WALMART PHARMACY	1639196769	0.00000	0.00	0.00
17270074000	ALBUTEROL HFA 90 MCG INHALER	2025-03-20	8.500	WEBSTER MEMORIAL HOSPITAL	1609535830	0.06706	0.00	10.49
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-02-03	90.000	FOOD LION PHARMACY	1245514009	0.00000	0.00	0.00
00116400516	LACTULOSE 10 GM/15 ML SOLUTION	2025-02-12	90.000	FOOD LION PHARMACY	1245514009	0.00000	0.00	0.00
76204020030	ALBUTEROL SUL 2.5 MG/3 ML SOLN	2025-02-24	90.000	WALGREENS	1508382227	0.00000	0.00	0.00
00406048401	ACETAMINOPHEN-COD #3 TABLET	2025-02-28	6.000	WALGREENS	1861652562	0.00000	0.00	0.00
59651036105	IBUPROFEN 600 MG TABLET	2025-03-24	12.000	WALGREENS	1861652562	0.00000	0.00	0.00
00406048401	ACETAMINOPHEN-COD #3 TABLET	2025-03-24	6.000	WALGREENS	1861652562	0.00000	0.00	0.00
47781064690	LEVOTHYROXINE 75 MCG TABLET	2025-02-05	90.000	WALMART PHARMACY	1881870210	0.00000	0.00	0.00

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15.00	5.21596	2025-02-19	-0.37	0.00	No	No
14.78	0.46041	2025-03-26	-0.17	0.00	No	No
15.00	2.53475	2025-03-05	-0.19	0.00	No	No
10.00	0.011	2025-01-29	-0.13	0.00	No	No
10.00	0.0242	2025-02-12	-0.21	0.00	No	No
13.79	0.05917	2025-02-19	-0.13	0.00	No	No
10.56	0.25045	2025-02-26	-0.12	0.00	No	No
8.33	0.04951	2025-03-19	-0.25	0.00	No	No
10.56	0.26399	2025-03-19	-0.13	0.00	No	No
10.00	0.05079	2025-02-05	-0.34	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
47781066890	LEVOTHYROXINE 200 MCG TABLET	2025-02-05	90.000	WALMART PHARMACY	1881870210	0.00000	0.00	0.00
67877021905	CEPHALEXIN 500 MG CAPSULE	2025-02-07	28.000	WALMART PHARMACY	1881870210	0.00000	0.00	0.00
29300035501	TRAMADOL HCL 50 MG TABLET	2025-03-27	10.000	WALMART PHARMACY	1881870210	0.00000	0.00	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-01-24	10.000	WALGREENS	1285964569	0.00000	0.00	2.28
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-01-20	90.000	SISSONVILLE HEALTH CENTER PHCY	1851843965	0.00000	0.00	-0.00
00781261305	AMOXICILLIN 500 MG CAPSULE	2025-01-20	12.000	WALGREENS	1992220628	0.00000	0.00	0.00
52817018000	CLONIDINE HCL 0.1 MG TABLET	2025-01-03	30.000	WALGREENS	1598281404	0.00000	0.00	6.60
52817018000	CLONIDINE HCL 0.1 MG TABLET	2025-02-04	30.000	WALGREENS	1598281404	0.00000	0.00	6.60
52817018000	CLONIDINE HCL 0.1 MG TABLET	2025-03-05	30.000	WALGREENS	1598281404	0.00000	0.00	6.60
70954006020	PREDNISONE 20 MG TABLET	2025-01-31	10.000	KROGER PHARMACY	1699790394	0.00000	0.00	0.00

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10.00	0.08973	2025-02-05	-0.46	0.00	No	No
11.44	0.10819	2025-02-05	-0.15	0.00	No	No
8.59	0.02594	2025-03-26	-0.20	0.00	No	No
2.28	0.07317	2025-01-22	-0.59	0.00	No	No
7.15	0.01079	2025-01-15	-0.38	0.00	No	No
6.57	0.08279	2025-01-15	-0.43	0.00	No	No
1.65	0.0229	2025-01-01	-0.26	0.00	No	No
1.65	0.02305	2025-01-29	-0.26	0.00	No	No
1.65	0.025	2025-03-05	-0.27	0.00	No	No
9.99	0.07317	2025-01-29	-0.11	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
00713022880	TRIAMCINOLONE 0.1% OINTMENT	2025-02-26	80.000	KROGER PHARMACY	1699790394	0.00000	0.00	1.49
00143965901	TESTOSTERONE CYP 200 MG/ML	2025-01-13	2.000	MARTINSBURG VAMC	1629026414	2.42500	0.00	0.15
00003089421	ELIQUIS 5 MG TABLET	2025-01-15	180.000	MARTINSBURG VAMC	1629026414	1.00617	0.00	0.00
00143965901	TESTOSTERONE CYP 200 MG/ML	2025-03-03	2.000	MARTINSBURG VAMC	1629026414	0.01000	0.00	0.15
76282073310	LISINOPRIL 40 MG TABLET	2025-03-04	90.000	MARTINSBURG VAMC	1629026414	0.00000	0.00	0.00
00003089421	ELIQUIS 5 MG TABLET	2025-03-29	180.000	MARTINSBURG VAMC	1629026414	0.99839	0.00	0.00
00121087416	CETIRIZINE HCL 1 MG/ML SOLN	2025-03-06	240.000	CVS PHARMACY	1144323890	0.03746	0.00	0.00
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	2025-01-22	2.000	CVS PHARMACY	1427151182	49.99500	0.00	0.00
59651048805	PREDNISONE 20 MG TABLET	2025-03-09	10.000	FRUTH PHARMACY	1164437000	0.00000	0.00	0.00
17270074000	ALBUTEROL HFA 90 MCG INHALER	2025-03-31	8.500	MARSHALL PHARMACY	1497149579	0.00000	0.00	6.06

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10.00	0.06419	2025-02-26	-0.26	0.00	No	No
10.00	12.37528	2025-01-08	-0.57	0.00	No	No
60.00	9.70084	2025-01-15	-0.86	0.00	No	No
10.00	13.03302	2025-02-26	-0.72	0.00	No	No
2.54	0.04453	2025-02-26	-0.82	0.00	No	No
60.00	9.70084	2025-03-26	-0.86	0.00	No	No
10.00	0.14587	2025-03-05	-0.58	0.00	Yes	No
10.00	98.67298	2025-01-22	-0.47	0.00	Yes	No
5.81	0.07911	2025-03-05	-0.48	0.00	No	No
20.00	2.53475	2025-03-05	-0.19	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
00904679480	ASPIRIN 81 MG CHEWABLE TABLET	2025-01-20	90.000	MEDICAL CENTER PHARMACY	1639163538	0.01256	0.00	0.00
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2025-02-03	10.000	WALGREENS	1336665785	0.00000	0.00	0.00
61314062810	POLYMYXIN B-TMP EYE DROPS	2025-01-13	10.000	WALGREENS	1376067090	0.00000	0.00	2.19
59651048901	PREDNISONE 50 MG TABLET	2025-02-08	5.000	WALGREENS	1376067090	0.00000	0.00	0.00
00781261305	AMOXICILLIN 500 MG CAPSULE	2025-02-27	21.000	WALGREENS	1376067090	0.00000	0.00	0.00
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	2025-03-07	84.000	WALGREENS	1457877219	0.14583	0.00	6.34
61314062810	POLYMYXIN B-TMP EYE DROPS	2025-01-02	10.000	WALGREENS	1861919466	0.00000	0.00	0.00
61314062810	POLYMYXIN B-TMP EYE DROPS	2025-01-06	10.000	WALGREENS	1861919466	0.00000	0.00	2.19
42799081501	PREDNISOLONE 15 MG/5 ML SOLN	2025-02-17	9.000	WALGREENS	1861919466	0.00000	0.00	0.00
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	2025-02-21	4.000	WALGREENS	1861919466	0.00000	0.00	0.00

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0.00	0.02385	2025-01-15	-0.91	0.00	No	No
8.92	0.12377	2025-01-29	-0.24	0.00	No	No
10.00	0.44777	2025-01-08	-0.19	0.00	No	No
4.04	0.16886	2025-02-05	-0.64	0.00	No	No
9.99	0.08742	2025-02-26	-0.19	0.00	No	No
0.00	0.14583	2025-03-05	-0.18	0.00	No	No
12.19	0.44777	2025-01-01	-0.19	0.00	No	No
10.00	0.44777	2025-01-01	-0.19	0.00	No	No
4.81	0.10628	2025-02-12	-0.58	0.00	No	No
8.86	0.32905	2025-02-19	-0.25	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
70954006020	PREDNISONE 20 MG TABLET	2025-02-25	9.000	WALGREENS	1861919466	0.00000	0.00	0.00
45802011214	MUPIROCIN 2% OINTMENT	2025-03-18	30.000	WALGREENS	1861919466	0.01733	0.00	6.22
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2025-03-31	10.000	WALGREENS	1861919466	0.00000	0.00	0.00
68645058259	METFORMIN HCL 500 MG TABLET	2025-01-03	180.000	WALMART PHARMACY	1376560417	0.00000	0.00	0.00
50111078751	AZITHROMYCIN 250 MG TABLET	2025-03-28	6.000	WALMART PHARMACY	1497954978	0.00000	0.00	1.45
62332002431	FLUOXETINE HCL 40 MG CAPSULE	2025-01-20	90.000	WALMART PHARMACY	1538186663	0.00000	0.00	0.00
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-01-27	21.000	WALMART PHARMACY	1538186663	0.00000	0.00	0.00
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	2025-01-27	5.000	WALMART PHARMACY	1538186663	0.00000	0.00	0.00
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	2025-02-01	100.000	WALMART PHARMACY	1538186663	0.00000	0.00	0.00
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	2025-02-05	150.000	WALMART PHARMACY	1538186663	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
4.31	0.07911	2025-02-19	-0.62	0.00	No	No
10.00	0.35076	2025-03-12	-0.20	0.00	No	No
8.92	0.12126	2025-03-26	-0.24	0.00	No	No
10.00	0.01304	2025-01-01	-0.22	0.00	No	No
10.00	0.37667	2025-03-26	-0.10	0.00	No	No
10.00	0.05938	2025-01-15	-0.37	0.00	No	No
9.76	0.11419	2025-01-22	-0.24	0.00	No	No
4.00	0.08665	2025-01-22	-0.63	0.00	No	No
6.39	0.0318	2025-01-29	-0.53	0.00	No	No
9.59	0.03735	2025-02-05	-0.40	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68645052354	SERTRALINE HCL 100 MG TABLET	2025-02-10	30.000	WALMART PHARMACY	1538186663	0.00000	0.00	0.00
62332002431	FLUOXETINE HCL 40 MG CAPSULE	2025-03-17	30.000	WALMART PHARMACY	1538186663	0.00000	0.00	0.00
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	2025-03-28	14.000	WALMART PHARMACY	1538186663	0.00000	0.00	0.00
47781066590	LEVOTHYROXINE 175 MCG TABLET	2025-03-21	90.000	WALMART PHARMACY	1649364795	0.00000	0.00	-0.00
67877015905	METFORMIN HCL ER 500 MG TABLET	2025-02-25	90.000	WALMART PHARMACY	1992722029	0.00000	0.00	0.00
76282073390	LISINOPRIL 40 MG TABLET	2025-01-22	90.000	CLARKSBURG VAMC	1356399364	0.00000	0.00	0.00
76282023890	AMLODIPINE BESYLATE 5 MG TAB	2025-02-06	90.000	CLARKSBURG VAMC	1356399364	0.00000	0.00	0.00
59651048805	PREDNISONE 20 MG TABLET	2025-01-20	10.000	FRUTH PHARMACY	1164437000	0.00000	0.00	0.00
59651048805	PREDNISONE 20 MG TABLET	2025-03-28	10.000	FRUTH PHARMACY	1164437000	0.00000	0.00	0.00
68462030205	INDOMETHACIN 50 MG CAPSULE	2025-03-28	270.000	HUNTINGTON VAMC	1508824301	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
9.00	0.04773	2025-02-05	-0.25	0.00	No	No
4.00	0.06602	2025-03-12	-0.68	0.00	No	No
7.91	0.05983	2025-03-26	-0.30	0.00	No	No
10.00	0.09462	2025-03-19	-0.47	0.00	No	No
4.00	0.02863	2025-02-19	-0.69	0.00	No	No
2.63	0.04219	2025-01-22	-0.82	0.00	No	No
1.75	0.01037	2025-02-05	-0.85	0.00	No	No
5.81	0.0717	2025-01-15	-0.48	0.00	No	No
5.81	0.08187	2025-03-26	-0.49	0.00	No	No
20.00	0.11908	2025-03-26	-0.53	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
70954006020	PREDNISONE 20 MG TABLET	2025-03-27	10.000	WALGREENS	1124257613	0.00000	0.00	0.00
68645061190	LISINOPRIL 20 MG TABLET	2025-03-14	90.000	WALMART PHARMACY	1497954978	0.00000	0.00	-0.00
68382009305	CARVEDILOL 6.25 MG TABLET	2025-01-21	60.000	WALMART PHARMACY	1992722029	0.00000	0.00	0.00
00228202910	ALPRAZOLAM 0.5 MG TABLET	2025-02-06	20.000	WALMART PHARMACY	1992722029	0.00000	0.00	0.00
68382009305	CARVEDILOL 6.25 MG TABLET	2025-02-17	60.000	WALMART PHARMACY	1992722029	0.00000	0.00	0.00
00406051201	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	2025-01-28	1.000	VALLEY HEALTH MILTON PHARMACY	1891453312	0.00000	0.00	0.00
65862067801	ALPRAZOLAM 1 MG TABLET	2025-01-28	1.000	VALLEY HEALTH MILTON PHARMACY	1891453312	0.00000	0.00	0.00
00121088516	PREDNISOLONE 15 MG/5 ML SOLN	2025-01-31	14.000	VALLEY HEALTH MILTON PHARMACY	1891453312	0.00000	0.00	0.00
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	2025-01-27	28.000	WALGREENS	1164947941	0.14000	0.00	8.97

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4.56	0.08187	2025-03-26	-0.60	0.00	No	No
10.00	0.02538	2025-03-12	-0.22	0.00	No	No
5.23	0.01738	2025-01-15	-0.55	0.00	No	No
9.28	0.02017	2025-02-05	-0.15	0.00	No	No
5.23	0.01736	2025-02-12	-0.55	0.00	No	No
8.00	0.12752	2025-01-22	-0.25	0.00	No	No
8.00	0.02374	2025-01-22	-0.24	0.00	No	No
15.89	0.60812	2025-01-29	-0.16	0.00	No	No
0.00	0.14004	2025-01-22	-0.11	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	2025-02-27	28.000	WALGREENS	1164947941	0.14571	0.00	8.81
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	2025-03-23	28.000	WALGREENS	1164947941	0.14821	0.00	8.74
72485061310	OFLOXACIN 0.3% EYE DROPS	2025-02-09	5.000	WALMART PHARMACY	1639196777	1.51800	0.00	3.73
68180071160	CEFDINIR 300 MG CAPSULE	2025-03-13	14.000	WALMART PHARMACY	1639196777	0.45143	0.00	7.18
70954005820	PREDNISONE 5 MG TABLET	2025-02-18	21.000	WALGREENS	1417473844	0.00000	0.00	5.36
69315030805	CIPROFLOXACIN 0.3% EYE DROP	2025-03-17	5.000	CVS PHARMACY	1972606630	1.01800	0.00	6.10
60505082901	FLUTICASONE PROP 50 MCG SPRAY	2025-02-28	16.000	WALMART PHARMACY	1578581260	0.25125	0.00	8.68
31722024330	LAMOTRIGINE ER 200 MG TABLET	2025-01-21	180.000	HUNTINGTON VAMC	1508824301	0.23089	0.00	0.00
59651048801	PREDNISONE 20 MG TABLET	2025-01-14	7.000	VALLEY HEALTH PEA RIDGE PHCY	1295444982	0.00000	0.00	6.03
45802011214	MUPIROCIN 2% OINTMENT	2025-02-05	30.000	WALGREENS	1861652562	0.00000	0.00	0.00

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0.00	0.14583	2025-02-26	-0.12	0.00	No	No
0.00	0.14837	2025-03-19	-0.12	0.00	No	No
0.00	1.51745	2025-02-05	-0.37	0.00	No	No
0.00	0.45141	2025-03-12	-0.20	0.00	No	No
1.34	0.04429	2025-02-12	-0.41	0.00	No	No
2.80	1.57752	2025-03-12	-0.24	0.00	Yes	No
3.17	0.44945	2025-02-26	-0.10	0.00	No	No
20.00	0.62185	2025-01-15	-0.50	0.00	No	No
2.01	0.0717	2025-01-08	-0.27	0.00	No	No
16.74	0.35041	2025-02-05	-0.20	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
43386009019	GAVILYTE-G SOLUTION	2025-02-25	4000.000	WALGREENS	1861652562	0.00441	0.00	4.95
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-01-10	90.000	WALMART PHARMACY	1366469496	0.00000	0.00	0.00
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-01-14	21.000	WALMART PHARMACY	1366469496	0.00000	0.00	0.00
65162003310	ACETAMINOPHEN-COD #3 TABLET	2025-01-14	12.000	WALMART PHARMACY	1366469496	0.00000	0.00	0.00
68645056354	IBUPROFEN 800 MG TABLET	2025-01-14	16.000	WALMART PHARMACY	1366469496	0.00000	0.00	0.00
29300024505	BUSPIRONE HCL 10 MG TABLET	2025-01-20	180.000	WALMART PHARMACY	1366469496	0.00000	0.00	0.00
13668001101	CITALOPRAM HBR 40 MG TABLET	2025-01-20	30.000	WALMART PHARMACY	1366469496	0.00000	0.00	0.00
62332002431	FLUOXETINE HCL 40 MG CAPSULE	2025-02-10	90.000	WALMART PHARMACY	1366469496	0.00000	0.00	0.00
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	2025-02-14	100.000	WALMART PHARMACY	1366469496	0.00000	0.00	0.00
57237002901	AMOXICILLIN 875 MG TABLET	2025-02-18	14.000	WALMART PHARMACY	1366469496	0.00000	0.00	0.00

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0.00	0.00441	2025-02-19	-0.20	0.00	No	No
10.00	0.01079	2025-01-08	-0.13	0.00	No	No
6.28	0.08279	2025-01-08	-0.49	0.00	No	No
11.21	0.23491	2025-01-08	-0.16	0.00	No	No
4.00	0.05567	2025-01-08	-0.65	0.00	No	No
10.00	0.02862	2025-01-15	-0.36	0.00	No	No
4.00	0.04004	2025-01-15	-0.66	0.00	No	No
10.00	0.05872	2025-02-05	-0.37	0.00	No	No
6.39	0.0318	2025-02-12	-0.53	0.00	No	No
8.69	0.15313	2025-02-12	-0.31	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees
68645061090	LISINOPRIL 10 MG TABLET	2025-02-19	90.000	WALMART PHARMACY	1366469496	0.00000	0.00
29300024505	BUSPIRONE HCL 10 MG TABLET	2025-02-27	180.000	WALMART PHARMACY	1366469496	0.00000	0.00
13668001101	CITALOPRAM HBR 40 MG TABLET	2025-02-27	30.000	WALMART PHARMACY	1366469496	0.00000	0.00
68645058259	METFORMIN HCL 500 MG TABLET	2025-02-28	30.000	WALMART PHARMACY	1366469496	0.00000	0.00
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-03-27	90.000	WALMART PHARMACY	1366469496	0.00000	0.00
68645058259	METFORMIN HCL 500 MG TABLET	2025-03-27	30.000	WALMART PHARMACY	1366469496	0.00000	0.00
47781066290	LEVOTHYROXINE 150 MCG TABLET	2025-03-27	30.000	WALMART PHARMACY	1366469496	0.00000	0.00
29300024505	BUSPIRONE HCL 10 MG TABLET	2025-03-27	180.000	WALMART PHARMACY	1366469496	0.00000	0.00
13668001101	CITALOPRAM HBR 40 MG TABLET	2025-03-27	30.000	WALMART PHARMACY	1366469496	0.00000	0.00
65862024608	LEVETIRACETAM 500 MG TABLET	2025-01-28	90.000	WALMART PHARMACY	1881870210	0.00000	0.00

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0.00	10.00	0.0177	2025-02-19	-0.17	0.00	No	No
0.00	10.00	0.03079	2025-02-26	-0.38	0.00	No	No
0.00	4.00	0.04272	2025-02-26	-0.66	0.00	No	No
0.00	4.00	0.01368	2025-02-26	-0.63	0.00	No	No
0.00	10.00	0.01281	2025-03-26	-0.14	0.00	No	No
0.00	4.50	0.01391	2025-03-26	-0.59	0.00	No	No
0.00	4.00	0.08267	2025-03-26	-0.69	0.00	No	No
0.00	10.00	0.03236	2025-03-26	-0.39	0.00	No	No
0.00	9.00	0.04433	2025-03-26	-0.24	0.00	No	No
0.00	13.50	0.07155	2025-01-22	-0.20	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees
47781064390	LEVOTHYROXINE 50 MCG TABLET	2025-02-06	90.000	WALMART PHARMACY	1881870210	0.00000	0.00
65862024608	LEVETIRACETAM 500 MG TABLET	2025-03-03	90.000	WALMART PHARMACY	1881870210	0.00000	0.00
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	2025-03-18	200.000	WALMART PHARMACY	1881870210	0.01765	0.00
68645061190	LISINOPRIL 20 MG TABLET	2025-03-28	90.000	WALMART PHARMACY	1881870210	0.00000	0.00
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-03-28	21.000	WALMART PHARMACY	1881870210	0.00000	0.00
65862024608	LEVETIRACETAM 500 MG TABLET	2025-03-31	90.000	WALMART PHARMACY	1881870210	0.00000	0.00
00591544210	PREDNISONE 10 MG TABLET	2025-01-30	18.000	WALGREENS	1861652562	0.00000	0.00
42806042460	BUPROPION HCL SR 100 MG TABLET	2025-02-22	60.000	WALGREENS	1861652562	0.09250	0.00
60505082901	FLUTICASONE PROP 50 MCG SPRAY	2025-02-20	16.000	WALMART PHARMACY	1881870210	0.00000	0.00
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-02-01	90.000	WALGREENS	1861652562	0.00000	0.00

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0.00	10.00	0.05075	2025-02-05	-0.34	0.00	No	No
0.00	13.50	0.07844	2025-02-26	-0.23	0.00	No	No
6.05	3.20	0.03366	2025-03-12	-0.26	0.00	No	No
0.00	10.02	0.02621	2025-03-26	-0.22	0.00	No	No
0.00	9.24	0.15456	2025-03-26	-0.33	0.00	No	No
0.00	13.50	0.08216	2025-03-26	-0.25	0.00	No	No
0.00	6.20	0.04773	2025-01-29	-0.45	0.00	No	No
8.24	0.00	0.09253	2025-02-19	-0.14	0.00	No	No
0.00	15.87	0.44945	2025-02-19	-0.10	0.00	No	No
0.00	9.15	0.011	2025-01-29	-0.20	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees
11534016503	FOLIC ACID 1 MG TABLET	2025-01-17	90.000	WALGREENS	1861652562	0.00000	0.00
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-01-07	90.000	WALGREENS	1619493202	0.01078	0.00
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-02-28	90.000	WALGREENS	1619493202	0.00000	0.00
00536303023	NICOTINE 4 MG CHEWING GUM	2025-02-11	220.000	MARTINSBURG VAMC	1629026414	0.15068	0.00
13668001001	CITALOPRAM HBR 20 MG TABLET	2025-01-02	90.000	WALMART PHARMACY	1629095757	0.00000	0.00
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-01-02	21.000	WALMART PHARMACY	1629095757	0.00000	0.00
64380094906	PREDNISONE 50 MG TABLET	2025-01-25	5.000	WALMART PHARMACY	1912924051	0.00000	0.00
00093310905	AMOXICILLIN 500 MG CAPSULE	2025-03-29	20.000	KROGER SAV-ON	1174557961	0.00000	0.00
59651048901	PREDNISONE 50 MG TABLET	2025-03-19	7.000	WALGREENS	1609391358	0.00000	0.00
23155076401	HYDROCHLOROTHIAZIDE 12.5 MG TB	2025-01-02	30.000	WALMART PHARMACY	1578581260	0.00000	0.00

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0.00	8.91	0.02077	2025-01-15	-0.28	0.00	No	No
8.17	0.00	0.01079	2025-01-01	-0.20	0.00	No	No
-0.00	9.14	0.01217	2025-02-26	-0.21	0.00	No	No
0.15	0.00	0.2643	2025-02-05	-0.51	0.00	No	No
0.00	10.00	0.02718	2025-01-01	-0.23	0.00	No	No
0.00	9.76	0.11746	2025-01-01	-0.25	0.00	No	No
0.00	9.11	0.16886	2025-01-22	-0.20	0.00	No	No
0.00	10.49	0.09188	2025-03-26	-0.15	0.00	No	No
0.00	4.85	0.19505	2025-03-19	-0.59	0.00	No	No
0.00	4.00	0.04193	2025-01-01	-0.66	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees
29300046801	CLONIDINE HCL 0.1 MG TABLET	2025-01-02	60.000	WALMART PHARMACY	1578581260	0.00000	0.00
62332002331	FLUOXETINE HCL 20 MG CAPSULE	2025-01-02	30.000	WALMART PHARMACY	1578581260	0.02967	0.00
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	2025-01-02	75.000	WALMART PHARMACY	1578581260	0.00000	0.00
68382009205	CARVEDILOL 3.125 MG TABLET	2025-01-02	60.000	WALMART PHARMACY	1578581260	0.01533	0.00
29300024401	BUSPIRONE HCL 5 MG TABLET	2025-01-04	90.000	WALMART PHARMACY	1578581260	0.00000	0.00
68645061090	LISINOPRIL 10 MG TABLET	2025-01-04	90.000	WALMART PHARMACY	1578581260	0.01711	0.00
55111032205	GLIMEPIRIDE 4 MG TABLET	2025-01-06	30.000	WALMART PHARMACY	1578581260	0.03600	0.00
50111078710	AZITHROMYCIN 250 MG TABLET	2025-01-07	4.000	WALMART PHARMACY	1578581260	0.00000	0.00
16714057601	ALLOPURINOL 100 MG TABLET	2025-01-07	60.000	WALMART PHARMACY	1578581260	0.00000	0.00
70752020411	FOLIC ACID 1 MG TABLET	2025-01-07	30.000	WALMART PHARMACY	1578581260	0.00000	0.00

Amount of Dispensing Fee	Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
0.00	4.00	0.0229	2025-01-01	-0.66	0.00	No	No
3.11	0.00	0.02969	2025-01-01	-0.65	0.00	No	No
0.00	4.80	0.03779	2025-01-01	-0.64	0.00	No	No
7.75	0.00	0.01527	2025-01-01	-0.24	0.00	No	No
0.00	6.00	0.01976	2025-01-01	-0.51	0.00	No	No
8.46	0.00	0.01707	2025-01-01	-0.17	0.00	No	No
2.92	0.00	0.03586	2025-01-01	-0.65	0.00	No	No
0.00	7.63	0.32433	2025-01-01	-0.35	0.00	No	No
0.75	10.00	0.0394	2025-01-01	-0.16	0.00	No	No
0.00	4.00	0.02077	2025-01-01	-0.64	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees
50111056001	TRAZODONE 50 MG TABLET	2025-01-07	30.000	WALMART PHARMACY	1578581260	0.00000	0.00
64380078507	PREDNISONE 20 MG TABLET	2025-01-09	5.000	WALMART PHARMACY	1578581260	0.00000	0.00
68645051554	AMLODIPINE BESYLATE 5 MG TAB	2025-01-09	30.000	WALMART PHARMACY	1578581260	0.00000	0.00
68180096301	ALBUTEROL HFA 90 MCG INHALER	2025-01-09	8.500	WALMART PHARMACY	1578581260	1.14353	0.00
29300024505	BUSPIRONE HCL 10 MG TABLET	2025-01-10	60.000	WALMART PHARMACY	1578581260	0.00000	0.00
68382009305	CARVEDILOL 6.25 MG TABLET	2025-01-11	30.000	WALMART PHARMACY	1578581260	0.01733	0.00
16571013412	CETIRIZINE HCL 1 MG/ML SYRUP	2025-01-14	75.000	WALMART PHARMACY	1578581260	0.00000	0.00
59651048901	PREDNISONE 50 MG TABLET	2025-01-14	5.000	WALMART PHARMACY	1578581260	0.00000	0.00
67877015905	METFORMIN HCL ER 500 MG TABLET	2025-01-16	90.000	WALMART PHARMACY	1578581260	0.02711	0.00
31722070090	LOSARTAN POTASSIUM 25 MG TAB	2025-01-16	30.000	WALMART PHARMACY	1578581260	0.00000	0.00

Amount of Dispensing Fee	Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
0.00	4.00	0.03177	2025-01-01	-0.65	0.00	No	No
0.00	4.00	0.0717	2025-01-08	-0.63	0.00	No	No
0.00	9.00	0.0104	2025-01-08	-0.17	0.00	No	No
0.51	10.00	2.32051	2025-01-08	-0.33	0.00	No	No
-0.00	4.00	0.02862	2025-01-08	-0.67	0.00	No	No
3.48	0.00	0.01738	2025-01-08	-0.64	0.00	No	No
0.00	6.57	0.02149	2025-01-08	-0.46	0.00	No	No
0.00	9.11	0.17685	2025-01-08	-0.20	0.00	No	No
1.56	0.00	0.02708	2025-01-15	-0.69	0.00	No	No
0.00	9.00	0.02707	2025-01-15	-0.20	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees
10572010001	PEG-3350 AND ELECTROLYTES SOLN	2025-01-16	4000.000	WALMART PHARMACY	1578581260	0.00408	0.00
00555901858	TRI-SPRINTEC TABLET	2025-01-17	28.000	WALMART PHARMACY	1578581260	0.12321	0.00
68382002310	ATENOLOL 50 MG TABLET	2025-01-20	90.000	WALMART PHARMACY	1578581260	0.02289	0.00
47781065190	LEVOTHYROXINE 100 MCG TABLET	2025-01-20	90.000	WALMART PHARMACY	1578581260	0.00000	0.00
68645061090	LISINOPRIL 10 MG TABLET	2025-01-21	30.000	WALMART PHARMACY	1578581260	0.01700	0.00
24979023103	POTASSIUM CL ER 10 MEQ TABLET	2025-01-22	30.000	WALMART PHARMACY	1578581260	0.00000	0.00
29300024401	BUSPIRONE HCL 5 MG TABLET	2025-01-23	60.000	WALMART PHARMACY	1578581260	0.00000	0.00
13668000901	CITALOPRAM HBR 10 MG TABLET	2025-01-23	60.000	WALMART PHARMACY	1578581260	0.02250	0.00
47781064390	LEVOTHYROXINE 50 MCG TABLET	2025-01-23	30.000	WALMART PHARMACY	1578581260	0.00000	0.00
33342005010	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	2025-01-23	90.000	WALMART PHARMACY	1578581260	0.00000	0.00

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2.82	0.00	0.00408	2025-01-15	-0.29	0.00	No	No
5.55	0.00	0.12315	2025-01-15	-0.35	0.00	No	No
7.94	0.00	0.02288	2025-01-15	-0.20	0.00	No	No
0.00	10.00	0.05509	2025-01-15	-0.35	0.00	No	No
3.49	0.00	0.01707	2025-01-15	-0.64	0.00	No	No
-0.00	4.00	0.09742	2025-01-22	-0.70	0.00	No	No
0.00	4.00	0.01949	2025-01-22	-0.66	0.00	No	No
6.65	0.00	0.02246	2025-01-22	-0.32	0.00	No	No
0.00	4.00	0.05075	2025-01-22	-0.67	0.00	No	No
-0.00	10.00	0.06913	2025-01-22	-0.40	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees
16714040604	LARIN FE 1-20 TABLET	2025-01-23	28.000	WALMART PHARMACY	1578581260	0.12536	0.00
59651048901	PREDNISONE 50 MG TABLET	2025-01-24	5.000	WALMART PHARMACY	1578581260	0.00000	0.00
29300015101	QUETIAPINE FUMARATE 300 MG TAB	2025-01-25	30.000	WALMART PHARMACY	1578581260	0.00000	0.00
68645061190	LISINOPRIL 20 MG TABLET	2025-01-25	90.000	WALMART PHARMACY	1578581260	0.02400	0.00
00116200116	CHLORHEXIDINE 0.12% RINSE	2025-01-27	473.000	WALMART PHARMACY	1578581260	0.00000	0.00
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-01-27	28.000	WALMART PHARMACY	1578581260	0.00000	0.00
68645056354	IBUPROFEN 800 MG TABLET	2025-02-03	21.000	WALMART PHARMACY	1578581260	0.00000	0.00
68645061090	LISINOPRIL 10 MG TABLET	2025-02-03	90.000	WALMART PHARMACY	1578581260	0.01722	0.00
67877015905	METFORMIN HCL ER 500 MG TABLET	2025-02-03	180.000	WALMART PHARMACY	1578581260	0.02667	0.00
68382056401	METOPROLOL SUCC ER 25 MG TAB	2025-02-04	30.000	WALMART PHARMACY	1578581260	0.05300	0.00

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8.00	0.00	0.12524	2025-01-22	-0.18	0.00	No	No
0.00	9.11	0.16886	2025-01-22	-0.20	0.00	No	No
0.00	9.00	0.1337	2025-01-22	-0.38	0.00	No	No
7.84	0.00	0.02401	2025-01-22	-0.21	0.00	No	No
0.00	7.48	0.007	2025-01-22	-0.46	0.00	No	No
0.00	8.37	0.08158	2025-01-22	-0.34	0.00	No	No
-0.00	4.07	0.0562	2025-01-29	-0.65	0.00	No	No
8.45	0.00	0.01718	2025-01-29	-0.17	0.00	No	No
1.20	0.00	0.02667	2025-01-29	-0.61	0.00	No	No
7.41	0.00	0.05304	2025-01-29	-0.26	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees
68180096301	ALBUTEROL HFA 90 MCG INHALER	2025-02-03	8.500	WALMART PHARMACY	1578581260	0.00706	0.00
45802086802	POLYETHYLENE GLYCOL 3350 POWD	2025-02-04	238.000	WALMART PHARMACY	1578581260	0.01681	0.00
55111032205	GLIMEPIRIDE 4 MG TABLET	2025-02-05	30.000	WALMART PHARMACY	1578581260	0.03467	0.00
67877021905	CEPHALEXIN 500 MG CAPSULE	2025-02-05	21.000	WALMART PHARMACY	1578581260	0.00000	0.00
68645051554	AMLODIPINE BESYLATE 5 MG TAB	2025-02-05	30.000	WALMART PHARMACY	1578581260	0.00000	0.00
10572010001	PEG-3350 AND ELECTROLYTES SOLN	2025-02-06	4000.000	WALMART PHARMACY	1578581260	0.00159	0.00
68645051654	AMLODIPINE BESYLATE 10 MG TAB	2025-02-07	30.000	WALMART PHARMACY	1578581260	0.00000	0.00
68645061190	LISINOPRIL 20 MG TABLET	2025-02-08	90.000	WALMART PHARMACY	1578581260	0.02400	0.00
68382009305	CARVEDILOL 6.25 MG TABLET	2025-02-08	30.000	WALMART PHARMACY	1578581260	0.01733	0.00
68645055854	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	2025-02-08	90.000	WALMART PHARMACY	1578581260	0.03778	0.00

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0.17	20.00	2.35969	2025-01-29	-0.34	0.00	No	No
0.00	0.00	0.02465	2025-01-29	-0.76	0.00	No	No
2.96	0.00	0.03467	2025-02-05	-0.65	0.00	No	No
-0.00	8.58	0.10819	2025-02-05	-0.33	0.00	No	No
0.00	9.00	0.01037	2025-02-05	-0.17	0.00	No	No
2.78	10.00	0.00409	2025-02-05	-0.29	0.00	No	No
0.00	9.00	0.01568	2025-02-05	-0.18	0.00	No	No
7.84	0.00	0.02401	2025-02-05	-0.21	0.00	No	No
3.48	0.00	0.01736	2025-02-05	-0.64	0.00	No	No
6.60	0.00	0.03779	2025-02-05	-0.28	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees
62332002331	FLUOXETINE HCL 20 MG CAPSULE	2025-02-08	90.000	WALMART PHARMACY	1578581260	0.02978	0.00
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2025-02-11	200.000	WALMART PHARMACY	1578581260	0.03815	0.00
68645056354	IBUPROFEN 800 MG TABLET	2025-02-11	21.000	WALMART PHARMACY	1578581260	0.00000	0.00
60505265605	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	2025-02-12	90.000	WALMART PHARMACY	1578581260	0.00000	0.00
53746051401	SPIRONOLACTONE 50 MG TABLET	2025-02-12	30.000	WALMART PHARMACY	1578581260	0.00000	0.00
65862006299	METOPROLOL TARTRATE 25 MG TAB	2025-02-13	60.000	WALMART PHARMACY	1578581260	0.01567	0.00
00555901858	TRI-SPRINTEC TABLET	2025-02-14	28.000	WALMART PHARMACY	1578581260	0.12214	0.00
13668010401	ISOSORBIDE MONONIT ER 30 MG TB	2025-02-14	30.000	WALMART PHARMACY	1578581260	0.00000	0.00
64380078507	PREDNISONE 20 MG TABLET	2025-02-15	10.000	WALMART PHARMACY	1578581260	0.00000	0.00
47781064090	LEVOTHYROXINE 25 MCG TABLET	2025-02-17	90.000	WALMART PHARMACY	1578581260	0.00000	0.00

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7.32	0.00	0.02978	2025-02-05	-0.24	0.00	No	No
4.42	10.00	0.08815	2025-02-05	-0.22	0.00	No	No
-0.00	4.07	0.0562	2025-02-05	-0.65	0.00	No	No
0.00	10.00	0.07823	2025-02-12	-0.43	0.00	No	No
0.00	9.00	0.08835	2025-02-12	-0.32	0.00	No	No
3.06	0.00	0.01563	2025-02-12	-0.65	0.00	No	No
5.58	0.00	0.12209	2025-02-12	-0.35	0.00	No	No
0.00	4.00	0.06531	2025-02-12	-0.68	0.00	No	No
0.00	4.04	0.07317	2025-02-12	-0.64	0.00	No	No
0.00	10.00	0.043	2025-02-12	-0.30	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
31722070090	LOSARTAN POTASSIUM 25 MG TAB	2025-02-18	30.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
29300046801	CLONIDINE HCL 0.1 MG TABLET	2025-02-19	60.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
16714040604	LARIN FE 1-20 TABLET	2025-02-19	28.000	WALMART PHARMACY	1578581260	0.12536	0.00	8.00
68382009205	CARVEDILOL 3.125 MG TABLET	2025-02-19	60.000	WALMART PHARMACY	1578581260	0.01550	0.00	7.74
13668000901	CITALOPRAM HBR 10 MG TABLET	2025-02-20	60.000	WALMART PHARMACY	1578581260	0.02367	0.00	6.58
29300024401	BUSPIRONE HCL 5 MG TABLET	2025-02-20	60.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
29300015101	QUETIAPINE FUMARATE 300 MG TAB	2025-02-21	30.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
24979023103	POTASSIUM CL ER 10 MEQ TABLET	2025-02-21	30.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
60505082901	FLUTICASONE PROP 50 MCG SPRAY	2025-02-22	16.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
55111014512	FLUCONAZOLE 150 MG TABLET	2025-02-23	2.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00

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9.00	0.02706	2025-02-12	-0.20	0.00	No	No
4.00	0.025	2025-02-19	-0.67	0.00	No	No
0.00	0.12925	2025-02-19	-0.18	0.00	No	No
0.00	0.01675	2025-02-19	-0.25	0.00	No	No
0.00	0.02365	2025-02-19	-0.33	0.00	No	No
4.00	0.02195	2025-02-19	-0.66	0.00	No	No
9.00	0.14588	2025-02-19	-0.39	0.00	No	No
4.00	0.09927	2025-02-19	-0.70	0.00	No	No
15.87	0.44945	2025-02-19	-0.10	0.00	No	No
9.60	0.53979	2025-02-19	-0.17	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
13668001001	CITALOPRAM HBR 20 MG TABLET	2025-02-24	30.000	WALMART PHARMACY	1578581260	0.03000	0.00	3.10
68180096301	ALBUTEROL HFA 90 MCG INHALER	2025-02-24	8.500	WALMART PHARMACY	1578581260	1.20353	0.00	0.00
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-02-24	21.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
59651048901	PREDNISONE 50 MG TABLET	2025-02-24	5.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
64380078408	PREDNISONE 10 MG TABLET	2025-02-25	54.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2025-02-25	200.000	WALMART PHARMACY	1578581260	0.03345	0.00	5.36
68180071160	CEFDINIR 300 MG CAPSULE	2025-02-27	14.000	WALMART PHARMACY	1578581260	0.00000	0.00	3.50
59651048901	PREDNISONE 50 MG TABLET	2025-02-27	5.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
68645051554	AMLODIPINE BESYLATE 5 MG TAB	2025-02-27	30.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
69452035720	ROPINIROLE HCL 0.5 MG TABLET	2025-02-27	30.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00

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0.00	0.03013	2025-02-19	-0.65	0.00	No	No
10.00	2.53475	2025-02-19	-0.37	0.00	No	No
9.76	0.1323	2025-02-19	-0.26	0.00	No	No
9.11	0.18345	2025-02-19	-0.20	0.00	No	No
8.95	0.05399	2025-02-19	-0.33	0.00	No	No
10.00	0.08343	2025-02-19	-0.19	0.00	No	No
10.00	0.45141	2025-02-26	-0.20	0.00	No	No
9.11	0.18345	2025-02-26	-0.20	0.00	No	No
9.00	0.01082	2025-02-26	-0.17	0.00	No	No
9.00	0.04433	2025-02-26	-0.24	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68382080701	TRAZODONE 150 MG TABLET	2025-02-27	180.000	WALMART PHARMACY	1578581260	0.00000	0.00	-0.00
29300042010	AMITRIPTYLINE HCL 25 MG TAB	2025-02-27	30.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
29300046801	CLONIDINE HCL 0.1 MG TABLET	2025-03-03	30.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
55111032205	GLIMEPIRIDE 4 MG TABLET	2025-03-04	30.000	WALMART PHARMACY	1578581260	0.03233	0.00	3.03
00054032756	FLUTICASONE-SALMETEROL 250-50	2025-03-04	60.000	WALMART PHARMACY	1578581260	1.39800	0.00	0.89
68645051554	AMLODIPINE BESYLATE 5 MG TAB	2025-03-04	30.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-03-04	4.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
68382056401	METOPROLOL SUCC ER 25 MG TAB	2025-03-05	30.000	WALMART PHARMACY	1578581260	0.05467	0.00	7.36
63304077201	LORAZEPAM 0.5 MG TABLET	2025-03-05	2.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
70752020411	FOLIC ACID 1 MG TABLET	2025-03-08	30.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
20.00	0.11036	2025-02-26	-0.34	0.00	No	No
4.00	0.0524	2025-02-26	-0.67	0.00	No	No
4.00	0.025	2025-02-26	-0.64	0.00	No	No
0.00	0.03233	2025-02-26	-0.65	0.00	No	No
0.00	1.39797	2025-02-26	-0.10	0.00	No	No
9.00	0.01082	2025-02-26	-0.17	0.00	No	No
4.00	0.08742	2025-02-26	-0.63	0.00	No	No
0.00	0.05453	2025-03-05	-0.26	0.00	No	No
4.00	0.0411	2025-03-05	-0.62	0.00	No	No
4.00	0.02251	2025-03-05	-0.64	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
55111017915	TIZANIDINE HCL 2 MG TABLET	2025-03-09	7.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
00054429731	FUROSEMIDE 20 MG TABLET	2025-03-10	30.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
59651048901	PREDNISONE 50 MG TABLET	2025-03-10	5.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
55111014512	FLUCONAZOLE 150 MG TABLET	2025-03-11	2.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
70752020411	FOLIC ACID 1 MG TABLET	2025-03-11	90.000	WALMART PHARMACY	1578581260	0.00000	0.00	-0.00
64380078408	PREDNISONE 10 MG TABLET	2025-03-11	30.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
55111014512	FLUCONAZOLE 150 MG TABLET	2025-03-11	2.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
59651080801	MECLIZINE 25 MG TABLET	2025-03-12	30.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
16714008110	HYDROXYZINE HCL 10 MG TABLET	2025-03-12	60.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.60
16571011401	HYDROXYZINE HCL 25 MG TABLET	2025-03-12	60.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
4.00	0.03136	2025-03-05	-0.63	0.00	No	No
4.00	0.02485	2025-03-05	-0.64	0.00	No	No
9.11	0.18345	2025-03-05	-0.20	0.00	No	No
9.60	0.53979	2025-03-05	-0.17	0.00	No	No
10.00	0.02251	2025-03-05	-0.20	0.00	No	No
4.97	0.05399	2025-03-05	-0.59	0.00	No	No
9.60	0.53979	2025-03-05	-0.17	0.00	No	No
9.00	0.08105	2025-03-12	-0.30	0.00	No	No
10.00	0.02999	2025-03-12	-0.14	0.00	No	No
10.00	0.04247	2025-03-12	-0.23	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-03-13	10.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
59651080801	MECLIZINE 25 MG TABLET	2025-03-13	20.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-03-13	10.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
68382009305	CARVEDILOL 6.25 MG TABLET	2025-03-13	30.000	WALMART PHARMACY	1578581260	0.01867	0.00	3.54
63304077301	LORAZEPAM 1 MG TABLET	2025-03-13	2.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-03-13	30.000	WALMART PHARMACY	1578581260	0.00000	0.00	-0.00
00228202910	ALPRAZOLAM 0.5 MG TABLET	2025-03-14	21.000	WALMART PHARMACY	1578581260	0.00000	0.00	-0.00
55111014512	FLUCONAZOLE 150 MG TABLET	2025-03-14	2.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
47781065790	LEVOTHYROXINE 125 MCG TABLET	2025-03-15	30.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-03-15	21.000	WALMART PHARMACY	1578581260	0.00000	0.00	-0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
4.00	0.01217	2025-03-12	-0.62	0.00	No	No
6.00	0.08105	2025-03-12	-0.50	0.00	No	No
4.00	0.08742	2025-03-12	-0.65	0.00	No	No
0.00	0.01856	2025-03-12	-0.63	0.00	No	No
4.00	0.04658	2025-03-12	-0.62	0.00	No	No
8.97	0.08742	2025-03-12	-0.32	0.00	No	No
9.74	0.02157	2025-03-12	-0.11	0.00	No	No
9.60	0.53979	2025-03-12	-0.17	0.00	No	No
4.00	0.07216	2025-03-12	-0.68	0.00	No	No
9.24	0.1323	2025-03-12	-0.30	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
13668010401	ISOSORBIDE MONONIT ER 30 MG TB	2025-03-16	30.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
67877015905	METFORMIN HCL ER 500 MG TABLET	2025-03-18	180.000	WALMART PHARMACY	1578581260	0.02861	0.00	0.85
31722053301	METHOCARBAMOL 500 MG TABLET	2025-03-18	30.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
68382056501	METOPROLOL SUCC ER 50 MG TAB	2025-03-19	30.000	WALMART PHARMACY	1578581260	0.05933	0.00	7.22
13668000901	CITALOPRAM HBR 10 MG TABLET	2025-03-19	60.000	WALMART PHARMACY	1578581260	0.02367	0.00	6.58
13668010501	ISOSORBIDE MONONIT ER 60 MG TB	2025-03-19	90.000	WALMART PHARMACY	1578581260	0.00000	0.00	-0.00
65862006299	METOPROLOL TARTRATE 25 MG TAB	2025-03-19	180.000	WALMART PHARMACY	1578581260	0.01678	0.00	6.98
62332002331	FLUOXETINE HCL 20 MG CAPSULE	2025-03-20	90.000	WALMART PHARMACY	1578581260	0.03211	0.00	7.11
47781064690	LEVOTHYROXINE 75 MCG TABLET	2025-03-20	102.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
50742050510	SCOPOLAMINE 1 MG/3 DAY PATCH	2025-03-20	1.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.35

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4.00	0.06993	2025-03-12	-0.68	0.00	No	No
0.00	0.02863	2025-03-12	-0.62	0.00	No	No
8.20	0.03582	2025-03-12	-0.29	0.00	No	No
0.00	0.06388	2025-03-19	-0.27	0.00	No	No
0.00	0.0244	2025-03-19	-0.33	0.00	No	No
10.00	0.09821	2025-03-19	-0.48	0.00	No	No
0.00	0.01791	2025-03-19	-0.27	0.00	No	No
0.00	0.03216	2025-03-19	-0.25	0.00	No	No
11.33	0.05769	2025-03-19	-0.31	0.00	No	No
10.00	5.15755	2025-03-19	-0.34	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
67877015905	METFORMIN HCL ER 500 MG TABLET	2025-03-21	90.000	WALMART PHARMACY	1578581260	0.02989	0.00	1.31
70010049201	METFORMIN HCL ER 750 MG TABLET	2025-03-21	90.000	WALMART PHARMACY	1578581260	0.05633	0.00	0.93
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	2025-03-22	200.000	WALMART PHARMACY	1578581260	0.00000	0.00	2.78
53746051401	SPIRONOLACTONE 50 MG TABLET	2025-03-22	30.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
62332002331	FLUOXETINE HCL 20 MG CAPSULE	2025-03-23	90.000	WALMART PHARMACY	1578581260	0.03211	0.00	7.11
68645061090	LISINOPRIL 10 MG TABLET	2025-03-23	30.000	WALMART PHARMACY	1578581260	0.01833	0.00	3.45
65862006299	METOPROLOL TARTRATE 25 MG TAB	2025-03-24	60.000	WALMART PHARMACY	1578581260	0.01783	0.00	7.93
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	2025-03-24	200.000	WALMART PHARMACY	1578581260	0.00000	0.00	2.78
68645056354	IBUPROFEN 800 MG TABLET	2025-03-25	45.000	WALMART PHARMACY	1578581260	0.00000	0.00	-0.00
31722070090	LOSARTAN POTASSIUM 25 MG TAB	2025-03-25	30.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00

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0.00	0.02993	2025-03-19	-0.70	0.00	No	No
0.00	0.05633	2025-03-19	-0.61	0.00	No	No
10.00	0.03373	2025-03-19	-0.26	0.00	No	No
9.00	0.10166	2025-03-19	-0.34	0.00	No	No
0.00	0.03216	2025-03-19	-0.25	0.00	No	No
0.00	0.01833	2025-03-19	-0.64	0.00	No	No
0.00	0.01791	2025-03-19	-0.22	0.00	No	No
10.00	0.03373	2025-03-19	-0.26	0.00	No	No
8.73	0.06324	2025-03-19	-0.35	0.00	No	No
9.00	0.03	2025-03-19	-0.21	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
59651048901	PREDNISONE 50 MG TABLET	2025-03-26	5.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
29300042010	AMITRIPTYLINE HCL 25 MG TAB	2025-03-26	30.000	WALMART PHARMACY	1578581260	0.00000	0.00	-0.00
24979023103	POTASSIUM CL ER 10 MEQ TABLET	2025-03-26	30.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
60505082901	FLUTICASONE PROP 50 MCG SPRAY	2025-03-27	16.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
55111014512	FLUCONAZOLE 150 MG TABLET	2025-03-29	1.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
67877021905	CEPHALEXIN 500 MG CAPSULE	2025-03-29	20.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
00603188016	LIDOCAINE 5% PATCH	2025-03-29	30.000	WALMART PHARMACY	1578581260	1.49833	0.00	0.00
68180096301	ALBUTEROL HFA 90 MCG INHALER	2025-03-30	8.500	WALMART PHARMACY	1578581260	1.20353	0.00	0.00
68382056401	METOPROLOL SUCC ER 25 MG TAB	2025-03-31	30.000	WALMART PHARMACY	1578581260	0.05900	0.00	7.23
47781064390	LEVOTHYROXINE 50 MCG TABLET	2025-03-31	30.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00

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9.11	0.19505	2025-03-26	-0.21	0.00	No	No
4.00	0.05728	2025-03-26	-0.67	0.00	No	No
4.00	0.09741	2025-03-26	-0.70	0.00	No	No
14.78	0.46041	2025-03-26	-0.17	0.00	No	No
4.80	0.59122	2025-03-26	-0.57	0.00	No	No
8.17	0.1286	2025-03-26	-0.37	0.00	No	No
10.00	2.07506	2025-03-26	-0.24	0.00	No	No
10.00	2.56359	2025-03-26	-0.37	0.00	No	No
0.00	0.05896	2025-03-26	-0.27	0.00	No	No
4.00	0.0575	2025-03-26	-0.67	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
16571020150	DICLOFENAC SOD EC 75 MG TAB	2025-01-01	28.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
00378750232	BREYNA 80-4.5 MCG INHALER	2025-01-02	10.300	WALMART PHARMACY	1578581260	15.51068	0.00	0.00
55111018015	TIZANIDINE HCL 4 MG TABLET	2025-01-04	30.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
68645052354	SERTRALINE HCL 100 MG TABLET	2025-01-05	30.000	WALMART PHARMACY	1578581260	0.04767	0.00	7.57
64380078408	PREDNISONE 10 MG TABLET	2025-01-07	30.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
68382009810	PAROXETINE HCL 20 MG TABLET	2025-01-10	30.000	WALMART PHARMACY	1578581260	0.06733	0.00	1.98
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-01-10	12.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
55111014512	FLUCONAZOLE 150 MG TABLET	2025-01-13	2.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
59651048901	PREDNISONE 50 MG TABLET	2025-01-14	5.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
65862017260	TOPIRAMATE 50 MG TABLET	2025-01-14	60.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00

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7.84	0.08353	2025-01-01	-0.39	0.00	No	No
0.00	20.24539	2025-01-01	-0.27	0.00	No	No
9.00	0.04042	2025-01-01	-0.23	0.00	No	No
0.00	0.04769	2025-01-01	-0.25	0.00	No	No
4.97	0.04665	2025-01-01	-0.58	0.00	No	No
0.00	0.0672	2025-01-08	-0.68	0.00	No	No
4.00	0.08279	2025-01-08	-0.65	0.00	No	No
9.60	0.51642	2025-01-08	-0.17	0.00	No	No
9.11	0.17685	2025-01-08	-0.20	0.00	No	No
9.00	0.03634	2025-01-08	-0.29	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68382056401	METOPROLOL SUCC ER 25 MG TAB	2025-01-17	30.000	WALMART PHARMACY	1578581260	0.05300	0.00	7.41
64380078507	PREDNISONE 20 MG TABLET	2025-01-18	7.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
68180096301	ALBUTEROL HFA 90 MCG INHALER	2025-01-22	8.500	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
67877025145	TRIAMCINOLONE 0.1% CREAM	2025-01-23	454.000	WALMART PHARMACY	1578581260	0.02978	0.00	4.45
62332002431	FLUOXETINE HCL 40 MG CAPSULE	2025-01-25	30.000	WALMART PHARMACY	1578581260	0.05867	0.00	2.24
62332002331	FLUOXETINE HCL 20 MG CAPSULE	2025-01-25	60.000	WALMART PHARMACY	1578581260	0.02983	0.00	6.21
47781064390	LEVOTHYROXINE 50 MCG TABLET	2025-01-27	90.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
64380078507	PREDNISONE 20 MG TABLET	2025-01-29	7.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
68645052354	SERTRALINE HCL 100 MG TABLET	2025-02-01	30.000	WALMART PHARMACY	1578581260	0.04767	0.00	7.57
68645052354	SERTRALINE HCL 100 MG TABLET	2025-02-14	30.000	WALMART PHARMACY	1578581260	0.04767	0.00	7.57

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0.00	0.05304	2025-01-15	-0.26	0.00	No	No
4.00	0.0717	2025-01-15	-0.64	0.00	No	No
20.23	2.35969	2025-01-22	-0.34	0.00	No	No
0.00	0.02978	2025-01-22	-0.25	0.00	No	No
0.00	0.05872	2025-01-22	-0.67	0.00	No	No
0.00	0.02978	2025-01-22	-0.35	0.00	No	No
10.00	0.05075	2025-01-22	-0.34	0.00	No	No
4.00	0.07317	2025-01-29	-0.64	0.00	No	No
0.00	0.04773	2025-01-29	-0.25	0.00	No	No
0.00	0.04773	2025-02-12	-0.25	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
00378750232	BREYNA 80-4.5 MCG INHALER	2025-02-17	10.300	WALMART PHARMACY	1578581260	15.23107	0.00	0.00
68382009810	PAROXETINE HCL 20 MG TABLET	2025-02-17	30.000	WALMART PHARMACY	1578581260	0.06733	0.00	1.98
68382056401	METOPROLOL SUCC ER 25 MG TAB	2025-02-20	30.000	WALMART PHARMACY	1578581260	0.05467	0.00	7.36
68180096301	ALBUTEROL HFA 90 MCG INHALER	2025-02-24	8.500	WALMART PHARMACY	1578581260	2.38000	0.00	0.00
47781064090	LEVOTHYROXINE 25 MCG TABLET	2025-02-26	90.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
55111018015	TIZANIDINE HCL 4 MG TABLET	2025-03-05	30.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
68645061090	LISINOPRIL 10 MG TABLET	2025-03-05	90.000	WALMART PHARMACY	1578581260	0.01767	0.00	8.41
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-03-08	42.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
00054032756	FLUTICASONE-SALMETEROL 250-50	2025-03-09	60.000	WALMART PHARMACY	1578581260	1.39800	0.00	0.89
68645052354	SERTRALINE HCL 100 MG TABLET	2025-03-09	30.000	WALMART PHARMACY	1578581260	0.05100	0.00	7.47

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
0.00	20.40702	2025-02-12	-0.29	0.00	No	No
0.00	0.06719	2025-02-12	-0.68	0.00	No	No
0.00	0.05453	2025-02-19	-0.26	0.00	No	No
0.00	2.53475	2025-02-19	-0.37	0.00	No	No
10.00	0.04343	2025-02-26	-0.31	0.00	No	No
9.00	0.04664	2025-03-05	-0.24	0.00	No	No
0.00	0.0177	2025-03-05	-0.17	0.00	No	No
12.56	0.08742	2025-03-05	-0.11	0.00	No	No
0.00	1.39797	2025-03-05	-0.10	0.00	No	No
0.00	0.05114	2025-03-05	-0.25	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
62332002431	FLUOXETINE HCL 40 MG CAPSULE	2025-03-10	30.000	WALMART PHARMACY	1578581260	0.06600	0.00	2.02
68645052354	SERTRALINE HCL 100 MG TABLET	2025-03-17	30.000	WALMART PHARMACY	1578581260	0.05100	0.00	7.47
68180096301	ALBUTEROL HFA 90 MCG INHALER	2025-03-18	8.500	WALMART PHARMACY	1578581260	2.38000	0.00	0.00
68382009810	PAROXETINE HCL 20 MG TABLET	2025-03-18	30.000	WALMART PHARMACY	1578581260	0.07233	0.00	1.83
64380078507	PREDNISONE 20 MG TABLET	2025-03-19	5.000	WALMART PHARMACY	1578581260	0.08000	0.00	3.60
00378750232	BREYNA 80-4.5 MCG INHALER	2025-03-20	10.300	WALMART PHARMACY	1578581260	15.23107	0.00	0.00
47781064090	LEVOTHYROXINE 25 MCG TABLET	2025-03-20	90.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
68382056401	METOPROLOL SUCC ER 25 MG TAB	2025-03-29	30.000	WALMART PHARMACY	1578581260	0.05900	0.00	7.23
47781065190	LEVOTHYROXINE 100 MCG TABLET	2025-02-08	90.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
13668001101	CITALOPRAM HBR 40 MG TABLET	2025-02-09	90.000	WALMART PHARMACY	1578581260	0.03956	0.00	6.44

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
0.00	0.06602	2025-03-05	-0.68	0.00	No	No
0.00	0.05114	2025-03-12	-0.25	0.00	No	No
0.00	2.53475	2025-03-12	-0.37	0.00	No	No
0.00	0.07237	2025-03-12	-0.68	0.00	No	No
0.00	0.08187	2025-03-19	-0.63	0.00	No	No
0.00	20.18754	2025-03-19	-0.28	0.00	No	No
10.00	0.04513	2025-03-19	-0.31	0.00	No	No
0.00	0.05896	2025-03-26	-0.27	0.00	No	No
10.00	0.05386	2025-02-05	-0.35	0.00	No	No
0.00	0.03957	2025-02-05	-0.29	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
47781065190	LEVOTHYROXINE 100 MCG TABLET	2025-02-20	90.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
55111032205	GLIMEPIRIDE 4 MG TABLET	2025-01-20	30.000	WALMART PHARMACY	1629095757	0.00000	0.00	0.00
55111032205	GLIMEPIRIDE 4 MG TABLET	2025-02-25	30.000	WALMART PHARMACY	1629095757	0.00000	0.00	-0.00
47781064390	LEVOTHYROXINE 50 MCG TABLET	2025-01-20	90.000	WALMART PHARMACY	1639196777	0.05167	0.00	5.35
63304077201	LORAZEPAM 0.5 MG TABLET	2025-02-05	30.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.00
59651072001	DICYCLOMINE 20 MG TABLET	2025-01-09	12.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.00
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2025-02-24	180.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.00
62332002331	FLUOXETINE HCL 20 MG CAPSULE	2025-01-22	30.000	WALMART PHARMACY	1801813936	0.00000	0.00	0.00
68382004101	PROMETHAZINE 25 MG TABLET	2025-02-09	15.000	WALMART PHARMACY	1801813936	0.00000	0.00	0.00
62332002331	FLUOXETINE HCL 20 MG CAPSULE	2025-02-19	90.000	WALMART PHARMACY	1801813936	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
10.00	0.05519	2025-02-19	-0.35	0.00	No	No
4.00	0.03586	2025-01-15	-0.65	0.00	No	No
4.00	0.03233	2025-02-19	-0.65	0.00	No	No
0.00	0.0517	2025-01-15	-0.34	0.00	No	No
7.64	0.03737	2025-02-05	-0.34	0.00	No	No
4.00	0.09153	2025-01-08	-0.65	0.00	No	No
19.85	0.08343	2025-02-19	-0.22	0.00	No	No
4.00	0.02978	2025-01-22	-0.65	0.00	No	No
7.50	0.03987	2025-02-05	-0.32	0.00	No	No
10.00	0.03107	2025-02-19	-0.25	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
00054418625	DEXAMETHASONE 6 MG TABLET	2025-02-07	2.000	VALLEY HEALTH PHARMACY	1689614950	0.00000	0.00	0.00
59651048805	PREDNISONE 20 MG TABLET	2025-01-14	10.000	FRUTH PHARMACY	1609881549	0.00000	0.00	0.00
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2025-02-12	4.000	FRUTH PHARMACY	1609881549	0.00000	0.00	0.00
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	2025-02-03	150.000	WALMART PHARMACY	1285651323	0.00000	0.00	0.00
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	2025-03-10	34.000	WALMART PHARMACY	1285651323	0.00000	0.00	-0.00
68645056354	IBUPROFEN 800 MG TABLET	2025-03-13	30.000	WALMART PHARMACY	1285651323	0.00000	0.00	0.00
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-01-11	21.000	WALMART PHARMACY	1720005853	0.00000	0.00	0.00
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-01-18	40.000	WALMART PHARMACY	1720005853	0.00000	0.00	1.96
29300041001	ATENOLOL 25 MG TABLET	2025-02-14	30.000	WALMART PHARMACY	1720005853	0.00000	0.00	0.00
29300041001	ATENOLOL 25 MG TABLET	2025-03-15	30.000	WALMART PHARMACY	1720005853	0.00000	0.00	0.00

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8.00	0.65248	2025-02-05	-0.32	0.00	No	No
5.81	0.0717	2025-01-08	-0.48	0.00	No	No
6.02	0.12377	2025-02-12	-0.45	0.00	No	No
9.59	0.03735	2025-01-29	-0.40	0.00	No	No
7.48	0.11147	2025-03-05	-0.48	0.00	No	No
5.82	0.06029	2025-03-12	-0.53	0.00	No	No
9.76	0.11746	2025-01-08	-0.25	0.00	No	No
10.00	0.08279	2025-01-15	-0.13	0.00	No	No
4.00	0.02075	2025-02-12	-0.64	0.00	No	No
4.00	0.02272	2025-03-12	-0.64	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-02-02	21.000	WALMART PHARMACY	1801814595	0.00000	0.00	0.00
68382011414	RISPERIDONE 1 MG TABLET	2025-02-06	60.000	WALMART PHARMACY	1720005853	0.00000	0.00	0.00
68382011414	RISPERIDONE 1 MG TABLET	2025-03-07	60.000	WALMART PHARMACY	1720005853	0.00000	0.00	0.00
68462063945	NITROGLYCERIN 0.4 MG TABLET SL	2025-03-15	25.000	WALMART PHARMACY	1720005853	0.00000	0.00	0.00
72578005518	DOXYCYCLINE HYCLATE 100 MG CAP	2025-03-18	2.000	WALMART PHARMACY	1720005853	0.00000	0.00	0.00
68645055854	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	2025-01-20	90.000	WALMART PHARMACY	1376560417	0.00000	0.00	0.00
50111056001	TRAZODONE 50 MG TABLET	2025-01-29	30.000	WALMART PHARMACY	1376560417	0.00000	0.00	0.00
68645052354	SERTRALINE HCL 100 MG TABLET	2025-02-03	30.000	WALMART PHARMACY	1376560417	0.00000	0.00	0.00
68645052354	SERTRALINE HCL 100 MG TABLET	2025-03-28	30.000	WALMART PHARMACY	1376560417	0.00000	0.00	0.00
59651048805	PREDNISONE 20 MG TABLET	2025-03-11	10.000	BMH COMFORT PHARMACY	1780360255	0.00000	0.00	0.00

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9.76	0.11419	2025-01-29	-0.24	0.00	No	No
8.00	0.04033	2025-02-05	-0.38	0.00	No	No
8.00	0.04192	2025-03-05	-0.38	0.00	No	No
9.00	0.17715	2025-03-12	-0.40	0.00	No	No
4.00	0.1187	2025-03-12	-0.63	0.00	No	No
10.00	0.03868	2025-01-15	-0.28	0.00	No	No
4.00	0.03179	2025-01-29	-0.65	0.00	No	No
9.00	0.04773	2025-01-29	-0.25	0.00	No	No
9.00	0.05282	2025-03-26	-0.25	0.00	No	No
7.56	0.07911	2025-03-05	-0.33	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee	Amount of Member Cost Share
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-03-24	21.000	WALMART PHARMACY	1710904842	0.00000	0.00	0.00	9.24
51672402901	WARFARIN SODIUM 2.5 MG TABLET	2025-01-03	8.000	KROGER PHARMACY	1760416556	0.00000	0.00	0.00	9.99
51672402901	WARFARIN SODIUM 2.5 MG TABLET	2025-02-03	8.000	KROGER PHARMACY	1760416556	0.00000	0.00	0.00	9.99
51672402901	WARFARIN SODIUM 2.5 MG TABLET	2025-03-02	8.000	KROGER PHARMACY	1760416556	0.00000	0.00	0.00	9.99
65862001005	METFORMIN HCL 1,000 MG TABLET	2025-01-07	30.000	KROGER SAV-ON	1174557961	0.00000	0.00	0.00	9.99
69315013701	BENZTROPINE MES 1 MG TABLET	2025-01-26	30.000	KROGER SAV-ON	1174557961	0.00000	0.00	0.00	9.99
65862001005	METFORMIN HCL 1,000 MG TABLET	2025-02-02	30.000	KROGER SAV-ON	1174557961	0.00000	0.00	0.00	9.99

Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
0.15456	2025-03-19	-0.33	0.00	No	No
0.09557	2025-01-01	-0.11	0.00	No	No
0.09502	2025-01-29	-0.11	0.00	No	No
0.0988	2025-02-26	-0.11	0.00	No	No
0.02204	2025-01-01	-0.10	0.00	No	No
0.07231	2025-01-22	-0.21	0.00	No	No
0.02215	2025-01-29	-0.10	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee	Amount of Member Cost Share
65862001005	METFORMIN HCL 1,000 MG TABLET	2025-03-04	30.000	KROGER SAV-ON	1174557961	0.00000	0.00	-0.00	9.99
45802011222	MUPIROCIN 2% OINTMENT	2025-01-08	22.000	THREE SPRINGS VILLAGE PHARMACY	1952346397	0.00000	0.00	0.00	11.25
70954006020	PREDNISONE 20 MG TABLET	2025-03-01	10.000	WALGREENS	1164947941	0.00000	0.00	0.00	4.56
00472033720	HYDROCORTISONE 2.5% CREAM	2025-03-07	20.000	WALGREENS	1164947941	0.00000	0.00	-0.00	10.30
45802006435	TRIAMCINOLONE 0.1% CREAM	2025-03-11	30.000	WALGREENS	1164947941	0.00000	0.00	0.00	9.78
75907008262	MICROGESTIN FE 1-20 TABLET	2025-03-25	28.000	WALGREENS	1417473844	0.14679	0.00	8.08	0.00
68180086573	BLISOVI FE 1-20 TABLET	2025-01-19	28.000	WALGREENS	1780100123	0.12464	0.00	8.70	0.00
68180086573	BLISOVI FE 1-20 TABLET	2025-02-14	28.000	WALGREENS	1780100123	0.12536	0.00	8.68	0.00
68180086573	BLISOVI FE 1-20 TABLET	2025-03-13	28.000	WALGREENS	1780100123	0.12929	0.00	8.57	0.00

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0.02319	2025-02-26	-0.11	0.00	No	No
0.15681	2025-01-08	-0.19	0.00	No	No
0.07911	2025-02-26	-0.60	0.00	No	No
0.12654	2025-03-05	-0.21	0.00	No	No
0.13645	2025-03-05	-0.33	0.00	No	No
0.14667	2025-03-19	-0.16	0.00	No	No
0.12469	2025-01-15	-0.13	0.00	No	No
0.12524	2025-02-12	-0.13	0.00	No	No
0.12925	2025-03-12	-0.14	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
42858072001	DEXTROAMP-AMPHET ER 20 MG CAP	2025-03-26	30.000	WALGREENS	1780100123	0.70000	0.00	2.60
65862017360	TOPIRAMATE 100 MG TABLET	2025-01-08	30.000	WALMART PHARMACY	1629095757	0.00000	0.00	0.00
13668010401	ISOSORBIDE MONONIT ER 30 MG TB	2025-01-15	30.000	WALMART PHARMACY	1629095757	0.00000	0.00	0.00
00093916301	VENLAFAXINE HCL 100 MG TABLET	2025-01-14	30.000	WALMART PHARMACY	1629095757	0.00000	0.00	0.00
68180087673	NORETHINDRONE 0.35 MG TABLET	2025-01-22	28.000	WALMART PHARMACY	1629095757	0.07714	0.00	6.84
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-01-31	21.000	WALMART PHARMACY	1629095757	0.00000	0.00	0.00
65862017360	TOPIRAMATE 100 MG TABLET	2025-02-04	30.000	WALMART PHARMACY	1629095757	0.00000	0.00	-0.00
65862006299	METOPROLOL TARTRATE 25 MG TAB	2025-02-10	30.000	WALMART PHARMACY	1629095757	0.00000	0.00	-0.00
29300024401	BUSPIRONE HCL 5 MG TABLET	2025-02-11	60.000	WALMART PHARMACY	1629095757	0.00000	0.00	0.00
00093916301	VENLAFAXINE HCL 100 MG TABLET	2025-02-16	30.000	WALMART PHARMACY	1629095757	0.00000	0.00	-0.00

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0.00	0.69996	2025-03-26	-0.25	0.00	No	No
4.50	0.05653	2025-01-08	-0.63	0.00	No	No
4.00	0.06616	2025-01-15	-0.68	0.00	No	No
7.50	0.08548	2025-01-08	-0.43	0.00	No	No
0.00	0.07878	2025-01-22	-0.29	0.00	No	No
9.76	0.11419	2025-01-29	-0.24	0.00	No	No
4.50	0.05608	2025-01-29	-0.63	0.00	No	No
4.00	0.01563	2025-02-05	-0.63	0.00	No	No
4.00	0.01949	2025-02-05	-0.66	0.00	No	No
7.50	0.08442	2025-02-12	-0.42	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68180087673	NORETHINDRONE 0.35 MG TABLET	2025-02-19	28.000	WALMART PHARMACY	1629095757	0.07893	0.00	6.79
00054429731	FUROSEMIDE 20 MG TABLET	2025-02-24	20.000	WALMART PHARMACY	1629095757	0.00000	0.00	0.00
47781065790	LEVOTHYROXINE 125 MCG TABLET	2025-02-20	30.000	WALMART PHARMACY	1629095757	0.00000	0.00	0.00
65862017360	TOPIRAMATE 100 MG TABLET	2025-03-05	30.000	WALMART PHARMACY	1629095757	0.00000	0.00	0.00
65862006299	METOPROLOL TARTRATE 25 MG TAB	2025-03-08	30.000	WALMART PHARMACY	1629095757	0.00000	0.00	0.00
29300024401	BUSPIRONE HCL 5 MG TABLET	2025-03-09	60.000	WALMART PHARMACY	1629095757	0.00000	0.00	0.00
00093916301	VENLAFAXINE HCL 100 MG TABLET	2025-03-14	30.000	WALMART PHARMACY	1629095757	0.00000	0.00	0.00
65862017160	TOPIRAMATE 25 MG TABLET	2025-03-18	60.000	WALMART PHARMACY	1629095757	0.00000	0.00	0.00
68180087673	NORETHINDRONE 0.35 MG TABLET	2025-03-19	28.000	WALMART PHARMACY	1629095757	0.08607	0.00	6.59
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-03-24	21.000	WALMART PHARMACY	1629095757	0.00000	0.00	-0.00

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0.00	0.08614	2025-02-19	-0.30	0.00	No	No
4.00	0.02485	2025-02-19	-0.64	0.00	No	No
4.00	0.07216	2025-02-19	-0.68	0.00	No	No
4.50	0.06171	2025-03-05	-0.64	0.00	No	No
4.00	0.01677	2025-03-05	-0.64	0.00	No	No
4.00	0.02195	2025-03-05	-0.66	0.00	No	No
7.50	0.09955	2025-03-12	-0.44	0.00	No	No
9.00	0.02672	2025-03-12	-0.26	0.00	No	No
0.00	0.09016	2025-03-19	-0.31	0.00	No	No
6.28	0.09188	2025-03-19	-0.49	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
47781065790	LEVOTHYROXINE 125 MCG TABLET	2025-03-27	30.000	WALMART PHARMACY	1629095757	0.00000	0.00	0.00
65162035803	ZAFEMY 150-35 MCG/DAY PATCH	2025-01-12	3.000	WALMART PHARMACY	1649364795	24.55000	0.00	0.00
00093310905	AMOXICILLIN 500 MG CAPSULE	2025-02-28	21.000	KROGER PHARMACY	1245264035	0.00000	0.00	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-01-14	18.000	KROGER SAV-ON	1174557961	0.00000	0.00	0.00
70069013101	TOBRAMYCIN 0.3% EYE DROP	2025-02-05	5.000	KROGER SAV-ON	1174557961	0.00000	0.00	0.00
42192060704	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2025-02-12	50.000	KROGER SAV-ON	1174557961	0.00000	0.00	0.00
42806042460	BUPROPION HCL SR 100 MG TABLET	2025-01-20	30.000	WALGREENS	1417473844	0.00000	0.00	0.00
42806042460	BUPROPION HCL SR 100 MG TABLET	2025-03-09	30.000	WALGREENS	1417473844	0.00000	0.00	0.00
45802046564	KETOCONAZOLE 2% SHAMPOO	2025-03-24	120.000	WALGREENS	1417473844	0.00000	0.00	0.00
68382056401	METOPROLOL SUCC ER 25 MG TAB	2025-01-03	30.000	WALMART PHARMACY	1629095757	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
4.00	0.07712	2025-03-26	-0.69	0.00	No	No
0.00	26.59892	2025-01-08	-0.18	0.00	No	No
10.99	0.08742	2025-02-26	-0.11	0.00	No	No
9.99	0.0717	2025-01-08	-0.15	0.00	No	No
9.99	0.99926	2025-02-05	-0.35	0.00	No	No
10.99	0.08654	2025-02-12	-0.26	0.00	No	No
10.85	0.07647	2025-01-15	-0.15	0.00	No	No
10.85	0.09253	2025-03-05	-0.18	0.00	No	No
19.59	0.09539	2025-03-19	-0.11	0.00	No	No
9.00	0.05304	2025-01-01	-0.26	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68645061090	LISINOPRIL 10 MG TABLET	2025-01-03	30.000	WALMART PHARMACY	1629095757	0.00000	0.00	0.00
55111014512	FLUCONAZOLE 150 MG TABLET	2025-01-04	1.000	WALMART PHARMACY	1629095757	0.00000	0.00	0.00
00378750232	BREYNA 80-4.5 MCG INHALER	2025-01-12	10.300	WALMART PHARMACY	1629095757	13.28932	0.00	0.00
59651048901	PREDNISONE 50 MG TABLET	2025-01-12	4.000	WALMART PHARMACY	1629095757	0.00000	0.00	0.00
50111078710	AZITHROMYCIN 250 MG TABLET	2025-01-12	4.000	WALMART PHARMACY	1629095757	0.00000	0.00	0.00
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-01-15	30.000	WALMART PHARMACY	1629095757	0.00000	0.00	0.00
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-01-15	28.000	WALMART PHARMACY	1629095757	0.00000	0.00	0.00
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-01-15	21.000	WALMART PHARMACY	1629095757	0.00000	0.00	0.00
67877024201	QUETIAPINE FUMARATE 25 MG TAB	2025-01-16	30.000	WALMART PHARMACY	1629095757	0.00000	0.00	0.00
00406117003	NALTREXONE 50 MG TABLET	2025-01-16	7.000	WALMART PHARMACY	1629095757	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
4.00	0.01707	2025-01-01	-0.64	0.00	No	No
4.80	0.51642	2025-01-01	-0.56	0.00	No	No
20.00	20.24539	2025-01-08	-0.28	0.00	No	No
7.29	0.17685	2025-01-08	-0.35	0.00	No	No
7.63	0.32433	2025-01-08	-0.35	0.00	No	No
8.97	0.08279	2025-01-15	-0.31	0.00	No	No
8.37	0.08279	2025-01-15	-0.35	0.00	No	No
9.76	0.11746	2025-01-15	-0.25	0.00	No	No
9.00	0.02796	2025-01-15	-0.21	0.00	No	No
8.51	0.98488	2025-01-15	-0.51	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
13668001101	CITALOPRAM HBR 40 MG TABLET	2025-01-24	30.000	WALMART PHARMACY	1629095757	0.00000	0.00	0.00
69238207701	PROPRANOLOL 10 MG TABLET	2025-01-25	30.000	WALMART PHARMACY	1629095757	0.00000	0.00	-0.00
55111015030	FLUOXETINE HCL 10 MG TABLET	2025-01-26	30.000	WALMART PHARMACY	1629095757	0.00000	0.00	0.00
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-01-27	28.000	WALMART PHARMACY	1629095757	0.00000	0.00	0.00
00116200116	CHLORHEXIDINE 0.12% RINSE	2025-01-27	473.000	WALMART PHARMACY	1629095757	0.00000	0.00	0.00
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-01-27	21.000	WALMART PHARMACY	1629095757	0.00000	0.00	0.00
47781065790	LEVOTHYROXINE 125 MCG TABLET	2025-01-29	30.000	WALMART PHARMACY	1629095757	0.00000	0.00	0.00
29300011101	LAMOTRIGINE 25 MG TABLET	2025-01-30	30.000	WALMART PHARMACY	1629095757	0.00000	0.00	0.00
68645061090	LISINOPRIL 10 MG TABLET	2025-02-03	30.000	WALMART PHARMACY	1629095757	0.00000	0.00	0.00
68382056401	METOPROLOL SUCC ER 25 MG TAB	2025-02-03	30.000	WALMART PHARMACY	1629095757	0.00000	0.00	0.00

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4.00	0.03957	2025-01-22	-0.66	0.00	No	No
7.94	0.0542	2025-01-22	-0.34	0.00	No	No
4.00	0.08804	2025-01-22	-0.70	0.00	No	No
8.37	0.08158	2025-01-22	-0.34	0.00	No	No
7.48	0.007	2025-01-22	-0.46	0.00	No	No
9.76	0.11419	2025-01-22	-0.24	0.00	No	No
4.00	0.07133	2025-01-29	-0.68	0.00	No	No
4.50	0.0275	2025-01-29	-0.60	0.00	No	No
4.00	0.01718	2025-01-29	-0.64	0.00	No	No
9.00	0.05304	2025-01-29	-0.26	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
29300011201	LAMOTRIGINE 100 MG TABLET	2025-02-06	23.000	WALMART PHARMACY	1629095757	0.00000	0.00	-0.00
13668001101	CITALOPRAM HBR 40 MG TABLET	2025-02-06	30.000	WALMART PHARMACY	1629095757	0.00000	0.00	0.00
55111014512	FLUCONAZOLE 150 MG TABLET	2025-02-05	1.000	WALMART PHARMACY	1629095757	0.00000	0.00	0.00
67877024201	QUETIAPINE FUMARATE 25 MG TAB	2025-02-12	30.000	WALMART PHARMACY	1629095757	0.00000	0.00	0.00
65162003310	ACETAMINOPHEN-COD #3 TABLET	2025-02-15	12.000	WALMART PHARMACY	1629095757	0.00000	0.00	-0.00
64380078408	PREDNISONE 10 MG TABLET	2025-02-18	16.000	WALMART PHARMACY	1629095757	0.00000	0.00	0.00
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	2025-02-19	100.000	WALMART PHARMACY	1629095757	0.00000	0.00	0.00
69238207701	PROPRANOLOL 10 MG TABLET	2025-02-24	30.000	WALMART PHARMACY	1629095757	0.00000	0.00	-0.00
47781065790	LEVOTHYROXINE 125 MCG TABLET	2025-02-28	30.000	WALMART PHARMACY	1629095757	0.00000	0.00	0.00
13668001101	CITALOPRAM HBR 40 MG TABLET	2025-02-28	30.000	WALMART PHARMACY	1629095757	0.00000	0.00	0.00

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6.90	0.0406	2025-02-05	-0.40	0.00	No	No
4.00	0.03957	2025-02-05	-0.66	0.00	No	No
4.80	0.52425	2025-02-05	-0.56	0.00	No	No
9.00	0.02834	2025-02-12	-0.21	0.00	No	No
11.21	0.23697	2025-02-12	-0.16	0.00	No	No
4.00	0.04773	2025-02-12	-0.64	0.00	No	No
6.39	0.03366	2025-02-19	-0.54	0.00	No	No
7.94	0.05492	2025-02-19	-0.35	0.00	No	No
4.00	0.07216	2025-02-26	-0.68	0.00	No	No
4.00	0.04272	2025-02-26	-0.66	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68645061090	LISINOPRIL 10 MG TABLET	2025-03-02	30.000	WALMART PHARMACY	1629095757	0.00000	0.00	0.00
68382056401	METOPROLOL SUCC ER 25 MG TAB	2025-03-02	30.000	WALMART PHARMACY	1629095757	0.00000	0.00	0.00
29300011201	LAMOTRIGINE 100 MG TABLET	2025-03-06	30.000	WALMART PHARMACY	1629095757	0.00000	0.00	0.00
13668001101	CITALOPRAM HBR 40 MG TABLET	2025-03-06	30.000	WALMART PHARMACY	1629095757	0.00000	0.00	0.00
00406117003	NALTREXONE 50 MG TABLET	2025-03-07	28.000	WALMART PHARMACY	1629095757	0.29071	0.00	5.90
67877024201	QUETIAPINE FUMARATE 25 MG TAB	2025-03-10	30.000	WALMART PHARMACY	1629095757	0.00000	0.00	0.00
47781064690	LEVOTHYROXINE 75 MCG TABLET	2025-03-17	30.000	WALMART PHARMACY	1629095757	0.00000	0.00	0.00
69238207701	PROPRANOLOL 10 MG TABLET	2025-03-24	30.000	WALMART PHARMACY	1629095757	0.05500	0.00	3.36
47781065790	LEVOTHYROXINE 125 MCG TABLET	2025-03-28	30.000	WALMART PHARMACY	1629095757	0.00000	0.00	0.00
68382056401	METOPROLOL SUCC ER 25 MG TAB	2025-03-28	30.000	WALMART PHARMACY	1629095757	0.00000	0.00	0.00

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4.00	0.0177	2025-02-26	-0.64	0.00	No	No
9.00	0.05453	2025-02-26	-0.26	0.00	No	No
9.00	0.04292	2025-03-05	-0.24	0.00	No	No
4.00	0.04272	2025-03-05	-0.66	0.00	No	No
20.00	1.00496	2025-03-05	-0.12	0.00	No	No
9.00	0.03058	2025-03-05	-0.21	0.00	No	No
4.00	0.05432	2025-03-12	-0.67	0.00	No	No
0.00	0.05499	2025-03-19	-0.59	0.00	No	No
4.00	0.07712	2025-03-26	-0.69	0.00	No	No
9.00	0.05896	2025-03-26	-0.27	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68645061090	LISINOPRIL 10 MG TABLET	2025-03-28	30.000	WALMART PHARMACY	1629095757	0.00000	0.00	0.00
00054429931	FUROSEMIDE 40 MG TABLET	2025-03-31	30.000	WALMART PHARMACY	1629095757	0.03300	0.00	3.01
65162035803	ZAFEMY 150-35 MCG/DAY PATCH	2025-01-23	3.000	WALMART PHARMACY	1639196777	24.55000	0.00	0.00
65162035803	ZAFEMY 150-35 MCG/DAY PATCH	2025-02-24	3.000	WALMART PHARMACY	1639196777	24.55000	0.00	0.00
65162035803	ZAFEMY 150-35 MCG/DAY PATCH	2025-03-24	3.000	WALMART PHARMACY	1639196777	24.55000	0.00	0.00
00172392760	DIAZEPAM 10 MG TABLET	2025-01-01	1.000	WALMART PHARMACY	1881870210	0.00000	0.00	0.00
00555032402	HYDROXYZINE PAM 100 MG CAP	2025-01-01	1.000	WALMART PHARMACY	1881870210	0.00000	0.00	0.00
00172392660	DIAZEPAM 5 MG TABLET	2025-03-11	4.000	WALMART PHARMACY	1881870210	0.00000	0.00	0.00
68645058459	METFORMIN HCL 1,000 MG TABLET	2025-03-12	180.000	WALMART PHARMACY	1881870210	0.02317	0.00	5.83
10572010001	PEG-3350 AND ELECTROLYTES SOLN	2025-03-18	4000.000	WALMART PHARMACY	1285651323	0.00000	0.00	0.00

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9.00	0.01833	2025-03-26	-0.18	0.00	No	No
0.00	0.03299	2025-03-26	-0.65	0.00	No	No
0.00	26.52333	2025-01-22	-0.18	0.00	No	No
0.00	28.44132	2025-02-19	-0.23	0.00	No	No
0.00	28.66828	2025-03-19	-0.24	0.00	No	No
4.00	0.02748	2025-01-01	-0.62	0.00	No	No
4.00	0.38348	2025-01-01	-0.63	0.00	No	No
4.00	0.02667	2025-03-05	-0.62	0.00	No	No
0.00	0.02319	2025-03-12	-0.32	0.00	No	No
19.14	0.00441	2025-03-12	-0.32	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
47781064090	LEVOTHYROXINE 25 MCG TABLET	2025-03-27	30.000	WALMART PHARMACY	1639196769	0.00000	0.00	0.00
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-01-02	90.000	WALMART PHARMACY	1376560417	0.01078	0.00	9.03
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-03-30	90.000	WALMART PHARMACY	1376560417	0.01278	0.00	8.85
23155080901	VITAMIN D2 1.25 MG(50,000 UNIT)	2025-01-18	13.000	FRUTH PHARMACY	1528073467	0.00000	0.00	0.00
00781615752	AMOXICILLIN 400 MG/5 ML SUSP	2025-01-02	100.000	FRUTH PHARMACY	1700891645	0.00000	0.00	-0.00
71930005652	ACETAMINOPHEN-COD #4 TABLET	2025-01-10	28.000	FRUTH PHARMACY	1700891645	0.00000	0.00	-0.00
71930005652	ACETAMINOPHEN-COD #4 TABLET	2025-02-07	28.000	FRUTH PHARMACY	1700891645	0.00000	0.00	0.00
71930005652	ACETAMINOPHEN-COD #4 TABLET	2025-03-07	28.000	FRUTH PHARMACY	1700891645	0.00000	0.00	0.00
62332002331	FLUOXETINE HCL 20 MG CAPSULE	2025-02-17	90.000	WALMART PHARMACY	1750309449	0.02978	0.00	7.32
68180096301	ALBUTEROL HFA 90 MCG INHALER	2025-01-02	8.500	WALMART PHARMACY	1801813936	2.32000	0.00	0.51

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4.00	0.04513	2025-03-26	-0.66	0.00	No	No
0.00	0.01079	2025-01-01	-0.13	0.00	No	No
0.00	0.01281	2025-03-26	-0.14	0.00	No	No
10.49	0.10563	2025-01-15	-0.12	0.00	No	No
13.05	0.04382	2025-01-01	-0.12	0.00	No	No
14.27	0.40305	2025-01-08	-0.34	0.00	No	No
14.27	0.39831	2025-02-05	-0.34	0.00	No	No
14.27	0.42769	2025-03-05	-0.36	0.00	No	No
0.00	0.02978	2025-02-12	-0.24	0.00	No	No
0.00	2.32051	2025-01-01	-0.33	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	2025-01-02	25.000	WALMART PHARMACY	1801813936	0.00000	0.00	0.00
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	2025-01-02	150.000	WALMART PHARMACY	1801813936	0.00000	0.00	0.00
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	2025-01-08	25.000	WALMART PHARMACY	1801813936	0.00000	0.00	0.00
45802005536	TRIAMCINOLONE 0.1% OINTMENT	2025-01-28	80.000	WALMART PHARMACY	1801813936	0.00000	0.00	0.00
68645060990	LISINOPRIL 5 MG TABLET	2025-01-02	30.000	WALMART PHARMACY	1609965292	0.00000	0.00	0.00
55111014512	FLUCONAZOLE 150 MG TABLET	2025-01-02	1.000	WALMART PHARMACY	1609965292	0.00000	0.00	0.00
68645060990	LISINOPRIL 5 MG TABLET	2025-02-25	30.000	WALMART PHARMACY	1609965292	0.00000	0.00	0.00
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	2025-03-16	150.000	WALMART PHARMACY	1609965292	0.00000	0.00	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-03-19	10.000	WALGREENS	1750807046	0.00000	0.00	0.00
13668001001	CITALOPRAM HBR 20 MG TABLET	2025-03-05	90.000	WALMART PHARMACY	1548287675	0.03011	0.00	7.29

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5.50	0.10868	2025-01-01	-0.58	0.00	No	No
9.59	0.03779	2025-01-01	-0.41	0.00	No	No
5.50	0.10868	2025-01-08	-0.58	0.00	No	No
8.94	0.05855	2025-01-22	-0.41	0.00	No	No
4.00	0.01375	2025-01-01	-0.63	0.00	No	No
4.80	0.51642	2025-01-01	-0.56	0.00	No	No
4.00	0.01445	2025-02-19	-0.63	0.00	No	No
9.59	0.03875	2025-03-12	-0.41	0.00	No	No
4.56	0.08187	2025-03-19	-0.60	0.00	No	No
0.00	0.03013	2025-03-05	-0.24	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-03-05	28.000	WALMART PHARMACY	1548287675	0.00000	0.00	0.00
68645058259	METFORMIN HCL 500 MG TABLET	2025-03-31	60.000	WALMART PHARMACY	1548287675	0.01383	0.00	8.17
50111033402	METRONIDAZOLE 500 MG TABLET	2025-02-24	2.000	WALGREENS	1417473844	0.00000	0.00	0.00
00904674860	BISACODYL EC 5 MG TABLET	2025-03-07	4.000	WALGREENS	1417473844	0.03750	0.00	1.92
29300013005	HYDROCHLOROTHIAZIDE 12.5 MG CP	2025-01-16	30.000	WALMART PHARMACY	1629095757	0.00000	0.00	0.00
43547033803	BENAZEPRIL HCL 40 MG TABLET	2025-02-13	30.000	WALMART PHARMACY	1629095757	0.00000	0.00	0.00
29300013005	HYDROCHLOROTHIAZIDE 12.5 MG CP	2025-03-05	30.000	WALMART PHARMACY	1629095757	0.00000	0.00	0.00
68382009305	CARVEDILOL 6.25 MG TABLET	2025-03-18	60.000	WALMART PHARMACY	1629095757	0.00000	0.00	0.00
43547033803	BENAZEPRIL HCL 40 MG TABLET	2025-03-19	30.000	WALMART PHARMACY	1629095757	0.00000	0.00	-0.00
68645052354	SERTRALINE HCL 100 MG TABLET	2025-03-28	30.000	WALMART PHARMACY	1629095757	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
8.37	0.08742	2025-03-05	-0.35	0.00	No	No
0.00	0.01391	2025-03-26	-0.21	0.00	No	No
3.38	0.09996	2025-02-19	-0.68	0.00	No	No
0.00	0.03638	2025-03-05	-0.81	0.00	No	No
4.00	0.02881	2025-01-15	-0.65	0.00	No	No
4.00	0.07015	2025-02-12	-0.68	0.00	No	No
4.00	0.02926	2025-03-05	-0.65	0.00	No	No
8.20	0.01856	2025-03-12	-0.29	0.00	No	No
4.00	0.08321	2025-03-19	-0.69	0.00	No	No
9.00	0.05282	2025-03-26	-0.25	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-03-31	4.000	WALGREENS	1336665785	0.00000	0.00	0.00
52817018000	CLONIDINE HCL 0.1 MG TABLET	2025-01-13	30.000	WALGREENS	1386160943	0.00000	0.00	3.25
68462022001	LITHIUM CARBONATE 150 MG CAP	2025-01-13	60.000	WALGREENS	1386160943	0.00033	0.00	6.15
68462022001	LITHIUM CARBONATE 150 MG CAP	2025-02-24	60.000	WALGREENS	1386160943	0.00467	0.00	5.89
29300046810	CLONIDINE HCL 0.1 MG TABLET	2025-02-25	30.000	WALGREENS	1386160943	0.00000	0.00	4.50
68462022110	LITHIUM CARBONATE 300 MG CAP	2025-03-12	60.000	WALGREENS	1386160943	0.02933	0.00	5.99
00591505201	PREDNISONE 5 MG TABLET	2025-01-24	21.000	SAM'S CLUB PHARMACY	1942575808	0.00000	0.00	0.00
00591544301	PREDNISONE 20 MG TABLET	2025-03-11	10.000	SAM'S CLUB PHARMACY	1942575808	0.00000	0.00	0.00
00054350049	LIDOCAINE 2% VISCOUS SOLN	2025-01-07	100.000	WALGREENS	1386160943	0.00000	0.00	5.20

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3.52	0.09188	2025-03-26	-0.68	0.00	No	No
5.00	0.0229	2025-01-08	-0.26	0.00	No	No
5.00	0.08373	2025-01-08	-0.28	0.00	No	No
5.00	0.08798	2025-02-19	-0.29	0.00	No	No
5.00	0.025	2025-02-19	-0.15	0.00	No	No
5.00	0.11263	2025-03-12	-0.26	0.00	No	No
7.43	0.04429	2025-01-22	-0.35	0.00	No	No
5.57	0.07911	2025-03-05	-0.51	0.00	No	No
10.00	0.09351	2025-01-01	-0.23	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
70954005920	PREDNISONE 10 MG TABLET	2025-03-15	21.000	WALGREENS	1386160943	0.00000	0.00	-0.00
17270074000	ALBUTEROL HFA 90 MCG INHALER	2025-03-17	8.500	WALGREENS	1386160943	0.62824	0.00	10.49
70954005920	PREDNISONE 10 MG TABLET	2025-03-26	30.000	WALGREENS	1386160943	0.00000	0.00	0.00
61314062810	POLYMYXIN B-TMP EYE DROPS	2025-03-13	10.000	WALGREENS	1609179860	0.00000	0.00	0.00
65862017260	TOPIRAMATE 50 MG TABLET	2025-01-12	30.000	WALMART PHARMACY	1811914955	0.00000	0.00	0.00
68645060890	LISINOPRIL 2.5 MG TABLET	2025-01-12	30.000	WALMART PHARMACY	1811914955	0.00000	0.00	0.00
68645060890	LISINOPRIL 2.5 MG TABLET	2025-02-08	30.000	WALMART PHARMACY	1811914955	0.00000	0.00	0.00
65862017260	TOPIRAMATE 50 MG TABLET	2025-02-26	30.000	WALMART PHARMACY	1811914955	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
6.90	0.05399	2025-03-12	-0.41	0.00	No	No
10.00	2.53475	2025-03-05	-0.19	0.00	No	No
8.99	0.05827	2025-03-26	-0.27	0.00	No	No
12.19	0.46083	2025-03-12	-0.19	0.00	No	No
4.50	0.03634	2025-01-08	-0.61	0.00	No	No
4.00	0.01341	2025-01-08	-0.63	0.00	No	No
4.00	0.01329	2025-02-05	-0.63	0.00	No	No
4.50	0.03883	2025-02-26	-0.61	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68645060890	LISINOPRIL 2.5 MG TABLET	2025-03-08	30.000	WALMART PHARMACY	1811914955	0.00000	0.00	0.00
65862017260	TOPIRAMATE 50 MG TABLET	2025-03-24	30.000	WALMART PHARMACY	1811914955	0.00000	0.00	0.00
00574220520	TRETINOIN 0.05% CREAM	2025-01-17	20.000	CVS PHARMACY	1326141086	0.00000	0.00	0.00
00574220520	TRETINOIN 0.05% CREAM	2025-03-15	20.000	CVS PHARMACY	1326141086	0.00000	0.00	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-01-15	5.000	WALGREENS	1093234080	0.00000	0.00	0.00
68645061090	LISINOPRIL 10 MG TABLET	2025-01-13	90.000	WALMART PHARMACY	1801813936	0.00000	0.00	0.00
29300041001	ATENOLOL 25 MG TABLET	2025-03-12	90.000	WALMART PHARMACY	1801813936	0.00000	0.00	0.00
67877021905	CEPHALEXIN 500 MG CAPSULE	2025-02-23	21.000	WALMART PHARMACY	1376560417	0.00000	0.00	0.00

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4.00	0.01395	2025-03-05	-0.63	0.00	No	No
4.50	0.04015	2025-03-19	-0.62	0.00	No	No
32.79	1.35959	2025-01-15	-0.13	0.00	Yes	No
32.79	1.60921	2025-03-12	-0.23	0.00	Yes	No
3.28	0.0717	2025-01-15	-0.70	0.00	No	No
10.00	0.01707	2025-01-08	-0.17	0.00	No	No
10.00	0.02272	2025-03-12	-0.20	0.00	No	No
8.58	0.1214	2025-02-19	-0.34	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
70010006510	METFORMIN HCL 1,000 MG TABLET	2025-01-17	30.000	KROGER PHARMACY	1336173129	0.00000	0.00	0.00
45802046564	KETOCONAZOLE 2% SHAMPOO	2025-03-21	120.000	WALMART PHARMACY	1639196777	0.01208	0.00	5.32
62332002331	FLUOXETINE HCL 20 MG CAPSULE	2025-01-02	90.000	WALMART PHARMACY	1376560417	0.02967	0.00	7.33
65862017160	TOPIRAMATE 25 MG TABLET	2025-02-11	60.000	WALMART PHARMACY	1457378580	0.00000	0.00	0.00
65862017160	TOPIRAMATE 25 MG TABLET	2025-03-10	60.000	WALMART PHARMACY	1457378580	0.00000	0.00	0.00
45802011214	MUPIROCIN 2% OINTMENT	2025-03-07	15.000	WALGREENS	1093231904	0.00000	0.00	0.00
13668001001	CITALOPRAM HBR 20 MG TABLET	2025-01-20	90.000	WALMART PHARMACY	1720005853	0.00000	0.00	0.00

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9.99	0.02204	2025-01-15	-0.10	0.00	No	No
10.00	0.09539	2025-03-19	-0.24	0.00	No	No
0.00	0.02969	2025-01-01	-0.24	0.00	No	No
9.00	0.02517	2025-02-05	-0.25	0.00	No	No
9.00	0.02672	2025-03-05	-0.26	0.00	No	No
9.37	0.35076	2025-03-05	-0.41	0.00	No	No
10.00	0.02718	2025-01-15	-0.23	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68645056259	IBUPROFEN 600 MG TABLET	2025-01-07	28.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
00116200116	CHLORHEXIDINE 0.12% RINSE	2025-01-07	473.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-01-09	18.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2025-01-09	4.000	WALMART PHARMACY	1730106873	0.00000	0.00	-0.00
68645058259	METFORMIN HCL 500 MG TABLET	2025-01-23	180.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-02-04	21.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
68180096301	ALBUTEROL HFA 90 MCG INHALER	2025-02-04	8.500	WALMART PHARMACY	1730106873	0.59529	0.00	0.17
16714069301	FLUCONAZOLE 200 MG TABLET	2025-02-12	1.000	WALMART PHARMACY	1730106873	0.39000	0.00	5.19
29300024401	BUSPIRONE HCL 5 MG TABLET	2025-02-19	60.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
29300024505	BUSPIRONE HCL 10 MG TABLET	2025-03-12	180.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00

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5.07	0.0483	2025-01-01	-0.57	0.00	No	No
7.48	0.00699	2025-01-01	-0.46	0.00	No	No
5.38	0.08279	2025-01-08	-0.55	0.00	No	No
4.23	0.12482	2025-01-08	-0.62	0.00	No	No
10.00	0.01323	2025-01-22	-0.22	0.00	No	No
9.76	0.11419	2025-01-29	-0.24	0.00	No	No
15.00	2.35969	2025-01-29	-0.34	0.00	No	No
0.00	0.38628	2025-02-12	-0.49	0.00	No	No
4.00	0.02195	2025-02-19	-0.66	0.00	No	No
10.00	0.03079	2025-03-12	-0.38	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	2025-03-27	14.000	WALMART PHARMACY	1730106873	0.06000	0.00	7.07
00378034505	DIAZEPAM 5 MG TABLET	2025-03-12	2.000	WALGREENS	1750807491	0.00000	0.00	0.00
00713022515	TRIAMCINOLONE 0.1% CREAM	2025-01-20	15.000	WALGREENS	1649796061	0.00000	0.00	0.00
57237002901	AMOXICILLIN 875 MG TABLET	2025-03-11	20.000	WALMART PHARMACY	1538186663	0.62050	0.00	0.00
62332002331	FLUOXETINE HCL 20 MG CAPSULE	2025-01-18	30.000	WALMART PHARMACY	1649364795	0.02967	0.00	3.11
62332002331	FLUOXETINE HCL 20 MG CAPSULE	2025-02-14	30.000	WALMART PHARMACY	1649364795	0.02967	0.00	3.11
13668001101	CITALOPRAM HBR 40 MG TABLET	2025-02-04	30.000	WALMART PHARMACY	1720005853	0.03967	0.00	2.81
23155076401	HYDROCHLOROTHIAZIDE 12.5 MG TB	2025-02-04	30.000	WALMART PHARMACY	1720005853	0.04267	0.00	2.72
23155076401	HYDROCHLOROTHIAZIDE 12.5 MG TB	2025-03-03	30.000	WALMART PHARMACY	1720005853	0.04800	0.00	2.56
68645058259	METFORMIN HCL 500 MG TABLET	2025-03-05	180.000	WALMART PHARMACY	1720005853	0.01367	0.00	7.54

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0.00	0.05983	2025-03-26	-0.30	0.00	No	No
2.29	0.02667	2025-03-12	-0.78	0.00	No	No
4.64	0.12891	2025-01-15	-0.63	0.00	No	No
0.00	0.16502	2025-03-05	-0.10	0.00	No	No
0.00	0.02969	2025-01-15	-0.65	0.00	No	No
0.00	0.02978	2025-02-12	-0.65	0.00	No	No
0.00	0.03957	2025-01-29	-0.66	0.00	No	No
0.00	0.04258	2025-01-29	-0.66	0.00	No	No
0.00	0.04813	2025-02-26	-0.66	0.00	No	No
0.00	0.01368	2025-03-05	-0.23	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
29300035501	TRAMADOL HCL 50 MG TABLET	2025-03-07	4.000	WALMART PHARMACY	1720005853	0.00000	0.00	0.00
13668001101	CITALOPRAM HBR 40 MG TABLET	2025-03-13	30.000	WALMART PHARMACY	1720005853	0.04267	0.00	2.72
24979023103	POTASSIUM CL ER 10 MEQ TABLET	2025-03-13	90.000	WALMART PHARMACY	1720005853	0.00000	0.00	0.00
59651048901	PREDNISONE 50 MG TABLET	2025-03-13	5.000	WALMART PHARMACY	1720005853	0.00000	0.00	0.00
29300041519	CYCLOBENZAPRINE 10 MG TABLET	2025-03-13	12.000	WALMART PHARMACY	1720005853	0.00000	0.00	0.00
50228018010	GABAPENTIN 300 MG CAPSULE	2025-03-13	7.000	WALMART PHARMACY	1720005853	0.03714	0.00	6.38
00472016630	NYSTATIN 100,000 UNIT/GM OINT	2025-02-28	30.000	WALMART PHARMACY	1801813936	0.40600	0.00	0.00
68645061090	LISINOPRIL 10 MG TABLET	2025-01-27	90.000	WALMART PHARMACY	1992722029	0.01722	0.00	8.45
64380078408	PREDNISONE 10 MG TABLET	2025-02-13	20.000	WALMART PHARMACY	1992722029	0.20000	0.00	0.00
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-03-19	90.000	WALGREENS	1164947941	0.01222	0.00	8.04

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4.00	0.02473	2025-03-05	-0.62	0.00	No	No
0.00	0.04272	2025-03-12	-0.66	0.00	No	No
11.75	0.09927	2025-03-12	-0.40	0.00	No	No
9.11	0.18345	2025-03-12	-0.20	0.00	No	No
8.05	0.01757	2025-03-12	-0.25	0.00	No	No
0.00	0.03674	2025-03-12	-0.38	0.00	No	No
0.00	0.22923	2025-02-26	-0.30	0.00	No	No
0.00	0.01718	2025-01-22	-0.17	0.00	No	No
0.00	0.04773	2025-02-12	-0.65	0.00	No	No
0.00	0.01281	2025-03-19	-0.21	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
57237002801	AMOXICILLIN 500 MG TABLET	2025-03-08	14.000	WALGREENS	1437676392	0.00000	0.00	-0.00
65162098603	LAMOTRIGINE ER 200 MG TABLET	2025-02-19	90.000	CVS PHARMACY	1366545725	0.59144	0.00	10.49
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	2025-02-26	9.000	CVS PHARMACY	1366545725	29.33222	0.00	0.00
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	2025-03-13	5.000	WALGREENS	1164947941	0.00000	0.00	0.00
00228202910	ALPRAZOLAM 0.5 MG TABLET	2025-01-28	20.000	WALMART PHARMACY	1376560417	0.00000	0.00	0.00
62332002331	FLUOXETINE HCL 20 MG CAPSULE	2025-03-04	14.000	WALMART PHARMACY	1376560417	0.03071	0.00	3.57
62332002431	FLUOXETINE HCL 40 MG CAPSULE	2025-03-04	14.000	WALMART PHARMACY	1376560417	0.06571	0.00	3.08
62332002231	FLUOXETINE HCL 10 MG CAPSULE	2025-03-04	14.000	WALMART PHARMACY	1376560417	0.03286	0.00	5.69
68180071160	CEFDINIR 300 MG CAPSULE	2025-03-11	14.000	WALMART PHARMACY	1376560417	0.00000	0.00	3.50
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-03-20	21.000	WALMART PHARMACY	1376560417	0.00000	0.00	0.00

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8.97	0.13074	2025-03-05	-0.27	0.00	No	No
0.00	0.69899	2025-02-19	-0.13	0.00	Yes	No
0.00	37.43887	2025-02-26	-0.24	0.00	Yes	No
4.71	0.09095	2025-03-12	-0.57	0.00	No	No
9.28	0.02017	2025-01-22	-0.15	0.00	No	No
0.00	0.03107	2025-02-26	-0.63	0.00	No	No
0.00	0.06602	2025-02-26	-0.65	0.00	No	No
0.00	0.03263	2025-02-26	-0.44	0.00	No	No
10.00	0.45141	2025-03-05	-0.20	0.00	No	No
9.24	0.15456	2025-03-19	-0.33	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
72578005518	DOXYCYCLINE HYCLATE 100 MG CAP	2025-03-20	14.000	WALMART PHARMACY	1376560417	0.00000	0.00	0.74
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-01-29	21.000	WALMART PHARMACY	1497954978	0.00000	0.00	0.00
00406051201	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	2025-02-12	6.000	WALMART PHARMACY	1609965292	0.00000	0.00	0.00
64380078408	PREDNISONE 10 MG TABLET	2025-01-09	10.000	WALMART PHARMACY	1578581260	0.00000	0.00	-0.00
23155076401	HYDROCHLOROTHIAZIDE 12.5 MG TB	2025-01-14	30.000	WALMART PHARMACY	1578581260	0.04200	0.00	2.74
68645061190	LISINOPRIL 20 MG TABLET	2025-01-16	30.000	WALMART PHARMACY	1578581260	0.02400	0.00	3.28
29300046801	CLONIDINE HCL 0.1 MG TABLET	2025-01-19	60.000	WALMART PHARMACY	1578581260	0.02283	0.00	2.63
67877015905	METFORMIN HCL ER 500 MG TABLET	2025-01-24	360.000	WALMART PHARMACY	1578581260	0.02667	0.00	0.40
55111014512	FLUCONAZOLE 150 MG TABLET	2025-01-30	2.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
23155076401	HYDROCHLOROTHIAZIDE 12.5 MG TB	2025-02-15	30.000	WALMART PHARMACY	1578581260	0.04267	0.00	2.72

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
10.00	0.12632	2025-03-19	-0.12	0.00	No	No
9.76	0.11419	2025-01-29	-0.24	0.00	No	No
7.21	0.12752	2025-02-12	-0.36	0.00	No	No
4.00	0.04665	2025-01-08	-0.63	0.00	No	No
0.00	0.04193	2025-01-08	-0.66	0.00	No	No
0.00	0.02387	2025-01-15	-0.64	0.00	No	No
0.00	0.0229	2025-01-15	-0.66	0.00	No	No
0.00	0.02667	2025-01-22	-0.50	0.00	No	No
9.60	0.52425	2025-01-29	-0.17	0.00	No	No
0.00	0.04258	2025-02-12	-0.66	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68645061190	LISINOPRIL 20 MG TABLET	2025-02-15	30.000	WALMART PHARMACY	1578581260	0.02400	0.00	3.28
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-03-05	30.000	WALMART PHARMACY	1578581260	0.01233	0.00	3.63
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	2025-01-26	10.000	WALMART PHARMACY	1801813936	0.00000	0.00	0.00
68645056354	IBUPROFEN 800 MG TABLET	2025-02-11	60.000	WALMART PHARMACY	1992722029	0.00000	0.00	0.00
64380078408	PREDNISONE 10 MG TABLET	2025-03-03	20.000	WALMART PHARMACY	1992722029	0.00000	0.00	0.00
00228202910	ALPRAZOLAM 0.5 MG TABLET	2025-03-28	9.000	WALMART PHARMACY	1992722029	0.00000	0.00	0.00
69097045805	FENOFIBRATE 145 MG TABLET	2025-02-22	90.000	CLARKSBURG VAMC	1356399364	0.00000	0.00	0.00
62559075816	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-03-30	140.000	CVS PHARMACY	1336242098	0.00000	0.00	0.00
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2025-01-15	10.000	MEDICAL CENTER PHARMACY	1639163538	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
0.00	0.02401	2025-02-12	-0.64	0.00	No	No
0.00	0.01217	2025-03-05	-0.63	0.00	No	No
8.35	0.04698	2025-01-22	-0.24	0.00	No	No
11.64	0.0562	2025-02-05	-0.16	0.00	No	No
4.00	0.05399	2025-02-26	-0.65	0.00	No	No
4.18	0.0227	2025-03-26	-0.61	0.00	No	No
35.60	0.13525	2025-02-19	0.00	0.57	No	No
13.99	0.04345	2025-03-26	-0.16	0.00	Yes	No
8.65	0.12482	2025-01-15	-0.26	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	2025-01-08	20.000	MEDICAL CENTER PHARMACY	1639163538	0.00000	0.00	0.00
68180012202	CEPHALEXIN 500 MG CAPSULE	2025-01-15	6.000	MEDICAL CENTER PHARMACY	1639163538	0.00000	0.00	0.00
57237000511	FLUCONAZOLE 150 MG TABLET	2025-03-21	1.000	SALEM COLONIAL PHARMACY	1053344705	0.00000	0.00	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-02-26	12.000	WALGREENS	1285964569	0.00000	0.00	0.00
00115521116	COLESTIPOL HCL 1 GM TABLET	2025-03-31	10.000	WALGREENS	1386160943	0.00000	0.00	0.00
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-01-27	30.000	WALGREENS	1629594296	0.01100	0.00	4.05
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2025-01-10	12.000	WALGREENS	1669998241	0.00000	0.00	0.00
00555901858	TRI-SPRINTEC TABLET	2025-01-08	28.000	WALMART PHARMACY	1275550303	0.12321	0.00	5.55

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7.80	0.10868	2025-01-08	-0.38	0.00	No	No
9.20	0.10778	2025-01-15	-0.17	0.00	No	No
6.99	0.59122	2025-03-19	-0.37	0.00	No	No
5.08	0.07911	2025-02-26	-0.56	0.00	No	No
5.58	0.7166	2025-03-26	-0.68	0.00	No	No
0.00	0.011	2025-01-22	-0.60	0.00	No	No
10.30	0.12482	2025-01-08	-0.14	0.00	No	No
0.00	0.12315	2025-01-08	-0.35	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
00555901858	TRI-SPRINTEC TABLET	2025-02-01	28.000	WALMART PHARMACY	1275550303	0.12214	0.00	5.58
55111014512	FLUCONAZOLE 150 MG TABLET	2025-02-20	1.000	WALMART PHARMACY	1275550303	0.00000	0.00	0.00
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-02-20	21.000	WALMART PHARMACY	1275550303	0.00000	0.00	0.00
00555901858	TRI-SPRINTEC TABLET	2025-03-02	28.000	WALMART PHARMACY	1275550303	0.12821	0.00	5.41
55111014512	FLUCONAZOLE 150 MG TABLET	2025-03-17	2.000	WALMART PHARMACY	1275550303	0.00000	0.00	0.00
00555901858	TRI-SPRINTEC TABLET	2025-03-28	28.000	WALMART PHARMACY	1275550303	0.13964	0.00	5.09
68382056401	METOPROLOL SUCC ER 25 MG TAB	2025-01-09	30.000	WALMART PHARMACY	1285651323	0.00000	0.00	0.00
47781065990	LEVOTHYROXINE 137 MCG TABLET	2025-01-09	90.000	WALMART PHARMACY	1285651323	0.00000	0.00	0.00
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-01-23	40.000	WALMART PHARMACY	1285651323	0.00000	0.00	0.00
68382056401	METOPROLOL SUCC ER 25 MG TAB	2025-02-11	30.000	WALMART PHARMACY	1285651323	0.00000	0.00	0.00

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0.00	0.12209	2025-01-29	-0.35	0.00	No	No
4.80	0.53979	2025-02-19	-0.56	0.00	No	No
9.76	0.1323	2025-02-19	-0.26	0.00	No	No
0.00	0.12837	2025-02-26	-0.36	0.00	No	No
9.60	0.53979	2025-03-12	-0.17	0.00	No	No
0.00	0.13969	2025-03-26	-0.38	0.00	No	No
9.00	0.05304	2025-01-08	-0.26	0.00	No	No
10.00	0.07359	2025-01-08	-0.42	0.00	No	No
11.96	0.08158	2025-01-22	-0.13	0.00	No	No
9.00	0.05304	2025-02-05	-0.26	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
67877021905	CEPHALEXIN 500 MG CAPSULE	2025-02-17	30.000	WALMART PHARMACY	1285651323	0.00000	0.00	0.00
67877015905	METFORMIN HCL ER 500 MG TABLET	2025-02-17	360.000	WALMART PHARMACY	1285651323	0.00000	0.00	0.00
64380078408	PREDNISONE 10 MG TABLET	2025-02-24	20.000	WALMART PHARMACY	1285651323	0.00000	0.00	0.00
68382056401	METOPROLOL SUCC ER 25 MG TAB	2025-03-09	30.000	WALMART PHARMACY	1285651323	0.00000	0.00	0.00
47781064690	LEVOTHYROXINE 75 MCG TABLET	2025-01-14	90.000	WALMART PHARMACY	1457378580	0.00000	0.00	0.00
68645058259	METFORMIN HCL 500 MG TABLET	2025-02-12	180.000	WALMART PHARMACY	1457378580	0.00000	0.00	0.00
68645058459	METFORMIN HCL 1,000 MG TABLET	2025-02-25	180.000	WALMART PHARMACY	1457378580	0.00000	0.00	0.00
68645051654	AMLODIPINE BESYLATE 10 MG TAB	2025-01-01	30.000	WALMART PHARMACY	1538186663	0.00000	0.00	0.00
29300046801	CLONIDINE HCL 0.1 MG TABLET	2025-01-01	30.000	WALMART PHARMACY	1538186663	0.00000	0.00	0.00
31722070290	LOSARTAN POTASSIUM 100 MG TAB	2025-01-01	30.000	WALMART PHARMACY	1538186663	0.00000	0.00	0.00

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12.26	0.10819	2025-02-12	-0.11	0.00	No	No
10.00	0.02667	2025-02-12	-0.50	0.00	No	No
4.00	0.05399	2025-02-19	-0.65	0.00	No	No
9.00	0.05453	2025-03-05	-0.26	0.00	No	No
10.00	0.05334	2025-01-08	-0.35	0.00	No	No
10.00	0.01323	2025-02-12	-0.22	0.00	No	No
10.00	0.02319	2025-02-19	-0.32	0.00	No	No
9.00	0.01544	2025-01-01	-0.18	0.00	No	No
4.00	0.0229	2025-01-01	-0.64	0.00	No	No
9.00	0.04831	2025-01-01	-0.25	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68382000106	PAROXETINE HCL 40 MG TABLET	2025-01-01	30.000	WALMART PHARMACY	1538186663	0.00000	0.00	0.00
47781066590	LEVOTHYROXINE 175 MCG TABLET	2025-01-10	90.000	WALMART PHARMACY	1538186663	0.00000	0.00	0.00
68645051654	AMLODIPINE BESYLATE 10 MG TAB	2025-01-29	30.000	WALMART PHARMACY	1538186663	0.00000	0.00	0.00
29300046801	CLONIDINE HCL 0.1 MG TABLET	2025-01-29	30.000	WALMART PHARMACY	1538186663	0.00000	0.00	0.00
31722070290	LOSARTAN POTASSIUM 100 MG TAB	2025-01-29	30.000	WALMART PHARMACY	1538186663	0.00000	0.00	0.00
68382000106	PAROXETINE HCL 40 MG TABLET	2025-01-29	30.000	WALMART PHARMACY	1538186663	0.00000	0.00	0.00
16714008110	HYDROXYZINE HCL 10 MG TABLET	2025-02-17	60.000	WALMART PHARMACY	1538186663	0.00000	0.00	0.00
68645051654	AMLODIPINE BESYLATE 10 MG TAB	2025-02-28	30.000	WALMART PHARMACY	1538186663	0.00000	0.00	0.00
31722070290	LOSARTAN POTASSIUM 100 MG TAB	2025-02-28	30.000	WALMART PHARMACY	1538186663	0.00000	0.00	0.00
68382000106	PAROXETINE HCL 40 MG TABLET	2025-02-28	30.000	WALMART PHARMACY	1538186663	0.00000	0.00	0.00

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9.00	0.10369	2025-01-01	-0.34	0.00	No	No
10.00	0.09137	2025-01-08	-0.47	0.00	No	No
9.00	0.01568	2025-01-29	-0.18	0.00	No	No
4.00	0.02305	2025-01-29	-0.64	0.00	No	No
9.00	0.04729	2025-01-29	-0.24	0.00	No	No
9.00	0.11214	2025-01-29	-0.35	0.00	No	No
10.60	0.02756	2025-02-12	-0.13	0.00	No	No
9.00	0.01694	2025-02-26	-0.18	0.00	No	No
9.00	0.05123	2025-02-26	-0.25	0.00	No	No
9.00	0.12683	2025-02-26	-0.37	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
29300046801	CLONIDINE HCL 0.1 MG TABLET	2025-02-28	30.000	WALMART PHARMACY	1538186663	0.00000	0.00	0.00
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-01-08	30.000	WALMART PHARMACY	1639196769	0.00000	0.00	0.00
29300041001	ATENOLOL 25 MG TABLET	2025-01-31	30.000	WALMART PHARMACY	1669490355	0.00000	0.00	0.00
64380078408	PREDNISONE 10 MG TABLET	2025-02-05	5.000	WALMART PHARMACY	1669490355	0.00000	0.00	0.00
29300041001	ATENOLOL 25 MG TABLET	2025-03-04	30.000	WALMART PHARMACY	1669490355	0.00000	0.00	0.00
68382056501	METOPROLOL SUCC ER 50 MG TAB	2025-01-24	30.000	WALMART PHARMACY	1790072916	0.00000	0.00	0.00
29300024505	BUSPIRONE HCL 10 MG TABLET	2025-02-12	270.000	WALMART PHARMACY	1790072916	0.00000	0.00	0.00
68382056501	METOPROLOL SUCC ER 50 MG TAB	2025-02-23	30.000	WALMART PHARMACY	1790072916	0.00000	0.00	0.00
68382056501	METOPROLOL SUCC ER 50 MG TAB	2025-03-20	30.000	WALMART PHARMACY	1790072916	0.06400	0.00	7.08
55111014512	FLUCONAZOLE 150 MG TABLET	2025-01-24	1.000	WALMART PHARMACY	1912391772	0.00000	0.00	0.00

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4.00	0.025	2025-02-26	-0.64	0.00	No	No
8.97	0.08279	2025-01-08	-0.31	0.00	No	No
4.00	0.02075	2025-01-29	-0.64	0.00	No	No
4.00	0.04773	2025-02-05	-0.63	0.00	No	No
4.00	0.02272	2025-02-26	-0.64	0.00	No	No
9.00	0.05821	2025-01-22	-0.26	0.00	No	No
15.00	0.02845	2025-02-12	-0.17	0.00	No	No
9.00	0.05925	2025-02-19	-0.27	0.00	No	No
0.00	0.06388	2025-03-19	-0.27	0.00	No	No
4.80	0.52425	2025-01-22	-0.56	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68645061190	LISINOPRIL 20 MG TABLET	2025-01-27	90.000	WALMART PHARMACY	1912391772	0.00000	0.00	0.00
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	2025-03-21	150.000	WALMART PHARMACY	1992723688	0.00000	0.00	0.00
29300046801	CLONIDINE HCL 0.1 MG TABLET	2025-01-27	60.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
11527073044	SODIUM FLUORIDE 5000 PPM PASTE	2025-02-04	100.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
29300046801	CLONIDINE HCL 0.1 MG TABLET	2025-03-17	60.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
72485061310	OFLOXACIN 0.3% EYE DROPS	2025-03-27	5.000	WALMART PHARMACY	1992722029	0.00000	0.00	0.00
64980051405	TIMOLOL MALEATE 0.5% EYE DROPS	2025-03-31	10.000	WALMART PHARMACY	1992722029	0.00000	0.00	0.00
64380078408	PREDNISONE 10 MG TABLET	2025-01-11	20.000	FRUTH PHARMACY	1982619821	0.00000	0.00	0.00
51672419303	CLOBETASOL PROP 0.05% FOAM	2025-02-07	100.000	FRUTH PHARMACY	1982619821	0.00000	0.00	0.00
59651048701	PREDNISONE 10 MG TABLET	2025-03-04	30.000	FRUTH PHARMACY	1982619821	0.00000	0.00	0.00

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10.00	0.02401	2025-01-22	-0.21	0.00	No	No
9.59	0.03866	2025-03-19	-0.41	0.00	No	No
4.00	0.02305	2025-01-22	-0.66	0.00	No	No
14.06	0.09372	2025-01-29	-0.29	0.00	No	No
4.00	0.025	2025-03-12	-0.67	0.00	No	No
11.32	1.70393	2025-03-26	-0.40	0.00	No	No
18.96	1.12563	2025-03-26	-0.13	0.00	No	No
7.46	0.04665	2025-01-08	-0.35	0.00	No	No
11.79	0.25957	2025-02-05	-0.68	0.00	No	No
10.49	0.05399	2025-02-26	-0.13	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
51672419303	CLOBETASOL PROP 0.05% FOAM	2025-03-08	100.000	FRUTH PHARMACY	1982619821	0.00000	0.00	0.00
59651048701	PREDNISONE 10 MG TABLET	2025-03-26	15.000	FRUTH PHARMACY	1982619821	0.00000	0.00	5.51
00172392570	DIAZEPAM 2 MG TABLET	2025-03-31	2.000	FRUTH PHARMACY	1982619821	0.00000	0.00	2.80
65162046650	IBUPROFEN 800 MG TABLET	2025-03-17	20.000	KROGER PHARMACY	1306870183	0.00000	0.00	0.00
00591544301	PREDNISONE 20 MG TABLET	2025-02-08	4.000	SAM'S CLUB PHARMACY	1316330624	0.00000	0.00	0.00
45802086802	POLYETHYLENE GLYCOL 3350 POWD	2025-03-26	238.000	VILLAGE PHARMACY	1922197490	0.02441	0.00	8.26
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2025-03-07	12.000	WALGREENS	1093231904	0.12167	0.00	8.84
42799081501	PREDNISOLONE 15 MG/5 ML SOLN	2025-03-10	28.000	WALGREENS	1093231904	0.00000	0.00	0.00
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	2025-02-25	1.000	WALGREENS	1376067090	0.00000	0.00	0.00

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11.79	0.28512	2025-03-05	-0.70	0.00	No	No
1.38	0.05827	2025-03-26	-0.39	0.00	No	No
0.70	0.022	2025-03-26	-0.67	0.00	No	No
10.49	0.06029	2025-03-12	-0.10	0.00	No	No
4.00	0.07317	2025-02-05	-0.63	0.00	No	No
0.00	0.02442	2025-03-26	-0.14	0.00	No	No
0.00	0.12132	2025-03-05	-0.14	0.00	No	No
10.74	0.11147	2025-03-05	-0.21	0.00	No	No
4.14	1.73711	2025-02-19	-0.66	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
61314063705	PREDNISOLONE AC 1% EYE DROP	2025-02-14	5.000	WALGREENS	1861919466	0.00000	0.00	0.00
68382071586	ZOLMITRIPTAN 2.5 MG ODT	2025-02-19	9.000	WALGREENS	1861919466	0.00000	0.00	0.00
68180086573	BLISOVI FE 1-20 TABLET	2025-03-15	84.000	WALGREENS	1982649067	0.12929	0.00	5.63
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	2025-03-25	45.000	WALMART PHARMACY	1275550303	0.00000	0.00	0.00
47781065190	LEVOTHYROXINE 100 MCG TABLET	2025-01-13	30.000	WALMART PHARMACY	1285651323	0.00000	0.00	0.00
47781065190	LEVOTHYROXINE 100 MCG TABLET	2025-02-14	30.000	WALMART PHARMACY	1285651323	0.00000	0.00	0.00
23155076401	HYDROCHLOROTHIAZIDE 12.5 MG TB	2025-02-28	90.000	WALMART PHARMACY	1285651323	0.00000	0.00	0.00
47781065190	LEVOTHYROXINE 100 MCG TABLET	2025-03-15	30.000	WALMART PHARMACY	1285651323	0.02867	0.00	2.34
64380078507	PREDNISONE 20 MG TABLET	2025-01-01	10.000	WALMART PHARMACY	1376560417	0.00000	0.00	0.00
16714068403	SIMVASTATIN 40 MG TABLET	2025-01-12	30.000	WALMART PHARMACY	1457378580	0.05133	0.00	7.46

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
30.69	4.80516	2025-02-12	-0.11	0.00	No	No
29.97	2.56566	2025-02-19	-0.11	0.00	No	No
0.00	0.12925	2025-03-12	-0.23	0.00	No	No
9.90	0.11657	2025-03-19	-0.37	0.00	No	No
4.00	0.05509	2025-01-08	-0.67	0.00	No	No
4.00	0.05386	2025-02-12	-0.67	0.00	No	No
10.00	0.04813	2025-02-26	-0.33	0.00	No	No
0.80	0.05519	2025-03-12	-0.67	0.00	No	No
4.04	0.0717	2025-01-01	-0.64	0.00	No	No
0.00	0.05128	2025-01-08	-0.25	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68180071160	CEFDINIR 300 MG CAPSULE	2025-01-17	10.000	WALMART PHARMACY	1457378580	0.00000	0.00	0.00
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-02-05	21.000	WALMART PHARMACY	1457378580	0.00000	0.00	0.00
68645056259	IBUPROFEN 600 MG TABLET	2025-02-05	20.000	WALMART PHARMACY	1457378580	0.00000	0.00	0.00
16714068403	SIMVASTATIN 40 MG TABLET	2025-02-09	30.000	WALMART PHARMACY	1457378580	0.05200	0.00	7.44
68645060890	LISINOPRIL 2.5 MG TABLET	2025-02-17	30.000	WALMART PHARMACY	1457378580	0.00000	0.00	0.00
69230032435	POLYETHYLENE GLYCOL 3350 POWD	2025-02-26	238.000	WALMART PHARMACY	1457378580	0.02588	0.00	1.93
72578008101	SUCRALFATE 1 GM TABLET	2025-02-26	90.000	WALMART PHARMACY	1457378580	0.00000	0.00	0.00
00472016630	NYSTATIN 100,000 UNIT/GM OINT	2025-03-06	30.000	WALMART PHARMACY	1457378580	0.14800	0.00	5.30
16714068403	SIMVASTATIN 40 MG TABLET	2025-03-12	30.000	WALMART PHARMACY	1457378580	0.05500	0.00	7.35
72578008101	SUCRALFATE 1 GM TABLET	2025-03-30	90.000	WALMART PHARMACY	1457378580	0.00000	0.00	0.00

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9.65	0.41004	2025-01-15	-0.34	0.00	No	No
6.28	0.08158	2025-02-05	-0.49	0.00	No	No
4.00	0.04794	2025-02-05	-0.65	0.00	No	No
0.00	0.05196	2025-02-05	-0.25	0.00	No	No
4.00	0.01329	2025-02-12	-0.63	0.00	No	No
0.00	0.02588	2025-02-26	-0.51	0.00	No	No
22.46	0.17224	2025-02-26	-0.14	0.00	No	No
2.44	0.22923	2025-03-05	-0.30	0.00	No	No
0.00	0.05512	2025-03-12	-0.26	0.00	No	No
22.46	0.1775	2025-03-26	-0.15	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-03-31	21.000	WALMART PHARMACY	1457378580	0.00000	0.00	0.00
42806054705	VITAMIN D2 1.25 MG(50,000 UNIT)	2025-01-04	4.000	WALMART PHARMACY	1497954978	0.00000	0.00	0.00
68645061190	LISINOPRIL 20 MG TABLET	2025-01-06	30.000	WALMART PHARMACY	1497954978	0.00000	0.00	0.00
68180096301	ALBUTEROL HFA 90 MCG INHALER	2025-01-07	8.500	WALMART PHARMACY	1497954978	0.00000	0.00	0.00
42806054705	VITAMIN D2 1.25 MG(50,000 UNIT)	2025-02-13	4.000	WALMART PHARMACY	1497954978	0.00000	0.00	5.57
68645061190	LISINOPRIL 20 MG TABLET	2025-02-13	30.000	WALMART PHARMACY	1497954978	0.00000	0.00	3.20
68180096301	ALBUTEROL HFA 90 MCG INHALER	2025-02-13	8.500	WALMART PHARMACY	1497954978	1.88353	0.00	0.17
42806054705	VITAMIN D2 1.25 MG(50,000 UNIT)	2025-03-17	4.000	WALMART PHARMACY	1497954978	0.00000	0.00	5.57
68645061190	LISINOPRIL 20 MG TABLET	2025-03-17	30.000	WALMART PHARMACY	1497954978	0.00000	0.00	3.20
68180096301	ALBUTEROL HFA 90 MCG INHALER	2025-03-17	8.500	WALMART PHARMACY	1497954978	1.90353	0.00	0.00

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9.24	0.15456	2025-03-26	-0.33	0.00	No	No
6.96	0.10563	2025-01-01	-0.36	0.00	No	No
4.00	0.02387	2025-01-01	-0.64	0.00	No	No
20.23	2.32051	2025-01-01	-0.33	0.00	No	No
1.39	0.10587	2025-02-12	-0.36	0.00	No	No
0.80	0.02401	2025-02-12	-0.64	0.00	No	No
4.05	2.35969	2025-02-12	-0.34	0.00	No	No
1.39	0.11721	2025-03-12	-0.36	0.00	No	No
0.80	0.02538	2025-03-12	-0.64	0.00	No	No
4.05	2.53475	2025-03-12	-0.37	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68645061190	LISINOPRIL 20 MG TABLET	2025-01-02	30.000	WALMART PHARMACY	1649297789	0.00000	0.00	0.00
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	2025-02-12	75.000	WALMART PHARMACY	1649297789	0.00000	0.00	0.00
68645061190	LISINOPRIL 20 MG TABLET	2025-02-17	30.000	WALMART PHARMACY	1649297789	0.00000	0.00	0.00
68645060990	LISINOPRIL 5 MG TABLET	2025-01-08	30.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
68645060990	LISINOPRIL 5 MG TABLET	2025-02-05	30.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
68645060990	LISINOPRIL 5 MG TABLET	2025-03-03	30.000	WALMART PHARMACY	1730106873	0.00000	0.00	3.20
50111078751	AZITHROMYCIN 250 MG TABLET	2025-03-19	6.000	WALMART PHARMACY	1730106873	0.00000	0.00	9.16
50111078751	AZITHROMYCIN 250 MG TABLET	2025-03-19	6.000	WALMART PHARMACY	1730106873	0.00000	0.00	9.16
13668001001	CITALOPRAM HBR 20 MG TABLET	2025-01-22	90.000	WALMART PHARMACY	1912391772	0.00000	0.00	0.00
65162035803	ZAFEMY 150-35 MCG/DAY PATCH	2025-02-11	9.000	WALMART PHARMACY	1912391772	24.55000	0.00	0.00

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4.00	0.02387	2025-01-01	-0.64	0.00	No	No
4.80	0.03735	2025-02-12	-0.64	0.00	No	No
4.00	0.02401	2025-02-12	-0.64	0.00	No	No
4.00	0.01375	2025-01-08	-0.63	0.00	No	No
4.00	0.01386	2025-02-05	-0.63	0.00	No	No
0.80	0.01445	2025-02-26	-0.63	0.00	No	No
2.29	0.37667	2025-03-19	-0.10	0.00	No	No
2.29	0.37667	2025-03-19	-0.10	0.00	No	No
10.00	0.02773	2025-01-22	-0.23	0.00	No	No
0.00	26.52333	2025-02-05	-0.11	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
64380078507	PREDNISONE 20 MG TABLET	2025-03-01	5.000	WALMART PHARMACY	1912391772	0.00000	0.00	3.20
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-03-03	21.000	WALMART PHARMACY	1912391772	0.03952	0.00	6.98
64380078507	PREDNISONE 20 MG TABLET	2025-03-07	10.000	WALMART PHARMACY	1912391772	0.00000	0.00	3.23
50111056001	TRAZODONE 50 MG TABLET	2025-01-07	30.000	WALMART PHARMACY	1992722029	0.00000	0.00	0.00
59651048699	PREDNISONE 5 MG TABLET	2025-01-13	8.000	WALMART PHARMACY	1992722029	0.00000	0.00	0.00
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-01-21	21.000	WALMART PHARMACY	1992722029	0.00000	0.00	0.00
68645058459	METFORMIN HCL 1,000 MG TABLET	2025-01-23	180.000	WALMART PHARMACY	1992722029	0.01106	0.00	6.01
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-03-04	90.000	WALMART PHARMACY	1992722029	0.00000	0.00	8.00
68382002310	ATENOLOL 50 MG TABLET	2025-03-04	90.000	WALMART PHARMACY	1992722029	0.00233	0.00	7.79
68645058359	METFORMIN HCL 850 MG TABLET	2025-03-04	180.000	WALMART PHARMACY	1992722029	0.01244	0.00	5.76

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0.80	0.07911	2025-02-26	-0.63	0.00	No	No
1.95	0.1323	2025-02-26	-0.26	0.00	No	No
0.81	0.07911	2025-03-05	-0.64	0.00	No	No
4.00	0.03177	2025-01-01	-0.65	0.00	No	No
4.00	0.04351	2025-01-08	-0.63	0.00	No	No
6.28	0.08279	2025-01-15	-0.49	0.00	No	No
2.00	0.02215	2025-01-22	-0.31	0.00	No	No
2.00	0.01217	2025-02-26	-0.14	0.00	No	No
2.00	0.02461	2025-02-26	-0.21	0.00	No	No
2.00	0.02356	2025-02-26	-0.32	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
59651048699	PREDNISONE 5 MG TABLET	2025-03-05	21.000	WALMART PHARMACY	1992722029	0.00000	0.00	0.00
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-03-17	90.000	WALMART PHARMACY	1992722029	0.00000	0.00	0.00
67877021905	CEPHALEXIN 500 MG CAPSULE	2025-03-21	20.000	WALMART PHARMACY	1992722029	0.00000	0.00	0.00
62332002331	FLUOXETINE HCL 20 MG CAPSULE	2025-03-10	30.000	WALMART PHARMACY	1992723688	0.00433	0.00	3.07
62559075816	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-02-07	180.000	CVS PHARMACY	1164858148	0.00000	0.00	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-02-13	18.000	WALGREENS	1669998241	0.00000	0.00	0.00
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	2025-02-03	9.000	CVS PHARMACY	1053414706	29.33222	0.00	0.00
00121087416	CETIRIZINE HCL 1 MG/ML SOLN	2025-02-06	90.000	CVS PHARMACY	1962505628	0.00000	0.00	0.00
00121087416	CETIRIZINE HCL 1 MG/ML SOLN	2025-03-11	90.000	CVS PHARMACY	1962505628	0.00000	0.00	0.00
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-02-19	4.000	MEDICAL CENTER PHARMACY	1639163538	0.00000	0.00	0.00

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4.63	0.04743	2025-03-05	-0.60	0.00	No	No
10.00	0.01217	2025-03-12	-0.14	0.00	No	No
8.17	0.1286	2025-03-19	-0.37	0.00	No	No
0.80	0.03107	2025-03-05	-0.65	0.00	No	No
14.89	0.0344	2025-02-05	-0.11	0.00	Yes	No
6.62	0.07317	2025-02-12	-0.44	0.00	No	No
0.00	37.7194	2025-01-29	-0.25	0.00	Yes	No
13.99	0.14115	2025-02-05	-0.40	0.00	Yes	No
13.99	0.14587	2025-03-05	-0.41	0.00	Yes	No
1.91	0.08742	2025-02-19	-0.82	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
45802006436	TRIAMCINOLONE 0.1% CREAM	2025-01-04	80.000	WALGREENS	1093231904	0.00000	0.00	-0.00
00781261305	AMOXICILLIN 500 MG CAPSULE	2025-01-08	20.000	WALGREENS	1093231904	0.00000	0.00	0.00
00781261305	AMOXICILLIN 500 MG CAPSULE	2025-03-31	20.000	WALGREENS	1093234080	0.00000	0.00	0.00
70710116201	MECLIZINE 25 MG TABLET	2025-03-22	15.000	WALGREENS	1295259919	0.00000	0.00	0.00
70069013101	TOBRAMYCIN 0.3% EYE DROP	2025-03-31	5.000	WALGREENS	1326564170	0.00000	0.00	0.00
45802046564	KETOCONAZOLE 2% SHAMPOO	2025-02-07	120.000	WALGREENS	1487171005	0.00000	0.00	0.00
42858072001	DEXTROAMP-AMPHET ER 20 MG CAP	2025-02-08	30.000	WALGREENS	1487171005	0.00000	0.00	-0.00
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-02-12	90.000	WALGREENS	1609179860	0.00000	0.00	0.00
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-02-19	90.000	WALGREENS	1609179860	0.00000	0.00	0.00
59651048901	PREDNISONE 50 MG TABLET	2025-03-09	5.000	WALGREENS	1679099311	0.00000	0.00	0.00

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11.48	0.05176	2025-01-01	-0.22	0.00	No	No
9.61	0.08279	2025-01-08	-0.21	0.00	No	No
9.61	0.09188	2025-03-26	-0.22	0.00	No	No
8.02	0.08658	2025-03-19	-0.32	0.00	No	No
8.25	1.07444	2025-03-26	-0.48	0.00	No	No
19.59	0.09631	2025-02-05	-0.11	0.00	No	No
23.60	0.67969	2025-02-05	-0.24	0.00	No	No
9.15	0.011	2025-02-12	-0.20	0.00	No	No
9.14	0.01217	2025-02-19	-0.21	0.00	No	No
4.04	0.18345	2025-03-05	-0.65	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	2025-03-03	100.000	WALGREENS	1982649067	0.00000	0.00	-0.00
61314062810	POLYMYXIN B-TMP EYE DROPS	2025-03-03	10.000	WALGREENS	1982649067	0.00000	0.00	0.00
62332002431	FLUOXETINE HCL 40 MG CAPSULE	2025-01-18	90.000	WALMART PHARMACY	1275550303	0.00000	0.00	0.00
64380078507	PREDNISONE 20 MG TABLET	2025-03-17	10.000	WALMART PHARMACY	1275550303	0.00000	0.00	0.00
43598032675	CIPROFLOX-DEXAMETH OTIC SUSP	2025-03-22	7.500	WALMART PHARMACY	1275550303	0.00000	0.00	0.00
59651048901	PREDNISONE 50 MG TABLET	2025-03-31	5.000	WALMART PHARMACY	1275550303	0.00000	0.00	0.00
47781064390	LEVOTHYROXINE 50 MCG TABLET	2025-01-30	90.000	WALMART PHARMACY	1457378580	0.00000	0.00	0.00
47781066890	LEVOTHYROXINE 200 MCG TABLET	2025-01-30	30.000	WALMART PHARMACY	1457378580	0.00000	0.00	0.00
47781066590	LEVOTHYROXINE 175 MCG TABLET	2025-01-30	90.000	WALMART PHARMACY	1457378580	0.00000	0.00	0.00
62332002331	FLUOXETINE HCL 20 MG CAPSULE	2025-02-03	90.000	WALMART PHARMACY	1538186663	0.00000	0.00	0.00

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11.81	0.03366	2025-02-26	-0.15	0.00	No	No
12.19	0.46083	2025-02-26	-0.19	0.00	No	No
10.00	0.05938	2025-01-15	-0.37	0.00	No	No
4.04	0.07911	2025-03-12	-0.64	0.00	No	No
84.56	14.36773	2025-03-19	-0.28	0.00	No	No
9.11	0.19505	2025-03-26	-0.21	0.00	No	No
10.00	0.05075	2025-01-29	-0.34	0.00	No	No
4.00	0.08973	2025-01-29	-0.70	0.00	No	No
10.00	0.08637	2025-01-29	-0.45	0.00	No	No
10.00	0.02978	2025-01-29	-0.24	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-02-28	30.000	WALMART PHARMACY	1538186663	0.00000	0.00	0.00
10572010001	PEG-3350 AND ELECTROLYTES SOLN	2025-01-09	4000.000	WALMART PHARMACY	1548287675	0.00000	0.00	0.00
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	2025-02-19	7.000	WALMART PHARMACY	1992722029	0.33714	0.00	8.02
47781066890	LEVOTHYROXINE 200 MCG TABLET	2025-03-10	30.000	WALMART PHARMACY	1992722029	0.00000	0.00	0.00
29300013005	HYDROCHLOROTHIAZIDE 12.5 MG CP	2025-03-16	90.000	WALMART PHARMACY	1992722029	0.00000	0.00	0.00
68645061090	LISINOPRIL 10 MG TABLET	2025-03-16	90.000	WALMART PHARMACY	1992722029	0.00000	0.00	0.00
16714008110	HYDROXYZINE HCL 10 MG TABLET	2025-03-20	40.000	WALMART PHARMACY	1992722029	0.00000	0.00	0.00
68645060890	LISINOPRIL 2.5 MG TABLET	2025-02-19	90.000	WALMART PHARMACY	1992723688	0.00000	0.00	0.00
67877032005	IBUPROFEN 600 MG TABLET	2025-02-27	40.000	MICHELS PHARMACY	1497797724	0.00000	0.00	0.00
42799081501	PREDNISOLONE 15 MG/5 ML SOLN	2025-01-02	10.000	WALGREENS	1487171005	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
8.97	0.08742	2025-02-26	-0.32	0.00	No	No
19.14	0.00408	2025-01-08	-0.29	0.00	No	No
0.00	0.32905	2025-02-19	-0.19	0.00	No	No
4.00	0.09532	2025-03-05	-0.70	0.00	No	No
10.00	0.02926	2025-03-12	-0.24	0.00	No	No
10.00	0.0177	2025-03-12	-0.17	0.00	No	No
7.07	0.03191	2025-03-19	-0.40	0.00	No	No
10.00	0.01395	2025-02-19	-0.15	0.00	No	No
8.09	0.04873	2025-02-26	-0.35	0.00	No	No
5.12	0.10868	2025-01-01	-0.56	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
00472033720	HYDROCORTISONE 2.5% CREAM	2025-02-19	20.000	WALGREENS	1609179860	0.00000	0.00	-0.00
70954006020	PREDNISONE 20 MG TABLET	2025-02-19	8.000	WALGREENS	1609179860	0.00000	0.00	0.00
00116200116	CHLORHEXIDINE 0.12% RINSE	2025-02-25	473.000	WALMART PHARMACY	1275550303	0.00000	0.00	0.00
72485067035	ERYTHROMYCIN 0.5% EYE OINTMENT	2025-03-17	3.500	WALMART PHARMACY	1275550303	0.00000	0.00	0.00
00116200116	CHLORHEXIDINE 0.12% RINSE	2025-03-23	473.000	WALMART PHARMACY	1275550303	0.00000	0.00	0.00
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-01-26	21.000	WALMART PHARMACY	1457378580	0.00000	0.00	0.00
00093314501	CEPHALEXIN 250 MG CAPSULE	2025-01-16	21.000	WALMART PHARMACY	1992722029	0.00000	0.00	0.00
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2025-01-24	5.000	UNITED PHARMACY	1790098002	0.00000	0.00	0.00
70954005920	PREDNISONE 10 MG TABLET	2025-02-19	18.000	WALGREENS	1336665785	0.00000	0.00	0.00
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-02-11	15.000	WALGREENS	1508051996	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
10.30	0.12654	2025-02-19	-0.21	0.00	No	No
4.05	0.07911	2025-02-19	-0.64	0.00	No	No
7.48	0.00739	2025-02-19	-0.47	0.00	No	No
13.74	2.76708	2025-03-12	-0.32	0.00	No	No
7.48	0.00764	2025-03-19	-0.47	0.00	No	No
9.76	0.11419	2025-01-22	-0.24	0.00	No	No
4.00	0.0797	2025-01-15	-0.67	0.00	No	No
4.33	0.12377	2025-01-22	-0.61	0.00	No	No
6.20	0.05399	2025-02-19	-0.46	0.00	No	No
7.72	0.08158	2025-02-05	-0.34	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
67877025145	TRIAMCINOLONE 0.1% CREAM	2025-03-10	454.000	WALMART PHARMACY	1467479501	0.00000	0.00	0.00
24658026345	ROSUVASTATIN CALCIUM 20 MG TAB	2025-01-17	45.000	BECKLEY VAMC PHARMACY	1104884535	0.00000	0.00	0.00
76282020810	CITALOPRAM HBR 40 MG TABLET	2025-01-18	45.000	BECKLEY VAMC PHARMACY	1104884535	0.00000	0.00	0.00
00904737880	HYDROXYZINE HCL 25 MG TABLET	2025-01-18	90.000	BECKLEY VAMC PHARMACY	1104884535	0.00000	0.00	0.00
00574204230	LIDOCAINE-PRILOCAINE 2.5%-2.5% CREAM	2025-01-04	30.000	SAM'S CLUB PHARMACY	1942575808	0.00000	0.00	0.00
00574204230	LIDOCAINE-PRILOCAINE 2.5%-2.5% CREAM	2025-02-28	30.000	SAM'S CLUB PHARMACY	1942575808	0.28133	0.00	6.05
64980056210	FUROSEMIDE 20 MG TABLET	2025-02-27	45.000	WALGREENS	1174040604	0.00000	0.00	-0.00
70954006020	PREDNISONE 20 MG TABLET	2025-02-13	10.000	WALGREENS	1952827065	0.00000	0.00	0.00
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-03-14	125.000	WALGREENS	1952827065	0.01792	0.00	8.15

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17.97	0.03182	2025-03-05	-0.28	0.00	No	No
7.54	0.05663	2025-01-15	-0.42	0.00	No	No
2.69	0.04004	2025-01-15	-0.78	0.00	No	No
6.91	0.03948	2025-01-15	-0.51	0.00	No	No
14.49	0.26584	2025-01-01	-0.22	0.00	No	No
0.00	0.28125	2025-02-26	-0.23	0.00	No	No
8.30	0.02485	2025-02-26	-0.28	0.00	No	No
4.56	0.07317	2025-02-12	-0.59	0.00	No	No
2.60	0.03869	2025-03-12	-0.15	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
70954006020	PREDNISONE 20 MG TABLET	2025-03-14	20.000	WALGREENS	1952827065	0.00750	0.00	5.55
47781064390	LEVOTHYROXINE 50 MCG TABLET	2025-01-20	90.000	WALMART PHARMACY	1275550303	0.02944	0.00	5.35
13668001001	CITALOPRAM HBR 20 MG TABLET	2025-01-13	90.000	WALMART PHARMACY	1376560417	0.00000	0.00	0.00
68645060990	LISINOPRIL 5 MG TABLET	2025-02-17	90.000	WALMART PHARMACY	1376560417	0.00000	0.00	8.00
16571041210	CIPROFLOXACIN HCL 500 MG TAB	2025-01-15	10.000	WALMART PHARMACY	1457378580	0.00000	0.00	0.00
68645058459	METFORMIN HCL 1,000 MG TABLET	2025-02-18	90.000	WALMART PHARMACY	1457378580	0.02211	0.00	4.01
68180071160	CEFDINIR 300 MG CAPSULE	2025-02-25	14.000	WALMART PHARMACY	1457378580	0.45143	0.00	7.18
55111014512	FLUCONAZOLE 150 MG TABLET	2025-02-25	1.000	WALMART PHARMACY	1457378580	0.54000	0.00	4.26
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-02-25	21.000	WALMART PHARMACY	1457378580	0.13238	0.00	6.98
68645058359	METFORMIN HCL 850 MG TABLET	2025-03-11	180.000	WALMART PHARMACY	1457378580	0.02356	0.00	5.76

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1.43	0.07911	2025-03-12	-0.41	0.00	No	No
2.00	0.0517	2025-01-15	-0.34	0.00	No	No
10.00	0.02718	2025-01-08	-0.23	0.00	No	No
2.00	0.01386	2025-02-12	-0.15	0.00	No	No
10.14	0.12497	2025-01-15	-0.14	0.00	No	No
0.00	0.02215	2025-02-12	-0.52	0.00	No	No
0.00	0.45141	2025-02-19	-0.20	0.00	No	No
0.00	0.53979	2025-02-19	-0.56	0.00	No	No
0.00	0.1323	2025-02-19	-0.26	0.00	No	No
0.00	0.02356	2025-03-05	-0.32	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68645061090	LISINOPRIL 10 MG TABLET	2025-01-24	90.000	WALMART PHARMACY	1467479501	0.00000	0.00	0.00
68645058459	METFORMIN HCL 1,000 MG TABLET	2025-03-23	180.000	WALMART PHARMACY	1467479501	0.01294	0.00	5.67
65862006299	METOPROLOL TARTRATE 25 MG TAB	2025-03-23	90.000	WALMART PHARMACY	1467479501	0.00456	0.00	4.39
29300046801	CLONIDINE HCL 0.1 MG TABLET	2025-01-17	90.000	WALMART PHARMACY	1639196769	0.00000	0.00	0.00
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-02-27	21.000	WALMART PHARMACY	1639196769	0.00000	0.00	0.00
62332002431	FLUOXETINE HCL 40 MG CAPSULE	2025-02-12	30.000	WALMART PHARMACY	1992722029	0.00000	0.00	0.00
62332002431	FLUOXETINE HCL 40 MG CAPSULE	2025-03-11	30.000	WALMART PHARMACY	1992722029	0.00000	0.00	0.00
62332002331	FLUOXETINE HCL 20 MG CAPSULE	2025-03-11	30.000	WALMART PHARMACY	1992722029	0.00000	0.00	0.00
16714040604	LARIN FE 1-20 TABLET	2025-03-13	28.000	WALMART PHARMACY	1992722029	0.12929	0.00	7.89
45802046564	KETOCONAZOLE 2% SHAMPOO	2025-03-16	120.000	WALMART PHARMACY	1992723688	0.00000	0.00	0.00

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10.00	0.01718	2025-01-22	-0.17	0.00	No	No
2.00	0.02408	2025-03-19	-0.33	0.00	No	No
1.20	0.01791	2025-03-19	-0.50	0.00	No	No
6.00	0.0229	2025-01-15	-0.52	0.00	No	No
6.28	0.08742	2025-02-26	-0.49	0.00	No	No
4.00	0.05872	2025-02-12	-0.67	0.00	No	No
4.00	0.06602	2025-03-05	-0.68	0.00	No	No
4.00	0.03107	2025-03-05	-0.65	0.00	No	No
0.00	0.12925	2025-03-12	-0.18	0.00	No	No
16.77	0.09667	2025-03-12	-0.24	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2025-02-23	150.000	WALGREENS	1124257613	0.01673	0.00	5.38
54838050280	HYDROXYZINE 10 MG/5 ML SYRUP	2025-03-05	100.000	WALGREENS	1124257613	0.05200	0.00	0.39
42806042460	BUPROPION HCL SR 100 MG TABLET	2025-02-15	60.000	WALGREENS	1982649067	0.00000	0.00	0.00
72485061310	OFLOXACIN 0.3% EYE DROPS	2025-01-21	5.000	WALMART PHARMACY	1376560417	0.00000	0.00	1.32
00378064101	PREDNISONE 10 MG TABLET	2025-01-31	37.000	RIVERVIEW PHARMACY	1285928804	0.00000	0.00	0.00
00378064101	PREDNISONE 10 MG TABLET	2025-02-28	30.000	RIVERVIEW PHARMACY	1285928804	0.00000	0.00	0.00
31722070190	LOSARTAN POTASSIUM 50 MG TAB	2025-01-01	30.000	WALMART PHARMACY	1750309449	0.00000	0.00	0.00
00116200116	CHLORHEXIDINE 0.12% RINSE	2025-01-09	473.000	WALGREENS	1437676392	0.00000	0.00	0.00
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2025-01-09	10.000	WALGREENS	1437676392	0.00000	0.00	0.00

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10.00	0.08343	2025-02-19	-0.22	0.00	No	No
10.00	0.15196	2025-03-05	-0.39	0.00	No	No
13.79	0.08595	2025-02-12	-0.12	0.00	No	No
10.00	1.51438	2025-01-15	-0.37	0.00	No	No
7.76	0.04773	2025-01-29	-0.37	0.00	No	No
6.29	0.05399	2025-02-26	-0.48	0.00	No	No
9.00	0.0361	2025-01-01	-0.22	0.00	No	No
12.19	0.00699	2025-01-08	-0.12	0.00	No	No
8.92	0.12482	2025-01-08	-0.24	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
57237002801	AMOXICILLIN 500 MG TABLET	2025-01-09	21.000	WALGREENS	1437676392	0.00000	0.00	0.00
24979023201	POTASSIUM CL ER 20 MEQ TABLET	2025-03-03	4.000	KROGER PHARMACY	1245264035	0.00000	0.00	0.00
70069013101	TOBRAMYCIN 0.3% EYE DROP	2025-01-08	5.000	KROGER PHARMACY	1760416556	0.00000	0.00	-0.00
68180086573	BLISOVI FE 1-20 TABLET	2025-01-17	84.000	WALGREENS	1164947941	0.12464	0.00	6.02
24208091055	ERYTHROMYCIN 0.5% EYE OINTMENT	2025-03-25	3.500	WALGREENS	1164947941	0.00000	0.00	0.00
45802006435	TRIAMCINOLONE 0.1% CREAM	2025-03-19	15.000	WALGREENS	1417473844	0.00000	0.00	0.00
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-02-08	90.000	WALMART PHARMACY	1629095757	0.00000	0.00	0.00
67877021905	CEPHALEXIN 500 MG CAPSULE	2025-02-11	14.000	WALMART PHARMACY	1629095757	0.00000	0.00	0.00
42858010201	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	2025-01-08	28.000	UNITED PHARMACY	1790098002	0.00000	0.00	0.00
42858010201	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	2025-01-14	20.000	UNITED PHARMACY	1790098002	0.00000	0.00	0.00

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10.65	0.11807	2025-01-08	-0.18	0.00	No	No
9.99	0.16624	2025-02-26	-0.10	0.00	No	No
9.99	1.01287	2025-01-08	-0.36	0.00	No	No
0.00	0.12469	2025-01-15	-0.21	0.00	No	No
13.69	2.84655	2025-03-19	-0.33	0.00	No	No
5.89	0.13388	2025-03-19	-0.53	0.00	No	No
10.00	0.011	2025-02-05	-0.13	0.00	No	No
5.72	0.10819	2025-02-05	-0.52	0.00	No	No
6.93	0.12407	2025-01-08	-0.50	0.00	No	No
4.95	0.12407	2025-01-08	-0.62	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
64980056310	FUROSEMIDE 40 MG TABLET	2025-01-12	30.000	KROGER PHARMACY	1790700490	0.00000	0.00	0.00
64980056310	FUROSEMIDE 40 MG TABLET	2025-02-07	30.000	KROGER PHARMACY	1790700490	0.00000	0.00	0.00
64980056310	FUROSEMIDE 40 MG TABLET	2025-03-06	30.000	KROGER PHARMACY	1790700490	0.00000	0.00	0.00
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-01-09	118.000	WALGREENS	1093234080	0.00000	0.00	0.00
00093314501	CEPHALEXIN 250 MG CAPSULE	2025-02-10	28.000	WALMART PHARMACY	1811914955	0.00000	0.00	0.00
57237002901	AMOXICILLIN 875 MG TABLET	2025-02-22	20.000	WALMART PHARMACY	1811914955	0.00000	0.00	2.41
69315050447	NYSTATIN 100,000 UNIT/ML SUSP	2025-03-03	21.000	WALMART PHARMACY	1811914955	0.06714	0.00	9.25
68645051554	AMLODIPINE BESYLATE 5 MG TAB	2025-03-26	30.000	WALMART PHARMACY	1811914955	0.01100	0.00	8.67
67877021905	CEPHALEXIN 500 MG CAPSULE	2025-03-20	30.000	WALMART PHARMACY	1912924051	0.00000	0.00	0.00
70954005920	PREDNISONE 10 MG TABLET	2025-03-23	39.000	WALGREENS	1164947941	0.00000	0.00	1.09

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9.99	0.02872	2025-01-08	-0.12	0.00	No	No
9.99	0.02862	2025-02-05	-0.12	0.00	No	No
9.99	0.03121	2025-03-05	-0.13	0.00	No	No
12.59	0.03452	2025-01-08	-0.14	0.00	No	No
4.30	0.08421	2025-02-05	-0.67	0.00	No	No
10.00	0.16502	2025-02-19	-0.10	0.00	No	No
0.00	0.06694	2025-02-26	-0.10	0.00	No	No
0.00	0.01111	2025-03-26	-0.17	0.00	No	No
12.26	0.1286	2025-03-19	-0.15	0.00	No	No
10.00	0.05827	2025-03-19	-0.13	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
61314065605	CIPROFLOXACIN 0.3% EYE DROP	2025-01-09	5.000	WALMART PHARMACY	1609965292	0.00000	0.00	4.60
00378750232	BREYNA 80-4.5 MCG INHALER	2025-01-18	10.300	WALMART PHARMACY	1609965292	15.23107	0.00	0.00
55111014512	FLUCONAZOLE 150 MG TABLET	2025-01-29	1.000	WALMART PHARMACY	1609965292	0.00000	0.00	0.00
29300011101	LAMOTRIGINE 25 MG TABLET	2025-02-11	60.000	WALMART PHARMACY	1609965292	0.00000	0.00	0.00
10572010001	PEG-3350 AND ELECTROLYTES SOLN	2025-02-28	4000.000	WALMART PHARMACY	1609965292	0.00441	0.00	1.50
64380078408	PREDNISONE 10 MG TABLET	2025-03-10	30.000	WALMART PHARMACY	1609965292	0.00000	0.00	0.00
68645061190	LISINOPRIL 20 MG TABLET	2025-03-19	90.000	WALMART PHARMACY	1609965292	0.02533	0.00	7.72
68645061190	LISINOPRIL 20 MG TABLET	2025-01-24	90.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.00
47781065990	LEVOTHYROXINE 137 MCG TABLET	2025-01-24	90.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.00
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-02-11	30.000	WALMART PHARMACY	1447277579	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
10.00	1.50086	2025-01-08	-0.19	0.00	No	No
0.00	20.24539	2025-01-15	-0.28	0.00	No	No
4.80	0.52425	2025-01-29	-0.56	0.00	No	No
9.00	0.0275	2025-02-05	-0.26	0.00	No	No
0.00	0.00441	2025-02-26	-0.32	0.00	No	No
4.97	0.05399	2025-03-05	-0.59	0.00	No	No
0.00	0.02621	2025-03-19	-0.22	0.00	No	No
10.00	0.02401	2025-01-22	-0.21	0.00	No	No
10.00	0.07306	2025-01-22	-0.41	0.00	No	No
8.97	0.08158	2025-02-05	-0.31	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
64980056310	FUROSEMIDE 40 MG TABLET	2025-01-18	12.000	WALGREENS	1942727698	0.02833	0.00	3.57
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-03-25	90.000	WALGREENS	1942727698	0.01278	0.00	7.99
00378750232	BREYNA 80-4.5 MCG INHALER	2025-02-11	10.300	WALMART PHARMACY	1912924051	15.23107	0.00	0.00
67877021905	CEPHALEXIN 500 MG CAPSULE	2025-02-10	30.000	WALMART PHARMACY	1366469496	0.00000	0.00	0.00
67877021905	CEPHALEXIN 500 MG CAPSULE	2025-02-19	30.000	WALMART PHARMACY	1366469496	0.00000	0.00	0.00
67877015905	METFORMIN HCL ER 500 MG TABLET	2025-03-28	270.000	WALMART PHARMACY	1366469496	0.00000	0.00	0.00
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	2025-02-27	2.000	CVS PHARMACY	1407950181	54.99500	0.00	0.00
00121088516	PREDNISOLONE 15 MG/5 ML SOLN	2025-03-31	40.000	WALMART PHARMACY	1912391772	0.00000	0.00	0.00
63304077201	LORAZEPAM 0.5 MG TABLET	2025-01-08	30.000	WALMART PHARMACY	1376560417	0.00000	0.00	0.00
13107008305	LORAZEPAM 0.5 MG TABLET	2025-02-17	30.000	WALMART PHARMACY	1376560417	0.00000	0.00	0.00

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0.00	0.02872	2025-01-15	-0.64	0.00	No	No
0.00	0.01281	2025-03-19	-0.21	0.00	No	No
0.00	20.40702	2025-02-05	-0.29	0.00	No	No
12.26	0.10819	2025-02-05	-0.11	0.00	No	No
12.26	0.1214	2025-02-19	-0.13	0.00	No	No
9.00	0.02993	2025-03-26	-0.52	0.00	No	No
0.00	106.32709	2025-02-26	-0.51	0.00	Yes	No
28.94	0.67101	2025-03-26	-0.22	0.00	No	No
7.64	0.03769	2025-01-08	-0.34	0.00	No	No
8.28	0.03737	2025-02-12	-0.29	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
00093342501	LORAZEPAM 0.5 MG TABLET	2025-03-21	30.000	WALMART PHARMACY	1376560417	0.00000	0.00	0.00
24208091055	ERYTHROMYCIN 0.5% EYE OINTMENT	2025-03-21	3.500	WALGREENS	1508382227	0.00000	0.00	3.69
47781066290	LEVOTHYROXINE 150 MCG TABLET	2025-01-01	30.000	WALMART PHARMACY	1467479501	0.00000	0.00	0.00
47781066290	LEVOTHYROXINE 150 MCG TABLET	2025-02-04	30.000	WALMART PHARMACY	1467479501	0.00000	0.00	0.00
47781066290	LEVOTHYROXINE 150 MCG TABLET	2025-03-12	30.000	WALMART PHARMACY	1467479501	0.00000	0.00	0.00
68645058459	METFORMIN HCL 1,000 MG TABLET	2025-03-25	60.000	WALMART PHARMACY	1467479501	0.00000	0.00	0.00
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2025-01-14	30.000	HUNTINGTON VAMC	1508824301	0.00000	0.00	-0.00
68645061190	LISINOPRIL 20 MG TABLET	2025-03-03	90.000	WALMART PHARMACY	1447277579	0.00000	0.00	-0.00
60505082901	FLUTICASONE PROP 50 MCG SPRAY	2025-03-18	16.000	WALMART PHARMACY	1487838132	0.00000	0.00	0.00
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	2025-02-04	100.000	WALMART PHARMACY	1912924051	0.00000	0.00	0.00

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8.28	0.04287	2025-03-19	-0.30	0.00	No	No
10.00	2.84655	2025-03-19	-0.33	0.00	No	No
4.00	0.07092	2025-01-01	-0.68	0.00	No	No
4.00	0.0713	2025-01-29	-0.68	0.00	No	No
4.00	0.0789	2025-03-12	-0.69	0.00	No	No
9.00	0.02408	2025-03-19	-0.25	0.00	No	No
5.32	0.12482	2025-01-08	-0.63	0.00	No	No
10.00	0.02538	2025-02-26	-0.22	0.00	No	No
15.87	0.44945	2025-03-12	-0.10	0.00	No	No
6.39	0.0318	2025-01-29	-0.53	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees
65162018910	NAPROXEN 375 MG TABLET	2025-03-20	20.000	WALMART PHARMACY	1649364795	0.00000	0.00
65862070755	AMOXICILLIN 250 MG/5 ML SUSP	2025-01-02	150.000	WALGREENS	1497271134	0.00000	0.00
49483000301	LAXATIVE EC 5 MG TABLET	2025-03-03	4.000	CVS PHARMACY	1972606630	0.03750	0.00
68645061190	LISINOPRIL 20 MG TABLET	2025-01-22	90.000	WALMART PHARMACY	1801813936	0.00000	0.00
00228259711	INDAPAMIDE 1.25 MG TABLET	2025-02-16	90.000	WALMART PHARMACY	1801813936	0.00000	0.00
68382009810	PAROXETINE HCL 20 MG TABLET	2025-02-28	90.000	WALMART PHARMACY	1801813936	0.00000	0.00
21922006215	TRIAMCINOLONE 0.1% CREAM	2025-03-08	80.000	WALMART PHARMACY	1801813936	0.00000	0.00
13668033001	TRAZODONE 50 MG TABLET	2025-03-17	90.000	WALMART PHARMACY	1801813936	0.03344	0.00
45802006436	TRIAMCINOLONE 0.1% CREAM	2025-01-16	80.000	WALGREENS	1780100123	0.00000	0.00
47781091601	DEXAMETHASONE 6 MG TABLET	2025-01-13	5.000	KROGER PHARMACY	1851325641	0.00000	0.00

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0.00	5.77	0.06213	2025-03-19	-0.51	0.00	No	No
0.00	9.11	0.02232	2025-01-01	-0.34	0.00	No	No
5.84	0.00	0.03638	2025-02-26	-0.44	0.00	Yes	No
0.00	10.00	0.02401	2025-01-22	-0.21	0.00	No	No
0.00	10.00	0.0913	2025-02-12	-0.47	0.00	No	No
0.00	10.00	0.07237	2025-02-26	-0.41	0.00	No	No
0.00	9.36	0.05608	2025-03-05	-0.38	0.00	No	No
6.99	0.00	0.03346	2025-03-12	-0.26	0.00	No	No
-0.00	11.48	0.05176	2025-01-15	-0.22	0.00	No	No
0.00	9.99	0.62703	2025-01-08	-0.27	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees
00603533932	PREDNISONE 20 MG TABLET	2025-02-11	15.000	MOUNTAINEER PHARMACY	1184015802	0.00000	0.00
00378750332	BREYNA 160-4.5 MCG INHALER	2025-03-23	10.300	WALGREENS	1750807046	20.86311	0.00
29300042110	AMITRIPTYLINE HCL 50 MG TAB	2025-01-03	90.000	WALMART PHARMACY	1578581260	0.00000	0.00
00555088602	ESTRADIOL 1 MG TABLET	2025-01-20	30.000	WALMART PHARMACY	1578581260	0.06233	0.00
00555088602	ESTRADIOL 1 MG TABLET	2025-02-16	30.000	WALMART PHARMACY	1578581260	0.06133	0.00
47781064690	LEVOTHYROXINE 75 MCG TABLET	2025-02-22	90.000	WALMART PHARMACY	1578581260	0.00000	0.00
00555088602	ESTRADIOL 1 MG TABLET	2025-03-19	30.000	WALMART PHARMACY	1578581260	0.06633	0.00
47781066890	LEVOTHYROXINE 200 MCG TABLET	2025-03-08	90.000	WALMART PHARMACY	1609965292	0.00000	0.00
31722012805	GEMFIBROZIL 600 MG TABLET	2025-03-10	180.000	WALMART PHARMACY	1609965292	0.00000	0.00
52817018000	CLONIDINE HCL 0.1 MG TABLET	2025-01-17	30.000	WALGREENS	1164947941	0.00000	0.00

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0.00	4.67	0.07317	2025-02-05	-0.60	0.00	No	No
0.00	0.00	23.17608	2025-03-19	-0.14	0.00	No	No
-0.00	10.00	0.07185	2025-01-01	-0.41	0.00	No	No
4.39	0.00	0.06241	2025-01-15	-0.49	0.00	No	No
4.42	0.00	0.06144	2025-02-12	-0.49	0.00	No	No
0.00	10.00	0.05432	2025-02-19	-0.35	0.00	No	No
4.27	0.00	0.07036	2025-03-19	-0.50	0.00	No	No
0.00	10.00	0.09532	2025-03-05	-0.48	0.00	No	No
0.00	24.00	0.10067	2025-03-05	-0.16	0.00	No	No
-0.00	8.25	0.0229	2025-01-15	-0.26	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees
43386009019	GAVILYTE-G SOLUTION	2025-03-11	4000.000	WALGREENS	1164947941	0.00441	0.00
47781066290	LEVOTHYROXINE 150 MCG TABLET	2025-03-07	96.000	WALMART PHARMACY	1992722029	0.00000	0.00
68645060990	LISINOPRIL 5 MG TABLET	2025-01-13	90.000	WALMART PHARMACY	1629095757	0.00000	0.00
65162019011	NAPROXEN 500 MG TABLET	2025-01-13	28.000	WALMART PHARMACY	1629095757	0.00000	0.00
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	2025-01-13	5.000	WALMART PHARMACY	1629095757	0.00000	0.00
68645058259	METFORMIN HCL 500 MG TABLET	2025-03-10	180.000	WALMART PHARMACY	1629095757	0.00000	0.00
68645061190	LISINOPRIL 20 MG TABLET	2025-01-09	90.000	WALMART PHARMACY	1639196777	0.00000	0.00
62332002431	FLUOXETINE HCL 40 MG CAPSULE	2025-02-03	90.000	WALMART PHARMACY	1639196777	0.00000	0.00
67877024901	QUETIAPINE FUMARATE 50 MG TAB	2025-03-04	30.000	WALMART PHARMACY	1639196777	0.00000	0.00
67877024901	QUETIAPINE FUMARATE 50 MG TAB	2025-03-31	30.000	WALMART PHARMACY	1639196777	0.00000	0.00

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4.95	0.00	0.00441	2025-03-05	-0.20	0.00	No	No
0.00	10.67	0.0789	2025-03-05	-0.41	0.00	No	No
0.00	10.00	0.01375	2025-01-08	-0.15	0.00	No	No
0.00	6.37	0.05534	2025-01-08	-0.47	0.00	No	No
0.00	4.00	0.0881	2025-01-08	-0.63	0.00	No	No
0.00	10.00	0.01368	2025-03-05	-0.23	0.00	No	No
0.00	10.00	0.02387	2025-01-08	-0.21	0.00	No	No
0.00	10.00	0.05872	2025-01-29	-0.37	0.00	No	No
0.00	9.00	0.03721	2025-02-26	-0.22	0.00	No	No
0.00	9.00	0.04106	2025-03-26	-0.23	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees
70954005820	PREDNISONE 5 MG TABLET	2025-03-09	21.000	KROGER SAV-ON	1174557961	0.00000	0.00
17270074000	ALBUTEROL HFA 90 MCG INHALER	2025-03-24	8.500	WALGREENS	1780100123	0.00000	0.00
47781065190	LEVOTHYROXINE 100 MCG TABLET	2025-01-27	90.000	WALMART PHARMACY	1629095757	0.00000	0.00
64380078408	PREDNISONE 10 MG TABLET	2025-01-27	30.000	WALMART PHARMACY	1649297789	0.00000	0.00
64380078408	PREDNISONE 10 MG TABLET	2025-03-01	30.000	WALMART PHARMACY	1649297789	0.00000	0.00
65162035803	ZAFEMY 150-35 MCG/DAY PATCH	2025-03-24	3.000	WALGREENS	1841716404	28.66667	0.00
00093220301	METOCLOPRAMIDE 10 MG TABLET	2025-01-27	3.000	WALMART PHARMACY	1366469496	0.00000	0.00
10572010001	PEG-3350 AND ELECTROLYTES SOLN	2025-01-27	4000.000	WALMART PHARMACY	1366469496	0.00409	0.00
00093117701	NEOMYCIN 500 MG TABLET	2025-01-27	6.000	WALMART PHARMACY	1366469496	0.00000	0.00
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-01-23	21.000	WALMART PHARMACY	1811914948	0.00000	0.00

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0.00	9.99	0.04743	2025-03-05	-0.13	0.00	No	No
6.06	20.00	2.53475	2025-03-05	-0.19	0.00	No	No
0.00	10.00	0.05386	2025-01-22	-0.35	0.00	No	No
0.00	4.97	0.04773	2025-01-22	-0.58	0.00	No	No
0.00	4.97	0.05399	2025-02-26	-0.59	0.00	No	No
0.39	0.00	28.66828	2025-03-19	-0.10	0.00	No	No
0.00	4.00	0.04472	2025-01-22	-0.62	0.00	No	No
2.78	0.00	0.00409	2025-01-22	-0.29	0.00	No	No
0.00	9.02	0.83305	2025-01-22	-0.42	0.00	No	No
0.00	9.76	0.11419	2025-01-22	-0.24	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
29300042010	AMITRIPTYLINE HCL 25 MG TAB	2025-03-25	90.000	WALMART PHARMACY	1811914948	0.00000	0.00	0.00
50111078751	AZITHROMYCIN 250 MG TABLET	2025-03-24	6.000	WALMART PHARMACY	1902823032	0.00000	0.00	0.00
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-03-24	21.000	WALMART PHARMACY	1902823032	0.00000	0.00	0.00
43547033803	BENAZEPRIL HCL 40 MG TABLET	2025-01-15	180.000	WALMART PHARMACY	1629095757	0.00000	0.00	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-02-15	10.000	WALGREENS	1841716560	0.00000	0.00	0.00
00093220301	METOCLOPRAMIDE 10 MG TABLET	2025-01-30	120.000	WALMART PHARMACY	1376560417	0.00000	0.00	0.00
70954006010	PREDNISONE 20 MG TABLET	2025-01-19	10.000	KROGER PHARMACY	1245264035	0.00000	0.00	0.00
50111033301	METRONIDAZOLE 250 MG TABLET	2025-01-14	21.000	KROGER PHARMACY	1851325641	0.00000	0.00	0.00
68180086573	BLISOVI FE 1-20 TABLET	2025-01-08	28.000	WALGREENS	1831615574	0.12464	0.00	8.70
45802006335	TRIAMCINOLONE 0.025% CREAM	2025-01-17	30.000	WALGREENS	1831615574	0.00000	0.00	0.00

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10.00	0.05728	2025-03-19	-0.36	0.00	No	No
11.45	0.37667	2025-03-19	-0.10	0.00	No	No
9.24	0.15456	2025-03-19	-0.33	0.00	No	No
20.00	0.07184	2025-01-15	-0.15	0.00	No	No
4.56	0.07317	2025-02-12	-0.59	0.00	No	No
5.33	0.04472	2025-01-29	-0.66	0.00	No	No
9.99	0.0717	2025-01-15	-0.11	0.00	No	No
9.99	0.09497	2025-01-08	-0.20	0.00	No	No
0.00	0.12469	2025-01-08	-0.13	0.00	No	No
10.90	0.13336	2025-01-15	-0.25	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68180086573	BLISOVI FE 1-20 TABLET	2025-02-11	28.000	WALGREENS	1831615574	0.12536	0.00	8.68
68180086573	BLISOVI FE 1-20 TABLET	2025-03-17	28.000	WALGREENS	1831615574	0.12929	0.00	8.57
59651048901	PREDNISONE 50 MG TABLET	2025-01-20	5.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.00
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-01-13	21.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
62332002331	FLUOXETINE HCL 20 MG CAPSULE	2025-01-21	30.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
16714057601	ALLOPURINOL 100 MG TABLET	2025-01-29	30.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
29300024401	BUSPIRONE HCL 5 MG TABLET	2025-01-31	60.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
68645058459	METFORMIN HCL 1,000 MG TABLET	2025-02-04	180.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
62332002331	FLUOXETINE HCL 20 MG CAPSULE	2025-02-07	30.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
68382002310	ATENOLOL 50 MG TABLET	2025-02-12	90.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00

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0.00	0.12524	2025-02-05	-0.13	0.00	No	No
0.00	0.12925	2025-03-12	-0.14	0.00	No	No
9.11	0.17685	2025-01-15	-0.20	0.00	No	No
9.76	0.11746	2025-01-08	-0.25	0.00	No	No
4.00	0.02969	2025-01-15	-0.65	0.00	No	No
5.60	0.03813	2025-01-29	-0.52	0.00	No	No
4.00	0.01949	2025-01-29	-0.66	0.00	No	No
10.00	0.02215	2025-01-29	-0.31	0.00	No	No
4.00	0.02978	2025-02-05	-0.65	0.00	No	No
10.00	0.02277	2025-02-12	-0.20	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68645061190	LISINOPRIL 20 MG TABLET	2025-02-12	90.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
68645055854	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	2025-02-13	90.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
62332002431	FLUOXETINE HCL 40 MG CAPSULE	2025-02-25	90.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
16714057601	ALLOPURINOL 100 MG TABLET	2025-02-26	30.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
29300024401	BUSPIRONE HCL 5 MG TABLET	2025-02-27	60.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
68382080601	TRAZODONE 100 MG TABLET	2025-03-01	90.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
68645061090	LISINOPRIL 10 MG TABLET	2025-03-03	90.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
00054429731	FUROSEMIDE 20 MG TABLET	2025-03-03	90.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
62332002331	FLUOXETINE HCL 20 MG CAPSULE	2025-03-05	30.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
63304077201	LORAZEPAM 0.5 MG TABLET	2025-03-12	5.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
10.00	0.02401	2025-02-12	-0.21	0.00	No	No
10.00	0.03779	2025-02-12	-0.28	0.00	No	No
10.00	0.06602	2025-02-19	-0.39	0.00	No	No
5.60	0.04114	2025-02-26	-0.52	0.00	No	No
4.00	0.02195	2025-02-26	-0.66	0.00	No	No
10.00	0.05685	2025-02-26	-0.36	0.00	No	No
10.00	0.0177	2025-02-26	-0.17	0.00	No	No
10.00	0.02485	2025-02-26	-0.21	0.00	No	No
4.00	0.03107	2025-03-05	-0.65	0.00	No	No
4.00	0.0411	2025-03-12	-0.63	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
47781066590	LEVOTHYROXINE 175 MCG TABLET	2025-03-17	90.000	WALMART PHARMACY	1730106873	0.00000	0.00	-0.00
47781066890	LEVOTHYROXINE 200 MCG TABLET	2025-03-20	90.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
16571011401	HYDROXYZINE HCL 25 MG TABLET	2025-03-25	60.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
16714057601	ALLOPURINOL 100 MG TABLET	2025-03-27	30.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
29300024401	BUSPIRONE HCL 5 MG TABLET	2025-03-28	60.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
62559075816	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-02-24	180.000	CVS PHARMACY	1235232992	0.03867	0.00	7.93
64380078408	PREDNISONE 10 MG TABLET	2025-01-08	21.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.00
65862006299	METOPROLOL TARTRATE 25 MG TAB	2025-01-12	60.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.00
16714057601	ALLOPURINOL 100 MG TABLET	2025-01-15	30.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.00
68645060990	LISINOPRIL 5 MG TABLET	2025-01-17	30.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
10.00	0.09185	2025-03-12	-0.47	0.00	No	No
10.00	0.10149	2025-03-19	-0.49	0.00	No	No
10.00	0.04398	2025-03-19	-0.24	0.00	No	No
5.60	0.04351	2025-03-26	-0.53	0.00	No	No
9.00	0.02365	2025-03-26	-0.24	0.00	No	No
0.00	0.03869	2025-02-19	-0.15	0.00	Yes	No
4.00	0.04665	2025-01-08	-0.65	0.00	No	No
4.00	0.01555	2025-01-08	-0.65	0.00	No	No
5.60	0.0394	2025-01-15	-0.52	0.00	No	No
4.00	0.01375	2025-01-15	-0.63	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
16714057601	ALLOPURINOL 100 MG TABLET	2025-02-14	30.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.00
65862006299	METOPROLOL TARTRATE 25 MG TAB	2025-02-14	60.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.00
68645060990	LISINOPRIL 5 MG TABLET	2025-02-15	30.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.00
16714057601	ALLOPURINOL 100 MG TABLET	2025-03-17	30.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.00
65862006299	METOPROLOL TARTRATE 25 MG TAB	2025-03-17	60.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.00
68645060990	LISINOPRIL 5 MG TABLET	2025-03-25	30.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.00
70954005820	PREDNISONE 5 MG TABLET	2025-02-22	21.000	WALGREENS	1417473844	0.00000	0.00	0.00
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	2025-01-28	9.000	CVS PHARMACY	1326141086	29.33222	0.00	0.00
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-03-28	20.000	WALGREENS	1164947941	0.00000	0.00	0.00
67877021905	CEPHALEXIN 500 MG CAPSULE	2025-01-26	30.000	WALMART PHARMACY	1710904842	0.00000	0.00	0.00

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5.60	0.03813	2025-02-12	-0.52	0.00	No	No
4.00	0.01563	2025-02-12	-0.65	0.00	No	No
4.00	0.01386	2025-02-12	-0.63	0.00	No	No
5.60	0.04114	2025-03-12	-0.52	0.00	No	No
4.00	0.01677	2025-03-12	-0.65	0.00	No	No
9.00	0.01541	2025-03-19	-0.18	0.00	No	No
6.70	0.04743	2025-02-19	-0.42	0.00	No	No
0.00	37.7194	2025-01-22	-0.25	0.00	Yes	No
9.62	0.09188	2025-03-26	-0.22	0.00	No	No
12.26	0.10819	2025-01-22	-0.11	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68645056259	IBUPROFEN 600 MG TABLET	2025-01-26	30.000	WALMART PHARMACY	1710904842	0.00000	0.00	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-03-10	10.000	WALGREENS	1336665785	0.00000	0.00	0.00
00555077902	MEDROXYPROGESTERONE 10 MG TAB	2025-02-11	10.000	WALGREENS	1831615574	0.00000	0.00	0.00
47781064090	LEVOTHYROXINE 25 MCG TABLET	2025-02-05	90.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
68462025501	ROPINIROLE HCL 1 MG TABLET	2025-01-03	34.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
43547027611	DONEPEZIL HCL 10 MG TABLET	2025-01-04	30.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
68645058259	METFORMIN HCL 500 MG TABLET	2025-01-28	90.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
29300024401	BUSPIRONE HCL 5 MG TABLET	2025-02-03	90.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
43547027611	DONEPEZIL HCL 10 MG TABLET	2025-02-27	30.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-01-17	7.000	WALGREENS	1285964569	0.00000	0.00	0.00

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5.43	0.04794	2025-01-22	-0.54	0.00	No	No
4.56	0.07911	2025-03-05	-0.60	0.00	No	No
6.91	0.1376	2025-02-05	-0.42	0.00	No	No
10.00	0.043	2025-02-05	-0.30	0.00	No	No
10.20	0.04694	2025-01-01	-0.16	0.00	No	No
9.00	0.0489	2025-01-01	-0.25	0.00	No	No
6.00	0.01323	2025-01-22	-0.49	0.00	No	No
6.00	0.01949	2025-01-29	-0.51	0.00	No	No
9.00	0.05264	2025-02-26	-0.25	0.00	No	No
3.79	0.0717	2025-01-15	-0.66	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-02-18	90.000	WALGREENS	1285964569	0.00000	0.00	0.00
43547068910	CIPROFLOXACIN HCL 500 MG TAB	2025-01-22	10.000	VALLEY HEALTH PHARMACY	1104279066	0.00000	0.00	0.00
00591505210	PREDNISONE 5 MG TABLET	2025-01-14	21.000	WALGREENS	1629251038	0.00000	0.00	0.00
00591544210	PREDNISONE 10 MG TABLET	2025-01-24	21.000	WALGREENS	1629251038	0.00000	0.00	0.00
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-01-23	90.000	PARKERSBURG FAMILY CARE PHCY	1619333515	0.00000	0.00	0.00
29300013601	CLONIDINE HCL 0.2 MG TABLET	2025-01-06	30.000	WALMART PHARMACY	1376560417	0.00000	0.00	0.00
29300013601	CLONIDINE HCL 0.2 MG TABLET	2025-02-08	30.000	WALMART PHARMACY	1376560417	0.00000	0.00	0.00
42806054705	VITAMIN D2 1.25 MG(50,000 UNIT)	2025-01-12	4.000	WALMART PHARMACY	1275550303	0.00000	0.00	0.00
42806054705	VITAMIN D2 1.25 MG(50,000 UNIT)	2025-02-08	4.000	WALMART PHARMACY	1275550303	0.00000	0.00	0.00
42806054705	VITAMIN D2 1.25 MG(50,000 UNIT)	2025-03-10	4.000	WALMART PHARMACY	1275550303	0.00000	0.00	0.00

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9.15	0.011	2025-02-12	-0.20	0.00	No	No
9.96	0.1262	2025-01-22	-0.15	0.00	No	No
6.70	0.04351	2025-01-08	-0.41	0.00	No	No
6.90	0.04773	2025-01-22	-0.40	0.00	No	No
7.15	0.011	2025-01-22	-0.38	0.00	No	No
4.00	0.03191	2025-01-01	-0.65	0.00	No	No
4.00	0.0318	2025-02-05	-0.65	0.00	No	No
6.96	0.10563	2025-01-08	-0.36	0.00	No	No
6.96	0.10587	2025-02-05	-0.36	0.00	No	No
6.96	0.11721	2025-03-05	-0.36	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68180096301	ALBUTEROL HFA 90 MCG INHALER	2025-03-31	8.500	WALMART PHARMACY	1275550303	0.61529	0.00	0.00
71930005552	ACETAMINOPHEN-COD #3 TABLET	2025-01-14	12.000	FRUTH PHARMACY	1437164373	0.00000	0.00	-0.00
70710122500	AMITRIPTYLINE HCL 10 MG TAB	2025-01-21	30.000	KROGER PHARMACY	1760416556	0.00000	0.00	0.00
59651048699	PREDNISONE 5 MG TABLET	2025-01-01	21.000	WALMART PHARMACY	1629095757	0.00000	0.00	0.00
62332002431	FLUOXETINE HCL 40 MG CAPSULE	2025-01-02	90.000	WALMART PHARMACY	1629095757	0.00000	0.00	0.00
16571011401	HYDROXYZINE HCL 25 MG TABLET	2025-01-02	30.000	WALMART PHARMACY	1629095757	0.00000	0.00	-0.00
62332002431	FLUOXETINE HCL 40 MG CAPSULE	2025-03-20	90.000	WALMART PHARMACY	1629095757	0.00000	0.00	0.00
24510005010	NUCYNTA 50 MG TABLET	2025-02-06	60.000	DAVIS BROTHERS PHARMACY	1154722064	10.25567	0.00	10.49
43386009019	GAVILYTE-G SOLUTION	2025-03-25	4000.000	WALGREENS	1164947941	0.00459	0.00	4.23
43386006019	GAVILYTE-C SOLUTION	2025-03-28	4000.000	WALGREENS	1164947941	0.00370	0.00	5.39

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15.00	2.56359	2025-03-26	-0.37	0.00	No	No
5.58	0.23491	2025-01-08	-0.58	0.00	No	No
9.99	0.03287	2025-01-15	-0.13	0.00	No	No
4.63	0.04351	2025-01-01	-0.59	0.00	No	No
10.00	0.05938	2025-01-01	-0.37	0.00	No	No
5.00	0.03948	2025-01-01	-0.57	0.00	No	No
10.00	0.06815	2025-03-19	-0.40	0.00	No	No
115.00	10.14858	2025-01-01	0.00	0.20	No	No
0.00	0.00459	2025-03-19	-0.22	0.00	No	No
0.00	0.0037	2025-03-26	-0.20	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
23155080901	VITAMIN D2 1.25 MG(50,000 UNIT)	2025-01-30	12.000	FRUTH PHARMACY	1982619821	0.00000	0.00	0.00
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	2025-03-07	9.000	CVS PHARMACY	1053414706	29.33222	0.00	0.00
23155076401	HYDROCHLOROTHIAZIDE 12.5 MG TB	2025-02-10	30.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
70752020411	FOLIC ACID 1 MG TABLET	2025-02-11	90.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
64380078408	PREDNISONE 10 MG TABLET	2025-02-11	31.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
23155076401	HYDROCHLOROTHIAZIDE 12.5 MG TB	2025-03-08	30.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
68462016405	CARVEDILOL 12.5 MG TABLET	2025-03-14	10.000	WALGREENS	1629594296	0.00000	0.00	0.00
64380078507	PREDNISONE 20 MG TABLET	2025-02-25	5.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.00
00597015390	JARDIANCE 25 MG TABLET	2025-01-11	45.000	BECKLEY VAMC PHARMACY	1104884535	0.66644	0.00	0.00

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10.49	0.10587	2025-01-29	-0.11	0.00	No	No
0.00	37.43887	2025-03-05	-0.24	0.00	Yes	No
4.00	0.04258	2025-02-05	-0.66	0.00	No	No
10.00	0.02086	2025-02-05	-0.19	0.00	No	No
5.14	0.04773	2025-02-05	-0.57	0.00	No	No
4.00	0.04813	2025-03-05	-0.66	0.00	No	No
8.99	0.02159	2025-03-12	-0.16	0.00	No	No
4.00	0.07911	2025-02-19	-0.63	0.00	No	No
70.00	20.13118	2025-01-08	-0.89	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
00597015330	JARDIANCE 25 MG TABLET	2025-01-20	90.000	BECKLEY VAMC PHARMACY	1104884535	1.25533	0.00	0.00
00088222033	LANTUS 100 UNIT/ML VIAL	2025-02-28	30.000	BECKLEY VAMC PHARMACY	1104884535	1.16833	0.00	0.00
76282073110	LISINOPRIL 20 MG TABLET	2025-03-17	45.000	BECKLEY VAMC PHARMACY	1104884535	0.00000	0.00	0.00
31722099601	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2025-01-28	12.000	KROGER PHARMACY	1942234729	0.00000	0.00	0.00
68645058259	METFORMIN HCL 500 MG TABLET	2025-01-18	60.000	WALMART PHARMACY	1790072916	0.00000	0.00	0.00
00054429731	FUROSEMIDE 20 MG TABLET	2025-03-24	90.000	WALMART PHARMACY	1790072916	0.02644	0.00	7.62
00603533932	PREDNISONE 20 MG TABLET	2025-01-30	6.000	MEDICAL CENTER PHARMACY	1639163538	0.00000	0.00	-0.00
64380078408	PREDNISONE 10 MG TABLET	2025-01-11	20.000	WALMART PHARMACY	1376560417	0.00000	0.00	0.00

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70.00	20.13118	2025-01-15	-0.90	0.00	No	No
30.00	6.16559	2025-02-26	-0.67	0.00	No	No
0.52	0.02538	2025-03-12	-0.96	0.00	No	No
9.99	0.12377	2025-01-22	-0.17	0.00	No	No
4.00	0.01304	2025-01-15	-0.65	0.00	No	No
0.00	0.02649	2025-03-19	-0.22	0.00	No	No
1.87	0.07317	2025-01-29	-0.83	0.00	No	No
4.00	0.04665	2025-01-08	-0.65	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees
68645061190	LISINOPRIL 20 MG TABLET	2025-01-24	90.000	WALMART PHARMACY	1376560417	0.00000	0.00
47781064090	LEVOTHYROXINE 25 MCG TABLET	2025-01-24	90.000	WALMART PHARMACY	1376560417	0.00000	0.00
31722053401	METHOCARBAMOL 750 MG TABLET	2025-02-17	15.000	WALMART PHARMACY	1376560417	0.00000	0.00
67877015905	METFORMIN HCL ER 500 MG TABLET	2025-03-01	360.000	WALMART PHARMACY	1376560417	0.00000	0.00
67877015905	METFORMIN HCL ER 500 MG TABLET	2025-03-14	180.000	WALMART PHARMACY	1376560417	0.00000	0.00
47781066590	LEVOTHYROXINE 175 MCG TABLET	2025-03-20	90.000	WALMART PHARMACY	1881870210	0.00000	0.00
67877015905	METFORMIN HCL ER 500 MG TABLET	2025-01-27	360.000	WALMART PHARMACY	1912924051	0.00000	0.00
67877015905	METFORMIN HCL ER 500 MG TABLET	2025-03-03	180.000	WALMART PHARMACY	1912924051	0.00000	0.00
00781261305	AMOXICILLIN 500 MG CAPSULE	2025-01-09	21.000	WALGREENS	1609391358	0.00000	0.00
00781107710	ALPRAZOLAM 0.5 MG TABLET	2025-01-09	9.000	WALGREENS	1609391358	0.00000	0.00

Amount of Dispensing Fee	Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
0.00	10.00	0.02401	2025-01-22	-0.21	0.00	No	No
0.00	10.00	0.043	2025-01-22	-0.30	0.00	No	No
0.00	7.50	0.03745	2025-02-12	-0.32	0.00	No	No
0.00	10.00	0.02863	2025-02-26	-0.52	0.00	No	No
0.00	6.00	0.02863	2025-03-12	-0.62	0.00	No	No
0.00	10.00	0.09462	2025-03-19	-0.47	0.00	No	No
0.00	10.00	0.02667	2025-01-22	-0.50	0.00	No	No
0.00	6.00	0.02863	2025-02-26	-0.62	0.00	No	No
0.00	9.99	0.08279	2025-01-08	-0.18	0.00	No	No
0.00	9.41	0.02038	2025-01-08	-0.12	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees
70954006020	PREDNISONE 20 MG TABLET	2025-01-10	10.000	WALGREENS	1609391358	0.00000	0.00
23155076401	HYDROCHLOROTHIAZIDE 12.5 MG TB	2025-01-07	90.000	WALMART PHARMACY	1578581260	0.00000	0.00
67877015905	METFORMIN HCL ER 500 MG TABLET	2025-01-16	180.000	WALMART PHARMACY	1578581260	0.00000	0.00
47781064990	LEVOTHYROXINE 88 MCG TABLET	2025-02-01	60.000	WALMART PHARMACY	1578581260	0.00000	0.00
68645061190	LISINOPRIL 20 MG TABLET	2025-02-20	90.000	WALMART PHARMACY	1578581260	0.00000	0.00
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-03-07	21.000	WALMART PHARMACY	1578581260	0.00000	0.00
29300041519	CYCLOBENZAPRINE 10 MG TABLET	2025-03-07	14.000	WALMART PHARMACY	1578581260	0.00000	0.00
68645056354	IBUPROFEN 800 MG TABLET	2025-03-07	30.000	WALMART PHARMACY	1578581260	0.00000	0.00
68462019001	NAPROXEN 500 MG TABLET	2025-02-12	14.000	SAM'S CLUB PHARMACY	1942575808	0.00000	0.00
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-02-13	120.000	WALGREENS	1609391358	0.00000	0.00

Amount of Dispensing Fee	Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
0.00	4.56	0.0717	2025-01-08	-0.59	0.00	No	No
0.00	10.00	0.04193	2025-01-01	-0.30	0.00	No	No
0.00	6.00	0.02708	2025-01-15	-0.61	0.00	No	No
0.00	8.00	0.05802	2025-01-29	-0.43	0.00	No	No
-0.00	10.00	0.02538	2025-02-19	-0.22	0.00	No	No
0.00	9.76	0.1323	2025-03-05	-0.26	0.00	No	No
0.00	9.39	0.01757	2025-03-05	-0.13	0.00	No	No
0.00	5.82	0.06029	2025-03-05	-0.53	0.00	No	No
0.00	6.14	0.05472	2025-02-12	-0.45	0.00	No	No
0.00	12.69	0.0344	2025-02-12	-0.13	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees
70954040310	DEXAMETHASONE 4 MG TABLET	2025-02-13	3.000	WALGREENS	1609391358	0.00000	0.00
00781202005	AMOXICILLIN 250 MG CAPSULE	2025-02-21	28.000	WALGREENS	1609391358	0.00000	0.00
68645055854	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	2025-01-02	90.000	WALMART PHARMACY	1578581260	0.00000	0.00
68645058459	METFORMIN HCL 1,000 MG TABLET	2025-01-02	180.000	WALMART PHARMACY	1578581260	0.00000	0.00
00378750332	BREYNA 160-4.5 MCG INHALER	2025-01-04	10.300	WALMART PHARMACY	1578581260	0.00000	0.00
67877015905	METFORMIN HCL ER 500 MG TABLET	2025-01-06	90.000	WALMART PHARMACY	1578581260	0.00000	0.00
68645056354	IBUPROFEN 800 MG TABLET	2025-01-08	60.000	WALMART PHARMACY	1578581260	0.00000	0.00
29300041001	ATENOLOL 25 MG TABLET	2025-01-09	90.000	WALMART PHARMACY	1578581260	0.00000	0.00
29300024505	BUSPIRONE HCL 10 MG TABLET	2025-01-12	60.000	WALMART PHARMACY	1578581260	0.00000	0.00
72485061310	OFLOXACIN 0.3% EYE DROPS	2025-01-15	5.000	WALMART PHARMACY	1578581260	0.00000	0.00

Amount of Dispensing Fee	Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
0.00	5.57	0.2712	2025-02-12	-0.51	0.00	No	No
-0.00	8.64	0.08178	2025-02-19	-0.32	0.00	No	No
0.00	10.00	0.03868	2025-01-01	-0.28	0.00	No	No
0.00	10.00	0.02204	2025-01-01	-0.31	0.00	No	No
0.00	170.60	23.19761	2025-01-01	-0.32	0.00	No	No
0.00	4.00	0.02708	2025-01-01	-0.69	0.00	No	No
0.00	11.64	0.05567	2025-01-08	-0.16	0.00	No	No
0.00	10.00	0.02053	2025-01-08	-0.19	0.00	No	No
0.00	4.00	0.02862	2025-01-08	-0.67	0.00	No	No
0.00	11.32	1.51438	2025-01-15	-0.37	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
64380078507	PREDNISONE 20 MG TABLET	2025-01-15	10.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
47781064390	LEVOTHYROXINE 50 MCG TABLET	2025-01-17	30.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
68645056259	IBUPROFEN 600 MG TABLET	2025-01-20	60.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
68645061090	LISINOPRIL 10 MG TABLET	2025-01-22	90.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
68645060990	LISINOPRIL 5 MG TABLET	2025-01-26	30.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
16571011401	HYDROXYZINE HCL 25 MG TABLET	2025-01-27	30.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
47781064390	LEVOTHYROXINE 50 MCG TABLET	2025-01-27	90.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2025-01-29	120.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
45802000403	HYDROCORTISONE 2.5% CREAM	2025-01-29	28.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
00472016630	NYSTATIN 100,000 UNIT/GM OINT	2025-01-29	30.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
4.04	0.0717	2025-01-15	-0.64	0.00	No	No
4.00	0.0517	2025-01-15	-0.67	0.00	No	No
10.86	0.0483	2025-01-15	-0.19	0.00	No	No
10.00	0.01718	2025-01-22	-0.17	0.00	No	No
4.00	0.01386	2025-01-22	-0.63	0.00	No	No
5.00	0.03964	2025-01-22	-0.57	0.00	No	No
10.00	0.05075	2025-01-22	-0.34	0.00	No	No
13.23	0.08815	2025-01-29	-0.37	0.00	No	No
8.70	0.11053	2025-01-29	-0.36	0.00	No	No
12.18	0.22128	2025-01-29	-0.29	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
00378750332	BREYNA 160-4.5 MCG INHALER	2025-02-03	10.300	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
68645056354	IBUPROFEN 800 MG TABLET	2025-02-05	30.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
72485061310	OFLOXACIN 0.3% EYE DROPS	2025-02-10	5.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
59651048901	PREDNISONE 50 MG TABLET	2025-02-11	5.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
13668001101	CITALOPRAM HBR 40 MG TABLET	2025-02-11	90.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
47781064690	LEVOTHYROXINE 75 MCG TABLET	2025-02-11	90.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
29300024505	BUSPIRONE HCL 10 MG TABLET	2025-02-13	60.000	WALMART PHARMACY	1578581260	0.02850	0.00	2.29
59651048901	PREDNISONE 50 MG TABLET	2025-02-18	5.000	WALMART PHARMACY	1578581260	0.16800	0.00	8.27
00378827052	ALBUTEROL SUL 2.5 MG/3 ML SOLN	2025-02-25	75.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
60505082901	FLUTICASONE PROP 50 MCG SPRAY	2025-02-25	16.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00

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170.60	23.25591	2025-01-29	-0.32	0.00	No	No
5.82	0.0562	2025-02-05	-0.52	0.00	No	No
11.32	1.51745	2025-02-05	-0.37	0.00	No	No
9.11	0.16886	2025-02-05	-0.20	0.00	No	No
10.00	0.03957	2025-02-05	-0.29	0.00	No	No
10.00	0.05079	2025-02-05	-0.34	0.00	No	No
0.00	0.02845	2025-02-12	-0.67	0.00	No	No
0.00	0.16886	2025-02-12	-0.20	0.00	No	No
11.44	0.06023	2025-02-19	-0.24	0.00	No	No
15.87	0.44945	2025-02-19	-0.10	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
47781064390	LEVOTHYROXINE 50 MCG TABLET	2025-02-25	30.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
68645060990	LISINOPRIL 5 MG TABLET	2025-02-28	30.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
60505082901	FLUTICASONE PROP 50 MCG SPRAY	2025-03-01	16.000	WALMART PHARMACY	1578581260	0.44938	0.00	8.68
65862050320	AMOX-CLAV 875-125 MG TABLET	2025-03-01	10.000	WALMART PHARMACY	1578581260	0.32200	0.00	8.69
00378750332	BREYNA 160-4.5 MCG INHALER	2025-03-05	10.300	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
16571011401	HYDROXYZINE HCL 25 MG TABLET	2025-03-05	60.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
29300041910	AMITRIPTYLINE HCL 10 MG TAB	2025-03-10	30.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
47781064390	LEVOTHYROXINE 50 MCG TABLET	2025-03-12	90.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
47781066290	LEVOTHYROXINE 150 MCG TABLET	2025-03-18	90.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
29300024505	BUSPIRONE HCL 10 MG TABLET	2025-03-22	60.000	WALMART PHARMACY	1578581260	0.03233	0.00	2.06

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
4.00	0.05398	2025-02-19	-0.67	0.00	No	No
4.00	0.01445	2025-02-26	-0.63	0.00	No	No
0.00	0.44945	2025-02-26	-0.10	0.00	No	No
0.00	0.3224	2025-02-26	-0.13	0.00	No	No
170.60	23.08377	2025-03-05	-0.31	0.00	No	No
10.00	0.04247	2025-03-05	-0.23	0.00	No	No
4.00	0.0375	2025-03-05	-0.66	0.00	No	No
10.00	0.05398	2025-03-12	-0.35	0.00	No	No
10.00	0.0789	2025-03-12	-0.43	0.00	No	No
0.00	0.03236	2025-03-19	-0.68	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68645056354	IBUPROFEN 800 MG TABLET	2025-03-26	30.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
64380078507	PREDNISONE 20 MG TABLET	2025-03-26	10.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
68645060990	LISINOPRIL 5 MG TABLET	2025-03-29	30.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
47781065990	LEVOTHYROXINE 137 MCG TABLET	2025-01-08	30.000	WALMART PHARMACY	1720005853	0.00000	0.00	0.00
47781065990	LEVOTHYROXINE 137 MCG TABLET	2025-02-12	30.000	WALMART PHARMACY	1720005853	0.00000	0.00	0.00
47781065990	LEVOTHYROXINE 137 MCG TABLET	2025-03-14	30.000	WALMART PHARMACY	1720005853	0.00000	0.00	0.00
55111068405	IBU 800 MG TABLET	2025-02-10	30.000	RIVER VALLEY HEALTH & WELLNESS	1912090135	0.00000	0.00	-0.00
00054418425	DEXAMETHASONE 4 MG TABLET	2025-02-10	3.000	RIVER VALLEY HEALTH & WELLNESS	1912090135	0.00000	0.00	0.00
62559075816	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-01-15	120.000	WALGREENS	1609391358	0.00000	0.00	2.69

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5.82	0.06324	2025-03-26	-0.53	0.00	No	No
4.04	0.08187	2025-03-26	-0.64	0.00	No	No
9.00	0.01541	2025-03-26	-0.18	0.00	No	No
4.00	0.07359	2025-01-08	-0.68	0.00	No	No
4.00	0.07306	2025-02-12	-0.68	0.00	No	No
4.00	0.07827	2025-03-12	-0.69	0.00	No	No
9.14	0.0562	2025-02-05	-0.25	0.00	No	No
6.00	0.2712	2025-02-05	-0.47	0.00	No	No
10.00	0.03452	2025-01-15	-0.13	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
70954006020	PREDNISONE 20 MG TABLET	2025-01-15	10.000	WALGREENS	1609391358	0.00000	0.00	0.00
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	2025-01-19	84.000	WALGREENS	1609391358	0.13810	0.00	6.99
70069013101	TOBRAMYCIN 0.3% EYE DROP	2025-01-20	5.000	WALGREENS	1609391358	0.00000	0.00	-0.00
00378334053	XULANE 150-35 MCG/DAY PATCH	2025-01-30	12.000	WALGREENS	1609391358	31.55750	0.00	0.00
70954040310	DEXAMETHASONE 4 MG TABLET	2025-02-06	3.000	WALGREENS	1609391358	0.00000	0.00	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-02-12	10.000	WALGREENS	1609391358	0.00000	0.00	0.00
70954040310	DEXAMETHASONE 4 MG TABLET	2025-02-14	3.000	WALGREENS	1609391358	0.00000	0.00	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-02-18	10.000	WALGREENS	1609391358	0.00000	0.00	0.00
70954005920	PREDNISONE 10 MG TABLET	2025-02-21	20.000	WALGREENS	1609391358	0.00000	0.00	0.00
70954040310	DEXAMETHASONE 4 MG TABLET	2025-02-21	3.000	WALGREENS	1609391358	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
4.56	0.0717	2025-01-15	-0.59	0.00	No	No
0.00	0.13805	2025-01-15	-0.16	0.00	No	No
8.25	1.01287	2025-01-15	-0.47	0.00	No	No
0.00	36.73665	2025-01-29	-0.16	0.00	No	No
5.57	0.2712	2025-02-05	-0.51	0.00	No	No
4.56	0.07317	2025-02-12	-0.59	0.00	No	No
5.57	0.2712	2025-02-12	-0.51	0.00	No	No
4.56	0.07317	2025-02-12	-0.59	0.00	No	No
6.66	0.05399	2025-02-19	-0.42	0.00	No	No
5.57	0.28058	2025-02-19	-0.51	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
70954006020	PREDNISONE 20 MG TABLET	2025-02-25	10.000	WALGREENS	1609391358	0.00000	0.00	0.00
70954005920	PREDNISONE 10 MG TABLET	2025-02-26	20.000	WALGREENS	1609391358	0.00000	0.00	0.00
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-02-27	120.000	WALGREENS	1609391358	0.00000	0.00	2.69
70954006020	PREDNISONE 20 MG TABLET	2025-03-04	10.000	WALGREENS	1609391358	0.00000	0.00	0.00
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-03-04	120.000	WALGREENS	1609391358	0.00000	0.00	2.69
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-03-17	90.000	WALGREENS	1609391358	0.00000	0.00	-0.00
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-03-25	118.000	WALGREENS	1609391358	0.00000	0.00	2.59
64380078507	PREDNISONE 20 MG TABLET	2025-01-05	10.000	WALMART PHARMACY	1578581260	0.00000	0.00	-0.00
70752020411	FOLIC ACID 1 MG TABLET	2025-01-08	90.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
47781064990	LEVOTHYROXINE 88 MCG TABLET	2025-01-23	90.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
4.56	0.07911	2025-02-19	-0.60	0.00	No	No
6.66	0.05399	2025-02-26	-0.42	0.00	No	No
10.00	0.03869	2025-02-26	-0.16	0.00	No	No
4.56	0.07911	2025-02-26	-0.60	0.00	No	No
10.00	0.03869	2025-02-26	-0.16	0.00	No	No
9.14	0.01217	2025-03-12	-0.21	0.00	No	No
10.00	0.04345	2025-03-19	-0.19	0.00	No	No
4.04	0.0717	2025-01-01	-0.64	0.00	No	No
10.00	0.02077	2025-01-08	-0.19	0.00	No	No
10.00	0.05802	2025-01-22	-0.36	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
64380078507	PREDNISONE 20 MG TABLET	2025-01-29	10.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
16714008110	HYDROXYZINE HCL 10 MG TABLET	2025-02-12	60.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.60
68645061190	LISINOPRIL 20 MG TABLET	2025-02-14	90.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
65862006299	METOPROLOL TARTRATE 25 MG TAB	2025-02-14	90.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
29300042010	AMITRIPTYLINE HCL 25 MG TAB	2025-02-14	90.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
62332002431	FLUOXETINE HCL 40 MG CAPSULE	2025-02-20	180.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
68645058259	METFORMIN HCL 500 MG TABLET	2025-02-20	180.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
00054429931	FUROSEMIDE 40 MG TABLET	2025-02-20	90.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
64380078507	PREDNISONE 20 MG TABLET	2025-02-21	5.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	2025-02-23	4.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
4.04	0.07317	2025-01-29	-0.64	0.00	No	No
10.00	0.02756	2025-02-12	-0.13	0.00	No	No
10.00	0.02401	2025-02-12	-0.21	0.00	No	No
6.00	0.01563	2025-02-12	-0.50	0.00	No	No
10.00	0.04736	2025-02-12	-0.32	0.00	No	No
20.00	0.06602	2025-02-19	-0.11	0.00	No	No
10.00	0.01368	2025-02-19	-0.23	0.00	No	No
10.00	0.03121	2025-02-19	-0.25	0.00	No	No
4.00	0.07911	2025-02-19	-0.63	0.00	No	No
9.94	0.44748	2025-02-19	-0.19	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
47781065190	LEVOTHYROXINE 100 MCG TABLET	2025-03-01	90.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
29300024505	BUSPIRONE HCL 10 MG TABLET	2025-03-01	180.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-03-05	21.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
64380078507	PREDNISONE 20 MG TABLET	2025-03-22	10.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
68645061190	LISINOPRIL 20 MG TABLET	2025-02-01	90.000	WALMART PHARMACY	1720005853	0.00000	0.00	0.00
31722053301	METHOCARBAMOL 500 MG TABLET	2025-02-08	15.000	WALMART PHARMACY	1720005853	0.00000	0.00	0.00
64380078507	PREDNISONE 20 MG TABLET	2025-02-09	10.000	WALMART PHARMACY	1720005853	0.00000	0.00	0.00
47781065190	LEVOTHYROXINE 100 MCG TABLET	2025-03-13	90.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
47781065790	LEVOTHYROXINE 125 MCG TABLET	2025-03-12	90.000	WALMART PHARMACY	1801813936	0.00000	0.00	0.00
68382009505	CARVEDILOL 25 MG TABLET	2025-02-25	60.000	WALMART PHARMACY	1376560417	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
10.00	0.05519	2025-02-26	-0.35	0.00	No	No
10.00	0.03079	2025-02-26	-0.38	0.00	No	No
9.76	0.1323	2025-03-05	-0.26	0.00	No	No
4.04	0.08187	2025-03-19	-0.64	0.00	No	No
10.00	0.02401	2025-01-29	-0.21	0.00	No	No
5.50	0.03283	2025-02-05	-0.50	0.00	No	No
4.04	0.07317	2025-02-05	-0.64	0.00	No	No
10.00	0.05519	2025-03-12	-0.35	0.00	No	No
10.00	0.07216	2025-03-12	-0.41	0.00	No	No
8.20	0.02966	2025-02-19	-0.33	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68645051554	AMLODIPINE BESYLATE 5 MG TAB	2025-02-25	30.000	WALMART PHARMACY	1376560417	0.00000	0.00	0.00
29300011201	LAMOTRIGINE 100 MG TABLET	2025-02-24	30.000	WALMART PHARMACY	1376560417	0.00000	0.00	0.00
29300011201	LAMOTRIGINE 100 MG TABLET	2025-03-23	30.000	WALMART PHARMACY	1376560417	0.00000	0.00	0.00
68645051554	AMLODIPINE BESYLATE 5 MG TAB	2025-03-24	30.000	WALMART PHARMACY	1376560417	0.00000	0.00	0.00
68382009505	CARVEDILOL 25 MG TABLET	2025-03-24	60.000	WALMART PHARMACY	1376560417	0.00000	0.00	0.00
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-02-03	21.000	WALMART PHARMACY	1356368484	0.00000	0.00	0.00
00093317431	ALBUTEROL HFA 90 MCG INHALER	2025-03-04	8.500	CLARKSBURG VAMC	1356399364	0.00000	0.00	0.00
78206011201	ASMANEX HFA 100 MCG INHALER	2025-03-16	13.000	CLARKSBURG VAMC	1356399364	0.00000	0.00	0.00
60505082601	IPRATROPIUM 0.03% SPRAY	2025-03-17	30.000	CLARKSBURG VAMC	1356399364	0.00000	0.00	0.00
00597015561	STIOLTO RESPIMAT INHALER (60)	2025-03-19	12.000	CLARKSBURG VAMC	1356399364	2.30583	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
9.00	0.01082	2025-02-19	-0.17	0.00	No	No
9.00	0.04292	2025-02-19	-0.24	0.00	No	No
9.00	0.04446	2025-03-19	-0.24	0.00	No	No
9.00	0.01111	2025-03-19	-0.17	0.00	No	No
8.20	0.03061	2025-03-19	-0.33	0.00	No	No
6.28	0.08158	2025-01-29	-0.49	0.00	No	No
20.00	2.53475	2025-02-26	-0.38	0.00	No	No
53.15	7.40493	2025-03-12	-0.50	0.00	No	No
20.00	0.55062	2025-03-12	-0.26	0.00	No	No
150.00	115.93775	2025-03-19	-0.87	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
70954006020	PREDNISONE 20 MG TABLET	2025-01-02	10.000	WALGREENS	1093234080	0.00000	0.00	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-01-15	20.000	WALGREENS	1093234080	0.00000	0.00	0.00
59651048699	PREDNISONE 5 MG TABLET	2025-01-18	21.000	WALMART PHARMACY	1376560417	0.00000	0.00	0.00
10572010001	PEG-3350 AND ELECTROLYTES SOLN	2025-02-24	4000.000	WALMART PHARMACY	1376560417	0.00441	0.00	1.50
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-03-06	21.000	WALMART PHARMACY	1376560417	0.13238	0.00	6.98
64380078507	PREDNISONE 20 MG TABLET	2025-03-11	10.000	WALMART PHARMACY	1376560417	0.00000	0.00	0.00
68180096301	ALBUTEROL HFA 90 MCG INHALER	2025-03-11	8.500	WALMART PHARMACY	1376560417	0.02706	0.00	0.00
67877015905	METFORMIN HCL ER 500 MG TABLET	2025-01-18	180.000	WALMART PHARMACY	1720005853	0.00000	0.00	0.00
65162019011	NAPROXEN 500 MG TABLET	2025-01-09	30.000	WALMART PHARMACY	1801813936	0.00000	0.00	0.00
47781066290	LEVOTHYROXINE 150 MCG TABLET	2025-01-09	30.000	WALMART PHARMACY	1801813936	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
4.56	0.0717	2025-01-01	-0.59	0.00	No	No
7.13	0.0717	2025-01-15	-0.40	0.00	No	No
4.63	0.04351	2025-01-15	-0.59	0.00	No	No
0.00	0.00441	2025-02-19	-0.32	0.00	No	No
0.00	0.1323	2025-03-05	-0.26	0.00	No	No
4.04	0.07911	2025-03-05	-0.64	0.00	No	No
20.00	2.53475	2025-03-05	-0.37	0.00	No	No
6.00	0.02708	2025-01-15	-0.61	0.00	No	No
6.82	0.05534	2025-01-08	-0.44	0.00	No	No
4.00	0.07092	2025-01-08	-0.68	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
29300041001	ATENOLOL 25 MG TABLET	2025-01-18	30.000	WALMART PHARMACY	1801813936	0.00000	0.00	0.00
29300041001	ATENOLOL 25 MG TABLET	2025-01-18	30.000	WALMART PHARMACY	1801813936	0.00000	0.00	0.00
68645059459	FAMOTIDINE 20 MG TABLET	2025-01-18	30.000	WALMART PHARMACY	1801813936	0.00000	0.00	-0.00
68645059459	FAMOTIDINE 20 MG TABLET	2025-01-22	30.000	WALMART PHARMACY	1801813936	0.00000	0.00	-0.00
65862017460	TOPIRAMATE 200 MG TABLET	2025-02-08	60.000	WALMART PHARMACY	1801813936	0.00000	0.00	-0.00
29300041001	ATENOLOL 25 MG TABLET	2025-02-22	30.000	WALMART PHARMACY	1801813936	0.00000	0.00	0.00
29300041001	ATENOLOL 25 MG TABLET	2025-02-22	30.000	WALMART PHARMACY	1801813936	0.00000	0.00	0.00
68382056401	METOPROLOL SUCC ER 25 MG TAB	2025-03-05	15.000	WALMART PHARMACY	1801813936	0.00000	0.00	0.00
47781066590	LEVOTHYROXINE 175 MCG TABLET	2025-03-06	30.000	WALMART PHARMACY	1801813936	0.00000	0.00	-0.00
68645059459	FAMOTIDINE 20 MG TABLET	2025-03-12	30.000	WALMART PHARMACY	1801813936	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
4.00	0.02053	2025-01-15	-0.64	0.00	No	No
4.00	0.02053	2025-01-15	-0.64	0.00	No	No
9.05	0.02888	2025-01-15	-0.20	0.00	No	No
9.05	0.02934	2025-01-22	-0.20	0.00	No	No
9.00	0.09465	2025-02-05	-0.44	0.00	No	No
4.00	0.02272	2025-02-19	-0.64	0.00	No	No
4.00	0.02272	2025-02-19	-0.64	0.00	No	No
4.50	0.05453	2025-03-05	-0.60	0.00	No	No
4.00	0.09185	2025-03-05	-0.70	0.00	No	No
9.05	0.03188	2025-03-12	-0.21	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
47781066290	LEVOTHYROXINE 150 MCG TABLET	2025-03-12	30.000	WALMART PHARMACY	1801813936	0.00000	0.00	0.00
59651072201	CLONAZEPAM 0.5 MG TABLET	2025-03-14	6.000	WALMART PHARMACY	1801813936	0.00000	0.00	0.00
68180097103	LEVOTHYROXINE 125 MCG TABLET	2025-03-15	7.000	VILLAGE PHARMACY	1922197490	0.00000	0.00	0.00
68645056354	IBUPROFEN 800 MG TABLET	2025-02-15	20.000	WALMART PHARMACY	1548287675	0.00000	0.00	0.00
57237002901	AMOXICILLIN 875 MG TABLET	2025-02-15	14.000	WALMART PHARMACY	1548287675	0.00000	0.00	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-01-02	10.000	KROGER PHARMACY	1154355949	0.00000	0.00	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-02-03	10.000	WALGREENS	1861652562	0.00000	0.00	0.00
64980056210	FUROSEMIDE 20 MG TABLET	2025-02-13	30.000	WALGREENS	1861652562	0.00000	0.00	-0.00
00781261305	AMOXICILLIN 500 MG CAPSULE	2025-03-09	20.000	WALGREENS	1861652562	0.00000	0.00	0.00
64980056210	FUROSEMIDE 20 MG TABLET	2025-03-12	30.000	WALGREENS	1861652562	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
4.00	0.0789	2025-03-12	-0.69	0.00	No	No
4.34	0.02094	2025-03-12	-0.59	0.00	No	No
9.61	0.07216	2025-03-12	-0.13	0.00	No	No
4.00	0.0562	2025-02-12	-0.66	0.00	No	No
8.69	0.15313	2025-02-12	-0.31	0.00	No	No
9.99	0.0717	2025-01-01	-0.11	0.00	No	No
4.56	0.07317	2025-01-29	-0.59	0.00	No	No
6.20	0.02252	2025-02-12	-0.44	0.00	No	No
9.61	0.08742	2025-03-05	-0.21	0.00	No	No
6.20	0.02485	2025-03-12	-0.45	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee	Amount of Member Cost Share
00591544210	PREDNISONE 10 MG TABLET	2025-02-11	30.000	WALGREENS	1982649067	0.00000	0.00	-0.00	8.99
68645061190	LISINOPRIL 20 MG TABLET	2025-02-24	90.000	WALMART PHARMACY	1366469496	0.00000	0.00	-0.00	10.00
47781065190	LEVOTHYROXINE 100 MCG TABLET	2025-03-24	90.000	WALMART PHARMACY	1366469496	0.00000	0.00	0.00	10.00
68645061190	LISINOPRIL 20 MG TABLET	2025-02-14	90.000	WALMART PHARMACY	1720005853	0.00000	0.00	0.00	10.00
29300041001	ATENOLOL 25 MG TABLET	2025-02-24	90.000	WALMART PHARMACY	1720005853	0.00000	0.00	0.00	10.00
47781066290	LEVOTHYROXINE 150 MCG TABLET	2025-02-28	90.000	WALMART PHARMACY	1720005853	0.00000	0.00	-0.00	10.00
59651048699	PREDNISONE 5 MG TABLET	2025-02-28	14.000	WALMART PHARMACY	1720005853	0.00000	0.00	0.00	4.00
00378827052	ALBUTEROL SUL 2.5 MG/3 ML SOLN	2025-02-28	75.000	WALMART PHARMACY	1720005853	0.00000	0.00	0.00	11.44
65862050320	AMOX-CLAV 875-125 MG TABLET	2025-02-07	10.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00	11.91

Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
0.04773	2025-02-05	-0.25	0.00	No	No
0.02538	2025-02-19	-0.22	0.00	No	No
0.05854	2025-03-19	-0.37	0.00	No	No
0.02401	2025-02-12	-0.21	0.00	No	No
0.02272	2025-02-19	-0.20	0.00	No	No
0.0789	2025-02-26	-0.43	0.00	No	No
0.04743	2025-02-26	-0.64	0.00	No	No
0.06023	2025-02-26	-0.24	0.00	No	No
0.29656	2025-02-05	-0.11	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee	Amount of Member Cost Share
29300024401	BUSPIRONE HCL 5 MG TABLET	2025-02-13	28.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00	4.00
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-03-06	30.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00	4.00
68645051654	AMLODIPINE BESYLATE 10 MG TAB	2025-03-06	30.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00	9.00
68645058259	METFORMIN HCL 500 MG TABLET	2025-01-10	60.000	WALMART PHARMACY	1881870210	0.00000	0.00	0.00	4.00
55111032105	GLIMEPIRIDE 2 MG TABLET	2025-01-14	30.000	WALMART PHARMACY	1881870210	0.00000	0.00	0.00	4.00
43547035311	LISINOPRIL 10 MG TABLET	2025-01-14	30.000	WALMART PHARMACY	1881870210	0.00000	0.00	-0.00	4.24
68645058459	METFORMIN HCL 1,000 MG TABLET	2025-01-17	60.000	WALMART PHARMACY	1881870210	0.00000	0.00	0.00	4.00
55111032105	GLIMEPIRIDE 2 MG TABLET	2025-02-09	30.000	WALMART PHARMACY	1881870210	0.00000	0.00	0.00	4.00
68645061090	LISINOPRIL 10 MG TABLET	2025-02-09	30.000	WALMART PHARMACY	1881870210	0.00000	0.00	0.00	4.00

Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
0.01949	2025-02-12	-0.64	0.00	No	No
0.01217	2025-03-05	-0.63	0.00	No	No
0.01694	2025-03-05	-0.18	0.00	No	No
0.01304	2025-01-08	-0.65	0.00	No	No
0.03039	2025-01-08	-0.65	0.00	No	No
0.01707	2025-01-08	-0.61	0.00	No	No
0.02204	2025-01-15	-0.66	0.00	No	No
0.03086	2025-02-05	-0.65	0.00	No	No
0.01718	2025-02-05	-0.64	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee	Amount of Member Cost Share
47781064390	LEVOTHYROXINE 50 MCG TABLET	2025-02-10	90.000	WALMART PHARMACY	1881870210	0.00000	0.00	0.00	10.00
68645058459	METFORMIN HCL 1,000 MG TABLET	2025-02-15	60.000	WALMART PHARMACY	1881870210	0.00000	0.00	0.00	4.00
72578005518	DOXYCYCLINE HYCLATE 100 MG CAP	2025-03-07	14.000	WALMART PHARMACY	1881870210	0.00000	0.00	0.00	10.74
55111032105	GLIMEPIRIDE 2 MG TABLET	2025-03-09	30.000	WALMART PHARMACY	1881870210	0.00000	0.00	0.00	4.00
68645058459	METFORMIN HCL 1,000 MG TABLET	2025-03-17	60.000	WALMART PHARMACY	1881870210	0.00000	0.00	-0.00	4.00
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	2025-03-06	6.000	WALGREENS	1619493202	0.00000	0.00	0.00	7.46
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-03-17	21.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00	9.24
68462050481	HAILEY 21 1.5 MG-30 MCG TAB	2025-02-06	21.000	WALGREENS	1679099311	0.35762	0.00	6.58	0.00
68462050481	HAILEY 21 1.5 MG-30 MCG TAB	2025-03-02	21.000	WALGREENS	1679099311	0.36190	0.00	6.49	0.00

Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
0.05075	2025-02-05	-0.34	0.00	No	No
0.02215	2025-02-12	-0.66	0.00	No	No
0.1187	2025-03-05	-0.12	0.00	No	No
0.0306	2025-03-05	-0.65	0.00	No	No
0.02319	2025-03-12	-0.66	0.00	No	No
0.05697	2025-03-05	-0.31	0.00	No	No
0.1323	2025-03-12	-0.30	0.00	No	No
0.35739	2025-02-05	-0.22	0.00	No	No
0.36197	2025-02-26	-0.22	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68462050481	HAILEY 21 1.5 MG-30 MCG TAB	2025-03-20	21.000	WALGREENS	1679099311	0.36810	0.00	6.36
70954005920	PREDNISONE 10 MG TABLET	2025-03-20	20.000	WALGREENS	1679099311	0.00000	0.00	0.00
00378750232	BREYNA 80-4.5 MCG INHALER	2025-03-14	10.300	WALGREENS	1336665785	15.60097	0.00	0.00
70752020411	FOLIC ACID 1 MG TABLET	2025-02-20	90.000	WALMART PHARMACY	1447277579	0.00000	0.00	-0.00
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	2025-01-20	2.000	VALLEY HEALTH PEA RIDGE PHCY	1295444982	0.00000	0.00	0.00
70010013601	POTASSIUM CL ER 10 MEQ TABLET	2025-01-10	6.000	WALGREENS	1942727698	0.00000	0.00	0.00
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-01-13	90.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
29300046801	CLONIDINE HCL 0.1 MG TABLET	2025-03-18	90.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-01-15	10.000	WALGREENS	1861919466	0.00000	0.00	0.00
70954005920	PREDNISONE 10 MG TABLET	2025-01-22	30.000	WALGREENS	1861919466	0.00000	0.00	-0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
0.00	0.36795	2025-03-19	-0.23	0.00	No	No
6.66	0.05827	2025-03-19	-0.43	0.00	No	No
0.00	20.13435	2025-03-12	-0.26	0.00	No	No
10.00	0.02251	2025-02-19	-0.20	0.00	No	No
8.00	0.10563	2025-01-15	-0.25	0.00	No	No
6.01	0.10991	2025-01-08	-0.46	0.00	No	No
10.00	0.01079	2025-01-08	-0.13	0.00	No	No
6.00	0.025	2025-03-12	-0.53	0.00	No	No
4.56	0.0717	2025-01-15	-0.59	0.00	No	No
8.99	0.04773	2025-01-22	-0.25	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
70954005920	PREDNISONE 10 MG TABLET	2025-02-12	20.000	WALGREENS	1861919466	0.00000	0.00	0.00
00378750332	BREYNA 160-4.5 MCG INHALER	2025-02-28	10.300	WALGREENS	1861919466	19.89223	0.00	0.00
59651048901	PREDNISONE 50 MG TABLET	2025-03-08	5.000	WALGREENS	1861919466	0.00000	0.00	0.00
68645058459	METFORMIN HCL 1,000 MG TABLET	2025-03-21	180.000	WALMART PHARMACY	1376560417	0.02406	0.00	5.67
00093206406	CILOSTAZOL 100 MG TABLET	2025-03-17	180.000	WALMART PHARMACY	1629095757	0.00000	0.00	0.00
00074434190	SYNTHROID 25 MCG TABLET	2025-01-18	90.000	HUNTINGTON VAMC	1508824301	0.00000	0.00	0.00
76282062910	CITALOPRAM HBR 20 MG TABLET	2025-03-18	45.000	HUNTINGTON VAMC	1508824301	0.00000	0.00	0.00
47781066290	LEVOTHYROXINE 150 MCG TABLET	2025-02-04	90.000	WALMART PHARMACY	1649297789	0.00000	0.00	0.00
29300042010	AMITRIPTYLINE HCL 25 MG TAB	2025-02-27	60.000	WALMART PHARMACY	1649297789	0.00000	0.00	0.00
45802086802	POLYETHYLENE GLYCOL 3350 POWD	2025-01-24	238.000	HUNTINGTON VAMC	1508824301	0.01311	0.00	0.15

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6.66	0.04773	2025-02-12	-0.42	0.00	No	No
10.00	23.08377	2025-02-26	-0.13	0.00	No	No
4.04	0.18345	2025-03-05	-0.65	0.00	No	No
0.00	0.02408	2025-03-19	-0.33	0.00	No	No
24.00	0.12783	2025-03-12	-0.28	0.00	No	No
20.20	1.58769	2025-01-15	-0.87	0.00	No	No
1.96	0.03013	2025-03-12	-0.83	0.00	No	No
10.00	0.0713	2025-01-29	-0.41	0.00	No	No
8.00	0.0524	2025-02-26	-0.41	0.00	No	No
0.00	0.02465	2025-01-22	-0.80	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
76282073390	LISINOPRIL 40 MG TABLET	2025-02-12	90.000	HUNTINGTON VAMC	1508824301	0.00000	0.00	0.00
31722052001	HYDRALAZINE 25 MG TABLET	2025-03-12	180.000	WALMART PHARMACY	1649297789	0.00000	0.00	0.00
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-03-25	120.000	WALMART PHARMACY	1649297789	0.00000	0.00	0.00
00378750232	BREYNA 80-4.5 MCG INHALER	2025-01-28	10.300	WALMART PHARMACY	1639196777	0.00000	0.00	0.00
57237002901	AMOXICILLIN 875 MG TABLET	2025-03-26	20.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.00
68645059459	FAMOTIDINE 20 MG TABLET	2025-01-04	28.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.00
70954005920	PREDNISONE 10 MG TABLET	2025-02-25	15.000	WALGREENS	1609391358	0.00000	0.00	0.00
68645056354	IBUPROFEN 800 MG TABLET	2025-01-25	30.000	WALMART PHARMACY	1093732133	0.00000	0.00	-0.00
64380078507	PREDNISONE 20 MG TABLET	2025-01-25	10.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
43598017010	CHLORTHALIDONE 25 MG TABLET	2025-01-04	90.000	BECKLEY VAMC PHARMACY	1104884535	0.00000	0.00	0.00

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3.13	0.04219	2025-02-12	-0.78	0.00	No	No
8.00	0.03582	2025-03-12	-0.53	0.00	No	No
14.10	0.04345	2025-03-19	-0.10	0.00	No	No
156.88	20.40702	2025-01-22	-0.29	0.00	No	No
12.41	0.16872	2025-03-26	-0.10	0.00	No	No
8.45	0.02888	2025-01-01	-0.25	0.00	No	No
5.50	0.05399	2025-02-19	-0.51	0.00	No	No
5.82	0.0562	2025-01-22	-0.52	0.00	No	No
4.04	0.07317	2025-01-22	-0.64	0.00	No	No
20.01	0.07682	2025-01-01	0.00	0.15	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
76282073310	LISINOPRIL 40 MG TABLET	2025-01-05	90.000	BECKLEY VAMC PHARMACY	1104884535	0.00000	0.00	0.00
60505082701	IPRATROPIUM 0.06% SPRAY	2025-01-08	15.000	BECKLEY VAMC PHARMACY	1104884535	0.00000	0.00	-0.00
69238207707	PROPRANOLOL 10 MG TABLET	2025-01-16	15.000	BECKLEY VAMC PHARMACY	1104884535	0.00000	0.00	-0.00
00023649810	UBRELVY 50 MG TABLET	2025-01-22	10.000	BECKLEY VAMC PHARMACY	1104884535	0.00000	0.00	0.00
69238207707	PROPRANOLOL 10 MG TABLET	2025-02-19	15.000	BECKLEY VAMC PHARMACY	1104884535	0.00000	0.00	-0.00
00023649810	UBRELVY 50 MG TABLET	2025-03-11	10.000	BECKLEY VAMC PHARMACY	1104884535	0.00000	0.00	0.00
69238207707	PROPRANOLOL 10 MG TABLET	2025-03-16	90.000	BECKLEY VAMC PHARMACY	1104884535	0.00000	0.00	0.00
67877025115	TRIAMCINOLONE 0.1% CREAM	2025-03-26	30.000	SISSONVILLE HEALTH CENTER PHCY	1851843965	0.00000	0.00	1.66
62037072001	POTASSIUM CL ER 20 MEQ TABLET	2025-03-13	2.000	WALGREENS	1013432749	0.00000	0.00	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-02-20	7.000	WALGREENS	1376067090	0.00000	0.00	0.00

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2.69	0.04222	2025-01-01	-0.81	0.00	No	No
27.96	0.97944	2025-01-08	0.00	0.11	No	No
3.18	0.05529	2025-01-15	-0.72	0.00	No	No
623.08	104.09376	2025-01-22	-0.41	0.00	No	No
3.18	0.05492	2025-02-19	-0.72	0.00	No	No
630.65	104.09376	2025-03-05	-0.40	0.00	No	No
11.80	0.05492	2025-03-12	-0.24	0.00	No	No
10.00	0.13388	2025-03-26	-0.20	0.00	No	No
3.25	0.13778	2025-03-12	-0.70	0.00	No	No
3.79	0.07911	2025-02-19	-0.66	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68645061190	LISINOPRIL 20 MG TABLET	2025-01-15	30.000	WALMART PHARMACY	1720005853	0.00000	0.00	0.00
68645056354	IBUPROFEN 800 MG TABLET	2025-01-16	40.000	WALMART PHARMACY	1720005853	0.00000	0.00	0.00
68645058459	METFORMIN HCL 1,000 MG TABLET	2025-02-01	180.000	WALMART PHARMACY	1720005853	0.00000	0.00	0.00
68645061090	LISINOPRIL 10 MG TABLET	2025-02-01	90.000	WALMART PHARMACY	1720005853	0.00000	0.00	0.00
68645057559	GLIPIZIDE 10 MG TABLET	2025-02-03	180.000	WALMART PHARMACY	1720005853	0.00000	0.00	0.00
68645061190	LISINOPRIL 20 MG TABLET	2025-02-14	30.000	WALMART PHARMACY	1720005853	0.00000	0.00	0.00
47781065190	LEVOTHYROXINE 100 MCG TABLET	2025-02-26	90.000	WALMART PHARMACY	1720005853	0.00000	0.00	0.00
68462030450	NORETHINDRONE 5 MG TABLET	2025-03-01	30.000	WALMART PHARMACY	1720005853	0.00000	0.00	6.77
68645061190	LISINOPRIL 20 MG TABLET	2025-03-14	30.000	WALMART PHARMACY	1720005853	0.00000	0.00	0.00
68462030450	NORETHINDRONE 5 MG TABLET	2025-03-27	30.000	WALMART PHARMACY	1720005853	0.00000	0.00	6.77

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4.00	0.02387	2025-01-15	-0.64	0.00	No	No
7.76	0.05567	2025-01-15	-0.39	0.00	No	No
10.00	0.02215	2025-01-29	-0.31	0.00	No	No
10.00	0.01718	2025-01-29	-0.17	0.00	No	No
10.00	0.04083	2025-01-29	-0.44	0.00	No	No
4.00	0.02401	2025-02-12	-0.64	0.00	No	No
10.00	0.05519	2025-02-26	-0.35	0.00	No	No
10.00	0.29538	2025-02-26	-0.13	0.00	No	No
4.00	0.02538	2025-03-12	-0.64	0.00	No	No
10.00	0.32146	2025-03-26	-0.17	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68180096301	ALBUTEROL HFA 90 MCG INHALER	2025-01-10	8.500	WALMART PHARMACY	1881870210	0.00000	0.00	0.00
68645061190	LISINOPRIL 20 MG TABLET	2025-01-21	30.000	WALMART PHARMACY	1447277579	0.00000	0.00	-0.00
68645061190	LISINOPRIL 20 MG TABLET	2025-02-21	30.000	WALMART PHARMACY	1447277579	0.00000	0.00	0.00
47781066890	LEVOTHYROXINE 200 MCG TABLET	2025-02-27	30.000	WALMART PHARMACY	1447277579	0.00000	0.00	-0.00
68645061190	LISINOPRIL 20 MG TABLET	2025-03-25	30.000	WALMART PHARMACY	1447277579	0.00000	0.00	0.00
64380078507	PREDNISONE 20 MG TABLET	2025-02-07	10.000	WALMART PHARMACY	1790072916	0.00000	0.00	0.00
60758011905	PREDNISOLONE AC 1% EYE DROP	2025-01-08	5.000	WALMART PHARMACY	1801813936	0.00000	0.00	0.00
69315090510	LORAZEPAM 1 MG TABLET	2025-02-04	2.000	FRUTH PHARMACY	1073528915	0.00000	0.00	0.00
59651048805	PREDNISONE 20 MG TABLET	2025-03-04	11.000	FRUTH PHARMACY	1982619821	0.00000	0.00	0.00
00378047705	DIAZEPAM 10 MG TABLET	2025-02-25	1.000	WALGREENS	1841716560	0.00000	0.00	0.00

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20.23	2.32051	2025-01-08	-0.33	0.00	No	No
4.00	0.02387	2025-01-15	-0.64	0.00	No	No
4.00	0.02538	2025-02-19	-0.64	0.00	No	No
4.00	0.09532	2025-02-26	-0.70	0.00	No	No
9.00	0.02621	2025-03-19	-0.20	0.00	No	No
4.04	0.07317	2025-02-05	-0.64	0.00	No	No
22.91	4.78445	2025-01-08	-0.33	0.00	No	No
4.94	0.04209	2025-01-29	-0.53	0.00	No	No
6.07	0.07911	2025-02-26	-0.47	0.00	No	No
2.30	0.02924	2025-02-19	-0.78	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
00406012405	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	2025-02-25	10.000	WALGREENS	1841716560	0.00000	0.00	0.00
00378047705	DIAZEPAM 10 MG TABLET	2025-03-21	1.000	WALGREENS	1841716560	0.00000	0.00	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-02-23	15.000	WALGREENS	1902035454	0.00000	0.00	0.00
45802046564	KETOCONAZOLE 2% SHAMPOO	2025-03-11	120.000	WALGREENS	1902035454	0.01333	0.00	7.99
70954006020	PREDNISONE 20 MG TABLET	2025-01-02	9.000	WALGREENS	1942727698	0.00000	0.00	0.00
31722054301	INDOMETHACIN 50 MG CAPSULE	2025-02-08	15.000	WALMART PHARMACY	1376560417	0.00000	0.00	0.00
68180044701	QUETIAPINE FUMARATE 100 MG TAB	2025-01-15	30.000	WALMART PHARMACY	1447277579	0.00000	0.00	0.00
68180044701	QUETIAPINE FUMARATE 100 MG TAB	2025-02-11	30.000	WALMART PHARMACY	1447277579	0.00000	0.00	0.00
47781064990	LEVOTHYROXINE 88 MCG TABLET	2025-02-12	90.000	WALMART PHARMACY	1447277579	0.00000	0.00	0.00
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-02-21	21.000	WALMART PHARMACY	1447277579	0.00000	0.00	0.00

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9.63	0.15504	2025-02-19	-0.20	0.00	No	No
2.30	0.03115	2025-03-19	-0.78	0.00	No	No
5.85	0.07911	2025-02-19	-0.50	0.00	No	No
10.00	0.09667	2025-03-05	-0.11	0.00	No	No
4.31	0.0717	2025-01-01	-0.61	0.00	No	No
5.77	0.11016	2025-02-05	-0.52	0.00	No	No
9.00	0.04549	2025-01-15	-0.24	0.00	No	No
9.00	0.04581	2025-02-05	-0.24	0.00	No	No
10.00	0.05802	2025-02-12	-0.36	0.00	No	No
9.76	0.1323	2025-02-19	-0.26	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68180044701	QUETIAPINE FUMARATE 100 MG TAB	2025-03-19	30.000	WALMART PHARMACY	1447277579	0.00000	0.00	0.00
64380078507	PREDNISONE 20 MG TABLET	2025-01-13	10.000	WALMART PHARMACY	1487838132	0.00000	0.00	-0.00
68180096301	ALBUTEROL HFA 90 MCG INHALER	2025-02-07	25.500	WALMART PHARMACY	1487838132	1.57529	0.00	0.52
47781065190	LEVOTHYROXINE 100 MCG TABLET	2025-02-07	90.000	WALMART PHARMACY	1487838132	0.00000	0.00	0.00
62559075816	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-03-10	180.000	CVS PHARMACY	1265663207	0.00000	0.00	0.00
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	2025-02-11	9.000	CVS PHARMACY	1922020627	29.33222	0.00	0.00
00378107593	TELMISARTAN-AMLODIPINE 40-5 MG	2025-03-19	90.000	KROGER PHARMACY	1245264035	1.99122	0.00	10.49
59651048801	PREDNISONE 20 MG TABLET	2025-03-31	10.000	KROGER PHARMACY	1245264035	0.00000	0.00	0.00
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	2025-03-28	20.100	MEDICAL CENTER PHARMACY	1639163538	0.00000	0.00	0.00
45802005536	TRIAMCINOLONE 0.1% OINTMENT	2025-01-08	80.000	WALMART PHARMACY	1609965292	0.00000	0.00	0.00

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9.00	0.05618	2025-03-19	-0.26	0.00	No	No
4.04	0.0717	2025-01-08	-0.64	0.00	No	No
20.00	2.35969	2025-02-05	-0.14	0.00	No	No
10.00	0.05386	2025-02-05	-0.35	0.00	No	No
14.89	0.03869	2025-03-05	-0.15	0.00	Yes	No
0.00	37.7194	2025-02-05	-0.25	0.00	Yes	No
20.00	2.50628	2025-03-19	-0.11	0.00	No	No
9.99	0.08187	2025-03-26	-0.12	0.00	No	No
7.84	0.11657	2025-03-26	-0.39	0.00	No	No
8.94	0.05903	2025-01-08	-0.41	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
47781066890	LEVOTHYROXINE 200 MCG TABLET	2025-01-21	90.000	WALMART PHARMACY	1609965292	0.00000	0.00	0.00
13668001001	CITALOPRAM HBR 20 MG TABLET	2025-01-24	90.000	WALMART PHARMACY	1609965292	0.00000	0.00	0.00
68645061090	LISINOPRIL 10 MG TABLET	2025-01-24	90.000	WALMART PHARMACY	1609965292	0.00000	0.00	0.00
68645058459	METFORMIN HCL 1,000 MG TABLET	2025-01-24	180.000	WALMART PHARMACY	1609965292	0.00000	0.00	0.00
47781064990	LEVOTHYROXINE 88 MCG TABLET	2025-01-24	90.000	WALMART PHARMACY	1609965292	0.00000	0.00	0.00
47781064090	LEVOTHYROXINE 25 MCG TABLET	2025-02-06	30.000	WALMART PHARMACY	1609965292	0.00000	0.00	0.00
45802005536	TRIAMCINOLONE 0.1% OINTMENT	2025-02-10	80.000	WALMART PHARMACY	1609965292	0.00000	0.00	0.00
29300046801	CLONIDINE HCL 0.1 MG TABLET	2025-03-04	15.000	WALMART PHARMACY	1609965292	0.00000	0.00	0.00
47781064090	LEVOTHYROXINE 25 MCG TABLET	2025-03-07	30.000	WALMART PHARMACY	1609965292	0.00000	0.00	0.00
45802005536	TRIAMCINOLONE 0.1% OINTMENT	2025-03-10	80.000	WALMART PHARMACY	1609965292	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
10.00	0.09085	2025-01-15	-0.46	0.00	No	No
10.00	0.02773	2025-01-22	-0.23	0.00	No	No
10.00	0.01718	2025-01-22	-0.17	0.00	No	No
10.00	0.02215	2025-01-22	-0.31	0.00	No	No
10.00	0.05802	2025-01-22	-0.36	0.00	No	No
4.00	0.043	2025-02-05	-0.66	0.00	No	No
8.94	0.05855	2025-02-05	-0.41	0.00	No	No
4.00	0.025	2025-02-26	-0.63	0.00	No	No
4.00	0.04343	2025-03-05	-0.66	0.00	No	No
8.94	0.06419	2025-03-05	-0.43	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
67877021905	CEPHALEXIN 500 MG CAPSULE	2025-02-04	21.000	WALMART PHARMACY	1629095757	0.00000	0.00	0.00
13668000901	CITALOPRAM HBR 10 MG TABLET	2025-03-05	45.000	WALMART PHARMACY	1629095757	0.00000	0.00	0.00
68645019059	METOPROLOL TARTRATE 50 MG TAB	2025-03-03	180.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-03-30	10.000	KROGER PHARMACY	1851325641	0.00000	0.00	0.00
64980056310	FUROSEMIDE 40 MG TABLET	2025-01-10	30.000	WALGREENS	1831615574	0.00000	0.00	0.00
70954005920	PREDNISONE 10 MG TABLET	2025-01-13	10.000	WALGREENS	1831615574	0.00000	0.00	-0.00
70954006020	PREDNISONE 20 MG TABLET	2025-01-25	5.000	WALGREENS	1831615574	0.00000	0.00	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-01-25	6.000	WALGREENS	1831615574	0.00000	0.00	0.00
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-01-23	21.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.00
64380078507	PREDNISONE 20 MG TABLET	2025-02-01	10.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
8.58	0.10819	2025-01-29	-0.33	0.00	No	No
6.00	0.02365	2025-03-05	-0.48	0.00	No	No
10.00	0.02142	2025-02-26	-0.30	0.00	No	No
9.99	0.08187	2025-03-26	-0.12	0.00	No	No
6.79	0.02872	2025-01-08	-0.40	0.00	No	No
4.33	0.04665	2025-01-08	-0.60	0.00	No	No
3.28	0.07317	2025-01-22	-0.70	0.00	No	No
3.54	0.07317	2025-01-22	-0.68	0.00	No	No
9.76	0.11419	2025-01-22	-0.24	0.00	No	No
4.04	0.07317	2025-01-29	-0.64	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
67877021905	CEPHALEXIN 500 MG CAPSULE	2025-02-12	20.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.00
64380078507	PREDNISONE 20 MG TABLET	2025-03-13	4.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.00
60505082901	FLUTICASONE PROP 50 MCG SPRAY	2025-03-31	16.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.00
64380078507	PREDNISONE 20 MG TABLET	2025-01-02	5.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
47781066590	LEVOTHYROXINE 175 MCG TABLET	2025-01-08	30.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-02-03	20.000	WALMART PHARMACY	1730106873	0.00000	0.00	-0.00
60505082901	FLUTICASONE PROP 50 MCG SPRAY	2025-02-21	16.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
67877015905	METFORMIN HCL ER 500 MG TABLET	2025-03-03	120.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
59651015301	PROGESTERONE 200 MG CAPSULE	2025-03-03	10.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.02
67877015905	METFORMIN HCL ER 500 MG TABLET	2025-03-29	120.000	WALMART PHARMACY	1730106873	0.02992	0.00	0.41

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
8.17	0.10819	2025-02-12	-0.35	0.00	No	No
4.00	0.07911	2025-03-12	-0.63	0.00	No	No
14.78	0.46041	2025-03-26	-0.17	0.00	No	No
4.00	0.0717	2025-01-01	-0.63	0.00	No	No
4.00	0.09137	2025-01-08	-0.70	0.00	No	No
5.98	0.08158	2025-01-29	-0.51	0.00	No	No
15.87	0.44945	2025-02-19	-0.10	0.00	No	No
4.00	0.02863	2025-02-26	-0.71	0.00	No	No
10.00	0.40063	2025-02-26	-0.31	0.00	No	No
0.00	0.02993	2025-03-26	-0.72	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
59651015301	PROGESTERONE 200 MG CAPSULE	2025-03-29	10.000	WALMART PHARMACY	1730106873	0.43300	0.00	5.69
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2025-01-17	10.000	MEDICAL CENTER PHARMACY	1639163538	0.00000	0.00	0.00
42799081501	PREDNISOLONE 15 MG/5 ML SOLN	2025-02-04	27.000	WALGREENS	1164947941	0.00000	0.00	0.43
42799081501	PREDNISOLONE 15 MG/5 ML SOLN	2025-03-03	25.000	WALGREENS	1164947941	0.00000	0.00	-0.00
00378335099	ESTRADIOL 0.05 MG PATCH (1/WK)	2025-03-12	12.000	WALGREENS	1164947941	9.47417	0.00	0.00
42799081501	PREDNISOLONE 15 MG/5 ML SOLN	2025-03-17	20.100	WALGREENS	1164947941	0.11144	0.00	6.04
65162003310	ACETAMINOPHEN-COD #3 TABLET	2025-03-11	10.000	WALGREENS	1679099311	0.00000	0.00	1.51
00781261305	AMOXICILLIN 500 MG CAPSULE	2025-03-11	21.000	WALGREENS	1679099311	0.00000	0.00	0.00
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	2025-01-03	1.000	WALGREENS	1831615574	0.00000	0.00	0.30
45802006436	TRIAMCINOLONE 0.1% CREAM	2025-01-06	80.000	WALGREENS	1831615574	0.00000	0.00	1.48

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0.00	0.43261	2025-03-26	-0.32	0.00	No	No
8.65	0.12482	2025-01-15	-0.26	0.00	No	No
10.00	0.10628	2025-01-29	-0.22	0.00	No	No
9.81	0.11147	2025-02-26	-0.26	0.00	No	No
20.00	11.56765	2025-03-12	-0.10	0.00	No	No
0.00	0.11147	2025-03-12	-0.35	0.00	No	No
10.00	0.25045	2025-03-05	-0.11	0.00	No	No
9.99	0.08742	2025-03-05	-0.19	0.00	No	No
10.00	1.65534	2025-01-01	-0.15	0.00	No	No
10.00	0.05176	2025-01-01	-0.22	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
00713022680	TRIAMCINOLONE 0.025% CREAM	2025-01-06	80.000	WALGREENS	1831615574	0.00000	0.00	2.11
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-01-16	90.000	WALGREENS	1831615574	0.00000	0.00	0.00
45802046564	KETOCONAZOLE 2% SHAMPOO	2025-01-28	120.000	WALGREENS	1831615574	0.01300	0.00	8.03
45802006336	TRIAMCINOLONE 0.025% CREAM	2025-01-28	80.000	WALGREENS	1831615574	0.00000	0.00	2.11
70954005920	PREDNISONE 10 MG TABLET	2025-01-28	25.000	WALGREENS	1831615574	0.00000	0.00	-0.00
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-01-31	90.000	WALGREENS	1831615574	0.00000	0.00	0.00
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	2025-02-07	1.000	WALGREENS	1831615574	0.00000	0.00	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-02-08	10.000	WALGREENS	1831615574	0.00000	0.00	0.00
70954005920	PREDNISONE 10 MG TABLET	2025-02-14	10.000	WALGREENS	1831615574	0.00000	0.00	0.00
11534016503	FOLIC ACID 1 MG TABLET	2025-02-17	90.000	WALGREENS	1831615574	0.00000	0.00	0.00

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10.00	0.05246	2025-01-01	-0.18	0.00	No	No
9.14	0.01079	2025-01-15	-0.20	0.00	No	No
10.00	0.09631	2025-01-22	-0.11	0.00	No	No
10.00	0.0526	2025-01-22	-0.18	0.00	No	No
7.83	0.04773	2025-01-22	-0.33	0.00	No	No
9.14	0.011	2025-01-29	-0.20	0.00	No	No
4.14	1.60351	2025-02-05	-0.66	0.00	No	No
4.56	0.07317	2025-02-05	-0.59	0.00	No	No
4.33	0.04773	2025-02-12	-0.61	0.00	No	No
8.91	0.02086	2025-02-12	-0.28	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
69315090405	LORAZEPAM 0.5 MG TABLET	2025-02-28	8.000	WALGREENS	1831615574	0.00000	0.00	0.00
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-03-11	20.000	WALGREENS	1831615574	0.00000	0.00	0.00
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	2025-03-10	1.000	WALGREENS	1831615574	0.00000	0.00	0.30
00406012405	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	2025-03-13	5.000	WALGREENS	1831615574	0.00000	0.00	0.00
68180086573	BLISOVI FE 1-20 TABLET	2025-03-25	84.000	WALGREENS	1831615574	0.14667	0.00	4.17
45802046564	KETOCONAZOLE 2% SHAMPOO	2025-03-27	120.000	WALGREENS	1831615574	0.01208	0.00	8.14
45802006336	TRIAMCINOLONE 0.025% CREAM	2025-03-27	80.000	WALGREENS	1831615574	0.00000	0.00	3.73
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	2025-03-31	84.000	WALGREENS	1831615574	0.14833	0.00	6.13
57237002901	AMOXICILLIN 875 MG TABLET	2025-01-04	14.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.00

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7.00	0.0411	2025-02-26	-0.35	0.00	No	No
9.62	0.08742	2025-03-05	-0.21	0.00	No	No
10.00	1.73711	2025-03-05	-0.16	0.00	No	No
5.81	0.15504	2025-03-12	-0.48	0.00	No	No
0.00	0.14667	2025-03-19	-0.28	0.00	No	No
10.00	0.09539	2025-03-26	-0.11	0.00	No	No
8.38	0.06197	2025-03-26	-0.22	0.00	No	No
0.00	0.14837	2025-03-26	-0.19	0.00	No	No
8.69	0.15465	2025-01-01	-0.31	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
29300024505	BUSPIRONE HCL 10 MG TABLET	2025-01-11	60.000	WALMART PHARMACY	1639196777	0.00000	0.00	-0.00
00228202910	ALPRAZOLAM 0.5 MG TABLET	2025-01-14	14.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.00
68645056354	IBUPROFEN 800 MG TABLET	2025-01-15	60.000	WALMART PHARMACY	1639196777	0.00000	0.00	1.64
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2025-01-22	180.000	WALMART PHARMACY	1639196777	0.03672	0.00	3.24
64380078507	PREDNISONE 20 MG TABLET	2025-01-22	18.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.00
29300024505	BUSPIRONE HCL 10 MG TABLET	2025-02-02	60.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.00
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	2025-02-04	200.000	WALMART PHARMACY	1639196777	0.00000	0.00	2.78
29300024505	BUSPIRONE HCL 10 MG TABLET	2025-02-08	60.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.00
68645061190	LISINOPRIL 20 MG TABLET	2025-02-10	90.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.00
42806071401	BENZONATATE 100 MG CAPSULE	2025-02-15	9.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
4.00	0.02862	2025-01-08	-0.67	0.00	No	No
6.50	0.02038	2025-01-08	-0.40	0.00	No	No
10.00	0.05567	2025-01-15	-0.16	0.00	No	No
10.00	0.08815	2025-01-22	-0.25	0.00	No	No
7.27	0.07317	2025-01-22	-0.38	0.00	No	No
4.00	0.02845	2025-01-29	-0.67	0.00	No	No
10.00	0.0318	2025-01-29	-0.24	0.00	No	No
4.00	0.02845	2025-02-05	-0.67	0.00	No	No
10.00	0.02401	2025-02-05	-0.21	0.00	No	No
5.41	0.0621	2025-02-12	-0.51	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
31722053301	METHOCARBAMOL 500 MG TABLET	2025-02-16	15.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.00
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-02-16	21.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.00
68645061090	LISINOPRIL 10 MG TABLET	2025-02-19	30.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.00
57237002901	AMOXICILLIN 875 MG TABLET	2025-02-20	20.000	WALMART PHARMACY	1639196777	0.00000	0.00	2.41
00378827052	ALBUTEROL SUL 2.5 MG/3 ML SOLN	2025-02-26	75.000	WALMART PHARMACY	1639196777	0.00000	0.00	1.44
29300024505	BUSPIRONE HCL 10 MG TABLET	2025-02-28	60.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.00
29300013005	HYDROCHLOROTHIAZIDE 12.5 MG CP	2025-03-02	90.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
5.50	0.03283	2025-02-12	-0.50	0.00	No	No
9.76	0.11419	2025-02-12	-0.24	0.00	No	No
4.00	0.0177	2025-02-19	-0.64	0.00	No	No
10.00	0.16502	2025-02-19	-0.10	0.00	No	No
10.00	0.06023	2025-02-26	-0.24	0.00	No	No
4.00	0.03079	2025-02-26	-0.68	0.00	No	No
10.00	0.02926	2025-02-26	-0.24	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
64380078507	PREDNISONE 20 MG TABLET	2025-03-04	10.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.00
55111014512	FLUCONAZOLE 150 MG TABLET	2025-03-04	1.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.00
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	2025-03-10	4.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.00
65862067601	ALPRAZOLAM 0.25 MG TABLET	2025-03-21	12.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.00
68645061090	LISINOPRIL 10 MG TABLET	2025-03-22	30.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.00
29300024505	BUSPIRONE HCL 10 MG TABLET	2025-03-27	60.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.00
64380078507	PREDNISONE 20 MG TABLET	2025-03-28	6.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
4.04	0.07911	2025-02-26	-0.64	0.00	No	No
4.80	0.53979	2025-02-26	-0.56	0.00	No	No
4.00	0.11147	2025-03-05	-0.63	0.00	No	No
6.38	0.02389	2025-03-19	-0.41	0.00	No	No
4.00	0.01833	2025-03-19	-0.64	0.00	No	No
4.00	0.03236	2025-03-26	-0.68	0.00	No	No
4.00	0.08187	2025-03-26	-0.64	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees
60505082901	FLUTICASONE PROP 50 MCG SPRAY	2025-03-28	16.000	WALMART PHARMACY	1639196777	0.00000	0.00
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	2025-03-28	10.000	WALMART PHARMACY	1639196777	0.00000	0.00
64380078507	PREDNISONE 20 MG TABLET	2025-03-29	8.000	WALMART PHARMACY	1639196777	0.00000	0.00
64380078507	PREDNISONE 20 MG TABLET	2025-01-09	10.000	WALMART PHARMACY	1730106873	0.00000	0.00
68645052154	SERTRALINE HCL 25 MG TABLET	2025-01-09	30.000	WALMART PHARMACY	1730106873	0.00000	0.00
59651015301	PROGESTERONE 200 MG CAPSULE	2025-01-09	12.000	WALMART PHARMACY	1730106873	0.00000	0.00
00456045801	ARMOUR THYROID 30 MG TABLET	2025-01-11	30.000	WALMART PHARMACY	1730106873	0.00000	0.00
53746051101	SPIRONOLACTONE 25 MG TABLET	2025-01-11	30.000	WALMART PHARMACY	1730106873	0.00000	0.00
00115521116	COLESTIPOL HCL 1 GM TABLET	2025-01-19	60.000	WALMART PHARMACY	1730106873	0.41067	0.00
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-01-31	21.000	WALMART PHARMACY	1730106873	0.00000	0.00

Amount of Dispensing Fee	Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
4.78	10.00	0.46041	2025-03-26	-0.17	0.00	No	No
-0.00	5.65	0.05983	2025-03-26	-0.49	0.00	No	No
0.00	4.00	0.08187	2025-03-26	-0.64	0.00	No	No
-0.00	4.04	0.0717	2025-01-08	-0.64	0.00	No	No
0.00	9.00	0.03225	2025-01-08	-0.21	0.00	No	No
2.02	10.00	0.34434	2025-01-08	-0.18	0.00	No	No
4.65	30.00	0.96859	2025-01-08	-0.12	0.00	No	No
0.00	5.56	0.04561	2025-01-08	-0.53	0.00	No	No
0.00	10.00	0.64507	2025-01-15	-0.30	0.00	No	No
0.00	9.76	0.11419	2025-01-29	-0.24	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees
55111014512	FLUCONAZOLE 150 MG TABLET	2025-02-03	1.000	WALMART PHARMACY	1730106873	0.00000	0.00
00456045801	ARMOUR THYROID 30 MG TABLET	2025-02-06	30.000	WALMART PHARMACY	1730106873	0.00000	0.00
53746051101	SPIRONOLACTONE 25 MG TABLET	2025-02-06	30.000	WALMART PHARMACY	1730106873	0.00000	0.00
68645052154	SERTRALINE HCL 25 MG TABLET	2025-02-06	30.000	WALMART PHARMACY	1730106873	0.00000	0.00
59651015301	PROGESTERONE 200 MG CAPSULE	2025-02-08	12.000	WALMART PHARMACY	1730106873	0.00000	0.00
64380078507	PREDNISONE 20 MG TABLET	2025-02-10	5.000	WALMART PHARMACY	1730106873	0.00000	0.00
62332002331	FLUOXETINE HCL 20 MG CAPSULE	2025-02-11	90.000	WALMART PHARMACY	1730106873	0.00000	0.00
64380078507	PREDNISONE 20 MG TABLET	2025-02-24	10.000	WALMART PHARMACY	1730106873	0.00000	0.00
68645051554	AMLODIPINE BESYLATE 5 MG TAB	2025-02-25	30.000	WALMART PHARMACY	1730106873	0.00000	0.00
68645061190	LISINOPRIL 20 MG TABLET	2025-02-25	90.000	WALMART PHARMACY	1730106873	0.00000	0.00

Amount of Dispensing Fee	Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
0.00	4.80	0.52425	2025-01-29	-0.56	0.00	No	No
4.65	30.00	0.96859	2025-02-05	-0.12	0.00	No	No
0.00	5.56	0.04612	2025-02-05	-0.53	0.00	No	No
0.00	9.00	0.03055	2025-02-05	-0.21	0.00	No	No
2.02	10.00	0.35713	2025-02-05	-0.19	0.00	No	No
0.00	4.00	0.07317	2025-02-05	-0.63	0.00	No	No
0.00	10.00	0.02978	2025-02-05	-0.24	0.00	No	No
0.00	4.04	0.07911	2025-02-19	-0.64	0.00	No	No
0.00	9.00	0.01082	2025-02-19	-0.17	0.00	No	No
-0.00	10.00	0.02538	2025-02-19	-0.22	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees
67877015905	METFORMIN HCL ER 500 MG TABLET	2025-03-03	90.000	WALMART PHARMACY	1730106873	0.00000	0.00
00456045801	ARMOUR THYROID 30 MG TABLET	2025-03-07	30.000	WALMART PHARMACY	1730106873	0.00000	0.00
53746051101	SPIRONOLACTONE 25 MG TABLET	2025-03-07	30.000	WALMART PHARMACY	1730106873	0.00000	0.00
64380078507	PREDNISONE 20 MG TABLET	2025-03-12	10.000	WALMART PHARMACY	1730106873	0.00000	0.00
68645052154	SERTRALINE HCL 25 MG TABLET	2025-03-13	30.000	WALMART PHARMACY	1730106873	0.00000	0.00
59651015301	PROGESTERONE 200 MG CAPSULE	2025-03-13	12.000	WALMART PHARMACY	1730106873	0.00000	0.00
55111014512	FLUCONAZOLE 150 MG TABLET	2025-03-13	1.000	WALMART PHARMACY	1730106873	0.00000	0.00
59651080701	MECLIZINE 12.5 MG TABLET	2025-03-13	30.000	WALMART PHARMACY	1730106873	0.00000	0.00
55111014512	FLUCONAZOLE 150 MG TABLET	2025-03-14	1.000	WALMART PHARMACY	1730106873	0.00000	0.00
70710146707	COLESTIPOL HCL 1 GM TABLET	2025-03-15	60.000	WALMART PHARMACY	1730106873	0.37150	0.00

Amount of Dispensing Fee	Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
0.00	4.00	0.02863	2025-02-26	-0.69	0.00	No	No
4.65	30.00	0.96859	2025-03-05	-0.12	0.00	No	No
0.00	5.56	0.0494	2025-03-05	-0.54	0.00	No	No
0.00	4.04	0.07911	2025-03-12	-0.64	0.00	No	No
0.00	9.00	0.0324	2025-03-12	-0.21	0.00	No	No
2.02	10.00	0.40063	2025-03-12	-0.21	0.00	No	No
0.00	4.80	0.53979	2025-03-12	-0.56	0.00	No	No
0.00	9.00	0.05409	2025-03-12	-0.26	0.00	No	No
0.00	4.80	0.53979	2025-03-12	-0.56	0.00	No	No
0.00	10.00	0.68394	2025-03-12	-0.37	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees
29300041910	AMITRIPTYLINE HCL 10 MG TAB	2025-03-19	90.000	WALMART PHARMACY	1730106873	0.00000	0.00
60505082901	FLUTICASONE PROP 50 MCG SPRAY	2025-03-27	16.000	WALMART PHARMACY	1730106873	0.00000	0.00
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-03-27	21.000	WALMART PHARMACY	1730106873	0.00000	0.00
00574062105	PODOFILOX 0.5% GEL	2025-03-27	3.500	WALMART PHARMACY	1730106873	105.40571	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-02-19	21.000	KROGER PHARMACY	1851325641	0.00000	0.00
00002822259	INSULIN LISPRO 100 UNIT/ML KWIKPEN	2025-03-03	3.000	KROGER PHARMACY	1851325641	3.52667	0.00
00904585440	IBUPROFEN 600 MG TABLET	2025-01-09	28.000	WALGREENS	1831615574	0.00000	0.00
68180086573	BLISOVI FE 1-20 TABLET	2025-01-12	84.000	WALGREENS	1831615574	0.12464	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-01-22	10.000	WALGREENS	1831615574	0.00000	0.00
62559075816	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-01-22	120.000	WALGREENS	1831615574	0.00000	0.00

Amount of Dispensing Fee	Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
0.00	10.00	0.04109	2025-03-19	-0.30	0.00	No	No
4.78	10.00	0.46041	2025-03-26	-0.17	0.00	No	No
0.00	9.24	0.15456	2025-03-26	-0.33	0.00	No	No
0.00	10.00	123.94742	2025-03-26	-0.15	0.00	No	No
0.00	9.99	0.07911	2025-02-19	-0.18	0.00	No	No
4.91	20.00	10.19279	2025-02-26	-0.14	0.00	No	No
0.00	8.34	0.0483	2025-01-08	-0.30	0.00	No	No
6.02	0.00	0.12469	2025-01-08	-0.21	0.00	No	No
0.00	4.56	0.07317	2025-01-22	-0.59	0.00	No	No
2.69	10.00	0.0344	2025-01-22	-0.13	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees
70954005820	PREDNISONE 5 MG TABLET	2025-01-31	30.000	WALGREENS	1831615574	0.00000	0.00
00185067405	HYDROXYZINE PAM 25 MG CAP	2025-02-05	12.000	WALGREENS	1831615574	0.00000	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-02-20	10.000	WALGREENS	1831615574	0.00000	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-03-05	5.000	WALGREENS	1831615574	0.00000	0.00
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2025-03-15	12.000	WALGREENS	1831615574	0.00000	0.00
70954005820	PREDNISONE 5 MG TABLET	2025-03-18	30.000	WALGREENS	1831615574	0.00000	0.00
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	2025-03-19	9.000	WALGREENS	1831615574	0.00000	0.00
68645061290	LISINOPRIL 30 MG TABLET	2025-02-25	90.000	WALMART PHARMACY	1285651323	0.00000	0.00
64380078507	PREDNISONE 20 MG TABLET	2025-01-05	10.000	WALMART PHARMACY	1639196777	0.00000	0.00
68645058259	METFORMIN HCL 500 MG TABLET	2025-01-07	60.000	WALMART PHARMACY	1639196777	0.00000	0.00

Amount of Dispensing Fee	Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
-0.00	8.72	0.04429	2025-01-29	-0.26	0.00	No	No
0.00	5.48	0.06095	2025-02-05	-0.51	0.00	No	No
0.00	4.56	0.07911	2025-02-19	-0.60	0.00	No	No
0.00	3.28	0.07911	2025-03-05	-0.70	0.00	No	No
0.30	10.00	0.12132	2025-03-12	-0.14	0.00	No	No
-0.00	8.72	0.04743	2025-03-12	-0.27	0.00	No	No
0.00	6.87	0.09237	2025-03-19	-0.39	0.00	No	No
0.00	10.00	0.05139	2025-02-19	-0.34	0.00	No	No
-0.00	4.04	0.0717	2025-01-01	-0.64	0.00	No	No
0.00	4.00	0.01304	2025-01-01	-0.65	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees
68645019059	METOPROLOL TARTRATE 50 MG TAB	2025-01-09	60.000	WALMART PHARMACY	1639196777	0.00000	0.00
64380078408	PREDNISONE 10 MG TABLET	2025-01-18	18.000	WALMART PHARMACY	1639196777	0.00000	0.00
68645019059	METOPROLOL TARTRATE 50 MG TAB	2025-01-21	60.000	WALMART PHARMACY	1639196777	0.00000	0.00
00406012401	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	2025-01-24	5.000	WALMART PHARMACY	1639196777	0.00000	0.00
00116200116	CHLORHEXIDINE 0.12% RINSE	2025-01-24	473.000	WALMART PHARMACY	1639196777	0.00000	0.00
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-01-31	90.000	WALMART PHARMACY	1639196777	0.00000	0.00
68645058259	METFORMIN HCL 500 MG TABLET	2025-02-02	60.000	WALMART PHARMACY	1639196777	0.00000	0.00
42806071401	BENZONATATE 100 MG CAPSULE	2025-02-02	9.000	WALMART PHARMACY	1639196777	0.00000	0.00
65162019011	NAPROXEN 500 MG TABLET	2025-02-02	14.000	WALMART PHARMACY	1639196777	0.00000	0.00
60505265605	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	2025-02-03	90.000	WALMART PHARMACY	1639196777	0.00000	0.00

Amount of Dispensing Fee	Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
0.00	4.00	0.0192	2025-01-08	-0.66	0.00	No	No
0.00	4.00	0.04665	2025-01-15	-0.65	0.00	No	No
0.00	4.00	0.0192	2025-01-15	-0.66	0.00	No	No
-0.00	8.39	0.1536	2025-01-22	-0.25	0.00	No	No
0.00	7.48	0.007	2025-01-22	-0.46	0.00	No	No
0.00	10.00	0.011	2025-01-29	-0.13	0.00	No	No
0.00	4.00	0.01323	2025-01-29	-0.65	0.00	No	No
0.00	5.41	0.0621	2025-01-29	-0.51	0.00	No	No
0.00	4.00	0.05472	2025-01-29	-0.64	0.00	No	No
0.00	10.00	0.07823	2025-01-29	-0.43	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-02-03	21.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.00
68645019059	METOPROLOL TARTRATE 50 MG TAB	2025-02-04	60.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.00
64380078408	PREDNISONE 10 MG TABLET	2025-02-05	10.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.00
68645056259	IBUPROFEN 600 MG TABLET	2025-02-09	60.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.86
68645019059	METOPROLOL TARTRATE 50 MG TAB	2025-02-17	60.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.00
60505082901	FLUTICASONE PROP 50 MCG SPRAY	2025-02-19	16.000	WALMART PHARMACY	1639196777	0.00000	0.00	5.87
60505082901	FLUTICASONE PROP 50 MCG SPRAY	2025-02-21	16.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
9.76	0.11419	2025-01-29	-0.24	0.00	No	No
4.00	0.01919	2025-01-29	-0.66	0.00	No	No
4.00	0.04773	2025-02-05	-0.64	0.00	No	No
10.00	0.04794	2025-02-05	-0.19	0.00	No	No
4.00	0.01919	2025-02-12	-0.66	0.00	No	No
10.00	0.44945	2025-02-19	-0.10	0.00	No	No
15.87	0.44945	2025-02-19	-0.10	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68645058259	METFORMIN HCL 500 MG TABLET	2025-02-28	60.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.00
68645019059	METOPROLOL TARTRATE 50 MG TAB	2025-03-03	60.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.00
68382009505	CARVEDILOL 25 MG TABLET	2025-03-04	20.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.00
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-03-08	21.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.00
47781065190	LEVOTHYROXINE 100 MCG TABLET	2025-03-10	90.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.00
68645061190	LISINOPRIL 20 MG TABLET	2025-03-14	90.000	WALMART PHARMACY	1639196777	0.00000	0.00	-0.00
68645019059	METOPROLOL TARTRATE 50 MG TAB	2025-03-15	60.000	WALMART PHARMACY	1639196777	0.02150	0.00	2.71

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
4.00	0.01368	2025-02-26	-0.65	0.00	No	No
4.00	0.02142	2025-02-26	-0.66	0.00	No	No
4.00	0.02966	2025-02-26	-0.64	0.00	No	No
9.76	0.1323	2025-03-05	-0.26	0.00	No	No
10.00	0.05519	2025-03-05	-0.35	0.00	No	No
10.00	0.02538	2025-03-12	-0.22	0.00	No	No
0.00	0.02142	2025-03-12	-0.66	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68180096301	ALBUTEROL HFA 90 MCG INHALER	2025-03-18	8.500	WALMART PHARMACY	1639196777	0.02706	0.00	0.00
00116200116	CHLORHEXIDINE 0.12% RINSE	2025-03-19	473.000	WALMART PHARMACY	1639196777	0.00000	0.00	-0.00
68645058259	METFORMIN HCL 500 MG TABLET	2025-03-26	60.000	WALMART PHARMACY	1639196777	0.01383	0.00	8.17
59651080801	MECLIZINE 25 MG TABLET	2025-03-26	15.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.00
68645019059	METOPROLOL TARTRATE 50 MG TAB	2025-03-29	60.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.00
64380078507	PREDNISONE 20 MG TABLET	2025-03-30	6.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.00
72578005518	DOXYCYCLINE HYCLATE 100 MG CAP	2025-03-30	14.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.74

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
20.00	2.53475	2025-03-12	-0.37	0.00	No	No
7.48	0.00764	2025-03-19	-0.47	0.00	No	No
0.00	0.01391	2025-03-26	-0.21	0.00	No	No
4.50	0.08658	2025-03-26	-0.62	0.00	No	No
9.00	0.02243	2025-03-26	-0.24	0.00	No	No
4.00	0.08187	2025-03-26	-0.64	0.00	No	No
10.00	0.12632	2025-03-26	-0.12	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
60505082901	FLUTICASONE PROP 50 MCG SPRAY	2025-03-30	16.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.00
53746051101	SPIRONOLACTONE 25 MG TABLET	2025-01-02	30.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-01-03	4.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
68645058459	METFORMIN HCL 1,000 MG TABLET	2025-01-09	180.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
47781064090	LEVOTHYROXINE 25 MCG TABLET	2025-01-09	90.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
53746051401	SPIRONOLACTONE 50 MG TABLET	2025-01-10	30.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
29300024401	BUSPIRONE HCL 5 MG TABLET	2025-01-13	90.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
50111056001	TRAZODONE 50 MG TABLET	2025-01-14	30.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
68645052354	SERTRALINE HCL 100 MG TABLET	2025-01-14	30.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
68382056501	METOPROLOL SUCC ER 50 MG TAB	2025-01-15	30.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
14.78	0.46041	2025-03-26	-0.17	0.00	No	No
5.56	0.04561	2025-01-01	-0.53	0.00	No	No
4.00	0.08279	2025-01-01	-0.63	0.00	No	No
10.00	0.02204	2025-01-08	-0.31	0.00	No	No
10.00	0.04342	2025-01-08	-0.31	0.00	No	No
9.00	0.08824	2025-01-08	-0.31	0.00	No	No
6.00	0.01976	2025-01-08	-0.51	0.00	No	No
4.00	0.03177	2025-01-08	-0.65	0.00	No	No
9.00	0.04769	2025-01-08	-0.25	0.00	No	No
9.00	0.05663	2025-01-15	-0.26	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	2025-01-17	6.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
24979023103	POTASSIUM CL ER 10 MEQ TABLET	2025-01-20	90.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
68645058459	METFORMIN HCL 1,000 MG TABLET	2025-01-22	60.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
68645058359	METFORMIN HCL 850 MG TABLET	2025-01-25	180.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-01-25	90.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
68645019159	METOPROLOL TARTRATE 100 MG TAB	2025-01-25	180.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
00093005405	BUSPIRONE HCL 10 MG TABLET	2025-01-28	60.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
29300024401	BUSPIRONE HCL 5 MG TABLET	2025-01-30	60.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-02-04	21.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
68180096301	ALBUTEROL HFA 90 MCG INHALER	2025-02-04	8.500	WALMART PHARMACY	1730106873	1.18353	0.00	0.17

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
4.00	0.0521	2025-01-15	-0.63	0.00	No	No
11.75	0.10167	2025-01-15	-0.40	0.00	No	No
4.00	0.02215	2025-01-22	-0.66	0.00	No	No
10.00	0.0229	2025-01-22	-0.32	0.00	No	No
10.00	0.011	2025-01-22	-0.13	0.00	No	No
10.00	0.02548	2025-01-22	-0.34	0.00	No	No
4.00	0.02845	2025-01-22	-0.67	0.00	No	No
4.00	0.01949	2025-01-29	-0.66	0.00	No	No
9.76	0.11419	2025-01-29	-0.24	0.00	No	No
10.00	2.35969	2025-01-29	-0.34	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
59651015301	PROGESTERONE 200 MG CAPSULE	2025-02-04	10.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.02
53746051101	SPIRONOLACTONE 25 MG TABLET	2025-02-04	30.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
00378827052	ALBUTEROL SUL 2.5 MG/3 ML SOLN	2025-02-05	75.000	WALMART PHARMACY	1730106873	0.00000	0.00	1.44
65862006299	METOPROLOL TARTRATE 25 MG TAB	2025-02-05	180.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
00406012401	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	2025-02-05	5.000	WALMART PHARMACY	1730106873	0.00000	0.00	-0.00
68645058259	METFORMIN HCL 500 MG TABLET	2025-02-09	180.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
64380078507	PREDNISONE 20 MG TABLET	2025-02-10	5.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
68180096301	ALBUTEROL HFA 90 MCG INHALER	2025-02-10	8.500	WALMART PHARMACY	1730106873	0.00706	0.00	0.17
42806071401	BENZONATATE 100 MG CAPSULE	2025-02-10	15.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
43598032675	CIPROFLOX-DEXAMETH OTIC SUSP	2025-02-12	7.500	WALMART PHARMACY	1730106873	9.94133	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
10.00	0.35713	2025-01-29	-0.29	0.00	No	No
5.56	0.04612	2025-01-29	-0.53	0.00	No	No
10.00	0.05918	2025-02-05	-0.23	0.00	No	No
10.00	0.01563	2025-02-05	-0.25	0.00	No	No
8.39	0.1536	2025-02-05	-0.25	0.00	No	No
10.00	0.01323	2025-02-05	-0.22	0.00	No	No
4.00	0.07317	2025-02-05	-0.63	0.00	No	No
20.00	2.35969	2025-02-05	-0.34	0.00	No	No
9.02	0.0621	2025-02-05	-0.21	0.00	No	No
10.00	12.89053	2025-02-12	-0.21	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-02-14	21.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
68645058459	METFORMIN HCL 1,000 MG TABLET	2025-02-17	60.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
68382056501	METOPROLOL SUCC ER 50 MG TAB	2025-02-17	30.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
68645058259	METFORMIN HCL 500 MG TABLET	2025-02-17	180.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
68645061090	LISINOPRIL 10 MG TABLET	2025-02-20	30.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
47781064390	LEVOTHYROXINE 50 MCG TABLET	2025-02-23	90.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
29300046801	CLONIDINE HCL 0.1 MG TABLET	2025-02-24	180.000	WALMART PHARMACY	1730106873	0.02500	0.00	5.50
68645060990	LISINOPRIL 5 MG TABLET	2025-02-24	90.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
29300024401	BUSPIRONE HCL 5 MG TABLET	2025-02-27	60.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
60505082901	FLUTICASONE PROP 50 MCG SPRAY	2025-02-28	16.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00

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9.76	0.11419	2025-02-12	-0.24	0.00	No	No
4.00	0.02215	2025-02-12	-0.66	0.00	No	No
9.00	0.05821	2025-02-12	-0.26	0.00	No	No
10.00	0.01323	2025-02-12	-0.22	0.00	No	No
4.00	0.0177	2025-02-19	-0.64	0.00	No	No
10.00	0.05398	2025-02-19	-0.35	0.00	No	No
0.00	0.025	2025-02-19	-0.33	0.00	No	No
10.00	0.01445	2025-02-19	-0.15	0.00	No	No
4.00	0.02195	2025-02-26	-0.66	0.00	No	No
15.87	0.44945	2025-02-26	-0.10	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
60758011905	PREDNISOLONE AC 1% EYE DROP	2025-02-28	5.000	WALMART PHARMACY	1730106873	2.58200	0.00	0.00
68645051554	AMLODIPINE BESYLATE 5 MG TAB	2025-03-11	30.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
64380078408	PREDNISONE 10 MG TABLET	2025-03-11	27.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
53746051101	SPIRONOLACTONE 25 MG TABLET	2025-03-12	30.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
55111014512	FLUCONAZOLE 150 MG TABLET	2025-03-15	1.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
68645051654	AMLODIPINE BESYLATE 10 MG TAB	2025-03-18	30.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
29300024401	BUSPIRONE HCL 5 MG TABLET	2025-03-25	60.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
23155005901	VERAPAMIL 40 MG TABLET	2025-03-25	30.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-03-25	90.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
24979023103	POTASSIUM CL ER 10 MEQ TABLET	2025-03-25	90.000	WALMART PHARMACY	1730106873	0.00000	0.00	-0.00

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10.00	5.21596	2025-02-26	-0.37	0.00	No	No
9.00	0.01082	2025-03-05	-0.17	0.00	No	No
4.47	0.05399	2025-03-05	-0.63	0.00	No	No
5.56	0.0494	2025-03-12	-0.54	0.00	No	No
4.80	0.53979	2025-03-12	-0.56	0.00	No	No
9.00	0.01694	2025-03-12	-0.18	0.00	No	No
9.00	0.02365	2025-03-19	-0.24	0.00	No	No
9.23	0.1272	2025-03-19	-0.35	0.00	No	No
10.00	0.01281	2025-03-19	-0.14	0.00	No	No
11.75	0.09741	2025-03-19	-0.39	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68645061090	LISINOPRIL 10 MG TABLET	2025-03-25	30.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
29300013005	HYDROCHLOROTHIAZIDE 12.5 MG CP	2025-03-31	90.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
68645061090	LISINOPRIL 10 MG TABLET	2025-01-26	90.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
47781065190	LEVOTHYROXINE 100 MCG TABLET	2025-03-11	90.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
59651048699	PREDNISONE 5 MG TABLET	2025-01-02	12.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-02-18	90.000	WALGREENS	1609179860	0.00000	0.00	0.00
83980000210	FUROSEMIDE 20 MG TABLET	2025-03-05	15.000	WALGREENS	1518483361	0.00000	0.00	0.00
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-01-22	180.000	CVS PHARMACY	1124121645	0.00000	0.00	0.00
70954005820	PREDNISONE 5 MG TABLET	2025-01-27	15.000	KROGER PHARMACY	1043244825	0.00000	0.00	0.00
70010078005	METOPROLOL SUCC ER 25 MG TAB	2025-01-23	90.000	SALEM COLONIAL PHARMACY	1053344705	0.00000	0.00	-0.00

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9.00	0.01833	2025-03-19	-0.18	0.00	No	No
10.00	0.03012	2025-03-26	-0.24	0.00	No	No
10.00	0.01718	2025-01-22	-0.17	0.00	No	No
10.00	0.05519	2025-03-05	-0.35	0.00	No	No
4.00	0.04351	2025-01-01	-0.64	0.00	No	No
9.14	0.011	2025-02-12	-0.20	0.00	No	No
4.10	0.02485	2025-03-05	-0.62	0.00	No	No
14.89	0.0344	2025-01-22	-0.11	0.00	Yes	No
9.99	0.04429	2025-01-22	-0.10	0.00	No	No
10.30	0.05304	2025-01-22	-0.33	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68180096903	LEVOTHYROXINE 100 MCG TABLET	2025-01-30	90.000	SALEM COLONIAL PHARMACY	1053344705	0.00000	0.00	0.00
57237000511	FLUCONAZOLE 150 MG TABLET	2025-03-26	1.000	SAM'S CLUB PHARMACY	1316330624	0.00000	0.00	0.00
57237000511	FLUCONAZOLE 150 MG TABLET	2025-01-17	1.000	SAM'S CLUB PHARMACY	1942575808	0.00000	0.00	0.00
00591544301	PREDNISONE 20 MG TABLET	2025-03-19	10.000	SAM'S CLUB PHARMACY	1942575808	0.00000	0.00	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-01-28	10.000	WALGREENS	1205352895	0.00000	0.00	0.00
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2025-01-22	8.000	WALGREENS	1417473000	0.00000	0.00	0.00
68462063945	NITROGLYCERIN 0.4 MG TABLET SL	2025-01-16	25.000	WALMART PHARMACY	1275550303	0.00000	0.00	0.00
68645051554	AMLODIPINE BESYLATE 5 MG TAB	2025-02-27	30.000	WALMART PHARMACY	1275550303	0.00000	0.00	0.00
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-03-18	90.000	WALMART PHARMACY	1275550303	0.00000	0.00	0.00

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13.50	0.05386	2025-01-29	-0.12	0.00	No	No
8.25	0.59122	2025-03-26	-0.26	0.00	No	No
8.25	0.51642	2025-01-15	-0.25	0.00	No	No
5.57	0.08187	2025-03-19	-0.51	0.00	No	No
4.56	0.07317	2025-01-22	-0.59	0.00	No	No
7.53	0.12377	2025-01-22	-0.34	0.00	No	No
9.00	0.18498	2025-01-15	-0.40	0.00	No	No
9.00	0.01082	2025-02-26	-0.17	0.00	No	No
10.00	0.01217	2025-03-12	-0.14	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2025-01-02	6.000	WALMART PHARMACY	1457378580	0.00000	0.00
61314065605	CIPROFLOXACIN 0.3% EYE DROP	2025-01-04	5.000	WALMART PHARMACY	1457378580	0.00000	0.00
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-01-29	21.000	WALMART PHARMACY	1457378580	0.00000	0.00
47781064390	LEVOTHYROXINE 50 MCG TABLET	2025-02-04	90.000	WALMART PHARMACY	1457378580	0.00000	0.00
13668001001	CITALOPRAM HBR 20 MG TABLET	2025-02-11	90.000	WALMART PHARMACY	1457378580	0.00000	0.00
13668000901	CITALOPRAM HBR 10 MG TABLET	2025-02-11	90.000	WALMART PHARMACY	1457378580	0.00000	0.00
60505015701	BUPROPION HCL 100 MG TABLET	2025-02-26	60.000	WALMART PHARMACY	1457378580	0.00000	0.00
60505015701	BUPROPION HCL 100 MG TABLET	2025-03-26	60.000	WALMART PHARMACY	1457378580	0.00000	0.00
29300013005	HYDROCHLOROTHIAZIDE 12.5 MG CP	2025-01-11	90.000	WALMART PHARMACY	1467479501	0.00000	0.00
68382000106	PAROXETINE HCL 40 MG TABLET	2025-01-14	30.000	WALMART PHARMACY	1487838132	0.00000	0.00

Amount of Dispensing Fee	Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
0.00	6.34	0.12482	2025-01-01	-0.44	0.00	No	No
0.00	14.60	1.50086	2025-01-01	-0.19	0.00	No	No
0.00	9.76	0.11419	2025-01-29	-0.24	0.00	No	No
0.00	10.00	0.05075	2025-01-29	-0.34	0.00	No	No
0.00	10.00	0.02773	2025-02-05	-0.23	0.00	No	No
0.00	10.00	0.02246	2025-02-05	-0.20	0.00	No	No
0.00	15.00	0.11838	2025-02-26	-0.15	0.00	No	No
0.00	15.00	0.12584	2025-03-26	-0.17	0.00	No	No
0.00	10.00	0.02881	2025-01-08	-0.24	0.00	No	No
-0.00	9.00	0.10369	2025-01-08	-0.34	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees
67877015905	METFORMIN HCL ER 500 MG TABLET	2025-01-20	180.000	WALMART PHARMACY	1487838132	0.00000	0.00
29300041910	AMITRIPTYLINE HCL 10 MG TAB	2025-01-23	60.000	WALMART PHARMACY	1487838132	0.00000	0.00
00555901658	SPRINTEC 28 DAY TABLET	2025-01-25	28.000	WALMART PHARMACY	1487838132	0.11179	0.00
47781065790	LEVOTHYROXINE 125 MCG TABLET	2025-01-30	30.000	WALMART PHARMACY	1487838132	0.00000	0.00
68382000106	PAROXETINE HCL 40 MG TABLET	2025-02-12	30.000	WALMART PHARMACY	1487838132	0.00000	0.00
00555901658	SPRINTEC 28 DAY TABLET	2025-02-19	28.000	WALMART PHARMACY	1487838132	0.11179	0.00
47781065490	LEVOTHYROXINE 112 MCG TABLET	2025-03-07	30.000	WALMART PHARMACY	1487838132	0.00000	0.00
29300041910	AMITRIPTYLINE HCL 10 MG TAB	2025-03-07	60.000	WALMART PHARMACY	1487838132	0.00000	0.00
00054429931	FUROSEMIDE 40 MG TABLET	2025-01-23	90.000	WALMART PHARMACY	1538186663	0.00000	0.00
68645058459	METFORMIN HCL 1,000 MG TABLET	2025-01-27	180.000	WALMART PHARMACY	1538186663	0.00000	0.00

Amount of Dispensing Fee	Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
0.00	6.00	0.02708	2025-01-15	-0.61	0.00	No	No
0.00	8.00	0.0337	2025-01-22	-0.36	0.00	No	No
5.87	0.00	0.1118	2025-01-22	-0.34	0.00	No	No
0.00	4.00	0.07133	2025-01-29	-0.68	0.00	No	No
-0.00	9.00	0.11214	2025-02-12	-0.35	0.00	No	No
5.87	0.00	0.12083	2025-02-19	-0.35	0.00	No	No
0.00	4.00	0.07192	2025-03-05	-0.68	0.00	No	No
0.00	8.00	0.0375	2025-03-05	-0.37	0.00	No	No
0.00	10.00	0.02862	2025-01-22	-0.23	0.00	No	No
0.00	10.00	0.02215	2025-01-22	-0.31	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees
60505265605	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	2025-01-27	90.000	WALMART PHARMACY	1538186663	0.00000	0.00
67877025145	TRIAMCINOLONE 0.1% CREAM	2025-02-17	454.000	WALMART PHARMACY	1538186663	0.00000	0.00
29300041910	AMITRIPTYLINE HCL 10 MG TAB	2025-02-18	30.000	WALMART PHARMACY	1538186663	0.00000	0.00
65862017160	TOPIRAMATE 25 MG TABLET	2025-03-10	60.000	WALMART PHARMACY	1538186663	0.00000	0.00
60505265605	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	2025-03-25	90.000	WALMART PHARMACY	1992722029	0.00000	0.00
29300042010	AMITRIPTYLINE HCL 25 MG TAB	2025-03-04	30.000	WALMART PHARMACY	1801813936	0.00000	0.00
29300011416	LAMOTRIGINE 200 MG TABLET	2025-01-24	30.000	WALMART PHARMACY	1992722029	0.00000	0.00
29300046801	CLONIDINE HCL 0.1 MG TABLET	2025-01-24	15.000	WALMART PHARMACY	1992722029	0.00000	0.00
29300046801	CLONIDINE HCL 0.1 MG TABLET	2025-02-19	15.000	WALMART PHARMACY	1992722029	0.00000	0.00
31722053301	METHOCARBAMOL 500 MG TABLET	2025-02-19	25.000	WALMART PHARMACY	1992722029	0.00000	0.00

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0.00	10.00	0.07823	2025-01-22	-0.43	0.00	No	No
2.97	15.00	0.02978	2025-02-12	-0.25	0.00	No	No
0.00	4.00	0.0337	2025-02-12	-0.65	0.00	No	No
0.00	9.00	0.02672	2025-03-05	-0.26	0.00	No	No
-0.00	10.00	0.09475	2025-03-19	-0.47	0.00	No	No
0.00	4.00	0.0524	2025-02-26	-0.67	0.00	No	No
0.00	9.00	0.07339	2025-01-22	-0.29	0.00	No	No
0.00	4.00	0.02305	2025-01-22	-0.63	0.00	No	No
0.00	4.00	0.025	2025-02-19	-0.63	0.00	No	No
0.00	9.17	0.03582	2025-02-19	-0.19	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees
29300011416	LAMOTRIGINE 200 MG TABLET	2025-02-23	30.000	WALMART PHARMACY	1992722029	0.00000	0.00
00555901858	TRI-SPRINTEC TABLET	2025-01-25	28.000	WALMART PHARMACY	1821015967	0.12214	0.00
00555901858	TRI-SPRINTEC TABLET	2025-02-26	28.000	WALMART PHARMACY	1821015967	0.12821	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-02-28	10.000	WALGREENS	1609391358	0.00000	0.00
68645061090	LISINOPRIL 10 MG TABLET	2025-01-19	90.000	WALMART PHARMACY	1376560417	0.00000	0.00
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-02-18	21.000	WALMART PHARMACY	1376560417	0.02143	0.00
67877015905	METFORMIN HCL ER 500 MG TABLET	2025-02-27	360.000	WALMART PHARMACY	1376560417	0.02222	0.00
47781064390	LEVOTHYROXINE 50 MCG TABLET	2025-02-01	90.000	WALMART PHARMACY	1750309449	0.02856	0.00
68645061090	LISINOPRIL 10 MG TABLET	2025-02-08	90.000	WALMART PHARMACY	1750309449	0.00000	0.00
60505082901	FLUTICASONE PROP 50 MCG SPRAY	2025-03-14	16.000	WALMART PHARMACY	1447277579	0.00000	0.00

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0.00	9.00	0.07799	2025-02-19	-0.30	0.00	No	No
5.58	0.00	0.12209	2025-01-22	-0.35	0.00	No	No
5.41	0.00	0.12837	2025-02-26	-0.36	0.00	No	No
3.65	0.91	0.07911	2025-02-26	-0.60	0.00	No	No
8.00	2.00	0.01707	2025-01-15	-0.17	0.00	No	No
7.36	1.95	0.11419	2025-02-12	-0.24	0.00	No	No
0.00	2.00	0.02863	2025-02-26	-0.52	0.00	No	No
5.43	2.00	0.05075	2025-01-29	-0.34	0.00	No	No
8.00	2.00	0.01718	2025-02-05	-0.17	0.00	No	No
5.87	10.00	0.44945	2025-03-12	-0.10	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees
65862006299	METOPROLOL TARTRATE 25 MG TAB	2025-01-11	30.000	WALMART PHARMACY	1649297789	0.00000	0.00
64380078408	PREDNISONE 10 MG TABLET	2025-01-30	18.000	WALMART PHARMACY	1649297789	0.00000	0.00
65862006299	METOPROLOL TARTRATE 25 MG TAB	2025-02-09	30.000	WALMART PHARMACY	1649297789	0.00000	0.00
65862006299	METOPROLOL TARTRATE 25 MG TAB	2025-03-13	30.000	WALMART PHARMACY	1649297789	0.00000	0.00
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2025-01-31	240.000	WALGREENS	1124257613	0.00000	0.00
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-01-08	100.000	WALGREENS	1124257613	0.00000	0.00
00591544210	PREDNISONE 10 MG TABLET	2025-01-08	10.000	WALGREENS	1124257613	0.00000	0.00
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2025-01-08	180.000	WALGREENS	1124257613	0.03672	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-01-27	14.000	WALGREENS	1457876112	0.00000	0.00
62559075816	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-01-27	120.000	WALGREENS	1457876112	0.00000	0.00

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-0.00	4.00	0.01555	2025-01-08	-0.63	0.00	No	No
0.00	4.00	0.04773	2025-01-29	-0.65	0.00	No	No
-0.00	4.00	0.01563	2025-02-05	-0.63	0.00	No	No
0.00	4.00	0.01677	2025-03-12	-0.64	0.00	No	No
0.00	25.09	0.08815	2025-01-29	-0.21	0.00	No	No
1.25	10.00	0.03452	2025-01-08	-0.19	0.00	No	No
-0.00	4.33	0.04665	2025-01-08	-0.60	0.00	No	No
3.68	10.00	0.09227	2025-01-08	-0.25	0.00	No	No
0.00	5.59	0.07317	2025-01-22	-0.51	0.00	No	No
2.69	10.00	0.0344	2025-01-22	-0.13	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees
68382080601	TRAZODONE 100 MG TABLET	2025-01-08	30.000	WALMART PHARMACY	1447277579	0.00000	0.00
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-01-23	30.000	WALMART PHARMACY	1447277579	0.00000	0.00
68382080601	TRAZODONE 100 MG TABLET	2025-02-04	30.000	WALMART PHARMACY	1447277579	0.00000	0.00
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2025-01-03	60.000	CVS PHARMACY	1144323809	0.00000	0.00
00574220520	TRETINOIN 0.05% CREAM	2025-01-18	20.000	CVS PHARMACY	1144323809	1.10950	0.00
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	2025-01-29	9.000	CVS PHARMACY	1053414714	29.33222	0.00
68645052354	SERTRALINE HCL 100 MG TABLET	2025-01-13	30.000	WALMART PHARMACY	1447277579	0.04767	0.00
50111056001	TRAZODONE 50 MG TABLET	2025-01-25	30.000	WALMART PHARMACY	1447277579	0.00000	0.00
00378750332	BREYNA 160-4.5 MCG INHALER	2025-02-04	20.600	WALMART PHARMACY	1447277579	16.56311	0.00
62332002431	FLUOXETINE HCL 40 MG CAPSULE	2025-02-04	60.000	WALMART PHARMACY	1447277579	0.05867	0.00

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0.00	4.00	0.05221	2025-01-08	-0.67	0.00	No	No
-0.00	8.97	0.08158	2025-01-22	-0.31	0.00	No	No
0.00	4.00	0.05231	2025-01-29	-0.67	0.00	No	No
3.99	10.00	0.09227	2025-01-01	-0.13	0.00	Yes	No
5.60	5.00	1.35959	2025-01-15	-0.13	0.00	Yes	No
0.00	0.00	37.7194	2025-01-29	-0.25	0.00	Yes	No
7.57	0.00	0.04769	2025-01-08	-0.25	0.00	No	No
0.00	4.00	0.03179	2025-01-22	-0.65	0.00	No	No
0.00	0.00	23.25591	2025-01-29	-0.30	0.00	No	No
4.48	0.00	0.05872	2025-01-29	-0.43	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees
68645056354	IBUPROFEN 800 MG TABLET	2025-02-20	60.000	WALMART PHARMACY	1447277579	0.00000	0.00
50111056001	TRAZODONE 50 MG TABLET	2025-02-21	30.000	WALMART PHARMACY	1447277579	0.00000	0.00
65862006299	METOPROLOL TARTRATE 25 MG TAB	2025-02-28	90.000	WALMART PHARMACY	1447277579	0.01678	0.00
70752020411	FOLIC ACID 1 MG TABLET	2025-02-28	90.000	WALMART PHARMACY	1447277579	0.00000	0.00
62332002431	FLUOXETINE HCL 40 MG CAPSULE	2025-03-12	60.000	WALMART PHARMACY	1447277579	0.06600	0.00
13668001001	CITALOPRAM HBR 20 MG TABLET	2025-03-13	90.000	WALMART PHARMACY	1447277579	0.03011	0.00
68645055854	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	2025-03-13	90.000	WALMART PHARMACY	1447277579	0.04111	0.00
64380078507	PREDNISONE 20 MG TABLET	2025-01-09	10.000	WALMART PHARMACY	1811914955	0.00000	0.00
68682037190	DILTIAZEM 24HR ER 360 MG CAP	2025-01-15	90.000	HUNTINGTON VAMC	1508824301	0.05211	0.00
00597015390	JARDIANCE 25 MG TABLET	2025-01-15	90.000	HUNTINGTON VAMC	1508824301	2.03311	0.00

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1.64	10.00	0.06029	2025-02-19	-0.17	0.00	No	No
0.00	4.00	0.03346	2025-02-19	-0.65	0.00	No	No
4.49	0.00	0.01677	2025-02-26	-0.50	0.00	No	No
-0.00	10.00	0.02251	2025-02-26	-0.20	0.00	No	No
4.04	0.00	0.06602	2025-03-12	-0.45	0.00	No	No
7.29	0.00	0.03013	2025-03-12	-0.24	0.00	No	No
6.30	0.00	0.04107	2025-03-12	-0.30	0.00	No	No
-0.00	4.04	0.0717	2025-01-08	-0.64	0.00	No	No
0.00	20.00	0.52384	2025-01-15	-0.57	0.00	No	No
0.00	0.00	20.13118	2025-01-15	-0.90	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees
11527075043	SODIUM FLUORIDE 5000 PPM PASTE	2025-02-25	100.000	CVS PHARMACY	1972606630	0.00000	0.00
13668001001	CITALOPRAM HBR 20 MG TABLET	2025-03-18	90.000	WALMART PHARMACY	1447277579	0.03011	0.00
69315030805	CIPROFLOXACIN 0.3% EYE DROP	2025-02-18	5.000	CVS PHARMACY	1235232992	0.00000	0.00
76282044610	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	2025-01-17	90.000	HUNTINGTON VAMC	1508824301	0.01456	0.00
00074455290	SYNTHROID 50 MCG TABLET	2025-01-29	90.000	HUNTINGTON VAMC	1508824301	0.00000	0.00
00074662490	SYNTHROID 100 MCG TABLET	2025-02-04	90.000	HUNTINGTON VAMC	1508824301	0.00000	0.00
62332002331	FLUOXETINE HCL 20 MG CAPSULE	2025-02-10	30.000	WALMART PHARMACY	1447277579	0.02967	0.00
61314062810	POLYMYXIN B-TMP EYE DROPS	2025-02-23	10.000	WALMART PHARMACY	1578581260	0.00000	0.00
68382004101	PROMETHAZINE 25 MG TABLET	2025-02-25	20.000	WALMART PHARMACY	1578581260	0.00000	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-03-11	11.000	WALGREENS	1285964569	0.00000	0.00

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6.89	10.00	0.09384	2025-02-19	-0.15	0.00	Yes	No
7.29	0.00	0.03013	2025-03-12	-0.24	0.00	No	No
3.99	10.00	1.46187	2025-02-12	-0.21	0.00	Yes	No
0.00	0.00	0.02785	2025-01-15	-0.90	0.00	No	No
0.00	8.89	1.58771	2025-01-29	-0.94	0.00	No	No
0.00	14.13	1.58772	2025-01-29	-0.91	0.00	No	No
3.11	0.00	0.02978	2025-02-05	-0.65	0.00	No	No
0.00	9.06	0.46083	2025-02-19	-0.40	0.00	No	No
0.00	10.00	0.04512	2025-02-19	-0.12	0.00	No	No
0.00	4.82	0.07911	2025-03-05	-0.58	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68382056401	METOPROLOL SUCC ER 25 MG TAB	2025-01-22	30.000	WALMART PHARMACY	1629095757	0.00000	0.00	0.00
68382056401	METOPROLOL SUCC ER 25 MG TAB	2025-02-17	30.000	WALMART PHARMACY	1629095757	0.00000	0.00	0.00
68382056401	METOPROLOL SUCC ER 25 MG TAB	2025-03-16	30.000	WALMART PHARMACY	1629095757	0.00000	0.00	0.00
68645061090	LISINOPRIL 10 MG TABLET	2025-01-20	90.000	WALMART PHARMACY	1801814595	0.00000	0.00	0.00
68180096301	ALBUTEROL HFA 90 MCG INHALER	2025-01-17	8.500	WALMART PHARMACY	1629095757	2.32000	0.00	0.51
29300024505	BUSPIRONE HCL 10 MG TABLET	2025-01-17	180.000	WALMART PHARMACY	1629095757	0.00000	0.00	0.00
68180096301	ALBUTEROL HFA 90 MCG INHALER	2025-02-10	8.500	WALMART PHARMACY	1629095757	2.36000	0.00	0.17
68180096301	ALBUTEROL HFA 90 MCG INHALER	2025-03-04	8.500	WALMART PHARMACY	1629095757	2.38000	0.00	0.00
29300035501	TRAMADOL HCL 50 MG TABLET	2025-03-16	10.000	WALMART PHARMACY	1629095757	0.00000	0.00	0.00
64980056310	FUROSEMIDE 40 MG TABLET	2025-01-09	30.000	WALGREENS	1780100123	0.02867	0.00	5.93

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9.00	0.05304	2025-01-22	-0.26	0.00	No	No
9.00	0.05304	2025-02-12	-0.26	0.00	No	No
9.00	0.05453	2025-03-12	-0.26	0.00	No	No
10.00	0.01707	2025-01-15	-0.17	0.00	No	No
0.00	2.32051	2025-01-15	-0.33	0.00	No	No
10.00	0.02862	2025-01-15	-0.36	0.00	No	No
0.00	2.35969	2025-02-05	-0.34	0.00	No	No
0.00	2.53475	2025-02-26	-0.37	0.00	No	No
8.59	0.02473	2025-03-12	-0.20	0.00	No	No
0.00	0.02872	2025-01-08	-0.40	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68645058259	METFORMIN HCL 500 MG TABLET	2025-01-03	60.000	WALMART PHARMACY	1629095757	0.01300	0.00	3.22
68645058259	METFORMIN HCL 500 MG TABLET	2025-02-19	180.000	WALMART PHARMACY	1629095757	0.01322	0.00	7.62
60219170801	PREDNISONE 20 MG TABLET	2025-01-31	10.000	RIVER VALLEY HEALTH & WELLNESS	1912090135	0.00000	0.00	0.00
60219170801	PREDNISONE 20 MG TABLET	2025-03-06	10.000	RIVER VALLEY HEALTH & WELLNESS	1912090135	0.00000	0.00	0.00
51672128402	TRIAMCINOLONE 0.1% OINTMENT	2025-02-14	30.000	WALGREENS	1679099311	0.00000	0.00	0.00
64380078507	PREDNISONE 20 MG TABLET	2025-03-11	10.000	THE PHARMACY AT BERKELEY MED C	1821483033	0.00000	0.00	0.00
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	2025-01-16	13.000	TRI STATE PHARMACY	1083617799	0.00000	0.00	0.00
45802011214	MUPIROCIN 2% OINTMENT	2025-02-02	30.000	WALGREENS	1164947941	0.01700	0.00	6.23
29300041001	ATENOLOL 25 MG TABLET	2025-01-13	90.000	WALMART PHARMACY	1609965292	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
0.00	0.01304	2025-01-01	-0.65	0.00	No	No
0.00	0.01368	2025-02-19	-0.23	0.00	No	No
6.00	0.07317	2025-01-29	-0.47	0.00	No	No
6.00	0.07911	2025-03-05	-0.47	0.00	No	No
9.20	0.15587	2025-02-12	-0.39	0.00	No	No
8.08	0.07911	2025-03-05	-0.28	0.00	No	No
8.25	0.10563	2025-01-15	-0.30	0.00	No	No
10.00	0.35041	2025-01-29	-0.20	0.00	No	No
10.00	0.02053	2025-01-08	-0.19	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
47781064090	LEVOTHYROXINE 25 MCG TABLET	2025-01-13	30.000	WALMART PHARMACY	1609965292	0.00000	0.00	0.00
62332024631	AMANTADINE 100 MG CAPSULE	2025-01-22	180.000	WALMART PHARMACY	1629095757	0.02222	0.00	0.00
13668001001	CITALOPRAM HBR 20 MG TABLET	2025-01-25	90.000	WALMART PHARMACY	1629095757	0.00000	0.00	0.00
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	2025-02-18	10.000	WALMART PHARMACY	1629095757	0.00000	0.00	0.00
68645056259	IBUPROFEN 600 MG TABLET	2025-01-28	30.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.00
13668001101	CITALOPRAM HBR 40 MG TABLET	2025-01-27	90.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.00
68645061090	LISINOPRIL 10 MG TABLET	2025-02-09	90.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
4.00	0.04342	2025-01-08	-0.66	0.00	No	No
20.00	0.14881	2025-01-22	-0.36	0.00	No	No
10.00	0.02773	2025-01-22	-0.23	0.00	No	No
5.48	0.08665	2025-02-12	-0.52	0.00	No	No
5.43	0.04794	2025-01-22	-0.54	0.00	No	No
10.00	0.03957	2025-01-22	-0.29	0.00	No	No
10.00	0.01718	2025-02-05	-0.17	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
62332002431	FLUOXETINE HCL 40 MG CAPSULE	2025-02-17	30.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.00
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	2025-02-28	150.000	WALMART PHARMACY	1639196777	0.00000	0.00	-0.00
68382002310	ATENOLOL 50 MG TABLET	2025-03-02	90.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.00
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-03-03	90.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.00
47781064390	LEVOTHYROXINE 50 MCG TABLET	2025-03-03	90.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.00
68645056354	IBUPROFEN 800 MG TABLET	2025-03-11	30.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.00
62332002431	FLUOXETINE HCL 40 MG CAPSULE	2025-03-25	30.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.00
16714008110	HYDROXYZINE HCL 10 MG TABLET	2025-02-13	60.000	WALMART PHARMACY	1376560417	0.00000	0.00	6.60
16714008110	HYDROXYZINE HCL 10 MG TABLET	2025-03-14	60.000	WALMART PHARMACY	1376560417	0.00000	0.00	6.60
68645061190	LISINOPRIL 20 MG TABLET	2025-01-21	90.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00

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4.00	0.05872	2025-02-12	-0.67	0.00	No	No
9.59	0.03875	2025-02-26	-0.41	0.00	No	No
10.00	0.02461	2025-02-26	-0.21	0.00	No	No
10.00	0.01217	2025-02-26	-0.14	0.00	No	No
10.00	0.05398	2025-02-26	-0.35	0.00	No	No
5.82	0.06029	2025-03-05	-0.53	0.00	No	No
9.00	0.06815	2025-03-19	-0.28	0.00	No	No
4.00	0.02756	2025-02-12	-0.13	0.00	No	No
4.00	0.02999	2025-03-12	-0.14	0.00	No	No
10.00	0.02387	2025-01-15	-0.21	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68645056354	IBUPROFEN 800 MG TABLET	2025-01-31	30.000	WALMART PHARMACY	1578581260	0.00000	0.00	1.82
00121088516	PREDNISOLONE 15 MG/5 ML SOLN	2025-02-04	20.000	WALMART PHARMACY	1578581260	0.40800	0.00	5.34
68645061090	LISINOPRIL 10 MG TABLET	2025-02-08	90.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
60758011905	PREDNISOLONE AC 1% EYE DROP	2025-02-11	5.000	WALMART PHARMACY	1578581260	3.78200	0.00	0.00
24979000206	DEXLANSOPRAZOLE DR 60 MG CAP	2025-02-13	30.000	WALMART PHARMACY	1578581260	3.36233	0.00	0.00
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-02-22	20.000	WALMART PHARMACY	1578581260	0.00000	0.00	1.98
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-03-28	90.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
64380078507	PREDNISONE 20 MG TABLET	2025-02-08	10.000	WALMART PHARMACY	1801813936	0.00000	0.00	0.04
64380078507	PREDNISONE 20 MG TABLET	2025-03-08	5.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	2025-03-15	200.000	WALMART PHARMACY	1578581260	0.01365	0.00	6.05

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4.00	0.0562	2025-01-29	-0.52	0.00	No	No
4.00	0.60812	2025-01-29	-0.23	0.00	No	No
10.00	0.01718	2025-02-05	-0.17	0.00	No	No
4.00	4.80516	2025-02-05	-0.34	0.00	No	No
35.00	4.7587	2025-02-12	-0.11	0.00	No	No
4.00	0.08742	2025-02-19	-0.51	0.00	No	No
10.00	0.01281	2025-03-26	-0.14	0.00	No	No
4.00	0.07317	2025-02-05	-0.64	0.00	No	No
4.00	0.07911	2025-03-05	-0.63	0.00	No	No
4.00	0.03366	2025-03-12	-0.26	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	2025-03-26	100.000	WALMART PHARMACY	1578581260	0.00000	0.00	2.39
00169477212	OZEMPIC 2 MG/DOSE (8 MG/3 ML) PEN	2025-01-14	9.000	HUNTINGTON VAMC	1508824301	77.63444	0.00	0.00
00597029578	SYNJARDY XR 25-1,000 MG TABLET	2025-01-16	90.000	HUNTINGTON VAMC	1508824301	0.54756	0.00	0.00
70377005612	ESOMEPRAZOLE MAG DR 40 MG CAP	2025-02-22	180.000	HUNTINGTON VAMC	1508824301	0.00000	0.00	0.00
76282064501	SILDENAFIL 100 MG TABLET	2025-03-01	18.000	HUNTINGTON VAMC	1508824301	0.00000	0.00	0.00
00169477212	OZEMPIC 2 MG/DOSE (8 MG/3 ML) PEN	2025-03-23	9.000	HUNTINGTON VAMC	1508824301	77.47889	0.00	0.00
76282072945	LISINOPRIL 5 MG TABLET	2025-03-26	45.000	HUNTINGTON VAMC	1508824301	0.00178	0.00	0.00
70954005920	PREDNISONE 10 MG TABLET	2025-02-03	30.000	WALGREENS	1881118503	0.00000	0.00	-0.00
68645056259	IBUPROFEN 600 MG TABLET	2025-01-13	20.000	WALMART PHARMACY	1487838132	0.00000	0.00	-0.00
31722070090	LOSARTAN POTASSIUM 25 MG TAB	2025-01-23	30.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00

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4.00	0.03373	2025-03-26	-0.54	0.00	No	No
140.00	321.14061	2025-01-08	-0.71	0.00	No	No
140.00	20.13332	2025-01-15	-0.90	0.00	No	No
30.00	0.14027	2025-02-19	-0.16	0.00	No	No
1.00	0.15303	2025-02-26	-0.92	0.00	No	No
140.00	321.14061	2025-03-19	-0.71	0.00	No	No
0.26	0.01541	2025-03-26	-0.97	0.00	No	No
8.99	0.04773	2025-01-29	-0.25	0.00	No	No
4.00	0.0483	2025-01-08	-0.65	0.00	No	No
9.00	0.02706	2025-01-22	-0.20	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2025-02-03	9.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
68645056354	IBUPROFEN 800 MG TABLET	2025-02-13	20.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
65162076610	WARFARIN SODIUM 5 MG TABLET	2025-02-13	90.000	WALMART PHARMACY	1578581260	0.00000	0.00	-0.00
31722070090	LOSARTAN POTASSIUM 25 MG TAB	2025-02-22	30.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
47781065990	LEVOTHYROXINE 137 MCG TABLET	2025-02-25	90.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
29300024505	BUSPIRONE HCL 10 MG TABLET	2025-03-12	270.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
72485067035	ERYTHROMYCIN 0.5% EYE OINTMENT	2025-03-19	3.500	WALMART PHARMACY	1578581260	0.00000	0.00	-0.00
00172392660	DIAZEPAM 5 MG TABLET	2025-01-15	20.000	HUNTINGTON VAMC	1508824301	0.00000	0.00	0.00
00406051201	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	2025-01-15	30.000	HUNTINGTON VAMC	1508824301	0.00000	0.00	0.00
62559075816	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-03-31	180.000	CVS PHARMACY	1053414714	0.02122	0.00	7.07

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9.51	0.12377	2025-01-29	-0.18	0.00	No	No
4.00	0.0562	2025-02-12	-0.66	0.00	No	No
10.00	0.09383	2025-02-12	-0.47	0.00	No	No
9.00	0.02921	2025-02-19	-0.21	0.00	No	No
10.00	0.07827	2025-02-19	-0.43	0.00	No	No
15.00	0.03079	2025-03-12	-0.20	0.00	No	No
13.74	2.84655	2025-03-19	-0.33	0.00	No	No
0.82	0.02466	2025-01-15	-0.93	0.00	No	No
2.86	0.12407	2025-01-15	-0.80	0.00	No	No
4.00	0.04345	2025-03-26	-0.19	0.00	Yes	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	2025-03-27	2.000	CVS PHARMACY	1205231495	52.99500	0.00	0.00
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	2025-01-27	9.000	CVS PHARMACY	1235232992	29.33222	0.00	0.00
10702000301	PROMETHAZINE 25 MG TABLET	2025-01-24	30.000	HUNTINGTON VAMC	1508824301	0.00000	0.00	0.00
00169413013	OZEMPIC 1 MG/DOSE (4 MG/3 ML) PEN	2025-03-10	3.000	HUNTINGTON VAMC	1508824301	31.17000	0.00	0.00
76282072990	LISINOPRIL 5 MG TABLET	2025-03-28	90.000	HUNTINGTON VAMC	1508824301	0.00000	0.00	0.00
59651048805	PREDNISONE 20 MG TABLET	2025-01-22	20.000	FRUTH PHARMACY	1982619821	0.00000	0.00	-0.00
52817018000	CLONIDINE HCL 0.1 MG TABLET	2025-01-09	30.000	WALGREENS	1093234080	0.00000	0.00	-0.00
52817018000	CLONIDINE HCL 0.1 MG TABLET	2025-02-06	30.000	WALGREENS	1093234080	0.00000	0.00	-0.00
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	2025-02-13	100.000	WALGREENS	1093234080	0.00000	0.00	0.00
65862007175	AMOXICILLIN 400 MG/5 ML SUSP	2025-02-25	75.000	WALGREENS	1093234080	0.00000	0.00	-0.00

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4.00	110.04652	2025-03-26	-0.52	0.00	Yes	No
0.00	37.7194	2025-01-22	-0.25	0.00	Yes	No
1.63	0.03987	2025-01-22	-0.86	0.00	No	No
30.00	321.20299	2025-03-05	-0.87	0.00	No	No
0.92	0.01541	2025-03-26	-0.92	0.00	No	No
8.38	0.07317	2025-01-22	-0.30	0.00	No	No
8.25	0.0229	2025-01-08	-0.26	0.00	No	No
8.25	0.02305	2025-02-05	-0.26	0.00	No	No
11.81	0.0318	2025-02-12	-0.14	0.00	No	No
9.30	0.03875	2025-02-19	-0.31	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
52817018000	CLONIDINE HCL 0.1 MG TABLET	2025-03-22	30.000	WALGREENS	1093234080	0.00000	0.00	0.00
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-03-24	180.000	WALGREENS	1093234080	0.00000	0.00	0.99
70954006020	PREDNISONE 20 MG TABLET	2025-03-24	10.000	WALGREENS	1093234080	0.00000	0.00	0.00
68180086573	BLISOVI FE 1-20 TABLET	2025-03-04	84.000	WALGREENS	1679099311	0.12929	0.00	5.63
68180096301	ALBUTEROL HFA 90 MCG INHALER	2025-03-28	17.000	WALMART PHARMACY	1376560417	1.49765	0.00	0.00
47781064090	LEVOTHYROXINE 25 MCG TABLET	2025-02-20	30.000	WALMART PHARMACY	1801813936	0.00000	0.00	0.00
47781064090	LEVOTHYROXINE 25 MCG TABLET	2025-03-29	30.000	WALMART PHARMACY	1801813936	0.00000	0.00	0.00
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	2025-03-05	23.000	FRUTH PHARMACY	1609881549	0.00000	0.00	0.43
60219170705	PREDNISONE 10 MG TABLET	2025-02-01	15.000	KROGER PHARMACY	1154355949	0.00000	0.00	0.00
59762372104	ALPRAZOLAM 1 MG TABLET	2025-01-04	75.000	THE BECKLEY PHARMACY	1699818377	0.00000	0.00	0.00

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8.25	0.02583	2025-03-19	-0.27	0.00	No	No
15.00	0.04345	2025-03-19	-0.13	0.00	No	No
4.56	0.08187	2025-03-19	-0.60	0.00	No	No
0.00	0.12925	2025-02-26	-0.23	0.00	No	No
15.00	2.56359	2025-03-26	-0.25	0.00	No	No
4.00	0.04343	2025-02-19	-0.66	0.00	No	No
4.00	0.04513	2025-03-26	-0.66	0.00	No	No
10.00	0.11147	2025-03-05	-0.20	0.00	No	No
9.99	0.04773	2025-01-29	-0.11	0.00	No	No
6.84	0.02389	2025-01-01	-0.44	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
62332010030	ARIPIPRAZOLE 15 MG TABLET	2025-01-04	30.000	THE BECKLEY PHARMACY	1699818377	0.00000	0.00	2.69
59762372104	ALPRAZOLAM 1 MG TABLET	2025-01-31	75.000	THE BECKLEY PHARMACY	1699818377	0.00000	0.00	0.82
17270074000	ALBUTEROL HFA 90 MCG INHALER	2025-03-18	8.500	WALGREENS	1336665785	0.62824	0.00	10.49
00093314705	CEPHALEXIN 500 MG CAPSULE	2025-01-09	4.000	WALGREENS	1417473844	0.00000	0.00	0.00
11534016503	FOLIC ACID 1 MG TABLET	2025-01-14	30.000	WALGREENS	1417473844	0.00000	0.00	0.00
70954040310	DEXAMETHASONE 4 MG TABLET	2025-02-01	3.000	WALGREENS	1609391358	0.00000	0.00	0.00
43386009019	GAVILYTE-G SOLUTION	2025-01-22	4000.000	WALGREENS	1881118503	0.00408	0.00	6.27
00093914801	VENLAFAXINE HCL 37.5 MG TABLET	2025-02-10	30.000	WALMART PHARMACY	1376560417	0.00000	0.00	0.00
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	2025-01-06	14.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00

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10.00	0.12704	2025-01-01	-0.11	0.00	No	No
10.00	0.02374	2025-01-29	-0.12	0.00	No	No
10.00	2.53475	2025-03-05	-0.19	0.00	No	No
7.39	0.10778	2025-01-08	-0.32	0.00	No	No
4.30	0.02077	2025-01-08	-0.61	0.00	No	No
5.57	0.2712	2025-01-29	-0.51	0.00	No	No
0.00	0.00409	2025-01-22	-0.16	0.00	No	No
7.50	0.07137	2025-02-05	-0.41	0.00	No	No
7.91	0.0521	2025-01-01	-0.29	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees
29300024505	BUSPIRONE HCL 10 MG TABLET	2025-01-08	60.000	WALMART PHARMACY	1578581260	0.00000	0.00
68645058459	METFORMIN HCL 1,000 MG TABLET	2025-01-13	30.000	WALMART PHARMACY	1578581260	0.00000	0.00
72578005518	DOXYCYCLINE HYCLATE 100 MG CAP	2025-01-14	10.000	WALMART PHARMACY	1578581260	0.00000	0.00
67877021905	CEPHALEXIN 500 MG CAPSULE	2025-01-21	20.000	WALMART PHARMACY	1578581260	0.00000	0.00
68645058459	METFORMIN HCL 1,000 MG TABLET	2025-02-09	30.000	WALMART PHARMACY	1578581260	0.00000	0.00
72578005518	DOXYCYCLINE HYCLATE 100 MG CAP	2025-02-12	10.000	WALMART PHARMACY	1578581260	0.00000	0.00
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2025-02-17	118.000	WALMART PHARMACY	1578581260	0.00339	0.00
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2025-02-17	118.000	WALMART PHARMACY	1578581260	0.00339	0.00
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-02-21	21.000	WALMART PHARMACY	1578581260	0.00000	0.00
68180096301	ALBUTEROL HFA 90 MCG INHALER	2025-02-24	8.500	WALMART PHARMACY	1578581260	1.20353	0.00

Amount of Dispensing Fee	Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
-0.00	4.00	0.02862	2025-01-08	-0.67	0.00	No	No
0.00	4.00	0.02204	2025-01-08	-0.64	0.00	No	No
0.00	8.16	0.10669	2025-01-08	-0.29	0.00	No	No
0.00	8.17	0.10778	2025-01-15	-0.35	0.00	No	No
0.00	4.00	0.02215	2025-02-05	-0.64	0.00	No	No
0.00	8.16	0.10693	2025-02-12	-0.29	0.00	No	No
2.61	10.00	0.08815	2025-02-12	-0.38	0.00	No	No
2.61	10.00	0.08815	2025-02-12	-0.38	0.00	No	No
0.00	9.76	0.1323	2025-02-19	-0.26	0.00	No	No
0.00	10.00	2.53475	2025-02-19	-0.37	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
59651048901	PREDNISONE 50 MG TABLET	2025-02-24	5.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	2025-03-04	150.000	WALMART PHARMACY	1578581260	0.00000	0.00	-0.00
65862050320	AMOX-CLAV 875-125 MG TABLET	2025-03-11	10.000	WALMART PHARMACY	1578581260	0.00000	0.00	1.91
65162022621	YUVAFEM 10 MCG VAGINAL INSERT	2025-03-14	9.000	WALMART PHARMACY	1578581260	5.44111	0.00	0.00
68645058459	METFORMIN HCL 1,000 MG TABLET	2025-03-14	30.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
00406051201	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	2025-01-05	8.000	WALMART PHARMACY	1629095757	0.00000	0.00	0.00
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	2025-01-05	7.000	WALMART PHARMACY	1629095757	0.00000	0.00	0.00
68382070718	DOXYCYCLINE MONO 100 MG CAP	2025-03-30	2.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.00
68382080601	TRAZODONE 100 MG TABLET	2025-02-07	90.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
62332002431	FLUOXETINE HCL 40 MG CAPSULE	2025-02-07	90.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
9.11	0.18345	2025-02-19	-0.20	0.00	No	No
9.59	0.03875	2025-02-26	-0.41	0.00	No	No
10.00	0.3224	2025-03-05	-0.13	0.00	No	No
10.00	7.28159	2025-03-12	-0.22	0.00	No	No
4.00	0.02319	2025-03-12	-0.64	0.00	No	No
9.61	0.12407	2025-01-01	-0.16	0.00	No	No
5.85	0.04665	2025-01-01	-0.46	0.00	No	No
4.00	0.24704	2025-03-26	-0.64	0.00	No	No
10.00	0.05231	2025-02-05	-0.34	0.00	No	No
10.00	0.05872	2025-02-05	-0.37	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
47781064690	LEVOTHYROXINE 75 MCG TABLET	2025-01-05	30.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
47781064690	LEVOTHYROXINE 75 MCG TABLET	2025-02-03	30.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
47781064690	LEVOTHYROXINE 75 MCG TABLET	2025-03-03	30.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
23155076401	HYDROCHLOROTHIAZIDE 12.5 MG TB	2025-03-12	90.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
47781064690	LEVOTHYROXINE 75 MCG TABLET	2025-03-29	30.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
11534016503	FOLIC ACID 1 MG TABLET	2025-02-18	90.000	WALGREENS	1831615574	0.00000	0.00	0.00
00781261305	AMOXICILLIN 500 MG CAPSULE	2025-01-18	21.000	WALGREENS	1831615574	0.00000	0.00	0.00
68382002401	ATENOLOL 100 MG TABLET	2025-01-23	90.000	WALMART PHARMACY	1730106873	0.03689	0.00	6.68
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-02-13	30.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
62332002331	FLUOXETINE HCL 20 MG CAPSULE	2025-03-07	90.000	WALMART PHARMACY	1730106873	0.03111	0.00	7.20

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
4.00	0.05334	2025-01-01	-0.67	0.00	No	No
4.00	0.05079	2025-01-29	-0.67	0.00	No	No
4.00	0.05432	2025-02-26	-0.67	0.00	No	No
10.00	0.04813	2025-03-12	-0.33	0.00	No	No
4.00	0.05769	2025-03-26	-0.67	0.00	No	No
8.91	0.02086	2025-02-12	-0.28	0.00	No	No
9.99	0.08279	2025-01-15	-0.18	0.00	No	No
0.00	0.03689	2025-01-22	-0.28	0.00	No	No
8.97	0.08158	2025-02-12	-0.31	0.00	No	No
0.00	0.03107	2025-03-05	-0.25	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68645058359	METFORMIN HCL 850 MG TABLET	2025-03-18	180.000	WALMART PHARMACY	1730106873	0.02356	0.00	5.76
68382091634	METHYLPREDNISOLONE 4 MG DOSEPK	2025-03-25	21.000	WALGREENS	1750807046	0.00000	0.00	0.00
00121088516	PREDNISOLONE 15 MG/5 ML SOLN	2025-01-02	8.000	WALMART PHARMACY	1457378580	0.00000	0.00	0.00
57237002901	AMOXICILLIN 875 MG TABLET	2025-01-02	14.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
68645058459	METFORMIN HCL 1,000 MG TABLET	2025-01-06	180.000	WALMART PHARMACY	1730106873	0.02206	0.00	6.03
68645056354	IBUPROFEN 800 MG TABLET	2025-01-07	60.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
68645061190	LISINOPRIL 20 MG TABLET	2025-01-08	30.000	WALMART PHARMACY	1730106873	0.02400	0.00	3.28
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-01-10	4.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
68645058459	METFORMIN HCL 1,000 MG TABLET	2025-01-18	180.000	WALMART PHARMACY	1730106873	0.02206	0.00	6.03
29300013005	HYDROCHLOROTHIAZIDE 12.5 MG CP	2025-01-20	90.000	WALMART PHARMACY	1730106873	0.02878	0.00	7.41

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0.00	0.02356	2025-03-12	-0.32	0.00	No	No
11.99	0.15456	2025-03-19	-0.13	0.00	No	No
7.00	0.6267	2025-01-01	-0.55	0.00	No	No
8.69	0.15465	2025-01-01	-0.31	0.00	No	No
0.00	0.02204	2025-01-01	-0.31	0.00	No	No
11.64	0.05567	2025-01-01	-0.16	0.00	No	No
0.00	0.02387	2025-01-08	-0.64	0.00	No	No
4.00	0.08279	2025-01-08	-0.63	0.00	No	No
0.00	0.02204	2025-01-15	-0.31	0.00	No	No
0.00	0.02881	2025-01-15	-0.24	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
29300024401	BUSPIRONE HCL 5 MG TABLET	2025-01-31	60.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
29300013005	HYDROCHLOROTHIAZIDE 12.5 MG CP	2025-02-05	90.000	WALMART PHARMACY	1730106873	0.02811	0.00	7.47
64380078507	PREDNISONE 20 MG TABLET	2025-02-05	5.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
68645061190	LISINOPRIL 20 MG TABLET	2025-02-06	30.000	WALMART PHARMACY	1730106873	0.02400	0.00	3.28
68645058459	METFORMIN HCL 1,000 MG TABLET	2025-02-06	180.000	WALMART PHARMACY	1730106873	0.02217	0.00	6.01
65162019011	NAPROXEN 500 MG TABLET	2025-02-07	20.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
29300046801	CLONIDINE HCL 0.1 MG TABLET	2025-02-10	180.000	WALMART PHARMACY	1730106873	0.02306	0.00	5.85
57237002901	AMOXICILLIN 875 MG TABLET	2025-02-12	14.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
67877015905	METFORMIN HCL ER 500 MG TABLET	2025-02-16	360.000	WALMART PHARMACY	1730106873	0.02667	0.00	0.40
29300041001	ATENOLOL 25 MG TABLET	2025-02-20	90.000	WALMART PHARMACY	1730106873	0.02267	0.00	7.96

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4.00	0.01949	2025-01-29	-0.66	0.00	No	No
0.00	0.02806	2025-02-05	-0.23	0.00	No	No
4.00	0.07317	2025-02-05	-0.63	0.00	No	No
0.00	0.02401	2025-02-05	-0.64	0.00	No	No
0.00	0.02215	2025-02-05	-0.31	0.00	No	No
4.55	0.05472	2025-02-05	-0.61	0.00	No	No
0.00	0.02305	2025-02-05	-0.32	0.00	No	No
8.69	0.15313	2025-02-12	-0.31	0.00	No	No
0.00	0.02667	2025-02-12	-0.50	0.00	No	No
0.00	0.02272	2025-02-19	-0.20	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
31722012805	GEMFIBROZIL 600 MG TABLET	2025-03-02	180.000	WALMART PHARMACY	1730106873	0.10067	0.00	5.88
33342005010	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	2025-03-02	90.000	WALMART PHARMACY	1730106873	0.07533	0.00	3.22
68645061190	LISINOPRIL 20 MG TABLET	2025-03-03	90.000	WALMART PHARMACY	1730106873	0.02533	0.00	7.72
64380078408	PREDNISONE 10 MG TABLET	2025-03-04	21.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-03-12	90.000	WALMART PHARMACY	1730106873	0.01222	0.00	8.90
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-03-12	90.000	WALMART PHARMACY	1730106873	0.01222	0.00	8.90
68645061190	LISINOPRIL 20 MG TABLET	2025-03-17	90.000	WALMART PHARMACY	1730106873	0.02533	0.00	7.72
67877015905	METFORMIN HCL ER 500 MG TABLET	2025-03-18	360.000	WALMART PHARMACY	1730106873	0.02778	0.00	0.00
47781064390	LEVOTHYROXINE 50 MCG TABLET	2025-03-23	90.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
47781064390	LEVOTHYROXINE 50 MCG TABLET	2025-03-29	90.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00

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0.00	0.10067	2025-02-26	-0.16	0.00	No	No
0.00	0.07531	2025-02-26	-0.42	0.00	No	No
0.00	0.02538	2025-02-26	-0.22	0.00	No	No
4.00	0.05399	2025-02-26	-0.66	0.00	No	No
0.00	0.01217	2025-03-12	-0.14	0.00	No	No
0.00	0.01217	2025-03-12	-0.14	0.00	No	No
0.00	0.02538	2025-03-12	-0.22	0.00	No	No
0.00	0.02863	2025-03-12	-0.52	0.00	No	No
10.00	0.0575	2025-03-19	-0.36	0.00	No	No
10.00	0.0575	2025-03-26	-0.36	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
00378334053	XULANE 150-35 MCG/DAY PATCH	2025-01-08	3.000	CVS PHARMACY	1336242098	29.33000	0.00	0.00
00378334053	XULANE 150-35 MCG/DAY PATCH	2025-02-02	3.000	CVS PHARMACY	1336242098	29.33000	0.00	0.00
00378334053	XULANE 150-35 MCG/DAY PATCH	2025-02-28	3.000	CVS PHARMACY	1336242098	29.33000	0.00	0.00
00378334053	XULANE 150-35 MCG/DAY PATCH	2025-03-28	3.000	CVS PHARMACY	1336242098	29.33000	0.00	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-01-04	10.000	KROGER PHARMACY	1306870183	0.00000	0.00	0.00
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-03-17	90.000	MEDICAL CENTER PHARMACY	1639163538	0.00000	0.00	-0.00
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2025-01-18	12.000	WALGREENS	1164947941	0.00000	0.00	0.00
42799080601	IVERMECTIN 3 MG TABLET	2025-03-18	5.000	WALGREENS	1518483361	0.00000	0.00	-0.00
47781064090	LEVOTHYROXINE 25 MCG TABLET	2025-01-08	30.000	WALMART PHARMACY	1457378580	0.00000	0.00	0.00
62332002331	FLUOXETINE HCL 20 MG CAPSULE	2025-01-22	90.000	WALMART PHARMACY	1457378580	0.00000	0.00	0.00

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0.00	37.11492	2025-01-08	-0.28	0.00	Yes	No
0.00	36.73665	2025-01-29	-0.27	0.00	Yes	No
0.00	35.78717	2025-02-26	-0.25	0.00	Yes	No
0.00	35.87329	2025-03-26	-0.26	0.00	Yes	No
9.99	0.0717	2025-01-01	-0.11	0.00	No	No
8.89	0.01217	2025-03-12	-0.23	0.00	No	No
10.30	0.12482	2025-01-15	-0.14	0.00	No	No
21.79	3.31652	2025-03-12	-0.20	0.00	No	No
4.00	0.04342	2025-01-08	-0.66	0.00	No	No
10.00	0.02978	2025-01-22	-0.24	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
29300042010	AMITRIPTYLINE HCL 25 MG TAB	2025-01-22	90.000	WALMART PHARMACY	1457378580	0.00000	0.00	0.00
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	2025-02-10	150.000	WALMART PHARMACY	1457378580	0.00000	0.00	0.00
47781064090	LEVOTHYROXINE 25 MCG TABLET	2025-02-10	30.000	WALMART PHARMACY	1457378580	0.00000	0.00	0.00
47781064090	LEVOTHYROXINE 25 MCG TABLET	2025-03-10	30.000	WALMART PHARMACY	1457378580	0.00000	0.00	0.00
68645060990	LISINOPRIL 5 MG TABLET	2025-03-10	90.000	WALMART PHARMACY	1609965292	0.00000	0.00	0.00
67877021905	CEPHALEXIN 500 MG CAPSULE	2025-03-28	14.000	WALMART PHARMACY	1609965292	0.00000	0.00	0.00
68645056354	IBUPROFEN 800 MG TABLET	2025-01-02	30.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.00
59651048901	PREDNISONE 50 MG TABLET	2025-01-02	5.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.00
00169418113	OZEMPIC 0.25-0.5 MG/DOSE (2 MG/3 ML) PEN	2025-01-23	1.000	MARTINSBURG VAMC	1629026414	123.51000	0.00	0.00

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10.00	0.04736	2025-01-22	-0.32	0.00	No	No
9.59	0.03735	2025-02-05	-0.40	0.00	No	No
4.00	0.043	2025-02-05	-0.66	0.00	No	No
4.00	0.04343	2025-03-05	-0.66	0.00	No	No
10.00	0.01445	2025-03-05	-0.15	0.00	No	No
5.72	0.1286	2025-03-26	-0.53	0.00	No	No
5.82	0.05567	2025-01-01	-0.52	0.00	No	No
9.11	0.17685	2025-01-01	-0.20	0.00	No	No
0.00	321.21459	2025-01-22	-0.63	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
00169418113	OZEMPIC 0.25-0.5 MG/DOSE (2 MG/3 ML) PEN	2025-02-16	1.000	MARTINSBURG VAMC	1629026414	123.51000	0.00	0.00
00169418113	OZEMPIC 0.25-0.5 MG/DOSE (2 MG/3 ML) PEN	2025-03-12	1.000	MARTINSBURG VAMC	1629026414	123.51000	0.00	0.00
51672128202	TRIAMCINOLONE 0.1% CREAM	2025-03-16	30.000	WALGREENS	1952827065	0.00000	0.00	-0.00
45802011214	MUPIROCIN 2% OINTMENT	2025-03-16	15.000	WALGREENS	1952827065	0.00000	0.00	0.00
00121088516	PREDNISOLONE 15 MG/5 ML SOLN	2025-03-18	30.000	WALMART PHARMACY	1821015967	0.00000	0.00	1.71
00172208980	HYDROCHLOROTHIAZIDE 50 MG TAB	2025-01-02	90.000	WALMART PHARMACY	1881870210	0.00000	0.00	0.00
29300042010	AMITRIPTYLINE HCL 25 MG TAB	2025-01-08	90.000	WALMART PHARMACY	1881870210	0.00000	0.00	0.00
67877021905	CEPHALEXIN 500 MG CAPSULE	2025-02-02	14.000	WALMART PHARMACY	1881870210	0.00000	0.00	0.00
68382080601	TRAZODONE 100 MG TABLET	2025-02-03	90.000	WALMART PHARMACY	1881870210	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
0.00	321.21459	2025-02-12	-0.63	0.00	No	No
0.00	321.21459	2025-03-12	-0.63	0.00	No	No
10.40	0.0953	2025-03-12	-0.22	0.00	No	No
9.37	0.35076	2025-03-12	-0.41	0.00	No	No
20.00	0.63833	2025-03-12	-0.27	0.00	No	No
10.00	0.03308	2025-01-01	-0.26	0.00	No	No
10.00	0.04736	2025-01-08	-0.32	0.00	No	No
5.72	0.10819	2025-01-29	-0.52	0.00	No	No
10.00	0.05231	2025-01-29	-0.34	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
64380078507	PREDNISONE 20 MG TABLET	2025-03-21	10.000	WALMART PHARMACY	1881870210	0.00000	0.00	0.00
72578005518	DOXYCYCLINE HYCLATE 100 MG CAP	2025-03-21	14.000	WALMART PHARMACY	1881870210	0.00000	0.00	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-01-31	10.000	WALGREENS	1861652562	0.00000	0.00	0.00
00378750332	BREYNA 160-4.5 MCG INHALER	2025-01-31	30.900	WALMART PHARMACY	1912924051	12.58803	0.00	0.00
16571011401	HYDROXYZINE HCL 25 MG TABLET	2025-03-15	30.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
23155076401	HYDROCHLOROTHIAZIDE 12.5 MG TB	2025-02-01	30.000	WALMART PHARMACY	1881870210	0.00000	0.00	0.00
68645051654	AMLODIPINE BESYLATE 10 MG TAB	2025-02-01	30.000	WALMART PHARMACY	1881870210	0.00000	0.00	0.00
29300013005	HYDROCHLOROTHIAZIDE 12.5 MG CP	2025-03-05	30.000	WALMART PHARMACY	1881870210	0.00000	0.00	0.00
49483048112	ASPIRIN EC 81 MG TABLET	2025-03-24	30.000	CVS PHARMACY	1265663207	0.01567	0.00	0.37
00378334053	XULANE 150-35 MCG/DAY PATCH	2025-01-12	12.000	CVS PHARMACY	1922020627	29.33250	0.00	0.00

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4.04	0.08187	2025-03-19	-0.64	0.00	No	No
10.74	0.12632	2025-03-19	-0.12	0.00	No	No
4.56	0.07317	2025-01-29	-0.59	0.00	No	No
122.83	23.25591	2025-01-29	-0.30	0.00	No	No
5.00	0.04247	2025-03-12	-0.57	0.00	No	No
4.00	0.04258	2025-01-29	-0.66	0.00	No	No
9.00	0.01568	2025-01-29	-0.18	0.00	No	No
4.00	0.02926	2025-03-05	-0.65	0.00	No	No
0.00	0.01553	2025-03-19	-0.92	0.00	Yes	No
0.00	37.11492	2025-01-08	-0.23	0.00	Yes	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
45802001402	HYDROCORTISONE 2.5% OINTMENT	2025-01-21	20.000	FRUTH PHARMACY	1982619821	0.00000	0.00	3.21
61314062810	POLYMYXIN B-TMP EYE DROPS	2025-02-24	10.000	WALGREENS	1245756683	0.00000	0.00	0.00
68645058259	METFORMIN HCL 500 MG TABLET	2025-01-14	180.000	WALMART PHARMACY	1881870210	0.00000	0.00	0.00
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	2025-03-05	100.000	WALGREENS	1457876112	0.00000	0.00	-0.00
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	2025-01-05	100.000	WALGREENS	1922524909	0.00000	0.00	0.00
47781065490	LEVOTHYROXINE 112 MCG TABLET	2025-01-16	90.000	WALMART PHARMACY	1710904842	0.00000	0.00	0.00
42799081501	PREDNISOLONE 15 MG/5 ML SOLN	2025-01-30	18.000	VALLEY HEALTH MILTON PHARMACY	1891453312	0.00000	0.00	0.00
00172392570	DIAZEPAM 2 MG TABLET	2025-01-20	60.000	WALGREENS	1285964569	0.00000	0.00	1.50
00172392570	DIAZEPAM 2 MG TABLET	2025-02-26	60.000	WALGREENS	1285964569	0.00000	0.00	1.50
61314062810	POLYMYXIN B-TMP EYE DROPS	2025-02-27	10.000	WALGREENS	1285964569	0.00000	0.00	0.00

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5.00	0.12628	2025-01-15	-0.37	0.00	No	No
12.19	0.46083	2025-02-19	-0.19	0.00	No	No
10.00	0.01304	2025-01-08	-0.22	0.00	No	No
11.81	0.03366	2025-03-05	-0.15	0.00	No	No
11.81	0.03139	2025-01-01	-0.13	0.00	No	No
10.00	0.06916	2025-01-15	-0.40	0.00	No	No
11.00	0.10628	2025-01-29	-0.11	0.00	No	No
8.00	0.02086	2025-01-15	-0.19	0.00	No	No
8.00	0.02125	2025-02-26	-0.19	0.00	No	No
12.19	0.46083	2025-02-26	-0.19	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
00172392570	DIAZEPAM 2 MG TABLET	2025-03-25	60.000	WALGREENS	1285964569	0.00000	0.00	1.50
42858010201	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	2025-01-15	28.000	UNITED PHARMACY	1790098002	0.00000	0.00	0.00
68645052354	SERTRALINE HCL 100 MG TABLET	2025-01-09	30.000	WALMART PHARMACY	1629095757	0.04767	0.00	7.57
68645052354	SERTRALINE HCL 100 MG TABLET	2025-02-09	30.000	WALMART PHARMACY	1629095757	0.04767	0.00	7.57
68645052354	SERTRALINE HCL 100 MG TABLET	2025-03-10	30.000	WALMART PHARMACY	1629095757	0.05100	0.00	7.47
62332002331	FLUOXETINE HCL 20 MG CAPSULE	2025-03-05	90.000	WALMART PHARMACY	1912924051	0.00000	0.00	0.00
00574220520	TRETINOIN 0.05% CREAM	2025-03-25	20.000	CVS PHARMACY	1265663207	1.51450	0.00	0.00
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	2025-02-21	2.000	CVS PHARMACY	1235232992	0.00000	0.00	0.00
55111015910	OMEPRAZOLE DR 40 MG CAPSULE	2025-03-17	10.000	WALMART PHARMACY	1093732133	0.00000	0.00	2.94
69452035920	ROPINIROLE HCL 2 MG TABLET	2025-03-19	30.000	WALMART PHARMACY	1093732133	0.00000	0.00	4.00

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8.00	0.022	2025-03-19	-0.20	0.00	No	No
6.93	0.12407	2025-01-15	-0.50	0.00	No	No
0.00	0.04769	2025-01-08	-0.25	0.00	No	No
0.00	0.04773	2025-02-05	-0.25	0.00	No	No
0.00	0.05114	2025-03-05	-0.25	0.00	No	No
10.00	0.03107	2025-03-05	-0.25	0.00	No	No
2.50	1.68434	2025-03-19	-0.26	0.00	Yes	No
109.99	106.32709	2025-02-19	-0.51	0.00	Yes	No
5.00	0.05073	2025-03-12	-0.28	0.00	No	No
5.00	0.0668	2025-03-19	-0.28	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
67877015905	METFORMIN HCL ER 500 MG TABLET	2025-03-07	180.000	WALMART PHARMACY	1649364795	0.00000	0.00	0.00
61314062810	POLYMYXIN B-TMP EYE DROPS	2025-02-25	10.000	WALMART PHARMACY	1538186663	0.00000	0.00	0.00
43598032675	CIPROFLOX-DEXAMETH OTIC SUSP	2025-03-03	7.500	WALMART PHARMACY	1649364795	0.00000	0.00	0.00
45802086802	POLYETHYLENE GLYCOL 3350 POWD	2025-01-21	238.000	CVS PHARMACY	1063515724	0.02517	0.00	7.00
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	2025-02-05	60.000	CAMDEN-ON-GAULEY MEDICAL PHARM	1801935242	0.00000	0.00	10.40
52817033010	CYCLOBENZAPRINE 5 MG TABLET	2025-03-07	90.000	CAMDEN-ON-GAULEY MEDICAL PHARM	1801935242	0.00000	0.00	5.74
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	2025-01-15	4.000	THE BECKLEY PHARMACY	1699818377	0.00000	0.00	0.00
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	2025-02-12	4.000	THE BECKLEY PHARMACY	1699818377	0.00000	0.00	0.00
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	2025-03-12	4.000	THE BECKLEY PHARMACY	1699818377	0.00000	0.00	0.00

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6.00	0.02863	2025-03-05	-0.62	0.00	No	No
9.06	0.46083	2025-02-19	-0.40	0.00	No	No
84.56	14.39834	2025-02-26	-0.29	0.00	No	No
0.00	0.02517	2025-01-15	-0.21	0.00	Yes	No
13.35	0.04764	2025-02-05	0.00	0.78	No	No
12.34	0.02055	2025-03-05	0.00	0.47	No	No
5.00	0.10563	2025-01-15	-0.54	0.00	No	No
5.00	0.10587	2025-02-12	-0.54	0.00	No	No
5.00	0.11721	2025-03-12	-0.54	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
70010049201	METFORMIN HCL ER 750 MG TABLET	2025-01-05	90.000	WALMART PHARMACY	1669490355	0.00000	0.00	0.00
68180096301	ALBUTEROL HFA 90 MCG INHALER	2025-01-06	8.500	WALMART PHARMACY	1881870210	0.00000	0.00	0.00
42858072001	DEXTROAMP-AMPHET ER 20 MG CAP	2025-01-23	30.000	WALGREENS	1417473844	0.00000	0.00	-0.00
47781064990	LEVOTHYROXINE 88 MCG TABLET	2025-01-25	90.000	WALMART PHARMACY	1497954978	0.00000	0.00	0.00
29300046801	CLONIDINE HCL 0.1 MG TABLET	2025-01-30	60.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
00904737740	HYDROXYZINE HCL 10 MG TABLET	2025-02-03	90.000	HUNTINGTON VAMC	1508824301	0.00000	0.00	0.00
68382080701	TRAZODONE 150 MG TABLET	2025-01-20	90.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
65162076410	WARFARIN SODIUM 3 MG TABLET	2025-01-20	115.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-02-18	30.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-02-20	20.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00

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6.00	0.06044	2025-01-01	-0.62	0.00	No	No
20.23	2.32051	2025-01-01	-0.33	0.00	No	No
23.60	0.67969	2025-01-22	-0.24	0.00	No	No
10.00	0.05802	2025-01-22	-0.36	0.00	No	No
4.00	0.02305	2025-01-29	-0.66	0.00	No	No
5.79	0.02756	2025-01-29	-0.55	0.00	No	No
10.00	0.10334	2025-01-15	-0.49	0.00	No	No
12.78	0.09665	2025-01-15	-0.41	0.00	No	No
8.97	0.08158	2025-02-12	-0.31	0.00	No	No
5.98	0.08742	2025-02-19	-0.51	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
00116200116	CHLORHEXIDINE 0.12% RINSE	2025-02-20	473.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
47781065790	LEVOTHYROXINE 125 MCG TABLET	2025-03-08	90.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
68645056354	IBUPROFEN 800 MG TABLET	2025-03-14	30.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-03-14	21.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
65162003310	ACETAMINOPHEN-COD #3 TABLET	2025-03-14	10.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
00172392760	DIAZEPAM 10 MG TABLET	2025-03-29	1.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-02-05	30.000	WALGREENS	1538685987	0.00000	0.00	0.00
70954005820	PREDNISONE 5 MG TABLET	2025-03-03	20.000	WALGREENS	1538685987	0.00000	0.00	0.00
70954005820	PREDNISONE 5 MG TABLET	2025-03-03	20.000	WALGREENS	1538685987	0.00000	0.00	0.00
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-03-10	30.000	WALGREENS	1538685987	0.00000	0.00	0.00

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7.48	0.00739	2025-02-19	-0.47	0.00	No	No
10.00	0.07216	2025-03-05	-0.41	0.00	No	No
5.82	0.06029	2025-03-12	-0.53	0.00	No	No
6.28	0.08742	2025-03-12	-0.49	0.00	No	No
9.35	0.25045	2025-03-12	-0.28	0.00	No	No
4.00	0.03115	2025-03-26	-0.62	0.00	No	No
4.38	0.011	2025-02-05	-0.60	0.00	No	No
6.48	0.04743	2025-02-26	-0.43	0.00	No	No
6.48	0.04743	2025-02-26	-0.43	0.00	No	No
4.38	0.01217	2025-03-05	-0.60	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
16571011401	HYDROXYZINE HCL 25 MG TABLET	2025-03-20	45.000	WALMART PHARMACY	1265459390	0.00000	0.00	0.00
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-01-22	21.000	WALMART PHARMACY	1669490355	0.00000	0.00	4.76
55111014512	FLUCONAZOLE 150 MG TABLET	2025-02-11	2.000	WALMART PHARMACY	1669490355	0.00000	0.00	0.00
68645061090	LISINOPRIL 10 MG TABLET	2025-02-28	90.000	WALMART PHARMACY	1669490355	0.00000	0.00	0.00
67877015905	METFORMIN HCL ER 500 MG TABLET	2025-02-28	90.000	WALMART PHARMACY	1669490355	0.00000	0.00	0.00
68382002310	ATENOLOL 50 MG TABLET	2025-02-28	90.000	WALMART PHARMACY	1669490355	0.00000	0.00	0.00
67877015905	METFORMIN HCL ER 500 MG TABLET	2025-02-04	360.000	WALMART PHARMACY	1629095757	0.00000	0.00	-0.00
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2025-01-27	10.000	WALGREENS	1841716404	0.00000	0.00	0.00
00904675180	ASPIRIN EC 81 MG TABLET	2025-02-07	90.000	WALGREENS	1841716404	0.01367	0.00	1.58
70010049201	METFORMIN HCL ER 750 MG TABLET	2025-02-07	60.000	WALMART PHARMACY	1639196777	0.05750	0.00	0.55

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7.50	0.04398	2025-03-19	-0.40	0.00	No	No
5.00	0.11419	2025-01-22	-0.24	0.00	No	No
9.60	0.52425	2025-02-05	-0.17	0.00	No	No
10.00	0.0177	2025-02-26	-0.17	0.00	No	No
4.00	0.02863	2025-02-26	-0.69	0.00	No	No
10.00	0.02461	2025-02-26	-0.21	0.00	No	No
10.00	0.02667	2025-01-29	-0.50	0.00	No	No
8.92	0.12377	2025-01-22	-0.24	0.00	No	No
0.00	0.01368	2025-02-05	-0.76	0.00	No	No
0.00	0.05745	2025-02-05	-0.71	0.00	No	No

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64380078507	PREDNISONE 20 MG TABLET	2025-01-22	10.000	WALMART PHARMACY	1881870210	0.00000	0.00	-0.00
64380078507	PREDNISONE 20 MG TABLET	2025-03-31	10.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
00832607211	METHIMAZOLE 5 MG TABLET	2025-01-18	15.000	WALGREENS	1194241786	0.00000	0.00	0.00
00093220401	METOCLOPRAMIDE 5 MG TABLET	2025-02-21	20.000	SALEM COLONIAL PHARMACY	1053344705	0.00000	0.00	-0.00
29300024505	BUSPIRONE HCL 10 MG TABLET	2025-01-20	30.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
29300011316	LAMOTRIGINE 150 MG TABLET	2025-02-11	30.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
29300024505	BUSPIRONE HCL 10 MG TABLET	2025-02-18	60.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
29300011316	LAMOTRIGINE 150 MG TABLET	2025-03-12	30.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
29300024505	BUSPIRONE HCL 10 MG TABLET	2025-03-21	60.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
61958250101	BIKTARVY 50-200-25 MG TABLET	2025-02-11	90.000	MARTINSBURG VAMC	1629026414	32.68744	0.00	0.00

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4.04	0.07317	2025-01-22	-0.64	0.00	No	No
4.04	0.08187	2025-03-26	-0.64	0.00	No	No
8.67	0.06899	2025-01-15	-0.25	0.00	No	No
7.19	0.04175	2025-02-19	-0.37	0.00	No	No
4.00	0.02862	2025-01-15	-0.65	0.00	No	No
4.50	0.05997	2025-02-05	-0.63	0.00	No	No
4.00	0.02845	2025-02-12	-0.67	0.00	No	No
4.50	0.06338	2025-03-12	-0.64	0.00	No	No
4.00	0.03236	2025-03-19	-0.68	0.00	No	No
3620.00	136.39078	2025-02-05	-0.47	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-02-17	30.000	WALMART PHARMACY	1992722029	0.00000	0.00	0.00
68645061090	LISINOPRIL 10 MG TABLET	2025-02-23	30.000	WALMART PHARMACY	1992722029	0.00000	0.00	0.00
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-03-24	90.000	WALMART PHARMACY	1992722029	0.00000	0.00	0.00
67877021905	CEPHALEXIN 500 MG CAPSULE	2025-02-23	10.000	WALMART PHARMACY	1912924051	0.00000	0.00	0.00
65162035803	ZAFEMY 150-35 MCG/DAY PATCH	2025-03-17	12.000	WALMART PHARMACY	1912924051	24.55000	0.00	0.00
55111014512	FLUCONAZOLE 150 MG TABLET	2025-01-02	2.000	WALMART PHARMACY	1912924051	0.00000	0.00	0.00
43598017010	CHLORTHALIDONE 25 MG TABLET	2025-01-24	30.000	MARTINSBURG VAMC	1629026414	0.00000	0.00	-0.00
43598017010	CHLORTHALIDONE 25 MG TABLET	2025-02-24	30.000	MARTINSBURG VAMC	1629026414	0.00000	0.00	-0.00
00088221905	LANTUS SOLOSTAR 100 UNIT/ML	2025-02-28	15.000	MARTINSBURG VAMC	1629026414	0.00000	0.00	0.00
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	2025-03-03	8.000	MARTINSBURG VAMC	1629026414	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
4.00	0.011	2025-02-12	-0.63	0.00	No	No
4.00	0.0177	2025-02-19	-0.64	0.00	No	No
10.00	0.01281	2025-03-19	-0.14	0.00	No	No
4.09	0.1214	2025-02-19	-0.65	0.00	No	No
0.00	28.44132	2025-03-12	-0.16	0.00	No	No
9.60	0.51642	2025-01-01	-0.17	0.00	No	No
6.87	0.07447	2025-01-22	-0.46	0.00	No	No
6.87	0.07732	2025-02-19	-0.46	0.00	No	No
41.66	6.17115	2025-02-26	-0.60	0.00	No	No
1.17	0.09095	2025-02-26	-0.90	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
76282027910	TOPIRAMATE 50 MG TABLET	2025-03-19	173.000	MARTINSBURG VAMC	1629026414	0.00000	0.00	0.00
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-01-24	90.000	MEDICINE SHOPPE PHARMACY	1457605933	0.00000	0.00	0.00
00781261305	AMOXICILLIN 500 MG CAPSULE	2025-03-17	20.000	WALGREENS	1619493202	0.00000	0.00	0.00
55111014512	FLUCONAZOLE 150 MG TABLET	2025-01-18	2.000	WALMART PHARMACY	1669490355	0.00000	0.00	0.00
00409656201	TESTOSTERONE CYP 200 MG/ML	2025-03-31	13.000	WALMART PHARMACY	1881870210	10.06692	0.00	0.00
53746051101	SPIRONOLACTONE 25 MG TABLET	2025-01-01	45.000	WALMART PHARMACY	1366469496	0.00000	0.00	0.00
53746051101	SPIRONOLACTONE 25 MG TABLET	2025-03-28	45.000	WALMART PHARMACY	1366469496	0.00000	0.00	0.00
00169413013	OZEMPIC 1 MG/DOSE (4 MG/3 ML) PEN	2025-03-10	9.000	MARTINSBURG VAMC	1629026414	29.36778	0.00	0.00
24510017460	NUCYNTA ER 150 MG TABLET	2025-01-30	60.000	MEDICINE SHOPPE PHARMACY	1457605933	29.39883	0.00	10.49

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
14.85	0.04015	2025-03-19	-0.15	0.00	No	No
9.14	0.011	2025-01-22	-0.20	0.00	No	No
9.61	0.08742	2025-03-12	-0.21	0.00	No	No
9.60	0.51642	2025-01-15	-0.17	0.00	No	No
25.00	13.01273	2025-03-26	-0.13	0.00	No	No
8.34	0.04561	2025-01-01	-0.34	0.00	No	No
8.34	0.05175	2025-03-26	-0.35	0.00	No	No
75.00	321.20299	2025-03-05	-0.88	0.00	No	No
60.00	25.35599	2025-01-01	0.00	0.20	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
24510007510	NUCYNTA 75 MG TABLET	2025-01-30	60.000	MEDICINE SHOPPE PHARMACY	1457605933	13.22233	0.00	10.49
24510017460	NUCYNTA ER 150 MG TABLET	2025-03-03	60.000	MEDICINE SHOPPE PHARMACY	1457605933	29.39883	0.00	10.49
24510007510	NUCYNTA 75 MG TABLET	2025-03-03	60.000	MEDICINE SHOPPE PHARMACY	1457605933	13.22233	0.00	10.49
59088010673	FLUORIDE 1 MG TABLET CHEWABLE	2025-01-09	90.000	WALGREENS	1245756683	0.06389	0.00	6.60
59088010673	FLUORIDE 1 MG TABLET CHEWABLE	2025-01-09	90.000	WALGREENS	1245756683	0.06389	0.00	6.60
70954006020	PREDNISONE 20 MG TABLET	2025-03-10	5.000	WALGREENS	1619493202	0.00000	0.00	0.00
45802011214	MUPIROCIN 2% OINTMENT	2025-03-03	15.000	WALGREENS	1861652562	0.00000	0.00	0.00
13668001001	CITALOPRAM HBR 20 MG TABLET	2025-01-09	90.000	WALMART PHARMACY	1366469496	0.00000	0.00	0.00
13668001001	CITALOPRAM HBR 20 MG TABLET	2025-01-10	90.000	WALMART PHARMACY	1366469496	0.00000	0.00	0.00

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60.00	11.85919	2025-01-01	0.00	0.20	No	No
60.00	25.35599	2025-01-01	0.00	0.20	No	No
60.00	11.85919	2025-01-01	0.00	0.20	No	No
0.00	0.06394	2025-01-08	-0.24	0.00	No	No
0.00	0.06394	2025-01-08	-0.24	0.00	No	No
3.28	0.07911	2025-03-05	-0.70	0.00	No	No
9.37	0.35076	2025-02-26	-0.41	0.00	No	No
10.00	0.02718	2025-01-08	-0.23	0.00	No	No
10.00	0.02718	2025-01-08	-0.23	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees
47781065790	LEVOTHYROXINE 125 MCG TABLET	2025-01-10	90.000	WALMART PHARMACY	1366469496	0.00000	0.00
42806054705	VITAMIN D2 1.25 MG(50,000 UNIT)	2025-01-14	4.000	WALMART PHARMACY	1881870210	0.00000	0.00
23155007001	METHIMAZOLE 5 MG TABLET	2025-01-21	30.000	WALMART PHARMACY	1881870210	0.00000	0.00
42806054705	VITAMIN D2 1.25 MG(50,000 UNIT)	2025-02-13	4.000	WALMART PHARMACY	1881870210	0.00000	0.00
23155007001	METHIMAZOLE 5 MG TABLET	2025-02-18	30.000	WALMART PHARMACY	1881870210	0.00000	0.00
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	2025-03-01	32.000	WALMART PHARMACY	1912924051	0.00000	0.00
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	2025-03-01	150.000	WALMART PHARMACY	1912924051	0.00000	0.00
69315011610	FUROSEMIDE 20 MG TABLET	2025-01-06	30.000	WEIS PHARMACY	1205423498	0.00000	0.00
69315011610	FUROSEMIDE 20 MG TABLET	2025-02-04	30.000	WEIS PHARMACY	1205423498	0.00000	0.00
69315011610	FUROSEMIDE 20 MG TABLET	2025-03-07	30.000	WEIS PHARMACY	1205423498	0.00000	0.00

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0.00	10.00	0.07177	2025-01-08	-0.41	0.00	No	No
0.00	6.96	0.10563	2025-01-08	-0.36	0.00	No	No
0.00	9.30	0.06899	2025-01-15	-0.26	0.00	No	No
0.00	6.96	0.10587	2025-02-12	-0.36	0.00	No	No
-0.00	9.30	0.06948	2025-02-12	-0.26	0.00	No	No
0.00	7.04	0.11147	2025-02-26	-0.50	0.00	No	No
-0.00	9.59	0.03875	2025-02-26	-0.41	0.00	No	No
-0.00	5.99	0.0228	2025-01-01	-0.46	0.00	No	No
-0.00	5.99	0.02252	2025-01-29	-0.46	0.00	No	No
0.00	5.99	0.02485	2025-03-05	-0.47	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees
59651048801	PREDNISONE 20 MG TABLET	2025-02-06	10.000	WEIS PHARMACY	1538192877	0.00000	0.00
55111014512	FLUCONAZOLE 150 MG TABLET	2025-01-12	2.000	WALMART PHARMACY	1366469496	0.00000	0.00
16714008110	HYDROXYZINE HCL 10 MG TABLET	2025-01-10	30.000	WALMART PHARMACY	1366469496	0.00000	0.00
55111014512	FLUCONAZOLE 150 MG TABLET	2025-02-17	2.000	WALMART PHARMACY	1366469496	0.00000	0.00
61314062810	POLYMYXIN B-TMP EYE DROPS	2025-02-18	10.000	WALMART PHARMACY	1366469496	0.00000	0.00
16714008110	HYDROXYZINE HCL 10 MG TABLET	2025-03-04	60.000	WALMART PHARMACY	1366469496	0.00000	0.00
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-03-21	90.000	WALMART PHARMACY	1366469496	0.00000	0.00
68645061090	LISINOPRIL 10 MG TABLET	2025-03-21	90.000	WALMART PHARMACY	1366469496	0.00000	0.00
00172392660	DIAZEPAM 5 MG TABLET	2025-03-21	3.000	WALMART PHARMACY	1366469496	0.00000	0.00
60219158503	FLUOROMETHOLONE 0.1% EYE DROP	2025-03-12	5.000	WALMART PHARMACY	1669490355	4.24000	0.00

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0.00	8.99	0.07317	2025-02-05	-0.20	0.00	No	No
0.00	9.60	0.51642	2025-01-08	-0.17	0.00	No	No
0.00	5.30	0.02797	2025-01-08	-0.53	0.00	No	No
0.00	9.60	0.52425	2025-02-12	-0.17	0.00	No	No
-0.00	9.06	0.43544	2025-02-12	-0.39	0.00	No	No
0.60	10.00	0.02999	2025-02-26	-0.14	0.00	No	No
0.00	10.00	0.01281	2025-03-19	-0.14	0.00	No	No
0.00	10.00	0.01833	2025-03-19	-0.18	0.00	No	No
0.00	4.00	0.02795	2025-03-19	-0.62	0.00	No	No
0.00	30.00	12.47907	2025-03-12	-0.30	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
55111073005	ALLOPURINOL 300 MG TABLET	2025-01-15	90.000	MARTINSBURG VAMC	1629026414	0.00000	0.00	0.00
60505025203	TIZANIDINE HCL 4 MG TABLET	2025-02-22	20.000	MARTINSBURG VAMC	1629026414	0.02050	0.00	0.15
59651048699	PREDNISONE 5 MG TABLET	2025-01-13	21.000	WALMART PHARMACY	1669490355	0.00000	0.00	0.00
65162014908	LYLLANA 0.05 MG PATCH	2025-03-04	24.000	WALMART PHARMACY	1669490355	5.10708	0.00	0.00
50111078751	AZITHROMYCIN 250 MG TABLET	2025-03-20	6.000	WALMART PHARMACY	1669490355	0.00000	0.00	1.45
68180096301	ALBUTEROL HFA 90 MCG INHALER	2025-03-20	8.500	WALMART PHARMACY	1669490355	1.20353	0.00	0.00
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-03-24	21.000	WALMART PHARMACY	1669490355	0.00000	0.00	0.00
55111032005	GLIMEPIRIDE 1 MG TABLET	2025-01-20	60.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
33342005010	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	2025-01-21	90.000	WALMART PHARMACY	1912924051	0.06900	0.00	3.79
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	2025-01-28	2.000	CVS PHARMACY	1780787440	0.00000	0.00	0.00

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21.50	0.06173	2025-01-15	0.00	0.34	No	No
0.00	0.04664	2025-02-19	-0.95	0.00	No	No
4.63	0.04351	2025-01-08	-0.59	0.00	No	No
25.00	6.4968	2025-02-26	-0.11	0.00	No	No
10.00	0.37667	2025-03-19	-0.10	0.00	No	No
10.00	2.56359	2025-03-19	-0.37	0.00	No	No
9.24	0.15456	2025-03-19	-0.33	0.00	No	No
8.00	0.02974	2025-01-15	-0.35	0.00	No	No
0.00	0.06902	2025-01-15	-0.40	0.00	No	No
109.99	98.67298	2025-01-22	-0.47	0.00	Yes	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees
55111032005	GLIMEPIRIDE 1 MG TABLET	2025-03-24	60.000	WALMART PHARMACY	1093732133	0.00000	0.00
60219205601	DEXAMETHASONE 2 MG TABLET	2025-03-10	7.000	WALMART PHARMACY	1093732133	0.00000	0.00
60505082901	FLUTICASONE PROP 50 MCG SPRAY	2025-03-03	16.000	WALMART PHARMACY	1366469496	0.00000	0.00
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-02-05	90.000	WALMART PHARMACY	1912924051	0.01100	0.00
67877015905	METFORMIN HCL ER 500 MG TABLET	2025-03-15	90.000	WALMART PHARMACY	1912924051	0.02867	0.00
47781064390	LEVOTHYROXINE 50 MCG TABLET	2025-02-24	90.000	WALMART PHARMACY	1093732133	0.00000	0.00
29300041001	ATENOLOL 25 MG TABLET	2025-03-24	90.000	WALMART PHARMACY	1093732133	0.02400	0.00
00555901858	TRI-SPRINTEC TABLET	2025-01-02	28.000	WALMART PHARMACY	1649364795	0.12321	0.00
00555901858	TRI-SPRINTEC TABLET	2025-01-27	28.000	WALMART PHARMACY	1649364795	0.12214	0.00
00555901858	TRI-SPRINTEC TABLET	2025-02-21	28.000	WALMART PHARMACY	1649364795	0.12821	0.00

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0.00	8.00	0.03333	2025-03-19	-0.36	0.00	No	No
0.00	5.38	0.32244	2025-03-05	-0.58	0.00	No	No
0.00	15.87	0.44945	2025-02-26	-0.10	0.00	No	No
9.01	0.00	0.011	2025-02-05	-0.13	0.00	No	No
1.42	0.00	0.02863	2025-03-12	-0.69	0.00	No	No
0.00	10.00	0.05398	2025-02-19	-0.35	0.00	No	No
7.84	0.00	0.02404	2025-03-19	-0.21	0.00	No	No
5.55	0.00	0.12315	2025-01-01	-0.35	0.00	No	No
5.58	0.00	0.12209	2025-01-22	-0.35	0.00	No	No
5.41	0.00	0.12837	2025-02-19	-0.36	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees
00555901858	TRI-SPRINTEC TABLET	2025-03-19	28.000	WALMART PHARMACY	1649364795	0.12821	0.00
68180096301	ALBUTEROL HFA 90 MCG INHALER	2025-01-03	17.000	WALMART PHARMACY	1750309449	0.55588	0.00
64380078508	PREDNISONE 20 MG TABLET	2025-02-10	15.000	REED'S DRUG STORE	1043221690	0.00000	0.00
59651048901	PREDNISONE 50 MG TABLET	2025-02-24	5.000	REED'S DRUG STORE	1043221690	0.00000	0.00
68645059459	FAMOTIDINE 20 MG TABLET	2025-02-22	20.000	WALMART PHARMACY	1265459390	0.00000	0.00
72578008101	SUCRALFATE 1 GM TABLET	2025-02-22	12.000	WALMART PHARMACY	1265459390	0.00000	0.00
67877021905	CEPHALEXIN 500 MG CAPSULE	2025-02-08	30.000	WALMART PHARMACY	1356368484	0.00000	0.00
64380078507	PREDNISONE 20 MG TABLET	2025-03-10	5.000	WALMART PHARMACY	1356368484	0.00000	0.00
70010000201	COLCHICINE 0.6 MG TABLET	2025-03-10	3.000	WALMART PHARMACY	1356368484	0.00000	0.00
61314062810	POLYMYXIN B-TMP EYE DROPS	2025-02-07	10.000	WALMART PHARMACY	1669490355	0.00000	0.00

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5.41	0.00	0.13969	2025-03-19	-0.38	0.00	No	No
1.01	30.00	2.32051	2025-01-01	-0.19	0.00	No	No
0.07	10.00	0.07317	2025-02-05	-0.13	0.00	No	No
0.00	9.99	0.18345	2025-02-19	-0.12	0.00	No	No
-0.00	6.03	0.03188	2025-02-19	-0.46	0.00	No	No
-0.00	4.00	0.17224	2025-02-19	-0.68	0.00	No	No
2.26	10.00	0.10819	2025-02-05	-0.11	0.00	No	No
0.00	4.00	0.07911	2025-03-05	-0.63	0.00	No	No
0.00	7.37	0.18049	2025-03-05	-0.33	0.00	No	No
-0.00	9.06	0.43544	2025-02-05	-0.39	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees
42799080601	IVERMECTIN 3 MG TABLET	2025-03-12	4.000	CVS PHARMACY	1962505628	0.81750	0.00
00574220520	TRETINOIN 0.05% CREAM	2025-03-20	20.000	CVS PHARMACY	1063515724	0.00000	0.00
69315030805	CIPROFLOXACIN 0.3% EYE DROP	2025-01-20	5.000	CVS PHARMACY	1134223811	0.00000	0.00
69315030805	CIPROFLOXACIN 0.3% EYE DROP	2025-03-10	5.000	CVS PHARMACY	1134223811	0.00000	0.00
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2025-01-09	240.000	WALGREENS	1124257613	0.00000	0.00
61314064511	NEOMYCIN-POLYMYXIN-HC EAR SUSP	2025-01-28	10.000	WALGREENS	1124257613	0.00000	0.00
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-03-21	21.000	WALGREENS	1508051996	0.00000	0.00
00185012201	NITROFURANTOIN MONO-MCR 100 MG	2025-03-21	10.000	WALGREENS	1508051996	0.00000	0.00
45802086802	POLYETHYLENE GLYCOL 3350 POWD	2025-01-28	238.000	WALGREENS	1609179860	0.02466	0.00
68645055654	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	2025-01-01	30.000	WALMART PHARMACY	1275550303	0.02800	0.00

Amount of Dispensing Fee	Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
7.82	10.00	3.31652	2025-03-12	-0.11	0.00	Yes	No
0.00	32.79	1.68434	2025-03-19	-0.26	0.00	Yes	No
0.00	13.99	1.50086	2025-01-15	-0.22	0.00	Yes	No
3.99	10.00	1.57752	2025-03-05	-0.24	0.00	Yes	No
0.00	25.09	0.09227	2025-01-08	-0.23	0.00	No	No
0.00	48.59	4.39522	2025-01-22	-0.11	0.00	No	No
0.00	11.99	0.15456	2025-03-19	-0.13	0.00	No	No
0.00	8.25	0.32693	2025-03-19	-0.40	0.00	No	No
5.20	0.00	0.02465	2025-01-22	-0.32	0.00	No	No
6.23	0.00	0.02785	2025-01-01	-0.38	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees
68645055854	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	2025-01-28	90.000	WALMART PHARMACY	1275550303	0.03778	0.00
67877015905	METFORMIN HCL ER 500 MG TABLET	2025-02-23	360.000	WALMART PHARMACY	1275550303	0.02778	0.00
68645055654	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	2025-03-03	30.000	WALMART PHARMACY	1275550303	0.02933	0.00
68645057454	GLIPIZIDE 5 MG TABLET	2025-03-24	30.000	WALMART PHARMACY	1275550303	0.03367	0.00
68645055654	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	2025-03-29	30.000	WALMART PHARMACY	1275550303	0.03067	0.00
68645056354	IBUPROFEN 800 MG TABLET	2025-03-09	30.000	WALMART PHARMACY	1487838132	0.00000	0.00
68645052354	SERTRALINE HCL 100 MG TABLET	2025-03-19	30.000	WALMART PHARMACY	1487838132	0.05100	0.00
72485067035	ERYTHROMYCIN 0.5% EYE OINTMENT	2025-03-30	3.500	WALMART PHARMACY	1487838132	0.00000	0.00
47781065990	LEVOTHYROXINE 137 MCG TABLET	2025-01-06	90.000	WALMART PHARMACY	1639196769	0.00000	0.00
72485067035	ERYTHROMYCIN 0.5% EYE OINTMENT	2025-03-18	3.500	WALMART PHARMACY	1639196769	0.00000	0.00

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6.60	0.00	0.03779	2025-01-22	-0.28	0.00	No	No
0.00	0.00	0.02863	2025-02-19	-0.52	0.00	No	No
6.19	0.00	0.02947	2025-02-26	-0.38	0.00	No	No
3.49	0.00	0.03365	2025-03-19	-0.61	0.00	No	No
6.15	0.00	0.03067	2025-03-26	-0.38	0.00	No	No
0.00	5.82	0.06029	2025-03-05	-0.53	0.00	No	No
7.47	0.00	0.05282	2025-03-19	-0.25	0.00	No	No
0.00	13.74	2.84655	2025-03-26	-0.33	0.00	No	No
0.00	10.00	0.07359	2025-01-01	-0.42	0.00	No	No
0.00	13.74	2.76708	2025-03-12	-0.32	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68645058259	METFORMIN HCL 500 MG TABLET	2025-01-14	30.000	WALMART PHARMACY	1881870210	0.01300	0.00	3.61
68645058259	METFORMIN HCL 500 MG TABLET	2025-02-12	30.000	WALMART PHARMACY	1881870210	0.01333	0.00	3.60
68645058259	METFORMIN HCL 500 MG TABLET	2025-03-10	30.000	WALMART PHARMACY	1881870210	0.01367	0.00	3.59
50111056001	TRAZODONE 50 MG TABLET	2025-01-06	30.000	WALMART PHARMACY	1992723688	0.03167	0.00	3.05
68645061190	LISINOPRIL 20 MG TABLET	2025-01-22	90.000	WALMART PHARMACY	1992723688	0.02389	0.00	7.85
65862089888	NYLIA 1-35 28 TABLET	2025-01-23	28.000	MOUNTAINEER PHARMACY	1184015802	0.22607	0.00	6.59
65862089888	NYLIA 1-35 28 TABLET	2025-02-18	28.000	MOUNTAINEER PHARMACY	1184015802	0.22607	0.00	6.59
59651048801	PREDNISONE 20 MG TABLET	2025-02-06	12.000	MARTINS PHARMACY	1215969233	0.00000	0.00	0.00
59651048801	PREDNISONE 20 MG TABLET	2025-02-11	15.000	MARTINS PHARMACY	1215969233	0.00000	0.00	0.00
59651048801	PREDNISONE 20 MG TABLET	2025-01-02	10.000	MARTINS PHARMACY	1215969233	0.00000	0.00	0.00

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0.00	0.01304	2025-01-08	-0.63	0.00	No	No
0.00	0.01323	2025-02-12	-0.63	0.00	No	No
0.00	0.01368	2025-03-05	-0.63	0.00	No	No
0.00	0.03177	2025-01-01	-0.65	0.00	No	No
0.00	0.02401	2025-01-22	-0.21	0.00	No	No
0.00	0.22599	2025-01-22	-0.23	0.00	No	No
0.00	0.22599	2025-02-12	-0.23	0.00	No	No
9.99	0.07317	2025-02-05	-0.12	0.00	No	No
9.99	0.07317	2025-02-05	-0.14	0.00	No	No
9.99	0.0717	2025-01-01	-0.11	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
00904674880	BISACODYL EC 5 MG TABLET	2025-01-24	6.000	MARTINSBURG VAMC	1629026414	0.00500	0.00	0.15
10572010001	PEG-3350 AND ELECTROLYTES SOLN	2025-01-24	4000.000	MARTINSBURG VAMC	1629026414	0.00200	0.00	0.15
13668013710	ESCITALOPRAM 20 MG TABLET	2025-03-03	45.000	MARTINSBURG VAMC	1629026414	0.00000	0.00	0.00
00904674880	BISACODYL EC 5 MG TABLET	2025-03-17	6.000	MARTINSBURG VAMC	1629026414	0.00500	0.00	0.15
10572010001	PEG-3350 AND ELECTROLYTES SOLN	2025-03-17	4000.000	MARTINSBURG VAMC	1629026414	0.00220	0.00	0.15
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-01-16	90.000	WALGREENS	1619493202	0.00000	0.00	0.00
00228202710	ALPRAZOLAM 0.25 MG TABLET	2025-02-16	7.000	WALMART PHARMACY	1366469496	0.00000	0.00	3.20
13668001001	CITALOPRAM HBR 20 MG TABLET	2025-03-04	90.000	WALMART PHARMACY	1366469496	0.00789	0.00	7.29
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-02-14	21.000	WALMART PHARMACY	1912924051	0.00000	0.00	0.47
00781185220	AMOX-CLAV 875-125 MG TABLET	2025-03-07	20.000	WARDENSVILLE PHARMACY	1366773749	0.17250	0.00	8.55

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0.00	0.03614	2025-01-22	-0.98	0.00	No	No
0.00	0.00409	2025-01-22	-0.70	0.00	No	No
16.06	0.07321	2025-02-26	0.00	0.17	No	No
0.00	0.03638	2025-03-12	-0.98	0.00	No	No
0.00	0.00441	2025-03-12	-0.68	0.00	No	No
9.14	0.01079	2025-01-15	-0.20	0.00	No	No
0.80	0.02002	2025-02-12	-0.62	0.00	No	No
2.00	0.03013	2025-02-26	-0.24	0.00	No	No
9.29	0.11419	2025-02-12	-0.24	0.00	No	No
3.00	0.3224	2025-03-05	-0.11	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	2025-01-09	3.000	CVS PHARMACY	1164858148	29.33000	0.00	0.00
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	2025-02-05	3.000	CVS PHARMACY	1164858148	29.33000	0.00	0.00
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	2025-03-14	3.000	CVS PHARMACY	1164858148	29.33000	0.00	0.00
68180098003	LISINOPRIL 10 MG TABLET	2025-01-02	30.000	MARTINS PHARMACY	1215969233	0.00000	0.00	0.00
68180098003	LISINOPRIL 10 MG TABLET	2025-02-04	30.000	MARTINS PHARMACY	1215969233	0.00000	0.00	-0.00
13668013710	ESCITALOPRAM 20 MG TABLET	2025-02-15	30.000	MARTINSBURG VAMC	1629026414	0.00000	0.00	0.00
00597015390	JARDIANCE 25 MG TABLET	2025-02-24	90.000	MARTINSBURG VAMC	1629026414	1.35089	0.00	0.00
43547043109	FENOFIBRATE 145 MG TABLET	2025-03-20	90.000	MARTINSBURG VAMC	1629026414	0.00000	0.00	0.00
42858072001	DEXTROAMP-AMPHET ER 20 MG CAP	2025-01-05	30.000	WALGREENS	1245756683	0.00000	0.00	3.60
00054350049	LIDOCAINE 2% VISCOUS SOLN	2025-03-31	100.000	WALGREENS	1508382227	0.00000	0.00	0.00

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0.00	38.03566	2025-01-08	-0.29	0.00	Yes	No
0.00	37.7194	2025-02-05	-0.29	0.00	Yes	No
0.00	37.43887	2025-03-12	-0.28	0.00	Yes	No
6.99	0.01707	2025-01-01	-0.36	0.00	No	No
6.99	0.01718	2025-01-29	-0.36	0.00	No	No
5.44	0.0648	2025-02-12	-0.56	0.00	No	No
60.00	20.13118	2025-02-19	-0.90	0.00	No	No
20.00	0.13841	2025-03-19	-0.13	0.00	No	No
20.00	0.61752	2025-01-01	-0.19	0.00	No	No
15.20	0.10481	2025-03-26	-0.28	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-03-03	90.000	WALGREENS	1619493202	0.00000	0.00	-0.00
17270074000	ALBUTEROL HFA 90 MCG INHALER	2025-03-13	8.500	WALGREENS	1619493202	0.00000	0.00	5.83
68180086573	BLISOVI FE 1-20 TABLET	2025-01-20	84.000	WALGREENS	1861652562	0.12464	0.00	6.02
70752020411	FOLIC ACID 1 MG TABLET	2025-02-03	90.000	WALMART PHARMACY	1366469496	0.00000	0.00	-0.00
47781066290	LEVOTHYROXINE 150 MCG TABLET	2025-02-03	90.000	WALMART PHARMACY	1366469496	0.00000	0.00	0.00
00555077902	MEDROXYPROGESTERONE 10 MG TAB	2025-02-11	10.000	WALMART PHARMACY	1366469496	0.00000	0.00	0.00
68645060990	LISINOPRIL 5 MG TABLET	2025-02-18	90.000	WALMART PHARMACY	1366469496	0.00000	0.00	0.00
60505082901	FLUTICASONE PROP 50 MCG SPRAY	2025-03-23	16.000	WALMART PHARMACY	1366469496	0.00000	0.00	5.87
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-03-24	90.000	WALMART PHARMACY	1366469496	0.00000	0.00	0.00
68180096301	ALBUTEROL HFA 90 MCG INHALER	2025-02-10	8.500	WALMART PHARMACY	1669490355	1.18353	0.00	0.17

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9.14	0.01217	2025-02-26	-0.21	0.00	No	No
20.00	2.53475	2025-03-05	-0.19	0.00	No	No
0.00	0.12469	2025-01-15	-0.21	0.00	No	No
10.00	0.02086	2025-01-29	-0.19	0.00	No	No
10.00	0.0713	2025-01-29	-0.41	0.00	No	No
7.38	0.1376	2025-02-05	-0.38	0.00	No	No
10.00	0.01386	2025-02-12	-0.15	0.00	No	No
10.00	0.46041	2025-03-19	-0.11	0.00	No	No
10.00	0.01281	2025-03-19	-0.14	0.00	No	No
10.00	2.35969	2025-02-05	-0.34	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
64380078408	PREDNISONE 10 MG TABLET	2025-02-10	15.000	WALMART PHARMACY	1669490355	0.00000	0.00	-0.00
68645056354	IBUPROFEN 800 MG TABLET	2025-02-11	30.000	WALMART PHARMACY	1669490355	0.00000	0.00	-0.00
55111014512	FLUCONAZOLE 150 MG TABLET	2025-01-23	1.000	WALMART PHARMACY	1881870210	0.00000	0.00	0.00
16714008110	HYDROXYZINE HCL 10 MG TABLET	2025-02-04	60.000	WALMART PHARMACY	1881870210	0.00000	0.00	0.60
65862017360	TOPIRAMATE 100 MG TABLET	2025-02-13	90.000	WALMART PHARMACY	1881870210	0.00000	0.00	0.00
13668000901	CITALOPRAM HBR 10 MG TABLET	2025-02-13	90.000	WALMART PHARMACY	1881870210	0.00000	0.00	0.00
55111014512	FLUCONAZOLE 150 MG TABLET	2025-03-05	1.000	WALMART PHARMACY	1881870210	0.00000	0.00	0.00
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	2025-01-23	150.000	WALMART PHARMACY	1912924051	0.00000	0.00	0.00
47781065990	LEVOTHYROXINE 137 MCG TABLET	2025-02-07	30.000	WALMART PHARMACY	1912924051	0.00000	0.00	0.00
64380078507	PREDNISONE 20 MG TABLET	2025-02-10	10.000	WALMART PHARMACY	1912924051	0.00000	0.00	0.00

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4.00	0.04773	2025-02-05	-0.64	0.00	No	No
5.82	0.0562	2025-02-05	-0.52	0.00	No	No
4.80	0.52425	2025-01-22	-0.56	0.00	No	No
10.00	0.02756	2025-01-29	-0.13	0.00	No	No
13.50	0.05608	2025-02-12	-0.13	0.00	No	No
10.00	0.02246	2025-02-12	-0.20	0.00	No	No
4.80	0.53979	2025-03-05	-0.56	0.00	No	No
9.59	0.03735	2025-01-22	-0.40	0.00	No	No
4.00	0.07306	2025-02-05	-0.68	0.00	No	No
4.04	0.07317	2025-02-05	-0.64	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
47781065990	LEVOTHYROXINE 137 MCG TABLET	2025-03-05	30.000	WALMART PHARMACY	1912924051	0.00000	0.00	0.00
00378750232	BREYNA 80-4.5 MCG INHALER	2025-03-30	30.900	WALMART PHARMACY	1912924051	14.58382	0.00	0.00
68180096301	ALBUTEROL HFA 90 MCG INHALER	2025-03-31	8.500	WALMART PHARMACY	1912924051	1.20353	0.00	0.00
00781261305	AMOXICILLIN 500 MG CAPSULE	2025-02-09	20.000	WEIS PHARMACY	1538192877	0.00000	0.00	0.00
59651048801	PREDNISONE 20 MG TABLET	2025-03-10	10.000	WEIS PHARMACY	1538192877	0.00000	0.00	0.00
68645051654	AMLODIPINE BESYLATE 10 MG TAB	2025-03-11	30.000	WALMART PHARMACY	1881870210	0.01700	0.00	8.49
29300046801	CLONIDINE HCL 0.1 MG TABLET	2025-03-22	90.000	WALMART PHARMACY	1881870210	0.02578	0.00	3.68
00093342501	LORAZEPAM 0.5 MG TABLET	2025-03-22	30.000	WALMART PHARMACY	1881870210	0.04300	0.00	6.99
67877024201	QUETIAPINE FUMARATE 25 MG TAB	2025-03-22	30.000	WALMART PHARMACY	1881870210	0.03267	0.00	8.02
68462022101	LITHIUM CARBONATE 300 MG CAP	2025-03-24	180.000	WALMART PHARMACY	1881870210	0.05556	0.00	0.00

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4.00	0.07827	2025-03-05	-0.69	0.00	No	No
20.00	20.18754	2025-03-26	-0.26	0.00	No	No
10.00	2.56359	2025-03-26	-0.37	0.00	No	No
9.72	0.08158	2025-02-05	-0.20	0.00	No	No
8.99	0.07911	2025-03-05	-0.20	0.00	No	No
0.00	0.01694	2025-03-05	-0.18	0.00	No	No
0.00	0.02583	2025-03-19	-0.53	0.00	No	No
0.00	0.04287	2025-03-19	-0.30	0.00	No	No
0.00	0.03263	2025-03-19	-0.22	0.00	No	No
0.00	0.11289	2025-03-19	-0.68	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
65862017160	TOPIRAMATE 25 MG TABLET	2025-03-31	70.000	WALMART PHARMACY	1881870210	0.02800	0.00	8.54
60219170805	PREDNISONE 20 MG TABLET	2025-01-09	10.000	RENEGADE PHARMACY INC	1154977023	0.00000	0.00	0.00
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	2025-03-17	75.000	WALGREENS	1144665373	0.00000	0.00	0.00
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-02-18	90.000	WALGREENS	1245407949	0.01100	0.00	8.16
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-03-19	20.000	WALGREENS	1245407949	0.00000	0.00	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-01-13	8.000	WALGREENS	1528584182	0.00000	0.00	0.00
00378334053	XULANE 150-35 MCG/DAY PATCH	2025-02-24	9.000	WALGREENS	1659897205	31.55444	0.00	0.00
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-02-24	80.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-03-20	30.000	WALMART PHARMACY	1093732133	0.00000	0.00	-0.00
29300035501	TRAMADOL HCL 50 MG TABLET	2025-02-13	10.000	WALMART PHARMACY	1366469496	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
0.00	0.02806	2025-03-26	-0.16	0.00	No	No
9.99	0.0717	2025-01-08	-0.11	0.00	No	No
9.33	0.03875	2025-03-12	-0.30	0.00	No	No
0.00	0.011	2025-02-12	-0.20	0.00	No	No
9.62	0.09188	2025-03-19	-0.22	0.00	No	No
4.05	0.0717	2025-01-08	-0.63	0.00	No	No
0.00	35.78717	2025-02-19	-0.15	0.00	No	No
9.78	0.03869	2025-02-19	-0.28	0.00	No	No
8.97	0.09188	2025-03-19	-0.32	0.00	No	No
8.59	0.02332	2025-02-12	-0.20	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68645019059	METOPROLOL TARTRATE 50 MG TAB	2025-03-12	15.000	WALMART PHARMACY	1669490355	0.02133	0.00	3.68
00093317431	ALBUTEROL HFA 90 MCG INHALER	2025-01-27	25.500	BECKLEY VAMC PHARMACY	1104884535	0.96118	0.00	0.00
00378932232	WIXELA 500-50 INHUB	2025-01-27	3.000	BECKLEY VAMC PHARMACY	1104884535	0.98000	0.00	0.00
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	2025-01-29	1.000	CITIZENS DRUG STORE	1336326792	0.00000	0.00	0.00
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	2025-03-11	1.000	CITIZENS DRUG STORE	1336326792	0.00000	0.00	0.00
62559075816	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-03-14	140.000	CVS PHARMACY	1790888451	0.00000	0.00	3.99
62559075816	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-01-12	180.000	CVS PHARMACY	1881797546	0.00000	0.00	4.89
62559075816	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-02-16	180.000	CVS PHARMACY	1881797546	0.00000	0.00	4.89
65862069705	VENLAFAXINE HCL ER 150 MG CAP	2025-01-04	90.000	MARTINSBURG VAMC	1629026414	0.05811	0.00	0.00
76282072910	LISINOPRIL 5 MG TABLET	2025-03-25	90.000	MARTINSBURG VAMC	1629026414	0.00689	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
0.00	0.02142	2025-03-12	-0.63	0.00	No	No
0.00	2.35969	2025-01-22	-0.65	0.00	No	No
0.00	1.80244	2025-01-22	-0.82	0.00	No	No
10.00	1.60351	2025-01-29	-0.17	0.00	No	No
10.00	1.73711	2025-03-05	-0.18	0.00	No	No
10.00	0.03869	2025-03-12	-0.12	0.00	Yes	No
10.00	0.03452	2025-01-08	-0.11	0.00	Yes	No
10.00	0.0344	2025-02-12	-0.11	0.00	Yes	No
0.00	0.11715	2025-01-01	-0.75	0.00	No	No
0.00	0.01541	2025-03-19	-0.95	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
00093317431	ALBUTEROL HFA 90 MCG INHALER	2025-03-25	8.500	MARTINSBURG VAMC	1629026414	0.99294	0.00	0.15
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-01-21	21.000	MOUNTAINEER PHARMACY	1184015802	0.00000	0.00	0.01
00143993905	AMOXICILLIN 500 MG CAPSULE	2025-03-28	20.000	UNION PHARMACY	1518960111	0.00000	0.00	0.00
00574110404	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2025-01-23	118.000	WALGREENS	1245407949	0.00178	0.00	5.18
00378750232	BREYNA 80-4.5 MCG INHALER	2025-03-17	10.300	WALGREENS	1245407949	15.60097	0.00	0.00
45802046564	KETOCONAZOLE 2% SHAMPOO	2025-01-15	120.000	WALGREENS	1265959134	0.01192	0.00	8.16
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-03-20	118.000	WALGREENS	1508051996	0.00000	0.00	2.59
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	2025-03-20	100.000	WALGREENS	1508051996	0.00000	0.00	1.81
11534016503	FOLIC ACID 1 MG TABLET	2025-02-12	90.000	WALGREENS	1861652562	0.00000	0.00	0.00
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-02-27	90.000	WALGREENS	1891211702	0.01222	0.00	8.05

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0.00	2.56359	2025-03-19	-0.73	0.00	No	No
10.00	0.08279	2025-01-15	-0.18	0.00	No	No
8.61	0.09188	2025-03-26	-0.30	0.00	No	No
10.00	0.08654	2025-01-22	-0.26	0.00	No	No
0.00	20.13435	2025-03-12	-0.26	0.00	No	No
10.00	0.09525	2025-01-15	-0.11	0.00	No	No
10.00	0.04345	2025-03-19	-0.19	0.00	No	No
10.00	0.03373	2025-03-19	-0.15	0.00	No	No
8.91	0.02086	2025-02-12	-0.28	0.00	No	No
0.00	0.01217	2025-02-26	-0.21	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees
64380078507	PREDNISONE 20 MG TABLET	2025-01-04	10.000	WALMART PHARMACY	1093732133	0.00000	0.00
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2025-01-04	300.000	WALMART PHARMACY	1093732133	0.05893	0.00
64380078507	PREDNISONE 20 MG TABLET	2025-01-10	10.000	WALMART PHARMACY	1093732133	0.00000	0.00
68645059459	FAMOTIDINE 20 MG TABLET	2025-02-09	30.000	WALMART PHARMACY	1093732133	0.00000	0.00
29300046801	CLONIDINE HCL 0.1 MG TABLET	2025-02-18	10.000	WALMART PHARMACY	1093732133	0.02300	0.00
64380078507	PREDNISONE 20 MG TABLET	2025-01-13	10.000	WALMART PHARMACY	1649364795	0.00000	0.00
64380078507	PREDNISONE 20 MG TABLET	2025-01-23	10.000	WALMART PHARMACY	1881870210	0.00000	0.00
68180096301	ALBUTEROL HFA 90 MCG INHALER	2025-01-23	8.500	WALMART PHARMACY	1881870210	2.36000	0.00
64380078507	PREDNISONE 20 MG TABLET	2025-01-23	10.000	WALMART PHARMACY	1881870210	0.00000	0.00
13668010401	ISOSORBIDE MONONIT ER 30 MG TB	2025-02-14	90.000	WALMART PHARMACY	1881870210	0.06533	0.00

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-0.00	4.04	0.0717	2025-01-01	-0.64	0.00	No	No
5.40	10.00	0.09227	2025-01-01	-0.13	0.00	No	No
-0.00	4.04	0.0717	2025-01-08	-0.64	0.00	No	No
0.00	9.05	0.02934	2025-02-05	-0.20	0.00	No	No
3.77	0.00	0.02305	2025-02-12	-0.63	0.00	No	No
-0.00	4.04	0.0717	2025-01-08	-0.64	0.00	No	No
0.00	4.04	0.07317	2025-01-22	-0.64	0.00	No	No
0.17	0.00	2.35969	2025-01-22	-0.34	0.00	No	No
0.00	4.04	0.07317	2025-01-22	-0.64	0.00	No	No
4.12	0.00	0.06531	2025-02-12	-0.39	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees
67877015905	METFORMIN HCL ER 500 MG TABLET	2025-02-16	90.000	WALMART PHARMACY	1881870210	0.02667	0.00
68645060990	LISINOPRIL 5 MG TABLET	2025-02-27	90.000	WALMART PHARMACY	1881870210	0.01444	0.00
13668000901	CITALOPRAM HBR 10 MG TABLET	2025-01-21	90.000	WALMART PHARMACY	1356368484	0.02244	0.00
67877015905	METFORMIN HCL ER 500 MG TABLET	2025-02-03	360.000	WALMART PHARMACY	1356368484	0.02667	0.00
68645056354	IBUPROFEN 800 MG TABLET	2025-03-10	15.000	WALMART PHARMACY	1669490355	0.00000	0.00
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-03-10	20.000	WALMART PHARMACY	1669490355	0.00000	0.00
68645056259	IBUPROFEN 600 MG TABLET	2025-03-16	30.000	WALMART PHARMACY	1912924051	0.00000	0.00
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	2025-03-16	20.000	WALMART PHARMACY	1912924051	0.00000	0.00
68180096301	ALBUTEROL HFA 90 MCG INHALER	2025-01-17	8.500	WALMART PHARMACY	1912924051	0.00000	0.00
13668001005	CITALOPRAM HBR 20 MG TABLET	2025-03-17	60.000	MARTINSBURG VAMC	1629026414	0.01483	0.00

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1.60	0.00	0.02667	2025-02-12	-0.69	0.00	No	No
8.70	0.00	0.01445	2025-02-26	-0.15	0.00	No	No
7.98	0.00	0.02243	2025-01-15	-0.20	0.00	No	No
0.40	0.00	0.02667	2025-01-29	-0.50	0.00	No	No
0.00	4.00	0.06029	2025-03-05	-0.65	0.00	No	No
0.00	5.98	0.08742	2025-03-05	-0.51	0.00	No	No
0.00	5.43	0.04873	2025-03-12	-0.55	0.00	No	No
0.00	10.95	0.09095	2025-03-12	-0.11	0.00	No	No
0.00	20.23	2.32051	2025-01-15	-0.33	0.00	No	No
0.00	0.00	0.03013	2025-03-12	-0.93	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
67877015905	METFORMIN HCL ER 500 MG TABLET	2025-01-21	30.000	WALMART PHARMACY	1669490355	0.02700	0.00	3.19
24979023103	POTASSIUM CL ER 10 MEQ TABLET	2025-01-23	180.000	WALMART PHARMACY	1669490355	0.00000	0.00	0.00
67877069701	CHLORTHALIDONE 50 MG TABLET	2025-02-01	30.000	WALMART PHARMACY	1669490355	0.00000	0.00	0.00
67877015905	METFORMIN HCL ER 500 MG TABLET	2025-02-20	30.000	WALMART PHARMACY	1669490355	0.02867	0.00	3.14
64380078507	PREDNISONE 20 MG TABLET	2025-03-10	10.000	WALMART PHARMACY	1669490355	0.00000	0.00	0.00
68180096301	ALBUTEROL HFA 90 MCG INHALER	2025-03-10	8.500	WALMART PHARMACY	1669490355	0.00000	0.00	0.00
67877015905	METFORMIN HCL ER 500 MG TABLET	2025-03-22	90.000	WALMART PHARMACY	1669490355	0.02989	0.00	1.31
47781064390	LEVOTHYROXINE 50 MCG TABLET	2025-01-17	90.000	WALMART PHARMACY	1912924051	0.00000	0.00	0.00
29300024505	BUSPIRONE HCL 10 MG TABLET	2025-03-03	60.000	WALMART PHARMACY	1912924051	0.00000	0.00	0.00
29300024505	BUSPIRONE HCL 10 MG TABLET	2025-03-30	60.000	WALMART PHARMACY	1912924051	0.00000	0.00	0.00

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0.00	0.02708	2025-01-15	-0.65	0.00	No	No
23.50	0.09742	2025-01-22	-0.16	0.00	No	No
9.00	0.11237	2025-01-29	-0.35	0.00	No	No
0.00	0.02863	2025-02-19	-0.65	0.00	No	No
4.04	0.07911	2025-03-05	-0.64	0.00	No	No
20.23	2.53475	2025-03-05	-0.37	0.00	No	No
0.00	0.02993	2025-03-19	-0.70	0.00	No	No
10.00	0.0517	2025-01-15	-0.34	0.00	No	No
4.00	0.03079	2025-02-26	-0.68	0.00	No	No
4.00	0.03236	2025-03-26	-0.68	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68645051554	AMLODIPINE BESYLATE 5 MG TAB	2025-02-12	30.000	WALMART PHARMACY	1912924051	0.00000	0.00	0.00
62332002331	FLUOXETINE HCL 20 MG CAPSULE	2025-03-12	30.000	WALMART PHARMACY	1912924051	0.00000	0.00	0.00
68645058259	METFORMIN HCL 500 MG TABLET	2025-03-12	180.000	WALMART PHARMACY	1912924051	0.00000	0.00	0.00
62332002331	FLUOXETINE HCL 20 MG CAPSULE	2025-03-19	30.000	WALMART PHARMACY	1548287675	0.00000	0.00	0.00
59651048901	PREDNISONE 50 MG TABLET	2025-03-06	5.000	WALGREENS	1861652562	0.00000	0.00	0.00
68382080601	TRAZODONE 100 MG TABLET	2025-01-10	90.000	WALMART PHARMACY	1366469496	0.00000	0.00	0.00
68645061190	LISINOPRIL 20 MG TABLET	2025-03-12	90.000	WALMART PHARMACY	1912924051	0.00000	0.00	-0.00
70010049201	METFORMIN HCL ER 750 MG TABLET	2025-02-17	90.000	WALMART PHARMACY	1497954978	0.00000	0.00	-0.00
68645061090	LISINOPRIL 10 MG TABLET	2025-03-08	90.000	WALMART PHARMACY	1497954978	0.00000	0.00	0.00
68645058459	METFORMIN HCL 1,000 MG TABLET	2025-03-16	180.000	WALMART PHARMACY	1538186663	0.00000	0.00	0.00

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9.00	0.01037	2025-02-12	-0.17	0.00	No	No
4.00	0.03107	2025-03-12	-0.65	0.00	No	No
10.00	0.01368	2025-03-12	-0.23	0.00	No	No
9.00	0.03216	2025-03-19	-0.21	0.00	No	No
4.04	0.18345	2025-03-05	-0.65	0.00	No	No
10.00	0.05221	2025-01-08	-0.34	0.00	No	No
10.00	0.02538	2025-03-12	-0.22	0.00	No	No
6.00	0.05745	2025-02-12	-0.62	0.00	No	No
10.00	0.0177	2025-03-05	-0.17	0.00	No	No
10.00	0.02319	2025-03-12	-0.32	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68382080601	TRAZODONE 100 MG TABLET	2025-03-16	90.000	WALMART PHARMACY	1538186663	0.00000	0.00	0.00
47781066590	LEVOTHYROXINE 175 MCG TABLET	2025-02-20	90.000	WALMART PHARMACY	1649364795	0.00000	0.00	-0.00
68645061090	LISINOPRIL 10 MG TABLET	2025-02-27	90.000	WALMART PHARMACY	1992722029	0.00000	0.00	0.00
13668001001	CITALOPRAM HBR 20 MG TABLET	2025-03-20	90.000	WALMART PHARMACY	1992722029	0.00000	0.00	0.00
69315013601	BENZTROPINE MES 0.5 MG TAB	2025-01-06	60.000	WALMART PHARMACY	1457378580	0.00000	0.00	0.00
64380078507	PREDNISONE 20 MG TABLET	2025-01-09	10.000	WALMART PHARMACY	1457378580	0.00000	0.00	-0.00
69315013601	BENZTROPINE MES 0.5 MG TAB	2025-02-03	60.000	WALMART PHARMACY	1457378580	0.00000	0.00	0.00
29300046801	CLONIDINE HCL 0.1 MG TABLET	2025-02-04	90.000	WALMART PHARMACY	1457378580	0.00000	0.00	0.00
69315013601	BENZTROPINE MES 0.5 MG TAB	2025-03-01	60.000	WALMART PHARMACY	1457378580	0.00000	0.00	0.00
69315013601	BENZTROPINE MES 0.5 MG TAB	2025-03-31	60.000	WALMART PHARMACY	1457378580	0.00000	0.00	0.00

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10.00	0.05685	2025-03-12	-0.36	0.00	No	No
10.00	0.09185	2025-02-19	-0.47	0.00	No	No
10.00	0.0177	2025-02-26	-0.17	0.00	No	No
10.00	0.03196	2025-03-19	-0.25	0.00	No	No
13.00	0.07112	2025-01-01	-0.12	0.00	No	No
4.04	0.0717	2025-01-08	-0.64	0.00	No	No
13.00	0.07213	2025-01-29	-0.12	0.00	No	No
6.00	0.02305	2025-01-29	-0.52	0.00	No	No
13.00	0.07697	2025-02-26	-0.14	0.00	No	No
13.00	0.08098	2025-03-26	-0.15	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
31722000490	VENLAFAXINE HCL ER 150 MG CAP	2025-02-10	7.000	WALMART PHARMACY	1992722029	0.00000	0.00	0.00
29300024401	BUSPIRONE HCL 5 MG TABLET	2025-02-10	14.000	WALMART PHARMACY	1992722029	0.00000	0.00	0.00
29300024505	BUSPIRONE HCL 10 MG TABLET	2025-02-12	60.000	WALMART PHARMACY	1992722029	0.00000	0.00	0.00
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-03-21	120.000	CVS PHARMACY	1659393353	0.00000	0.00	-0.00
00574110404	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2025-03-05	120.000	WALGREENS	1780108407	0.00000	0.00	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-03-08	8.000	KROGER PHARMACY	1679507461	0.00000	0.00	0.00
70954005920	PREDNISONE 10 MG TABLET	2025-03-04	40.000	WALGREENS	1497271134	0.00000	0.00	0.00
13668001001	CITALOPRAM HBR 20 MG TABLET	2025-02-07	90.000	WALMART PHARMACY	1710904842	0.00000	0.00	0.00
68645058259	METFORMIN HCL 500 MG TABLET	2025-02-09	180.000	WALMART PHARMACY	1710904842	0.00000	0.00	0.00
00591505210	PREDNISONE 5 MG TABLET	2025-03-29	10.000	WALGREENS	1245407949	0.00000	0.00	-0.00

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4.00	0.1169	2025-02-05	-0.65	0.00	No	No
4.00	0.01949	2025-02-05	-0.63	0.00	No	No
4.00	0.02845	2025-02-12	-0.67	0.00	No	No
13.99	0.04345	2025-03-19	-0.11	0.00	Yes	No
15.59	0.08115	2025-03-05	-0.23	0.00	No	No
9.99	0.07911	2025-03-05	-0.10	0.00	No	No
11.32	0.05399	2025-02-26	-0.11	0.00	No	No
10.00	0.02773	2025-02-05	-0.23	0.00	No	No
10.00	0.01323	2025-02-05	-0.22	0.00	No	No
4.24	0.04819	2025-03-26	-0.61	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
70954005820	PREDNISONE 5 MG TABLET	2025-02-14	21.000	KROGER PHARMACY	1861426645	0.00000	0.00	0.00
00074659419	SYNTHROID 88 MCG TABLET	2025-01-21	90.000	MARTINSBURG VAMC	1629026414	0.00000	0.00	0.00
76282073390	LISINOPRIL 40 MG TABLET	2025-01-23	90.000	MARTINSBURG VAMC	1629026414	0.00000	0.00	0.00
76204020030	ALBUTEROL SUL 2.5 MG/3 ML SOLN	2025-01-20	90.000	WALGREENS	1245756683	0.00000	0.00	3.79
76282044610	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	2025-01-09	90.000	MARTINSBURG VAMC	1629026414	0.00000	0.00	0.00
00003089421	ELIQUIS 5 MG TABLET	2025-02-28	180.000	MARTINSBURG VAMC	1629026414	0.27617	0.00	0.00
11527073044	SODIUM FLUORIDE 5000 PPM PASTE	2025-01-16	100.000	CVS PHARMACY	1225132905	0.00000	0.00	6.89
62332002431	FLUOXETINE HCL 40 MG CAPSULE	2025-01-24	90.000	WALMART PHARMACY	1275550303	0.00000	0.00	0.00
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-02-06	90.000	WALMART PHARMACY	1275550303	0.00000	0.00	0.00
29300024505	BUSPIRONE HCL 10 MG TABLET	2025-03-06	270.000	WALMART PHARMACY	1275550303	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
9.99	0.04429	2025-02-12	-0.13	0.00	No	No
20.00	1.58838	2025-01-15	-0.87	0.00	No	No
2.78	0.04219	2025-01-22	-0.81	0.00	No	No
10.00	0.06036	2025-01-15	-0.13	0.00	No	No
7.26	0.02785	2025-01-08	-0.44	0.00	No	No
190.00	9.70084	2025-02-26	-0.86	0.00	No	No
10.00	0.09322	2025-01-15	-0.15	0.00	Yes	No
10.00	0.05872	2025-01-22	-0.37	0.00	No	No
10.00	0.011	2025-02-05	-0.13	0.00	No	No
15.00	0.03079	2025-03-05	-0.20	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68645057559	GLIPIZIDE 10 MG TABLET	2025-01-13	60.000	WALMART PHARMACY	1912924051	0.00000	0.00	0.00
68645057559	GLIPIZIDE 10 MG TABLET	2025-03-30	60.000	WALMART PHARMACY	1912924051	0.00000	0.00	0.00
67877025115	TRIAMCINOLONE 0.1% CREAM	2025-01-02	30.000	WALMART PHARMACY	1881870210	0.00000	0.00	2.38
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-01-28	21.000	WALMART PHARMACY	1881870210	0.00000	0.00	0.00
68382056601	METOPROLOL SUCC ER 100 MG TAB	2025-01-21	30.000	WALMART PHARMACY	1366469496	0.00000	0.00	1.98
68382056501	METOPROLOL SUCC ER 50 MG TAB	2025-01-21	30.000	WALMART PHARMACY	1366469496	0.00000	0.00	0.00
68382080601	TRAZODONE 100 MG TABLET	2025-01-27	30.000	WALMART PHARMACY	1881870210	0.05233	0.00	2.43
11527075534	SODIUM FLUORIDE 5000 DRY MOUTH	2025-01-08	100.000	CVS PHARMACY	1699878355	0.00000	0.00	6.89
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-01-23	30.000	PHARMACY SOLUTIONS GROUP OF WV	1932573425	0.00000	0.00	0.00

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4.00	0.04167	2025-01-08	-0.69	0.00	No	No
9.00	0.04556	2025-03-26	-0.32	0.00	No	No
10.00	0.12891	2025-01-01	-0.14	0.00	No	No
9.76	0.11419	2025-01-22	-0.24	0.00	No	No
10.00	0.09765	2025-01-15	-0.11	0.00	No	No
9.00	0.05663	2025-01-15	-0.26	0.00	No	No
0.00	0.05231	2025-01-22	-0.67	0.00	No	No
10.00	0.09322	2025-01-08	-0.15	0.00	Yes	No
9.28	0.011	2025-01-22	-0.14	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-02-22	2.000	PHARMACY SOLUTIONS GROUP OF WV	1932573425	0.01000	0.00	8.53
68180071160	CEFDINIR 300 MG CAPSULE	2025-01-14	14.000	WALMART PHARMACY	1356368484	0.00000	0.00	3.50
59651080801	MECLIZINE 25 MG TABLET	2025-01-20	14.000	WALMART PHARMACY	1356368484	0.00000	0.00	0.00
68645061190	LISINOPRIL 20 MG TABLET	2025-03-11	90.000	WALMART PHARMACY	1356368484	0.00000	0.00	-0.00
47781065990	LEVOTHYROXINE 137 MCG TABLET	2025-03-23	90.000	WALMART PHARMACY	1356368484	0.00000	0.00	-0.00
68645051554	AMLODIPINE BESYLATE 5 MG TAB	2025-01-27	30.000	WALMART PHARMACY	1457378580	0.00000	0.00	0.00
31722070290	LOSARTAN POTASSIUM 100 MG TAB	2025-01-27	30.000	WALMART PHARMACY	1457378580	0.00000	0.00	0.00
68645051554	AMLODIPINE BESYLATE 5 MG TAB	2025-02-22	30.000	WALMART PHARMACY	1457378580	0.00000	0.00	0.00
31722070290	LOSARTAN POTASSIUM 100 MG TAB	2025-02-22	30.000	WALMART PHARMACY	1457378580	0.00000	0.00	0.00

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0.00	0.01217	2025-02-19	-0.19	0.00	No	No
10.00	0.41004	2025-01-08	-0.17	0.00	No	No
4.20	0.07745	2025-01-15	-0.64	0.00	No	No
10.00	0.02538	2025-03-05	-0.22	0.00	No	No
10.00	0.08487	2025-03-19	-0.45	0.00	No	No
9.00	0.01037	2025-01-22	-0.17	0.00	No	No
9.00	0.04729	2025-01-22	-0.24	0.00	No	No
9.00	0.01082	2025-02-19	-0.17	0.00	No	No
9.00	0.05123	2025-02-19	-0.25	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
33342005010	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	2025-01-09	90.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
64380078408	PREDNISONE 10 MG TABLET	2025-01-09	18.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
68645060990	LISINOPRIL 5 MG TABLET	2025-01-12	90.000	WALMART PHARMACY	1912924051	0.00000	0.00	0.00
65862006299	METOPROLOL TARTRATE 25 MG TAB	2025-03-17	180.000	WALMART PHARMACY	1912924051	0.00000	0.00	0.00
68382080601	TRAZODONE 100 MG TABLET	2025-01-22	90.000	WALMART PHARMACY	1669490355	0.00000	0.00	0.00
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	2025-03-10	12.000	CVS PHARMACY	1285737643	29.33250	0.00	0.00
00378064101	PREDNISONE 10 MG TABLET	2025-02-14	10.000	NEW RIVER HEALTH FAYETTEVILLE	1598210338	0.00000	0.00	0.00
55111014512	FLUCONAZOLE 150 MG TABLET	2025-01-03	2.000	WALMART PHARMACY	1285651323	0.00000	0.00	0.00
68645061190	LISINOPRIL 20 MG TABLET	2025-01-10	90.000	WALMART PHARMACY	1285651323	0.00000	0.00	0.00

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10.00	0.06902	2025-01-08	-0.40	0.00	No	No
4.00	0.04665	2025-01-08	-0.65	0.00	No	No
10.00	0.01375	2025-01-08	-0.15	0.00	No	No
10.00	0.01677	2025-03-12	-0.26	0.00	No	No
10.00	0.05231	2025-01-22	-0.34	0.00	No	No
0.00	37.43887	2025-03-05	-0.23	0.00	Yes	No
6.10	0.04773	2025-02-12	-0.44	0.00	No	No
9.60	0.51642	2025-01-01	-0.17	0.00	No	No
10.00	0.02387	2025-01-08	-0.21	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
13107008305	LORAZEPAM 0.5 MG TABLET	2025-01-14	30.000	WALMART PHARMACY	1285651323	0.00000	0.00	0.00
68180071160	CEFDINIR 300 MG CAPSULE	2025-02-02	14.000	WALMART PHARMACY	1285651323	0.00000	0.00	3.50
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-03-12	20.000	WALMART PHARMACY	1285651323	0.00000	0.00	0.00
29300024401	BUSPIRONE HCL 5 MG TABLET	2025-01-08	30.000	WALMART PHARMACY	1639196769	0.00000	0.00	0.00
13668000901	CITALOPRAM HBR 10 MG TABLET	2025-01-16	30.000	WALMART PHARMACY	1639196769	0.00000	0.00	0.00
29300042010	AMITRIPTYLINE HCL 25 MG TAB	2025-02-06	30.000	WALMART PHARMACY	1639196769	0.00000	0.00	0.00
29300024401	BUSPIRONE HCL 5 MG TABLET	2025-02-08	30.000	WALMART PHARMACY	1639196769	0.00000	0.00	0.00
13668000901	CITALOPRAM HBR 10 MG TABLET	2025-02-17	30.000	WALMART PHARMACY	1639196769	0.00000	0.00	0.00
29300024401	BUSPIRONE HCL 5 MG TABLET	2025-03-08	30.000	WALMART PHARMACY	1639196769	0.00000	0.00	0.00
13668001001	CITALOPRAM HBR 20 MG TABLET	2025-03-11	30.000	WALMART PHARMACY	1639196769	0.00000	0.00	0.00

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8.28	0.03769	2025-01-08	-0.29	0.00	No	No
10.00	0.41249	2025-01-29	-0.17	0.00	No	No
5.98	0.08742	2025-03-12	-0.51	0.00	No	No
4.00	0.01976	2025-01-08	-0.64	0.00	No	No
4.00	0.02243	2025-01-15	-0.64	0.00	No	No
4.00	0.04736	2025-02-05	-0.66	0.00	No	No
4.00	0.01949	2025-02-05	-0.64	0.00	No	No
4.00	0.02246	2025-02-12	-0.64	0.00	No	No
4.00	0.02195	2025-03-05	-0.64	0.00	No	No
4.00	0.03013	2025-03-05	-0.65	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
13668001001	CITALOPRAM HBR 20 MG TABLET	2025-01-27	30.000	WALMART PHARMACY	1912391772	0.00000	0.00	0.00
29300041910	AMITRIPTYLINE HCL 10 MG TAB	2025-01-27	30.000	WALMART PHARMACY	1912391772	0.00000	0.00	0.00
70069013101	TOBRAMYCIN 0.3% EYE DROP	2025-01-27	5.000	WALMART PHARMACY	1912391772	0.00000	0.00	0.00
60758011905	PREDNISOLONE AC 1% EYE DROP	2025-01-27	10.000	WALMART PHARMACY	1912391772	3.58200	0.00	0.00
13668001101	CITALOPRAM HBR 40 MG TABLET	2025-02-17	30.000	WALMART PHARMACY	1912391772	0.00000	0.00	0.00
62332002431	FLUOXETINE HCL 40 MG CAPSULE	2025-02-25	30.000	WALMART PHARMACY	1912391772	0.00000	0.00	0.00
65162019011	NAPROXEN 500 MG TABLET	2025-03-13	30.000	WALMART PHARMACY	1912391772	0.00000	0.00	0.00
55111018015	TIZANIDINE HCL 4 MG TABLET	2025-03-13	30.000	WALMART PHARMACY	1912391772	0.00000	0.00	0.00
53746051101	SPIRONOLACTONE 25 MG TABLET	2025-03-20	60.000	WALMART PHARMACY	1912391772	0.00000	0.00	1.11
68462063945	NITROGLYCERIN 0.4 MG TABLET SL	2025-03-26	25.000	WALMART PHARMACY	1912391772	0.00000	0.00	0.00

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4.00	0.02773	2025-01-22	-0.65	0.00	No	No
4.00	0.0337	2025-01-22	-0.65	0.00	No	No
7.46	0.99926	2025-01-22	-0.52	0.00	No	No
10.00	4.80516	2025-01-22	-0.22	0.00	No	No
4.00	0.03957	2025-02-12	-0.66	0.00	No	No
4.00	0.06602	2025-02-19	-0.68	0.00	No	No
6.82	0.05828	2025-03-12	-0.44	0.00	No	No
9.00	0.04664	2025-03-12	-0.24	0.00	No	No
10.00	0.05175	2025-03-19	-0.18	0.00	No	No
9.00	0.17515	2025-03-26	-0.39	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
29300041910	AMITRIPTYLINE HCL 10 MG TAB	2025-03-26	30.000	WALMART PHARMACY	1912391772	0.00000	0.00	0.00
42858093001	DEXTROAMP-AMPHET ER 30 MG CAP	2025-02-10	30.000	WALGREENS	1174040604	0.00000	0.00	-0.00
83980000210	FUROSEMIDE 20 MG TABLET	2025-03-08	60.000	WALGREENS	1174040604	0.00000	0.00	0.00
47781064390	LEVOTHYROXINE 50 MCG TABLET	2025-03-17	90.000	WALMART PHARMACY	1639196769	0.00000	0.00	0.00
68645060890	LISINOPRIL 2.5 MG TABLET	2025-03-17	90.000	WALMART PHARMACY	1912391772	0.00000	0.00	0.00
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2025-02-22	120.000	WALMART PHARMACY	1366469496	0.00000	0.00	-0.00
65862006299	METOPROLOL TARTRATE 25 MG TAB	2025-03-04	60.000	WALMART PHARMACY	1881870210	0.01683	0.00	2.99
70010014805	POTASSIUM CL ER 10 MEQ CAPSULE	2025-03-24	7.000	WALMART PHARMACY	1881870210	0.14000	0.00	3.02
00054429931	FUROSEMIDE 40 MG TABLET	2025-03-24	7.000	WALMART PHARMACY	1881870210	0.03286	0.00	3.77
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	2025-03-24	20.000	WALMART PHARMACY	1881870210	0.09250	0.00	9.10

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4.00	0.04109	2025-03-26	-0.66	0.00	No	No
23.60	0.59466	2025-02-05	-0.17	0.00	No	No
10.39	0.02485	2025-03-05	-0.13	0.00	No	No
10.00	0.05398	2025-03-12	-0.35	0.00	No	No
10.00	0.01395	2025-03-12	-0.15	0.00	No	No
13.23	0.08343	2025-02-19	-0.35	0.00	No	No
0.00	0.01677	2025-02-26	-0.65	0.00	No	No
0.00	0.13975	2025-03-19	-0.65	0.00	No	No
0.00	0.03299	2025-03-19	-0.63	0.00	No	No
0.00	0.09237	2025-03-19	-0.11	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
55111014512	FLUCONAZOLE 150 MG TABLET	2025-03-31	2.000	WALMART PHARMACY	1366469496	0.00000	0.00	0.00
42806034101	DEXTROAMP-AMPHETAMIN 10 MG TAB	2025-03-20	60.000	MARTINSBURG VAMC	1629026414	0.00000	0.00	-0.00
57237000511	FLUCONAZOLE 150 MG TABLET	2025-03-03	2.000	PRESTON FAMILY PHARMACY	1508277021	0.00000	0.00	0.00
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	2025-02-12	100.000	WALGREENS	1427574441	0.00000	0.00	0.00
42799081501	PREDNISOLONE 15 MG/5 ML SOLN	2025-03-20	25.000	WALGREENS	1427574441	0.00000	0.00	0.00
00574110404	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2025-03-20	100.000	WALGREENS	1427574441	0.00000	0.00	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-02-14	5.000	WALGREENS	1457877219	0.00000	0.00	0.00
70954005920	PREDNISONE 10 MG TABLET	2025-03-21	30.000	WALGREENS	1457877219	0.00000	0.00	0.00
45802006436	TRIAMCINOLONE 0.1% CREAM	2025-03-03	80.000	WALGREENS	1538685987	0.00000	0.00	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-03-24	10.000	WALGREENS	1720504145	0.00000	0.00	0.00

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9.60	0.59122	2025-03-26	-0.18	0.00	No	No
15.00	0.27075	2025-03-19	-0.44	0.00	No	No
8.00	0.53979	2025-02-26	-0.31	0.00	No	No
11.81	0.0318	2025-02-12	-0.14	0.00	No	No
9.81	0.11657	2025-03-19	-0.27	0.00	No	No
11.99	0.08383	2025-03-19	-0.36	0.00	No	No
3.28	0.07317	2025-02-12	-0.70	0.00	No	No
8.99	0.05827	2025-03-19	-0.27	0.00	No	No
11.48	0.05608	2025-02-26	-0.23	0.00	No	No
4.56	0.08187	2025-03-19	-0.60	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-03-24	118.000	WALGREENS	1720504145	0.00000	0.00	0.00
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-02-19	120.000	WALGREENS	1952827065	0.00000	0.00	0.00
55111018015	TIZANIDINE HCL 4 MG TABLET	2025-02-13	30.000	WALMART PHARMACY	1265459390	0.00000	0.00	0.00
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	2025-02-17	35.000	WALMART PHARMACY	1265459390	0.00000	0.00	0.00
70710146707	COLESTIPOL HCL 1 GM TABLET	2025-02-23	12.000	WALMART PHARMACY	1265459390	0.00000	0.00	0.00
55111018015	TIZANIDINE HCL 4 MG TABLET	2025-02-27	30.000	WALMART PHARMACY	1265459390	0.00000	0.00	0.00
70710146707	COLESTIPOL HCL 1 GM TABLET	2025-02-27	90.000	WALMART PHARMACY	1265459390	0.37156	0.00	0.00
29300013005	HYDROCHLOROTHIAZIDE 12.5 MG CP	2025-03-04	90.000	WALMART PHARMACY	1265459390	0.00000	0.00	0.00
29300035501	TRAMADOL HCL 50 MG TABLET	2025-03-08	6.000	WALMART PHARMACY	1265459390	0.00000	0.00	0.00
70710146707	COLESTIPOL HCL 1 GM TABLET	2025-03-28	90.000	WALMART PHARMACY	1265459390	0.37156	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
12.59	0.04345	2025-03-19	-0.19	0.00	No	No
12.69	0.03869	2025-02-19	-0.16	0.00	No	No
9.00	0.04397	2025-02-12	-0.24	0.00	No	No
7.70	0.10628	2025-02-12	-0.46	0.00	No	No
6.46	0.68394	2025-02-19	-0.65	0.00	No	No
9.00	0.04664	2025-02-26	-0.24	0.00	No	No
15.00	0.68394	2025-02-26	-0.33	0.00	No	No
10.00	0.02926	2025-02-26	-0.24	0.00	No	No
5.15	0.02473	2025-03-05	-0.52	0.00	No	No
15.00	0.7166	2025-03-26	-0.35	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
62332002331	FLUOXETINE HCL 20 MG CAPSULE	2025-02-27	30.000	WALMART PHARMACY	1457378580	0.00000	0.00	0.00
29300046801	CLONIDINE HCL 0.1 MG TABLET	2025-02-27	30.000	WALMART PHARMACY	1457378580	0.00000	0.00	0.00
29300046801	CLONIDINE HCL 0.1 MG TABLET	2025-03-31	30.000	WALMART PHARMACY	1457378580	0.00000	0.00	0.00
62332002331	FLUOXETINE HCL 20 MG CAPSULE	2025-03-31	30.000	WALMART PHARMACY	1457378580	0.00000	0.00	0.00
59651048901	PREDNISONE 50 MG TABLET	2025-03-07	5.000	WALMART PHARMACY	1467479501	0.00000	0.00	0.00
68645061190	LISINOPRIL 20 MG TABLET	2025-02-01	90.000	WALMART PHARMACY	1497954978	0.00000	0.00	0.00
67877025180	TRIAMCINOLONE 0.1% CREAM	2025-02-03	80.000	WALMART PHARMACY	1497954978	0.00000	0.00	-0.00
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-02-04	21.000	WALMART PHARMACY	1497954978	0.00000	0.00	0.00
47781065990	LEVOTHYROXINE 137 MCG TABLET	2025-02-11	90.000	WALMART PHARMACY	1497954978	0.00000	0.00	0.00
68462063945	NITROGLYCERIN 0.4 MG TABLET SL	2025-02-11	25.000	WALMART PHARMACY	1497954978	0.00000	0.00	0.00

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4.00	0.03107	2025-02-26	-0.65	0.00	No	No
4.00	0.025	2025-02-26	-0.64	0.00	No	No
4.00	0.02583	2025-03-26	-0.64	0.00	No	No
9.00	0.03216	2025-03-26	-0.21	0.00	No	No
9.11	0.18345	2025-03-05	-0.20	0.00	No	No
10.00	0.02401	2025-01-29	-0.21	0.00	No	No
11.15	0.05162	2025-01-29	-0.24	0.00	No	No
9.76	0.11419	2025-01-29	-0.24	0.00	No	No
10.00	0.07306	2025-02-05	-0.41	0.00	No	No
9.00	0.18133	2025-02-05	-0.40	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
00555901658	SPRINTEC 28 DAY TABLET	2025-02-13	28.000	WALMART PHARMACY	1497954978	0.11179	0.00	5.87
64380078507	PREDNISONE 20 MG TABLET	2025-02-17	10.000	WALMART PHARMACY	1497954978	0.00000	0.00	0.00
65862017160	TOPIRAMATE 25 MG TABLET	2025-02-18	60.000	WALMART PHARMACY	1497954978	0.00000	0.00	0.00
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-02-18	21.000	WALMART PHARMACY	1497954978	0.00000	0.00	0.00
55111032005	GLIMEPIRIDE 1 MG TABLET	2025-02-19	90.000	WALMART PHARMACY	1497954978	0.00000	0.00	0.00
68645058259	METFORMIN HCL 500 MG TABLET	2025-02-25	90.000	WALMART PHARMACY	1497954978	0.00000	0.00	0.00
64380078507	PREDNISONE 20 MG TABLET	2025-02-25	10.000	WALMART PHARMACY	1497954978	0.00000	0.00	0.00
72485067035	ERYTHROMYCIN 0.5% EYE OINTMENT	2025-02-27	3.500	WALMART PHARMACY	1497954978	0.00000	0.00	-0.00
64380078507	PREDNISONE 20 MG TABLET	2025-03-03	10.000	WALMART PHARMACY	1497954978	0.00000	0.00	0.00
76204001155	ALBUTEROL SUL 1.25 MG/3 ML SOL	2025-03-08	75.000	WALMART PHARMACY	1497954978	0.00000	0.00	0.00

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0.00	0.1118	2025-02-12	-0.34	0.00	No	No
4.04	0.07317	2025-02-12	-0.64	0.00	No	No
9.00	0.02517	2025-02-12	-0.25	0.00	No	No
9.76	0.11419	2025-02-12	-0.24	0.00	No	No
10.00	0.03163	2025-02-19	-0.25	0.00	No	No
6.00	0.01368	2025-02-19	-0.49	0.00	No	No
4.04	0.07911	2025-02-19	-0.64	0.00	No	No
13.74	2.76708	2025-02-26	-0.32	0.00	No	No
4.04	0.07911	2025-02-26	-0.64	0.00	No	No
14.69	0.19279	2025-03-05	-0.41	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
72485067035	ERYTHROMYCIN 0.5% EYE OINTMENT	2025-03-10	3.500	WALMART PHARMACY	1497954978	0.00000	0.00	-0.00
64380078507	PREDNISONE 20 MG TABLET	2025-03-10	10.000	WALMART PHARMACY	1497954978	0.00000	0.00	0.00
64380078507	PREDNISONE 20 MG TABLET	2025-03-17	10.000	WALMART PHARMACY	1497954978	0.00000	0.00	0.00
68645061090	LISINOPRIL 10 MG TABLET	2025-03-05	90.000	WALMART PHARMACY	1538186663	0.00000	0.00	0.00
68645061090	LISINOPRIL 10 MG TABLET	2025-02-13	90.000	WALMART PHARMACY	1548287675	0.00000	0.00	0.00
68645019159	METOPROLOL TARTRATE 100 MG TAB	2025-03-10	180.000	WALMART PHARMACY	1548287675	0.00000	0.00	0.00
00172392660	DIAZEPAM 5 MG TABLET	2025-03-05	2.000	WALMART PHARMACY	1649364795	0.00000	0.00	0.00
64380078507	PREDNISONE 20 MG TABLET	2025-03-10	10.000	WALMART PHARMACY	1881870210	0.00000	0.00	0.00
00536105224	POLYETHYLENE GLYCOL 3350 POWD	2025-02-25	238.000	UNITED PHARMACY	1790098002	0.02588	0.00	7.53
00904674880	BISACODYL EC 5 MG TABLET	2025-02-25	4.000	UNITED PHARMACY	1790098002	0.01000	0.00	0.00

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13.74	2.76708	2025-03-05	-0.32	0.00	No	No
4.04	0.07911	2025-03-05	-0.64	0.00	No	No
4.04	0.07911	2025-03-12	-0.64	0.00	No	No
10.00	0.0177	2025-03-05	-0.17	0.00	No	No
10.00	0.01718	2025-02-12	-0.17	0.00	No	No
10.00	0.02759	2025-03-05	-0.35	0.00	No	No
4.00	0.02667	2025-03-05	-0.62	0.00	No	No
4.04	0.07911	2025-03-05	-0.64	0.00	No	No
0.00	0.02588	2025-02-19	-0.18	0.00	No	No
0.00	0.03638	2025-02-19	-1.00	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-02-10	30.000	WALMART PHARMACY	1265459390	0.00000	0.00	0.00
55111014512	FLUCONAZOLE 150 MG TABLET	2025-02-10	1.000	WALMART PHARMACY	1265459390	0.00000	0.00	0.00
64380078507	PREDNISONE 20 MG TABLET	2025-03-27	10.000	WALMART PHARMACY	1265459390	0.00000	0.00	0.00
68645056259	IBUPROFEN 600 MG TABLET	2025-03-06	28.000	WALMART PHARMACY	1457378580	0.00000	0.00	0.00
29300035501	TRAMADOL HCL 50 MG TABLET	2025-03-06	4.000	WALMART PHARMACY	1457378580	0.00000	0.00	0.00
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	2025-02-20	30.000	WALMART PHARMACY	1639196769	0.00000	0.00	0.00
65862017260	TOPIRAMATE 50 MG TABLET	2025-02-04	60.000	WALMART PHARMACY	1669490355	0.00000	0.00	0.00
65862017260	TOPIRAMATE 50 MG TABLET	2025-03-05	60.000	WALMART PHARMACY	1669490355	0.00000	0.00	0.00
68382004001	PROMETHAZINE 12.5 MG TABLET	2025-03-27	14.000	WALGREENS	1508382227	0.05286	0.00	8.12
43598032675	CIPROFLOX-DEXAMETH OTIC SUSP	2025-02-10	7.500	WALMART PHARMACY	1912924051	0.00000	0.00	0.00

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8.97	0.08158	2025-02-05	-0.31	0.00	No	No
4.80	0.52425	2025-02-05	-0.56	0.00	No	No
4.04	0.08187	2025-03-26	-0.64	0.00	No	No
5.07	0.04873	2025-03-05	-0.57	0.00	No	No
4.00	0.02473	2025-03-05	-0.62	0.00	No	No
6.60	0.11147	2025-02-19	-0.52	0.00	No	No
9.00	0.03608	2025-01-29	-0.29	0.00	No	No
9.00	0.03883	2025-03-05	-0.30	0.00	No	No
0.00	0.05286	2025-03-26	-0.21	0.00	No	No
84.56	12.89053	2025-02-05	-0.21	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
43598032675	CIPROFLOX-DEXAMETH OTIC SUSP	2025-03-09	7.500	WALMART PHARMACY	1912924051	9.02000	0.00	0.00
70010004301	METHYLPHENIDATE ER 20 MG TAB	2025-02-24	10.000	MARTINSBURG VAMC	1629026414	0.00000	0.00	-0.00
13811070710	METHYLPHENIDATE ER 27 MG TAB	2025-02-28	30.000	MARTINSBURG VAMC	1629026414	0.00000	0.00	-0.00
13811070810	METHYLPHENIDATE ER 36 MG TAB	2025-03-28	10.000	MARTINSBURG VAMC	1629026414	0.00000	0.00	-0.00
00574110404	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2025-03-18	50.000	WALGREENS	1427574441	0.00000	0.00	0.00
68382004001	PROMETHAZINE 12.5 MG TABLET	2025-02-19	12.000	WALGREENS	1659897205	0.00000	0.00	0.00
68645061090	LISINOPRIL 10 MG TABLET	2025-02-05	45.000	WALMART PHARMACY	1265459390	0.01711	0.00	5.23
68645061090	LISINOPRIL 10 MG TABLET	2025-03-14	45.000	WALMART PHARMACY	1265459390	0.01778	0.00	5.20
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-03-10	21.000	WALMART PHARMACY	1801814595	0.00000	0.00	0.00
00116200116	CHLORHEXIDINE 0.12% RINSE	2025-03-10	473.000	WALMART PHARMACY	1801814595	0.00000	0.00	0.00

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16.91	14.39834	2025-03-05	-0.29	0.00	No	No
20.23	0.49934	2025-02-19	0.00	0.31	No	No
35.77	0.66561	2025-02-26	0.00	0.17	No	No
9.13	0.80847	2025-03-26	-0.51	0.00	No	No
11.99	0.08115	2025-03-12	-0.18	0.00	No	No
7.88	0.04576	2025-02-19	-0.29	0.00	No	No
0.00	0.01718	2025-02-05	-0.47	0.00	No	No
0.00	0.0177	2025-03-12	-0.47	0.00	No	No
6.28	0.08742	2025-03-05	-0.49	0.00	No	No
7.48	0.00739	2025-03-05	-0.47	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees
68645056354	IBUPROFEN 800 MG TABLET	2025-03-10	20.000	WALMART PHARMACY	1801814595	0.00000	0.00
29300011101	LAMOTRIGINE 25 MG TABLET	2025-03-17	49.000	WALMART PHARMACY	1801814595	0.00000	0.00
55111014512	FLUCONAZOLE 150 MG TABLET	2025-03-07	1.000	WALMART PHARMACY	1821015967	0.00000	0.00
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-03-07	20.000	WALMART PHARMACY	1821015967	0.00000	0.00
68645058459	METFORMIN HCL 1,000 MG TABLET	2025-03-04	180.000	WALMART PHARMACY	1881870210	0.00000	0.00
68645061090	LISINOPRIL 10 MG TABLET	2025-03-15	90.000	WALMART PHARMACY	1881870210	0.00000	0.00
68180096301	ALBUTEROL HFA 90 MCG INHALER	2025-01-07	8.500	WALMART PHARMACY	1366469496	1.14353	0.00
68180096301	ALBUTEROL HFA 90 MCG INHALER	2025-02-13	8.500	WALMART PHARMACY	1366469496	1.18353	0.00
68180096301	ALBUTEROL HFA 90 MCG INHALER	2025-03-11	8.500	WALMART PHARMACY	1366469496	1.20353	0.00
62332002431	FLUOXETINE HCL 40 MG CAPSULE	2025-03-11	90.000	WALMART PHARMACY	1366469496	0.00000	0.00

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0.00	4.00	0.06029	2025-03-05	-0.66	0.00	No	No
0.00	7.35	0.02955	2025-03-12	-0.38	0.00	No	No
0.00	4.80	0.53979	2025-03-05	-0.56	0.00	No	No
0.00	5.98	0.08742	2025-03-05	-0.51	0.00	No	No
0.00	10.00	0.02319	2025-02-26	-0.32	0.00	No	No
0.00	10.00	0.0177	2025-03-12	-0.17	0.00	No	No
0.51	10.00	2.32051	2025-01-01	-0.33	0.00	No	No
0.17	10.00	2.35969	2025-02-12	-0.34	0.00	No	No
0.00	10.00	2.53475	2025-03-05	-0.37	0.00	No	No
0.00	10.00	0.06602	2025-03-05	-0.39	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	2025-01-21	84.000	WALGREENS	1245407949	0.13810	0.00
67877021905	CEPHALEXIN 500 MG CAPSULE	2025-01-31	6.000	KROGER PHARMACY	1699709303	0.00000	0.00
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2025-03-25	240.000	WALMART PHARMACY	1811914948	0.00000	0.00
00172392570	DIAZEPAM 2 MG TABLET	2025-02-26	60.000	WALGREENS	1508051996	0.00000	0.00
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-03-28	14.000	WALGREENS	1508051996	0.00000	0.00
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	2025-02-05	28.000	WALGREENS	1649796061	0.14000	0.00
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	2025-03-03	28.000	WALGREENS	1649796061	0.14571	0.00
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	2025-03-27	28.000	WALGREENS	1649796061	0.14821	0.00
68645052154	SERTRALINE HCL 25 MG TABLET	2025-03-18	30.000	WALMART PHARMACY	1356368484	0.00000	0.00
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	2025-01-17	200.000	WALMART PHARMACY	1487838132	0.00000	0.00

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6.99	0.00	0.13805	2025-01-15	-0.16	0.00	No	No
0.00	9.99	0.10819	2025-01-29	-0.10	0.00	No	No
0.00	26.46	0.09145	2025-03-19	-0.18	0.00	No	No
0.00	9.50	0.02125	2025-02-26	-0.19	0.00	No	No
0.00	7.33	0.09188	2025-03-26	-0.38	0.00	No	No
8.97	0.00	0.14004	2025-02-05	-0.11	0.00	No	No
8.81	0.00	0.14583	2025-02-26	-0.12	0.00	No	No
8.74	0.00	0.14837	2025-03-26	-0.12	0.00	No	No
0.00	9.00	0.0324	2025-03-12	-0.21	0.00	No	No
0.00	12.78	0.03139	2025-01-15	-0.24	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	2025-01-17	200.000	WALMART PHARMACY	1487838132	0.00000	0.00
68645056354	IBUPROFEN 800 MG TABLET	2025-02-11	30.000	WALMART PHARMACY	1790072916	0.00000	0.00
65162035803	ZAFEMY 150-35 MCG/DAY PATCH	2025-01-14	3.000	WALMART PHARMACY	1801814595	24.55000	0.00
67877021905	CEPHALEXIN 500 MG CAPSULE	2025-01-28	14.000	WALMART PHARMACY	1801814595	0.00000	0.00
65162035803	ZAFEMY 150-35 MCG/DAY PATCH	2025-02-06	3.000	WALMART PHARMACY	1801814595	24.55000	0.00
65162035803	ZAFEMY 150-35 MCG/DAY PATCH	2025-02-24	3.000	WALMART PHARMACY	1801814595	24.55000	0.00
43598032675	CIPROFLOX-DEXAMETH OTIC SUSP	2025-03-09	7.500	WALMART PHARMACY	1801814595	9.27467	0.00
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-03-09	21.000	WALMART PHARMACY	1801814595	0.00000	0.00
65162035803	ZAFEMY 150-35 MCG/DAY PATCH	2025-03-21	3.000	WALMART PHARMACY	1801814595	24.55000	0.00
00172208980	HYDROCHLOROTHIAZIDE 50 MG TAB	2025-03-28	90.000	WALMART PHARMACY	1801814595	0.00000	0.00

Amount of Dispensing Fee	Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
0.00	12.78	0.03139	2025-01-15	-0.24	0.00	No	No
-0.00	5.82	0.0562	2025-02-05	-0.52	0.00	No	No
0.00	0.00	26.59892	2025-01-08	-0.18	0.00	No	No
0.00	5.72	0.10819	2025-01-22	-0.52	0.00	No	No
0.00	0.00	26.52333	2025-02-05	-0.18	0.00	No	No
0.00	0.00	28.44132	2025-02-19	-0.23	0.00	No	No
0.00	15.00	14.39834	2025-03-05	-0.29	0.00	No	No
0.00	9.76	0.1323	2025-03-05	-0.26	0.00	No	No
0.00	0.00	28.66828	2025-03-19	-0.24	0.00	No	No
0.00	10.00	0.03428	2025-03-26	-0.26	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees
65162019011	NAPROXEN 500 MG TABLET	2025-03-29	30.000	WALMART PHARMACY	1801814595	0.00000	0.00
64380078507	PREDNISONE 20 MG TABLET	2025-03-29	10.000	WALMART PHARMACY	1801814595	0.00000	0.00
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-01-23	21.000	WALMART PHARMACY	1811914948	0.00000	0.00
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	2025-03-04	14.000	WALMART PHARMACY	1811914948	0.00000	0.00
55111014512	FLUCONAZOLE 150 MG TABLET	2025-03-04	2.000	WALMART PHARMACY	1811914948	0.00000	0.00
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-03-26	20.000	WALMART PHARMACY	1811914948	0.00000	0.00
31722070190	LOSARTAN POTASSIUM 50 MG TAB	2025-01-10	30.000	WALMART PHARMACY	1821015967	0.00000	0.00
60758011905	PREDNISOLONE AC 1% EYE DROP	2025-01-23	5.000	WALMART PHARMACY	1821015967	1.58200	0.00
00555901858	TRI-SPRINTEC TABLET	2025-01-27	28.000	WALMART PHARMACY	1821015967	0.12214	0.00
31722070190	LOSARTAN POTASSIUM 50 MG TAB	2025-02-09	30.000	WALMART PHARMACY	1821015967	0.00000	0.00

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0.00	6.82	0.06272	2025-03-26	-0.45	0.00	No	No
0.00	4.04	0.08187	2025-03-26	-0.64	0.00	No	No
0.00	9.76	0.11419	2025-01-22	-0.24	0.00	No	No
0.00	7.91	0.05697	2025-02-26	-0.30	0.00	No	No
0.00	9.60	0.53979	2025-02-26	-0.17	0.00	No	No
-0.00	5.98	0.09188	2025-03-26	-0.51	0.00	No	No
0.00	9.00	0.0361	2025-01-08	-0.22	0.00	No	No
0.00	15.00	4.80516	2025-01-22	-0.34	0.00	No	No
5.58	0.00	0.12209	2025-01-22	-0.35	0.00	No	No
0.00	9.00	0.03558	2025-02-05	-0.22	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees
00555901858	TRI-SPRINTEC TABLET	2025-02-22	28.000	WALMART PHARMACY	1821015967	0.12821	0.00
00555901858	TRI-SPRINTEC TABLET	2025-03-18	28.000	WALMART PHARMACY	1821015967	0.12821	0.00
00116200116	CHLORHEXIDINE 0.12% RINSE	2025-03-24	473.000	WALMART PHARMACY	1821015967	0.00000	0.00
68645052354	SERTRALINE HCL 100 MG TABLET	2025-03-25	30.000	WALMART PHARMACY	1821015967	0.00000	0.00
76282071250	IBUPROFEN 400 MG TABLET	2025-02-20	90.000	BECKLEY VAMC PHARMACY	1104884535	0.00000	0.00
00006027731	JANUVIA 100 MG TABLET	2025-01-02	90.000	CAMDEN FAMILY PHARMACY	1134521966	14.28433	0.00
00093314705	CEPHALEXIN 500 MG CAPSULE	2025-03-04	20.000	RIGHT WAY DRUG	1295481695	0.00000	0.00
65862001905	CEPHALEXIN 500 MG CAPSULE	2025-03-18	20.000	RIGHT WAY DRUG	1295481695	0.00000	0.00
00143988901	AMOXICILLIN 250 MG/5 ML SUSP	2025-01-04	100.000	WALGREENS	1508051996	0.00000	0.00
68645056354	IBUPROFEN 800 MG TABLET	2025-02-21	30.000	WALMART PHARMACY	1639196769	0.00000	0.00

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5.41	0.00	0.12837	2025-02-19	-0.36	0.00	No	No
5.41	0.00	0.12837	2025-03-12	-0.36	0.00	No	No
-0.00	7.48	0.00764	2025-03-19	-0.47	0.00	No	No
0.00	9.00	0.05282	2025-03-19	-0.25	0.00	No	No
0.00	2.31	0.04213	2025-02-19	-0.84	0.00	No	No
0.00	150.00	10.55893	2025-01-01	0.00	0.49	No	No
0.00	11.00	0.1214	2025-02-26	-0.15	0.00	No	No
0.00	11.00	0.1214	2025-03-12	-0.15	0.00	No	No
0.00	8.09	0.02393	2025-01-01	-0.37	0.00	No	No
0.00	5.82	0.06029	2025-02-19	-0.53	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees
68645061090	LISINOPRIL 10 MG TABLET	2025-03-05	90.000	WALMART PHARMACY	1639196769	0.00000	0.00
47781064090	LEVOTHYROXINE 25 MCG TABLET	2025-03-05	90.000	WALMART PHARMACY	1639196769	0.00000	0.00
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-03-26	90.000	WALMART PHARMACY	1801814595	0.00000	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-01-16	10.000	WALGREENS	1861652562	0.00000	0.00
64380078507	PREDNISONE 20 MG TABLET	2025-02-05	6.000	WALMART PHARMACY	1366469496	0.00000	0.00
62332002331	FLUOXETINE HCL 20 MG CAPSULE	2025-01-09	90.000	WALMART PHARMACY	1902823032	0.00000	0.00
68645058259	METFORMIN HCL 500 MG TABLET	2025-01-21	180.000	WALMART PHARMACY	1902823032	0.00000	0.00
68382004101	PROMETHAZINE 25 MG TABLET	2025-02-01	20.000	WALMART PHARMACY	1902823032	0.00000	0.00
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-03-06	90.000	WALMART PHARMACY	1902823032	0.00000	0.00
68645061190	LISINOPRIL 20 MG TABLET	2025-03-10	90.000	WALMART PHARMACY	1902823032	0.00000	0.00

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0.00	10.00	0.0177	2025-03-05	-0.17	0.00	No	No
0.00	10.00	0.04343	2025-03-05	-0.31	0.00	No	No
0.00	10.00	0.01281	2025-03-26	-0.14	0.00	No	No
0.00	4.56	0.0717	2025-01-15	-0.59	0.00	No	No
0.00	4.00	0.07317	2025-02-05	-0.63	0.00	No	No
0.00	10.00	0.02969	2025-01-08	-0.24	0.00	No	No
0.00	10.00	0.01304	2025-01-15	-0.22	0.00	No	No
0.00	10.00	0.03987	2025-01-29	-0.11	0.00	No	No
0.00	10.00	0.01217	2025-03-05	-0.14	0.00	No	No
-0.00	10.00	0.02538	2025-03-05	-0.22	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees
60505265605	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	2025-03-10	90.000	WALMART PHARMACY	1902823032	0.00000	0.00
62332002431	FLUOXETINE HCL 40 MG CAPSULE	2025-03-12	90.000	WALMART PHARMACY	1902823032	0.00000	0.00
45802046564	KETOCONAZOLE 2% SHAMPOO	2025-03-19	120.000	WALMART PHARMACY	1902823032	0.01333	0.00
00169477212	OZEMPIC 2 MG/DOSE (8 MG/3 ML) PEN	2025-03-17	3.000	MARTINSBURG VAMC	1629026414	245.77000	0.00
59651048801	PREDNISONE 20 MG TABLET	2025-01-22	10.000	MARTINS PHARMACY	1306878327	0.00000	0.00
29300011101	LAMOTRIGINE 25 MG TABLET	2025-01-03	60.000	WALMART PHARMACY	1912924051	0.00000	0.00
50111056001	TRAZODONE 50 MG TABLET	2025-01-03	30.000	WALMART PHARMACY	1912924051	0.00000	0.00
29300011101	LAMOTRIGINE 25 MG TABLET	2025-02-05	60.000	WALMART PHARMACY	1912924051	0.00000	0.00
45802046564	KETOCONAZOLE 2% SHAMPOO	2025-03-15	120.000	WALMART PHARMACY	1912924051	0.01333	0.00
29300011101	LAMOTRIGINE 25 MG TABLET	2025-03-15	60.000	WALMART PHARMACY	1912924051	0.00000	0.00

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-0.00	10.00	0.08485	2025-03-05	-0.45	0.00	No	No
0.00	10.00	0.06602	2025-03-12	-0.39	0.00	No	No
5.17	10.00	0.09539	2025-03-19	-0.24	0.00	No	No
0.00	100.00	321.14061	2025-03-12	-0.14	0.00	No	No
0.00	9.99	0.07317	2025-01-22	-0.11	0.00	No	No
0.00	9.00	0.02741	2025-01-01	-0.26	0.00	No	No
0.00	4.00	0.03177	2025-01-01	-0.65	0.00	No	No
0.00	9.00	0.0275	2025-02-05	-0.26	0.00	No	No
5.17	10.00	0.09667	2025-03-12	-0.24	0.00	No	No
0.00	9.00	0.02955	2025-03-12	-0.27	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees
68645061190	LISINOPRIL 20 MG TABLET	2025-01-10	90.000	WALMART PHARMACY	1720005853	0.00000	0.00
50458057930	XARELTO 20 MG TABLET	2025-01-27	90.000	MARTINSBURG VAMC	1629026414	1.87733	0.00
00378932032	WIXELA 100-50 INHUB	2025-01-13	60.000	MARTINSBURG VAMC	1629026414	0.51267	0.00
00378932032	WIXELA 100-50 INHUB	2025-03-11	60.000	MARTINSBURG VAMC	1629026414	0.49167	0.00
00904674880	BISACODYL EC 5 MG TABLET	2025-03-24	6.000	MARTINSBURG VAMC	1629026414	0.00500	0.00
10572010001	PEG-3350 AND ELECTROLYTES SOLN	2025-03-24	4000.000	MARTINSBURG VAMC	1629026414	0.00220	0.00
11534016503	FOLIC ACID 1 MG TABLET	2025-01-30	90.000	WALGREENS	1861652562	0.00000	0.00
00591544210	PREDNISONE 10 MG TABLET	2025-02-03	6.000	WALGREENS	1861652562	0.00000	0.00
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	2025-03-19	1.000	WALGREENS	1861652562	0.00000	0.00
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-03-25	90.000	WALGREENS	1861652562	0.00000	0.00

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0.00	10.00	0.02387	2025-01-08	-0.21	0.00	No	No
0.00	70.00	18.20343	2025-01-22	-0.86	0.00	No	No
0.00	3.42	1.05611	2025-01-08	-0.54	0.00	No	No
0.00	3.28	1.14212	2025-03-05	-0.59	0.00	No	No
0.15	0.00	0.03892	2025-03-19	-0.98	0.00	No	No
0.15	0.00	0.00459	2025-03-19	-0.69	0.00	No	No
0.00	8.91	0.02086	2025-01-29	-0.28	0.00	No	No
0.00	3.40	0.04773	2025-01-29	-0.68	0.00	No	No
0.00	10.30	1.84641	2025-03-19	-0.17	0.00	No	No
0.00	9.15	0.01281	2025-03-19	-0.21	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-01-13	90.000	WALMART PHARMACY	1366469496	0.00000	0.00
13668010401	ISOSORBIDE MONONIT ER 30 MG TB	2025-03-07	30.000	WALMART PHARMACY	1366469496	0.00000	0.00
29300039605	AMLODIPINE BESYLATE 2.5 MG TAB	2025-03-14	30.000	WALMART PHARMACY	1366469496	0.00000	0.00
59651048901	PREDNISONE 50 MG TABLET	2025-01-07	5.000	WALMART PHARMACY	1881870210	0.00000	0.00
00555901658	SPRINTEC 28 DAY TABLET	2025-01-22	28.000	WALMART PHARMACY	1881870210	0.11143	0.00
68645058459	METFORMIN HCL 1,000 MG TABLET	2025-01-28	180.000	WALMART PHARMACY	1881870210	0.00000	0.00
29300024401	BUSPIRONE HCL 5 MG TABLET	2025-02-05	60.000	WALMART PHARMACY	1881870210	0.00000	0.00
16571011401	HYDROXYZINE HCL 25 MG TABLET	2025-02-05	30.000	WALMART PHARMACY	1881870210	0.00000	0.00
47781066290	LEVOTHYROXINE 150 MCG TABLET	2025-02-10	90.000	WALMART PHARMACY	1881870210	0.00000	0.00
00555901658	SPRINTEC 28 DAY TABLET	2025-02-23	28.000	WALMART PHARMACY	1881870210	0.12071	0.00

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0.00	10.00	0.01079	2025-01-08	-0.13	0.00	No	No
0.00	4.00	0.06993	2025-03-05	-0.68	0.00	No	No
0.00	9.00	0.01087	2025-03-12	-0.17	0.00	No	No
0.00	9.11	0.17685	2025-01-01	-0.20	0.00	No	No
5.88	0.00	0.1118	2025-01-22	-0.34	0.00	No	No
0.00	10.00	0.02215	2025-01-22	-0.31	0.00	No	No
0.00	4.00	0.01949	2025-02-05	-0.66	0.00	No	No
0.00	5.00	0.03964	2025-02-05	-0.57	0.00	No	No
0.00	10.00	0.0713	2025-02-05	-0.41	0.00	No	No
5.62	0.00	0.12083	2025-02-19	-0.35	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees
00555901658	SPRINTEC 28 DAY TABLET	2025-03-29	28.000	WALMART PHARMACY	1881870210	0.12821	0.00
47781065790	LEVOTHYROXINE 125 MCG TABLET	2025-01-24	45.000	WALMART PHARMACY	1720005853	0.00000	0.00
68645060990	LISINOPRIL 5 MG TABLET	2025-02-04	90.000	WALMART PHARMACY	1720005853	0.00000	0.00
68382009810	PAROXETINE HCL 20 MG TABLET	2025-03-20	90.000	WALMART PHARMACY	1720005853	0.00000	0.00
76282072210	PRAZOSIN 2 MG CAPSULE	2025-01-09	90.000	MARTINSBURG VAMC	1629026414	0.00000	0.00
00078077767	ENTRESTO 49 MG-51 MG TABLET	2025-01-29	90.000	MARTINSBURG VAMC	1629026414	5.49544	0.00
13668013710	ESCITALOPRAM 20 MG TABLET	2025-02-01	90.000	MARTINSBURG VAMC	1629026414	0.00000	0.00
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	2025-02-12	2.000	MARTINSBURG VAMC	1629026414	46.26000	0.00
69238207707	PROPRANOLOL 10 MG TABLET	2025-02-28	30.000	MARTINSBURG VAMC	1629026414	0.00000	0.00
67877021905	CEPHALEXIN 500 MG CAPSULE	2025-02-12	14.000	WALMART PHARMACY	1902823032	0.00000	0.00

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5.41	0.00	0.12836	2025-03-26	-0.36	0.00	No	No
0.00	6.00	0.07133	2025-01-22	-0.56	0.00	No	No
0.00	10.00	0.01386	2025-01-29	-0.15	0.00	No	No
0.00	10.00	0.07135	2025-03-19	-0.41	0.00	No	No
0.00	4.94	0.10532	2025-01-08	-0.75	0.00	No	No
0.00	150.00	11.27936	2025-01-29	-0.37	0.00	No	No
0.00	18.67	0.0648	2025-01-29	0.00	0.14	No	No
0.00	15.00	98.67298	2025-02-12	-0.48	0.00	No	No
-0.00	8.68	0.05492	2025-02-26	-0.28	0.00	No	No
0.00	5.72	0.10819	2025-02-12	-0.52	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees
76282073310	LISINOPRIL 40 MG TABLET	2025-01-24	90.000	MARTINSBURG VAMC	1629026414	0.01644	0.00
68645055654	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	2025-03-11	30.000	WALMART PHARMACY	1467479501	0.00000	0.00
00832051200	BETHANECHOL 25 MG TABLET	2025-01-03	270.000	MARTINSBURG VAMC	1629026414	0.03352	0.00
76282041290	FINASTERIDE 5 MG TABLET	2025-01-09	90.000	MARTINSBURG VAMC	1629026414	0.00000	0.00
76282041205	FINASTERIDE 5 MG TABLET	2025-03-27	90.000	MARTINSBURG VAMC	1629026414	0.00000	0.00
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-03-04	20.000	WALMART PHARMACY	1881870210	0.00000	0.00
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	2025-02-10	2.000	MARTINSBURG VAMC	1629026414	43.76000	0.00
24658031210	DOXYCYCLINE HYCLATE 100 MG TAB	2025-02-25	10.000	MARTINSBURG VAMC	1629026414	0.00000	0.00
47781065790	LEVOTHYROXINE 125 MCG TABLET	2025-01-06	90.000	WALMART PHARMACY	1881870210	0.00000	0.00
68645058259	METFORMIN HCL 500 MG TABLET	2025-01-06	60.000	WALMART PHARMACY	1881870210	0.00000	0.00

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0.00	0.00	0.04219	2025-01-22	-0.90	0.00	No	No
0.00	7.07	0.02947	2025-03-05	-0.38	0.00	No	No
0.00	20.00	0.21546	2025-01-01	-0.58	0.00	No	No
0.00	7.15	0.06402	2025-01-08	-0.56	0.00	No	No
0.00	5.43	0.07167	2025-03-26	-0.68	0.00	No	No
0.00	5.98	0.08742	2025-02-26	-0.51	0.00	No	No
0.00	20.00	98.67298	2025-02-05	-0.48	0.00	No	No
-0.00	2.10	0.1179	2025-02-19	-0.82	0.00	No	No
0.00	10.00	0.07177	2025-01-01	-0.41	0.00	No	No
0.00	4.00	0.01304	2025-01-01	-0.65	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees
68645058259	METFORMIN HCL 500 MG TABLET	2025-02-09	60.000	WALMART PHARMACY	1881870210	0.00000	0.00
68645058259	METFORMIN HCL 500 MG TABLET	2025-03-12	60.000	WALMART PHARMACY	1881870210	0.00000	0.00
68180096301	ALBUTEROL HFA 90 MCG INHALER	2025-01-29	8.500	WALMART PHARMACY	1669490355	1.18353	0.00
68645051654	AMLODIPINE BESYLATE 10 MG TAB	2025-01-15	30.000	WALMART PHARMACY	1578581260	0.00000	0.00
53746051101	SPIRONOLACTONE 25 MG TABLET	2025-01-22	30.000	WALMART PHARMACY	1578581260	0.00000	0.00
68382009405	CARVEDILOL 12.5 MG TABLET	2025-01-30	90.000	WALMART PHARMACY	1578581260	0.00000	0.00
68645051654	AMLODIPINE BESYLATE 10 MG TAB	2025-02-14	30.000	WALMART PHARMACY	1578581260	0.00000	0.00
53746051101	SPIRONOLACTONE 25 MG TABLET	2025-02-22	30.000	WALMART PHARMACY	1578581260	0.00000	0.00
68645051654	AMLODIPINE BESYLATE 10 MG TAB	2025-03-23	30.000	WALMART PHARMACY	1578581260	0.00000	0.00
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-03-28	30.000	WALMART PHARMACY	1578581260	0.00000	0.00

Amount of Dispensing Fee	Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
0.00	4.00	0.01323	2025-02-05	-0.65	0.00	No	No
0.00	4.00	0.01368	2025-03-12	-0.65	0.00	No	No
0.17	10.00	2.35969	2025-01-29	-0.34	0.00	No	No
0.00	9.00	0.01544	2025-01-15	-0.18	0.00	No	No
0.00	5.56	0.04612	2025-01-22	-0.53	0.00	No	No
0.00	8.75	0.02044	2025-01-29	-0.29	0.00	No	No
0.00	9.00	0.01568	2025-02-12	-0.18	0.00	No	No
0.00	5.56	0.0494	2025-02-19	-0.54	0.00	No	No
0.00	9.00	0.01745	2025-03-19	-0.18	0.00	No	No
-0.00	8.97	0.09188	2025-03-26	-0.32	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees
00116200116	CHLORHEXIDINE 0.12% RINSE	2025-03-28	473.000	WALMART PHARMACY	1578581260	0.00000	0.00
68645061190	LISINOPRIL 20 MG TABLET	2025-01-02	90.000	WALMART PHARMACY	1366469496	0.00000	0.00
29300041001	ATENOLOL 25 MG TABLET	2025-01-02	90.000	WALMART PHARMACY	1366469496	0.00000	0.00
55111014512	FLUCONAZOLE 150 MG TABLET	2025-01-04	2.000	WALMART PHARMACY	1366469496	0.00000	0.00
00054429731	FUROSEMIDE 20 MG TABLET	2025-01-13	90.000	WALMART PHARMACY	1366469496	0.00000	0.00
55111014512	FLUCONAZOLE 150 MG TABLET	2025-01-27	1.000	WALMART PHARMACY	1366469496	0.00000	0.00
55111014512	FLUCONAZOLE 150 MG TABLET	2025-01-27	1.000	WALMART PHARMACY	1366469496	0.00000	0.00
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-02-16	30.000	WALMART PHARMACY	1366469496	0.00000	0.00
64380078408	PREDNISONE 10 MG TABLET	2025-02-16	14.000	WALMART PHARMACY	1366469496	0.00000	0.00
53746051101	SPIRONOLACTONE 25 MG TABLET	2025-03-04	30.000	WALMART PHARMACY	1366469496	0.00000	0.00

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-0.00	7.48	0.00764	2025-03-26	-0.47	0.00	No	No
0.00	10.00	0.02387	2025-01-01	-0.21	0.00	No	No
0.00	10.00	0.02053	2025-01-01	-0.19	0.00	No	No
0.00	9.60	0.51642	2025-01-01	-0.17	0.00	No	No
0.00	10.00	0.0228	2025-01-08	-0.20	0.00	No	No
0.00	4.80	0.52425	2025-01-22	-0.56	0.00	No	No
0.00	4.80	0.52425	2025-01-22	-0.56	0.00	No	No
-0.00	8.97	0.08158	2025-02-12	-0.31	0.00	No	No
0.00	4.00	0.04773	2025-02-12	-0.64	0.00	No	No
0.00	5.56	0.0494	2025-02-26	-0.54	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees
29300046801	CLONIDINE HCL 0.1 MG TABLET	2025-03-07	30.000	WALMART PHARMACY	1366469496	0.00000	0.00
45963043963	CONSTULOSE 10 GM/15 ML SOLN	2025-03-28	237.000	WALMART PHARMACY	1366469496	0.00000	0.00
64380078507	PREDNISONE 20 MG TABLET	2025-01-28	8.000	WALMART PHARMACY	1669490355	0.00000	0.00
59651080801	MECLIZINE 25 MG TABLET	2025-02-19	30.000	WALMART PHARMACY	1669490355	0.00000	0.00
64380078408	PREDNISONE 10 MG TABLET	2025-03-12	21.000	WALMART PHARMACY	1669490355	0.00000	0.00
00168000215	TRIAMCINOLONE 0.5% CREAM	2025-03-03	15.000	WALGREENS	1881118503	0.00000	0.00
72578008101	SUCRALFATE 1 GM TABLET	2025-02-06	90.000	WALMART PHARMACY	1669490355	0.18711	0.00
68645055654	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	2025-02-12	30.000	WALMART PHARMACY	1669490355	0.17667	0.00
65862005199	SIMVASTATIN 10 MG TABLET	2025-02-12	30.000	WALMART PHARMACY	1669490355	0.02700	0.00
68180096301	ALBUTEROL HFA 90 MCG INHALER	2025-02-22	8.500	WALMART PHARMACY	1669490355	1.78471	0.00

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0.00	4.00	0.025	2025-03-05	-0.64	0.00	No	No
1.89	10.00	0.01947	2025-03-26	-0.21	0.00	No	No
0.00	4.00	0.07317	2025-01-22	-0.64	0.00	No	No
0.00	9.00	0.08105	2025-02-19	-0.30	0.00	No	No
0.00	4.00	0.05399	2025-03-12	-0.66	0.00	No	No
0.00	11.99	0.22135	2025-02-26	-0.13	0.00	No	No
0.00	5.62	0.16605	2025-02-05	-0.12	0.00	No	No
0.00	1.77	0.02736	2025-02-12	-0.37	0.00	No	No
8.19	0.00	0.02701	2025-02-12	-0.20	0.00	No	No
0.00	5.06	2.53475	2025-02-19	-0.37	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees
68645055654	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	2025-03-18	30.000	WALMART PHARMACY	1669490355	0.17667	0.00
65862005199	SIMVASTATIN 10 MG TABLET	2025-03-18	30.000	WALMART PHARMACY	1669490355	0.02833	0.00
29300041519	CYCLOBENZAPRINE 10 MG TABLET	2025-03-29	10.000	WALMART PHARMACY	1912924051	0.50300	0.00
16571020210	DICLOFENAC SOD EC 50 MG TAB	2025-03-29	14.000	WALMART PHARMACY	1912924051	0.36571	0.00
49483048112	ASPIRIN EC 81 MG TABLET	2025-01-23	90.000	CVS PHARMACY	1225132905	0.01367	0.00
00121065816	TRIHEXYPHENIDYL 2 MG/5 ML SOLN	2025-01-27	90.000	CVS PHARMACY	1558532713	0.00000	0.00
68180047201	AMLODIPINE-BENAZEPRIL 10-20 MG	2025-03-05	90.000	E A HAWSE PHARMACY	1386975746	0.12778	0.00
62559075816	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-02-12	118.000	WALGREENS	1194241786	0.00000	0.00
68645056354	IBUPROFEN 800 MG TABLET	2025-01-16	12.000	WALMART PHARMACY	1093732133	0.00000	0.00
00172392560	DIAZEPAM 2 MG TABLET	2025-01-17	3.000	WALMART PHARMACY	1093732133	0.00000	0.00

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0.00	1.77	0.02947	2025-03-12	-0.38	0.00	No	No
8.15	0.00	0.02839	2025-03-12	-0.21	0.00	No	No
0.00	1.68	0.01774	2025-03-26	-0.37	0.00	No	No
0.00	1.71	0.09218	2025-03-26	-0.42	0.00	No	No
1.30	0.00	0.01368	2025-01-22	-0.78	0.00	Yes	No
0.19	15.00	0.07236	2025-01-22	-0.11	0.00	Yes	No
3.50	0.00	0.12777	2025-03-05	-0.32	0.00	No	No
-0.00	12.59	0.0344	2025-02-12	-0.13	0.00	No	No
0.00	4.00	0.05567	2025-01-15	-0.64	0.00	No	No
0.00	4.00	0.02086	2025-01-15	-0.62	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
47781035603	BUPRENORPHINE-NALOXONE 4-1 MG SL FILM	2025-02-19	28.000	CVS PHARMACY	1407950181	2.31429	0.00	10.49
65862058405	AMLODIPINE-BENAZEPRIL 5-20 MG	2025-01-29	180.000	MARTINSBURG VAMC	1629026414	0.00000	0.00	0.00
67877021905	CEPHALEXIN 500 MG CAPSULE	2025-03-21	21.000	WALMART PHARMACY	1669490355	0.00000	0.00	0.00
64380078408	PREDNISONE 10 MG TABLET	2025-01-09	30.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
64380078408	PREDNISONE 10 MG TABLET	2025-02-09	30.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
67877021905	CEPHALEXIN 500 MG CAPSULE	2025-01-04	15.000	WALMART PHARMACY	1457378580	0.00000	0.00	0.00
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	2025-01-23	14.000	WALMART PHARMACY	1457378580	0.00000	0.00	0.00
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-01-27	2.000	WALMART PHARMACY	1457378580	0.00000	0.00	0.00
00116200116	CHLORHEXIDINE 0.12% RINSE	2025-01-27	473.000	WALMART PHARMACY	1457378580	0.00000	0.00	0.00
31722070190	LOSARTAN POTASSIUM 50 MG TAB	2025-01-28	30.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.00

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15.00	3.26529	2025-02-19	-0.11	0.00	Yes	No
43.99	0.10004	2025-01-29	0.00	0.54	No	No
8.58	0.1286	2025-03-19	-0.35	0.00	No	No
4.97	0.04665	2025-01-08	-0.58	0.00	No	No
4.97	0.04773	2025-02-05	-0.58	0.00	No	No
6.13	0.10778	2025-01-01	-0.49	0.00	No	No
7.91	0.05277	2025-01-22	-0.30	0.00	No	No
4.00	0.08158	2025-01-22	-0.62	0.00	No	No
7.48	0.007	2025-01-22	-0.46	0.00	No	No
9.00	0.03558	2025-01-22	-0.22	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
31722070190	LOSARTAN POTASSIUM 50 MG TAB	2025-02-25	30.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.00
31722070190	LOSARTAN POTASSIUM 50 MG TAB	2025-03-25	30.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.00
00487990401	ALBUTEROL SUL 1.25 MG/3 ML SOL	2025-03-29	90.000	WALMART PHARMACY	1639196777	0.20411	0.00	6.98
61314065605	CIPROFLOXACIN 0.3% EYE DROP	2025-02-18	5.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
65649030302	XIFAXAN 550 MG TABLET	2025-01-17	28.000	CLARKSBURG VAMC	1356399364	0.00000	0.00	0.00
00378827093	ALBUTEROL SUL 2.5 MG/3 ML SOLN	2025-01-20	270.000	CLARKSBURG VAMC	1356399364	0.00000	0.00	-0.00
70752013812	PROMETHAZINE 6.25 MG/5 ML SOLN	2025-01-21	140.000	CLARKSBURG VAMC	1356399364	0.00000	0.00	-0.00
59762045001	COLESTIPOL HCL 1 GM TABLET	2025-03-27	120.000	CLARKSBURG VAMC	1356399364	0.00000	0.00	0.00
29300024401	BUSPIRONE HCL 5 MG TABLET	2025-01-26	60.000	WALMART PHARMACY	1447277579	0.00000	0.00	0.00
68180071160	CEFDINIR 300 MG CAPSULE	2025-01-31	14.000	WALMART PHARMACY	1447277579	0.00000	0.00	0.00

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9.00	0.03818	2025-02-19	-0.23	0.00	No	No
9.00	0.03867	2025-03-19	-0.23	0.00	No	No
5.00	0.25962	2025-03-26	-0.10	0.00	No	No
14.60	1.46187	2025-02-12	-0.18	0.00	No	No
761.02	55.35057	2025-01-15	-0.51	0.00	No	No
11.15	0.06036	2025-01-15	-0.58	0.00	No	No
6.79	0.03693	2025-01-15	-0.57	0.00	No	No
41.83	0.7166	2025-03-26	-0.57	0.00	No	No
4.00	0.01949	2025-01-22	-0.66	0.00	No	No
13.50	0.41249	2025-01-29	-0.17	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
13668001001	CITALOPRAM HBR 20 MG TABLET	2025-02-10	90.000	WALMART PHARMACY	1447277579	0.00000	0.00	0.00
68180071160	CEFDINIR 300 MG CAPSULE	2025-03-13	14.000	WALMART PHARMACY	1447277579	0.00000	0.00	0.00
68645061190	LISINOPRIL 20 MG TABLET	2025-02-17	90.000	WALMART PHARMACY	1487838132	0.00000	0.00	7.50
47781064390	LEVOTHYROXINE 50 MCG TABLET	2025-02-17	90.000	WALMART PHARMACY	1487838132	0.02300	0.00	5.43
13668033001	TRAZODONE 50 MG TABLET	2025-03-18	30.000	WALMART PHARMACY	1487838132	0.00000	0.00	3.00
59651048805	PREDNISONE 20 MG TABLET	2025-02-24	5.000	FRUTH PHARMACY	1427063361	0.00000	0.00	0.00
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2025-03-11	180.000	WALGREENS	1124257613	0.00000	0.00	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-03-31	14.000	WALGREENS	1285964569	0.00214	0.00	4.44
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-01-14	21.000	WALMART PHARMACY	1356368484	0.00000	0.00	0.00
64380078507	PREDNISONE 20 MG TABLET	2025-01-27	3.000	WALMART PHARMACY	1356368484	0.00000	0.00	0.00

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10.00	0.02773	2025-02-05	-0.23	0.00	No	No
13.50	0.45141	2025-03-12	-0.20	0.00	No	No
2.50	0.02401	2025-02-12	-0.21	0.00	No	No
2.50	0.05075	2025-02-12	-0.34	0.00	No	No
1.00	0.03346	2025-03-12	-0.65	0.00	No	No
4.53	0.07911	2025-02-19	-0.58	0.00	No	No
20.29	0.08343	2025-03-05	-0.20	0.00	No	No
1.12	0.08187	2025-03-26	-0.52	0.00	No	No
9.76	0.11746	2025-01-08	-0.25	0.00	No	No
4.00	0.07317	2025-01-22	-0.63	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
64380078507	PREDNISONE 20 MG TABLET	2025-02-06	10.000	WALMART PHARMACY	1992722029	0.00000	0.00	0.00
65862041901	SULFAMETHOXAZOLE-TMP SS TABLET	2025-02-17	30.000	WALMART PHARMACY	1992722029	0.00000	0.00	0.00
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-02-20	8.000	WALMART PHARMACY	1992722029	0.00000	0.00	0.00
68645052154	SERTRALINE HCL 25 MG TABLET	2025-01-27	30.000	WALMART PHARMACY	1881870210	0.03067	0.00	8.08
68645052154	SERTRALINE HCL 25 MG TABLET	2025-02-24	30.000	WALMART PHARMACY	1881870210	0.03233	0.00	8.03
29300024401	BUSPIRONE HCL 5 MG TABLET	2025-03-24	60.000	WALMART PHARMACY	1881870210	0.00000	0.00	0.00
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-02-27	90.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
68645058459	METFORMIN HCL 1,000 MG TABLET	2025-03-08	180.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-03-26	90.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
49483048112	ASPIRIN EC 81 MG TABLET	2025-01-04	90.000	CVS PHARMACY	1225132905	0.01322	0.00	1.34

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4.04	0.07317	2025-02-05	-0.64	0.00	No	No
5.74	0.04064	2025-02-12	-0.51	0.00	No	No
4.00	0.08742	2025-02-19	-0.64	0.00	No	No
0.00	0.03055	2025-01-22	-0.21	0.00	No	No
0.00	0.0324	2025-02-19	-0.21	0.00	No	No
9.00	0.02365	2025-03-19	-0.24	0.00	No	No
10.00	0.01217	2025-02-26	-0.14	0.00	No	No
10.00	0.02319	2025-03-05	-0.32	0.00	No	No
10.00	0.01281	2025-03-26	-0.14	0.00	No	No
0.00	0.01317	2025-01-01	-0.78	0.00	Yes	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68645061090	LISINOPRIL 10 MG TABLET	2025-01-11	90.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
13668001101	CITALOPRAM HBR 40 MG TABLET	2025-01-18	30.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
47781064690	LEVOTHYROXINE 75 MCG TABLET	2025-01-20	90.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
68645056354	IBUPROFEN 800 MG TABLET	2025-02-04	9.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-02-04	100.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
68180096301	ALBUTEROL HFA 90 MCG INHALER	2025-02-07	8.500	WALMART PHARMACY	1093732133	0.59529	0.00	0.17
13668001101	CITALOPRAM HBR 40 MG TABLET	2025-02-14	30.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
67877015905	METFORMIN HCL ER 500 MG TABLET	2025-02-17	360.000	WALMART PHARMACY	1093732133	0.00000	0.00	-0.00
13668001101	CITALOPRAM HBR 40 MG TABLET	2025-03-14	30.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
29300011316	LAMOTRIGINE 150 MG TABLET	2025-03-28	60.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
10.00	0.01707	2025-01-08	-0.17	0.00	No	No
4.00	0.04004	2025-01-15	-0.66	0.00	No	No
10.00	0.05334	2025-01-15	-0.35	0.00	No	No
4.00	0.0562	2025-01-29	-0.64	0.00	No	No
11.75	0.0344	2025-01-29	-0.16	0.00	No	No
15.00	2.35969	2025-02-05	-0.34	0.00	No	No
4.00	0.03957	2025-02-12	-0.66	0.00	No	No
10.00	0.02667	2025-02-12	-0.50	0.00	No	No
4.00	0.04272	2025-03-12	-0.66	0.00	No	No
9.00	0.06399	2025-03-26	-0.37	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee	Amount of Member Cost Share
57237011490	ALFUZOSIN HCL ER 10 MG TABLET	2025-02-08	90.000	MARTINSBURG VAMC	1629026414	0.23700	0.00	0.00	30.00
57237002901	AMOXICILLIN 875 MG TABLET	2025-02-27	20.000	WALMART PHARMACY	1538186663	0.00000	0.00	0.00	12.41
64380078507	PREDNISONE 20 MG TABLET	2025-02-27	12.000	WALMART PHARMACY	1538186663	0.00000	0.00	0.00	4.85
70954006020	PREDNISONE 20 MG TABLET	2025-03-06	10.000	KROGER PHARMACY	1497789275	0.00000	0.00	0.00	9.99
42806071401	BENZONATATE 100 MG CAPSULE	2025-01-04	15.000	WALMART PHARMACY	1366469496	0.00000	0.00	0.00	9.02
47781065490	LEVOTHYROXINE 112 MCG TABLET	2025-01-05	90.000	WALMART PHARMACY	1912924051	0.00000	0.00	0.00	10.00
64380078507	PREDNISONE 20 MG TABLET	2025-02-10	10.000	WALMART PHARMACY	1912924051	0.00000	0.00	0.00	4.04
68645058259	METFORMIN HCL 500 MG TABLET	2025-02-12	90.000	WALMART PHARMACY	1912924051	0.00000	0.00	4.80	1.20
47781064390	LEVOTHYROXINE 50 MCG TABLET	2025-02-14	90.000	WALMART PHARMACY	1912924051	0.00000	0.00	0.00	10.00
13107008305	LORAZEPAM 0.5 MG TABLET	2025-02-24	30.000	WALMART PHARMACY	1912924051	0.00000	0.00	0.00	8.28

Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
0.10344	2025-02-05	0.00	1.59	No	No
0.16502	2025-02-26	-0.10	0.00	No	No
0.07911	2025-02-26	-0.58	0.00	No	No
0.07911	2025-03-05	-0.11	0.00	No	No
0.06223	2025-01-01	-0.21	0.00	No	No
0.06916	2025-01-01	-0.40	0.00	No	No
0.07317	2025-02-05	-0.64	0.00	No	No
0.01323	2025-02-12	-0.49	0.00	No	No
0.05075	2025-02-12	-0.34	0.00	No	No
0.0411	2025-02-19	-0.29	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee	Amount of Member Cost Share
68645061090	LISINOPRIL 10 MG TABLET	2025-03-21	90.000	WALMART PHARMACY	1912924051	0.00000	0.00	7.20	1.80
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-02-09	60.000	WALMART PHARMACY	1912924051	0.00000	0.00	0.00	8.00
00169633910	NOVOLOG 100 UNIT/ML FLEXPEN	2025-02-07	60.000	MARTINSBURG VAMC	1629026414	0.30617	0.00	0.00	113.00
83257001411	INSULIN GLARGINE-YFGN U100 VL	2025-02-07	30.000	MARTINSBURG VAMC	1629026414	1.62633	0.00	0.00	16.26
00597029578	SYNJARDY XR 25-1,000 MG TABLET	2025-02-24	90.000	MARTINSBURG VAMC	1629026414	0.83200	0.00	0.00	113.00
76282072910	LISINOPRIL 5 MG TABLET	2025-03-12	90.000	MARTINSBURG VAMC	1629026414	0.00000	0.00	0.00	0.62
52817018000	CLONIDINE HCL 0.1 MG TABLET	2025-03-11	7.000	MOUNTAINEER PHARMACY	1184015802	0.00000	0.00	-0.00	1.82
00093342510	LORAZEPAM 0.5 MG TABLET	2025-03-31	4.000	MOUNTAINEER PHARMACY	1184015802	0.00000	0.00	-0.00	3.20
67877015905	METFORMIN HCL ER 500 MG TABLET	2025-03-15	90.000	WALMART PHARMACY	1366469496	0.00000	0.00	0.00	4.00
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-03-23	90.000	WALMART PHARMACY	1366469496	0.00000	0.00	0.00	10.00

Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
0.01833	2025-03-19	-0.26	0.00	No	No
0.011	2025-02-05	-0.28	0.00	No	No
8.94407	2025-02-05	-0.76	0.00	No	No
6.07318	2025-02-05	-0.66	0.00	No	No
20.13332	2025-02-19	-0.90	0.00	No	No
0.01445	2025-03-12	-0.95	0.00	No	No
0.025	2025-03-05	-0.83	0.00	No	No
0.04287	2025-03-26	-0.70	0.00	No	No
0.02863	2025-03-12	-0.69	0.00	No	No
0.01281	2025-03-19	-0.14	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68180096301	ALBUTEROL HFA 90 MCG INHALER	2025-01-18	8.500	WALMART PHARMACY	1093732133	0.55529	0.00	0.51
00378750332	BREYNA 160-4.5 MCG INHALER	2025-01-18	10.300	WALMART PHARMACY	1093732133	12.19417	0.00	0.00
68180096301	ALBUTEROL HFA 90 MCG INHALER	2025-02-08	8.500	WALMART PHARMACY	1093732133	0.59529	0.00	0.17
00378750332	BREYNA 160-4.5 MCG INHALER	2025-02-13	10.300	WALMART PHARMACY	1093732133	12.19417	0.00	0.00
00378750332	BREYNA 160-4.5 MCG INHALER	2025-03-16	10.300	WALMART PHARMACY	1093732133	12.19417	0.00	0.00
68180096301	ALBUTEROL HFA 90 MCG INHALER	2025-03-17	8.500	WALMART PHARMACY	1093732133	0.61529	0.00	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-02-27	21.000	KROGER PHARMACY	1316124803	0.00000	0.00	0.00
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-03-17	90.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
68645058459	METFORMIN HCL 1,000 MG TABLET	2025-01-05	180.000	WALMART PHARMACY	1356368484	0.00000	0.00	0.00
68645061190	LISINOPRIL 20 MG TABLET	2025-03-03	90.000	WALMART PHARMACY	1538186663	0.02533	0.00	7.72

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
15.00	2.32051	2025-01-15	-0.33	0.00	No	No
45.00	23.19761	2025-01-15	-0.32	0.00	No	No
15.00	2.35969	2025-02-05	-0.34	0.00	No	No
45.00	23.25591	2025-02-12	-0.32	0.00	No	No
45.00	23.08377	2025-03-12	-0.31	0.00	No	No
15.00	2.53475	2025-03-12	-0.37	0.00	No	No
9.99	0.07911	2025-02-26	-0.18	0.00	No	No
10.00	0.01217	2025-03-12	-0.14	0.00	No	No
10.00	0.02204	2025-01-01	-0.31	0.00	No	No
0.00	0.02538	2025-02-26	-0.22	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
52817025200	METOPROLOL TARTRATE 50 MG TAB	2025-03-06	30.000	KROGER PHARMACY	1497789275	0.00000	0.00	0.00
69315011610	FUROSEMIDE 20 MG TABLET	2025-03-04	30.000	WEIS PHARMACY	1538192877	0.00000	0.00	0.00
69097094312	GABAPENTIN 300 MG CAPSULE	2025-03-20	14.000	MAXWELTON HEALTH CENTER PHARMA	1336661834	0.00000	0.00	0.00
68645059459	FAMOTIDINE 20 MG TABLET	2025-01-13	30.000	WALMART PHARMACY	1356368484	0.00000	0.00	-0.00
68645056354	IBUPROFEN 800 MG TABLET	2025-02-03	30.000	WALMART PHARMACY	1356368484	0.00000	0.00	-0.00
68645061090	LISINOPRIL 10 MG TABLET	2025-03-03	90.000	WALMART PHARMACY	1356368484	0.00000	0.00	0.00
64380078507	PREDNISONE 20 MG TABLET	2025-02-15	10.000	WALMART PHARMACY	1669490355	0.00000	0.00	0.00
43547068910	CIPROFLOXACIN HCL 500 MG TAB	2025-03-06	10.000	SAM'S CLUB PHARMACY	1316330624	0.00000	0.00	0.00
47781065190	LEVOTHYROXINE 100 MCG TABLET	2025-03-18	90.000	WALMART PHARMACY	1457378580	0.00000	0.00	0.00
76282073310	LISINOPRIL 40 MG TABLET	2025-03-06	45.000	MARTINSBURG VAMC	1629026414	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
9.99	0.02142	2025-03-05	-0.10	0.00	No	No
5.99	0.02485	2025-02-26	-0.47	0.00	No	No
8.51	0.03671	2025-03-19	-0.23	0.00	No	No
9.05	0.02888	2025-01-08	-0.20	0.00	No	No
5.82	0.0562	2025-01-29	-0.52	0.00	No	No
10.00	0.0177	2025-02-26	-0.17	0.00	No	No
4.04	0.07317	2025-02-12	-0.64	0.00	No	No
8.82	0.13765	2025-03-05	-0.26	0.00	No	No
10.00	0.05519	2025-03-12	-0.35	0.00	No	No
1.01	0.04453	2025-03-05	-0.92	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
61314065605	CIPROFLOXACIN 0.3% EYE DROP	2025-01-02	5.000	WALMART PHARMACY	1912924051	0.00000	0.00	0.00
16571011401	HYDROXYZINE HCL 25 MG TABLET	2025-01-25	30.000	WALMART PHARMACY	1912924051	0.00000	0.00	0.00
47781064990	LEVOTHYROXINE 88 MCG TABLET	2025-01-29	90.000	WALMART PHARMACY	1912924051	0.00000	0.00	0.00
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	2025-02-11	14.000	WALMART PHARMACY	1912924051	0.00000	0.00	0.00
55111014512	FLUCONAZOLE 150 MG TABLET	2025-02-11	2.000	WALMART PHARMACY	1912924051	0.00000	0.00	0.00
16571011401	HYDROXYZINE HCL 25 MG TABLET	2025-03-04	30.000	WALMART PHARMACY	1912924051	0.00000	0.00	0.00
68645052154	SERTRALINE HCL 25 MG TABLET	2025-03-18	30.000	WALMART PHARMACY	1356368484	0.00000	0.00	0.00
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-02-21	21.000	WALMART PHARMACY	1366469496	0.00000	0.00	0.00
64380078507	PREDNISONE 20 MG TABLET	2025-01-03	10.000	WALMART PHARMACY	1366469496	0.00000	0.00	-0.00
62332002331	FLUOXETINE HCL 20 MG CAPSULE	2025-03-12	30.000	WALMART PHARMACY	1912924051	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
14.60	1.50086	2025-01-01	-0.19	0.00	No	No
5.00	0.03964	2025-01-22	-0.57	0.00	No	No
10.00	0.05802	2025-01-29	-0.36	0.00	No	No
7.91	0.05277	2025-02-05	-0.30	0.00	No	No
9.60	0.52425	2025-02-05	-0.17	0.00	No	No
5.00	0.04247	2025-02-26	-0.57	0.00	No	No
9.00	0.0324	2025-03-12	-0.21	0.00	No	No
6.28	0.08742	2025-02-19	-0.49	0.00	No	No
4.04	0.0717	2025-01-01	-0.64	0.00	No	No
4.00	0.03107	2025-03-12	-0.65	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
00597015330	JARDIANCE 25 MG TABLET	2025-02-18	90.000	MARTINSBURG VAMC	1629026414	0.76200	0.00	0.00
62332002431	FLUOXETINE HCL 40 MG CAPSULE	2025-01-08	90.000	WALMART PHARMACY	1669490355	0.00000	0.00	0.00
67877024601	QUETIAPINE FUMARATE 200 MG TAB	2025-01-10	30.000	WALMART PHARMACY	1366469496	0.00000	0.00	0.00
65162006205	SUCRALFATE 1 GM/10 ML SUSP	2025-02-04	420.000	WALMART PHARMACY	1366469496	0.17090	0.00	0.00
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	2025-01-11	16.000	WALMART PHARMACY	1912924051	0.00000	0.00	0.00
29300041001	ATENOLOL 25 MG TABLET	2025-03-07	90.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	2025-03-06	2.000	CVS PHARMACY	1225132905	47.49500	0.00	0.00
00378876793	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	2025-01-10	56.000	MARTINSBURG VAMC	1629026414	0.00000	0.00	0.00
00378876793	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	2025-02-04	56.000	MARTINSBURG VAMC	1629026414	0.00000	0.00	0.00
00378876793	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	2025-02-28	56.000	MARTINSBURG VAMC	1629026414	0.00000	0.00	0.00

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113.00	20.13118	2025-02-12	-0.90	0.00	No	No
10.00	0.05938	2025-01-08	-0.37	0.00	No	No
9.00	0.09203	2025-01-08	-0.32	0.00	No	No
15.00	0.23036	2025-01-29	-0.19	0.00	No	No
4.00	0.10868	2025-01-08	-0.67	0.00	No	No
10.00	0.02272	2025-03-05	-0.20	0.00	No	No
15.00	106.32709	2025-03-05	-0.51	0.00	Yes	No
107.61	2.06266	2025-01-08	-0.15	0.00	No	No
106.21	2.06266	2025-01-29	-0.16	0.00	No	No
106.21	2.20343	2025-02-26	-0.21	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
65862006299	METOPROLOL TARTRATE 25 MG TAB	2025-03-06	180.000	WALMART PHARMACY	1912924051	0.00000	0.00	0.00
59651048901	PREDNISONE 50 MG TABLET	2025-01-23	5.000	WALMART PHARMACY	1912924051	0.00000	0.00	0.00
76282073110	LISINOPRIL 20 MG TABLET	2025-01-16	45.000	MARTINSBURG VAMC	1629026414	0.00000	0.00	0.00
00406800330	MORPHINE SULF 100 MG/5 ML CONC	2025-01-08	3.000	MEDICAL CENTER PHARMACY	1639163538	0.00000	0.00	-0.00
23155050210	HYDROXYZINE HCL 50 MG TABLET	2025-03-06	90.000	HUNTINGTON VAMC	1508824301	0.00000	0.00	0.00
76282064501	SILDENAFIL 100 MG TABLET	2025-03-06	9.000	HUNTINGTON VAMC	1508824301	0.00000	0.00	0.00
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-01-30	100.000	WALMART PHARMACY	1912924051	0.00000	0.00	0.00
50228017405	BUPROPION HCL SR 100 MG TABLET	2025-01-24	30.000	WALMART PHARMACY	1912924051	0.00000	0.00	0.00
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	2025-03-26	40.000	WALMART PHARMACY	1912924051	0.00000	0.00	-0.00
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	2025-03-26	150.000	WALMART PHARMACY	1912924051	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
10.00	0.01677	2025-03-05	-0.26	0.00	No	No
9.11	0.16886	2025-01-22	-0.20	0.00	No	No
0.55	0.02387	2025-01-15	-0.95	0.00	No	No
2.81	0.3754	2025-01-08	-0.76	0.00	No	No
13.46	0.06182	2025-03-05	-0.16	0.00	No	No
0.57	0.15303	2025-03-05	-0.95	0.00	No	No
11.75	0.0344	2025-01-29	-0.16	0.00	No	No
7.50	0.08595	2025-01-22	-0.43	0.00	No	No
8.80	0.11657	2025-03-26	-0.42	0.00	No	No
9.59	0.03866	2025-03-26	-0.41	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
00904674860	BISACODYL EC 5 MG TABLET	2025-03-07	4.000	KROGER PHARMACY	1134153927	0.03750	0.00	7.34
13668000901	CITALOPRAM HBR 10 MG TABLET	2025-01-29	90.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
68645056354	IBUPROFEN 800 MG TABLET	2025-02-03	30.000	WALMART PHARMACY	1093732133	0.00000	0.00	-0.00
68382002310	ATENOLOL 50 MG TABLET	2025-02-10	90.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
55111032205	GLIMEPIRIDE 4 MG TABLET	2025-02-10	90.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
68645055854	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	2025-02-10	90.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
68645058459	METFORMIN HCL 1,000 MG TABLET	2025-02-11	180.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	2025-03-11	14.000	WALMART PHARMACY	1548287675	0.00000	0.00	0.00
64380078507	PREDNISONE 20 MG TABLET	2025-01-15	10.000	WALMART PHARMACY	1912924051	0.00000	0.00	-0.00
68180096301	ALBUTEROL HFA 90 MCG INHALER	2025-01-15	8.500	WALMART PHARMACY	1912924051	0.55529	0.00	0.51

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
0.00	0.03638	2025-03-05	-0.30	0.00	No	No
10.00	0.02246	2025-01-29	-0.20	0.00	No	No
5.82	0.0562	2025-01-29	-0.52	0.00	No	No
10.00	0.02277	2025-02-05	-0.20	0.00	No	No
10.00	0.03467	2025-02-05	-0.27	0.00	No	No
10.00	0.03779	2025-02-05	-0.28	0.00	No	No
10.00	0.02215	2025-02-05	-0.31	0.00	No	No
7.91	0.05697	2025-03-05	-0.30	0.00	No	No
4.04	0.0717	2025-01-15	-0.64	0.00	No	No
15.00	2.32051	2025-01-15	-0.33	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68382009505	CARVEDILOL 25 MG TABLET	2025-01-12	60.000	WALMART PHARMACY	1669490355	0.00000	0.00	0.00
53746051101	SPIRONOLACTONE 25 MG TABLET	2025-01-12	30.000	WALMART PHARMACY	1669490355	0.00000	0.00	0.00
68645061190	LISINOPRIL 20 MG TABLET	2025-01-15	30.000	WALMART PHARMACY	1669490355	0.00000	0.00	-0.00
53746051101	SPIRONOLACTONE 25 MG TABLET	2025-02-09	30.000	WALMART PHARMACY	1669490355	0.00000	0.00	0.00
68382009505	CARVEDILOL 25 MG TABLET	2025-02-11	60.000	WALMART PHARMACY	1669490355	0.00000	0.00	0.00
68645061190	LISINOPRIL 20 MG TABLET	2025-02-13	30.000	WALMART PHARMACY	1669490355	0.00000	0.00	-0.00
68382009505	CARVEDILOL 25 MG TABLET	2025-03-13	60.000	WALMART PHARMACY	1669490355	0.00000	0.00	0.00
53746051101	SPIRONOLACTONE 25 MG TABLET	2025-03-13	30.000	WALMART PHARMACY	1669490355	0.00000	0.00	0.00
68645061190	LISINOPRIL 20 MG TABLET	2025-03-17	30.000	WALMART PHARMACY	1669490355	0.00000	0.00	0.00
68180051202	LISINOPRIL 2.5 MG TABLET	2025-01-18	30.000	MARTINS PHARMACY	1215969233	0.00000	0.00	0.00

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5.42	0.02816	2025-01-08	-0.55	0.00	No	No
5.56	0.04561	2025-01-08	-0.53	0.00	No	No
4.00	0.02387	2025-01-15	-0.64	0.00	No	No
5.56	0.04612	2025-02-05	-0.53	0.00	No	No
5.42	0.02776	2025-02-05	-0.55	0.00	No	No
4.00	0.02401	2025-02-12	-0.64	0.00	No	No
8.20	0.02966	2025-03-12	-0.33	0.00	No	No
5.56	0.0494	2025-03-12	-0.54	0.00	No	No
4.00	0.02538	2025-03-12	-0.64	0.00	No	No
6.99	0.01341	2025-01-15	-0.36	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68382066001	SPIRONOLACTONE 25 MG TABLET	2025-01-22	30.000	MARTINS PHARMACY	1215969233	0.00000	0.00	-0.00
00093416178	AMOXICILLIN 400 MG/5 ML SUSP	2025-01-15	75.000	MARTINS PHARMACY	1306878327	0.00000	0.00	0.00
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	2025-01-15	100.000	MARTINS PHARMACY	1306878327	0.00000	0.00	0.00
00093416178	AMOXICILLIN 400 MG/5 ML SUSP	2025-01-15	150.000	MARTINS PHARMACY	1306878327	0.00000	0.00	0.00
59651048801	PREDNISONE 20 MG TABLET	2025-02-05	18.000	WEIS PHARMACY	1538192877	0.00000	0.00	0.00
47335070352	ALBUTEROL SUL 2.5 MG/3 ML SOLN	2025-02-13	90.000	WEIS PHARMACY	1538192877	0.00000	0.00	0.00
00781261305	AMOXICILLIN 500 MG CAPSULE	2025-02-14	21.000	WEIS PHARMACY	1538192877	0.00000	0.00	0.00
59651048801	PREDNISONE 20 MG TABLET	2025-02-17	18.000	WEIS PHARMACY	1538192877	0.00000	0.00	0.00
00555015902	CHLORDIAZEPOXIDE 25 MG CAPSULE	2025-01-04	3.000	WALGREENS	1588899140	0.00000	0.00	0.00
68382002310	ATENOLOL 50 MG TABLET	2025-02-19	90.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00

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9.99	0.04612	2025-01-22	-0.16	0.00	No	No
9.99	0.03779	2025-01-15	-0.25	0.00	No	No
9.99	0.03139	2025-01-15	-0.27	0.00	No	No
12.99	0.03779	2025-01-15	-0.20	0.00	No	No
8.99	0.07317	2025-02-05	-0.24	0.00	No	No
12.59	0.05962	2025-02-12	-0.21	0.00	No	No
9.95	0.08158	2025-02-12	-0.18	0.00	No	No
8.99	0.07317	2025-02-12	-0.24	0.00	No	No
3.29	0.15246	2025-01-01	-0.70	0.00	No	No
10.00	0.02461	2025-02-19	-0.21	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
65162019011	NAPROXEN 500 MG TABLET	2025-01-22	30.000	WALMART PHARMACY	1376560417	0.00000	0.00	0.00
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2025-02-27	10.000	UNITED PHARMACY	1790098002	0.00000	0.00	0.00
42192033001	NP THYROID 60 MG TABLET	2025-01-14	30.000	WALMART PHARMACY	1649364795	0.12600	0.00	7.27
42192033001	NP THYROID 60 MG TABLET	2025-02-10	30.000	WALMART PHARMACY	1649364795	0.13067	0.00	7.13
42192033001	NP THYROID 60 MG TABLET	2025-03-14	30.000	WALMART PHARMACY	1649364795	0.16100	0.00	6.22
29300013005	HYDROCHLOROTHIAZIDE 12.5 MG CP	2025-01-06	30.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
29300013005	HYDROCHLOROTHIAZIDE 12.5 MG CP	2025-02-05	30.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	2025-02-05	1.000	WALMART PHARMACY	1093732133	0.00000	0.00	-0.00
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	2025-03-05	1.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
29300013005	HYDROCHLOROTHIAZIDE 12.5 MG CP	2025-03-06	30.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00

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6.82	0.05472	2025-01-22	-0.44	0.00	No	No
8.65	0.12132	2025-02-26	-0.26	0.00	No	No
15.00	0.62585	2025-01-08	-0.11	0.00	No	No
15.00	0.63083	2025-02-05	-0.11	0.00	No	No
15.00	0.66113	2025-03-12	-0.14	0.00	No	No
4.00	0.02881	2025-01-01	-0.65	0.00	No	No
4.00	0.02806	2025-02-05	-0.65	0.00	No	No
8.16	1.60351	2025-02-05	-0.33	0.00	No	No
8.16	1.73711	2025-03-05	-0.33	0.00	No	No
4.00	0.02926	2025-03-05	-0.65	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees
55111014512	FLUCONAZOLE 150 MG TABLET	2025-01-08	2.000	WALMART PHARMACY	1801814595	0.00000	0.00
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-03-21	90.000	WALMART PHARMACY	1801814595	0.00000	0.00
68645061190	LISINOPRIL 20 MG TABLET	2025-02-10	90.000	WALMART PHARMACY	1366469496	0.00178	0.00
45802000403	HYDROCORTISONE 2.5% CREAM	2025-02-20	28.000	WALMART PHARMACY	1366469496	0.00000	0.00
47781064390	LEVOTHYROXINE 50 MCG TABLET	2025-02-21	90.000	WALMART PHARMACY	1366469496	0.00000	0.00
50228011401	FLUOXETINE HCL 20 MG CAPSULE	2025-01-24	30.000	WEIS PHARMACY	1205423498	0.00967	0.00
69097015915	MELOXICAM 15 MG TABLET	2025-02-23	30.000	WEIS PHARMACY	1205423498	0.00000	0.00
69097015915	MELOXICAM 15 MG TABLET	2025-03-29	30.000	WEIS PHARMACY	1205423498	0.00033	0.00
76282064501	SILDENAFIL 100 MG TABLET	2025-02-26	12.000	MARTINSBURG VAMC	1629026414	0.00000	0.00
00093681673	BUDESONIDE 0.5 MG/2 ML SUSP	2025-01-30	60.000	HICKMAN'S PHARMACY	1194764167	0.65700	0.00

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0.00	9.60	0.51642	2025-01-08	-0.17	0.00	No	No
0.00	10.00	0.01281	2025-03-19	-0.14	0.00	No	No
7.84	2.00	0.02401	2025-02-05	-0.21	0.00	No	No
0.00	8.70	0.11195	2025-02-19	-0.36	0.00	No	No
0.00	10.00	0.05398	2025-02-19	-0.35	0.00	No	No
5.10	0.60	0.02978	2025-01-22	-0.47	0.00	No	No
5.39	0.60	0.01913	2025-02-19	-0.46	0.00	No	No
5.38	0.60	0.02018	2025-03-26	-0.46	0.00	No	No
0.00	0.76	0.15303	2025-02-26	-0.94	0.00	No	No
0.43	10.00	0.82371	2025-01-29	-0.17	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees
00093317431	ALBUTEROL HFA 90 MCG INHALER	2025-02-19	8.500	MARTINSBURG VAMC	1629026414	1.19765	0.00
00378932132	WIXELA 250-50 INHUB	2025-02-19	60.000	MARTINSBURG VAMC	1629026414	0.41033	0.00
00904679480	ASPIRIN 81 MG CHEWABLE TABLET	2025-01-13	84.000	KROGER PHARMACY	1942234729	0.02381	0.00
70010020305	SERTRALINE HCL 25 MG TABLET	2025-01-17	30.000	MARTINSBURG VAMC	1629026414	0.00000	0.00
00904737880	HYDROXYZINE HCL 25 MG TABLET	2025-02-14	90.000	MARTINSBURG VAMC	1629026414	0.00000	0.00
70010020305	SERTRALINE HCL 25 MG TABLET	2025-02-14	30.000	MARTINSBURG VAMC	1629026414	0.00000	0.00
00093317431	ALBUTEROL HFA 90 MCG INHALER	2025-02-22	25.500	MARTINSBURG VAMC	1629026414	0.00000	0.00
76282021205	SERTRALINE HCL 25 MG TABLET	2025-03-11	90.000	MARTINSBURG VAMC	1629026414	0.00000	0.00
00904737880	HYDROXYZINE HCL 25 MG TABLET	2025-01-24	90.000	BECKLEY VAMC PHARMACY	1104884535	0.02167	0.00
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	2025-01-13	100.000	FOOD LION PHARMACY	1245514009	0.03140	0.00

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0.00	10.00	2.53475	2025-02-19	-0.37	0.00	No	No
0.00	10.00	1.39797	2025-02-19	-0.63	0.00	No	No
7.99	0.00	0.02385	2025-01-08	-0.20	0.00	No	No
-0.00	9.08	0.03225	2025-01-15	-0.21	0.00	No	No
0.00	5.64	0.03964	2025-02-12	-0.60	0.00	No	No
-0.00	9.08	0.03055	2025-02-12	-0.20	0.00	No	No
0.00	29.32	2.53475	2025-02-19	-0.61	0.00	No	No
0.00	1.82	0.0324	2025-03-05	-0.86	0.00	No	No
0.00	0.00	0.03964	2025-01-22	-0.86	0.00	No	No
6.86	0.00	0.03139	2025-01-08	-0.27	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	2025-02-11	200.000	FOOD LION PHARMACY	1245514009	0.03180	0.00
45802011214	MUPIROCIN 2% OINTMENT	2025-02-02	15.000	WALGREENS	1245407949	0.35067	0.00
42858021501	DEXTROAMP-AMPHET ER 15 MG CAP	2025-03-07	30.000	WALGREENS	1396262275	0.68967	0.00
62559075816	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-01-30	118.000	WALGREENS	1508382227	0.03441	0.00
62559075816	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-01-31	118.000	WALGREENS	1508382227	0.03441	0.00
42799081501	PREDNISOLONE 15 MG/5 ML SOLN	2025-01-31	25.000	WALGREENS	1508382227	0.10640	0.00
65862017260	TOPIRAMATE 50 MG TABLET	2025-01-01	60.000	WALMART PHARMACY	1093732133	0.03633	0.00
16714057601	ALLOPURINOL 100 MG TABLET	2025-01-26	30.000	WALMART PHARMACY	1093732133	0.03800	0.00
65862017260	TOPIRAMATE 50 MG TABLET	2025-01-29	60.000	WALMART PHARMACY	1093732133	0.03600	0.00
23155076401	HYDROCHLOROTHIAZIDE 12.5 MG TB	2025-02-21	90.000	WALMART PHARMACY	1093732133	0.04811	0.00

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8.64	0.00	0.0318	2025-02-05	-0.11	0.00	No	No
4.11	0.00	0.35041	2025-01-29	-0.40	0.00	No	No
2.91	0.00	0.68971	2025-03-05	-0.24	0.00	No	No
8.53	0.00	0.0344	2025-01-29	-0.13	0.00	No	No
8.53	0.00	0.0344	2025-01-29	-0.13	0.00	No	No
7.15	0.00	0.10628	2025-01-29	-0.25	0.00	No	No
6.82	0.00	0.03634	2025-01-01	-0.29	0.00	No	No
4.46	0.00	0.03813	2025-01-22	-0.52	0.00	No	No
6.84	0.00	0.03608	2025-01-29	-0.29	0.00	No	No
5.67	0.00	0.04813	2025-02-19	-0.33	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
16714057601	ALLOPURINOL 100 MG TABLET	2025-02-23	30.000	WALMART PHARMACY	1093732133	0.04100	0.00	4.37
65862017260	TOPIRAMATE 50 MG TABLET	2025-02-24	60.000	WALMART PHARMACY	1093732133	0.03883	0.00	6.67
68645058259	METFORMIN HCL 500 MG TABLET	2025-03-07	90.000	WALMART PHARMACY	1093732133	0.01367	0.00	4.77
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-03-07	30.000	WALMART PHARMACY	1093732133	0.01233	0.00	3.63
00093914801	VENLAFAXINE HCL 37.5 MG TABLET	2025-03-07	30.000	WALMART PHARMACY	1093732133	0.07100	0.00	5.37
16714057601	ALLOPURINOL 100 MG TABLET	2025-03-24	30.000	WALMART PHARMACY	1093732133	0.04367	0.00	4.29
00116200116	CHLORHEXIDINE 0.12% RINSE	2025-01-10	480.000	MARTINSBURG VAMC	1629026414	0.00410	0.00	0.15
75907004301	TRIMETHOPRIM 100 MG TABLET	2025-03-23	15.000	CVS PHARMACY	1225132905	0.93267	0.00	0.00
83980000210	FUROSEMIDE 20 MG TABLET	2025-03-26	59.000	WALGREENS	1417473000	0.00000	0.00	0.00
68382002310	ATENOLOL 50 MG TABLET	2025-01-13	90.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00

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0.00	0.04114	2025-02-19	-0.52	0.00	No	No
0.00	0.03883	2025-02-19	-0.30	0.00	No	No
0.00	0.01368	2025-03-05	-0.49	0.00	No	No
0.00	0.01217	2025-03-05	-0.63	0.00	No	No
0.00	0.0709	2025-03-05	-0.41	0.00	No	No
0.00	0.04351	2025-03-19	-0.53	0.00	No	No
0.00	0.00699	2025-01-08	-0.85	0.00	No	No
0.00	1.47158	2025-03-19	-0.57	0.00	Yes	No
10.25	0.02649	2025-03-26	-0.15	0.00	No	No
10.00	0.02288	2025-01-08	-0.20	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
50228017505	BUPROPION HCL SR 150 MG TABLET	2025-01-14	30.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
67877024601	QUETIAPINE FUMARATE 200 MG TAB	2025-01-14	30.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-01-18	90.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2025-02-11	200.000	WALMART PHARMACY	1821015967	0.01315	0.00	4.42
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-02-11	21.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
50228017505	BUPROPION HCL SR 150 MG TABLET	2025-03-07	30.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
47781066590	LEVOTHYROXINE 175 MCG TABLET	2025-03-07	90.000	WALMART PHARMACY	1821015967	0.00000	0.00	-0.00
67877024601	QUETIAPINE FUMARATE 200 MG TAB	2025-03-07	30.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-03-27	90.000	WALGREENS	1295259919	0.00000	0.00	0.00
00781202005	AMOXICILLIN 250 MG CAPSULE	2025-03-18	21.000	WALGREENS	1831615574	0.00000	0.00	-0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
7.50	0.08046	2025-01-08	-0.42	0.00	No	No
9.00	0.09203	2025-01-08	-0.32	0.00	No	No
10.00	0.01079	2025-01-15	-0.13	0.00	No	No
15.00	0.08815	2025-02-05	-0.22	0.00	No	No
9.76	0.11419	2025-02-05	-0.24	0.00	No	No
7.50	0.07985	2025-03-05	-0.42	0.00	No	No
10.00	0.09185	2025-03-05	-0.47	0.00	No	No
9.00	0.09977	2025-03-05	-0.33	0.00	No	No
9.14	0.01281	2025-03-26	-0.21	0.00	No	No
6.98	0.08178	2025-03-12	-0.43	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68645061090	LISINOPRIL 10 MG TABLET	2025-01-16	90.000	WALMART PHARMACY	1356368484	0.00000	0.00	0.00
68645019059	METOPROLOL TARTRATE 50 MG TAB	2025-02-20	90.000	WALMART PHARMACY	1497954978	0.00000	0.00	0.00
23155076401	HYDROCHLOROTHIAZIDE 12.5 MG TB	2025-02-20	90.000	WALMART PHARMACY	1497954978	0.00000	0.00	0.00
68180096301	ALBUTEROL HFA 90 MCG INHALER	2025-02-27	8.500	WALMART PHARMACY	1497954978	1.20353	0.00	0.00
60505082901	FLUTICASONE PROP 50 MCG SPRAY	2025-02-27	16.000	WALMART PHARMACY	1497954978	0.00000	0.00	0.00
68645055854	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	2025-02-27	90.000	WALMART PHARMACY	1497954978	0.00000	0.00	0.00
64380078408	PREDNISONE 10 MG TABLET	2025-03-25	30.000	WALMART PHARMACY	1912391772	0.05833	0.00	3.22
68645060890	LISINOPRIL 2.5 MG TABLET	2025-02-10	90.000	WALMART PHARMACY	1093732133	0.01333	0.00	8.80
31722054201	INDOMETHACIN 25 MG CAPSULE	2025-03-19	30.000	KROGER PHARMACY	1932133717	0.00000	0.00	0.00
67877019805	AMLODIPINE BESYLATE 5 MG TAB	2025-01-08	30.000	THE BECKLEY PHARMACY	1699818377	0.01033	0.00	5.87

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
10.00	0.01707	2025-01-15	-0.17	0.00	No	No
6.00	0.02142	2025-02-19	-0.52	0.00	No	No
10.00	0.04813	2025-02-19	-0.33	0.00	No	No
10.00	2.53475	2025-02-26	-0.37	0.00	No	No
15.87	0.44945	2025-02-26	-0.10	0.00	No	No
10.00	0.04107	2025-02-26	-0.30	0.00	No	No
0.00	0.05827	2025-03-19	-0.59	0.00	No	No
0.00	0.01329	2025-02-05	-0.14	0.00	No	No
11.49	0.10185	2025-03-19	-0.15	0.00	No	No
0.00	0.0104	2025-01-08	-0.43	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68001033408	LISINOPRIL 10 MG TABLET	2025-02-26	30.000	THE BECKLEY PHARMACY	1699818377	0.01767	0.00	4.47
68001033408	LISINOPRIL 10 MG TABLET	2025-03-26	30.000	THE BECKLEY PHARMACY	1699818377	0.01833	0.00	4.45
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	2025-01-14	14.000	WALMART PHARMACY	1902823032	0.00000	0.00	0.00
23155076401	HYDROCHLOROTHIAZIDE 12.5 MG TB	2025-01-14	90.000	WALMART PHARMACY	1902823032	0.04189	0.00	6.23
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-01-14	21.000	WALMART PHARMACY	1902823032	0.00000	0.00	0.00
76282073010	LISINOPRIL 10 MG TABLET	2025-03-12	45.000	BECKLEY VAMC PHARMACY	1104884535	0.00889	0.00	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-01-27	5.000	WALGREENS	1457877219	0.00000	0.00	0.00
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-01-08	90.000	WALGREENS	1508051996	0.01078	0.00	8.18
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-03-09	90.000	WALGREENS	1508051996	0.01222	0.00	8.05
59651072001	DICYCLOMINE 20 MG TABLET	2025-01-05	60.000	WALMART PHARMACY	1801814595	0.00000	0.00	0.00

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0.00	0.0177	2025-02-26	-0.55	0.00	No	No
0.00	0.01833	2025-03-26	-0.55	0.00	No	No
7.91	0.0521	2025-01-08	-0.29	0.00	No	No
0.00	0.04193	2025-01-08	-0.30	0.00	No	No
9.76	0.11746	2025-01-08	-0.25	0.00	No	No
0.00	0.0177	2025-03-12	-0.96	0.00	No	No
3.28	0.07317	2025-01-22	-0.70	0.00	No	No
0.00	0.01079	2025-01-08	-0.20	0.00	No	No
0.00	0.01217	2025-03-05	-0.21	0.00	No	No
14.08	0.09153	2025-01-01	-0.12	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
59651072001	DICYCLOMINE 20 MG TABLET	2025-02-03	60.000	WALMART PHARMACY	1801814595	0.00000	0.00	0.00
68382056401	METOPROLOL SUCC ER 25 MG TAB	2025-03-17	30.000	WALMART PHARMACY	1801814595	0.05467	0.00	7.36
68645061090	LISINOPRIL 10 MG TABLET	2025-03-24	30.000	WALMART PHARMACY	1801814595	0.01833	0.00	8.45
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-03-28	21.000	WALMART PHARMACY	1801814595	0.00000	0.00	0.00
59651072001	DICYCLOMINE 20 MG TABLET	2025-03-28	60.000	WALMART PHARMACY	1801814595	0.00000	0.00	0.00
47781065190	LEVOTHYROXINE 100 MCG TABLET	2025-01-10	90.000	WALMART PHARMACY	1902823032	0.00000	0.00	0.00
64980051405	TIMOLOL MALEATE 0.5% EYE DROPS	2025-01-15	5.000	WALMART PHARMACY	1902823032	0.00000	0.00	0.00
65862006299	METOPROLOL TARTRATE 25 MG TAB	2025-02-20	180.000	WALMART PHARMACY	1902823032	0.01678	0.00	6.98
68645061090	LISINOPRIL 10 MG TABLET	2025-03-18	90.000	WALMART PHARMACY	1902823032	0.01767	0.00	8.41
68382014014	TOPIRAMATE 100 MG TABLET	2025-01-30	30.000	SAM'S CLUB PHARMACY	1316330624	0.00000	0.00	0.57

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14.08	0.08916	2025-01-29	-0.11	0.00	No	No
0.00	0.05453	2025-03-12	-0.26	0.00	No	No
0.00	0.01833	2025-03-19	-0.18	0.00	No	No
9.24	0.15456	2025-03-26	-0.33	0.00	No	No
14.08	0.08697	2025-03-26	-0.10	0.00	No	No
10.00	0.05509	2025-01-08	-0.35	0.00	No	No
9.48	1.00673	2025-01-15	-0.39	0.00	No	No
0.00	0.01677	2025-02-19	-0.26	0.00	No	No
0.00	0.0177	2025-03-12	-0.17	0.00	No	No
10.00	0.05608	2025-01-29	-0.13	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
57237000511	FLUCONAZOLE 150 MG TABLET	2025-02-11	1.000	SAM'S CLUB PHARMACY	1316330624	0.00000	0.00	0.00
68645061090	LISINOPRIL 10 MG TABLET	2025-03-16	90.000	WALMART PHARMACY	1538186663	0.00000	0.00	0.00
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-03-24	21.000	WALMART PHARMACY	1649364795	0.00000	0.00	0.00
68645058459	METFORMIN HCL 1,000 MG TABLET	2025-01-15	180.000	WALMART PHARMACY	1992722029	0.00000	0.00	0.00
68645056354	IBUPROFEN 800 MG TABLET	2025-02-03	24.000	WALMART PHARMACY	1992722029	0.00000	0.00	0.00
52817018000	CLONIDINE HCL 0.1 MG TABLET	2025-02-07	30.000	WALGREENS	1245756683	0.00000	0.00	-0.00
45802006335	TRIAMCINOLONE 0.025% CREAM	2025-03-05	15.000	WALGREENS	1245756683	0.00000	0.00	-0.00
00310737220	BUDESONIDE-FORMOTEROL 80-4.5	2025-03-24	10.200	WALGREENS	1245756683	14.61667	0.00	0.00
65162019011	NAPROXEN 500 MG TABLET	2025-03-18	20.000	WALMART PHARMACY	1366469496	0.00000	0.00	0.00
29300041519	CYCLOBENZAPRINE 10 MG TABLET	2025-03-18	12.000	WALMART PHARMACY	1366469496	0.00000	0.00	-0.00

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8.25	0.52425	2025-02-05	-0.25	0.00	No	No
10.00	0.0177	2025-03-12	-0.17	0.00	No	No
9.24	0.15456	2025-03-19	-0.33	0.00	No	No
10.00	0.02204	2025-01-15	-0.31	0.00	No	No
4.66	0.0562	2025-01-29	-0.61	0.00	No	No
8.25	0.02305	2025-02-05	-0.26	0.00	No	No
6.45	0.1269	2025-03-05	-0.48	0.00	No	No
10.00	16.75554	2025-03-19	-0.12	0.00	No	No
4.55	0.05828	2025-03-12	-0.61	0.00	No	No
8.05	0.01757	2025-03-12	-0.25	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68462050481	HAILEY 21 1.5 MG-30 MCG TAB	2025-01-23	21.000	WALGREENS	1750807046	0.35762	0.00	6.58
68462050481	HAILEY 21 1.5 MG-30 MCG TAB	2025-02-13	21.000	WALGREENS	1750807046	0.35762	0.00	6.58
68462050481	HAILEY 21 1.5 MG-30 MCG TAB	2025-03-03	21.000	WALGREENS	1750807046	0.36190	0.00	6.49
68462050481	HAILEY 21 1.5 MG-30 MCG TAB	2025-03-23	21.000	WALGREENS	1750807046	0.36810	0.00	6.36
67877015905	METFORMIN HCL ER 500 MG TABLET	2025-01-29	360.000	WALMART PHARMACY	1609965292	0.00000	0.00	-0.00
16714057601	ALLOPURINOL 100 MG TABLET	2025-01-21	30.000	WALMART PHARMACY	1366469496	0.00000	0.00	0.00
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	2025-02-04	2.000	CVS PHARMACY	1316041098	52.49500	0.00	0.00
00378334053	XULANE 150-35 MCG/DAY PATCH	2025-01-25	12.000	CVS PHARMACY	1558532713	29.33250	0.00	0.00
42806001101	SULINDAC 200 MG TABLET	2025-01-21	20.000	WALMART PHARMACY	1356368484	0.00000	0.00	5.40
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-02-21	90.000	WALGREENS	1841716404	0.00000	0.00	-0.00

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0.00	0.35739	2025-01-22	-0.22	0.00	No	No
0.00	0.35739	2025-02-12	-0.22	0.00	No	No
0.00	0.36197	2025-02-26	-0.22	0.00	No	No
0.00	0.36795	2025-03-19	-0.23	0.00	No	No
10.00	0.02667	2025-01-29	-0.50	0.00	No	No
5.60	0.0394	2025-01-15	-0.52	0.00	No	No
5.00	98.67298	2025-01-29	-0.47	0.00	Yes	No
0.00	36.73665	2025-01-22	-0.22	0.00	Yes	No
5.00	0.18903	2025-01-15	-0.27	0.00	No	No
9.14	0.01217	2025-02-19	-0.21	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
62559075816	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-03-13	180.000	CVS PHARMACY	1790888451	0.00000	0.00	-0.00
67877012425	SILVER SULFADIAZINE 1% CREAM	2025-01-13	25.000	WALGREENS	1881118503	0.00000	0.00	0.00
00115180401	HYDROXYZINE PAM 50 MG CAP	2025-02-04	30.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.00
68180044102	CEPHALEXIN 250 MG/5 ML SUSP	2025-02-07	200.000	WALMART PHARMACY	1912391772	0.00000	0.00	0.00
00378750232	BREYNA 80-4.5 MCG INHALER	2025-03-02	10.300	WALMART PHARMACY	1912391772	15.23107	0.00	0.00
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-03-08	20.000	WALMART PHARMACY	1912391772	0.00000	0.00	0.00
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-03-11	21.000	WALMART PHARMACY	1912391772	0.13238	0.00	6.98
00536123981	NICOTINE 2 MG MINI LOZENGE	2025-01-02	162.000	MARTINSBURG VAMC	1629026414	0.22037	0.00	0.00
62175061743	PANTOPRAZOLE SOD DR 40 MG TAB	2025-02-15	60.000	BECKLEY VAMC PHARMACY	1104884535	0.00000	0.00	0.00

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14.89	0.03869	2025-03-12	-0.15	0.00	Yes	No
11.07	0.15004	2025-01-08	-0.22	0.00	No	No
10.76	0.07545	2025-01-29	-0.16	0.00	No	No
18.00	0.05095	2025-02-05	-0.13	0.00	No	No
0.00	20.13435	2025-02-26	-0.28	0.00	No	No
5.98	0.08742	2025-03-05	-0.51	0.00	No	No
0.00	0.1323	2025-03-05	-0.26	0.00	No	No
0.00	0.34662	2025-01-01	-0.46	0.00	No	No
23.10	0.03549	2025-02-12	0.00	0.83	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
59762040105	SUCRALFATE 1 GM TABLET	2025-02-12	120.000	BECKLEY VAMC PHARMACY	1104884535	0.00000	0.00	0.00
00536303023	NICOTINE 4 MG CHEWING GUM	2025-02-21	330.000	BECKLEY VAMC PHARMACY	1104884535	0.13279	0.00	0.00
81964022114	AMOX-CLAV 875-125 MG TABLET	2025-02-25	20.000	BECKLEY VAMC PHARMACY	1104884535	0.00000	0.00	-0.00
00093310905	AMOXICILLIN 500 MG CAPSULE	2025-03-26	20.000	KROGER PHARMACY	1942234737	0.00000	0.00	0.49
00054429731	FUROSEMIDE 20 MG TABLET	2025-03-13	15.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-03-13	10.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
47781064990	LEVOTHYROXINE 88 MCG TABLET	2025-02-05	90.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
00093505898	ATORVASTATIN 40 MG TABLET	2025-01-17	90.000	WALMART PHARMACY	1912924051	0.00000	0.00	0.00
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	2025-02-10	13.000	WALMART PHARMACY	1669490355	0.00000	0.00	0.00

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25.34	0.16605	2025-02-12	-0.17	0.00	No	No
0.00	0.27222	2025-02-19	-0.56	0.00	No	No
8.42	0.3224	2025-02-19	-0.50	0.00	No	No
10.00	0.09188	2025-03-26	-0.15	0.00	No	No
4.00	0.02485	2025-03-12	-0.63	0.00	No	No
4.00	0.08742	2025-03-12	-0.65	0.00	No	No
10.00	0.05802	2025-02-05	-0.36	0.00	No	No
10.00	0.04678	2025-01-15	-0.32	0.00	No	No
4.00	0.10628	2025-02-05	-0.66	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	2025-02-18	200.000	WALMART PHARMACY	1669490355	0.00000	0.00
59651048901	PREDNISONE 50 MG TABLET	2025-02-22	5.000	WALMART PHARMACY	1669490355	0.00000	0.00
00093220301	METOCLOPRAMIDE 10 MG TABLET	2025-01-02	120.000	WALMART PHARMACY	1366469496	0.00000	0.00
65162006205	SUCRALFATE 1 GM/10 ML SUSP	2025-02-12	473.000	WALMART PHARMACY	1366469496	0.10091	0.00
68645055854	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	2025-03-04	90.000	WALMART PHARMACY	1366469496	0.00000	0.00
55111032105	GLIMEPIRIDE 2 MG TABLET	2025-03-17	90.000	WALMART PHARMACY	1366469496	0.00000	0.00
59762045001	COLESTIPOL HCL 1 GM TABLET	2025-01-11	240.000	MARTINSBURG VAMC	1629026414	0.00000	0.00
59762045001	COLESTIPOL HCL 1 GM TABLET	2025-03-24	240.000	MARTINSBURG VAMC	1629026414	0.00000	0.00
55111014512	FLUCONAZOLE 150 MG TABLET	2025-01-16	1.000	WALMART PHARMACY	1881870210	0.00000	0.00
68645057559	GLIPIZIDE 10 MG TABLET	2025-01-17	180.000	WALMART PHARMACY	1881870210	0.00000	0.00

Amount of Dispensing Fee	Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
0.00	12.78	0.0318	2025-02-12	-0.24	0.00	No	No
0.00	9.11	0.18345	2025-02-19	-0.20	0.00	No	No
0.00	5.33	0.0453	2025-01-01	-0.67	0.00	No	No
0.00	50.00	0.23036	2025-02-12	-0.18	0.00	No	No
0.00	10.00	0.04107	2025-02-26	-0.30	0.00	No	No
0.00	10.00	0.0306	2025-03-12	-0.24	0.00	No	No
0.00	68.98	0.64507	2025-01-08	-0.58	0.00	No	No
0.00	67.76	0.7166	2025-03-19	-0.63	0.00	No	No
0.00	4.80	0.51642	2025-01-15	-0.56	0.00	No	No
0.00	10.00	0.04167	2025-01-15	-0.44	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
47781065790	LEVOTHYROXINE 125 MCG TABLET	2025-03-14	90.000	WALMART PHARMACY	1881870210	0.00000	0.00	0.00
76282073110	LISINOPRIL 20 MG TABLET	2025-01-31	90.000	MARTINSBURG VAMC	1629026414	0.00000	0.00	0.00
68645061190	LISINOPRIL 20 MG TABLET	2025-02-10	90.000	WALMART PHARMACY	1881870210	0.00000	0.00	0.00
16571020210	DICLOFENAC SOD EC 50 MG TAB	2025-03-01	10.000	WALMART PHARMACY	1881870210	0.00000	0.00	0.00
47781066890	LEVOTHYROXINE 200 MCG TABLET	2025-03-15	90.000	WALMART PHARMACY	1366469496	0.00000	0.00	0.00
64380078408	PREDNISONE 10 MG TABLET	2025-02-24	36.000	WALMART PHARMACY	1912924051	0.00000	0.00	0.00
67877021905	CEPHALEXIN 500 MG CAPSULE	2025-03-05	30.000	WALMART PHARMACY	1912924051	0.00000	0.00	2.26

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
10.00	0.07216	2025-03-12	-0.41	0.00	No	No
1.10	0.02401	2025-01-29	-0.91	0.00	No	No
10.00	0.02401	2025-02-05	-0.21	0.00	No	No
4.88	0.08554	2025-02-26	-0.57	0.00	No	No
10.00	0.09532	2025-03-12	-0.48	0.00	No	No
5.96	0.05399	2025-02-19	-0.52	0.00	No	No
10.00	0.1214	2025-03-05	-0.13	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
66993060536	ETONOGESTREL-EE VAGINAL RING	2025-01-03	3.000	MARTINSBURG VAMC	1629026414	36.04000	0.00	0.00
76282020810	CITALOPRAM HBR 40 MG TABLET	2025-02-21	45.000	MARTINSBURG VAMC	1629026414	0.00000	0.00	0.00
00904703604	NALTREXONE 50 MG TABLET	2025-03-12	30.000	MARTINSBURG VAMC	1629026414	0.72733	0.00	0.15
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-01-28	30.000	WALGREENS	1861652562	0.00000	0.00	2.63
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-02-12	90.000	WALGREENS	1861652562	0.00000	0.00	5.49
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	2025-03-25	150.000	WALMART PHARMACY	1366469496	0.00000	0.00	0.00
65162035803	ZAFEMY 150-35 MCG/DAY PATCH	2025-01-13	3.000	WALMART PHARMACY	1881870210	24.55000	0.00	0.00
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	2025-01-29	225.000	WALMART PHARMACY	1881870210	0.00000	0.00	0.00

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0.00	49.58895	2025-01-01	-0.32	0.00	No	No
6.99	0.04272	2025-02-19	-0.44	0.00	No	No
10.00	1.00496	2025-03-12	-0.21	0.00	No	No
1.75	0.011	2025-01-22	-0.60	0.00	No	No
3.66	0.011	2025-02-12	-0.20	0.00	No	No
9.59	0.03866	2025-03-19	-0.41	0.00	No	No
0.00	26.59892	2025-01-08	-0.18	0.00	No	No
14.38	0.03735	2025-01-29	-0.24	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68645060990	LISINOPRIL 5 MG TABLET	2025-02-05	90.000	WALMART PHARMACY	1881870210	0.00000	0.00	0.00
65162035803	ZAFEMY 150-35 MCG/DAY PATCH	2025-02-08	3.000	WALMART PHARMACY	1881870210	24.55000	0.00	0.00
65162035803	ZAFEMY 150-35 MCG/DAY PATCH	2025-03-08	3.000	WALMART PHARMACY	1881870210	24.55000	0.00	0.00
68645060990	LISINOPRIL 5 MG TABLET	2025-01-29	90.000	WALMART PHARMACY	1912924051	0.00000	0.00	0.00
68645058459	METFORMIN HCL 1,000 MG TABLET	2025-03-18	180.000	WALMART PHARMACY	1912924051	0.00000	0.00	0.00
00555077902	MEDROXYPROGESTERONE 10 MG TAB	2025-02-25	10.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	2025-02-28	100.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
00555904958	CRYSELLE-28 TABLET	2025-02-17	84.000	WALGREENS	1124257613	0.30345	0.00	0.00
68645058259	METFORMIN HCL 500 MG TABLET	2025-01-10	180.000	WALMART PHARMACY	1366469496	0.00000	0.00	0.00
68462022301	LITHIUM CARBONATE ER 300 MG TB	2025-01-22	30.000	WALGREENS	1861652562	0.01567	0.00	0.75

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10.00	0.01386	2025-02-05	-0.15	0.00	No	No
0.00	26.52333	2025-02-05	-0.18	0.00	No	No
0.00	28.44132	2025-03-05	-0.23	0.00	No	No
10.00	0.01386	2025-01-29	-0.15	0.00	No	No
10.00	0.02319	2025-03-12	-0.32	0.00	No	No
7.38	0.14944	2025-02-19	-0.38	0.00	No	No
6.39	0.03366	2025-02-26	-0.54	0.00	No	No
0.00	0.35006	2025-02-12	-0.36	0.00	No	No
10.00	0.01304	2025-01-08	-0.22	0.00	No	No
10.00	0.20874	2025-01-22	-0.33	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68645056354	IBUPROFEN 800 MG TABLET	2025-01-02	30.000	WALMART PHARMACY	1366469496	0.00000	0.00	0.00
70954044410	MISOPROSTOL 200 MCG TABLET	2025-01-02	2.000	WALMART PHARMACY	1366469496	0.00000	0.00	0.00
67877069601	CHLORTHALIDONE 25 MG TABLET	2025-01-22	30.000	WALMART PHARMACY	1366469496	0.00000	0.00	0.00
55111032105	GLIMEPIRIDE 2 MG TABLET	2025-01-30	90.000	WALMART PHARMACY	1366469496	0.00000	0.00	-0.00
62332002331	FLUOXETINE HCL 20 MG CAPSULE	2025-02-18	30.000	WALMART PHARMACY	1366469496	0.00000	0.00	0.00
68462022301	LITHIUM CARBONATE ER 300 MG TB	2025-02-24	30.000	WALMART PHARMACY	1366469496	0.00000	0.00	0.00
67877015905	METFORMIN HCL ER 500 MG TABLET	2025-03-21	360.000	WALMART PHARMACY	1366469496	0.00000	0.00	0.00
43547033803	BENAZEPRIL HCL 40 MG TABLET	2025-03-21	90.000	WALMART PHARMACY	1366469496	0.00000	0.00	0.00
67877021905	CEPHALEXIN 500 MG CAPSULE	2025-03-24	21.000	WALMART PHARMACY	1366469496	0.00000	0.00	0.00
62332002331	FLUOXETINE HCL 20 MG CAPSULE	2025-03-26	30.000	WALMART PHARMACY	1366469496	0.00000	0.00	0.00

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5.82	0.05567	2025-01-01	-0.52	0.00	No	No
6.87	0.64392	2025-01-01	-0.42	0.00	No	No
9.00	0.07447	2025-01-22	-0.29	0.00	No	No
10.00	0.03086	2025-01-29	-0.25	0.00	No	No
4.00	0.02978	2025-02-12	-0.65	0.00	No	No
4.50	0.21123	2025-02-19	-0.73	0.00	No	No
10.00	0.02993	2025-03-19	-0.53	0.00	No	No
10.00	0.08321	2025-03-19	-0.44	0.00	No	No
8.58	0.1286	2025-03-19	-0.35	0.00	No	No
9.00	0.03216	2025-03-26	-0.21	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-03-31	21.000	WALMART PHARMACY	1366469496	0.00000	0.00	-0.00
68645056259	IBUPROFEN 600 MG TABLET	2025-03-31	20.000	WALMART PHARMACY	1366469496	0.00000	0.00	0.00
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	2025-01-15	14.000	WALMART PHARMACY	1881870210	0.00000	0.00	0.00
67877021905	CEPHALEXIN 500 MG CAPSULE	2025-01-15	28.000	WALMART PHARMACY	1881870210	0.00000	0.00	1.44
67877021905	CEPHALEXIN 500 MG CAPSULE	2025-02-06	28.000	WALMART PHARMACY	1881870210	0.00000	0.00	1.44
47781065190	LEVOTHYROXINE 100 MCG TABLET	2025-02-10	30.000	WALMART PHARMACY	1881870210	0.00000	0.00	0.00
47781066890	LEVOTHYROXINE 200 MCG TABLET	2025-03-15	90.000	WALMART PHARMACY	1912924051	0.00000	0.00	0.00
47781064990	LEVOTHYROXINE 88 MCG TABLET	2025-03-15	90.000	WALMART PHARMACY	1912924051	0.00000	0.00	0.00
59651048801	PREDNISONE 20 MG TABLET	2025-01-21	10.000	WEIS PHARMACY	1205423498	0.00000	0.00	0.00
57237023305	SULFAMETHOXAZOLE-TMP DS TABLET	2025-03-17	10.000	WEIS PHARMACY	1205423498	0.00000	0.00	0.00

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6.28	0.09188	2025-03-26	-0.49	0.00	No	No
4.00	0.04951	2025-03-26	-0.65	0.00	No	No
7.91	0.0521	2025-01-15	-0.29	0.00	No	No
10.00	0.10778	2025-01-15	-0.15	0.00	No	No
10.00	0.10819	2025-02-05	-0.15	0.00	No	No
4.00	0.05386	2025-02-05	-0.67	0.00	No	No
10.00	0.09532	2025-03-12	-0.48	0.00	No	No
10.00	0.06194	2025-03-12	-0.38	0.00	No	No
8.99	0.0717	2025-01-15	-0.20	0.00	No	No
8.99	0.05697	2025-03-12	-0.19	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68645060990	LISINOPRIL 5 MG TABLET	2025-02-20	90.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.00
68645058459	METFORMIN HCL 1,000 MG TABLET	2025-03-28	60.000	WALMART PHARMACY	1639196777	0.00000	0.00	-0.00
00115521116	COLESTIPOL HCL 1 GM TABLET	2025-02-04	60.000	WALMART PHARMACY	1730106873	0.32733	0.00	0.00
47781064990	LEVOTHYROXINE 88 MCG TABLET	2025-02-04	30.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
67877015905	METFORMIN HCL ER 500 MG TABLET	2025-02-13	90.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
60505625101	DEXAMETHASONE 1 MG TABLET	2025-02-13	1.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
23155076401	HYDROCHLOROTHIAZIDE 12.5 MG TB	2025-03-02	90.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
47781064990	LEVOTHYROXINE 88 MCG TABLET	2025-03-03	30.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
70710146707	COLESTIPOL HCL 1 GM TABLET	2025-03-04	60.000	WALMART PHARMACY	1730106873	0.28817	0.00	0.00
68180096301	ALBUTEROL HFA 90 MCG INHALER	2025-03-29	8.500	WALMART PHARMACY	1730106873	0.61529	0.00	0.00

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10.00	0.01445	2025-02-19	-0.15	0.00	No	No
9.00	0.02408	2025-03-26	-0.25	0.00	No	No
15.00	0.63142	2025-01-29	-0.28	0.00	No	No
4.00	0.05802	2025-01-29	-0.67	0.00	No	No
4.00	0.02667	2025-02-12	-0.69	0.00	No	No
4.00	0.19542	2025-02-12	-0.63	0.00	No	No
10.00	0.04813	2025-02-26	-0.33	0.00	No	No
4.00	0.06194	2025-02-26	-0.68	0.00	No	No
15.00	0.68394	2025-02-26	-0.37	0.00	No	No
15.00	2.56359	2025-03-26	-0.37	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
42192071506	CICLOPIROX 8% SOLUTION	2025-02-13	19.800	MARTINSBURG VAMC	1629026414	0.00000	0.00	0.00
76282021430	SERTRALINE HCL 100 MG TABLET	2025-02-15	90.000	MARTINSBURG VAMC	1629026414	0.02133	0.00	0.00
76282021405	SERTRALINE HCL 100 MG TABLET	2025-01-24	180.000	MARTINSBURG VAMC	1629026414	0.02128	0.00	0.00
27241000450	RISPERIDONE 2 MG TABLET	2025-01-27	45.000	MARTINSBURG VAMC	1629026414	0.00000	0.00	0.00
00904737880	HYDROXYZINE HCL 25 MG TABLET	2025-02-05	90.000	MARTINSBURG VAMC	1629026414	0.00000	0.00	0.00
55111072910	ALLOPURINOL 100 MG TABLET	2025-02-13	180.000	MARTINSBURG VAMC	1629026414	0.00000	0.00	0.00
76282071450	IBUPROFEN 800 MG TABLET	2025-03-12	28.000	MARTINSBURG VAMC	1629026414	0.00000	0.00	-0.00
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2025-03-13	12.000	MARTINSBURG VAMC	1629026414	0.00000	0.00	-0.00
00310737020	BUDESONIDE-FORMOTEROL 160-4.5	2025-02-03	30.600	MARTINSBURG VAMC	1629026414	13.26732	0.00	0.00

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20.00	1.34343	2025-02-12	-0.46	0.00	No	No
0.00	0.04773	2025-02-12	-0.87	0.00	No	No
0.00	0.04773	2025-01-22	-0.80	0.00	No	No
15.87	0.04782	2025-01-22	0.00	0.26	No	No
7.01	0.03964	2025-02-05	-0.50	0.00	No	No
19.21	0.03813	2025-02-12	0.00	0.11	No	No
1.36	0.06029	2025-03-12	-0.89	0.00	No	No
3.49	0.12132	2025-03-12	-0.71	0.00	No	No
0.00	18.47056	2025-01-29	-0.29	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
42858010201	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	2025-02-12	21.000	UNITED PHARMACY	1790098002	0.00000	0.00	0.00
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	2025-03-23	1.000	WALGREENS	1831615574	0.00000	0.00	0.30
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-03-24	90.000	WALGREENS	1831615574	0.00000	0.00	0.00
57237002901	AMOXICILLIN 875 MG TABLET	2025-02-19	20.000	WALMART PHARMACY	1366469496	0.00000	0.00	0.00
00378334053	XULANE 150-35 MCG/DAY PATCH	2025-02-25	12.000	WALGREENS	1396262275	31.55750	0.00	0.00
69315030805	CIPROFLOXACIN 0.3% EYE DROP	2025-02-28	5.000	CVS PHARMACY	1265663207	0.00000	0.00	0.00
51672128402	TRIAMCINOLONE 0.1% OINTMENT	2025-01-31	30.000	WALGREENS	1922524909	0.00000	0.00	0.00
00378027105	DIAZEPAM 2 MG TABLET	2025-02-05	75.000	WALGREENS	1922524909	0.00000	0.00	0.00
62559039512	COLESTIPOL HCL 1 GM TABLET	2025-01-31	120.000	WALGREENS	1942727698	0.00000	0.00	0.00
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-03-21	21.000	WALMART PHARMACY	1750309449	0.00000	0.00	0.00

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5.20	0.12752	2025-02-12	-0.61	0.00	No	No
10.00	1.84641	2025-03-19	-0.17	0.00	No	No
9.14	0.01281	2025-03-19	-0.21	0.00	No	No
12.41	0.16502	2025-02-19	-0.10	0.00	No	No
0.00	35.78717	2025-02-19	-0.14	0.00	No	No
13.99	1.57752	2025-02-26	-0.24	0.00	Yes	No
9.20	0.15587	2025-01-29	-0.39	0.00	No	No
9.00	0.02082	2025-02-05	-0.25	0.00	No	No
73.49	0.63142	2025-01-29	-0.15	0.00	No	No
9.24	0.15456	2025-03-19	-0.33	0.00	No	No

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57237002901	AMOXICILLIN 875 MG TABLET	2025-03-21	20.000	WALMART PHARMACY	1750309449	0.00000	0.00	0.00
69315050447	NYSTATIN 100,000 UNIT/ML SUSP	2025-03-13	150.000	WALGREENS	1336664002	0.00027	0.00	4.04
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-02-25	120.000	WALGREENS	1326564170	0.00000	0.00	2.69
31722070090	LOSARTAN POTASSIUM 25 MG TAB	2025-02-14	30.000	WALMART PHARMACY	1649364795	0.02700	0.00	8.19
42858000201	OXYCODONE HCL (IR) 10 MG TAB	2025-03-26	40.000	MEDICAL CENTER PHARMACY	1639163538	0.00000	0.00	0.00
67877032005	IBUPROFEN 600 MG TABLET	2025-03-26	6.000	MEDICAL CENTER PHARMACY	1639163538	0.00000	0.00	-0.00
64980050448	CYPROHEPTADINE 2 MG/5 ML SYRUP	2025-01-09	204.000	WALMART PHARMACY	1366469496	0.00000	0.00	-0.00
64980050448	CYPROHEPTADINE 2 MG/5 ML SYRUP	2025-03-18	204.000	WALMART PHARMACY	1366469496	0.00000	0.00	-0.00
00074929619	SYNTHROID 112 MCG TABLET	2025-01-17	90.000	MARTINSBURG VAMC	1629026414	0.00000	0.00	0.00
65862058305	AMLODIPINE-BENAZEPRIL 5-10 MG	2025-01-17	180.000	MARTINSBURG VAMC	1629026414	0.00000	0.00	0.00

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12.41	0.16872	2025-03-19	-0.10	0.00	No	No
10.00	0.06694	2025-03-12	-0.31	0.00	No	No
10.00	0.03869	2025-02-19	-0.16	0.00	No	No
0.00	0.02706	2025-02-12	-0.20	0.00	No	No
14.05	0.16207	2025-03-26	-0.17	0.00	No	No
3.87	0.04951	2025-03-26	-0.64	0.00	No	No
14.46	0.03808	2025-01-08	-0.21	0.00	No	No
14.46	0.03859	2025-03-12	-0.21	0.00	No	No
23.73	1.58747	2025-01-15	-0.85	0.00	No	No
16.11	0.0885	2025-01-15	-0.39	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
67877021905	CEPHALEXIN 500 MG CAPSULE	2025-01-14	21.000	WALMART PHARMACY	1912924051	0.00000	0.00	0.00
29300041910	AMITRIPTYLINE HCL 10 MG TAB	2025-01-24	30.000	WALMART PHARMACY	1912924051	0.00000	0.00	0.00
29300042110	AMITRIPTYLINE HCL 50 MG TAB	2025-02-06	30.000	WALMART PHARMACY	1912924051	0.00000	0.00	0.00
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-02-09	90.000	WALMART PHARMACY	1912924051	0.00000	0.00	0.00
29300042110	AMITRIPTYLINE HCL 50 MG TAB	2025-03-04	30.000	WALMART PHARMACY	1912924051	0.00000	0.00	0.00
68645058459	METFORMIN HCL 1,000 MG TABLET	2025-03-18	90.000	WALMART PHARMACY	1912924051	0.02322	0.00	3.91
31722000390	VENLAFAXINE HCL ER 75 MG CAP	2025-03-27	30.000	WALMART PHARMACY	1912924051	0.09567	0.00	6.13
68645059459	FAMOTIDINE 20 MG TABLET	2025-03-28	30.000	WALMART PHARMACY	1912924051	0.03300	0.00	8.06
68645058459	METFORMIN HCL 1,000 MG TABLET	2025-03-02	180.000	WALMART PHARMACY	1912924051	0.00000	0.00	0.00
00904679480	ASPIRIN 81 MG CHEWABLE TABLET	2025-02-05	90.000	WALMART PHARMACY	1366469496	0.02422	0.00	1.82

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
8.58	0.10778	2025-01-08	-0.33	0.00	No	No
4.00	0.0337	2025-01-22	-0.65	0.00	No	No
4.00	0.07183	2025-02-05	-0.68	0.00	No	No
10.00	0.011	2025-02-05	-0.13	0.00	No	No
4.00	0.07513	2025-02-26	-0.69	0.00	No	No
0.00	0.02319	2025-03-12	-0.52	0.00	No	No
0.00	0.09563	2025-03-26	-0.33	0.00	No	No
0.00	0.03313	2025-03-26	-0.21	0.00	No	No
10.00	0.02319	2025-02-26	-0.32	0.00	No	No
0.00	0.02417	2025-02-05	-0.68	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
59651048801	PREDNISONE 20 MG TABLET	2025-01-23	5.000	WEIS PHARMACY	1538192877	0.00000	0.00	-0.00
76282074405	TAMSULOSIN HCL 0.4 MG CAPSULE	2025-02-27	60.000	MARTINSBURG VAMC	1629026414	0.10700	0.00	0.15
00406048401	ACETAMINOPHEN-COD #3 TABLET	2025-03-03	20.000	MARTINSBURG VAMC	1629026414	0.00000	0.00	0.00
67877021905	CEPHALEXIN 500 MG CAPSULE	2025-01-04	28.000	WALMART PHARMACY	1912924051	0.00000	0.00	1.44
72578005518	DOXYCYCLINE HYCLATE 100 MG CAP	2025-03-15	14.000	WALMART PHARMACY	1912924051	0.00000	0.00	0.74
61314064511	NEOMYCIN-POLYMYXIN-HC EAR SUSP	2025-03-03	10.000	WALGREENS	1245756683	3.52700	0.00	3.32
68094090006	AZITHROMYCIN 250 MG TABLET	2025-02-19	6.000	GREENBRIER MEDICAL ARTS PHCY	1992708770	0.00000	0.00	-0.00
67877021905	CEPHALEXIN 500 MG CAPSULE	2025-02-10	20.000	WALMART PHARMACY	1912924051	0.00000	0.00	0.00
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	2025-02-12	200.000	WALMART PHARMACY	1912924051	0.00000	0.00	0.00
65162019011	NAPROXEN 500 MG TABLET	2025-01-15	30.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
8.99	0.07317	2025-01-22	-0.17	0.00	No	No
15.00	0.04928	2025-02-26	0.00	0.60	No	No
3.10	0.25045	2025-02-26	-0.80	0.00	No	No
10.00	0.10778	2025-01-01	-0.15	0.00	No	No
10.00	0.1187	2025-03-12	-0.12	0.00	No	No
10.00	4.5266	2025-02-26	-0.13	0.00	No	No
9.30	0.36217	2025-02-19	-0.27	0.00	No	No
8.17	0.10819	2025-02-05	-0.35	0.00	No	No
12.78	0.0318	2025-02-12	-0.24	0.00	No	No
6.82	0.05534	2025-01-15	-0.44	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
00115180302	HYDROXYZINE PAM 25 MG CAP	2025-01-17	30.000	HICKMAN'S PHARMACY	1194764167	0.00000	0.00	0.00
43598058811	DIFLUPREDNATE 0.05% EYE DROP	2025-03-19	5.000	CVS PHARMACY	1225132905	10.84800	0.00	10.49
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-02-06	30.000	MARTINS PHARMACY	1306878327	0.00000	0.00	0.00
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-03-04	30.000	MARTINS PHARMACY	1306878327	0.00000	0.00	0.00
59417010310	VYVANSE 30 MG CAPSULE	2025-01-27	30.000	MARTINSBURG VAMC	1629026414	4.97400	0.00	0.00
59417010410	VYVANSE 40 MG CAPSULE	2025-03-21	30.000	MARTINSBURG VAMC	1629026414	4.97400	0.00	0.00
00378932132	WIXELA 250-50 INHUB	2025-03-25	60.000	MARTINSBURG VAMC	1629026414	0.41033	0.00	0.00
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	2025-03-17	2.000	MARTINSBURG VAMC	1629026414	43.76000	0.00	0.00
57237003105	AMOXICILLIN 500 MG CAPSULE	2025-02-05	20.000	ARACOMA DRUG COMPANY	1780639286	0.00000	0.00	0.00
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-02-23	20.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00

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9.68	0.05983	2025-01-15	-0.21	0.00	No	No
10.00	14.68478	2025-03-19	-0.11	0.00	Yes	No
6.99	0.011	2025-02-05	-0.35	0.00	No	No
6.99	0.01217	2025-02-26	-0.36	0.00	No	No
30.00	12.39026	2025-01-22	-0.53	0.00	No	No
30.00	12.39021	2025-03-19	-0.53	0.00	No	No
10.00	1.4473	2025-03-19	-0.64	0.00	No	No
20.00	106.32709	2025-03-12	-0.52	0.00	No	No
7.62	0.08158	2025-02-05	-0.37	0.00	No	No
5.98	0.08742	2025-02-19	-0.51	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
76282020890	CITALOPRAM HBR 40 MG TABLET	2025-01-14	45.000	MARTINSBURG VAMC	1629026414	0.00000	0.00	0.00
76282021405	SERTRALINE HCL 100 MG TABLET	2025-02-21	45.000	MARTINSBURG VAMC	1629026414	0.00000	0.00	0.00
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-01-13	90.000	WALMART PHARMACY	1467479501	0.00000	0.00	0.00
68645058459	METFORMIN HCL 1,000 MG TABLET	2025-01-16	60.000	WALMART PHARMACY	1467479501	0.00000	0.00	0.00
68645056259	IBUPROFEN 600 MG TABLET	2025-02-02	40.000	WALMART PHARMACY	1467479501	0.00000	0.00	0.00
68645058459	METFORMIN HCL 1,000 MG TABLET	2025-02-21	60.000	WALMART PHARMACY	1467479501	0.00000	0.00	-0.00
68645058459	METFORMIN HCL 1,000 MG TABLET	2025-03-24	60.000	WALMART PHARMACY	1467479501	0.00000	0.00	-0.00
55111018015	TIZANIDINE HCL 4 MG TABLET	2025-01-22	30.000	WALMART PHARMACY	1457378580	0.00000	0.00	0.00
67877024901	QUETIAPINE FUMARATE 50 MG TAB	2025-01-27	30.000	WALMART PHARMACY	1457378580	0.00000	0.00	0.00
29300011101	LAMOTRIGINE 25 MG TABLET	2025-01-27	60.000	WALMART PHARMACY	1457378580	0.00000	0.00	0.00

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6.99	0.04004	2025-01-08	-0.43	0.00	No	No
1.11	0.05114	2025-02-19	-0.91	0.00	No	No
10.00	0.01079	2025-01-08	-0.13	0.00	No	No
4.00	0.02204	2025-01-15	-0.66	0.00	No	No
7.24	0.04794	2025-01-29	-0.42	0.00	No	No
4.00	0.02319	2025-02-19	-0.66	0.00	No	No
9.00	0.02408	2025-03-19	-0.25	0.00	No	No
9.00	0.04397	2025-01-22	-0.24	0.00	No	No
9.00	0.03271	2025-01-22	-0.22	0.00	No	No
9.00	0.0275	2025-01-22	-0.26	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
55111018015	TIZANIDINE HCL 4 MG TABLET	2025-02-16	30.000	WALMART PHARMACY	1457378580	0.00000	0.00	0.00
29300011101	LAMOTRIGINE 25 MG TABLET	2025-03-03	60.000	WALMART PHARMACY	1457378580	0.00000	0.00	0.00
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	2025-01-29	14.000	WALMART PHARMACY	1801813936	0.00000	0.00	0.00
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-02-12	30.000	MANNINGTON PHARMACY	1538757570	0.00000	0.00	0.00
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-03-12	30.000	MANNINGTON PHARMACY	1538757570	0.00000	0.00	0.00
61314062810	POLYMYXIN B-TMP EYE DROPS	2025-01-04	10.000	WALMART PHARMACY	1275550303	0.00000	0.00	0.00
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	2025-02-11	36.000	WALMART PHARMACY	1275550303	0.00000	0.00	0.00
64380078507	PREDNISONE 20 MG TABLET	2025-01-19	18.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
00781261305	AMOXICILLIN 500 MG CAPSULE	2025-03-10	8.000	FRUTH PHARMACY	1164437000	0.00000	0.00	0.00
10572010001	PEG-3350 AND ELECTROLYTES SOLN	2025-02-07	4000.000	MARTINSBURG VAMC	1629026414	0.00390	0.00	0.15

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9.00	0.04397	2025-02-12	-0.24	0.00	No	No
9.00	0.02955	2025-02-26	-0.27	0.00	No	No
7.91	0.05277	2025-01-29	-0.30	0.00	No	No
7.38	0.011	2025-02-12	-0.32	0.00	No	No
7.38	0.01217	2025-03-12	-0.32	0.00	No	No
9.06	0.44777	2025-01-01	-0.39	0.00	No	No
7.92	0.10628	2025-02-05	-0.45	0.00	No	No
7.27	0.0717	2025-01-15	-0.38	0.00	No	No
6.29	0.08742	2025-03-05	-0.44	0.00	No	No
0.00	0.00409	2025-02-05	-0.41	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee	Amount of Member Cost Share
65862024608	LEVETIRACETAM 500 MG TABLET	2025-01-20	60.000	WALMART PHARMACY	1457378580	0.00000	0.00	0.00	9.00
68645061190	LISINOPRIL 20 MG TABLET	2025-01-21	30.000	WALMART PHARMACY	1457378580	0.00000	0.00	-0.00	4.00
67877025145	TRIAMCINOLONE 0.1% CREAM	2025-01-21	454.000	WALMART PHARMACY	1457378580	0.00797	0.00	4.35	10.00
68645061190	LISINOPRIL 20 MG TABLET	2025-02-16	30.000	WALMART PHARMACY	1457378580	0.00000	0.00	-0.00	4.00
65862024608	LEVETIRACETAM 500 MG TABLET	2025-02-16	60.000	WALMART PHARMACY	1457378580	0.00000	0.00	0.00	9.00
65862024608	LEVETIRACETAM 500 MG TABLET	2025-03-15	60.000	WALMART PHARMACY	1457378580	0.00000	0.00	0.00	9.00
68645061190	LISINOPRIL 20 MG TABLET	2025-03-15	30.000	WALMART PHARMACY	1457378580	0.00000	0.00	0.00	4.00
68645058259	METFORMIN HCL 500 MG TABLET	2025-02-12	180.000	WALMART PHARMACY	1649364795	0.00000	0.00	0.00	10.00
60219204301	DEXAMETHASONE 4 MG TABLET	2025-03-28	3.000	WALMART PHARMACY	1912924051	0.00000	0.00	0.00	4.00
64380078507	PREDNISONE 20 MG TABLET	2025-02-07	10.000	THE PHARMACY AT BERKELEY MED C	1821483033	0.00000	0.00	0.00	8.08

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0.07118	2025-01-15	-0.39	0.00	No	No
0.02387	2025-01-15	-0.64	0.00	No	No
0.03	2025-01-15	-0.25	0.00	No	No
0.02401	2025-02-12	-0.64	0.00	No	No
0.07155	2025-02-12	-0.39	0.00	No	No
0.07844	2025-03-12	-0.41	0.00	No	No
0.02538	2025-03-12	-0.64	0.00	No	No
0.01323	2025-02-12	-0.22	0.00	No	No
0.30478	2025-03-26	-0.65	0.00	No	No
0.07317	2025-02-05	-0.28	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee	Amount of Member Cost Share
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-03-17	45.000	WALGREENS	1457877219	0.00000	0.00	-0.00	5.57
29300046810	CLONIDINE HCL 0.1 MG TABLET	2025-01-16	30.000	WALGREENS	1588899140	0.02300	0.00	8.81	0.00
70954005920	PREDNISONE 10 MG TABLET	2025-01-23	7.000	WALGREENS	1942727698	0.00000	0.00	0.00	3.63
10702000350	PROMETHAZINE 25 MG TABLET	2025-03-07	15.000	WALGREENS	1508051996	0.00000	0.00	0.00	9.60
00904679480	ASPIRIN 81 MG CHEWABLE TABLET	2025-03-28	100.000	NEW RIVER HEALTH OAK HILL PHAR	1922764125	0.02610	0.00	2.42	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-03-14	10.000	WALGREENS	1922524909	0.00000	0.00	0.00	4.56
49483048112	ASPIRIN EC 81 MG TABLET	2025-03-10	90.000	CVS PHARMACY	1699878355	0.01478	0.00	1.20	0.00
62332002331	FLUOXETINE HCL 20 MG CAPSULE	2025-03-18	90.000	WALMART PHARMACY	1356368484	0.00000	0.00	0.00	10.00

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0.01217	2025-03-12	-0.50	0.00	No	No
0.0229	2025-01-15	-0.15	0.00	No	No
0.04773	2025-01-22	-0.66	0.00	No	No
0.04512	2025-03-05	-0.14	0.00	No	No
0.02608	2025-03-26	-0.62	0.00	No	No
0.07911	2025-03-12	-0.60	0.00	No	No
0.01473	2025-03-05	-0.79	0.00	Yes	No
0.03107	2025-03-12	-0.25	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee	Amount of Member Cost Share
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-03-18	75.000	WALMART PHARMACY	1356368484	0.00000	0.00	0.00	9.17
29300013005	HYDROCHLOROTHIAZIDE 12.5 MG CP	2025-01-29	90.000	WALMART PHARMACY	1801813936	0.00000	0.00	-0.00	10.00
00406996101	TEMAZEPAM 15 MG CAPSULE	2025-02-11	30.000	WALMART PHARMACY	1801813936	0.00000	0.00	0.00	7.89
00406996101	TEMAZEPAM 15 MG CAPSULE	2025-03-18	30.000	WALMART PHARMACY	1801813936	0.00000	0.00	0.00	7.89
70756063525	CYANOCOBALAMIN 1,000 MCG/ML VL	2025-02-24	1.000	FRUTH PHARMACY	1982786760	0.00000	0.00	0.49	10.00
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-01-04	30.000	WALMART PHARMACY	1992722029	0.00000	0.00	0.00	4.00
68645051554	AMLODIPINE BESYLATE 5 MG TAB	2025-01-18	30.000	WALMART PHARMACY	1992722029	0.00000	0.00	0.00	9.00

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0.03869	2025-03-12	-0.32	0.00	No	No
0.02806	2025-01-29	-0.23	0.00	No	No
0.06287	2025-02-05	-0.36	0.00	No	No
0.06986	2025-03-12	-0.37	0.00	No	No
1.73711	2025-02-19	-0.14	0.00	No	No
0.01079	2025-01-01	-0.63	0.00	No	No
0.0104	2025-01-15	-0.17	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-02-06	30.000	WALMART PHARMACY	1992722029	0.00000	0.00	0.00
68645051554	AMLODIPINE BESYLATE 5 MG TAB	2025-02-19	30.000	WALMART PHARMACY	1992722029	0.00000	0.00	0.00
68645051554	AMLODIPINE BESYLATE 5 MG TAB	2025-03-20	30.000	WALMART PHARMACY	1992722029	0.00000	0.00	0.00
76282073145	LISINOPRIL 20 MG TABLET	2025-03-25	45.000	MARTINSBURG VAMC	1629026414	0.00000	0.00	0.00
00378750232	BREYNA 80-4.5 MCG INHALER	2025-01-08	10.300	WALMART PHARMACY	1881870210	13.28932	0.00	0.00
00054452725	LITHIUM CARBONATE 300 MG TAB	2025-02-26	180.000	WALGREENS	1124253786	0.13828	0.00	0.00
29300041001	ATENOLOL 25 MG TABLET	2025-02-19	90.000	WALMART PHARMACY	1467479501	0.02078	0.00	8.13
00591292754	LEVALBUTEROL TAR HFA 45 MCG INH	2025-02-05	15.000	CVS PHARMACY	1144323809	3.05933	0.00	0.00
29300024401	BUSPIRONE HCL 5 MG TABLET	2025-02-17	180.000	WALMART PHARMACY	1447277579	0.00000	0.00	0.00
64380078408	PREDNISONE 10 MG TABLET	2025-03-25	20.000	WALMART PHARMACY	1447277579	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
4.00	0.011	2025-02-05	-0.63	0.00	No	No
9.00	0.01082	2025-02-19	-0.17	0.00	No	No
9.00	0.01111	2025-03-19	-0.17	0.00	No	No
0.85	0.02621	2025-03-19	-0.93	0.00	No	No
20.00	20.24539	2025-01-08	-0.28	0.00	No	No
0.00	0.17808	2025-02-26	-0.41	0.00	No	No
0.00	0.02272	2025-02-19	-0.20	0.00	No	No
0.00	3.25144	2025-02-05	-0.23	0.00	Yes	No
10.00	0.01949	2025-02-12	-0.29	0.00	No	No
4.00	0.05827	2025-03-19	-0.66	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
21922006215	TRIAMCINOLONE 0.1% CREAM	2025-03-25	80.000	WALMART PHARMACY	1447277579	0.00000	0.00	0.00
13668000901	CITALOPRAM HBR 10 MG TABLET	2025-01-15	30.000	WALMART PHARMACY	1457378580	0.00000	0.00	0.00
00555901658	SPRINTEC 28 DAY TABLET	2025-01-13	28.000	WALMART PHARMACY	1275550303	0.11143	0.00	5.88
62332002431	FLUOXETINE HCL 40 MG CAPSULE	2025-01-21	90.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
13668000901	CITALOPRAM HBR 10 MG TABLET	2025-03-04	30.000	WALMART PHARMACY	1457378580	0.00000	0.00	0.00
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-01-30	21.000	WALMART PHARMACY	1275550303	0.00000	0.00	0.00
00555901658	SPRINTEC 28 DAY TABLET	2025-02-08	28.000	WALMART PHARMACY	1275550303	0.11179	0.00	5.87
68645058259	METFORMIN HCL 500 MG TABLET	2025-02-10	60.000	WALMART PHARMACY	1275550303	0.00000	0.00	0.00
00555901658	SPRINTEC 28 DAY TABLET	2025-03-09	28.000	WALMART PHARMACY	1275550303	0.12071	0.00	5.62
68645058259	METFORMIN HCL 500 MG TABLET	2025-03-10	60.000	WALMART PHARMACY	1275550303	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
9.36	0.05815	2025-03-19	-0.38	0.00	No	No
4.00	0.02243	2025-01-15	-0.64	0.00	No	No
0.00	0.11128	2025-01-08	-0.34	0.00	No	No
10.00	0.05938	2025-01-15	-0.37	0.00	No	No
4.00	0.02365	2025-02-26	-0.64	0.00	No	No
9.76	0.11419	2025-01-29	-0.24	0.00	No	No
0.00	0.1118	2025-02-05	-0.34	0.00	No	No
4.00	0.01323	2025-02-05	-0.65	0.00	No	No
0.00	0.12083	2025-03-05	-0.35	0.00	No	No
4.00	0.01368	2025-03-05	-0.65	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68645061190	LISINOPRIL 20 MG TABLET	2025-03-16	90.000	WALMART PHARMACY	1275550303	0.00000	0.00	-0.00
00115180301	HYDROXYZINE PAM 25 MG CAP	2025-03-27	14.000	WALMART PHARMACY	1275550303	0.00000	0.00	0.00
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-01-02	30.000	MAXWELTON HEALTH CENTER PHARMA	1336661834	0.00000	0.00	0.00
59651048805	PREDNISONE 20 MG TABLET	2025-01-09	9.000	REED'S DRUG STORE	1043221690	0.00000	0.00	0.00
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	2025-01-11	6.000	WALGREENS	1508382227	0.00000	0.00	0.00
45802086802	POLYETHYLENE GLYCOL 3350 POWD	2025-01-11	238.000	WALGREENS	1508382227	0.02517	0.00	5.08
57237002801	AMOXICILLIN 500 MG TABLET	2025-01-13	4.000	WALGREENS	1619493202	0.00000	0.00	-0.00
70954006020	PREDNISONE 20 MG TABLET	2025-03-05	15.000	WALGREENS	1619493202	0.00000	0.00	0.00
31722070290	LOSARTAN POTASSIUM 100 MG TAB	2025-01-10	30.000	WALMART PHARMACY	1265459390	0.00000	0.00	0.00
68382056501	METOPROLOL SUCC ER 50 MG TAB	2025-01-15	30.000	WALMART PHARMACY	1265459390	0.00000	0.00	0.00

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10.00	0.02538	2025-03-12	-0.22	0.00	No	No
5.92	0.06523	2025-03-26	-0.48	0.00	No	No
7.38	0.01079	2025-01-01	-0.32	0.00	No	No
9.99	0.0717	2025-01-08	-0.10	0.00	No	No
5.25	0.0881	2025-01-08	-0.52	0.00	No	No
0.00	0.02517	2025-01-08	-0.33	0.00	No	No
3.99	0.11807	2025-01-08	-0.64	0.00	No	No
5.85	0.07911	2025-03-05	-0.50	0.00	No	No
9.00	0.04831	2025-01-08	-0.25	0.00	No	No
9.00	0.05663	2025-01-15	-0.26	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68382056501	METOPROLOL SUCC ER 50 MG TAB	2025-02-13	30.000	WALMART PHARMACY	1265459390	0.00000	0.00	0.00
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	2025-03-08	150.000	WALMART PHARMACY	1265459390	0.00000	0.00	-0.00
68382056501	METOPROLOL SUCC ER 50 MG TAB	2025-03-15	30.000	WALMART PHARMACY	1265459390	0.00000	0.00	0.00
00378750232	BREYNA 80-4.5 MCG INHALER	2025-01-05	10.300	WALMART PHARMACY	1366469496	13.28932	0.00	0.00
65862050320	AMOX-CLAV 875-125 MG TABLET	2025-03-08	10.000	WALMART PHARMACY	1366469496	0.00000	0.00	1.91
47781064990	LEVOTHYROXINE 88 MCG TABLET	2025-03-26	90.000	WALMART PHARMACY	1366469496	0.00000	0.00	-0.00
00172392660	DIAZEPAM 5 MG TABLET	2025-03-07	2.000	WALMART PHARMACY	1881870210	0.00000	0.00	0.00
62559039512	COLESTIPOL HCL 1 GM TABLET	2025-02-23	90.000	CVS PHARMACY	1235364043	0.39544	0.00	0.00
00597030045	SYNJARDY XR 12.5-1,000 MG TAB	2025-01-09	180.000	MARTINSBURG VAMC	1629026414	0.70094	0.00	0.00
55111073005	ALLOPURINOL 300 MG TABLET	2025-02-12	90.000	MARTINSBURG VAMC	1629026414	0.00000	0.00	0.00

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9.00	0.05821	2025-02-12	-0.26	0.00	No	No
9.59	0.03875	2025-03-05	-0.41	0.00	No	No
9.00	0.05925	2025-03-12	-0.27	0.00	No	No
20.00	20.24539	2025-01-01	-0.28	0.00	No	No
10.00	0.3224	2025-03-05	-0.13	0.00	No	No
10.00	0.06733	2025-03-26	-0.40	0.00	No	No
4.00	0.02667	2025-03-05	-0.62	0.00	No	No
20.00	0.68394	2025-02-19	-0.23	0.00	Yes	No
60.00	10.0684	2025-01-08	-0.90	0.00	No	No
11.72	0.06305	2025-02-12	-0.27	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
00597030093	SYNJARDY XR 12.5-1,000 MG TAB	2025-03-23	180.000	MARTINSBURG VAMC	1629026414	0.71056	0.00	0.00
70700011885	VIENVA-28 TABLET	2025-03-28	28.000	MARTINSBURG VAMC	1629026414	0.08107	0.00	0.15
59651048805	PREDNISONE 20 MG TABLET	2025-01-03	10.000	REED'S DRUG STORE	1043221690	0.00000	0.00	0.00
42806042460	BUPROPION HCL SR 100 MG TABLET	2025-03-08	60.000	WALGREENS	1508382227	0.00000	0.00	3.79
68645061090	LISINOPRIL 10 MG TABLET	2025-01-26	90.000	WALMART PHARMACY	1912924051	0.00000	0.00	0.00
68645058259	METFORMIN HCL 500 MG TABLET	2025-02-18	60.000	WALMART PHARMACY	1912924051	0.00000	0.00	0.00
65862005299	SIMVASTATIN 20 MG TABLET	2025-03-05	30.000	WALMART PHARMACY	1912924051	0.03000	0.00	8.10
68645058259	METFORMIN HCL 500 MG TABLET	2025-03-17	60.000	WALMART PHARMACY	1912924051	0.00000	0.00	0.00
65862005299	SIMVASTATIN 20 MG TABLET	2025-03-31	30.000	WALMART PHARMACY	1912924051	0.03067	0.00	8.08
11527073044	SODIUM FLUORIDE 5000 PPM PASTE	2025-01-06	100.000	WEIS PHARMACY	1205423498	0.00000	0.00	7.05

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60.00	10.0684	2025-03-19	-0.90	0.00	No	No
0.00	0.15091	2025-03-26	-0.84	0.00	No	No
9.99	0.0717	2025-01-01	-0.11	0.00	No	No
10.00	0.09253	2025-03-05	-0.14	0.00	No	No
9.00	0.01718	2025-01-22	-0.25	0.00	No	No
4.00	0.01323	2025-02-12	-0.65	0.00	No	No
0.00	0.02993	2025-03-05	-0.21	0.00	No	No
4.00	0.01368	2025-03-12	-0.65	0.00	No	No
0.00	0.03074	2025-03-26	-0.21	0.00	No	No
10.00	0.09322	2025-01-01	-0.14	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
00597015290	JARDIANCE 10 MG TABLET	2025-03-21	90.000	MARTINSBURG VAMC	1629026414	2.01767	0.00	0.00
00088221905	LANTUS SOLOSTAR 100 UNIT/ML	2025-03-24	45.000	MARTINSBURG VAMC	1629026414	2.08356	0.00	0.00
62332002331	FLUOXETINE HCL 20 MG CAPSULE	2025-01-30	30.000	WALMART PHARMACY	1881870210	0.00000	0.00	0.00
68382080701	TRAZODONE 150 MG TABLET	2025-01-30	30.000	WALMART PHARMACY	1881870210	0.00000	0.00	0.00
62332002331	FLUOXETINE HCL 20 MG CAPSULE	2025-03-04	30.000	WALMART PHARMACY	1881870210	0.00000	0.00	0.00
68382080701	TRAZODONE 150 MG TABLET	2025-03-04	30.000	WALMART PHARMACY	1881870210	0.00000	0.00	0.00
72578005518	DOXYCYCLINE HYCLATE 100 MG CAP	2025-03-17	10.000	WALMART PHARMACY	1356368484	0.00000	0.00	0.00
64380078507	PREDNISONE 20 MG TABLET	2025-01-15	10.000	WALMART PHARMACY	1912924051	0.00000	0.00	0.00
68180051901	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	2025-03-03	30.000	MARTINS PHARMACY	1215969233	0.00000	0.00	-0.00
16714057601	ALLOPURINOL 100 MG TABLET	2025-03-08	60.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00

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0.00	20.13339	2025-03-19	-0.90	0.00	No	No
0.00	6.17044	2025-03-19	-0.67	0.00	No	No
4.00	0.02978	2025-01-29	-0.65	0.00	No	No
4.00	0.10322	2025-01-29	-0.71	0.00	No	No
4.00	0.03107	2025-02-26	-0.65	0.00	No	No
4.00	0.11036	2025-02-26	-0.71	0.00	No	No
7.67	0.1187	2025-03-12	-0.34	0.00	No	No
4.04	0.0717	2025-01-15	-0.64	0.00	No	No
9.99	0.04003	2025-02-26	-0.15	0.00	No	No
10.75	0.04114	2025-03-05	-0.17	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees
47781065190	LEVOTHYROXINE 100 MCG TABLET	2025-01-09	90.000	WALMART PHARMACY	1093732133	0.00000	0.00
16714057601	ALLOPURINOL 100 MG TABLET	2025-01-11	60.000	WALMART PHARMACY	1093732133	0.00000	0.00
16714057601	ALLOPURINOL 100 MG TABLET	2025-02-08	60.000	WALMART PHARMACY	1093732133	0.00000	0.00
68382002310	ATENOLOL 50 MG TABLET	2025-02-11	90.000	WALMART PHARMACY	1093732133	0.00000	0.00
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	2025-02-06	5.000	WALMART PHARMACY	1912924051	0.00000	0.00
68645060990	LISINOPRIL 5 MG TABLET	2025-01-12	30.000	WALMART PHARMACY	1366469496	0.00000	0.00
68645060990	LISINOPRIL 5 MG TABLET	2025-02-07	30.000	WALMART PHARMACY	1366469496	0.00000	0.00
68645060990	LISINOPRIL 5 MG TABLET	2025-03-27	30.000	WALMART PHARMACY	1366469496	0.00000	0.00
59651048801	PREDNISONE 20 MG TABLET	2025-01-18	10.000	WEIS PHARMACY	1538192877	0.00000	0.00
75907007101	NORTRIPTYLINE HCL 50 MG CAP	2025-01-22	90.000	WALMART PHARMACY	1912924051	0.00000	0.00

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0.00	10.00	0.05509	2025-01-08	-0.35	0.00	No	No
0.00	10.75	0.0394	2025-01-08	-0.16	0.00	No	No
0.00	10.75	0.03813	2025-02-05	-0.16	0.00	No	No
0.00	10.00	0.02277	2025-02-05	-0.20	0.00	No	No
0.00	4.00	0.08665	2025-02-05	-0.63	0.00	No	No
0.00	4.00	0.01375	2025-01-08	-0.63	0.00	No	No
0.00	4.00	0.01386	2025-02-05	-0.63	0.00	No	No
0.00	9.00	0.01541	2025-03-26	-0.18	0.00	No	No
0.00	8.99	0.0717	2025-01-15	-0.20	0.00	No	No
0.00	10.00	0.17073	2025-01-22	-0.61	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees
29300011316	LAMOTRIGINE 150 MG TABLET	2025-03-03	90.000	WALMART PHARMACY	1912924051	0.00000	0.00
68382011214	RISPERIDONE 0.25 MG TABLET	2025-03-03	60.000	WALMART PHARMACY	1912924051	0.00000	0.00
69097082312	CITALOPRAM HBR 20 MG TABLET	2025-02-27	30.000	MARTINS PHARMACY	1215969233	0.00000	0.00
68645061090	LISINOPRIL 10 MG TABLET	2025-01-18	90.000	WALMART PHARMACY	1881870210	0.00000	0.00
60219204401	DEXAMETHASONE 6 MG TABLET	2025-03-31	1.000	WALMART PHARMACY	1881870210	0.00000	0.00
00054418425	DEXAMETHASONE 4 MG TABLET	2025-03-27	2.000	MOUNTAINEER PHARMACY	1184015802	0.00000	0.00
65862044830	VALACYCLOVIR HCL 500 MG TABLET	2025-02-07	6.000	WALMART PHARMACY	1912924051	0.00000	0.00
67877015905	METFORMIN HCL ER 500 MG TABLET	2025-02-15	60.000	WALMART PHARMACY	1912924051	0.00000	0.00
67877015905	METFORMIN HCL ER 500 MG TABLET	2025-03-14	60.000	WALMART PHARMACY	1912924051	0.00000	0.00
35573043302	KETOCONAZOLE 200 MG TABLET	2025-02-28	2.000	MARTINS PHARMACY	1215969233	0.00000	0.00

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0.00	13.50	0.06338	2025-02-26	-0.17	0.00	No	No
0.00	8.00	0.03943	2025-02-26	-0.38	0.00	No	No
0.00	9.99	0.03013	2025-02-26	-0.12	0.00	No	No
0.00	10.00	0.01707	2025-01-15	-0.17	0.00	No	No
0.00	4.00	0.70251	2025-03-26	-0.64	0.00	No	No
0.00	2.98	0.30478	2025-03-26	-0.73	0.00	No	No
0.00	7.34	0.23463	2025-02-05	-0.38	0.00	No	No
0.00	4.00	0.02667	2025-02-12	-0.67	0.00	No	No
-0.00	4.00	0.02863	2025-03-12	-0.67	0.00	No	No
0.00	9.99	0.653	2025-02-26	-0.15	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-01-23	21.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
68645056259	IBUPROFEN 600 MG TABLET	2025-02-06	20.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
60758011905	PREDNISOLONE AC 1% EYE DROP	2025-02-26	5.000	WALMART PHARMACY	1366469496	1.58200	0.00	0.00
59651048801	PREDNISONE 20 MG TABLET	2025-01-22	10.000	SOUTH FORK PHARMACY	1104248269	0.00000	0.00	0.00
31722070090	LOSARTAN POTASSIUM 25 MG TAB	2025-02-14	30.000	WALMART PHARMACY	1912924051	0.00000	0.00	0.00
47781064090	LEVOTHYROXINE 25 MCG TABLET	2025-02-14	30.000	WALMART PHARMACY	1912924051	0.00000	0.00	0.00
29300024505	BUSPIRONE HCL 10 MG TABLET	2025-01-03	135.000	WALMART PHARMACY	1912924051	0.00000	0.00	0.00
62332002331	FLUOXETINE HCL 20 MG CAPSULE	2025-02-12	30.000	WALMART PHARMACY	1912924051	0.00000	0.00	0.00
62332002331	FLUOXETINE HCL 20 MG CAPSULE	2025-03-13	30.000	WALMART PHARMACY	1912924051	0.00000	0.00	0.00
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-03-25	90.000	WALMART PHARMACY	1366469496	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
6.28	0.08158	2025-01-22	-0.49	0.00	No	No
4.00	0.04794	2025-02-05	-0.65	0.00	No	No
15.00	5.21596	2025-02-26	-0.37	0.00	No	No
9.99	0.07317	2025-01-22	-0.11	0.00	No	No
9.00	0.02706	2025-02-12	-0.20	0.00	No	No
4.00	0.043	2025-02-12	-0.66	0.00	No	No
7.50	0.02862	2025-01-01	-0.48	0.00	No	No
4.00	0.02978	2025-02-12	-0.65	0.00	No	No
4.00	0.03107	2025-03-12	-0.65	0.00	No	No
10.00	0.01281	2025-03-19	-0.14	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68382002401	ATENOLOL 100 MG TABLET	2025-01-22	90.000	WALMART PHARMACY	1881870210	0.00000	0.00	0.00
29300041910	AMITRIPTYLINE HCL 10 MG TAB	2025-02-04	45.000	WALMART PHARMACY	1912924051	0.00000	0.00	0.00
29300041910	AMITRIPTYLINE HCL 10 MG TAB	2025-03-29	45.000	WALMART PHARMACY	1912924051	0.00000	0.00	0.00
68645060990	LISINOPRIL 5 MG TABLET	2025-01-30	30.000	WALMART PHARMACY	1669490355	0.00000	0.00	0.00
68645060990	LISINOPRIL 5 MG TABLET	2025-03-02	30.000	WALMART PHARMACY	1669490355	0.00000	0.00	0.00
68645060990	LISINOPRIL 5 MG TABLET	2025-03-28	30.000	WALMART PHARMACY	1669490355	0.00000	0.00	0.00
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-01-31	21.000	WALMART PHARMACY	1881870210	0.00000	0.00	0.00
47781064690	LEVOTHYROXINE 75 MCG TABLET	2025-03-24	90.000	WALMART PHARMACY	1881870210	0.00000	0.00	0.00
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-02-05	150.000	CVS PHARMACY	1790888451	0.00000	0.00	0.00
00115180302	HYDROXYZINE PAM 25 MG CAP	2025-02-03	30.000	HICKMAN'S PHARMACY	1194764167	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
10.00	0.03689	2025-01-22	-0.28	0.00	No	No
6.00	0.0337	2025-01-29	-0.50	0.00	No	No
6.00	0.04109	2025-03-26	-0.51	0.00	No	No
4.00	0.01386	2025-01-29	-0.63	0.00	No	No
4.00	0.01445	2025-02-26	-0.63	0.00	No	No
9.00	0.01541	2025-03-26	-0.18	0.00	No	No
9.76	0.11419	2025-01-29	-0.24	0.00	No	No
10.00	0.05769	2025-03-19	-0.36	0.00	No	No
13.99	0.0344	2025-02-05	-0.11	0.00	Yes	No
9.68	0.06095	2025-01-29	-0.21	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68094090460	METFORMIN HCL ER 500 MG TABLET	2025-02-03	30.000	HICKMAN'S PHARMACY	1194764167	0.00000	0.00	-0.00
59651048805	PREDNISONE 20 MG TABLET	2025-03-04	8.000	KROGER PHARMACY	1699709303	0.00000	0.00	0.00
68645061190	LISINOPRIL 20 MG TABLET	2025-01-12	90.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-01-16	21.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-01-22	21.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
68645061090	LISINOPRIL 10 MG TABLET	2025-02-10	90.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
47781064390	LEVOTHYROXINE 50 MCG TABLET	2025-03-12	90.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
64380094906	PREDNISONE 50 MG TABLET	2025-01-02	3.000	HICKMAN'S PHARMACY	1194764167	0.00000	0.00	0.00
70710113803	FLUCONAZOLE 100 MG TABLET	2025-01-16	2.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
68645055854	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	2025-03-25	90.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
4.78	0.02667	2025-01-29	-0.58	0.00	No	No
9.99	0.07911	2025-02-26	-0.10	0.00	No	No
10.00	0.02387	2025-01-08	-0.21	0.00	No	No
6.28	0.08279	2025-01-15	-0.49	0.00	No	No
9.76	0.11419	2025-01-22	-0.24	0.00	No	No
10.00	0.01718	2025-02-05	-0.17	0.00	No	No
10.00	0.05398	2025-03-12	-0.35	0.00	No	No
4.72	0.17685	2025-01-01	-0.57	0.00	No	No
5.45	0.22998	2025-01-15	-0.50	0.00	No	No
10.00	0.04244	2025-03-19	-0.30	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68462022101	LITHIUM CARBONATE 300 MG CAP	2025-03-19	90.000	WALMART PHARMACY	1881870210	0.00000	0.00	0.00
60219204301	DEXAMETHASONE 4 MG TABLET	2025-03-27	3.000	WALMART PHARMACY	1881870210	0.00000	0.00	0.00
68645056354	IBUPROFEN 800 MG TABLET	2025-02-11	30.000	WALMART PHARMACY	1356368484	0.00000	0.00	-0.00
47781064990	LEVOTHYROXINE 88 MCG TABLET	2025-01-24	30.000	WALMART PHARMACY	1366469496	0.00000	0.00	0.00
68645058259	METFORMIN HCL 500 MG TABLET	2025-02-17	180.000	WALMART PHARMACY	1366469496	0.00000	0.00	0.00
47781064990	LEVOTHYROXINE 88 MCG TABLET	2025-02-27	90.000	WALMART PHARMACY	1366469496	0.00000	0.00	0.00
68645058459	METFORMIN HCL 1,000 MG TABLET	2025-03-21	180.000	WALMART PHARMACY	1366469496	0.00000	0.00	0.00
68645060990	LISINOPRIL 5 MG TABLET	2025-01-21	90.000	WALMART PHARMACY	1912924051	0.00000	0.00	0.00
68645019059	METOPROLOL TARTRATE 50 MG TAB	2025-01-21	180.000	WALMART PHARMACY	1912924051	0.00000	0.00	0.00
00713067831	NYSTATIN 100,000 UNIT/GM CREAM	2025-02-10	60.000	BECKLEY VAMC PHARMACY	1104884535	0.00000	0.00	-0.00

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6.00	0.11289	2025-03-19	-0.71	0.00	No	No
4.00	0.30478	2025-03-26	-0.65	0.00	No	No
5.82	0.0562	2025-02-05	-0.52	0.00	No	No
4.00	0.05802	2025-01-22	-0.67	0.00	No	No
10.00	0.01323	2025-02-12	-0.22	0.00	No	No
10.00	0.06194	2025-02-26	-0.38	0.00	No	No
10.00	0.02408	2025-03-19	-0.33	0.00	No	No
10.00	0.01375	2025-01-15	-0.15	0.00	No	No
10.00	0.0192	2025-01-15	-0.28	0.00	No	No
10.00	0.13887	2025-02-05	-0.47	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
54838050280	HYDROXYZINE 10 MG/5 ML SYRUP	2025-02-12	360.000	CVS PHARMACY	1508969262	0.10914	0.00	0.00
54838050280	HYDROXYZINE 10 MG/5 ML SYRUP	2025-03-05	360.000	CVS PHARMACY	1508969262	0.10914	0.00	0.00
54838050280	HYDROXYZINE 10 MG/5 ML SYRUP	2025-03-31	360.000	CVS PHARMACY	1508969262	0.10914	0.00	0.00
69315030805	CIPROFLOXACIN 0.3% EYE DROP	2025-01-07	5.000	CVS PHARMACY	1790888451	0.00000	0.00	3.99
68180096301	ALBUTEROL HFA 90 MCG INHALER	2025-01-10	8.500	WALMART PHARMACY	1093732133	1.14353	0.00	0.51
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-02-04	21.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
68645019059	METOPROLOL TARTRATE 50 MG TAB	2025-02-28	180.000	WALMART PHARMACY	1093732133	0.00000	0.00	-0.00
68382000106	PAROXETINE HCL 40 MG TABLET	2025-01-14	30.000	HICKMAN'S PHARMACY	1194764167	0.00000	0.00	0.00
68382000106	PAROXETINE HCL 40 MG TABLET	2025-02-10	30.000	HICKMAN'S PHARMACY	1194764167	0.00000	0.00	0.00
00904679480	ASPIRIN 81 MG CHEWABLE TABLET	2025-02-10	60.000	KROGER PHARMACY	1497789275	0.02417	0.00	5.54

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10.00	0.16116	2025-02-12	-0.28	0.00	Yes	No
10.00	0.15196	2025-03-05	-0.24	0.00	Yes	No
10.00	0.15356	2025-03-26	-0.25	0.00	Yes	No
10.00	1.50086	2025-01-01	-0.22	0.00	Yes	No
10.00	2.32051	2025-01-08	-0.33	0.00	No	No
9.76	0.11419	2025-01-29	-0.24	0.00	No	No
10.00	0.02142	2025-02-26	-0.30	0.00	No	No
8.85	0.10369	2025-01-08	-0.35	0.00	No	No
8.85	0.11214	2025-02-05	-0.36	0.00	No	No
0.00	0.02417	2025-02-05	-0.41	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
00781261305	AMOXICILLIN 500 MG CAPSULE	2025-03-10	21.000	WALGREENS	1538685987	0.00000	0.00	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-02-09	10.000	WALGREENS	1629251038	0.00000	0.00	0.00
29300041910	AMITRIPTYLINE HCL 10 MG TAB	2025-01-15	60.000	WALMART PHARMACY	1356368484	0.03283	0.00	6.03
47781066290	LEVOTHYROXINE 150 MCG TABLET	2025-01-26	90.000	WALMART PHARMACY	1356368484	0.00000	0.00	0.00
67877015905	METFORMIN HCL ER 500 MG TABLET	2025-01-29	360.000	WALMART PHARMACY	1356368484	0.02667	0.00	0.40
47781066590	LEVOTHYROXINE 175 MCG TABLET	2025-02-06	90.000	WALMART PHARMACY	1356368484	0.00000	0.00	0.00
68645061090	LISINOPRIL 10 MG TABLET	2025-02-08	90.000	WALMART PHARMACY	1356368484	0.01722	0.00	8.45
67877015905	METFORMIN HCL ER 500 MG TABLET	2025-02-14	240.000	WALMART PHARMACY	1356368484	0.02667	0.00	1.60
65162019011	NAPROXEN 500 MG TABLET	2025-02-15	30.000	WALMART PHARMACY	1356368484	0.00000	0.00	0.00
47781064690	LEVOTHYROXINE 75 MCG TABLET	2025-01-08	90.000	WALMART PHARMACY	1548287675	0.00000	0.00	0.00

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9.99	0.08742	2025-03-05	-0.19	0.00	No	No
4.56	0.07317	2025-02-05	-0.59	0.00	No	No
0.00	0.03287	2025-01-15	-0.36	0.00	No	No
10.00	0.0713	2025-01-22	-0.41	0.00	No	No
0.00	0.02667	2025-01-29	-0.50	0.00	No	No
10.00	0.08637	2025-02-05	-0.45	0.00	No	No
0.00	0.01718	2025-02-05	-0.17	0.00	No	No
0.00	0.02667	2025-02-12	-0.53	0.00	No	No
6.82	0.05472	2025-02-12	-0.44	0.00	No	No
10.00	0.05334	2025-01-08	-0.35	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68645058259	METFORMIN HCL 500 MG TABLET	2025-03-07	90.000	WALMART PHARMACY	1548287675	0.01367	0.00	4.77
43598021055	SSD 1% CREAM	2025-03-11	50.000	WALMART PHARMACY	1548287675	0.00000	0.00	0.00
47781064690	LEVOTHYROXINE 75 MCG TABLET	2025-03-29	90.000	WALMART PHARMACY	1548287675	0.00000	0.00	0.00
47781065190	LEVOTHYROXINE 100 MCG TABLET	2025-03-08	90.000	WALMART PHARMACY	1548287675	0.00000	0.00	0.00
70752020411	FOLIC ACID 1 MG TABLET	2025-03-08	30.000	WALMART PHARMACY	1548287675	0.00000	0.00	0.00
29300035501	TRAMADOL HCL 50 MG TABLET	2025-03-31	10.000	WALMART PHARMACY	1548287675	0.00000	0.00	0.00
68382004101	PROMETHAZINE 25 MG TABLET	2025-03-31	10.000	WALMART PHARMACY	1548287675	0.00000	0.00	0.00
68645052354	SERTRALINE HCL 100 MG TABLET	2025-02-04	30.000	WALMART PHARMACY	1881870210	0.00000	0.00	0.00
59651072201	CLONAZEPAM 0.5 MG TABLET	2025-02-04	10.000	WALMART PHARMACY	1881870210	0.00000	0.00	0.00
68382080701	TRAZODONE 150 MG TABLET	2025-03-07	90.000	WALMART PHARMACY	1881870210	0.00000	0.00	-0.00

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0.00	0.01368	2025-03-05	-0.49	0.00	No	No
10.20	0.13206	2025-03-05	-0.40	0.00	No	No
10.00	0.05769	2025-03-26	-0.36	0.00	No	No
10.00	0.05519	2025-03-05	-0.35	0.00	No	No
4.00	0.02251	2025-03-05	-0.64	0.00	No	No
8.59	0.02594	2025-03-26	-0.20	0.00	No	No
4.00	0.049	2025-03-26	-0.64	0.00	No	No
9.00	0.04773	2025-01-29	-0.25	0.00	No	No
7.23	0.01935	2025-01-29	-0.32	0.00	No	No
10.00	0.11036	2025-03-05	-0.51	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68180096301	ALBUTEROL HFA 90 MCG INHALER	2025-02-17	8.500	WALMART PHARMACY	1669490355	0.00000	0.00	0.00
64380078507	PREDNISONE 20 MG TABLET	2025-02-17	10.000	WALMART PHARMACY	1669490355	0.00000	0.00	0.00
70710166701	PROCHLORPERAZINE 5 MG TABLET	2025-02-25	20.000	KROGER PHARMACY	1225062011	0.00000	0.00	-0.00
47781064690	LEVOTHYROXINE 75 MCG TABLET	2025-01-10	90.000	WALMART PHARMACY	1356368484	0.00000	0.00	0.00
43547033703	BENAZEPRIL HCL 20 MG TABLET	2025-01-13	90.000	WALMART PHARMACY	1356368484	0.00000	0.00	0.00
62332002331	FLUOXETINE HCL 20 MG CAPSULE	2025-03-13	90.000	WALMART PHARMACY	1356368484	0.00000	0.00	0.00
72578005518	DOXYCYCLINE HYCLATE 100 MG CAP	2025-03-13	14.000	WALMART PHARMACY	1356368484	0.00000	0.00	0.74
68645058459	METFORMIN HCL 1,000 MG TABLET	2025-03-17	180.000	WALMART PHARMACY	1356368484	0.00000	0.00	0.00
72578005518	DOXYCYCLINE HYCLATE 100 MG CAP	2025-02-11	10.000	WALMART PHARMACY	1356368484	0.00000	0.00	0.00
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-01-16	90.000	WALGREENS	1255589503	0.00000	0.00	0.00

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20.23	2.35969	2025-02-12	-0.34	0.00	No	No
4.04	0.07317	2025-02-12	-0.64	0.00	No	No
9.99	0.16389	2025-02-19	-0.27	0.00	No	No
10.00	0.05334	2025-01-08	-0.35	0.00	No	No
10.00	0.06214	2025-01-08	-0.38	0.00	No	No
10.00	0.03107	2025-03-12	-0.25	0.00	No	No
10.00	0.1187	2025-03-12	-0.12	0.00	No	No
10.00	0.02319	2025-03-12	-0.32	0.00	No	No
8.16	0.10693	2025-02-05	-0.29	0.00	No	No
9.15	0.01079	2025-01-15	-0.20	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-01-13	30.000	BLUEWELLS FAMILY PHARMACY INC	1972523629	0.00000	0.00	0.00
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-02-14	30.000	BLUEWELLS FAMILY PHARMACY INC	1972523629	0.00000	0.00	0.00
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	2025-02-18	1.000	BLUEWELLS FAMILY PHARMACY INC	1972523629	0.00000	0.00	0.86
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-03-19	30.000	BLUEWELLS FAMILY PHARMACY INC	1972523629	0.00000	0.00	-0.00
29300024505	BUSPIRONE HCL 10 MG TABLET	2025-02-24	60.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
31722094201	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	2025-01-03	6.000	KROGER PHARMACY	1497789275	0.00000	0.00	0.00
81964020505	AMOXICILLIN 500 MG CAPSULE	2025-01-03	15.000	KROGER PHARMACY	1497789275	0.00000	0.00	0.00
64380078507	PREDNISONE 20 MG TABLET	2025-01-13	5.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00

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9.38	0.01079	2025-01-08	-0.13	0.00	No	No
9.38	0.011	2025-02-12	-0.13	0.00	No	No
10.00	1.60351	2025-02-12	-0.10	0.00	No	No
9.38	0.01281	2025-03-19	-0.14	0.00	No	No
4.00	0.03079	2025-02-19	-0.68	0.00	No	No
9.99	0.14998	2025-01-01	-0.12	0.00	No	No
9.99	0.08279	2025-01-01	-0.15	0.00	No	No
4.00	0.0717	2025-01-08	-0.63	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-01-20	20.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
70069013101	TOBRAMYCIN 0.3% EYE DROP	2025-01-26	5.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	2025-02-17	10.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	2025-02-18	10.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
00054032756	FLUTICASONE-SALMETEROL 250-50	2025-03-26	60.000	WALMART PHARMACY	1093732133	1.41283	0.00	0.00
68645058459	METFORMIN HCL 1,000 MG TABLET	2025-03-19	180.000	WALMART PHARMACY	1720005853	0.02317	0.00	5.83
33342005010	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	2025-03-19	90.000	WALMART PHARMACY	1720005853	0.00000	0.00	0.00
13668001001	CITALOPRAM HBR 20 MG TABLET	2025-02-26	90.000	WALMART PHARMACY	1881870210	0.03011	0.00	7.29
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	2025-02-28	2.000	CVS PHARMACY	1154424810	47.49500	0.00	0.00
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	2025-03-27	2.000	CVS PHARMACY	1154424810	47.49500	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
5.98	0.08279	2025-01-15	-0.51	0.00	No	No
7.46	0.99926	2025-01-22	-0.52	0.00	No	No
9.08	0.1792	2025-02-12	-0.26	0.00	No	No
5.48	0.08665	2025-02-12	-0.52	0.00	No	No
0.00	1.4473	2025-03-26	-0.13	0.00	No	No
0.00	0.02408	2025-03-19	-0.33	0.00	No	No
10.00	0.07816	2025-03-19	-0.43	0.00	No	No
0.00	0.03013	2025-02-26	-0.24	0.00	No	No
15.00	106.32709	2025-02-26	-0.51	0.00	Yes	No
15.00	110.04652	2025-03-26	-0.52	0.00	Yes	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
66993060830	MIRTAZAPINE 30 MG TABLET	2025-03-28	15.000	MARTINSBURG VAMC	1629026414	0.00000	0.00	0.00
76282027910	TOPIRAMATE 50 MG TABLET	2025-03-28	15.000	MARTINSBURG VAMC	1629026414	0.00000	0.00	0.00
27241017456	VARENICLINE 1 MG TABLET	2025-01-22	60.000	MARTINS PHARMACY	1215969233	0.73267	0.00	10.49
60505082901	FLUTICASONE PROP 50 MCG SPRAY	2025-03-09	16.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.87
55111014512	FLUCONAZOLE 150 MG TABLET	2025-03-22	1.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
64380078507	PREDNISONE 20 MG TABLET	2025-01-13	10.000	WALMART PHARMACY	1609965292	0.00000	0.00	-0.00
50111078710	AZITHROMYCIN 250 MG TABLET	2025-03-22	6.000	WALMART PHARMACY	1457378580	0.00000	0.00	0.00
00093310905	AMOXICILLIN 500 MG CAPSULE	2025-02-20	20.000	KROGER PHARMACY	1851325633	0.00000	0.00	0.00
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	2025-01-25	14.000	WALMART PHARMACY	1750309449	0.00000	0.00	0.00
00603533932	PREDNISONE 20 MG TABLET	2025-01-24	10.000	MEDICAL CENTER PHARMACY	1639163538	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
1.97	0.08897	2025-03-26	-0.83	0.00	No	No
1.22	0.04015	2025-03-26	-0.89	0.00	No	No
0.00	0.59705	2025-01-22	0.00	0.18	No	No
15.00	0.44945	2025-03-05	-0.10	0.00	No	No
4.80	0.59122	2025-03-19	-0.57	0.00	No	No
4.04	0.0717	2025-01-08	-0.64	0.00	No	No
11.45	0.37667	2025-03-19	-0.10	0.00	No	No
10.49	0.08742	2025-02-19	-0.14	0.00	No	No
7.91	0.05277	2025-01-22	-0.30	0.00	No	No
3.12	0.07317	2025-01-22	-0.72	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
00185067605	HYDROXYZINE PAM 50 MG CAP	2025-03-17	30.000	WALGREENS	1336664002	0.07933	0.00	8.99
29300046810	CLONIDINE HCL 0.1 MG TABLET	2025-03-18	30.000	WALGREENS	1336664002	0.02500	0.00	8.75
68645058259	METFORMIN HCL 500 MG TABLET	2025-01-09	60.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
68645055654	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	2025-01-09	30.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
68645058259	METFORMIN HCL 500 MG TABLET	2025-02-04	180.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
00378750232	BREYNA 80-4.5 MCG INHALER	2025-03-18	10.300	WALMART PHARMACY	1538186663	13.28932	0.00	0.00
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-03-18	21.000	WALMART PHARMACY	1538186663	0.00000	0.00	-0.00
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	2025-01-11	150.000	WALMART PHARMACY	1649364795	0.00000	0.00	0.00
13668001101	CITALOPRAM HBR 40 MG TABLET	2025-02-28	90.000	WALMART PHARMACY	1649364795	0.00000	0.00	0.00
67877021905	CEPHALEXIN 500 MG CAPSULE	2025-03-08	28.000	WALMART PHARMACY	1649364795	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
0.00	0.0794	2025-03-12	-0.12	0.00	No	No
0.00	0.025	2025-03-12	-0.15	0.00	No	No
4.00	0.01304	2025-01-08	-0.65	0.00	No	No
7.07	0.02785	2025-01-08	-0.38	0.00	No	No
10.00	0.01323	2025-01-29	-0.22	0.00	No	No
20.00	20.13435	2025-03-12	-0.28	0.00	No	No
9.24	0.1323	2025-03-12	-0.30	0.00	No	No
9.59	0.03779	2025-01-08	-0.41	0.00	No	No
10.00	0.04272	2025-02-26	-0.30	0.00	No	No
11.44	0.1214	2025-03-05	-0.18	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-03-01	21.000	WALMART PHARMACY	1811914955	0.00000	0.00	0.00
60505082901	FLUTICASONE PROP 50 MCG SPRAY	2025-03-01	16.000	WALMART PHARMACY	1811914955	0.00000	0.00	0.00
62332002331	FLUOXETINE HCL 20 MG CAPSULE	2025-01-21	30.000	WALMART PHARMACY	1609965292	0.00000	0.00	0.00
55111017915	TIZANIDINE HCL 2 MG TABLET	2025-01-21	21.000	WALMART PHARMACY	1609965292	0.00000	0.00	0.00
62332002331	FLUOXETINE HCL 20 MG CAPSULE	2025-02-22	30.000	WALMART PHARMACY	1609965292	0.00000	0.00	0.00
29300024505	BUSPIRONE HCL 10 MG TABLET	2025-01-14	270.000	WALMART PHARMACY	1811914955	0.00000	0.00	0.00
68382009810	PAROXETINE HCL 20 MG TABLET	2025-01-14	30.000	WALMART PHARMACY	1811914955	0.00000	0.00	0.00
64380078507	PREDNISONE 20 MG TABLET	2025-02-26	18.000	WALMART PHARMACY	1811914955	0.00000	0.00	0.00
68382009810	PAROXETINE HCL 20 MG TABLET	2025-03-03	90.000	WALMART PHARMACY	1811914955	0.00000	0.00	0.00
47781066290	LEVOTHYROXINE 150 MCG TABLET	2025-03-19	90.000	WALMART PHARMACY	1811914955	0.00000	0.00	-0.00

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9.76	0.1323	2025-02-26	-0.26	0.00	No	No
15.87	0.44945	2025-02-26	-0.10	0.00	No	No
4.00	0.02969	2025-01-15	-0.65	0.00	No	No
6.30	0.03237	2025-01-15	-0.44	0.00	No	No
4.00	0.03107	2025-02-19	-0.65	0.00	No	No
15.00	0.02862	2025-01-08	-0.18	0.00	No	No
4.00	0.0672	2025-01-08	-0.68	0.00	No	No
7.27	0.07911	2025-02-26	-0.39	0.00	No	No
10.00	0.07237	2025-02-26	-0.41	0.00	No	No
10.00	0.08267	2025-03-19	-0.44	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
29300024505	BUSPIRONE HCL 10 MG TABLET	2025-03-31	270.000	WALMART PHARMACY	1811914955	0.00000	0.00	0.00
64380078507	PREDNISONE 20 MG TABLET	2025-03-12	10.000	WALMART PHARMACY	1902823032	0.00000	0.00	0.00
72578005518	DOXYCYCLINE HYCLATE 100 MG CAP	2025-03-12	14.000	WALMART PHARMACY	1902823032	0.00000	0.00	0.00
68180096301	ALBUTEROL HFA 90 MCG INHALER	2025-03-12	8.500	WALMART PHARMACY	1902823032	0.02706	0.00	0.00
68645056354	IBUPROFEN 800 MG TABLET	2025-01-05	15.000	WALMART PHARMACY	1801814595	0.00000	0.00	0.00
42192032801	NP THYROID 120 MG TABLET	2025-03-09	30.000	WALMART PHARMACY	1992723688	0.00000	0.00	0.00
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	2025-03-20	30.000	WALGREENS	1861652562	0.00000	0.00	1.37
68645058459	METFORMIN HCL 1,000 MG TABLET	2025-01-18	180.000	WALMART PHARMACY	1912924051	0.00000	0.00	0.00
00088221905	LANTUS SOLOSTAR 100 UNIT/ML	2025-01-17	3.000	WALMART PHARMACY	1720005853	0.03667	0.00	4.61
67877032105	IBUPROFEN 800 MG TABLET	2025-02-23	30.000	MARTINS PHARMACY	1306878327	0.00000	0.00	0.00

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15.00	0.03236	2025-03-26	-0.22	0.00	No	No
4.04	0.07911	2025-03-12	-0.64	0.00	No	No
10.74	0.1187	2025-03-12	-0.12	0.00	No	No
20.00	2.53475	2025-03-12	-0.37	0.00	No	No
4.00	0.05567	2025-01-01	-0.65	0.00	No	No
36.56	1.18066	2025-03-05	-0.20	0.00	No	No
10.00	0.11657	2025-03-19	-0.19	0.00	No	No
10.00	0.02204	2025-01-15	-0.31	0.00	No	No
18.41	6.17208	2025-01-15	-0.20	0.00	No	No
6.99	0.06029	2025-02-19	-0.43	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
42858032501	DEXTROAMP-AMPHET ER 25 MG CAP	2025-03-13	30.000	WALGREENS	1245756683	0.42033	0.00	0.99
21922006215	TRIAMCINOLONE 0.1% CREAM	2025-03-26	80.000	WALMART PHARMACY	1881870210	0.00000	0.00	0.00
62332011291	METOPROLOL TARTRATE 25 MG TAB	2025-02-18	60.000	MARTINS PHARMACY	1215969233	0.00000	0.00	0.00
29300024505	BUSPIRONE HCL 10 MG TABLET	2025-01-06	270.000	WALMART PHARMACY	1447277579	0.00000	0.00	5.00
69315011610	FUROSEMIDE 20 MG TABLET	2025-01-07	30.000	WEIS PHARMACY	1538192877	0.00000	0.00	-0.00
69315011610	FUROSEMIDE 20 MG TABLET	2025-02-09	30.000	WEIS PHARMACY	1538192877	0.00000	0.00	-0.00
69315011610	FUROSEMIDE 20 MG TABLET	2025-03-11	30.000	WEIS PHARMACY	1538192877	0.00000	0.00	0.00
76282073390	LISINOPRIL 40 MG TABLET	2025-02-12	90.000	MARTINSBURG VAMC	1629026414	0.00000	0.00	0.00
60505082901	FLUTICASONE PROP 50 MCG SPRAY	2025-02-20	16.000	WALMART PHARMACY	1497954978	0.00000	0.00	5.87
00409656201	TESTOSTERONE CYP 200 MG/ML	2025-01-07	4.000	WALMART PHARMACY	1750309449	9.49000	0.00	0.00

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10.00	0.75366	2025-03-12	-0.29	0.00	No	No
9.36	0.05815	2025-03-26	-0.38	0.00	No	No
9.99	0.01563	2025-02-12	-0.13	0.00	No	No
10.00	0.02862	2025-01-01	-0.18	0.00	No	No
5.99	0.0228	2025-01-01	-0.46	0.00	No	No
5.99	0.02252	2025-02-05	-0.46	0.00	No	No
5.99	0.02485	2025-03-05	-0.47	0.00	No	No
2.73	0.04219	2025-02-12	-0.81	0.00	No	No
10.00	0.44945	2025-02-19	-0.10	0.00	No	No
10.00	12.37528	2025-01-01	-0.20	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
00406051201	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	2025-02-10	9.000	MARTINSBURG VAMC	1629026414	0.00000	0.00	0.00
59651036105	IBUPROFEN 600 MG TABLET	2025-01-09	15.000	WALGREENS	1861652562	0.00000	0.00	0.00
69452031020	PROCHLORPERAZINE 10 MG TAB	2025-01-09	10.000	WALGREENS	1861652562	0.00000	0.00	0.00
68645052154	SERTRALINE HCL 25 MG TABLET	2025-01-05	30.000	WALMART PHARMACY	1356368484	0.00000	0.00	0.00
00781261305	AMOXICILLIN 500 MG CAPSULE	2025-02-03	8.000	WALGREENS	1992220628	0.00000	0.00	0.00
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	2025-01-03	8.000	MEDICAL CENTER PHARMACY	1639163538	0.00000	0.00	0.00
00781261305	AMOXICILLIN 500 MG CAPSULE	2025-03-25	21.000	WALGREENS	1720504145	0.00000	0.00	0.00
00378827093	ALBUTEROL SUL 2.5 MG/3 ML SOLN	2025-01-31	270.000	CLARKSBURG VAMC	1356399364	0.00000	0.00	-0.00
00378064010	PREDNISONE 5 MG TABLET	2025-01-31	21.000	CLARKSBURG VAMC	1356399364	0.00000	0.00	-0.00

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1.25	0.12752	2025-02-05	-0.89	0.00	No	No
9.91	0.0483	2025-01-08	-0.12	0.00	No	No
10.95	0.18855	2025-01-08	-0.12	0.00	No	No
9.00	0.03225	2025-01-01	-0.21	0.00	No	No
5.04	0.08158	2025-01-29	-0.55	0.00	No	No
5.41	0.0881	2025-01-01	-0.52	0.00	No	No
9.99	0.09188	2025-03-19	-0.20	0.00	No	No
14.64	0.05962	2025-01-29	-0.45	0.00	No	No
1.05	0.04429	2025-01-29	-0.91	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
00781261305	AMOXICILLIN 500 MG CAPSULE	2025-01-19	21.000	WALGREENS	1417473000	0.00000	0.00	0.00
68645060890	LISINOPRIL 2.5 MG TABLET	2025-01-07	90.000	WALMART PHARMACY	1649297789	0.00000	0.00	0.00
67877015905	METFORMIN HCL ER 500 MG TABLET	2025-01-07	90.000	WALMART PHARMACY	1649297789	0.00000	0.00	0.00
62332002331	FLUOXETINE HCL 20 MG CAPSULE	2025-01-16	30.000	WALMART PHARMACY	1649297789	0.00000	0.00	0.00
62332002431	FLUOXETINE HCL 40 MG CAPSULE	2025-01-16	30.000	WALMART PHARMACY	1649297789	0.00000	0.00	0.00
00169418113	OZEMPIC 0.25-0.5 MG/DOSE (2 MG/3 ML) PEN	2025-01-22	3.000	MARTINSBURG VAMC	1629026414	0.00000	0.00	0.00
47781064990	LEVOTHYROXINE 88 MCG TABLET	2025-01-14	90.000	WALMART PHARMACY	1710904842	0.00000	0.00	0.00
16714069211	FLUCONAZOLE 150 MG TABLET	2025-01-09	1.000	VALLEY HEALTH PHARMACY	1104279066	0.00000	0.00	0.00
68645057454	GLIPIZIDE 5 MG TABLET	2025-01-22	60.000	WALMART PHARMACY	1487838132	0.00000	0.00	0.00
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-01-22	21.000	WALMART PHARMACY	1487838132	0.00000	0.00	0.00

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9.99	0.08279	2025-01-15	-0.18	0.00	No	No
10.00	0.01341	2025-01-01	-0.15	0.00	No	No
4.00	0.02708	2025-01-01	-0.69	0.00	No	No
4.00	0.02969	2025-01-15	-0.65	0.00	No	No
4.00	0.05938	2025-01-15	-0.67	0.00	No	No
339.31	321.21459	2025-01-22	-0.65	0.00	No	No
10.00	0.05732	2025-01-08	-0.36	0.00	No	No
8.00	0.51642	2025-01-08	-0.27	0.00	No	No
4.00	0.02979	2025-01-22	-0.67	0.00	No	No
9.76	0.11419	2025-01-22	-0.24	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	2025-03-15	12.000	MEDICAL CENTER PHARMACY	1639163538	0.00000	0.00	0.00
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-02-10	4.000	WALGREENS	1124253786	0.00000	0.00	0.00
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-03-08	4.000	WALGREENS	1124253786	0.00000	0.00	0.00
00555904958	CRYSELLE-28 TABLET	2025-02-24	84.000	WALGREENS	1124253786	0.30345	0.00	0.00
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-03-11	90.000	WALGREENS	1417473000	0.00000	0.00	-0.00
68645061090	LISINOPRIL 10 MG TABLET	2025-01-07	90.000	WALMART PHARMACY	1538186663	0.01711	0.00	8.46
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-03-02	21.000	WALMART PHARMACY	1548287675	0.00000	0.00	0.00
29300039605	AMLODIPINE BESYLATE 2.5 MG TAB	2025-01-24	30.000	WALMART PHARMACY	1992722029	0.00000	0.00	0.00
62332002331	FLUOXETINE HCL 20 MG CAPSULE	2025-01-24	30.000	WALMART PHARMACY	1992722029	0.02967	0.00	3.11
53746051401	SPIRONOLACTONE 50 MG TABLET	2025-01-24	30.000	WALMART PHARMACY	1992722029	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
8.12	0.09095	2025-03-12	-0.30	0.00	No	No
3.52	0.08158	2025-02-05	-0.67	0.00	No	No
3.52	0.08742	2025-03-05	-0.68	0.00	No	No
0.00	0.37102	2025-02-19	-0.39	0.00	No	No
9.14	0.01217	2025-03-05	-0.21	0.00	No	No
0.00	0.01707	2025-01-01	-0.17	0.00	No	No
9.76	0.1323	2025-02-26	-0.26	0.00	No	No
9.00	0.01003	2025-01-22	-0.17	0.00	No	No
0.00	0.02978	2025-01-22	-0.65	0.00	No	No
9.00	0.08835	2025-01-22	-0.32	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
65862017360	TOPIRAMATE 100 MG TABLET	2025-01-24	60.000	WALMART PHARMACY	1992722029	0.00000	0.00	0.00
64380078507	PREDNISONE 20 MG TABLET	2025-01-24	5.000	WALMART PHARMACY	1992722029	0.00000	0.00	0.00
69452035620	ROPINIROLE HCL 0.25 MG TABLET	2025-01-24	30.000	WALMART PHARMACY	1992722029	0.00000	0.00	0.00
00591533501	TRIHEXYPHENIDYL 2 MG TABLET	2025-02-02	270.000	KROGER PHARMACY	1306870183	0.05589	0.00	1.90
59651080801	MECLIZINE 25 MG TABLET	2025-01-07	30.000	WALMART PHARMACY	1548287675	0.00000	0.00	0.00
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-02-14	40.000	WALMART PHARMACY	1548287675	0.00000	0.00	-0.00
65862019201	FLUOXETINE HCL 10 MG CAPSULE	2025-01-13	30.000	FOOD LION PHARMACY	1245514009	0.00000	0.00	0.00
65862019201	FLUOXETINE HCL 10 MG CAPSULE	2025-02-20	30.000	FOOD LION PHARMACY	1245514009	0.00000	0.00	0.00
65862019201	FLUOXETINE HCL 10 MG CAPSULE	2025-03-18	30.000	FOOD LION PHARMACY	1245514009	0.00000	0.00	0.00
00781261305	AMOXICILLIN 500 MG CAPSULE	2025-02-25	21.000	WALGREENS	1093234080	0.00000	0.00	0.00

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9.00	0.05608	2025-01-22	-0.35	0.00	No	No
4.00	0.07317	2025-01-22	-0.63	0.00	No	No
9.00	0.04026	2025-01-22	-0.23	0.00	No	No
5.00	0.07442	2025-01-29	-0.28	0.00	No	No
9.00	0.07745	2025-01-01	-0.30	0.00	No	No
11.96	0.08158	2025-02-12	-0.13	0.00	No	No
10.00	0.03081	2025-01-08	-0.12	0.00	No	No
10.00	0.03263	2025-02-19	-0.13	0.00	No	No
10.00	0.03263	2025-03-12	-0.13	0.00	No	No
9.99	0.08742	2025-02-19	-0.19	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
00904679480	ASPIRIN 81 MG CHEWABLE TABLET	2025-03-14	30.000	CVS PHARMACY	1962505628	0.02500	0.00	5.24
00172208980	HYDROCHLOROTHIAZIDE 50 MG TAB	2025-01-04	30.000	WALMART PHARMACY	1811914948	0.00000	0.00	0.00
68382056401	METOPROLOL SUCC ER 25 MG TAB	2025-02-03	30.000	WALMART PHARMACY	1811914948	0.00000	0.00	7.20
00172208980	HYDROCHLOROTHIAZIDE 50 MG TAB	2025-02-03	30.000	WALMART PHARMACY	1811914948	0.00000	0.00	0.00
68382056501	METOPROLOL SUCC ER 50 MG TAB	2025-02-15	30.000	WALMART PHARMACY	1811914948	0.00000	0.00	7.20
68382056501	METOPROLOL SUCC ER 50 MG TAB	2025-03-15	30.000	WALMART PHARMACY	1811914948	0.00000	0.00	7.20
00172208980	HYDROCHLOROTHIAZIDE 50 MG TAB	2025-03-15	30.000	WALMART PHARMACY	1811914948	0.00000	0.00	0.00
29300046801	CLONIDINE HCL 0.1 MG TABLET	2025-02-28	60.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.00
64380078408	PREDNISONE 10 MG TABLET	2025-03-05	21.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.00
29300046801	CLONIDINE HCL 0.1 MG TABLET	2025-03-27	60.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.00

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0.00	0.02506	2025-03-12	-0.47	0.00	Yes	No
4.00	0.03308	2025-01-01	-0.65	0.00	No	No
1.80	0.05304	2025-01-29	-0.26	0.00	No	No
4.00	0.03403	2025-01-29	-0.65	0.00	No	No
1.80	0.05821	2025-02-12	-0.26	0.00	No	No
1.80	0.05925	2025-03-12	-0.27	0.00	No	No
4.00	0.0345	2025-03-12	-0.65	0.00	No	No
4.00	0.025	2025-02-26	-0.67	0.00	No	No
4.00	0.05399	2025-03-05	-0.66	0.00	No	No
4.00	0.02583	2025-03-26	-0.67	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	2025-03-17	150.000	WALMART PHARMACY	1285651323	0.03873	0.00	3.78
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	2025-03-18	34.000	WALMART PHARMACY	1285651323	0.11147	0.00	3.69
29300041519	CYCLOBENZAPRINE 10 MG TABLET	2025-02-14	12.000	WALMART PHARMACY	1992723688	0.00000	0.00	0.00
55111017915	TIZANIDINE HCL 2 MG TABLET	2025-02-18	30.000	WALMART PHARMACY	1992723688	0.00000	0.00	0.00
75907007001	NORTRIPTYLINE HCL 25 MG CAP	2025-03-24	30.000	WALMART PHARMACY	1992723688	0.00000	0.00	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-01-03	10.000	WALGREENS	1588899140	0.07200	0.00	3.84
59651048901	PREDNISONE 50 MG TABLET	2025-01-26	5.000	WALGREENS	1588899140	0.16800	0.00	3.20
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	2025-02-21	1.000	MEDICAL CENTER PHARMACY	1639163538	0.00000	0.00	0.00
69315012710	FOLIC ACID 1 MG TABLET	2025-02-21	30.000	MEDICAL CENTER PHARMACY	1639163538	0.00000	0.00	0.00

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0.00	0.03875	2025-03-12	-0.41	0.00	No	No
0.00	0.11147	2025-03-12	-0.48	0.00	No	No
8.05	0.01624	2025-02-12	-0.25	0.00	No	No
9.00	0.03142	2025-02-12	-0.21	0.00	No	No
4.00	0.14971	2025-03-19	-0.73	0.00	No	No
0.00	0.0717	2025-01-01	-0.59	0.00	No	No
0.00	0.16886	2025-01-22	-0.64	0.00	No	No
5.57	1.73711	2025-02-19	-0.54	0.00	No	No
2.97	0.02251	2025-02-19	-0.73	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
00713022815	TRIAMCINOLONE 0.1% OINTMENT	2025-01-07	30.000	KROGER PHARMACY	1982629689	0.00000	0.00	0.00
62559075816	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-03-18	30.000	KROGER PHARMACY	1306870183	0.00000	0.00	0.00
64380078507	PREDNISONE 20 MG TABLET	2025-01-16	10.000	WALMART PHARMACY	1912924051	0.00000	0.00	-0.00
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	2025-02-16	200.000	WALMART PHARMACY	1912924051	0.00000	0.00	2.78
45802011214	MUPIROCIN 2% OINTMENT	2025-01-11	30.000	WALGREENS	1164947941	0.00000	0.00	1.74
00904674860	BISACODYL EC 5 MG TABLET	2025-03-12	4.000	WALGREENS	1164947941	0.03750	0.00	1.92
45802086802	POLYETHYLENE GLYCOL 3350 POWD	2025-03-12	238.000	WALGREENS	1164947941	0.02588	0.00	4.91
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-03-17	90.000	WALGREENS	1164947941	0.00000	0.00	-0.00
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	2025-01-10	10.000	WALMART PHARMACY	1487838132	0.00000	0.00	-0.00
68382080601	TRAZODONE 100 MG TABLET	2025-01-10	90.000	WALMART PHARMACY	1487838132	0.00000	0.00	0.00

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9.99	0.11906	2025-01-01	-0.29	0.00	No	No
9.99	0.03869	2025-03-12	-0.14	0.00	No	No
4.04	0.0717	2025-01-15	-0.64	0.00	No	No
10.00	0.0318	2025-02-12	-0.24	0.00	No	No
15.00	0.33326	2025-01-08	-0.18	0.00	No	No
0.00	0.03638	2025-03-12	-0.81	0.00	No	No
0.00	0.02588	2025-03-12	-0.34	0.00	No	No
9.14	0.01217	2025-03-12	-0.21	0.00	No	No
5.65	0.0521	2025-01-08	-0.49	0.00	No	No
10.00	0.05221	2025-01-08	-0.34	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
69584068410	PRIMIDONE 50 MG TABLET	2025-01-21	30.000	WALMART PHARMACY	1487838132	0.00000	0.00	-0.00
47781065990	LEVOTHYROXINE 137 MCG TABLET	2025-02-03	90.000	WALMART PHARMACY	1487838132	0.00000	0.00	0.00
69584068410	PRIMIDONE 50 MG TABLET	2025-02-14	45.000	WALMART PHARMACY	1487838132	0.00000	0.00	0.00
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-03-09	21.000	WALMART PHARMACY	1487838132	0.00000	0.00	0.00
68382011314	RISPERIDONE 0.5 MG TABLET	2025-03-17	60.000	WALMART PHARMACY	1487838132	0.00000	0.00	0.00
68382080601	TRAZODONE 100 MG TABLET	2025-01-15	30.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
62332002431	FLUOXETINE HCL 40 MG CAPSULE	2025-02-10	30.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
68382080601	TRAZODONE 100 MG TABLET	2025-02-14	90.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
62332002431	FLUOXETINE HCL 40 MG CAPSULE	2025-03-15	30.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
51672128202	TRIAMCINOLONE 0.1% CREAM	2025-03-26	30.000	WALGREENS	1164947941	0.00000	0.00	0.00

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9.00	0.11462	2025-01-15	-0.35	0.00	No	No
10.00	0.07306	2025-01-29	-0.41	0.00	No	No
13.50	0.11522	2025-02-12	-0.14	0.00	No	No
9.76	0.1323	2025-03-05	-0.26	0.00	No	No
8.00	0.04003	2025-03-12	-0.38	0.00	No	No
4.00	0.05221	2025-01-15	-0.67	0.00	No	No
4.00	0.05872	2025-02-05	-0.67	0.00	No	No
10.00	0.05231	2025-02-12	-0.34	0.00	No	No
4.00	0.06602	2025-03-12	-0.68	0.00	No	No
10.40	0.08834	2025-03-26	-0.21	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2025-03-07	10.000	WALGREENS	1902035454	0.00000	0.00	0.00
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-02-24	21.000	WALMART PHARMACY	1376560417	0.00000	0.00	0.00
31722054301	INDOMETHACIN 50 MG CAPSULE	2025-02-08	21.000	WALMART PHARMACY	1720005853	0.00000	0.00	0.00
00781261305	AMOXICILLIN 500 MG CAPSULE	2025-02-14	20.000	WALGREENS	1164948972	0.00000	0.00	0.00
70954005920	PREDNISONE 10 MG TABLET	2025-02-14	15.000	WALGREENS	1164948972	0.00000	0.00	0.00
63304077301	LORAZEPAM 1 MG TABLET	2025-01-05	30.000	WALGREENS	1861652562	0.00000	0.00	0.00
70710146707	COLESTIPOL HCL 1 GM TABLET	2025-01-13	60.000	WALGREENS	1861652562	0.00000	0.00	0.00
11527070442	SODIUM FLUORIDE SENSTV 5000PPM	2025-02-07	100.000	CVS PHARMACY	1407950181	0.04510	0.00	7.38
11527070442	SODIUM FLUORIDE SENSTV 5000PPM	2025-02-07	100.000	CVS PHARMACY	1407950181	0.04510	0.00	7.38

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8.92	0.12132	2025-03-05	-0.24	0.00	No	No
9.76	0.1323	2025-02-19	-0.26	0.00	No	No
8.08	0.11016	2025-02-05	-0.37	0.00	No	No
9.61	0.08158	2025-02-12	-0.21	0.00	No	No
5.50	0.04773	2025-02-12	-0.51	0.00	No	No
4.97	0.04211	2025-01-01	-0.58	0.00	No	No
39.79	0.64507	2025-01-08	-0.19	0.00	No	No
5.00	0.09509	2025-02-05	-0.16	0.00	Yes	No
5.00	0.09509	2025-02-05	-0.16	0.00	Yes	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
60219170801	PREDNISONE 20 MG TABLET	2025-02-10	10.000	RIPLEY FAMILY MEDICINE PHARMAC	1356732192	0.00000	0.00	0.00
72578017101	DEXAMETHASONE 4 MG TABLET	2025-02-17	6.000	KROGER PHARMACY	1316124803	0.00000	0.00	0.00
67877058901	COLCHICINE 0.6 MG TABLET	2025-03-14	1.000	MEDICAL CENTER PHARMACY	1639163538	0.00000	0.00	0.00
42858093001	DEXTROAMP-AMPHET ER 30 MG CAP	2025-01-11	30.000	WALGREENS	1417473000	0.25800	0.00	5.86
42858093001	DEXTROAMP-AMPHET ER 30 MG CAP	2025-02-17	30.000	WALGREENS	1417473000	0.26133	0.00	5.76
00781261305	AMOXICILLIN 500 MG CAPSULE	2025-03-10	20.000	WALGREENS	1720504145	0.00000	0.00	0.00
24208091055	ERYTHROMYCIN 0.5% EYE OINTMENT	2025-03-10	3.500	WALGREENS	1720504145	0.00000	0.00	3.69
31722070190	LOSARTAN POTASSIUM 50 MG TAB	2025-01-07	30.000	WALMART PHARMACY	1467479501	0.00000	0.00	0.00
47781065190	LEVOTHYROXINE 100 MCG TABLET	2025-02-13	90.000	WALMART PHARMACY	1467479501	0.00000	0.00	0.00

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6.00	0.07317	2025-02-05	-0.47	0.00	No	No
9.99	0.2712	2025-02-12	-0.18	0.00	No	No
8.42	0.18049	2025-03-12	-0.21	0.00	No	No
10.00	0.59149	2025-01-08	-0.16	0.00	No	No
10.00	0.59466	2025-02-12	-0.17	0.00	No	No
9.61	0.08742	2025-03-05	-0.21	0.00	No	No
10.00	2.76708	2025-03-05	-0.32	0.00	No	No
9.00	0.0361	2025-01-01	-0.22	0.00	No	No
10.00	0.05386	2025-02-12	-0.35	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
60505265605	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	2025-03-03	90.000	WALMART PHARMACY	1467479501	0.00000	0.00	-0.00
72578005518	DOXYCYCLINE HYCLATE 100 MG CAP	2025-03-13	2.000	WALMART PHARMACY	1467479501	0.00000	0.00	0.00
68645061290	LISINOPRIL 30 MG TABLET	2025-03-13	30.000	WALMART PHARMACY	1467479501	0.00000	0.00	0.00
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	2025-01-06	25.000	WALMART PHARMACY	1497954978	0.00000	0.00	0.00
68180044102	CEPHALEXIN 250 MG/5 ML SUSP	2025-01-06	200.000	WALMART PHARMACY	1497954978	0.00210	0.00	7.58
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	2025-02-13	25.000	WALMART PHARMACY	1497954978	0.00000	0.00	0.00
00121088516	PREDNISOLONE 15 MG/5 ML SOLN	2025-02-20	25.000	WALMART PHARMACY	1497954978	0.23840	0.00	5.92
68645058459	METFORMIN HCL 1,000 MG TABLET	2025-02-20	90.000	WALMART PHARMACY	1497954978	0.00000	0.00	0.00
64380078507	PREDNISONE 20 MG TABLET	2025-02-28	20.000	WALMART PHARMACY	1497954978	0.00000	0.00	0.00
31722052001	HYDRALAZINE 25 MG TABLET	2025-01-10	60.000	WALMART PHARMACY	1538186663	0.00000	0.00	-0.00

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10.00	0.08485	2025-02-26	-0.45	0.00	No	No
4.00	0.1187	2025-03-12	-0.63	0.00	No	No
4.00	0.05139	2025-03-12	-0.67	0.00	No	No
5.50	0.10868	2025-01-01	-0.58	0.00	No	No
10.00	0.05212	2025-01-01	-0.14	0.00	No	No
5.50	0.10628	2025-02-12	-0.58	0.00	No	No
10.00	0.63833	2025-02-19	-0.17	0.00	No	No
6.00	0.02319	2025-02-19	-0.52	0.00	No	No
8.08	0.07911	2025-02-26	-0.33	0.00	No	No
4.00	0.03158	2025-01-08	-0.68	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
60505009400	DOXAZOSIN MESYLATE 2 MG TAB	2025-01-21	30.000	WALMART PHARMACY	1538186663	0.00000	0.00	0.00
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-01-25	21.000	WALMART PHARMACY	1538186663	0.00000	0.00	0.00
67877021905	CEPHALEXIN 500 MG CAPSULE	2025-02-01	21.000	WALMART PHARMACY	1538186663	0.00000	0.00	-0.00
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	2025-02-12	150.000	WALMART PHARMACY	1538186663	0.00000	0.00	0.00
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-02-12	100.000	WALMART PHARMACY	1538186663	0.00000	0.00	1.75
31722052001	HYDRALAZINE 25 MG TABLET	2025-02-13	60.000	WALMART PHARMACY	1538186663	0.00000	0.00	0.00
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	2025-02-15	150.000	WALMART PHARMACY	1538186663	0.00000	0.00	0.00
45802005536	TRIAMCINOLONE 0.1% OINTMENT	2025-02-19	80.000	WALMART PHARMACY	1538186663	0.00000	0.00	0.00
72485067035	ERYTHROMYCIN 0.5% EYE OINTMENT	2025-02-27	3.500	WALMART PHARMACY	1538186663	0.00000	0.00	3.74
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	2025-03-12	200.000	WALMART PHARMACY	1538186663	0.00000	0.00	2.78

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
9.00	0.06212	2025-01-15	-0.27	0.00	No	No
9.76	0.11419	2025-01-22	-0.24	0.00	No	No
8.58	0.10819	2025-01-29	-0.33	0.00	No	No
9.59	0.03735	2025-02-12	-0.40	0.00	No	No
10.00	0.0344	2025-02-12	-0.16	0.00	No	No
4.00	0.03193	2025-02-12	-0.68	0.00	No	No
9.59	0.03735	2025-02-12	-0.40	0.00	No	No
8.94	0.06419	2025-02-19	-0.43	0.00	No	No
10.00	2.76708	2025-02-26	-0.32	0.00	No	No
10.00	0.03366	2025-03-12	-0.26	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68645052354	SERTRALINE HCL 100 MG TABLET	2025-03-17	30.000	WALMART PHARMACY	1538186663	0.00000	0.00	0.00
00487970130	BUDESONIDE 0.5 MG/2 ML SUSP	2025-03-18	60.000	WALMART PHARMACY	1538186663	0.71350	0.00	0.00
31722052001	HYDRALAZINE 25 MG TABLET	2025-03-18	180.000	WALMART PHARMACY	1538186663	0.00000	0.00	0.00
68180096301	ALBUTEROL HFA 90 MCG INHALER	2025-03-20	8.500	WALMART PHARMACY	1538186663	1.20353	0.00	0.00
64380078507	PREDNISONE 20 MG TABLET	2025-03-20	10.000	WALMART PHARMACY	1538186663	0.00000	0.00	0.00
45802005536	TRIAMCINOLONE 0.1% OINTMENT	2025-03-25	80.000	WALMART PHARMACY	1538186663	0.00000	0.00	0.00
55111014512	FLUCONAZOLE 150 MG TABLET	2025-02-14	2.000	WALMART PHARMACY	1649364795	0.00000	0.00	0.00
29300024401	BUSPIRONE HCL 5 MG TABLET	2025-01-25	90.000	WALMART PHARMACY	1992722029	0.00000	0.00	0.00
68180087673	NORETHINDRONE 0.35 MG TABLET	2025-01-25	28.000	WALMART PHARMACY	1992722029	0.07893	0.00	6.79
13668001001	CITALOPRAM HBR 20 MG TABLET	2025-01-27	90.000	WALMART PHARMACY	1992722029	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
9.00	0.05114	2025-03-12	-0.25	0.00	No	No
10.00	0.91101	2025-03-12	-0.19	0.00	No	No
8.00	0.03582	2025-03-12	-0.53	0.00	No	No
10.00	2.56359	2025-03-19	-0.37	0.00	No	No
4.04	0.08187	2025-03-19	-0.64	0.00	No	No
8.94	0.06737	2025-03-19	-0.44	0.00	No	No
9.60	0.52425	2025-02-12	-0.17	0.00	No	No
6.00	0.01949	2025-01-22	-0.51	0.00	No	No
0.00	0.07878	2025-01-22	-0.29	0.00	No	No
10.00	0.02773	2025-01-22	-0.23	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
51672136504	FLUOCINOLONE 0.01% SOLUTION	2025-01-28	120.000	CLARKSBURG VAMC	1356399364	0.00000	0.00	0.00
00121087416	CETIRIZINE HCL 1 MG/ML SOLN	2025-02-13	75.000	CVS PHARMACY	1285737643	0.00000	0.00	0.00
00574220520	TRETINOIN 0.05% CREAM	2025-01-02	20.000	CVS PHARMACY	1528161288	0.00000	0.00	0.00
00574220520	TRETINOIN 0.05% CREAM	2025-02-09	20.000	CVS PHARMACY	1528161288	0.00000	0.00	0.00
00574220520	TRETINOIN 0.05% CREAM	2025-03-06	20.000	CVS PHARMACY	1528161288	0.00000	0.00	0.00
00172392670	DIAZEPAM 5 MG TABLET	2025-02-10	30.000	MOUNTAINEER PHARMACY	1184015802	0.00000	0.00	0.00
70954005920	PREDNISONE 10 MG TABLET	2025-02-19	20.000	WALGREENS	1417473000	0.00000	0.00	0.00
70954005920	PREDNISONE 10 MG TABLET	2025-02-24	20.000	WALGREENS	1417473000	0.00000	0.00	0.00
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-01-23	21.000	WALGREENS	1982649067	0.00000	0.00	0.00
70954040310	DEXAMETHASONE 4 MG TABLET	2025-03-13	6.000	WALGREENS	1982649067	0.00000	0.00	-0.00

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25.00	0.17052	2025-01-22	-0.19	0.00	No	No
13.99	0.14115	2025-02-12	-0.34	0.00	Yes	No
32.79	1.35959	2025-01-01	-0.13	0.00	Yes	No
32.79	1.40773	2025-02-05	-0.15	0.00	Yes	No
32.79	1.60921	2025-03-05	-0.23	0.00	Yes	No
7.50	0.02438	2025-02-05	-0.33	0.00	No	No
6.66	0.05399	2025-02-19	-0.42	0.00	No	No
6.66	0.05399	2025-02-19	-0.42	0.00	No	No
10.00	0.08158	2025-01-22	-0.18	0.00	No	No
9.14	0.28058	2025-03-12	-0.25	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68645061090	LISINOPRIL 10 MG TABLET	2025-02-25	90.000	WALMART PHARMACY	1538186663	0.00000	0.00	0.00
47781066590	LEVOTHYROXINE 175 MCG TABLET	2025-03-03	90.000	WALMART PHARMACY	1538186663	0.00000	0.00	0.00
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	2025-03-27	100.000	WALMART PHARMACY	1538186663	0.00000	0.00	0.00
47781066590	LEVOTHYROXINE 175 MCG TABLET	2025-01-23	78.000	WALMART PHARMACY	1548287675	0.00000	0.00	0.00
55111014512	FLUCONAZOLE 150 MG TABLET	2025-02-12	2.000	WALMART PHARMACY	1992722029	0.00000	0.00	0.00
68645051654	AMLODIPINE BESYLATE 10 MG TAB	2025-02-20	30.000	WALMART PHARMACY	1992722029	0.00000	0.00	0.00
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-03-10	90.000	WALGREENS	1588899140	0.00000	0.00	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-03-28	10.000	WALGREENS	1922524909	0.00000	0.00	0.00
62332002431	FLUOXETINE HCL 40 MG CAPSULE	2025-02-26	180.000	WALMART PHARMACY	1447277579	0.01044	0.00	8.12
68645058459	METFORMIN HCL 1,000 MG TABLET	2025-01-02	180.000	WALMART PHARMACY	1497954978	0.00000	0.00	0.00

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10.00	0.0177	2025-02-19	-0.17	0.00	No	No
10.00	0.09185	2025-02-26	-0.47	0.00	No	No
6.39	0.03373	2025-03-26	-0.54	0.00	No	No
8.67	0.08637	2025-01-22	-0.50	0.00	No	No
9.60	0.52425	2025-02-12	-0.17	0.00	No	No
9.00	0.01694	2025-02-19	-0.18	0.00	No	No
9.15	0.01217	2025-03-05	-0.21	0.00	No	No
4.56	0.08187	2025-03-26	-0.60	0.00	No	No
10.00	0.06602	2025-02-26	-0.11	0.00	No	No
10.00	0.02204	2025-01-01	-0.31	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
59651080701	MECLIZINE 12.5 MG TABLET	2025-02-12	30.000	WALMART PHARMACY	1497954978	0.00000	0.00	4.00
65862006299	METOPROLOL TARTRATE 25 MG TAB	2025-02-21	180.000	WALMART PHARMACY	1497954978	0.00000	0.00	0.00
47781066590	LEVOTHYROXINE 175 MCG TABLET	2025-03-15	90.000	WALMART PHARMACY	1497954978	0.00000	0.00	-0.00
68645058259	METFORMIN HCL 500 MG TABLET	2025-03-21	180.000	WALMART PHARMACY	1497954978	0.00000	0.00	0.00
59651080701	MECLIZINE 12.5 MG TABLET	2025-03-28	30.000	WALMART PHARMACY	1497954978	0.00000	0.00	4.00
13668001101	CITALOPRAM HBR 40 MG TABLET	2025-01-13	90.000	WALMART PHARMACY	1720005853	0.00000	0.00	0.00
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	2025-01-29	2.000	CVS PHARMACY	1417345901	49.99500	0.00	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-01-09	5.000	WALGREENS	1376067090	0.00000	0.00	0.00
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	2025-02-20	1.000	WALGREENS	1376067090	0.00000	0.00	0.00
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-03-04	90.000	WALGREENS	1376067090	0.00000	0.00	-0.00

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5.00	0.04894	2025-02-12	-0.25	0.00	No	No
10.00	0.01677	2025-02-19	-0.26	0.00	No	No
10.00	0.09185	2025-03-12	-0.47	0.00	No	No
10.00	0.01391	2025-03-19	-0.23	0.00	No	No
5.00	0.0553	2025-03-26	-0.26	0.00	No	No
10.00	0.04004	2025-01-08	-0.29	0.00	No	No
10.00	98.67298	2025-01-29	-0.47	0.00	Yes	No
3.28	0.0717	2025-01-08	-0.70	0.00	No	No
2.91	0.05697	2025-02-19	-0.72	0.00	No	No
9.14	0.01217	2025-02-26	-0.21	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
00378692191	ABIRATERONE ACETATE 500 MG TAB	2025-01-10	60.000	WVUH SPECIALTY PHARMACY AND HO	1073980710	45.51150	0.00	0.00
00378692191	ABIRATERONE ACETATE 500 MG TAB	2025-02-10	60.000	WVUH SPECIALTY PHARMACY AND HO	1073980710	45.51150	0.00	0.00
00378692191	ABIRATERONE ACETATE 500 MG TAB	2025-03-13	60.000	WVUH SPECIALTY PHARMACY AND HO	1073980710	45.51150	0.00	0.00
42858093001	DEXTROAMP-AMPHET ER 30 MG CAP	2025-01-14	30.000	WALGREENS	1164947941	0.00000	0.00	-0.00
49483048112	ASPIRIN EC 81 MG TABLET	2025-03-31	90.000	CVS PHARMACY	1053414714	0.01556	0.00	1.13
29300011110	LAMOTRIGINE 25 MG TABLET	2025-03-18	30.000	BRIDGEPORT PHARMACY	1265847503	0.00000	0.00	0.00
23155076401	HYDROCHLOROTHIAZIDE 12.5 MG TB	2025-02-19	90.000	WALMART PHARMACY	1265459390	0.00000	0.00	0.00
68645058259	METFORMIN HCL 500 MG TABLET	2025-02-06	180.000	WALMART PHARMACY	1720005853	0.00000	0.00	0.00
68645056259	IBUPROFEN 600 MG TABLET	2025-03-03	40.000	WALMART PHARMACY	1720005853	0.00000	0.00	0.00

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0.00	14.04631	2025-01-08	0.00	2.20	No	No
0.00	15.0253	2025-02-05	0.00	1.99	No	No
0.00	17.0685	2025-03-12	0.00	1.64	No	No
23.60	0.59149	2025-01-08	-0.16	0.00	No	No
0.00	0.01553	2025-03-26	-0.79	0.00	Yes	No
6.00	0.02955	2025-03-12	-0.47	0.00	No	No
10.00	0.04813	2025-02-19	-0.33	0.00	No	No
10.00	0.01323	2025-02-05	-0.22	0.00	No	No
7.24	0.04873	2025-02-26	-0.42	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	2025-02-17	1.000	WALGREENS	1205352895	0.00000	0.00	0.00
83980000210	FUROSEMIDE 20 MG TABLET	2025-01-22	30.000	WALGREENS	1457876112	0.00000	0.00	-0.00
70954005920	PREDNISONE 10 MG TABLET	2025-03-11	15.000	WALGREENS	1457876112	0.00000	0.00	0.00
17270074000	ALBUTEROL HFA 90 MCG INHALER	2025-03-24	8.500	GIL CO FAITH PHARMACY	1063516029	0.65529	0.00	10.49
00143951910	METHOTREXATE 50 MG/2 ML VIAL	2025-03-06	4.000	KROGER PHARMACY	1154355949	0.00000	0.00	0.00
68180096301	ALBUTEROL HFA 90 MCG INHALER	2025-03-11	8.500	MACE'S PHARMACY INC.	1770841637	1.28941	0.00	0.00
45802011214	MUPIROCIN 2% OINTMENT	2025-01-03	30.000	WALGREENS	1093231904	0.00000	0.00	6.74
00781261305	AMOXICILLIN 500 MG CAPSULE	2025-02-10	20.000	WALGREENS	1093231904	0.00000	0.00	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-01-09	18.000	WALGREENS	1205352895	0.00000	0.00	0.00

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4.14	1.60351	2025-02-12	-0.66	0.00	No	No
6.20	0.02252	2025-01-22	-0.44	0.00	No	No
8.19	0.05399	2025-03-05	-0.28	0.00	No	No
10.00	2.53475	2025-03-05	-0.19	0.00	No	No
9.99	1.44825	2025-03-05	-0.39	0.00	No	No
10.00	2.53475	2025-03-05	-0.35	0.00	No	No
10.00	0.33326	2025-01-01	-0.18	0.00	No	No
9.61	0.08158	2025-02-05	-0.21	0.00	No	No
6.62	0.0717	2025-01-08	-0.44	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees
00310737220	BUDESONIDE-FORMOTEROL 80-4.5	2025-03-29	10.200	WALGREENS	1457876112	14.61667	0.00
70954005920	PREDNISONE 10 MG TABLET	2025-02-10	21.000	WALGREENS	1609391358	0.00000	0.00
21922006304	TRIAMCINOLONE 0.1% OINTMENT	2025-02-21	15.000	WALGREENS	1750807491	0.00000	0.00
29300024401	BUSPIRONE HCL 5 MG TABLET	2025-02-03	180.000	WALMART PHARMACY	1275550303	0.00000	0.00
00555088704	ESTRADIOL 2 MG TABLET	2025-03-20	30.000	WALMART PHARMACY	1285651323	0.00000	0.00
47781064390	LEVOTHYROXINE 50 MCG TABLET	2025-03-13	90.000	WALMART PHARMACY	1285651323	0.00000	0.00
29300011201	LAMOTRIGINE 100 MG TABLET	2025-03-03	30.000	WALMART PHARMACY	1376560417	0.00000	0.00
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-03-12	21.000	WALMART PHARMACY	1376560417	0.00000	0.00
29300011316	LAMOTRIGINE 150 MG TABLET	2025-03-31	30.000	WALMART PHARMACY	1376560417	0.00000	0.00
65162035803	ZAFEMY 150-35 MCG/DAY PATCH	2025-02-04	9.000	WALMART PHARMACY	1609965292	24.55000	0.00

Amount of Dispensing Fee	Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
0.00	10.00	16.75554	2025-03-26	-0.12	0.00	No	No
0.00	6.90	0.04773	2025-02-05	-0.40	0.00	No	No
0.00	7.57	0.12388	2025-02-19	-0.39	0.00	No	No
0.00	10.00	0.01949	2025-01-29	-0.29	0.00	No	No
0.00	8.15	0.09153	2025-03-19	-0.38	0.00	No	No
0.00	10.00	0.05398	2025-03-12	-0.35	0.00	No	No
0.00	9.00	0.04292	2025-02-26	-0.24	0.00	No	No
0.00	6.28	0.08742	2025-03-12	-0.49	0.00	No	No
0.00	4.50	0.06399	2025-03-26	-0.64	0.00	No	No
0.00	0.00	26.52333	2025-01-29	-0.11	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees
50111078751	AZITHROMYCIN 250 MG TABLET	2025-03-22	6.000	WALMART PHARMACY	1639196777	0.00000	0.00
47781065190	LEVOTHYROXINE 100 MCG TABLET	2025-01-28	30.000	WALMART PHARMACY	1720005853	0.00000	0.00
13668010401	ISOSORBIDE MONONIT ER 30 MG TB	2025-01-08	90.000	WALMART PHARMACY	1730106873	0.00000	0.00
68180096301	ALBUTEROL HFA 90 MCG INHALER	2025-01-10	8.500	WALMART PHARMACY	1730106873	1.14353	0.00
29300024505	BUSPIRONE HCL 10 MG TABLET	2025-01-10	120.000	WALMART PHARMACY	1730106873	0.00000	0.00
68645057559	GLIPIZIDE 10 MG TABLET	2025-01-20	60.000	WALMART PHARMACY	1730106873	0.00000	0.00
68645057559	GLIPIZIDE 10 MG TABLET	2025-02-16	60.000	WALMART PHARMACY	1730106873	0.00000	0.00
00555077902	MEDROXYPROGESTERONE 10 MG TAB	2025-03-24	10.000	WALMART PHARMACY	1730106873	0.00000	0.00
29300042110	AMITRIPTYLINE HCL 50 MG TAB	2025-03-26	90.000	WALMART PHARMACY	1912391772	0.00000	0.00
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-01-21	21.000	WALMART PHARMACY	1730106873	0.00000	0.00

Amount of Dispensing Fee	Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
1.45	10.00	0.37667	2025-03-19	-0.10	0.00	No	No
0.00	4.00	0.05386	2025-01-22	-0.67	0.00	No	No
0.00	10.00	0.06616	2025-01-08	-0.39	0.00	No	No
0.51	10.00	2.32051	2025-01-08	-0.33	0.00	No	No
0.00	6.67	0.02862	2025-01-08	-0.52	0.00	No	No
0.00	4.00	0.04167	2025-01-15	-0.69	0.00	No	No
0.00	4.00	0.04083	2025-02-12	-0.69	0.00	No	No
0.00	7.38	0.15912	2025-03-19	-0.39	0.00	No	No
0.00	10.00	0.08587	2025-03-26	-0.45	0.00	No	No
0.00	9.76	0.11746	2025-01-15	-0.25	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
62559075816	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-02-28	150.000	WALGREENS	1245407949	0.00000	0.00	4.29
60758011905	PREDNISOLONE AC 1% EYE DROP	2025-03-28	10.000	WALMART PHARMACY	1366469496	3.41000	0.00	0.00
64380078507	PREDNISONE 20 MG TABLET	2025-01-06	10.000	WALMART PHARMACY	1720005853	0.00000	0.00	-0.00
29300013005	HYDROCHLOROTHIAZIDE 12.5 MG CP	2025-01-30	90.000	WALMART PHARMACY	1720005853	0.00000	0.00	-0.00
62332002331	FLUOXETINE HCL 20 MG CAPSULE	2025-02-01	90.000	WALMART PHARMACY	1881870210	0.00000	0.00	0.00
68645058259	METFORMIN HCL 500 MG TABLET	2025-02-01	30.000	WALMART PHARMACY	1881870210	0.00000	0.00	0.00
64380078507	PREDNISONE 20 MG TABLET	2025-02-20	10.000	WALMART PHARMACY	1881870210	0.00000	0.00	0.00
62332002331	FLUOXETINE HCL 20 MG CAPSULE	2025-03-03	90.000	WALMART PHARMACY	1881870210	0.00000	0.00	0.00
68645058259	METFORMIN HCL 500 MG TABLET	2025-03-03	30.000	WALMART PHARMACY	1881870210	0.00000	0.00	0.00
68645061190	LISINOPRIL 20 MG TABLET	2025-03-08	90.000	WALMART PHARMACY	1881870210	0.00000	0.00	-0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
10.00	0.03869	2025-02-26	-0.12	0.00	No	No
10.00	5.34364	2025-03-26	-0.31	0.00	No	No
4.04	0.0717	2025-01-01	-0.64	0.00	No	No
10.00	0.02806	2025-01-29	-0.23	0.00	No	No
10.00	0.02978	2025-01-29	-0.24	0.00	No	No
4.00	0.01323	2025-01-29	-0.63	0.00	No	No
4.04	0.07911	2025-02-19	-0.64	0.00	No	No
10.00	0.03107	2025-02-26	-0.25	0.00	No	No
4.00	0.01368	2025-02-26	-0.63	0.00	No	No
10.00	0.02538	2025-03-05	-0.22	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
65862006299	METOPROLOL TARTRATE 25 MG TAB	2025-03-08	180.000	WALMART PHARMACY	1881870210	0.00000	0.00	0.00
47781064390	LEVOTHYROXINE 50 MCG TABLET	2025-03-13	90.000	WALMART PHARMACY	1912924051	0.00000	0.00	0.00
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2025-01-19	12.000	WALGREENS	1386160943	0.00000	0.00	0.30
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2025-01-08	8.000	WALGREENS	1619493202	0.00000	0.00	0.00
70954040310	DEXAMETHASONE 4 MG TABLET	2025-01-09	6.000	WALGREENS	1861652562	0.00000	0.00	-0.00
47781065790	LEVOTHYROXINE 125 MCG TABLET	2025-01-11	60.000	WALMART PHARMACY	1801813936	0.00000	0.00	0.00
31722059690	FENOFIBRATE 145 MG TABLET	2025-01-25	30.000	WALMART PHARMACY	1881870210	0.00000	0.00	0.00
70954005920	PREDNISONE 10 MG TABLET	2025-01-03	15.000	WALGREENS	1609391358	0.00000	0.00	0.00
68462022001	LITHIUM CARBONATE 150 MG CAP	2025-01-08	90.000	WALGREENS	1265959134	0.04878	0.00	8.22

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
10.00	0.01677	2025-03-05	-0.26	0.00	No	No
10.00	0.05398	2025-03-12	-0.35	0.00	No	No
10.00	0.12482	2025-01-15	-0.14	0.00	No	No
7.53	0.12482	2025-01-08	-0.34	0.00	No	No
9.14	0.28001	2025-01-08	-0.25	0.00	No	No
8.00	0.07177	2025-01-08	-0.46	0.00	No	No
9.00	0.12478	2025-01-22	-0.37	0.00	No	No
5.50	0.04665	2025-01-01	-0.51	0.00	No	No
3.15	0.08373	2025-01-08	-0.13	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68462022001	LITHIUM CARBONATE 150 MG CAP	2025-01-31	90.000	WALGREENS	1265959134	0.04856	0.00	8.24
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	2025-01-02	84.000	WALGREENS	1609391358	0.13810	0.00	6.99
29300024505	BUSPIRONE HCL 10 MG TABLET	2025-01-27	60.000	WALMART PHARMACY	1093732133	0.01517	0.00	2.29
68645019059	METOPROLOL TARTRATE 50 MG TAB	2025-02-18	180.000	WALMART PHARMACY	1093732133	0.00806	0.00	6.55
29300024505	BUSPIRONE HCL 10 MG TABLET	2025-02-21	60.000	WALMART PHARMACY	1093732133	0.01750	0.00	2.15
00054429931	FUROSEMIDE 40 MG TABLET	2025-03-05	30.000	WALMART PHARMACY	1093732133	0.00467	0.00	3.06
00487970130	BUDESONIDE 0.5 MG/2 ML SUSP	2025-03-05	120.000	WALMART PHARMACY	1093732133	0.70408	0.00	0.00
64380078507	PREDNISONE 20 MG TABLET	2025-03-05	11.000	WALMART PHARMACY	1093732133	0.00000	0.00	3.55
65862067601	ALPRAZOLAM 0.25 MG TABLET	2025-03-06	15.000	WALMART PHARMACY	1093732133	0.00000	0.00	6.38
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-03-26	21.000	WALMART PHARMACY	1093732133	0.06667	0.00	5.99

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3.15	0.08359	2025-01-29	-0.13	0.00	No	No
0.00	0.13805	2025-01-01	-0.16	0.00	No	No
0.80	0.02845	2025-01-22	-0.67	0.00	No	No
2.00	0.01919	2025-02-12	-0.28	0.00	No	No
0.80	0.03079	2025-02-19	-0.68	0.00	No	No
0.80	0.03121	2025-03-05	-0.65	0.00	No	No
21.12	0.91101	2025-03-05	-0.12	0.00	No	No
0.89	0.07911	2025-03-05	-0.61	0.00	No	No
1.59	0.02206	2025-03-05	-0.26	0.00	No	No
1.85	0.15456	2025-03-26	-0.33	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
33342005010	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	2025-01-22	90.000	WALMART PHARMACY	1720005853	0.04678	0.00	3.79
64380078408	PREDNISONE 10 MG TABLET	2025-03-14	15.000	WALMART PHARMACY	1720005853	0.00067	0.00	3.19
68645019159	METOPROLOL TARTRATE 100 MG TAB	2025-03-18	180.000	WALMART PHARMACY	1720005853	0.01650	0.00	5.03
68645055854	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	2025-03-25	30.000	WALMART PHARMACY	1730106873	0.01567	0.00	2.73
64380078507	PREDNISONE 20 MG TABLET	2025-02-18	10.000	WALMART PHARMACY	1912391772	0.00000	0.00	3.23
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-02-24	21.000	WALMART PHARMACY	1912391772	0.03952	0.00	6.98
68180096301	ALBUTEROL HFA 90 MCG INHALER	2025-02-24	8.500	WALMART PHARMACY	1912391772	1.90353	0.00	0.00
65162019011	NAPROXEN 500 MG TABLET	2025-03-17	30.000	WALMART PHARMACY	1912391772	0.01300	0.00	5.07
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-03-17	21.000	WALMART PHARMACY	1912391772	0.04429	0.00	6.46
42858072001	DEXTROAMP-AMPHET ER 20 MG CAP	2025-01-30	60.000	WALGREENS	1609392273	0.51300	0.00	4.42

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2.00	0.06913	2025-01-22	-0.40	0.00	No	No
0.80	0.05399	2025-03-12	-0.65	0.00	No	No
2.00	0.02759	2025-03-12	-0.35	0.00	No	No
0.80	0.04244	2025-03-19	-0.66	0.00	No	No
0.81	0.07317	2025-02-12	-0.64	0.00	No	No
1.95	0.1323	2025-02-19	-0.26	0.00	No	No
4.05	2.53475	2025-02-19	-0.37	0.00	No	No
1.36	0.05828	2025-03-12	-0.44	0.00	No	No
1.85	0.1323	2025-03-12	-0.30	0.00	No	No
10.00	0.67969	2025-01-29	-0.12	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2025-02-04	12.000	WALGREENS	1992220628	0.00000	0.00	0.30
70954006020	PREDNISONE 20 MG TABLET	2025-01-18	14.000	WALGREENS	1902035454	0.00000	0.00	0.00
67877021905	CEPHALEXIN 500 MG CAPSULE	2025-01-13	21.000	WALMART PHARMACY	1720005853	0.00000	0.00	0.00
00406012501	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	2025-01-18	12.000	WALMART PHARMACY	1720005853	0.00000	0.00	0.00
55111032005	GLIMEPIRIDE 1 MG TABLET	2025-01-26	30.000	WALMART PHARMACY	1720005853	0.00000	0.00	0.00
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	2025-01-29	12.000	WALMART PHARMACY	1720005853	0.00000	0.00	0.00
00054429731	FUROSEMIDE 20 MG TABLET	2025-02-15	90.000	WALMART PHARMACY	1720005853	0.00000	0.00	-0.00
70954005920	PREDNISONE 10 MG TABLET	2025-01-16	18.000	WALGREENS	1831615574	0.00000	0.00	0.00
55111032105	GLIMEPIRIDE 2 MG TABLET	2025-01-08	90.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00

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10.00	0.12377	2025-01-29	-0.14	0.00	No	No
5.59	0.0717	2025-01-15	-0.51	0.00	No	No
8.58	0.10778	2025-01-08	-0.33	0.00	No	No
10.33	0.15508	2025-01-15	-0.16	0.00	No	No
4.00	0.03124	2025-01-22	-0.65	0.00	No	No
6.57	0.08665	2025-01-29	-0.43	0.00	No	No
10.00	0.02252	2025-02-12	-0.20	0.00	No	No
6.20	0.04665	2025-01-15	-0.45	0.00	No	No
10.00	0.03039	2025-01-08	-0.24	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
31722052001	HYDRALAZINE 25 MG TABLET	2025-01-22	60.000	WALMART PHARMACY	1730106873	0.00000	0.00	-0.00
31722052001	HYDRALAZINE 25 MG TABLET	2025-02-18	60.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
68645058459	METFORMIN HCL 1,000 MG TABLET	2025-02-26	60.000	WALMART PHARMACY	1730106873	0.00000	0.00	-0.00
00093834401	GLYBURIDE 5 MG TABLET	2025-02-26	30.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
68645019059	METOPROLOL TARTRATE 50 MG TAB	2025-03-01	180.000	WALMART PHARMACY	1730106873	0.00000	0.00	-0.00
31722052001	HYDRALAZINE 25 MG TABLET	2025-03-14	60.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
00093834401	GLYBURIDE 5 MG TABLET	2025-03-25	30.000	WALMART PHARMACY	1730106873	0.00000	0.00	-0.00
68645058459	METFORMIN HCL 1,000 MG TABLET	2025-03-25	60.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
47781065790	LEVOTHYROXINE 125 MCG TABLET	2025-02-13	90.000	WALMART PHARMACY	1750309449	0.00000	0.00	0.00
68645061190	LISINOPRIL 20 MG TABLET	2025-03-12	90.000	WALMART PHARMACY	1750309449	0.00000	0.00	-0.00

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4.00	0.03193	2025-01-22	-0.68	0.00	No	No
4.00	0.03193	2025-02-12	-0.68	0.00	No	No
4.00	0.02319	2025-02-26	-0.66	0.00	No	No
9.88	0.05552	2025-02-26	-0.19	0.00	No	No
10.00	0.02142	2025-02-26	-0.30	0.00	No	No
4.00	0.03582	2025-03-12	-0.68	0.00	No	No
9.88	0.05596	2025-03-19	-0.19	0.00	No	No
4.00	0.02408	2025-03-19	-0.66	0.00	No	No
10.00	0.07133	2025-02-12	-0.41	0.00	No	No
10.00	0.02538	2025-03-12	-0.22	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
00093206406	CILOSTAZOL 100 MG TABLET	2025-03-28	180.000	WALMART PHARMACY	1750309449	0.02222	0.00	0.00
23155000910	HYDROCHLOROTHIAZIDE 50 MG TAB	2025-03-20	90.000	GOOD LIFE APOTHECARY	1720495401	0.00000	0.00	0.00
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-01-20	90.000	WALGREENS	1285964569	0.00000	0.00	0.00
64380078408	PREDNISONE 10 MG TABLET	2025-01-01	24.000	WALMART PHARMACY	1649297789	0.00000	0.00	0.00
59651048901	PREDNISONE 50 MG TABLET	2025-03-11	5.000	WALGREENS	1609179860	0.00000	0.00	0.00
29300041001	ATENOLOL 25 MG TABLET	2025-03-21	90.000	WALMART PHARMACY	1538186663	0.00000	0.00	0.00
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	2025-01-30	9.000	WALMART PHARMACY	1649297789	0.00000	0.00	0.00
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	2025-01-30	100.000	WALMART PHARMACY	1649297789	0.00000	0.00	0.00
67877025115	TRIAMCINOLONE 0.1% CREAM	2025-02-12	30.000	WALMART PHARMACY	1649297789	0.00000	0.00	2.38
64380078507	PREDNISONE 20 MG TABLET	2025-02-21	10.000	WALMART PHARMACY	1649297789	0.00000	0.00	0.00

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20.00	0.13438	2025-03-26	-0.31	0.00	No	No
10.62	0.03428	2025-03-19	-0.22	0.00	No	No
9.15	0.01079	2025-01-15	-0.20	0.00	No	No
4.00	0.04665	2025-01-01	-0.66	0.00	No	No
4.04	0.18345	2025-03-05	-0.65	0.00	No	No
10.00	0.02404	2025-03-19	-0.21	0.00	No	No
4.00	0.10628	2025-01-29	-0.65	0.00	No	No
6.39	0.0318	2025-01-29	-0.53	0.00	No	No
10.00	0.12708	2025-02-12	-0.13	0.00	No	No
4.04	0.07911	2025-02-19	-0.64	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
67877021905	CEPHALEXIN 500 MG CAPSULE	2025-03-18	20.000	WALMART PHARMACY	1649297789	0.00000	0.00	0.00
64380078507	PREDNISONE 20 MG TABLET	2025-03-18	10.000	WALMART PHARMACY	1649297789	0.00000	0.00	0.00
68645056354	IBUPROFEN 800 MG TABLET	2025-03-18	40.000	WALMART PHARMACY	1649297789	0.00000	0.00	0.00
68645058459	METFORMIN HCL 1,000 MG TABLET	2025-02-23	180.000	WALMART PHARMACY	1285651323	0.02317	0.00	5.83
31722052001	HYDRALAZINE 25 MG TABLET	2025-02-23	90.000	WALMART PHARMACY	1285651323	0.00000	0.00	0.00
21922006204	TRIAMCINOLONE 0.1% CREAM	2025-03-27	15.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
55111014512	FLUCONAZOLE 150 MG TABLET	2025-03-03	2.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
68645051554	AMLODIPINE BESYLATE 5 MG TAB	2025-03-03	30.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
68645058259	METFORMIN HCL 500 MG TABLET	2025-03-03	90.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
31722070290	LOSARTAN POTASSIUM 100 MG TAB	2025-03-05	30.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00

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8.17	0.1214	2025-03-12	-0.37	0.00	No	No
4.04	0.07911	2025-03-12	-0.64	0.00	No	No
7.76	0.06029	2025-03-12	-0.40	0.00	No	No
0.00	0.02319	2025-02-19	-0.32	0.00	No	No
4.00	0.03582	2025-02-19	-0.71	0.00	No	No
6.19	0.13388	2025-03-26	-0.50	0.00	No	No
9.60	0.53979	2025-02-26	-0.17	0.00	No	No
9.00	0.01082	2025-02-26	-0.17	0.00	No	No
6.00	0.01368	2025-02-26	-0.49	0.00	No	No
9.00	0.05123	2025-03-05	-0.25	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	2025-02-19	150.000	WALMART PHARMACY	1467479501	0.00400	0.00	3.99
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	2025-02-19	100.000	WALMART PHARMACY	1467479501	0.00000	0.00	1.39
42858010401	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	2025-02-18	28.000	UNITED PHARMACY	1790098002	0.00000	0.00	0.15
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-01-02	140.000	WALGREENS	1053837963	0.00000	0.00	3.79
00574110404	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2025-02-10	120.000	WALGREENS	1053837963	0.00317	0.00	5.21
68180086573	BLISOVI FE 1-20 TABLET	2025-03-24	84.000	WALGREENS	1053837963	0.14667	0.00	4.17
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	2025-01-01	4.000	WEIS PHARMACY	1205423498	0.00000	0.00	0.00
69315012710	FOLIC ACID 1 MG TABLET	2025-01-01	30.000	WEIS PHARMACY	1205423498	0.00000	0.00	0.00
62559075816	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-02-13	118.000	WALGREENS	1093234080	0.00000	0.00	2.59
70954006020	PREDNISONE 20 MG TABLET	2025-02-16	10.000	WALGREENS	1164947941	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
5.00	0.03875	2025-02-19	-0.41	0.00	No	No
5.00	0.03366	2025-02-19	-0.54	0.00	No	No
10.00	0.22183	2025-02-12	-0.39	0.00	No	No
10.00	0.03452	2025-01-01	-0.10	0.00	No	No
10.00	0.08654	2025-02-05	-0.25	0.00	No	No
0.00	0.14667	2025-03-19	-0.28	0.00	No	No
8.99	0.10563	2025-01-01	-0.18	0.00	No	No
5.99	0.02077	2025-01-01	-0.46	0.00	No	No
10.00	0.0344	2025-02-12	-0.13	0.00	No	No
5.06	0.07317	2025-02-12	-0.55	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
42858061001	DEXTROAMP-AMPHET ER 10 MG CAP	2025-01-14	30.000	WALGREENS	1336665785	0.27500	0.00	5.35
42858061001	DEXTROAMP-AMPHET ER 10 MG CAP	2025-01-15	30.000	WALGREENS	1336665785	0.27500	0.00	5.35
42858032501	DEXTROAMP-AMPHET ER 25 MG CAP	2025-02-10	30.000	WALGREENS	1336665785	0.39933	0.00	1.62
42858061001	DEXTROAMP-AMPHET ER 10 MG CAP	2025-02-10	30.000	WALGREENS	1336665785	0.30367	0.00	4.49
00591505210	PREDNISONE 5 MG TABLET	2025-02-12	30.000	WALGREENS	1508051996	0.00000	0.00	-0.00
45802011214	MUPIROCIN 2% OINTMENT	2025-03-11	15.000	WALGREENS	1508051996	0.00000	0.00	0.00
68382091634	METHYLPREDNISOLONE 4 MG DOSEPK	2025-03-31	21.000	WALGREENS	1609391358	0.00000	0.00	1.99
70954005920	PREDNISONE 10 MG TABLET	2025-03-04	21.000	WALGREENS	1841716404	0.00000	0.00	-0.00
62332002331	FLUOXETINE HCL 20 MG CAPSULE	2025-01-02	30.000	WALMART PHARMACY	1639196777	0.02967	0.00	3.11
29300011101	LAMOTRIGINE 25 MG TABLET	2025-01-23	30.000	WALMART PHARMACY	1639196777	0.02767	0.00	3.67

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10.00	0.60837	2025-01-08	-0.18	0.00	No	No
10.00	0.60837	2025-01-15	-0.18	0.00	No	No
10.00	0.73253	2025-02-05	-0.27	0.00	No	No
10.00	0.63695	2025-02-05	-0.20	0.00	No	No
8.72	0.04429	2025-02-12	-0.26	0.00	No	No
9.37	0.35076	2025-03-05	-0.41	0.00	No	No
10.00	0.15456	2025-03-26	-0.13	0.00	No	No
6.90	0.05399	2025-02-26	-0.41	0.00	No	No
0.00	0.02969	2025-01-01	-0.65	0.00	No	No
0.00	0.0275	2025-01-22	-0.60	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
62332002331	FLUOXETINE HCL 20 MG CAPSULE	2025-02-04	30.000	WALMART PHARMACY	1639196777	0.02967	0.00	3.11
68645058259	METFORMIN HCL 500 MG TABLET	2025-03-23	90.000	WALMART PHARMACY	1639196777	0.01389	0.00	4.75
62332002331	FLUOXETINE HCL 20 MG CAPSULE	2025-03-25	30.000	WALMART PHARMACY	1639196777	0.03200	0.00	8.04
60505015801	BUPROPION HCL 75 MG TABLET	2025-03-05	30.000	WALMART PHARMACY	1669490355	0.09767	0.00	4.57
29300046801	CLONIDINE HCL 0.1 MG TABLET	2025-01-26	30.000	WALMART PHARMACY	1710904842	0.02300	0.00	3.31
29300046801	CLONIDINE HCL 0.1 MG TABLET	2025-02-25	30.000	WALMART PHARMACY	1710904842	0.02500	0.00	3.25
29300046801	CLONIDINE HCL 0.1 MG TABLET	2025-03-26	30.000	WALMART PHARMACY	1710904842	0.02567	0.00	3.23
29300042110	AMITRIPTYLINE HCL 50 MG TAB	2025-01-07	90.000	WALMART PHARMACY	1730106873	0.07189	0.00	3.53
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	2025-01-24	6.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
31722000290	VENLAFAXINE HCL ER 37.5 MG CAP	2025-01-28	14.000	WALMART PHARMACY	1730106873	0.08071	0.00	5.87

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0.00	0.02978	2025-01-29	-0.65	0.00	No	No
0.00	0.01391	2025-03-19	-0.49	0.00	No	No
0.00	0.03216	2025-03-19	-0.21	0.00	No	No
0.00	0.09768	2025-03-05	-0.44	0.00	No	No
0.00	0.02305	2025-01-22	-0.64	0.00	No	No
0.00	0.025	2025-02-19	-0.64	0.00	No	No
0.00	0.02583	2025-03-26	-0.64	0.00	No	No
0.00	0.07185	2025-01-01	-0.41	0.00	No	No
4.00	0.05277	2025-01-22	-0.63	0.00	No	No
0.00	0.08036	2025-01-22	-0.40	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee	Amount of Member Cost Share
62332002331	FLUOXETINE HCL 20 MG CAPSULE	2025-02-19	90.000	WALMART PHARMACY	1730106873	0.02978	0.00	7.32	0.00
68382056501	METOPROLOL SUCC ER 50 MG TAB	2025-02-21	30.000	WALMART PHARMACY	1730106873	0.05933	0.00	7.22	0.00
68382000106	PAROXETINE HCL 40 MG TABLET	2025-02-21	30.000	WALMART PHARMACY	1730106873	0.12667	0.00	5.20	0.00
68645058459	METFORMIN HCL 1,000 MG TABLET	2025-02-21	60.000	WALMART PHARMACY	1730106873	0.02317	0.00	2.61	0.00
68645058459	METFORMIN HCL 1,000 MG TABLET	2025-03-19	60.000	WALMART PHARMACY	1730106873	0.02317	0.00	2.61	0.00
68382000106	PAROXETINE HCL 40 MG TABLET	2025-03-19	30.000	WALMART PHARMACY	1730106873	0.12667	0.00	5.20	0.00
47781064090	LEVOTHYROXINE 25 MCG TABLET	2025-02-25	90.000	WALMART PHARMACY	1750309449	0.00000	0.00	0.00	10.00

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0.03107	2025-02-19	-0.25	0.00	No	No
0.05925	2025-02-19	-0.27	0.00	No	No
0.12683	2025-02-19	-0.37	0.00	No	No
0.02319	2025-02-19	-0.66	0.00	No	No
0.02408	2025-03-19	-0.66	0.00	No	No
0.12775	2025-03-19	-0.37	0.00	No	No
0.04343	2025-02-19	-0.31	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
51672128402	TRIAMCINOLONE 0.1% OINTMENT	2025-01-28	30.000	WALMART PHARMACY	1801813936	0.00000	0.00	-0.00
16571011401	HYDROXYZINE HCL 25 MG TABLET	2025-02-17	60.000	WALMART PHARMACY	1801813936	0.00000	0.00	0.00
00409656201	TESTOSTERONE CYP 200 MG/ML	2025-02-22	4.000	WALMART PHARMACY	1801813936	9.49000	0.00	0.00
68645051654	AMLODIPINE BESYLATE 10 MG TAB	2025-03-06	30.000	WALMART PHARMACY	1801813936	0.01700	0.00	8.49
47781065790	LEVOTHYROXINE 125 MCG TABLET	2025-02-18	90.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
47781065190	LEVOTHYROXINE 100 MCG TABLET	2025-03-17	90.000	WALMART PHARMACY	1821015967	0.00000	0.00	0.00
72485067035	ERYTHROMYCIN 0.5% EYE OINTMENT	2025-03-23	3.500	WALMART PHARMACY	1639196777	0.00000	0.00	0.00
76282027860	TOPIRAMATE 25 MG TABLET	2025-02-10	90.000	CLARKSBURG VAMC	1356399364	0.01211	0.00	0.00
68382080510	TRAZODONE 50 MG TABLET	2025-02-06	30.000	CLARKSBURG VAMC	1356399364	0.01767	0.00	0.15
76282021460	SERTRALINE HCL 100 MG TABLET	2025-02-18	90.000	CLARKSBURG VAMC	1356399364	0.02133	0.00	0.00

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5.16	0.15587	2025-01-22	-0.66	0.00	No	No
10.00	0.03964	2025-02-12	-0.22	0.00	No	No
10.00	13.03302	2025-02-19	-0.23	0.00	No	No
0.00	0.01694	2025-03-05	-0.18	0.00	No	No
10.00	0.07133	2025-02-12	-0.41	0.00	No	No
10.00	0.05519	2025-03-12	-0.35	0.00	No	No
13.74	2.84655	2025-03-19	-0.33	0.00	No	No
0.00	0.02517	2025-02-05	-0.91	0.00	No	No
0.00	0.03179	2025-02-05	-0.94	0.00	No	No
0.00	0.04773	2025-02-12	-0.87	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
13668033005	TRAZODONE 50 MG TABLET	2025-03-27	45.000	CLARKSBURG VAMC	1356399364	0.01844	0.00	0.00
60219170801	PREDNISONE 20 MG TABLET	2025-02-04	9.000	SPRING MILLS PHARMACY	1336754647	0.00000	0.00	0.00
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	2025-01-14	2.000	BECKLEY VAMC PHARMACY	1104884535	0.00000	0.00	0.00
00003089321	ELIQUIS 2.5 MG TABLET	2025-02-10	90.000	BECKLEY VAMC PHARMACY	1104884535	0.99289	0.00	0.00
81964022114	AMOX-CLAV 875-125 MG TABLET	2025-02-16	20.000	BECKLEY VAMC PHARMACY	1104884535	0.06600	0.00	0.15
76282064501	SILDENAFIL 100 MG TABLET	2025-02-20	9.000	BECKLEY VAMC PHARMACY	1104884535	0.02000	0.00	0.00
00093727256	PIOGLITAZONE HCL 30 MG TABLET	2025-03-08	90.000	BECKLEY VAMC PHARMACY	1104884535	0.05300	0.00	0.00
00093317431	ALBUTEROL HFA 90 MCG INHALER	2025-03-09	25.500	BECKLEY VAMC PHARMACY	1104884535	0.96588	0.00	0.00
00003089321	ELIQUIS 2.5 MG TABLET	2025-03-22	90.000	BECKLEY VAMC PHARMACY	1104884535	0.99289	0.00	0.00
45802011214	MUPIROCIN 2% OINTMENT	2025-03-16	15.000	WALGREENS	1508051996	0.22600	0.00	4.11

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0.00	0.03571	2025-03-26	-0.93	0.00	No	No
9.99	0.07317	2025-01-29	-0.10	0.00	No	No
107.46	98.09752	2025-01-08	-0.48	0.00	No	No
38.30	9.69819	2025-02-05	-0.86	0.00	No	No
1.69	0.29656	2025-02-12	-0.81	0.00	No	No
0.22	0.15303	2025-02-19	-0.97	0.00	No	No
0.00	0.10348	2025-03-05	-0.76	0.00	No	No
0.00	2.53475	2025-03-05	-0.67	0.00	No	No
38.30	9.69819	2025-03-19	-0.86	0.00	No	No
1.87	0.35076	2025-03-12	-0.41	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68645058259	METFORMIN HCL 500 MG TABLET	2025-01-21	180.000	WALMART PHARMACY	1356368484	0.01306	0.00	7.65
65862017360	TOPIRAMATE 100 MG TABLET	2025-02-15	60.000	WALMART PHARMACY	1356368484	0.05600	0.00	5.64
65862017360	TOPIRAMATE 100 MG TABLET	2025-03-20	60.000	WALMART PHARMACY	1356368484	0.06417	0.00	5.15
47781064990	LEVOTHYROXINE 88 MCG TABLET	2025-03-20	30.000	WALMART PHARMACY	1356368484	0.00000	0.00	0.00
00093310905	AMOXICILLIN 500 MG CAPSULE	2025-03-06	20.000	KROGER SAV-ON	1174557961	0.00000	0.00	0.49
00781261305	AMOXICILLIN 500 MG CAPSULE	2025-02-11	21.000	WALGREENS	1417473844	0.00000	0.00	-0.00
70069013101	TOBRAMYCIN 0.3% EYE DROP	2025-03-06	5.000	WALGREENS	1417473844	0.00000	0.00	0.00
52817018000	CLONIDINE HCL 0.1 MG TABLET	2025-03-21	30.000	WALGREENS	1417473844	0.00000	0.00	0.00
70954005820	PREDNISONE 5 MG TABLET	2025-03-07	21.000	KROGER SAV-ON	1174557961	0.00000	0.00	0.00
70954005820	PREDNISONE 5 MG TABLET	2025-03-10	21.000	WALGREENS	1417473844	0.00000	0.00	0.00

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0.00	0.01304	2025-01-15	-0.22	0.00	No	No
0.00	0.05608	2025-02-12	-0.35	0.00	No	No
0.00	0.06422	2025-03-19	-0.37	0.00	No	No
4.00	0.06733	2025-03-19	-0.68	0.00	No	No
10.00	0.08742	2025-03-05	-0.14	0.00	No	No
9.99	0.08158	2025-02-05	-0.18	0.00	No	No
8.25	1.05297	2025-03-05	-0.48	0.00	No	No
8.25	0.02583	2025-03-19	-0.27	0.00	No	No
9.99	0.04743	2025-03-05	-0.13	0.00	No	No
6.70	0.04743	2025-03-05	-0.42	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
70954006020	PREDNISONE 20 MG TABLET	2025-03-11	12.000	WALGREENS	1417473844	0.00000	0.00	0.00
16714057601	ALLOPURINOL 100 MG TABLET	2025-01-18	30.000	WALMART PHARMACY	1629095757	0.03933	0.00	4.42
65162099308	DOTTI 0.05 MG PATCH	2025-01-20	8.000	WALMART PHARMACY	1629095757	4.11375	0.00	1.28
13668001001	CITALOPRAM HBR 20 MG TABLET	2025-01-23	90.000	WALMART PHARMACY	1629095757	0.00000	0.00	0.00
50111056001	TRAZODONE 50 MG TABLET	2025-01-23	90.000	WALMART PHARMACY	1629095757	0.00000	0.00	-0.00
31722070190	LOSARTAN POTASSIUM 50 MG TAB	2025-01-26	30.000	WALMART PHARMACY	1629095757	0.00000	0.00	0.00
47781064390	LEVOTHYROXINE 50 MCG TABLET	2025-02-02	90.000	WALMART PHARMACY	1629095757	0.00000	0.00	0.00
60219204301	DEXAMETHASONE 4 MG TABLET	2025-02-05	5.000	WALMART PHARMACY	1629095757	0.27200	0.00	5.13
68180098003	LISINOPRIL 10 MG TABLET	2025-02-08	90.000	WALMART PHARMACY	1629095757	0.00000	0.00	0.00
65162099308	DOTTI 0.05 MG PATCH	2025-02-20	8.000	WALMART PHARMACY	1629095757	4.27375	0.00	0.00

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5.08	0.07911	2025-03-05	-0.56	0.00	No	No
0.00	0.0394	2025-01-15	-0.52	0.00	No	No
15.00	5.98844	2025-01-15	-0.16	0.00	No	No
10.00	0.02773	2025-01-22	-0.23	0.00	No	No
10.00	0.03179	2025-01-22	-0.25	0.00	No	No
9.00	0.03558	2025-01-22	-0.22	0.00	No	No
10.00	0.05075	2025-01-29	-0.34	0.00	No	No
0.00	0.2712	2025-02-05	-0.45	0.00	No	No
10.00	0.01718	2025-02-05	-0.17	0.00	No	No
15.00	6.4968	2025-02-19	-0.21	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
16714057601	ALLOPURINOL 100 MG TABLET	2025-02-22	30.000	WALMART PHARMACY	1629095757	0.04100	0.00	4.37
68645058459	METFORMIN HCL 1,000 MG TABLET	2025-02-28	180.000	WALMART PHARMACY	1629095757	0.00000	0.00	0.00
68645058459	METFORMIN HCL 1,000 MG TABLET	2025-02-28	90.000	WALMART PHARMACY	1629095757	0.02322	0.00	3.91
31722070190	LOSARTAN POTASSIUM 50 MG TAB	2025-03-08	30.000	WALMART PHARMACY	1629095757	0.00000	0.00	0.00
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-03-16	30.000	WALMART PHARMACY	1629095757	0.00000	0.00	-0.00
65162099308	DOTTI 0.05 MG PATCH	2025-03-21	8.000	WALMART PHARMACY	1629095757	4.27375	0.00	0.00
67877021905	CEPHALEXIN 500 MG CAPSULE	2025-03-25	20.000	WALMART PHARMACY	1629095757	0.12850	0.00	5.60
16714057601	ALLOPURINOL 100 MG TABLET	2025-03-31	30.000	WALMART PHARMACY	1629095757	0.04367	0.00	4.29
64380078508	PREDNISONE 20 MG TABLET	2025-01-21	5.000	MEDICINE SHOPPE PHARMACY	1457605933	0.00000	0.00	0.00
51672127304	FLUOCINONIDE 0.05% SOLUTION	2025-01-24	60.000	MARTINSBURG VAMC	1629026414	0.33933	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
0.00	0.04114	2025-02-19	-0.52	0.00	No	No
10.00	0.02319	2025-02-26	-0.32	0.00	No	No
0.00	0.02319	2025-02-26	-0.52	0.00	No	No
9.00	0.03818	2025-03-05	-0.23	0.00	No	No
8.97	0.08742	2025-03-12	-0.32	0.00	No	No
15.00	6.56038	2025-03-19	-0.22	0.00	No	No
0.00	0.1286	2025-03-19	-0.37	0.00	No	No
0.00	0.04351	2025-03-26	-0.53	0.00	No	No
8.05	0.0717	2025-01-15	-0.26	0.00	No	No
15.00	0.16656	2025-01-22	0.00	0.73	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
13668042905	PANTOPRAZOLE SOD DR 40 MG TAB	2025-01-13	180.000	CLARKSBURG VAMC	1356399364	0.00000	0.00	0.00
62135013277	FLUCONAZOLE 150 MG TABLET	2025-02-24	1.000	CLARKSBURG VAMC	1356399364	0.00000	0.00	-0.00
00121086802	NYSTATIN 100,000 UNIT/ML SUSP	2025-02-24	60.000	CLARKSBURG VAMC	1356399364	0.00000	0.00	0.00
50268012615	LUBRICANT 0.4-0.3% EYE DROP	2025-02-27	15.000	CLARKSBURG VAMC	1356399364	0.00000	0.00	0.00
65862055990	PANTOPRAZOLE SOD DR 20 MG TAB	2025-01-24	30.000	COMMUNITY PHCY OF BRIDGEPORT	1851717557	0.00000	0.00	0.00
65862055990	PANTOPRAZOLE SOD DR 20 MG TAB	2025-03-19	30.000	COMMUNITY PHCY OF BRIDGEPORT	1851717557	0.00000	0.00	0.00
00093412774	PENICILLIN VK 250 MG/5 ML SOLN	2025-03-26	200.000	CVS PHARMACY	1063515724	0.00000	0.00	0.00
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-02-23	180.000	CVS PHARMACY	1124121645	0.00000	0.00	0.00
49483069901	ACETAMINOPHEN ER 650 MG CAPLET	2025-02-26	40.000	CVS PHARMACY	1124121645	0.00000	0.00	-0.00

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23.79	0.04069	2025-01-08	0.00	0.34	No	No
6.23	0.53979	2025-02-19	-0.44	0.00	No	No
6.10	0.14095	2025-02-19	-0.68	0.00	No	No
7.68	0.37451	2025-02-26	-0.52	0.00	No	No
8.00	0.04207	2025-01-22	-0.32	0.00	No	No
8.00	0.04727	2025-03-19	-0.33	0.00	No	No
13.99	0.04698	2025-03-26	-0.30	0.00	Yes	No
14.89	0.03869	2025-02-19	-0.15	0.00	Yes	No
3.62	0.0689	2025-02-26	-0.73	0.00	Yes	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
62559039512	COLESTIPOL HCL 1 GM TABLET	2025-02-21	120.000	CVS PHARMACY	1366545725	0.48825	0.00	0.00
62559039512	COLESTIPOL HCL 1 GM TABLET	2025-03-23	180.000	CVS PHARMACY	1366545725	0.61106	0.00	0.00
00904530760	BANOPHEN 50 MG CAPSULE	2025-01-19	1.000	CVS PHARMACY	1427151182	0.00000	0.00	0.00
54838050280	HYDROXYZINE 10 MG/5 ML SYRUP	2025-02-13	180.000	CVS PHARMACY	1659393353	0.00000	0.00	0.00
62559075816	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-03-23	200.000	CVS PHARMACY	1962505628	0.00000	0.00	1.39
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	2025-01-23	14.000	KROGER PHARMACY	1306870183	0.00000	0.00	0.00
43598081115	CETIRIZINE HCL 10 MG TABLET	2025-01-27	30.000	KROGER PHARMACY	1306870183	0.00000	0.00	0.00
65162046650	IBUPROFEN 800 MG TABLET	2025-01-28	15.000	KROGER PHARMACY	1306870183	0.00000	0.00	0.00
31722094205	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	2025-01-31	6.000	KROGER PHARMACY	1306870183	0.00000	0.00	0.00
43598081115	CETIRIZINE HCL 10 MG TABLET	2025-02-27	30.000	KROGER PHARMACY	1306870183	0.00000	0.00	0.00

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15.00	0.68394	2025-02-19	-0.20	0.00	Yes	No
0.00	0.7166	2025-03-19	-0.21	0.00	Yes	No
5.99	0.0245	2025-01-15	-0.43	0.00	Yes	No
26.29	0.16116	2025-02-12	-0.33	0.00	Yes	No
15.00	0.04345	2025-03-19	-0.15	0.00	Yes	No
9.99	0.05277	2025-01-22	-0.11	0.00	No	No
10.49	0.06134	2025-01-22	-0.15	0.00	No	No
9.99	0.0562	2025-01-22	-0.12	0.00	No	No
9.99	0.1536	2025-01-29	-0.12	0.00	No	No
10.49	0.06211	2025-02-26	-0.15	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
60219170705	PREDNISONE 10 MG TABLET	2025-03-12	18.000	KROGER PHARMACY	1306870183	0.00000	0.00	0.00
00904679480	ASPIRIN 81 MG CHEWABLE TABLET	2025-03-18	90.000	KROGER PHARMACY	1760416556	0.02511	0.00	8.23
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	2025-01-12	5.000	MEDICAL CENTER PHARMACY	1639163538	0.00000	0.00	0.00
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	2025-01-18	6.000	MEDICAL CENTER PHARMACY	1639163538	0.00000	0.00	0.00
45802086802	POLYETHYLENE GLYCOL 3350 POWD	2025-01-08	238.000	MICHELS PHARMACY	1497797724	0.02517	0.00	8.08
57237010099	METOPROLOL TARTRATE 25 MG TAB	2025-01-25	30.000	MICHELS PHARMACY	1497797724	0.00000	0.00	0.00
00536105227	POLYETHYLENE GLYCOL 3350 POWD	2025-02-14	510.000	MICHELS PHARMACY	1497797724	0.00000	0.00	2.09
65162027210	SULFAMETHOXAZOLE-TMP DS TABLET	2025-02-21	12.000	MICHELS PHARMACY	1497797724	0.00000	0.00	0.00
57237010099	METOPROLOL TARTRATE 25 MG TAB	2025-02-24	30.000	MICHELS PHARMACY	1497797724	0.00000	0.00	0.00

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9.99	0.05399	2025-03-12	-0.13	0.00	No	No
0.00	0.02506	2025-03-12	-0.18	0.00	No	No
3.39	0.0881	2025-01-08	-0.69	0.00	No	No
4.06	0.0881	2025-01-15	-0.63	0.00	No	No
0.00	0.02517	2025-01-08	-0.15	0.00	No	No
4.70	0.01563	2025-01-22	-0.57	0.00	No	No
15.00	0.02091	2025-02-12	-0.19	0.00	No	No
7.89	0.05697	2025-02-19	-0.29	0.00	No	No
4.70	0.01677	2025-02-19	-0.57	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
65862016899	ATENOLOL 25 MG TABLET	2025-03-10	30.000	MICHELS PHARMACY	1497797724	0.00000	0.00	0.00
65162027210	SULFAMETHOXAZOLE-TMP DS TABLET	2025-03-17	12.000	MICHELS PHARMACY	1497797724	0.00000	0.00	0.00
76282073010	LISINOPRIL 10 MG TABLET	2025-01-03	90.000	MOUNTAINEER PHARMACY	1184015802	0.00000	0.00	0.00
00603533932	PREDNISONE 20 MG TABLET	2025-03-04	15.000	MOUNTAINEER PHARMACY	1184015802	0.00000	0.00	0.00
27241021601	CHLORTHALIDONE 25 MG TABLET	2025-01-22	30.000	PROCARE PHARMACY, INC	1073737003	0.00000	0.00	0.00
31722070110	LOSARTAN POTASSIUM 50 MG TAB	2025-01-22	30.000	PROCARE PHARMACY, INC	1073737003	0.00000	0.00	0.00
16729045617	LEVOTHYROXINE 175 MCG TABLET	2025-01-22	30.000	PROCARE PHARMACY, INC	1073737003	0.00000	0.00	0.00
27241011703	FENOFIBRATE 160 MG TABLET	2025-01-31	30.000	PROCARE PHARMACY, INC	1073737003	0.00000	0.00	0.00
27241021601	CHLORTHALIDONE 25 MG TABLET	2025-02-21	30.000	PROCARE PHARMACY, INC	1073737003	0.00000	0.00	0.00
31722070110	LOSARTAN POTASSIUM 50 MG TAB	2025-02-21	30.000	PROCARE PHARMACY, INC	1073737003	0.00000	0.00	0.00

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8.80	0.02272	2025-03-05	-0.21	0.00	No	No
7.89	0.05697	2025-03-12	-0.29	0.00	No	No
1.58	0.01707	2025-01-01	-0.87	0.00	No	No
4.67	0.07911	2025-02-26	-0.60	0.00	No	No
7.00	0.07447	2025-01-22	-0.45	0.00	No	No
10.00	0.03558	2025-01-22	-0.13	0.00	No	No
10.00	0.08637	2025-01-22	-0.24	0.00	No	No
10.00	0.11225	2025-01-29	-0.28	0.00	No	No
7.00	0.07732	2025-02-19	-0.45	0.00	No	No
10.00	0.03818	2025-02-19	-0.14	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68462043318	COLESEVELAM 625 MG TABLET	2025-02-21	180.000	PROCARE PHARMACY, INC	1073737003	0.00000	0.00	0.00
29300047705	BUSPIRONE HCL 15 MG TABLET	2025-02-24	60.000	PROCARE PHARMACY, INC	1073737003	0.00000	0.00	0.00
00480871810	LEVOTHYROXINE 175 MCG TABLET	2025-02-24	30.000	PROCARE PHARMACY, INC	1073737003	0.00000	0.00	0.00
70756021590	FENOFIBRATE 160 MG TABLET	2025-03-07	30.000	PROCARE PHARMACY, INC	1073737003	0.00000	0.00	-0.00
69584085450	SPIRONOLACTONE 100 MG TABLET	2025-03-11	30.000	PROCARE PHARMACY, INC	1073737003	0.00000	0.00	0.00
00480871810	LEVOTHYROXINE 175 MCG TABLET	2025-03-24	30.000	PROCARE PHARMACY, INC	1073737003	0.00000	0.00	0.00
57664064888	CHLORTHALIDONE 25 MG TABLET	2025-03-24	30.000	PROCARE PHARMACY, INC	1073737003	0.00000	0.00	0.00

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45.00	0.23766	2025-02-19	-0.16	0.00	No	No
10.00	0.04593	2025-02-19	-0.25	0.00	No	No
10.00	0.09185	2025-02-19	-0.25	0.00	No	No
10.00	0.11759	2025-03-05	-0.29	0.00	No	No
10.00	0.18716	2025-03-05	-0.38	0.00	No	No
10.00	0.09462	2025-03-19	-0.25	0.00	No	No
7.00	0.08497	2025-03-19	-0.46	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
65862020299	LOSARTAN POTASSIUM 50 MG TAB	2025-03-24	30.000	PROCARE PHARMACY, INC	1073737003	0.00000	0.00	0.00
70010013905	NAPROXEN 500 MG TABLET	2025-03-24	60.000	PROCARE PHARMACY, INC	1073737003	0.00000	0.00	0.00
00713093681	COLESEVELAM 625 MG TABLET	2025-03-27	180.000	PROCARE PHARMACY, INC	1073737003	0.00000	0.00	0.00
59651048701	PREDNISONE 10 MG TABLET	2025-01-10	20.000	SALEM COLONIAL PHARMACY	1053344705	0.00000	0.00	-0.00
50228017405	BUPROPION HCL SR 100 MG TABLET	2025-01-30	30.000	SALEM COLONIAL PHARMACY	1053344705	0.00000	0.00	0.00
65162036111	FOLIC ACID 1 MG TABLET	2025-01-30	30.000	SALEM COLONIAL PHARMACY	1053344705	0.00000	0.00	0.00
69097012715	AMLODIPINE BESYLATE 5 MG TAB	2025-02-03	30.000	SALEM COLONIAL PHARMACY	1053344705	0.00000	0.00	0.00

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10.00	0.03867	2025-03-19	-0.14	0.00	No	No
12.00	0.06272	2025-03-19	-0.16	0.00	No	No
36.50	0.2643	2025-03-26	-0.37	0.00	No	No
7.61	0.04665	2025-01-08	-0.33	0.00	No	No
5.60	0.08595	2025-01-29	-0.57	0.00	No	No
5.09	0.02086	2025-01-29	-0.54	0.00	No	No
6.89	0.01037	2025-01-29	-0.36	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-02-03	90.000	SALEM COLONIAL PHARMACY	1053344705	0.00000	0.00	0.00
69097012715	AMLODIPINE BESYLATE 5 MG TAB	2025-03-10	30.000	SALEM COLONIAL PHARMACY	1053344705	0.00000	0.00	0.00
65162036111	FOLIC ACID 1 MG TABLET	2025-03-13	30.000	SALEM COLONIAL PHARMACY	1053344705	0.00000	0.00	0.00
00591544201	PREDNISONE 10 MG TABLET	2025-01-04	7.000	SAM'S CLUB PHARMACY	1316330624	0.00000	0.00	0.00
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-01-22	30.000	SAM'S CLUB PHARMACY	1316330624	0.00000	0.00	0.00
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-02-17	30.000	SAM'S CLUB PHARMACY	1316330624	0.00000	0.00	0.00
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-03-15	30.000	SAM'S CLUB PHARMACY	1316330624	0.00000	0.00	0.00
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2025-02-07	10.000	UNITED PHARMACY	1790098002	0.00000	0.00	0.00

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5.30	0.011	2025-01-29	-0.54	0.00	No	No
6.89	0.01082	2025-03-05	-0.36	0.00	No	No
5.09	0.02251	2025-03-12	-0.54	0.00	No	No
4.98	0.04665	2025-01-01	-0.54	0.00	No	No
6.60	0.011	2025-01-22	-0.39	0.00	No	No
6.60	0.011	2025-02-12	-0.39	0.00	No	No
6.60	0.01217	2025-03-12	-0.39	0.00	No	No
8.65	0.12377	2025-02-05	-0.26	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	2025-02-19	100.000	UNITED PHARMACY	1790098002	0.00000	0.00	0.00
64380078507	PREDNISONE 20 MG TABLET	2025-03-21	7.000	UNITED PHARMACY	1790098002	0.00000	0.00	0.00
64380094906	PREDNISONE 50 MG TABLET	2025-02-19	5.000	VICTORY PHARMACY	1285358333	0.00000	0.00	0.00
43598081115	CETIRIZINE HCL 10 MG TABLET	2025-02-11	90.000	WALGREENS	1093231904	0.00000	0.00	0.00
00406012405	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	2025-02-21	8.000	WALGREENS	1124253786	0.00000	0.00	0.00
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-03-17	21.000	WALGREENS	1124253786	0.00000	0.00	0.00
68180086573	BLISOVI FE 1-20 TABLET	2025-03-18	84.000	WALGREENS	1386160943	0.12929	0.00	5.63
00781261305	AMOXICILLIN 500 MG CAPSULE	2025-03-31	21.000	WALGREENS	1386160943	0.00000	0.00	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-01-06	14.000	WALGREENS	1518483361	0.00000	0.00	0.00
00781261305	AMOXICILLIN 500 MG CAPSULE	2025-03-04	20.000	WALGREENS	1518483361	0.00000	0.00	0.00

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12.25	0.03366	2025-02-19	-0.12	0.00	No	No
2.24	0.08187	2025-03-19	-0.80	0.00	No	No
9.99	0.18345	2025-02-19	-0.12	0.00	No	No
4.38	0.06134	2025-02-05	-0.73	0.00	No	No
8.10	0.15504	2025-02-19	-0.31	0.00	No	No
10.00	0.08742	2025-03-12	-0.19	0.00	No	No
0.00	0.12925	2025-03-12	-0.23	0.00	No	No
9.99	0.09188	2025-03-26	-0.20	0.00	No	No
5.59	0.0717	2025-01-01	-0.51	0.00	No	No
9.61	0.08742	2025-02-26	-0.21	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees
17270074000	ALBUTEROL HFA 90 MCG INHALER	2025-03-13	8.500	WALGREENS	1518483361	0.00000	0.00
70954005920	PREDNISONE 10 MG TABLET	2025-03-25	7.000	WALGREENS	1518483361	0.00000	0.00
70954066210	KETOCONAZOLE 2% SHAMPOO	2025-01-07	120.000	WALGREENS	1609179860	0.00000	0.00
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	2025-01-07	100.000	WALGREENS	1609179860	0.00000	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-01-08	10.000	WALGREENS	1609179860	0.00000	0.00
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-01-13	20.000	WALGREENS	1609179860	0.00000	0.00
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-01-17	90.000	WALGREENS	1609179860	0.00000	0.00
11534016503	FOLIC ACID 1 MG TABLET	2025-02-05	90.000	WALGREENS	1609179860	0.00000	0.00
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-02-18	90.000	WALGREENS	1609179860	0.00000	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-02-20	12.000	WALGREENS	1609179860	0.00000	0.00

Amount of Dispensing Fee	Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
0.00	25.83	2.53475	2025-03-05	-0.19	0.00	No	No
0.00	3.63	0.05827	2025-03-19	-0.67	0.00	No	No
0.00	19.59	0.09525	2025-01-01	-0.11	0.00	No	No
0.00	11.81	0.03139	2025-01-01	-0.13	0.00	No	No
0.00	4.56	0.0717	2025-01-08	-0.59	0.00	No	No
0.00	9.62	0.08279	2025-01-08	-0.21	0.00	No	No
0.00	9.15	0.01079	2025-01-15	-0.20	0.00	No	No
0.00	8.91	0.02086	2025-02-05	-0.28	0.00	No	No
0.00	9.14	0.011	2025-02-12	-0.20	0.00	No	No
0.00	5.08	0.07911	2025-02-19	-0.56	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	2025-03-20	100.000	WALGREENS	1609179860	0.00000	0.00
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-03-21	21.000	WALGREENS	1609179860	0.00000	0.00
00093342505	LORAZEPAM 0.5 MG TABLET	2025-03-24	7.000	WALGREENS	1609179860	0.00000	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-01-03	10.000	WALGREENS	1669998241	0.00000	0.00
43598081115	CETIRIZINE HCL 10 MG TABLET	2025-03-19	90.000	WALGREENS	1669998241	0.00000	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-03-24	5.000	WALGREENS	1669998241	0.00000	0.00
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-03-27	90.000	WALGREENS	1669998241	0.00000	0.00
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-03-14	90.000	WALGREENS	1679099311	0.00000	0.00
55111011890	FAMOTIDINE 10 MG TABLET	2025-03-20	30.000	WALGREENS	1831615574	0.00000	0.00
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	2025-03-03	100.000	WALGREENS	1982649067	0.00000	0.00

Amount of Dispensing Fee	Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
-0.00	11.81	0.03373	2025-03-19	-0.15	0.00	No	No
0.00	11.99	0.15456	2025-03-19	-0.13	0.00	No	No
0.00	6.63	0.04287	2025-03-19	-0.39	0.00	No	No
0.00	4.56	0.0717	2025-01-01	-0.59	0.00	No	No
0.00	4.38	0.06323	2025-03-19	-0.73	0.00	No	No
0.00	3.28	0.08187	2025-03-19	-0.70	0.00	No	No
0.00	9.14	0.01281	2025-03-26	-0.21	0.00	No	No
-0.00	9.14	0.01217	2025-03-12	-0.21	0.00	No	No
0.00	4.80	0.09904	2025-03-19	-0.64	0.00	No	No
-0.00	11.81	0.03366	2025-02-26	-0.15	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	2025-03-03	100.000	WALGREENS	1982649067	0.00000	0.00
29300042110	AMITRIPTYLINE HCL 50 MG TAB	2025-01-07	90.000	WALMART PHARMACY	1275550303	0.00000	0.00
29300024505	BUSPIRONE HCL 10 MG TABLET	2025-02-03	180.000	WALMART PHARMACY	1275550303	0.00000	0.00
68382009810	PAROXETINE HCL 20 MG TABLET	2025-02-11	30.000	WALMART PHARMACY	1275550303	0.00000	0.00
68645056354	IBUPROFEN 800 MG TABLET	2025-03-12	30.000	WALMART PHARMACY	1275550303	0.00000	0.00
47781064990	LEVOTHYROXINE 88 MCG TABLET	2025-03-28	90.000	WALMART PHARMACY	1275550303	0.00000	0.00
64380078507	PREDNISONE 20 MG TABLET	2025-03-15	10.000	WALMART PHARMACY	1376560417	0.00000	0.00
64380078507	PREDNISONE 20 MG TABLET	2025-03-15	21.000	WALMART PHARMACY	1376560417	0.00000	0.00
68382005005	MELOXICAM 7.5 MG TABLET	2025-01-02	14.000	WALMART PHARMACY	1457378580	0.00000	0.00
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-01-02	21.000	WALMART PHARMACY	1457378580	0.00000	0.00

Amount of Dispensing Fee	Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
-0.00	11.81	0.03366	2025-02-26	-0.15	0.00	No	No
0.00	10.00	0.07185	2025-01-01	-0.41	0.00	No	No
0.00	10.00	0.02845	2025-01-29	-0.36	0.00	No	No
0.00	4.00	0.06719	2025-02-05	-0.68	0.00	No	No
0.00	5.82	0.06029	2025-03-12	-0.53	0.00	No	No
0.00	10.00	0.06733	2025-03-26	-0.40	0.00	No	No
0.00	4.04	0.07911	2025-03-12	-0.64	0.00	No	No
0.00	8.48	0.07911	2025-03-12	-0.30	0.00	No	No
0.00	7.00	0.01557	2025-01-01	-0.35	0.00	No	No
0.00	9.76	0.11746	2025-01-01	-0.25	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
62332002331	FLUOXETINE HCL 20 MG CAPSULE	2025-01-03	90.000	WALMART PHARMACY	1457378580	0.00000	0.00	0.00
64380078507	PREDNISONE 20 MG TABLET	2025-01-08	7.000	WALMART PHARMACY	1457378580	0.00000	0.00	0.00
68180096301	ALBUTEROL HFA 90 MCG INHALER	2025-01-08	8.500	WALMART PHARMACY	1457378580	0.00000	0.00	0.00
64380078507	PREDNISONE 20 MG TABLET	2025-01-11	18.000	WALMART PHARMACY	1457378580	0.00000	0.00	0.00
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-01-12	21.000	WALMART PHARMACY	1457378580	0.00000	0.00	0.00
00054429731	FUROSEMIDE 20 MG TABLET	2025-01-13	30.000	WALMART PHARMACY	1457378580	0.00000	0.00	0.00
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-01-17	21.000	WALMART PHARMACY	1457378580	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
10.00	0.02969	2025-01-01	-0.24	0.00	No	No
4.00	0.0717	2025-01-08	-0.64	0.00	No	No
20.23	2.32051	2025-01-08	-0.33	0.00	No	No
7.27	0.0717	2025-01-08	-0.38	0.00	No	No
9.76	0.11746	2025-01-08	-0.25	0.00	No	No
4.00	0.0228	2025-01-08	-0.64	0.00	No	No
9.76	0.11746	2025-01-15	-0.25	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
31722070290	LOSARTAN POTASSIUM 100 MG TAB	2025-01-26	30.000	WALMART PHARMACY	1457378580	0.00000	0.00	0.00
65862006299	METOPROLOL TARTRATE 25 MG TAB	2025-01-27	180.000	WALMART PHARMACY	1457378580	0.01561	0.00	7.19
16571040250	CETIRIZINE HCL 10 MG TABLET	2025-01-28	90.000	WALMART PHARMACY	1457378580	0.04444	0.00	0.00
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-01-30	21.000	WALMART PHARMACY	1457378580	0.00000	0.00	0.00
67877015905	METFORMIN HCL ER 500 MG TABLET	2025-02-03	90.000	WALMART PHARMACY	1457378580	0.00000	0.00	0.00
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-02-03	21.000	WALMART PHARMACY	1457378580	0.00000	0.00	0.00
00116200116	CHLORHEXIDINE 0.12% RINSE	2025-02-03	473.000	WALMART PHARMACY	1457378580	0.00000	0.00	0.00

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9.00	0.04729	2025-01-22	-0.24	0.00	No	No
0.00	0.01563	2025-01-22	-0.25	0.00	No	No
0.00	0.06134	2025-01-22	-0.75	0.00	No	No
9.76	0.11419	2025-01-29	-0.24	0.00	No	No
4.00	0.02667	2025-01-29	-0.69	0.00	No	No
6.28	0.08158	2025-01-29	-0.49	0.00	No	No
7.48	0.007	2025-01-29	-0.46	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
60505625101	DEXAMETHASONE 1 MG TABLET	2025-02-06	1.000	WALMART PHARMACY	1457378580	0.00000	0.00	0.00
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	2025-02-10	75.000	WALMART PHARMACY	1457378580	0.00000	0.00	1.50
55111014512	FLUCONAZOLE 150 MG TABLET	2025-02-11	1.000	WALMART PHARMACY	1457378580	0.00000	0.00	0.00
68645061190	LISINOPRIL 20 MG TABLET	2025-02-16	90.000	WALMART PHARMACY	1457378580	0.00000	0.00	0.00
00054429731	FUROSEMIDE 20 MG TABLET	2025-02-17	30.000	WALMART PHARMACY	1457378580	0.00000	0.00	0.00
68645056354	IBUPROFEN 800 MG TABLET	2025-02-21	30.000	WALMART PHARMACY	1457378580	0.00000	0.00	0.00
31722070290	LOSARTAN POTASSIUM 100 MG TAB	2025-02-23	30.000	WALMART PHARMACY	1457378580	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
4.00	0.19542	2025-02-05	-0.63	0.00	No	No
15.00	0.10628	2025-02-05	-0.11	0.00	No	No
4.80	0.52425	2025-02-05	-0.56	0.00	No	No
10.00	0.02401	2025-02-12	-0.21	0.00	No	No
4.00	0.02252	2025-02-12	-0.64	0.00	No	No
5.82	0.06029	2025-02-19	-0.53	0.00	No	No
9.00	0.05123	2025-02-19	-0.25	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees
62332002431	FLUOXETINE HCL 40 MG CAPSULE	2025-02-23	30.000	WALMART PHARMACY	1457378580	0.00000	0.00
16571020150	DICLOFENAC SOD EC 75 MG TAB	2025-02-23	30.000	WALMART PHARMACY	1457378580	0.00000	0.00
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-02-24	30.000	WALMART PHARMACY	1457378580	0.00000	0.00
00172392660	DIAZEPAM 5 MG TABLET	2025-02-24	2.000	WALMART PHARMACY	1457378580	0.00000	0.00
45802006335	TRIAMCINOLONE 0.025% CREAM	2025-02-25	30.000	WALMART PHARMACY	1457378580	0.00000	0.00
64380078408	PREDNISONE 10 MG TABLET	2025-02-25	30.000	WALMART PHARMACY	1457378580	0.00000	0.00
68645055854	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	2025-03-01	90.000	WALMART PHARMACY	1457378580	0.00000	0.00
57237002901	AMOXICILLIN 875 MG TABLET	2025-03-08	20.000	WALMART PHARMACY	1457378580	0.00000	0.00
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-03-08	21.000	WALMART PHARMACY	1457378580	0.00000	0.00
64380078408	PREDNISONE 10 MG TABLET	2025-03-17	7.000	WALMART PHARMACY	1457378580	0.00000	0.00

Amount of Dispensing Fee	Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
0.00	4.00	0.06602	2025-02-19	-0.68	0.00	No	No
0.00	8.40	0.08864	2025-02-19	-0.36	0.00	No	No
0.00	8.97	0.08742	2025-02-19	-0.32	0.00	No	No
0.00	4.00	0.02667	2025-02-19	-0.62	0.00	No	No
0.00	9.86	0.1269	2025-02-19	-0.31	0.00	No	No
0.00	4.97	0.05399	2025-02-19	-0.59	0.00	No	No
0.00	10.00	0.04107	2025-02-26	-0.30	0.00	No	No
0.00	12.41	0.16502	2025-03-05	-0.10	0.00	No	No
0.00	9.76	0.1323	2025-03-05	-0.26	0.00	No	No
0.00	4.00	0.05399	2025-03-12	-0.63	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
64380078408	PREDNISONE 10 MG TABLET	2025-03-17	7.000	WALMART PHARMACY	1457378580	0.00000	0.00	0.00
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	2025-03-20	22.000	WALMART PHARMACY	1457378580	0.00000	0.00	0.00
64380078507	PREDNISONE 20 MG TABLET	2025-03-20	18.000	WALMART PHARMACY	1457378580	0.00000	0.00	0.00
50111078751	AZITHROMYCIN 250 MG TABLET	2025-03-20	6.000	WALMART PHARMACY	1457378580	0.00000	0.00	0.00
47781064390	LEVOTHYROXINE 50 MCG TABLET	2025-03-24	90.000	WALMART PHARMACY	1457378580	0.05756	0.00	4.82
62332002431	FLUOXETINE HCL 40 MG CAPSULE	2025-03-25	30.000	WALMART PHARMACY	1457378580	0.00000	0.00	0.00
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-03-25	21.000	WALMART PHARMACY	1457378580	0.00000	0.00	-0.00
50111078751	AZITHROMYCIN 250 MG TABLET	2025-03-26	6.000	WALMART PHARMACY	1457378580	0.00000	0.00	0.00
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-03-26	21.000	WALMART PHARMACY	1457378580	0.00000	0.00	0.00
68645056259	IBUPROFEN 600 MG TABLET	2025-01-21	20.000	WALMART PHARMACY	1467479501	0.00000	0.00	0.00

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4.00	0.05399	2025-03-12	-0.63	0.00	No	No
4.84	0.11657	2025-03-19	-0.63	0.00	No	No
7.27	0.08187	2025-03-19	-0.39	0.00	No	No
11.45	0.37667	2025-03-19	-0.10	0.00	No	No
0.00	0.0575	2025-03-19	-0.36	0.00	No	No
9.00	0.06815	2025-03-19	-0.28	0.00	No	No
6.28	0.09188	2025-03-19	-0.49	0.00	No	No
11.45	0.37667	2025-03-26	-0.10	0.00	No	No
9.24	0.15456	2025-03-26	-0.33	0.00	No	No
4.00	0.0483	2025-01-15	-0.65	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
59651071901	DICYCLOMINE 10 MG CAPSULE	2025-02-21	90.000	WALMART PHARMACY	1467479501	0.00000	0.00	0.00
68382080601	TRAZODONE 100 MG TABLET	2025-03-02	30.000	WALMART PHARMACY	1467479501	0.00000	0.00	0.00
00121088516	PREDNISOLONE 15 MG/5 ML SOLN	2025-03-05	35.000	WALMART PHARMACY	1467479501	0.00000	0.00	0.00
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-03-24	120.000	WALMART PHARMACY	1497954978	0.00000	0.00	0.00
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	2025-01-29	150.000	WALMART PHARMACY	1538186663	0.00000	0.00	0.00
68382091818	METHYLPREDNISOLONE 16 MG TAB	2025-03-31	4.000	WALMART PHARMACY	1538186663	0.00000	0.00	0.00
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-01-24	21.000	WALMART PHARMACY	1649364795	0.00000	0.00	0.00
64980050448	CYPROHEPTADINE 2 MG/5 ML SYRUP	2025-02-04	150.000	WALMART PHARMACY	1720005853	0.00000	0.00	0.00
67877031901	IBUPROFEN 400 MG TABLET	2025-01-04	20.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
43598032675	CIPROFLOX-DEXAMETH OTIC SUSP	2025-01-13	7.500	WALMART PHARMACY	1730106873	0.00000	0.00	0.00

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16.13	0.08345	2025-02-19	-0.10	0.00	No	No
4.00	0.05685	2025-02-26	-0.67	0.00	No	No
25.33	0.63833	2025-03-05	-0.23	0.00	No	No
14.10	0.04345	2025-03-19	-0.10	0.00	No	No
9.59	0.03735	2025-01-29	-0.40	0.00	No	No
13.90	1.28311	2025-03-26	-0.11	0.00	No	No
9.76	0.11419	2025-01-22	-0.24	0.00	No	No
10.63	0.03773	2025-01-29	-0.34	0.00	No	No
4.00	0.03908	2025-01-01	-0.65	0.00	No	No
84.56	12.77122	2025-01-08	-0.20	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-01-13	21.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
68645052354	SERTRALINE HCL 100 MG TABLET	2025-01-15	30.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
67877015905	METFORMIN HCL ER 500 MG TABLET	2025-01-28	120.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
68645052354	SERTRALINE HCL 100 MG TABLET	2025-02-13	30.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
65862050320	AMOX-CLAV 875-125 MG TABLET	2025-02-16	10.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
67877015905	METFORMIN HCL ER 500 MG TABLET	2025-02-24	120.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
68645061190	LISINOPRIL 20 MG TABLET	2025-02-27	90.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	2025-03-01	50.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	2025-03-12	200.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
68645052354	SERTRALINE HCL 100 MG TABLET	2025-03-17	30.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
9.76	0.11746	2025-01-08	-0.25	0.00	No	No
9.00	0.04769	2025-01-15	-0.25	0.00	No	No
4.00	0.02667	2025-01-22	-0.71	0.00	No	No
9.00	0.04773	2025-02-12	-0.25	0.00	No	No
11.91	0.29656	2025-02-12	-0.11	0.00	No	No
4.00	0.02863	2025-02-19	-0.71	0.00	No	No
10.00	0.02538	2025-02-26	-0.22	0.00	No	No
11.00	0.11147	2025-02-26	-0.32	0.00	No	No
12.78	0.03366	2025-03-12	-0.26	0.00	No	No
9.00	0.05114	2025-03-12	-0.25	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68180071160	CEFDINIR 300 MG CAPSULE	2025-03-17	14.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
67877015905	METFORMIN HCL ER 500 MG TABLET	2025-03-24	120.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
67877021905	CEPHALEXIN 500 MG CAPSULE	2025-03-25	21.000	WALMART PHARMACY	1801813936	0.00000	0.00	0.00
55111014512	FLUCONAZOLE 150 MG TABLET	2025-01-04	2.000	WALMART PHARMACY	1992722029	0.00000	0.00	0.00
57237002901	AMOXICILLIN 875 MG TABLET	2025-01-04	14.000	WALMART PHARMACY	1992722029	0.00000	0.00	0.00
00093412774	PENICILLIN VK 250 MG/5 ML SOLN	2025-02-09	200.000	WALMART PHARMACY	1992722029	0.00000	0.00	0.00
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	2025-02-12	150.000	WALMART PHARMACY	1992722029	0.00000	0.00	0.00
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-02-15	21.000	WALMART PHARMACY	1992722029	0.00000	0.00	0.00
55111014512	FLUCONAZOLE 150 MG TABLET	2025-02-27	2.000	WALMART PHARMACY	1992722029	0.00000	0.00	0.00
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-03-04	21.000	WALMART PHARMACY	1992722029	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
13.50	0.45141	2025-03-12	-0.20	0.00	No	No
4.00	0.02993	2025-03-19	-0.72	0.00	No	No
8.58	0.1286	2025-03-19	-0.35	0.00	No	No
9.60	0.51642	2025-01-01	-0.17	0.00	No	No
8.69	0.15465	2025-01-01	-0.31	0.00	No	No
16.56	0.04784	2025-02-05	-0.17	0.00	No	No
9.59	0.03735	2025-02-12	-0.40	0.00	No	No
9.76	0.11419	2025-02-12	-0.24	0.00	No	No
9.60	0.53979	2025-02-26	-0.17	0.00	No	No
9.76	0.1323	2025-02-26	-0.26	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
45802046564	KETOCONAZOLE 2% SHAMPOO	2025-03-11	120.000	WALMART PHARMACY	1992722029	0.00000	0.00	0.00
47781064990	LEVOTHYROXINE 88 MCG TABLET	2025-03-24	96.000	WALMART PHARMACY	1992722029	0.00000	0.00	0.00
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	2025-03-28	150.000	WALMART PHARMACY	1992722029	0.00000	0.00	0.00
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	2025-01-06	150.000	WALMART PHARMACY	1992723688	0.00000	0.00	0.00
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-01-13	20.000	WALMART PHARMACY	1992723688	0.00000	0.00	0.00
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-02-04	30.000	WALMART PHARMACY	1992723688	0.00000	0.00	0.00
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-02-25	30.000	WALMART PHARMACY	1992723688	0.00000	0.00	0.00
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	2025-02-27	150.000	WALMART PHARMACY	1992723688	0.00000	0.00	0.00
67877025145	TRIAMCINOLONE 0.1% CREAM	2025-03-05	454.000	WALMART PHARMACY	1992723688	0.00000	0.00	2.97
68645061090	LISINOPRIL 10 MG TABLET	2025-03-05	90.000	WALMART PHARMACY	1992723688	0.01767	0.00	8.41

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16.77	0.09667	2025-03-05	-0.24	0.00	No	No
10.67	0.06733	2025-03-19	-0.37	0.00	No	No
9.59	0.03866	2025-03-26	-0.41	0.00	No	No
9.59	0.03779	2025-01-01	-0.41	0.00	No	No
5.98	0.08279	2025-01-08	-0.51	0.00	No	No
8.97	0.08158	2025-01-29	-0.31	0.00	No	No
8.97	0.08742	2025-02-19	-0.32	0.00	No	No
9.59	0.03875	2025-02-26	-0.41	0.00	No	No
15.00	0.03182	2025-03-05	-0.28	0.00	No	No
0.00	0.0177	2025-03-05	-0.17	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
00555904958	CRYSELLE-28 TABLET	2025-02-21	84.000	WALGREENS	1124257613	0.30345	0.00	0.00
61314065605	CIPROFLOXACIN 0.3% EYE DROP	2025-01-03	5.000	WALMART PHARMACY	1750309449	0.50000	0.00	7.10
61314065605	CIPROFLOXACIN 0.3% EYE DROP	2025-03-20	5.000	WALMART PHARMACY	1750309449	0.61200	0.00	6.54
49483048112	ASPIRIN EC 81 MG TABLET	2025-01-08	90.000	CVS PHARMACY	1407950181	0.00000	0.00	0.00
13668000901	CITALOPRAM HBR 10 MG TABLET	2025-02-16	90.000	WALMART PHARMACY	1265459390	0.02244	0.00	7.98
55111014512	FLUCONAZOLE 150 MG TABLET	2025-03-28	1.000	WALMART PHARMACY	1265459390	0.00000	0.00	0.00
59651080801	MECLIZINE 25 MG TABLET	2025-01-20	30.000	WALMART PHARMACY	1366469496	0.00000	0.00	0.00
59651080801	MECLIZINE 25 MG TABLET	2025-02-08	30.000	WALMART PHARMACY	1366469496	0.00000	0.00	0.00
59651080801	MECLIZINE 25 MG TABLET	2025-03-17	30.000	WALMART PHARMACY	1366469496	0.00000	0.00	0.00
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-02-25	30.000	WALMART PHARMACY	1669490355	0.00000	0.00	0.00

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0.00	0.37102	2025-02-19	-0.39	0.00	No	No
5.00	1.50086	2025-01-01	-0.19	0.00	No	No
5.00	1.61235	2025-03-19	-0.21	0.00	No	No
2.53	0.01317	2025-01-08	-0.78	0.00	Yes	No
0.00	0.02246	2025-02-12	-0.20	0.00	No	No
4.80	0.59122	2025-03-26	-0.57	0.00	No	No
9.00	0.07745	2025-01-15	-0.30	0.00	No	No
9.00	0.07774	2025-02-05	-0.30	0.00	No	No
9.00	0.08105	2025-03-12	-0.30	0.00	No	No
8.97	0.08742	2025-02-19	-0.32	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
62332002331	FLUOXETINE HCL 20 MG CAPSULE	2025-02-27	90.000	WALMART PHARMACY	1457378580	0.00000	0.00	0.00
68382009305	CARVEDILOL 6.25 MG TABLET	2025-02-11	60.000	WALMART PHARMACY	1649364795	0.00000	0.00	0.00
68382009305	CARVEDILOL 6.25 MG TABLET	2025-03-22	60.000	WALMART PHARMACY	1649364795	0.00000	0.00	0.00
47781065490	LEVOTHYROXINE 112 MCG TABLET	2025-01-21	90.000	WALMART PHARMACY	1912391772	0.00000	0.00	-0.00
29300046810	CLONIDINE HCL 0.1 MG TABLET	2025-02-07	30.000	WALGREENS	1124253786	0.00000	0.00	0.00
64380078507	PREDNISONE 20 MG TABLET	2025-01-05	15.000	WALMART PHARMACY	1275550303	0.00000	0.00	0.00
00378827052	ALBUTEROL SUL 2.5 MG/3 ML SOLN	2025-01-07	75.000	WALMART PHARMACY	1275550303	0.00000	0.00	1.44
64380078408	PREDNISONE 10 MG TABLET	2025-02-02	30.000	WALMART PHARMACY	1275550303	0.00000	0.00	0.00
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-02-06	21.000	WALMART PHARMACY	1275550303	0.00000	0.00	0.00
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	2025-02-12	150.000	WALMART PHARMACY	1275550303	0.00000	0.00	0.00

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10.00	0.03107	2025-02-26	-0.25	0.00	No	No
5.23	0.01736	2025-02-05	-0.55	0.00	No	No
8.20	0.01922	2025-03-19	-0.30	0.00	No	No
10.00	0.06916	2025-01-15	-0.40	0.00	No	No
9.50	0.02305	2025-02-05	-0.15	0.00	No	No
6.06	0.0717	2025-01-01	-0.48	0.00	No	No
10.00	0.06054	2025-01-01	-0.24	0.00	No	No
4.97	0.04773	2025-01-29	-0.58	0.00	No	No
6.28	0.08158	2025-02-05	-0.49	0.00	No	No
9.59	0.03735	2025-02-12	-0.40	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
00378827052	ALBUTEROL SUL 2.5 MG/3 ML SOLN	2025-02-15	75.000	WALMART PHARMACY	1275550303	0.00000	0.00	1.44
67877015905	METFORMIN HCL ER 500 MG TABLET	2025-02-21	360.000	WALMART PHARMACY	1275550303	0.00000	0.00	0.00
16571040250	CETIRIZINE HCL 10 MG TABLET	2025-02-28	90.000	WALMART PHARMACY	1275550303	0.00000	0.00	0.00
00378827052	ALBUTEROL SUL 2.5 MG/3 ML SOLN	2025-03-05	75.000	WALMART PHARMACY	1275550303	0.00000	0.00	1.44
68645056259	IBUPROFEN 600 MG TABLET	2025-03-05	30.000	WALMART PHARMACY	1275550303	0.00000	0.00	0.00
29300024505	BUSPIRONE HCL 10 MG TABLET	2025-03-27	120.000	WALMART PHARMACY	1275550303	0.00000	0.00	0.00
55111014512	FLUCONAZOLE 150 MG TABLET	2025-01-14	2.000	WALMART PHARMACY	1639196769	0.00000	0.00	0.00
64380078507	PREDNISONE 20 MG TABLET	2025-03-18	5.000	WALMART PHARMACY	1639196769	0.00000	0.00	0.00
60505082901	FLUTICASONE PROP 50 MCG SPRAY	2025-03-18	16.000	WALMART PHARMACY	1639196769	0.00000	0.00	0.00
64380078408	PREDNISONE 10 MG TABLET	2025-03-09	15.000	WALMART PHARMACY	1912391772	0.00000	0.00	0.00

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10.00	0.05918	2025-02-12	-0.23	0.00	No	No
10.00	0.02863	2025-02-19	-0.52	0.00	No	No
4.00	0.06211	2025-02-26	-0.75	0.00	No	No
10.00	0.06023	2025-03-05	-0.24	0.00	No	No
5.43	0.04873	2025-03-05	-0.55	0.00	No	No
6.67	0.03236	2025-03-26	-0.54	0.00	No	No
9.60	0.51642	2025-01-08	-0.17	0.00	No	No
4.00	0.07911	2025-03-12	-0.63	0.00	No	No
15.87	0.44945	2025-03-12	-0.10	0.00	No	No
4.00	0.05399	2025-03-05	-0.65	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68382009505	CARVEDILOL 25 MG TABLET	2025-01-02	60.000	WALMART PHARMACY	1992723688	0.00000	0.00	0.00
62332002431	FLUOXETINE HCL 40 MG CAPSULE	2025-01-07	90.000	WALMART PHARMACY	1992723688	0.00000	0.00	0.00
68645061090	LISINOPRIL 10 MG TABLET	2025-01-19	30.000	WALMART PHARMACY	1992723688	0.00000	0.00	0.00
68645061090	LISINOPRIL 10 MG TABLET	2025-01-29	90.000	WALMART PHARMACY	1992723688	0.00000	0.00	0.00
68645061190	LISINOPRIL 20 MG TABLET	2025-01-29	90.000	WALMART PHARMACY	1992723688	0.00000	0.00	0.00
68382009505	CARVEDILOL 25 MG TABLET	2025-01-31	60.000	WALMART PHARMACY	1992723688	0.00000	0.00	0.00
29300041519	CYCLOBENZAPRINE 10 MG TABLET	2025-01-31	12.000	WALMART PHARMACY	1992723688	0.00000	0.00	0.00
68645058459	METFORMIN HCL 1,000 MG TABLET	2025-02-17	180.000	WALMART PHARMACY	1992723688	0.00000	0.00	0.00
16571040250	CETIRIZINE HCL 10 MG TABLET	2025-03-09	30.000	CVS PHARMACY	1063515724	0.00000	0.00	0.00
29300022705	METRONIDAZOLE 500 MG TABLET	2025-01-26	2.000	WALMART PHARMACY	1487838132	0.00000	0.00	0.00

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5.42	0.02816	2025-01-01	-0.55	0.00	No	No
10.00	0.05938	2025-01-01	-0.37	0.00	No	No
4.00	0.01707	2025-01-15	-0.64	0.00	No	No
10.00	0.01718	2025-01-29	-0.17	0.00	No	No
10.00	0.02401	2025-01-29	-0.21	0.00	No	No
5.42	0.02776	2025-01-29	-0.55	0.00	No	No
8.05	0.01624	2025-01-29	-0.25	0.00	No	No
10.00	0.02215	2025-02-12	-0.31	0.00	No	No
5.49	0.06211	2025-03-05	-0.56	0.00	Yes	No
4.00	0.09121	2025-01-22	-0.63	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
00093117701	NEOMYCIN 500 MG TABLET	2025-01-26	4.000	WALMART PHARMACY	1487838132	0.00000	0.00	0.00
70954005920	PREDNISONE 10 MG TABLET	2025-01-27	6.000	WALGREENS	1164947941	0.00000	0.00	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-02-18	8.000	WALGREENS	1164947941	0.00000	0.00	0.00
16714040604	LARIN FE 1-20 TABLET	2025-02-03	28.000	WALMART PHARMACY	1639196777	0.12536	0.00	8.00
57664002397	ISOTRETINOIN 30 MG CAPSULE	2025-02-28	60.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.00
57664002397	ISOTRETINOIN 30 MG CAPSULE	2025-03-31	60.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.00
70954005910	PREDNISONE 10 MG TABLET	2025-01-10	30.000	CLARKSBURG VAMC	1356399364	0.00000	0.00	0.00
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2025-03-26	10.000	MEDICAL CENTER PHARMACY	1639163538	0.00000	0.00	0.00
00904701416	CHLD ACETAMINOPHEN 160 MG/5 ML	2025-02-25	473.000	MEDICAL CENTER PHARMACY	1639163538	0.00000	0.00	0.00
47781066290	LEVOTHYROXINE 150 MCG TABLET	2025-01-17	90.000	WALMART PHARMACY	1467479501	0.00000	0.00	0.00

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6.01	0.83305	2025-01-22	-0.57	0.00	No	No
3.40	0.04773	2025-01-22	-0.68	0.00	No	No
4.55	0.07317	2025-02-12	-0.59	0.00	No	No
0.00	0.12524	2025-01-29	-0.18	0.00	No	No
430.82	12.76562	2025-02-26	-0.45	0.00	No	No
430.82	11.97134	2025-03-26	-0.41	0.00	No	No
3.08	0.04665	2025-01-08	-0.74	0.00	No	No
8.65	0.12126	2025-03-26	-0.26	0.00	No	No
5.92	0.0115	2025-02-19	-0.63	0.00	No	No
10.00	0.07092	2025-01-15	-0.41	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68180044101	CEPHALEXIN 250 MG/5 ML SUSP	2025-03-14	200.000	WALMART PHARMACY	1467479501	0.00280	0.00	2.44
55111014512	FLUCONAZOLE 150 MG TABLET	2025-02-04	1.000	WALMART PHARMACY	1538186663	0.00000	0.00	0.00
16729045415	LEVOTHYROXINE 137 MCG TABLET	2025-01-22	90.000	WALMART PHARMACY	1649364795	0.07356	0.00	3.38
45802000403	HYDROCORTISONE 2.5% CREAM	2025-01-26	28.000	WALMART PHARMACY	1649364795	0.11036	0.00	5.61
45802000403	HYDROCORTISONE 2.5% CREAM	2025-02-20	28.000	WALMART PHARMACY	1649364795	0.11179	0.00	5.57
47781065990	LEVOTHYROXINE 137 MCG TABLET	2025-03-19	90.000	WALMART PHARMACY	1649364795	0.07822	0.00	2.96
64380078507	PREDNISONE 20 MG TABLET	2025-03-21	10.000	WALMART PHARMACY	1366469496	0.00000	0.00	0.00
00555901858	TRI-SPRINTEC TABLET	2025-01-21	28.000	WALMART PHARMACY	1720005853	0.12321	0.00	5.55
00555901858	TRI-SPRINTEC TABLET	2025-02-17	28.000	WALMART PHARMACY	1720005853	0.12214	0.00	5.58
00555901858	TRI-SPRINTEC TABLET	2025-03-17	28.000	WALMART PHARMACY	1720005853	0.12821	0.00	5.41

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15.00	0.07781	2025-03-12	-0.31	0.00	No	No
4.80	0.52425	2025-01-29	-0.56	0.00	No	No
0.00	0.07306	2025-01-22	-0.41	0.00	No	No
0.00	0.11053	2025-01-22	-0.36	0.00	No	No
0.00	0.11195	2025-02-19	-0.36	0.00	No	No
0.00	0.08487	2025-03-19	-0.45	0.00	No	No
4.04	0.08187	2025-03-19	-0.64	0.00	No	No
0.00	0.12315	2025-01-15	-0.35	0.00	No	No
0.00	0.12209	2025-02-12	-0.35	0.00	No	No
0.00	0.12837	2025-03-12	-0.36	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
00185012201	NITROFURANTOIN MONO-MCR 100 MG	2025-03-27	10.000	WALGREENS	1861652562	0.00000	0.00	0.00
70069023201	BRIMONIDINE 0.2% EYE DROP	2025-01-02	10.000	WALGREENS	1861919466	0.00000	0.00	0.00
61314063705	PREDNISOLONE AC 1% EYE DROP	2025-01-30	5.000	WALGREENS	1861919466	0.00000	0.00	0.00
70069023201	BRIMONIDINE 0.2% EYE DROP	2025-03-30	10.000	WALGREENS	1861919466	0.00000	0.00	-0.00
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-01-16	90.000	WALGREENS	1386160943	0.00000	0.00	0.00
68645061190	LISINOPRIL 20 MG TABLET	2025-02-18	90.000	WALMART PHARMACY	1285651323	0.00000	0.00	0.00
29300024401	BUSPIRONE HCL 5 MG TABLET	2025-01-05	180.000	WALMART PHARMACY	1497954978	0.00000	0.00	0.00
67877015905	METFORMIN HCL ER 500 MG TABLET	2025-01-05	90.000	WALMART PHARMACY	1497954978	0.00000	0.00	0.00
29300011201	LAMOTRIGINE 100 MG TABLET	2025-01-14	30.000	WALMART PHARMACY	1497954978	0.00000	0.00	4.00
68462063945	NITROGLYCERIN 0.4 MG TABLET SL	2025-01-26	25.000	WALMART PHARMACY	1497954978	0.00000	0.00	4.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
8.25	0.32693	2025-03-26	-0.40	0.00	No	No
10.38	0.4728	2025-01-01	-0.32	0.00	No	No
30.69	4.80516	2025-01-29	-0.11	0.00	No	No
10.38	0.56122	2025-03-26	-0.36	0.00	No	No
9.14	0.01079	2025-01-15	-0.20	0.00	No	No
10.00	0.02401	2025-02-12	-0.21	0.00	No	No
10.00	0.01976	2025-01-01	-0.29	0.00	No	No
4.00	0.02708	2025-01-01	-0.69	0.00	No	No
5.00	0.04236	2025-01-08	-0.23	0.00	No	No
5.00	0.18133	2025-01-22	-0.40	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68645056354	IBUPROFEN 800 MG TABLET	2025-01-27	30.000	WALMART PHARMACY	1497954978	0.00000	0.00	0.82
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-01-30	21.000	WALMART PHARMACY	1497954978	0.00000	0.00	4.76
47781065790	LEVOTHYROXINE 125 MCG TABLET	2025-02-06	90.000	WALMART PHARMACY	1497954978	0.00000	0.00	0.00
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-02-10	30.000	WALMART PHARMACY	1497954978	0.00000	0.00	3.97
68645060990	LISINOPRIL 5 MG TABLET	2025-02-25	90.000	WALMART PHARMACY	1497954978	0.00000	0.00	0.00
29300039605	AMLODIPINE BESYLATE 2.5 MG TAB	2025-02-25	30.000	WALMART PHARMACY	1497954978	0.00000	0.00	4.00
68462063945	NITROGLYCERIN 0.4 MG TABLET SL	2025-03-04	25.000	WALMART PHARMACY	1497954978	0.00000	0.00	4.00
59746011306	PROCHLORPERAZINE 5 MG TABLET	2025-03-05	12.000	WALMART PHARMACY	1497954978	0.00000	0.00	3.22
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-03-16	30.000	WALMART PHARMACY	1497954978	0.00000	0.00	3.97
65862017360	TOPIRAMATE 100 MG TABLET	2025-03-23	30.000	WALMART PHARMACY	1497954978	0.00000	0.00	-0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
5.00	0.0562	2025-01-22	-0.52	0.00	No	No
5.00	0.11419	2025-01-29	-0.24	0.00	No	No
10.00	0.07133	2025-02-05	-0.41	0.00	No	No
5.00	0.08158	2025-02-05	-0.31	0.00	No	No
10.00	0.01445	2025-02-19	-0.15	0.00	No	No
5.00	0.01087	2025-02-19	-0.17	0.00	No	No
5.00	0.17715	2025-02-26	-0.40	0.00	No	No
5.00	0.16389	2025-03-05	-0.34	0.00	No	No
5.00	0.08742	2025-03-12	-0.32	0.00	No	No
4.50	0.06422	2025-03-19	-0.64	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68462063945	NITROGLYCERIN 0.4 MG TABLET SL	2025-03-30	25.000	WALMART PHARMACY	1497954978	0.00000	0.00	4.00
67877015905	METFORMIN HCL ER 500 MG TABLET	2025-01-10	360.000	WALMART PHARMACY	1912391772	0.00000	0.00	0.00
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-02-28	21.000	WALMART PHARMACY	1912391772	0.00000	0.00	4.76
00603533932	PREDNISONE 20 MG TABLET	2025-03-08	25.000	MEDICAL CENTER PHARMACY	1639163538	0.00000	0.00	4.84
16571040250	CETIRIZINE HCL 10 MG TABLET	2025-01-09	30.000	WALMART PHARMACY	1912391772	0.00000	0.00	0.00
16571040250	CETIRIZINE HCL 10 MG TABLET	2025-02-06	30.000	WALMART PHARMACY	1912391772	0.00000	0.00	0.00
29300024505	BUSPIRONE HCL 10 MG TABLET	2025-03-11	60.000	WALMART PHARMACY	1912391772	0.00000	0.00	0.00
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-01-02	120.000	WALGREENS	1902035454	0.00000	0.00	7.69
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-01-30	20.000	WALGREENS	1982649067	0.00000	0.00	0.00
00054002125	LITHIUM CARBONATE ER 300 MG TB	2025-01-29	30.000	CVS PHARMACY	1558532713	0.00000	0.00	0.00

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5.00	0.17515	2025-03-26	-0.39	0.00	No	No
10.00	0.02708	2025-01-08	-0.51	0.00	No	No
5.00	0.1323	2025-02-26	-0.26	0.00	No	No
2.95	0.07911	2025-03-05	-0.38	0.00	No	No
4.00	0.06035	2025-01-08	-0.67	0.00	No	No
4.00	0.06134	2025-02-05	-0.68	0.00	No	No
4.00	0.03079	2025-03-05	-0.68	0.00	No	No
5.00	0.03452	2025-01-01	-0.13	0.00	No	No
9.62	0.08158	2025-01-29	-0.21	0.00	No	No
13.99	0.20874	2025-01-29	-0.16	0.00	Yes	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
53746051101	SPIRONOLACTONE 25 MG TABLET	2025-01-12	45.000	WALMART PHARMACY	1881870210	0.00000	0.00	0.00
68180096301	ALBUTEROL HFA 90 MCG INHALER	2025-01-22	8.500	WALMART PHARMACY	1881870210	0.00000	0.00	0.00
13668001101	CITALOPRAM HBR 40 MG TABLET	2025-03-15	90.000	WALMART PHARMACY	1881870210	0.04267	0.00	6.16
68645060990	LISINOPRIL 5 MG TABLET	2025-03-17	30.000	WALMART PHARMACY	1881870210	0.01433	0.00	3.57
60505082901	FLUTICASONE PROP 50 MCG SPRAY	2025-03-30	16.000	WALMART PHARMACY	1881870210	0.00000	0.00	0.00
68180096301	ALBUTEROL HFA 90 MCG INHALER	2025-03-31	8.500	WALMART PHARMACY	1881870210	0.00000	0.00	0.00
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-03-03	21.000	WALMART PHARMACY	1912391772	0.00000	0.00	0.00
59651048901	PREDNISONE 50 MG TABLET	2025-01-13	6.000	HUNTINGTON VAMC	1508824301	0.00000	0.00	0.00
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2025-01-13	20.000	HUNTINGTON VAMC	1508824301	0.00000	0.00	-0.00
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-01-07	90.000	WALGREENS	1497271134	0.00000	0.00	0.00

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8.34	0.04561	2025-01-08	-0.34	0.00	No	No
20.23	2.35969	2025-01-22	-0.34	0.00	No	No
0.00	0.04272	2025-03-12	-0.30	0.00	No	No
0.00	0.01445	2025-03-12	-0.63	0.00	No	No
14.78	0.46041	2025-03-26	-0.17	0.00	No	No
20.23	2.56359	2025-03-26	-0.37	0.00	No	No
9.76	0.1323	2025-02-26	-0.26	0.00	No	No
1.74	0.17685	2025-01-08	-0.85	0.00	No	No
3.45	0.12482	2025-01-08	-0.73	0.00	No	No
9.14	0.01079	2025-01-01	-0.20	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68462063945	NITROGLYCERIN 0.4 MG TABLET SL	2025-03-06	25.000	WALMART PHARMACY	1710904842	0.00000	0.00	4.00
68382080701	TRAZODONE 150 MG TABLET	2025-03-12	30.000	WALMART PHARMACY	1710904842	0.00000	0.00	0.00
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-02-05	45.000	SISSONVILLE HEALTH CENTER PHCY	1851843965	0.00000	0.00	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-01-10	10.000	WALGREENS	1952827065	0.00000	0.00	0.00
00378034505	DIAZEPAM 5 MG TABLET	2025-01-29	30.000	WALGREENS	1952827065	0.00000	0.00	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-02-02	15.000	WALGREENS	1952827065	0.00000	0.00	0.00
42192032901	NP THYROID 30 MG TABLET	2025-03-02	30.000	CVS PHARMACY	1205231495	0.00000	0.00	0.00
00781261305	AMOXICILLIN 500 MG CAPSULE	2025-02-25	21.000	WALGREENS	1164947941	0.00000	0.00	0.00
68645052154	SERTRALINE HCL 25 MG TABLET	2025-02-05	30.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.00
68645052154	SERTRALINE HCL 25 MG TABLET	2025-03-07	30.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.00

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5.00	0.17715	2025-03-05	-0.40	0.00	No	No
4.00	0.11036	2025-03-12	-0.71	0.00	No	No
3.57	0.011	2025-02-05	-0.68	0.00	No	No
4.56	0.0717	2025-01-08	-0.59	0.00	No	No
6.40	0.02438	2025-01-29	-0.43	0.00	No	No
5.85	0.07317	2025-01-29	-0.50	0.00	No	No
24.69	0.59645	2025-02-26	-0.13	0.00	Yes	No
9.99	0.08742	2025-02-19	-0.19	0.00	No	No
9.00	0.03055	2025-02-05	-0.21	0.00	No	No
9.00	0.0324	2025-03-05	-0.21	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68645051654	AMLODIPINE BESYLATE 10 MG TAB	2025-03-18	30.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.00
47781065790	LEVOTHYROXINE 125 MCG TABLET	2025-03-25	90.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.00
64380078507	PREDNISONE 20 MG TABLET	2025-03-25	10.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.00
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-03-25	120.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.00
11527073044	SODIUM FLUORIDE 5000 PPM PASTE	2025-01-13	100.000	CVS PHARMACY	1609979368	0.00000	0.00	0.00
60219170701	PREDNISONE 10 MG TABLET	2025-02-21	21.000	KROGER PHARMACY	1760416556	0.00000	0.00	0.00
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-01-29	90.000	WALMART PHARMACY	1609965292	0.00000	0.00	0.00
42799081501	PREDNISOLONE 15 MG/5 ML SOLN	2025-01-23	27.000	WALGREENS	1164947941	0.00000	0.00	0.00
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	2025-01-23	100.000	WALGREENS	1164947941	0.00000	0.00	0.00
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	2025-03-03	200.000	WALMART PHARMACY	1881870210	0.00000	0.00	2.78

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9.00	0.01694	2025-03-12	-0.18	0.00	No	No
10.00	0.07712	2025-03-19	-0.43	0.00	No	No
4.04	0.08187	2025-03-19	-0.64	0.00	No	No
14.10	0.04345	2025-03-19	-0.10	0.00	No	No
16.89	0.09322	2025-01-08	-0.15	0.00	Yes	No
9.99	0.05399	2025-02-19	-0.14	0.00	No	No
10.00	0.011	2025-01-29	-0.13	0.00	No	No
10.43	0.10628	2025-01-22	-0.22	0.00	No	No
11.81	0.0318	2025-01-22	-0.14	0.00	No	No
10.00	0.03366	2025-02-26	-0.26	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-02-25	90.000	WALMART PHARMACY	1467479501	0.00000	0.00	0.00
31722073030	IRBESARTAN 150 MG TABLET	2025-03-24	30.000	WALMART PHARMACY	1467479501	0.00000	0.00	0.00
47781064090	LEVOTHYROXINE 25 MCG TABLET	2025-01-07	90.000	WALMART PHARMACY	1720005853	0.00000	0.00	0.00
29300013005	HYDROCHLOROTHIAZIDE 12.5 MG CP	2025-03-05	90.000	WALMART PHARMACY	1790072916	0.00000	0.00	0.00
47781064390	LEVOTHYROXINE 50 MCG TABLET	2025-01-30	90.000	WALMART PHARMACY	1376560417	0.00000	0.00	0.00
68645061090	LISINOPRIL 10 MG TABLET	2025-03-15	90.000	WALMART PHARMACY	1730106873	0.01767	0.00	8.41
70010049201	METFORMIN HCL ER 750 MG TABLET	2025-03-15	180.000	WALMART PHARMACY	1730106873	0.05556	0.00	0.00
49884025601	MINOXIDIL 2.5 MG TABLET	2025-01-22	15.000	KROGER PHARMACY	1215961099	0.00000	0.00	0.00
49884025601	MINOXIDIL 2.5 MG TABLET	2025-02-17	15.000	KROGER PHARMACY	1215961099	0.00000	0.00	0.00
49884025601	MINOXIDIL 2.5 MG TABLET	2025-03-26	15.000	KROGER PHARMACY	1215961099	0.00000	0.00	0.00

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10.00	0.01217	2025-02-19	-0.14	0.00	No	No
9.00	0.12409	2025-03-19	-0.37	0.00	No	No
10.00	0.04342	2025-01-01	-0.31	0.00	No	No
10.00	0.02926	2025-03-05	-0.24	0.00	No	No
10.00	0.05075	2025-01-29	-0.34	0.00	No	No
0.00	0.0177	2025-03-12	-0.17	0.00	No	No
0.00	0.05636	2025-03-12	-0.52	0.00	No	No
9.99	0.08358	2025-01-22	-0.15	0.00	No	No
9.99	0.08358	2025-02-12	-0.15	0.00	No	No
9.99	0.10863	2025-03-26	-0.18	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
00781261305	AMOXICILLIN 500 MG CAPSULE	2025-01-14	16.000	WALGREENS	1457876112	0.00000	0.00	0.00
68180086573	BLISOVI FE 1-20 TABLET	2025-02-23	84.000	WALGREENS	1457876112	0.12929	0.00	5.63
00555901658	SPRINTEC 28 DAY TABLET	2025-01-05	28.000	WALMART PHARMACY	1720005853	0.11143	0.00	5.88
00555901658	SPRINTEC 28 DAY TABLET	2025-02-04	28.000	WALMART PHARMACY	1720005853	0.11179	0.00	5.87
00555901658	SPRINTEC 28 DAY TABLET	2025-03-08	28.000	WALMART PHARMACY	1720005853	0.12071	0.00	5.62
59651048801	PREDNISONE 20 MG TABLET	2025-03-10	12.000	MARTINS PHARMACY	1215969233	0.00000	0.00	-0.00
00904585540	IBUPROFEN 800 MG TABLET	2025-03-26	30.000	MARTINSBURG VAMC	1629026414	0.00000	0.00	-0.00
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-01-09	90.000	WALGREENS	1508382227	0.00000	0.00	0.00
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-01-31	90.000	WALGREENS	1508382227	0.00000	0.00	0.00
00781261305	AMOXICILLIN 500 MG CAPSULE	2025-02-16	20.000	WALGREENS	1508382227	0.00000	0.00	0.00

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8.09	0.08279	2025-01-08	-0.32	0.00	No	No
0.00	0.12925	2025-02-19	-0.23	0.00	No	No
0.00	0.11128	2025-01-01	-0.34	0.00	No	No
0.00	0.1118	2025-01-29	-0.34	0.00	No	No
0.00	0.12083	2025-03-05	-0.35	0.00	No	No
9.99	0.07911	2025-03-05	-0.13	0.00	No	No
4.90	0.06324	2025-03-26	-0.60	0.00	No	No
9.14	0.01079	2025-01-08	-0.20	0.00	No	No
9.14	0.011	2025-01-29	-0.20	0.00	No	No
9.61	0.08158	2025-02-12	-0.21	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
42858061001	DEXTROAMP-AMPHET ER 10 MG CAP	2025-03-17	30.000	WALGREENS	1861652562	0.26100	0.00	5.77
59651048901	PREDNISONE 50 MG TABLET	2025-03-31	5.000	WALGREENS	1861652562	0.00000	0.00	0.00
10572010001	PEG-3350 AND ELECTROLYTES SOLN	2025-02-20	4000.000	MARTINSBURG VAMC	1629026414	0.00220	0.00	0.15
65162019011	NAPROXEN 500 MG TABLET	2025-03-11	28.000	WALMART PHARMACY	1366469496	0.00000	0.00	0.00
52817018010	CLONIDINE HCL 0.1 MG TABLET	2025-03-05	30.000	SAM'S CLUB PHARMACY	1902823040	0.00000	0.00	0.00
67877024901	QUETIAPINE FUMARATE 50 MG TAB	2025-03-06	30.000	SAM'S CLUB PHARMACY	1902823040	0.00000	0.00	0.00
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	2025-03-11	10.000	SAM'S CLUB PHARMACY	1902823040	0.00000	0.00	0.00
00228212710	CLONIDINE HCL 0.1 MG TABLET	2025-03-31	30.000	SAM'S CLUB PHARMACY	1902823040	0.00000	0.00	0.00
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-01-30	21.000	WALGREENS	1285964569	0.00000	0.00	0.00
00054430129	FUROSEMIDE 80 MG TABLET	2025-01-09	90.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
10.00	0.59443	2025-03-12	-0.17	0.00	No	No
4.04	0.19505	2025-03-26	-0.65	0.00	No	No
0.00	0.00441	2025-02-19	-0.68	0.00	No	No
6.37	0.05828	2025-03-05	-0.47	0.00	No	No
6.68	0.025	2025-03-05	-0.41	0.00	No	No
9.48	0.03721	2025-03-05	-0.18	0.00	No	No
8.53	0.05697	2025-03-05	-0.23	0.00	No	No
8.79	0.02583	2025-03-26	-0.22	0.00	No	No
10.00	0.08158	2025-01-29	-0.18	0.00	No	No
10.00	0.04589	2025-01-08	-0.32	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68645061190	LISINOPRIL 20 MG TABLET	2025-01-27	90.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.00
64380078507	PREDNISONE 20 MG TABLET	2025-03-07	3.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.00
64380078507	PREDNISONE 20 MG TABLET	2025-03-11	10.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.00
69315011701	FUROSEMIDE 40 MG TABLET	2025-03-10	30.000	MEDICAL CENTER PHARMACY	1639163538	0.00000	0.00	0.00
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-03-17	118.000	WALGREENS	1861652562	0.00000	0.00	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-03-17	10.000	WALGREENS	1861652562	0.00000	0.00	0.00
76204020030	ALBUTEROL SUL 2.5 MG/3 ML SOLN	2025-03-17	90.000	WALGREENS	1861652562	0.00000	0.00	0.00
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-03-08	21.000	WALMART PHARMACY	1265459390	0.00000	0.00	0.00
00093032101	DILTIAZEM 120 MG TABLET	2025-03-10	90.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
60505082901	FLUTICASONE PROP 50 MCG SPRAY	2025-03-03	16.000	WALMART PHARMACY	1881870210	0.00000	0.00	0.87

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
10.00	0.02401	2025-01-22	-0.21	0.00	No	No
4.00	0.07911	2025-03-05	-0.63	0.00	No	No
4.04	0.07911	2025-03-05	-0.64	0.00	No	No
6.12	0.03121	2025-03-05	-0.46	0.00	No	No
12.59	0.03869	2025-03-12	-0.16	0.00	No	No
4.56	0.07911	2025-03-12	-0.60	0.00	No	No
13.79	0.05917	2025-03-12	-0.13	0.00	No	No
9.76	0.1323	2025-03-05	-0.26	0.00	No	No
13.50	0.20948	2025-03-05	-0.54	0.00	No	No
15.00	0.44945	2025-02-26	-0.10	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
70752020411	FOLIC ACID 1 MG TABLET	2025-03-31	10.000	WALMART PHARMACY	1881870210	0.00000	0.00	0.00
16714008310	HYDROXYZINE HCL 50 MG TABLET	2025-03-31	20.000	WALMART PHARMACY	1881870210	0.00000	0.00	0.00
68645052254	SERTRALINE HCL 50 MG TABLET	2025-03-31	10.000	WALMART PHARMACY	1881870210	0.00000	0.00	0.00
13668033001	TRAZODONE 50 MG TABLET	2025-03-31	10.000	WALMART PHARMACY	1881870210	0.00000	0.00	0.00
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	2025-03-25	5.000	MEDICAL CENTER PHARMACY	1639163538	0.00000	0.00	0.00
59762005601	MEDROXYPROGESTERONE 10 MG TAB	2025-03-25	10.000	MEDICAL CENTER PHARMACY	1639163538	0.00000	0.00	0.00
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	2025-03-06	20.000	WALMART PHARMACY	1356368484	0.00000	0.00	0.95
16714008310	HYDROXYZINE HCL 50 MG TABLET	2025-03-21	30.000	WALMART PHARMACY	1356368484	0.06600	0.00	5.72
47781064990	LEVOTHYROXINE 88 MCG TABLET	2025-02-13	90.000	WALMART PHARMACY	1992722029	0.00000	0.00	0.00
72578005518	DOXYCYCLINE HYCLATE 100 MG CAP	2025-03-05	14.000	WALMART PHARMACY	1992722029	0.00000	0.00	0.74

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4.00	0.0232	2025-03-26	-0.63	0.00	No	No
5.13	0.06596	2025-03-26	-0.57	0.00	No	No
4.68	0.03731	2025-03-26	-0.57	0.00	No	No
4.00	0.03571	2025-03-26	-0.63	0.00	No	No
3.39	0.09237	2025-03-19	-0.69	0.00	No	No
6.14	0.15912	2025-03-19	-0.49	0.00	No	No
10.00	0.09095	2025-03-05	-0.11	0.00	No	No
0.00	0.06596	2025-03-19	-0.38	0.00	No	No
10.00	0.05802	2025-02-12	-0.36	0.00	No	No
10.00	0.1187	2025-03-05	-0.12	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
59651048801	PREDNISONE 20 MG TABLET	2025-03-06	10.000	GREENBRIER MEDICAL ARTS PHARMA	1750444360	0.00000	0.00	0.00
62332002431	FLUOXETINE HCL 40 MG CAPSULE	2025-03-08	90.000	WALMART PHARMACY	1912924051	0.06600	0.00	4.06
62332002331	FLUOXETINE HCL 20 MG CAPSULE	2025-03-10	90.000	WALMART PHARMACY	1912924051	0.03111	0.00	7.20
61314062810	POLYMYXIN B-TMP EYE DROPS	2025-03-19	10.000	WALMART PHARMACY	1912924051	0.00000	0.00	0.00
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-01-28	90.000	WALMART PHARMACY	1881870210	0.01100	0.00	9.01
64380080807	IBUPROFEN 600 MG TABLET	2025-02-06	12.000	WALGREENS	1518483361	0.00000	0.00	3.33
62332002431	FLUOXETINE HCL 40 MG CAPSULE	2025-01-16	90.000	WALMART PHARMACY	1710904842	0.00000	0.00	0.00
62332002331	FLUOXETINE HCL 20 MG CAPSULE	2025-01-16	90.000	WALMART PHARMACY	1710904842	0.00000	0.00	0.00
64380078507	PREDNISONE 20 MG TABLET	2025-02-13	10.000	WALMART PHARMACY	1710904842	0.00000	0.00	0.00

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7.59	0.07911	2025-03-05	-0.33	0.00	No	No
0.00	0.06602	2025-03-05	-0.39	0.00	No	No
0.00	0.03107	2025-03-05	-0.25	0.00	No	No
9.06	0.4867	2025-03-19	-0.41	0.00	No	No
0.00	0.011	2025-01-22	-0.13	0.00	No	No
5.00	0.04794	2025-02-05	-0.25	0.00	No	No
10.00	0.05938	2025-01-15	-0.37	0.00	No	No
10.00	0.02969	2025-01-15	-0.24	0.00	No	No
4.04	0.07317	2025-02-12	-0.64	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2025-03-05	7.000	WALMART PHARMACY	1821015967	0.12143	0.00	6.55
64380078507	PREDNISONE 20 MG TABLET	2025-02-26	10.000	WALMART PHARMACY	1447277579	0.00000	0.00	0.00
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-03-26	90.000	WALGREENS	1336664002	0.00000	0.00	0.00
45802011214	MUPIROCIN 2% OINTMENT	2025-01-21	15.000	WALGREENS	1649796061	0.00000	0.00	0.00
00093031901	DILTIAZEM 60 MG TABLET	2025-02-10	180.000	WALMART PHARMACY	1750309449	0.00000	0.00	0.00
62332002331	FLUOXETINE HCL 20 MG CAPSULE	2025-02-27	30.000	WALMART PHARMACY	1629095757	0.00000	0.00	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-02-02	10.000	WALGREENS	1649796061	0.00000	0.00	0.00
11527070442	SODIUM FLUORIDE SENSTV 5000PPM	2025-03-21	100.000	CVS PHARMACY	1285039727	0.00000	0.00	0.00
76282023890	AMLODIPINE BESYLATE 5 MG TAB	2025-01-30	90.000	HUNTINGTON VAMC	1508824301	0.00000	0.00	0.00
76282022505	GEMFIBROZIL 600 MG TABLET	2025-01-31	180.000	HUNTINGTON VAMC	1508824301	0.00000	0.00	0.00

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0.00	0.12132	2025-03-05	-0.35	0.00	No	No
4.04	0.07911	2025-02-26	-0.64	0.00	No	No
10.32	0.04345	2025-03-26	-0.28	0.00	No	No
9.37	0.33326	2025-01-15	-0.40	0.00	No	No
24.00	0.12727	2025-02-05	-0.28	0.00	No	No
4.00	0.03107	2025-02-26	-0.65	0.00	No	No
4.56	0.07317	2025-01-29	-0.59	0.00	No	No
16.89	0.10484	2025-03-19	-0.19	0.00	Yes	No
2.73	0.01037	2025-01-29	-0.76	0.00	No	No
24.32	0.09552	2025-01-29	-0.12	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	2025-02-21	14.000	KROGER PHARMACY	1699790394	0.00000	0.00	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-01-03	10.000	WALGREENS	1336664002	0.00000	0.00	0.00
00054350049	LIDOCAINE 2% VISCOUS SOLN	2025-01-03	60.000	WALGREENS	1336664002	0.00000	0.00	0.00
51672128402	TRIAMCINOLONE 0.1% OINTMENT	2025-02-05	60.000	WALGREENS	1427574441	0.00000	0.00	0.00
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-01-15	90.000	WALGREENS	1629251038	0.00000	0.00	0.00
00591505210	PREDNISONE 5 MG TABLET	2025-03-18	10.000	WALGREENS	1629251038	0.00000	0.00	-0.00
33342005010	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	2025-01-08	90.000	WALMART PHARMACY	1447277579	0.00000	0.00	0.00
68180012202	CEPHALEXIN 500 MG CAPSULE	2025-03-09	21.000	WALMART PHARMACY	1609965292	0.00000	0.00	0.00
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	2025-01-21	4.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.00
68645056354	IBUPROFEN 800 MG TABLET	2025-01-28	12.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.00

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9.99	0.05697	2025-02-19	-0.11	0.00	No	No
4.56	0.0717	2025-01-01	-0.59	0.00	No	No
9.92	0.09351	2025-01-01	-0.38	0.00	No	No
16.40	0.15587	2025-02-05	-0.17	0.00	No	No
9.15	0.01079	2025-01-15	-0.20	0.00	No	No
4.24	0.04743	2025-03-12	-0.61	0.00	No	No
10.00	0.06902	2025-01-08	-0.40	0.00	No	No
9.53	0.1214	2025-03-05	-0.27	0.00	No	No
9.94	0.4306	2025-01-15	-0.19	0.00	No	No
4.00	0.0562	2025-01-22	-0.64	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
00406996101	TEMAZEPAM 15 MG CAPSULE	2025-02-05	30.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.00
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	2025-03-06	4.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.00
00406996101	TEMAZEPAM 15 MG CAPSULE	2025-03-07	30.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.00
68645056354	IBUPROFEN 800 MG TABLET	2025-01-28	60.000	WALMART PHARMACY	1649297789	0.00000	0.00	0.00
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-02-07	21.000	WALMART PHARMACY	1649297789	0.00000	0.00	0.00
68645058259	METFORMIN HCL 500 MG TABLET	2025-02-27	60.000	WALMART PHARMACY	1649297789	0.00000	0.00	0.00
55111014512	FLUCONAZOLE 150 MG TABLET	2025-03-01	2.000	WALMART PHARMACY	1710904842	0.00000	0.00	0.00
68645057559	GLIPIZIDE 10 MG TABLET	2025-02-18	180.000	WALMART PHARMACY	1447277579	0.00000	0.00	-0.00
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	2025-03-13	200.000	WALMART PHARMACY	1710904842	0.00000	0.00	2.78
57237010199	METOPROLOL TARTRATE 50 MG TAB	2025-01-27	2.000	ARACOMA DRUG COMPANY	1780639286	0.00000	0.00	0.00

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7.89	0.06287	2025-02-05	-0.36	0.00	No	No
9.94	0.44748	2025-03-05	-0.19	0.00	No	No
7.89	0.06986	2025-03-05	-0.37	0.00	No	No
11.64	0.0562	2025-01-22	-0.16	0.00	No	No
9.76	0.11419	2025-02-05	-0.24	0.00	No	No
4.00	0.01368	2025-02-26	-0.65	0.00	No	No
9.60	0.53979	2025-02-26	-0.17	0.00	No	No
10.00	0.04083	2025-02-12	-0.44	0.00	No	No
10.00	0.03366	2025-03-12	-0.26	0.00	No	No
1.08	0.01919	2025-01-22	-0.90	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
00555077902	MEDROXYPROGESTERONE 10 MG TAB	2025-02-07	12.000	ARACOMA DRUG COMPANY	1780639286	0.00000	0.00	0.00
69315030805	CIPROFLOXACIN 0.3% EYE DROP	2025-03-17	5.000	CVS PHARMACY	1285039727	0.00000	0.00	3.99
59651048805	PREDNISONE 20 MG TABLET	2025-02-14	10.000	FRUTH PHARMACY	1538611520	0.00000	0.00	0.00
62559075816	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-02-05	120.000	WALGREENS	1285964569	0.00000	0.00	2.69
70954006020	PREDNISONE 20 MG TABLET	2025-02-05	10.000	WALGREENS	1285964569	0.00000	0.00	0.00
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-01-27	90.000	WALGREENS	1417473000	0.00000	0.00	0.00
00185012201	NITROFURANTOIN MONO-MCR 100 MG	2025-02-19	10.000	WALGREENS	1457877219	0.00000	0.00	0.00
17270074000	ALBUTEROL HFA 90 MCG INHALER	2025-03-17	8.500	WALGREENS	1457877219	0.62824	0.00	10.49
00172392670	DIAZEPAM 5 MG TABLET	2025-03-25	1.000	WALGREENS	1588899140	0.00000	0.00	-0.00
70954006020	PREDNISONE 20 MG TABLET	2025-01-27	10.000	WALGREENS	1619493202	0.00000	0.00	0.00

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5.89	0.1376	2025-02-05	-0.51	0.00	No	No
10.00	1.57752	2025-03-12	-0.24	0.00	Yes	No
5.81	0.07317	2025-02-12	-0.48	0.00	No	No
10.00	0.0344	2025-02-05	-0.13	0.00	No	No
4.56	0.07317	2025-02-05	-0.59	0.00	No	No
9.14	0.011	2025-01-22	-0.20	0.00	No	No
8.25	0.30818	2025-02-19	-0.39	0.00	No	No
10.00	2.53475	2025-03-05	-0.19	0.00	No	No
2.20	0.02795	2025-03-19	-0.79	0.00	No	No
4.56	0.07317	2025-01-22	-0.59	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
45802011214	MUPIROCIN 2% OINTMENT	2025-02-17	15.000	WALGREENS	1659897205	0.00000	0.00	0.00
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-03-20	180.000	WALGREENS	1659897205	0.00000	0.00	5.99
68382091634	METHYLPREDNISOLONE 4 MG DOSEPK	2025-03-29	21.000	WALGREENS	1720504145	0.00000	0.00	1.99
70954006020	PREDNISONE 20 MG TABLET	2025-02-27	10.000	WALGREENS	1922524909	0.00000	0.00	0.00
00185012201	NITROFURANTOIN MONO-MCR 100 MG	2025-02-13	20.000	WALGREENS	1982649067	0.00000	0.00	4.50
65162019011	NAPROXEN 500 MG TABLET	2025-01-06	14.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.00
55111017915	TIZANIDINE HCL 2 MG TABLET	2025-01-06	15.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.00
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-01-06	21.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.00
47781065190	LEVOTHYROXINE 100 MCG TABLET	2025-03-17	90.000	WALMART PHARMACY	1710904842	0.00000	0.00	0.00
29300024505	BUSPIRONE HCL 10 MG TABLET	2025-01-01	70.000	WALMART PHARMACY	1811914955	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
9.37	0.35041	2025-02-12	-0.40	0.00	No	No
10.00	0.04345	2025-03-19	-0.13	0.00	No	No
10.00	0.15456	2025-03-26	-0.13	0.00	No	No
4.56	0.07911	2025-02-26	-0.60	0.00	No	No
10.00	0.28445	2025-02-12	-0.10	0.00	No	No
4.00	0.05534	2025-01-01	-0.64	0.00	No	No
4.50	0.03237	2025-01-01	-0.59	0.00	No	No
9.76	0.11746	2025-01-01	-0.25	0.00	No	No
10.00	0.05519	2025-03-12	-0.35	0.00	No	No
4.00	0.02862	2025-01-01	-0.68	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
55111014512	FLUCONAZOLE 150 MG TABLET	2025-02-11	1.000	WALMART PHARMACY	1811914955	0.00000	0.00	0.00
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-01-19	21.000	WALMART PHARMACY	1992723688	0.00000	0.00	0.00
00378750332	BREYNA 160-4.5 MCG INHALER	2025-03-11	10.300	WALMART PHARMACY	1720005853	14.62136	0.00	0.00
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	2025-03-26	14.000	WALMART PHARMACY	1629095757	0.00000	0.00	0.00
67877021905	CEPHALEXIN 500 MG CAPSULE	2025-03-26	14.000	WALMART PHARMACY	1629095757	0.00000	0.00	0.00
00093317431	ALBUTEROL HFA 90 MCG INHALER	2025-03-05	25.500	MARTINSBURG VAMC	1629026414	0.57373	0.00	0.00
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-01-13	90.000	WALGREENS	1144665373	0.00000	0.00	0.00
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-01-02	30.000	FRUTH PHARMACY	1164437000	0.00000	0.00	0.00
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-03-08	90.000	FRUTH PHARMACY	1164437000	0.00000	0.00	0.00
47781064390	LEVOTHYROXINE 50 MCG TABLET	2025-02-08	30.000	WALMART PHARMACY	1366469496	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
4.80	0.52425	2025-02-05	-0.56	0.00	No	No
9.76	0.11746	2025-01-15	-0.25	0.00	No	No
20.00	23.08377	2025-03-05	-0.31	0.00	No	No
7.91	0.05983	2025-03-26	-0.30	0.00	No	No
5.72	0.1286	2025-03-26	-0.53	0.00	No	No
10.00	2.53475	2025-03-05	-0.67	0.00	No	No
9.15	0.01079	2025-01-08	-0.20	0.00	No	No
3.96	0.01079	2025-01-01	-0.63	0.00	No	No
5.39	0.01217	2025-03-05	-0.53	0.00	No	No
4.00	0.05075	2025-02-05	-0.67	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
47781064390	LEVOTHYROXINE 50 MCG TABLET	2025-03-10	30.000	WALMART PHARMACY	1366469496	0.00000	0.00	0.00
47781066590	LEVOTHYROXINE 175 MCG TABLET	2025-02-07	90.000	WALMART PHARMACY	1366469496	0.00000	0.00	-0.00
68645056354	IBUPROFEN 800 MG TABLET	2025-01-10	20.000	WALMART PHARMACY	1881870210	0.00000	0.00	0.00
68645056354	IBUPROFEN 800 MG TABLET	2025-03-13	20.000	WALMART PHARMACY	1881870210	0.00000	0.00	0.00
68645061190	LISINOPRIL 20 MG TABLET	2025-03-27	90.000	WALMART PHARMACY	1881870210	0.00000	0.00	0.02
68382004101	PROMETHAZINE 25 MG TABLET	2025-01-17	12.000	WALMART PHARMACY	1376560417	0.00000	0.00	0.00
00378464026	ESTRADIOL 0.1 MG PATCH (2/WK)	2025-03-01	8.000	WALGREENS	1861652562	5.51125	0.00	0.00
11527070442	SODIUM FLUORIDE SENSTV 5000PPM	2025-01-11	100.000	WALMART PHARMACY	1902823032	0.07050	0.00	4.20
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	2025-03-29	200.000	WALMART PHARMACY	1902823032	0.02095	0.00	6.03
70954006020	PREDNISONE 20 MG TABLET	2025-01-15	20.000	WALGREENS	1144665373	0.00000	0.00	2.13

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
4.00	0.05398	2025-03-05	-0.67	0.00	No	No
10.00	0.08637	2025-02-05	-0.45	0.00	No	No
4.00	0.05567	2025-01-08	-0.66	0.00	No	No
4.00	0.06029	2025-03-12	-0.66	0.00	No	No
10.00	0.02621	2025-03-26	-0.22	0.00	No	No
6.00	0.03896	2025-01-15	-0.45	0.00	No	No
10.00	6.86916	2025-02-26	-0.17	0.00	No	No
2.81	0.09856	2025-01-08	-0.31	0.00	No	No
2.56	0.03373	2025-03-26	-0.26	0.00	No	No
5.00	0.0717	2025-01-15	-0.40	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68645051554	AMLODIPINE BESYLATE 5 MG TAB	2025-02-26	30.000	WALMART PHARMACY	1649364795	0.00000	0.00	0.00
70069005101	DORZOLAMIDE-TIMOLOL EYE DROPS	2025-03-11	10.000	WALMART PHARMACY	1649364795	0.00000	0.00	0.00
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	2025-02-24	20.000	WALMART PHARMACY	1881870210	0.00000	0.00	0.00
31722000290	VENLAFAXINE HCL ER 37.5 MG CAP	2025-02-26	7.000	WALMART PHARMACY	1437585056	0.00000	0.00	0.00
68180044701	QUETIAPINE FUMARATE 100 MG TAB	2025-02-04	30.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.00
50111078810	AZITHROMYCIN 500 MG TABLET	2025-03-17	2.000	WALMART PHARMACY	1801813936	0.00000	0.00	0.00
45802011214	MUPIROCIN 2% OINTMENT	2025-03-20	30.000	WALGREENS	1144665373	0.00000	0.00	0.00
68180098202	LISINOPRIL 30 MG TABLET	2025-01-26	90.000	WALMART PHARMACY	1912924051	0.00000	0.00	0.00
67877021905	CEPHALEXIN 500 MG CAPSULE	2025-03-21	30.000	WALMART PHARMACY	1912924051	0.00000	0.00	2.26
69315050447	NYSTATIN 100,000 UNIT/ML SUSP	2025-02-26	56.000	WALGREENS	1164947941	0.00000	0.00	0.00

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9.00	0.01082	2025-02-26	-0.17	0.00	No	No
16.88	1.0944	2025-03-05	-0.21	0.00	No	No
10.95	0.09095	2025-02-19	-0.11	0.00	No	No
4.00	0.08574	2025-02-26	-0.64	0.00	No	No
9.00	0.04581	2025-01-29	-0.24	0.00	No	No
9.42	0.61913	2025-03-12	-0.20	0.00	No	No
16.74	0.34576	2025-03-19	-0.20	0.00	No	No
10.00	0.04735	2025-01-22	-0.32	0.00	No	No
10.00	0.1286	2025-03-19	-0.15	0.00	No	No
6.51	0.06694	2025-02-26	-0.54	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
70954005920	PREDNISONE 10 MG TABLET	2025-01-20	30.000	WALGREENS	1164947941	0.00000	0.00	0.00
29300042010	AMITRIPTYLINE HCL 25 MG TAB	2025-01-28	60.000	WALMART PHARMACY	1992722029	0.00000	0.00	0.00
29300042010	AMITRIPTYLINE HCL 25 MG TAB	2025-02-27	60.000	WALMART PHARMACY	1992722029	0.00000	0.00	0.00
70710112801	URSODIOL 500 MG TABLET	2025-01-28	270.000	MARTINSBURG VAMC	1629026414	0.31519	0.00	0.00
67877015905	METFORMIN HCL ER 500 MG TABLET	2025-03-05	30.000	MARTINSBURG VAMC	1629026414	0.00000	0.00	-0.00
00245003642	PREVALITE PACKET	2025-03-08	210.000	MARTINSBURG VAMC	1629026414	0.31643	0.00	0.00
45802011214	MUPIROCIN 2% OINTMENT	2025-01-09	15.000	WALGREENS	1376067090	0.00000	0.00	0.00
00378034505	DIAZEPAM 5 MG TABLET	2025-02-18	2.000	WALGREENS	1376067090	0.00000	0.00	0.00
00378034505	DIAZEPAM 5 MG TABLET	2025-03-03	2.000	WALGREENS	1376067090	0.00000	0.00	0.00
70954006030	PREDNISONE 20 MG TABLET	2025-02-24	10.000	CITIZENS DRUG STORE	1336326792	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
8.99	0.04665	2025-01-15	-0.24	0.00	No	No
8.00	0.04736	2025-01-22	-0.40	0.00	No	No
8.00	0.0524	2025-02-26	-0.41	0.00	No	No
30.00	0.71544	2025-01-22	-0.43	0.00	No	No
6.08	0.02863	2025-03-05	-0.46	0.00	No	No
30.00	0.89908	2025-03-05	-0.52	0.00	No	No
9.37	0.33326	2025-01-08	-0.40	0.00	No	No
2.29	0.02438	2025-02-12	-0.78	0.00	No	No
2.29	0.02667	2025-02-26	-0.78	0.00	No	No
8.04	0.07911	2025-02-19	-0.29	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee	Amount of Member Cost Share
70954006020	PREDNISONE 20 MG TABLET	2025-01-18	5.000	WALGREENS	1245407949	0.00000	0.00	0.00	3.28
00574110404	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2025-02-04	240.000	WALGREENS	1245407949	0.04488	0.00	4.32	10.00
00172208980	HYDROCHLOROTHIAZIDE 50 MG TAB	2025-02-11	14.000	WALGREENS	1265959134	0.00000	0.00	0.00	3.86
68645056354	IBUPROFEN 800 MG TABLET	2025-02-12	15.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00	4.00
64380078507	PREDNISONE 20 MG TABLET	2025-02-12	10.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00	4.04
64380094906	PREDNISONE 50 MG TABLET	2025-03-15	5.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00	9.11
65162019011	NAPROXEN 500 MG TABLET	2025-03-15	30.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00	6.82
55111018015	TIZANIDINE HCL 4 MG TABLET	2025-03-16	20.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00	6.00
00591544210	PREDNISONE 10 MG TABLET	2025-02-20	20.000	WALGREENS	1124253786	0.00000	0.00	0.00	6.66

Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
0.0717	2025-01-15	-0.70	0.00	No	No
0.08654	2025-01-29	-0.20	0.00	No	No
0.03403	2025-02-05	-0.65	0.00	No	No
0.0562	2025-02-12	-0.65	0.00	No	No
0.07317	2025-02-12	-0.64	0.00	No	No
0.18345	2025-03-12	-0.20	0.00	No	No
0.05828	2025-03-12	-0.44	0.00	No	No
0.04664	2025-03-12	-0.47	0.00	No	No
0.05399	2025-02-19	-0.42	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee	Amount of Member Cost Share
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-01-17	90.000	WALGREENS	1598281404	0.00000	0.00	0.00	9.14
29300046810	CLONIDINE HCL 0.1 MG TABLET	2025-02-24	30.000	WALGREENS	1902035454	0.00000	0.00	0.00	9.50
60505082901	FLUTICASONE PROP 50 MCG SPRAY	2025-02-20	16.000	WALMART PHARMACY	1538186663	0.00000	0.00	0.00	15.87
42806054705	VITAMIN D2 1.25 MG(50,000 UNIT)	2025-01-22	4.000	WALMART PHARMACY	1639196769	0.00000	0.00	0.00	6.96
42806054705	VITAMIN D2 1.25 MG(50,000 UNIT)	2025-02-16	4.000	WALMART PHARMACY	1639196769	0.00000	0.00	0.00	6.96
68382056401	METOPROLOL SUCC ER 25 MG TAB	2025-02-17	30.000	WALMART PHARMACY	1639196769	0.00000	0.00	0.00	9.00
42806054705	VITAMIN D2 1.25 MG(50,000 UNIT)	2025-03-13	4.000	WALMART PHARMACY	1639196769	0.00000	0.00	0.00	6.96
29300013005	HYDROCHLOROTHIAZIDE 12.5 MG CP	2025-01-14	30.000	WALMART PHARMACY	1811914955	0.00000	0.00	0.00	4.00

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0.01079	2025-01-15	-0.20	0.00	No	No
0.025	2025-02-19	-0.15	0.00	No	No
0.44945	2025-02-19	-0.10	0.00	No	No
0.10587	2025-01-22	-0.36	0.00	No	No
0.10587	2025-02-12	-0.36	0.00	No	No
0.05304	2025-02-12	-0.26	0.00	No	No
0.11721	2025-03-12	-0.36	0.00	No	No
0.02881	2025-01-08	-0.65	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee	Amount of Member Cost Share
68645061190	LISINOPRIL 20 MG TABLET	2025-01-14	30.000	WALMART PHARMACY	1811914955	0.00000	0.00	-0.00	4.00
68645051554	AMLODIPINE BESYLATE 5 MG TAB	2025-02-10	30.000	WALMART PHARMACY	1811914955	0.00000	0.00	0.00	9.00
29300013005	HYDROCHLOROTHIAZIDE 12.5 MG CP	2025-02-10	30.000	WALMART PHARMACY	1811914955	0.00000	0.00	0.00	4.00
53746051101	SPIRONOLACTONE 25 MG TABLET	2025-01-28	30.000	WALMART PHARMACY	1457378580	0.01833	0.00	4.18	0.83
31722070290	LOSARTAN POTASSIUM 100 MG TAB	2025-01-28	30.000	WALMART PHARMACY	1457378580	0.00233	0.00	7.58	1.35
31722070290	LOSARTAN POTASSIUM 100 MG TAB	2025-02-25	30.000	WALMART PHARMACY	1457378580	0.00633	0.00	7.46	1.35
53746051101	SPIRONOLACTONE 25 MG TABLET	2025-02-25	30.000	WALMART PHARMACY	1457378580	0.02167	0.00	4.08	0.83
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-03-21	21.000	WALMART PHARMACY	1457378580	0.08857	0.00	5.99	1.39

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0.02387	2025-01-08	-0.64	0.00	No	No
0.01037	2025-02-05	-0.17	0.00	No	No
0.02806	2025-02-05	-0.65	0.00	No	No
0.04612	2025-01-22	-0.53	0.00	No	No
0.04729	2025-01-22	-0.24	0.00	No	No
0.05123	2025-02-19	-0.25	0.00	No	No
0.0494	2025-02-19	-0.54	0.00	No	No
0.15456	2025-03-19	-0.33	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
50111078751	AZITHROMYCIN 250 MG TABLET	2025-03-24	6.000	WALMART PHARMACY	1457378580	0.09000	0.00	9.19
68180096301	ALBUTEROL HFA 90 MCG INHALER	2025-02-04	17.000	WALMART PHARMACY	1487838132	0.00000	0.00	0.00
68180096301	ALBUTEROL HFA 90 MCG INHALER	2025-03-08	17.000	WALMART PHARMACY	1487838132	0.00000	0.00	0.00
68180096301	ALBUTEROL HFA 90 MCG INHALER	2025-03-02	8.500	WALMART PHARMACY	1538186663	0.00000	0.00	0.00
68645060990	LISINOPRIL 5 MG TABLET	2025-01-29	30.000	WALMART PHARMACY	1811914955	0.00000	0.00	0.00
68645060990	LISINOPRIL 5 MG TABLET	2025-03-01	30.000	WALMART PHARMACY	1811914955	0.00000	0.00	0.00
62332002431	FLUOXETINE HCL 40 MG CAPSULE	2025-01-29	90.000	WALMART PHARMACY	1992723688	0.00000	0.00	0.00
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-01-29	90.000	WALMART PHARMACY	1992723688	0.00000	0.00	0.00
68382080601	TRAZODONE 100 MG TABLET	2025-01-29	90.000	WALMART PHARMACY	1992723688	0.00000	0.00	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-01-12	10.000	WALGREENS	1861652562	0.00000	0.00	0.00

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1.72	0.37667	2025-03-19	-0.10	0.00	No	No
40.46	2.35969	2025-01-29	-0.20	0.00	No	No
40.46	2.53475	2025-03-05	-0.24	0.00	No	No
20.23	2.53475	2025-02-26	-0.37	0.00	No	No
4.00	0.01386	2025-01-29	-0.63	0.00	No	No
4.00	0.01445	2025-02-26	-0.63	0.00	No	No
10.00	0.05872	2025-01-29	-0.37	0.00	No	No
10.00	0.011	2025-01-29	-0.13	0.00	No	No
10.00	0.05231	2025-01-29	-0.34	0.00	No	No
4.56	0.0717	2025-01-08	-0.59	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68645058259	METFORMIN HCL 500 MG TABLET	2025-02-18	180.000	WALMART PHARMACY	1356368484	0.00000	0.00	0.00
00003089421	ELIQUIS 5 MG TABLET	2025-03-14	60.000	HUNTINGTON VAMC	1508824301	0.83850	0.00	0.00
76282073045	LISINOPRIL 10 MG TABLET	2025-03-14	45.000	HUNTINGTON VAMC	1508824301	0.00933	0.00	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-01-17	10.000	WALGREENS	1295259919	0.00000	0.00	0.00
11527070442	SODIUM FLUORIDE SENSTV 5000PPM	2025-01-15	100.000	CVS PHARMACY	1144323809	0.04860	0.00	7.03
65862017360	TOPIRAMATE 100 MG TABLET	2025-01-21	90.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
68645061090	LISINOPRIL 10 MG TABLET	2025-03-04	90.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
13668001001	CITALOPRAM HBR 20 MG TABLET	2025-02-01	90.000	WALMART PHARMACY	1801813936	0.00000	0.00	0.00
29300024401	BUSPIRONE HCL 5 MG TABLET	2025-02-01	60.000	WALMART PHARMACY	1801813936	0.00000	0.00	0.00
29300024401	BUSPIRONE HCL 5 MG TABLET	2025-02-27	60.000	WALMART PHARMACY	1801813936	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
10.00	0.01323	2025-02-12	-0.22	0.00	No	No
40.00	9.70084	2025-03-12	-0.85	0.00	No	No
0.00	0.0177	2025-03-12	-0.96	0.00	No	No
4.56	0.0717	2025-01-15	-0.59	0.00	No	No
5.00	0.09856	2025-01-15	-0.17	0.00	Yes	No
13.50	0.05653	2025-01-15	-0.13	0.00	No	No
10.00	0.0177	2025-02-26	-0.17	0.00	No	No
10.00	0.02773	2025-01-29	-0.23	0.00	No	No
4.00	0.01949	2025-01-29	-0.66	0.00	No	No
4.00	0.02195	2025-02-26	-0.66	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
29300024401	BUSPIRONE HCL 5 MG TABLET	2025-03-26	60.000	WALMART PHARMACY	1801813936	0.00000	0.00	0.00
64980056210	FUROSEMIDE 20 MG TABLET	2025-02-15	30.000	WALGREENS	1629251038	0.00000	0.00	-0.00
00555077902	MEDROXYPROGESTERONE 10 MG TAB	2025-01-24	10.000	WALMART PHARMACY	1881870210	0.00000	0.00	2.38
61314065605	CIPROFLOXACIN 0.3% EYE DROP	2025-02-20	5.000	WALMART PHARMACY	1629095757	0.00000	0.00	0.00
67877021905	CEPHALEXIN 500 MG CAPSULE	2025-03-15	21.000	WALMART PHARMACY	1629095757	0.00000	0.00	0.00
68645056354	IBUPROFEN 800 MG TABLET	2025-01-28	30.000	WALMART PHARMACY	1881870210	0.00000	0.00	-0.00
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-03-03	118.000	WALGREENS	1538685987	0.00000	0.00	0.00
68382091634	METHYLPREDNISOLONE 4 MG DOSEPK	2025-03-27	21.000	WALGREENS	1538685987	0.00000	0.00	0.00
69367027216	CODEINE-GUAIFEN 10-100 MG/5 ML	2025-03-27	100.000	WALGREENS	1538685987	0.00000	0.00	0.00

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9.00	0.02365	2025-03-26	-0.24	0.00	No	No
6.20	0.02252	2025-02-12	-0.44	0.00	No	No
5.00	0.1376	2025-01-22	-0.38	0.00	No	No
14.60	1.57752	2025-02-19	-0.21	0.00	No	No
8.58	0.1214	2025-03-12	-0.34	0.00	No	No
5.82	0.0562	2025-01-22	-0.52	0.00	No	No
12.59	0.03869	2025-02-26	-0.16	0.00	No	No
11.99	0.15456	2025-03-26	-0.13	0.00	No	No
12.10	0.03332	2025-03-26	-0.12	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
17270074000	ALBUTEROL HFA 90 MCG INHALER	2025-03-27	8.500	WALGREENS	1538685987	0.65529	0.00	10.49
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	2025-03-26	12.000	MEDICAL CENTER PHARMACY	1639163538	0.00000	0.00	4.63
16714029904	AMOXICILLIN 500 MG CAPSULE	2025-01-30	14.000	VALLEY HEALTH PHARMACY	1104279066	0.00000	0.00	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-02-25	10.000	WALGREENS	1750807491	0.00000	0.00	0.00
69315012710	FOLIC ACID 1 MG TABLET	2025-01-16	9.000	PHARMACY SOLUTIONS GROUP OF WV	1932573425	0.00000	0.00	4.28
11534016503	FOLIC ACID 1 MG TABLET	2025-01-27	30.000	WALGREENS	1437676392	0.00000	0.00	0.00
65162004710	OXYCODONE HCL (IR) 5 MG TABLET	2025-02-04	12.000	WALGREENS	1649796061	0.00000	0.00	3.49
65862017160	TOPIRAMATE 25 MG TABLET	2025-03-04	60.000	WALMART PHARMACY	1992722029	0.02667	0.00	7.40
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	2025-02-01	12.000	MEDICAL CENTER PHARMACY	1639163538	0.00000	0.00	0.00

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10.00	2.53475	2025-03-05	-0.19	0.00	No	No
3.49	0.09237	2025-03-26	-0.30	0.00	No	No
8.87	0.08158	2025-01-29	-0.24	0.00	No	No
4.56	0.07911	2025-02-19	-0.60	0.00	No	No
5.00	0.02077	2025-01-15	-0.13	0.00	No	No
4.30	0.02086	2025-01-22	-0.61	0.00	No	No
5.00	0.08665	2025-01-29	-0.26	0.00	No	No
0.00	0.02672	2025-02-26	-0.26	0.00	No	No
4.68	0.10628	2025-01-29	-0.60	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees
31722002405	OXCARBAZEPINE 300 MG TABLET	2025-02-27	60.000	WALMART PHARMACY	1497954978	0.00000	0.00
68462022301	LITHIUM CARBONATE ER 300 MG TB	2025-03-03	180.000	WALMART PHARMACY	1912924051	0.00000	0.00
42858072001	DEXTROAMP-AMPHET ER 20 MG CAP	2025-03-13	30.000	WALGREENS	1417473844	0.00000	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-03-15	5.000	WALGREENS	1417473844	0.00000	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-03-31	10.000	WALGREENS	1417473844	0.00000	0.00
00603533932	PREDNISONE 20 MG TABLET	2025-02-14	30.000	MEDICAL CENTER PHARMACY	1639163538	0.07333	0.00
29300046801	CLONIDINE HCL 0.1 MG TABLET	2025-03-14	30.000	WALMART PHARMACY	1538186663	0.02500	0.00
68462063945	NITROGLYCERIN 0.4 MG TABLET SL	2025-01-03	25.000	WALMART PHARMACY	1801813936	0.00000	0.00
65862006299	METOPROLOL TARTRATE 25 MG TAB	2025-01-03	90.000	WALMART PHARMACY	1801813936	0.00000	0.00
68645060990	LISINOPRIL 5 MG TABLET	2025-01-03	90.000	WALMART PHARMACY	1801813936	0.00000	0.00

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0.00	9.00	0.18222	2025-02-26	-0.58	0.00	No	No
0.00	24.00	0.21123	2025-02-26	-0.51	0.00	No	No
-0.00	23.60	0.71123	2025-03-12	-0.26	0.00	No	No
0.00	3.28	0.07911	2025-03-12	-0.70	0.00	No	No
0.00	4.56	0.08187	2025-03-26	-0.60	0.00	No	No
7.14	0.00	0.07317	2025-02-12	-0.26	0.00	No	No
3.25	0.00	0.025	2025-03-12	-0.64	0.00	No	No
0.00	9.00	0.18498	2025-01-01	-0.40	0.00	No	No
0.00	6.00	0.01555	2025-01-01	-0.50	0.00	No	No
0.00	10.00	0.01375	2025-01-01	-0.15	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees
65862006299	METOPROLOL TARTRATE 25 MG TAB	2025-02-12	90.000	WALMART PHARMACY	1801813936	0.00000	0.00
13668000901	CITALOPRAM HBR 10 MG TABLET	2025-02-14	90.000	WALMART PHARMACY	1801813936	0.00000	0.00
47781065790	LEVOTHYROXINE 125 MCG TABLET	2025-02-14	90.000	WALMART PHARMACY	1801813936	0.00000	0.00
68645060990	LISINOPRIL 5 MG TABLET	2025-03-20	90.000	WALMART PHARMACY	1801813936	0.00000	0.00
13668001101	CITALOPRAM HBR 40 MG TABLET	2025-03-01	30.000	WALMART PHARMACY	1992723688	0.00000	0.00
42858072001	DEXTROAMP-AMPHET ER 20 MG CAP	2025-03-02	30.000	PIERPONT LANDING PHARMACY	1225265341	0.00000	0.00
45802011214	MUPIROCIN 2% OINTMENT	2025-03-13	15.000	WALGREENS	1164947941	0.00000	0.00
59651048901	PREDNISONE 50 MG TABLET	2025-03-18	5.000	WALMART PHARMACY	1275550303	0.00000	0.00
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	2025-01-09	150.000	WALMART PHARMACY	1720005853	0.00000	0.00
68180096301	ALBUTEROL HFA 90 MCG INHALER	2025-03-19	17.000	WALMART PHARMACY	1720005853	0.00000	0.00

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0.00	6.00	0.01563	2025-02-12	-0.50	0.00	No	No
0.00	10.00	0.02246	2025-02-12	-0.20	0.00	No	No
0.00	10.00	0.07133	2025-02-12	-0.41	0.00	No	No
0.00	10.00	0.01541	2025-03-19	-0.16	0.00	No	No
0.00	4.00	0.04272	2025-02-26	-0.66	0.00	No	No
0.00	26.68	0.71123	2025-02-26	-0.16	0.00	No	No
0.00	9.37	0.35076	2025-03-12	-0.41	0.00	No	No
0.00	9.11	0.18345	2025-03-12	-0.20	0.00	No	No
0.00	9.59	0.03779	2025-01-08	-0.41	0.00	No	No
0.00	40.46	2.56359	2025-03-19	-0.25	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees
00378750232	BREYNA 80-4.5 MCG INHALER	2025-03-19	10.300	WALMART PHARMACY	1720005853	15.23107	0.00
00054032756	FLUTICASONE-SALMETEROL 250-50	2025-03-16	60.000	WALMART PHARMACY	1609965292	1.14800	0.00
62559075816	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-02-28	150.000	CVS PHARMACY	1881797546	0.00000	0.00
00115180402	HYDROXYZINE PAM 50 MG CAP	2025-03-20	30.000	KROGER PHARMACY	1497789275	0.01533	0.00
72618300002	NURTEC ODT 75 MG TABLET	2025-01-13	16.000	MARTINSBURG VAMC	1629026414	60.28250	0.00
72618300002	NURTEC ODT 75 MG TABLET	2025-02-14	16.000	MARTINSBURG VAMC	1629026414	60.21250	0.00
00527411737	PROPRANOLOL ER 80 MG CAPSULE	2025-02-26	90.000	MARTINSBURG VAMC	1629026414	0.39844	0.00
45802006436	TRIAMCINOLONE 0.1% CREAM	2025-03-05	80.000	MARTINSBURG VAMC	1629026414	0.03325	0.00
00093317431	ALBUTEROL HFA 90 MCG INHALER	2025-03-05	8.500	MARTINSBURG VAMC	1629026414	2.37412	0.00
00143965901	TESTOSTERONE CYP 200 MG/ML	2025-03-10	2.000	MARTINSBURG VAMC	1629026414	6.29500	0.00

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0.00	0.00	20.18754	2025-03-19	-0.28	0.00	No	No
0.89	15.00	1.39797	2025-03-12	-0.10	0.00	No	No
0.00	13.99	0.03869	2025-02-26	-0.14	0.00	Yes	No
7.53	2.00	0.08184	2025-03-19	-0.23	0.00	No	No
0.00	241.13	123.34414	2025-01-08	-0.39	0.00	No	No
0.00	240.85	123.34414	2025-02-12	-0.39	0.00	No	No
0.00	0.00	0.19487	2025-02-26	0.00	0.28	No	No
0.00	0.00	0.05608	2025-03-05	-0.82	0.00	No	No
0.00	0.00	2.53475	2025-03-05	-0.37	0.00	No	No
0.15	3.18	13.03302	2025-03-05	-0.56	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees
00378210005	LOPERAMIDE 2 MG CAPSULE	2025-03-25	60.000	MARTINSBURG VAMC	1629026414	0.00000	0.00
72618300002	NURTEC ODT 75 MG TABLET	2025-03-27	16.000	MARTINSBURG VAMC	1629026414	60.21250	0.00
16571075701	ESCITALOPRAM 20 MG TABLET	2025-01-20	30.000	SAM'S CLUB PHARMACY	1720172877	0.06467	0.00
70954005920	PREDNISONE 10 MG TABLET	2025-01-25	9.000	WALGREENS	1194241786	0.04778	0.00
62559075816	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-02-27	118.000	WALGREENS	1245407949	0.00000	0.00
55111014512	FLUCONAZOLE 150 MG TABLET	2025-02-13	2.000	WALMART PHARMACY	1093732133	0.00000	0.00
68645059459	FAMOTIDINE 20 MG TABLET	2025-02-13	10.000	WALMART PHARMACY	1093732133	0.00000	0.00
16571040250	CETIRIZINE HCL 10 MG TABLET	2025-02-13	5.000	WALMART PHARMACY	1093732133	0.00000	0.00
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-02-13	21.000	WALMART PHARMACY	1093732133	0.11429	0.00
24208091112	XIIDRA 5% EYE DROPS	2025-02-04	180.000	MARTINSBURG VAMC	1629026414	3.85806	0.00

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-0.00	13.27	0.12527	2025-03-19	-0.26	0.00	No	No
0.00	240.85	123.34414	2025-03-26	-0.39	0.00	No	No
8.78	0.00	0.06471	2025-01-15	-0.14	0.00	No	No
3.67	0.00	0.04773	2025-01-22	-0.62	0.00	No	No
0.00	12.59	0.03869	2025-02-26	-0.16	0.00	No	No
7.68	1.92	0.52425	2025-02-12	-0.17	0.00	No	No
3.20	0.80	0.02934	2025-02-12	-0.63	0.00	No	No
3.20	0.80	0.06134	2025-02-12	-0.63	0.00	No	No
7.36	0.00	0.11419	2025-02-12	-0.24	0.00	No	No
0.00	60.00	11.51392	2025-01-29	-0.64	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees
70000036105	ALLERGY RELIEF 180 MG TABLET	2025-01-28	30.000	GREENBRIER MEDICAL ARTS PHARMA	1750444360	0.00000	0.00
59651048801	PREDNISONE 20 MG TABLET	2025-02-13	12.000	GREENBRIER MEDICAL ARTS PHARMA	1750444360	0.00000	0.00
70000036105	ALLERGY RELIEF 180 MG TABLET	2025-02-26	30.000	GREENBRIER MEDICAL ARTS PHARMA	1750444360	0.00000	0.00
43598081115	CETIRIZINE HCL 10 MG TABLET	2025-03-07	30.000	GREENBRIER MEDICAL ARTS PHARMA	1750444360	0.00000	0.00
70000036105	ALLERGY RELIEF 180 MG TABLET	2025-03-28	30.000	GREENBRIER MEDICAL ARTS PHARMA	1750444360	0.00000	0.00
55111078401	FEXOFENADINE HCL 180 MG TABLET	2025-01-21	90.000	GREENBRIER MEDICAL ARTS PHCY N	1912900614	0.00978	0.00
67877015905	METFORMIN HCL ER 500 MG TABLET	2025-02-26	180.000	WALMART PHARMACY	1356368484	0.00000	0.00

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3.33	10.00	0.2293	2025-01-22	-0.23	0.00	No	No
0.00	8.10	0.07317	2025-02-12	-0.29	0.00	No	No
3.33	10.00	0.24884	2025-02-26	-0.26	0.00	No	No
0.00	5.79	0.06211	2025-03-05	-0.53	0.00	No	No
3.33	10.00	0.27225	2025-03-26	-0.29	0.00	No	No
6.26	20.00	0.23198	2025-01-15	-0.13	0.00	No	No
0.00	6.00	0.02863	2025-02-26	-0.62	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees
66993018802	SPIRONOLACTONE-HYDROCHLOROTHIAZIDE 25-25 TAB	2025-03-21	90.000	MARTINSBURG VAMC	1629026414	0.22922	0.00
00378729189	NORETHINDRONE 5 MG TABLET	2025-01-14	5.000	WALGREENS	1245756683	0.00000	0.00
13668013710	ESCITALOPRAM 20 MG TABLET	2025-01-09	45.000	MARTINSBURG VAMC	1629026414	0.00000	0.00
76282072110	PRAZOSIN 1 MG CAPSULE	2025-02-06	90.000	MARTINSBURG VAMC	1629026414	0.00000	0.00
76282072910	LISINOPRIL 5 MG TABLET	2025-02-19	90.000	MARTINSBURG VAMC	1629026414	0.00000	0.00
59762080002	TOLTERODINE TARTRATE 2 MG TAB	2025-01-15	180.000	MARTINSBURG VAMC	1629026414	0.04417	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-01-14	18.000	WALGREENS	1619493202	0.00000	0.00
64380078507	PREDNISONE 20 MG TABLET	2025-02-03	10.000	WALMART PHARMACY	1912924051	0.00000	0.00
70752020411	FOLIC ACID 1 MG TABLET	2025-02-14	90.000	WALMART PHARMACY	1912924051	0.00000	0.00
31722070190	LOSARTAN POTASSIUM 50 MG TAB	2025-02-20	30.000	WALMART PHARMACY	1912924051	0.03833	0.00

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0.00	20.00	0.57394	2025-03-19	-0.35	0.00	No	No
-0.00	4.49	0.25963	2025-01-08	-0.62	0.00	No	No
0.00	7.29	0.06471	2025-01-08	-0.46	0.00	No	No
0.00	2.95	0.09874	2025-02-05	-0.85	0.00	No	No
0.00	0.62	0.01445	2025-02-19	-0.95	0.00	No	No
0.00	20.00	0.22575	2025-01-15	-0.45	0.00	No	No
0.00	6.62	0.0717	2025-01-08	-0.44	0.00	No	No
0.00	4.04	0.07317	2025-01-29	-0.64	0.00	No	No
-0.00	10.00	0.02086	2025-02-12	-0.19	0.00	No	No
7.85	0.00	0.03818	2025-02-19	-0.23	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
29300041519	CYCLOBENZAPRINE 10 MG TABLET	2025-02-20	12.000	WALMART PHARMACY	1912924051	0.01750	0.00	7.84
68382009205	CARVEDILOL 3.125 MG TABLET	2025-01-01	60.000	WEIS PHARMACY	1538192877	0.00000	0.00	0.00
52817081154	TRIAMCINOLONE 0.1% CREAM	2025-03-03	454.000	MARTINSBURG VAMC	1629026414	0.00000	0.00	0.00
45802006535	TRIAMCINOLONE 0.5% CREAM	2025-02-19	15.000	WALMART PHARMACY	1881870210	0.00000	0.00	0.00
70010075401	METHOCARBAMOL 500 MG TABLET	2025-01-10	7.000	THE PHARMACY AT BERKELEY MED C	1821483033	0.00000	0.00	0.00
64380078507	PREDNISONE 20 MG TABLET	2025-01-29	15.000	THE PHARMACY AT BERKELEY MED C	1821483033	0.00000	0.00	0.00
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-03-21	21.000	WALGREENS	1861652562	0.00000	0.00	1.99
68180071160	CEFDINIR 300 MG CAPSULE	2025-01-03	14.000	WALMART PHARMACY	1366469496	0.00000	0.00	3.50
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-01-03	21.000	WALMART PHARMACY	1366469496	0.00000	0.00	0.00

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0.00	0.01757	2025-02-19	-0.25	0.00	No	No
5.99	0.01527	2025-01-01	-0.47	0.00	No	No
15.12	0.03182	2025-02-26	-0.39	0.00	No	No
4.89	0.22135	2025-02-19	-0.65	0.00	No	No
9.27	0.03199	2025-01-08	-0.13	0.00	No	No
9.62	0.07317	2025-01-29	-0.17	0.00	No	No
10.00	0.15456	2025-03-19	-0.13	0.00	No	No
10.00	0.41004	2025-01-01	-0.17	0.00	No	No
9.76	0.11746	2025-01-01	-0.25	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-01-10	21.000	WALMART PHARMACY	1366469496	0.00000	0.00	0.00
70010001301	METHYLPHENIDATE LA 20 MG CAP	2025-02-19	30.000	CVS PHARMACY	1790888451	2.09967	0.00	10.49
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-01-17	21.000	WALGREENS	1245407949	0.00000	0.00	0.00
00074434119	SYNTHROID 25 MCG TABLET	2025-01-14	90.000	BECKLEY VAMC PHARMACY	1104884535	0.02422	0.00	0.00
00074455219	SYNTHROID 50 MCG TABLET	2025-01-23	90.000	BECKLEY VAMC PHARMACY	1104884535	0.02589	0.00	0.00
69097045805	FENOFIBRATE 145 MG TABLET	2025-01-08	90.000	MARTINSBURG VAMC	1629026414	0.00000	0.00	0.00
10572010001	PEG-3350 AND ELECTROLYTES SOLN	2025-02-19	4000.000	MARTINSBURG VAMC	1629026414	0.00445	0.00	0.15
76282073310	LISINOPRIL 40 MG TABLET	2025-02-25	90.000	MARTINSBURG VAMC	1629026414	0.00000	0.00	0.00
76282064501	SILDENAFIL 100 MG TABLET	2025-02-25	12.000	MARTINSBURG VAMC	1629026414	0.00000	0.00	0.00

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9.76	0.11746	2025-01-08	-0.25	0.00	No	No
10.00	2.88738	2025-02-19	-0.14	0.00	Yes	No
10.00	0.08279	2025-01-15	-0.18	0.00	No	No
20.00	1.58769	2025-01-08	-0.86	0.00	No	No
20.00	1.58771	2025-01-22	-0.85	0.00	No	No
37.00	0.12293	2025-01-08	0.00	0.72	No	No
0.00	0.00441	2025-02-19	-0.36	0.00	No	No
2.03	0.04453	2025-02-19	-0.86	0.00	No	No
0.76	0.15303	2025-02-19	-0.94	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
00169477212	OZEMPIC 2 MG/DOSE (8 MG/3 ML) PEN	2025-03-17	3.000	MARTINSBURG VAMC	1629026414	259.10333	0.00	0.00
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	2025-01-21	100.000	WALGREENS	1861652562	0.00000	0.00	1.81
62332002331	FLUOXETINE HCL 20 MG CAPSULE	2025-02-05	90.000	WALMART PHARMACY	1881870210	0.00000	0.00	0.00
50111056001	TRAZODONE 50 MG TABLET	2025-01-14	30.000	WALMART PHARMACY	1912924051	0.00000	0.00	0.00
29300046801	CLONIDINE HCL 0.1 MG TABLET	2025-02-11	30.000	WALMART PHARMACY	1912924051	0.00000	0.00	0.00
13107008305	LORAZEPAM 0.5 MG TABLET	2025-03-25	1.000	WALMART PHARMACY	1912924051	0.04000	0.00	3.96
59651048801	PREDNISONE 20 MG TABLET	2025-01-27	10.000	WEIS PHARMACY	1205423498	0.00000	0.00	0.00
70436015301	POTASSIUM CL ER 20 MEQ TABLET	2025-03-28	14.000	WALGREENS	1508382227	0.16500	0.00	8.47
68645019059	METOPROLOL TARTRATE 50 MG TAB	2025-03-14	90.000	WALMART PHARMACY	1912924051	0.00811	0.00	4.07
29300024401	BUSPIRONE HCL 5 MG TABLET	2025-02-21	60.000	WALMART PHARMACY	1912924051	0.00000	0.00	0.00

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60.00	321.14061	2025-03-12	-0.14	0.00	No	No
10.00	0.03139	2025-01-15	-0.13	0.00	No	No
10.00	0.02978	2025-02-05	-0.24	0.00	No	No
4.00	0.03177	2025-01-08	-0.65	0.00	No	No
4.00	0.02305	2025-02-05	-0.64	0.00	No	No
0.00	0.04287	2025-03-19	-0.62	0.00	No	No
8.99	0.07317	2025-01-22	-0.20	0.00	No	No
0.00	0.1649	2025-03-26	-0.16	0.00	No	No
1.20	0.02142	2025-03-12	-0.52	0.00	No	No
4.00	0.02195	2025-02-19	-0.66	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
00781603955	AMOXICILLIN 125 MG/5 ML SUSP	2025-02-04	150.000	HICKMAN'S PHARMACY	1194764167	0.00000	0.00	3.36
29300011316	LAMOTRIGINE 150 MG TABLET	2025-01-27	12.000	WALMART PHARMACY	1093732133	0.00000	0.00	-0.00
29300011316	LAMOTRIGINE 150 MG TABLET	2025-02-05	30.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
69097015915	MELOXICAM 15 MG TABLET	2025-03-13	30.000	WEIS PHARMACY	1205423498	0.00000	0.00	0.00
00378210005	LOPERAMIDE 2 MG CAPSULE	2025-03-06	240.000	MARTINSBURG VAMC	1629026414	0.08954	0.00	0.00
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	2025-01-03	3.000	CVS PHARMACY	1881797546	29.33000	0.00	0.00
62559075816	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-01-22	180.000	CVS PHARMACY	1881797546	0.00000	0.00	4.89
64980056210	FUROSEMIDE 20 MG TABLET	2025-03-20	30.000	KROGER PHARMACY	1497789275	0.00000	0.00	0.00
47781064390	LEVOTHYROXINE 50 MCG TABLET	2025-01-25	90.000	WALMART PHARMACY	1912924051	0.00000	0.00	0.00
00603533715	PREDNISONE 5 MG TAB DOSE PACK	2025-03-27	21.000	KROGER PHARMACY	1497789275	0.00000	0.00	6.99

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4.25	0.0174	2025-01-29	-0.42	0.00	No	No
4.00	0.05997	2025-01-22	-0.64	0.00	No	No
4.50	0.05997	2025-02-05	-0.63	0.00	No	No
5.99	0.01913	2025-03-12	-0.46	0.00	No	No
10.00	0.12545	2025-03-05	-0.22	0.00	No	No
0.00	38.03566	2025-01-01	-0.29	0.00	Yes	No
10.00	0.0344	2025-01-22	-0.11	0.00	Yes	No
9.99	0.02649	2025-03-19	-0.11	0.00	No	No
10.00	0.05075	2025-01-22	-0.34	0.00	No	No
10.00	0.40583	2025-03-26	-0.11	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
70954006020	PREDNISONE 20 MG TABLET	2025-03-31	10.000	WALGREENS	1245407949	0.08200	0.00	3.74
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-01-22	90.000	WALGREENS	1194241786	0.00000	0.00	0.00
68645056259	IBUPROFEN 600 MG TABLET	2025-02-18	28.000	WALMART PHARMACY	1457378580	0.00000	0.00	-0.00
00116200116	CHLORHEXIDINE 0.12% RINSE	2025-02-18	473.000	WALMART PHARMACY	1457378580	0.00000	0.00	0.00
10572010001	PEG-3350 AND ELECTROLYTES SOLN	2025-02-05	4000.000	MARTINSBURG VAMC	1629026414	0.00195	0.00	0.15
76282044610	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	2025-02-24	90.000	MARTINSBURG VAMC	1629026414	0.00000	0.00	0.00
70954006020	PREDNISONE 20 MG TABLET	2025-03-22	5.000	WALGREENS	1144665373	0.00000	0.00	0.00
16571040250	CETIRIZINE HCL 10 MG TABLET	2025-03-28	30.000	CVS PHARMACY	1790888451	0.00000	0.00	-0.00
68180044101	CEPHALEXIN 250 MG/5 ML SUSP	2025-03-06	300.000	WALMART PHARMACY	1093732133	0.04447	0.00	3.66

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0.00	0.08187	2025-03-26	-0.60	0.00	No	No
9.14	0.011	2025-01-22	-0.20	0.00	No	No
5.07	0.04794	2025-02-12	-0.57	0.00	No	No
7.48	0.007	2025-02-12	-0.46	0.00	No	No
10.00	0.00409	2025-02-05	-0.33	0.00	No	No
2.90	0.02947	2025-02-19	-0.78	0.00	No	No
3.28	0.08187	2025-03-19	-0.70	0.00	No	No
5.49	0.06323	2025-03-26	-0.56	0.00	Yes	No
10.00	0.07781	2025-03-05	-0.20	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	2025-03-06	10.000	MEDICAL CENTER PHARMACY	1639163538	0.00000	0.00	0.00
31722002405	OXCARBAZEPINE 300 MG TABLET	2025-01-03	270.000	WALMART PHARMACY	1093732133	0.05926	0.00	0.00
72578005518	DOXYCYCLINE HYCLATE 100 MG CAP	2025-03-16	14.000	WALMART PHARMACY	1912924051	0.00000	0.00	0.74
16571040250	CETIRIZINE HCL 10 MG TABLET	2025-01-28	30.000	CVS PHARMACY	1225132905	0.00000	0.00	-0.00
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	2025-02-18	3.000	CVS PHARMACY	1225132905	29.33000	0.00	0.00
23155065105	METRONIDAZOLE 250 MG TABLET	2025-01-15	8.000	MARTINSBURG VAMC	1629026414	0.00000	0.00	-0.00
00597015330	JARDIANCE 25 MG TABLET	2025-02-12	90.000	MARTINSBURG VAMC	1629026414	1.35089	0.00	0.00
45802013970	METRONIDAZOLE VAGINAL 0.75% GL	2025-03-05	70.000	MARTINSBURG VAMC	1629026414	0.34071	0.00	0.00
16714008211	HYDROXYZINE HCL 25 MG TABLET	2025-03-17	30.000	MARTINSBURG VAMC	1629026414	0.00000	0.00	-0.00
45802011214	MUPIROCIN 2% OINTMENT	2025-02-19	30.000	WALGREENS	1144665373	0.01700	0.00	6.23

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6.77	0.09095	2025-03-05	-0.41	0.00	No	No
20.00	0.16783	2025-01-01	-0.35	0.00	No	No
10.00	0.1187	2025-03-12	-0.12	0.00	No	No
5.49	0.06134	2025-01-22	-0.55	0.00	Yes	No
0.00	37.7194	2025-02-12	-0.29	0.00	Yes	No
1.11	0.09497	2025-01-15	-0.90	0.00	No	No
60.00	20.13118	2025-02-12	-0.90	0.00	No	No
10.00	0.20183	2025-03-05	0.00	0.38	No	No
5.69	0.04247	2025-03-12	-0.52	0.00	No	No
10.00	0.35076	2025-02-19	-0.20	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
42858050203	BUPRENORPHINE 8 MG TABLET SL	2025-03-13	20.000	WALGREENS	1144665373	0.24050	0.00	6.39
24979000206	DEXLANSOPRAZOLE DR 60 MG CAP	2025-03-13	30.000	WALGREENS	1619493202	3.80967	0.00	0.00
61314062810	POLYMYXIN B-TMP EYE DROPS	2025-03-22	10.000	WALGREENS	1861652562	0.00000	0.00	0.00
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2025-01-20	118.000	WALMART PHARMACY	1285651323	0.00754	0.00	2.12
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	2025-01-20	200.000	WALMART PHARMACY	1285651323	0.00000	0.00	2.78
72578008101	SUCRALFATE 1 GM TABLET	2025-02-05	56.000	WALMART PHARMACY	1285651323	0.00000	0.00	3.98
72578008101	SUCRALFATE 1 GM TABLET	2025-02-19	56.000	WALMART PHARMACY	1285651323	0.00000	0.00	3.98
68645058459	METFORMIN HCL 1,000 MG TABLET	2025-01-21	180.000	WALMART PHARMACY	1366469496	0.02206	0.00	6.03
16571011401	HYDROXYZINE HCL 25 MG TABLET	2025-01-23	60.000	WALMART PHARMACY	1366469496	0.00000	0.00	0.00
59651072001	DICYCLOMINE 20 MG TABLET	2025-02-13	15.000	WALMART PHARMACY	1366469496	0.08933	0.00	2.66

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10.00	0.74046	2025-03-12	-0.16	0.00	No	No
10.00	4.87192	2025-03-12	-0.21	0.00	No	No
12.19	0.4867	2025-03-19	-0.21	0.00	No	No
10.00	0.09227	2025-01-15	-0.39	0.00	No	No
10.00	0.03139	2025-01-15	-0.24	0.00	No	No
10.00	0.16605	2025-02-05	-0.29	0.00	No	No
10.00	0.17224	2025-02-19	-0.31	0.00	No	No
0.00	0.02204	2025-01-15	-0.31	0.00	No	No
10.00	0.03964	2025-01-22	-0.22	0.00	No	No
0.00	0.08916	2025-02-12	-0.66	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-03-22	90.000	WALMART PHARMACY	1366469496	0.01278	0.00	8.85
00116200116	CHLORHEXIDINE 0.12% RINSE	2025-01-22	473.000	WALMART PHARMACY	1912924051	0.00000	0.00	0.00
68180096301	ALBUTEROL HFA 90 MCG INHALER	2025-02-05	8.500	WALMART PHARMACY	1912924051	1.18353	0.00	0.17
47781064390	LEVOTHYROXINE 50 MCG TABLET	2025-02-13	90.000	WALMART PHARMACY	1912924051	0.00000	0.00	0.00
00406117003	NALTREXONE 50 MG TABLET	2025-03-05	30.000	WALMART PHARMACY	1912924051	0.67167	0.00	6.32
16571011401	HYDROXYZINE HCL 25 MG TABLET	2025-03-17	42.000	WALMART PHARMACY	1912924051	0.00000	0.00	0.00
00536105224	POLYETHYLENE GLYCOL 3350 POWD	2025-02-06	238.000	WEIS PHARMACY	1538192877	0.02466	0.00	6.92
68645051654	AMLODIPINE BESYLATE 10 MG TAB	2025-03-11	30.000	WALMART PHARMACY	1669490355	0.00000	0.00	0.00
68645060990	LISINOPRIL 5 MG TABLET	2025-03-19	90.000	WALMART PHARMACY	1669490355	0.00000	0.00	0.00
64380078507	PREDNISONE 20 MG TABLET	2025-03-27	20.000	WALMART PHARMACY	1881870210	0.00000	0.00	0.00

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0.00	0.01281	2025-03-19	-0.14	0.00	No	No
7.48	0.007	2025-01-22	-0.46	0.00	No	No
10.00	2.35969	2025-02-05	-0.34	0.00	No	No
10.00	0.05075	2025-02-12	-0.34	0.00	No	No
10.00	1.00496	2025-03-05	-0.10	0.00	No	No
7.00	0.04247	2025-03-12	-0.43	0.00	No	No
0.00	0.02465	2025-02-05	-0.22	0.00	No	No
9.00	0.01694	2025-03-05	-0.18	0.00	No	No
10.00	0.01541	2025-03-19	-0.16	0.00	No	No
8.08	0.08187	2025-03-26	-0.33	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-03-28	21.000	WALMART PHARMACY	1881870210	0.00000	0.00	0.00
68645061190	LISINOPRIL 20 MG TABLET	2025-02-28	90.000	WALMART PHARMACY	1912924051	0.00000	0.00	-0.00
64380078507	PREDNISONE 20 MG TABLET	2025-03-22	18.000	WALMART PHARMACY	1912924051	0.00000	0.00	0.00
00093220305	METOCLOPRAMIDE 10 MG TABLET	2025-01-22	30.000	WALGREENS	1144665373	0.00000	0.00	0.00
00536100836	ASPIRIN 81 MG CHEWABLE TABLET	2025-01-22	30.000	WALGREENS	1144665373	0.02400	0.00	2.93
00536100836	ASPIRIN 81 MG CHEWABLE TABLET	2025-03-01	30.000	WALGREENS	1144665373	0.02500	0.00	2.90
00093220305	METOCLOPRAMIDE 10 MG TABLET	2025-03-08	30.000	WALGREENS	1144665373	0.00000	0.00	0.00
68382080601	TRAZODONE 100 MG TABLET	2025-01-27	90.000	WALMART PHARMACY	1649364795	0.00000	0.00	0.00
47781064690	LEVOTHYROXINE 75 MCG TABLET	2025-03-22	90.000	WALMART PHARMACY	1649364795	0.00000	0.00	0.00
64380078507	PREDNISONE 20 MG TABLET	2025-02-22	21.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
9.24	0.15456	2025-03-26	-0.33	0.00	No	No
10.00	0.02538	2025-02-26	-0.22	0.00	No	No
7.27	0.08187	2025-03-19	-0.39	0.00	No	No
9.82	0.04472	2025-01-22	-0.17	0.00	No	No
0.00	0.02417	2025-01-22	-0.67	0.00	No	No
0.00	0.02506	2025-02-26	-0.68	0.00	No	No
9.82	0.0473	2025-03-05	-0.18	0.00	No	No
10.00	0.05231	2025-01-22	-0.34	0.00	No	No
10.00	0.05769	2025-03-19	-0.36	0.00	No	No
8.48	0.07911	2025-02-19	-0.30	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
00406996101	TEMAZEPAM 15 MG CAPSULE	2025-03-04	30.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
00409656201	TESTOSTERONE CYP 200 MG/ML	2025-03-04	4.000	WALMART PHARMACY	1093732133	9.49000	0.00	0.00
76282073010	LISINOPRIL 10 MG TABLET	2025-02-04	45.000	BECKLEY VAMC PHARMACY	1104884535	0.00000	0.00	0.00
42806034101	DEXTROAMP-AMPHETAMIN 10 MG TAB	2025-01-22	90.000	MARTINSBURG VAMC	1629026414	0.11989	0.00	0.15
00832051200	BETHANECHOL 25 MG TABLET	2025-01-26	450.000	MARTINSBURG VAMC	1629026414	0.06971	0.00	0.00
16714095001	DEXTROAMP-AMPHETAMIN 10 MG TAB	2025-02-19	90.000	MARTINSBURG VAMC	1629026414	0.11989	0.00	0.15
42806034101	DEXTROAMP-AMPHETAMIN 10 MG TAB	2025-03-20	90.000	MARTINSBURG VAMC	1629026414	0.11989	0.00	0.15
70954006020	PREDNISONE 20 MG TABLET	2025-02-12	10.000	WALGREENS	1245756683	0.07300	0.00	3.83
62559075816	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-03-19	120.000	CVS PHARMACY	1417345901	0.03867	0.00	9.35
00169413013	OZEMPIC 1 MG/DOSE (4 MG/3 ML) PEN	2025-03-24	9.000	MARTINSBURG VAMC	1629026414	37.70111	0.00	0.00

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7.89	0.06986	2025-02-26	-0.37	0.00	No	No
10.00	13.03302	2025-02-26	-0.23	0.00	No	No
0.40	0.01718	2025-01-29	-0.96	0.00	No	No
15.00	0.21968	2025-01-22	-0.14	0.00	No	No
30.00	0.20982	2025-01-22	-0.42	0.00	No	No
15.00	0.24512	2025-02-19	-0.20	0.00	No	No
15.00	0.27075	2025-03-19	-0.26	0.00	No	No
0.00	0.07317	2025-02-12	-0.59	0.00	No	No
0.00	0.04345	2025-03-19	-0.11	0.00	Yes	No
0.00	321.20299	2025-03-19	-0.88	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
43547037009	VALSARTAN 320 MG TABLET	2025-03-25	45.000	MARTINSBURG VAMC	1629026414	0.78356	0.00	0.00
00781261305	AMOXICILLIN 500 MG CAPSULE	2025-01-24	21.000	WALGREENS	1508382227	0.00000	0.00	-0.00
68645052354	SERTRALINE HCL 100 MG TABLET	2025-02-07	30.000	WALMART PHARMACY	1457378580	0.04767	0.00	7.57
68645052354	SERTRALINE HCL 100 MG TABLET	2025-03-06	30.000	WALMART PHARMACY	1457378580	0.05100	0.00	7.47
65862006299	METOPROLOL TARTRATE 25 MG TAB	2025-01-27	180.000	WALMART PHARMACY	1538186663	0.01561	0.00	7.19
47781064390	LEVOTHYROXINE 50 MCG TABLET	2025-02-11	15.000	WALMART PHARMACY	1538186663	0.00000	0.00	0.00
47781064390	LEVOTHYROXINE 50 MCG TABLET	2025-02-25	15.000	WALMART PHARMACY	1538186663	0.00000	0.00	0.00
47781065490	LEVOTHYROXINE 112 MCG TABLET	2025-02-27	90.000	WALMART PHARMACY	1538186663	0.07189	0.00	3.53
47781064390	LEVOTHYROXINE 50 MCG TABLET	2025-03-11	90.000	WALMART PHARMACY	1538186663	0.00000	0.00	0.00
68645058459	METFORMIN HCL 1,000 MG TABLET	2025-02-05	180.000	WALMART PHARMACY	1912924051	0.02217	0.00	6.01

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0.00	0.21999	2025-03-19	0.00	0.73	No	No
9.99	0.08158	2025-01-22	-0.18	0.00	No	No
0.00	0.04773	2025-02-05	-0.25	0.00	No	No
0.00	0.05114	2025-03-05	-0.25	0.00	No	No
0.00	0.01563	2025-01-22	-0.25	0.00	No	No
4.00	0.05075	2025-02-05	-0.64	0.00	No	No
4.00	0.05398	2025-02-19	-0.65	0.00	No	No
0.00	0.07192	2025-02-26	-0.41	0.00	No	No
10.00	0.05398	2025-03-05	-0.35	0.00	No	No
0.00	0.02215	2025-02-05	-0.31	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
47781065790	LEVOTHYROXINE 125 MCG TABLET	2025-01-30	90.000	WALMART PHARMACY	1912924051	0.00000	0.00	0.00
68382002310	ATENOLOL 50 MG TABLET	2025-01-30	90.000	WALMART PHARMACY	1912924051	0.02278	0.00	7.95
00378464226	ESTRADIOL 0.05 MG PATCH (2/WK)	2025-01-30	8.000	MARTINSBURG VAMC	1629026414	3.30750	0.00	0.00
43598081115	CETIRIZINE HCL 10 MG TABLET	2025-01-31	90.000	WALGREENS	1700301587	0.00000	0.00	0.00
70954005920	PREDNISONE 10 MG TABLET	2025-01-02	31.000	WALGREENS	1700301587	0.04677	0.00	7.78
00093317431	ALBUTEROL HFA 90 MCG INHALER	2025-02-15	25.500	MARTINSBURG VAMC	1629026414	1.14980	0.00	0.00
00378932132	WIXELA 250-50 INHUB	2025-02-15	180.000	MARTINSBURG VAMC	1629026414	0.40356	0.00	0.00
24208091055	ERYTHROMYCIN 0.5% EYE OINTMENT	2025-03-19	3.500	WALGREENS	1457877219	0.00000	0.00	0.00
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	2025-01-06	4.000	WALMART PHARMACY	1811914948	0.00000	0.00	0.00
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	2025-03-09	4.000	WALMART PHARMACY	1811914948	0.00000	0.00	0.00

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10.00	0.07133	2025-01-29	-0.41	0.00	No	No
0.00	0.02277	2025-01-29	-0.20	0.00	No	No
0.00	5.92804	2025-01-29	-0.54	0.00	No	No
4.38	0.06134	2025-01-29	-0.73	0.00	No	No
0.00	0.04665	2025-01-01	-0.23	0.00	No	No
0.00	2.35969	2025-02-12	-0.59	0.00	No	No
0.00	1.31435	2025-02-12	-0.71	0.00	No	No
13.69	2.84655	2025-03-19	-0.33	0.00	No	No
9.94	0.4306	2025-01-01	-0.19	0.00	No	No
9.94	0.44748	2025-03-05	-0.19	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-02-24	21.000	WALMART PHARMACY	1093732133	0.13238	0.00	6.98
47781064390	LEVOTHYROXINE 50 MCG TABLET	2025-03-20	90.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
47781064090	LEVOTHYROXINE 25 MCG TABLET	2025-03-20	45.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
42858061001	DEXTROAMP-AMPHET ER 10 MG CAP	2025-02-10	30.000	WALGREENS	1376067090	0.13700	0.00	4.49
60505009500	DOXAZOSIN MESYLATE 4 MG TAB	2025-01-02	30.000	WALMART PHARMACY	1093732133	0.08533	0.00	6.44
13668001001	CITALOPRAM HBR 20 MG TABLET	2025-01-03	90.000	WALMART PHARMACY	1093732133	0.02722	0.00	7.55
47781065190	LEVOTHYROXINE 100 MCG TABLET	2025-01-04	90.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
13668001101	CITALOPRAM HBR 40 MG TABLET	2025-01-16	90.000	WALMART PHARMACY	1093732133	0.04000	0.00	6.40
16571041210	CIPROFLOXACIN HCL 500 MG TAB	2025-01-21	10.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
60505009500	DOXAZOSIN MESYLATE 4 MG TAB	2025-01-31	30.000	WALMART PHARMACY	1093732133	0.08900	0.00	6.33

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0.00	0.1323	2025-02-19	-0.26	0.00	No	No
10.00	0.0575	2025-03-19	-0.36	0.00	No	No
6.00	0.04513	2025-03-19	-0.52	0.00	No	No
15.00	0.63695	2025-02-05	-0.20	0.00	No	No
0.00	0.0853	2025-01-01	-0.31	0.00	No	No
0.00	0.02718	2025-01-01	-0.23	0.00	No	No
10.00	0.05509	2025-01-01	-0.35	0.00	No	No
0.00	0.04004	2025-01-15	-0.29	0.00	No	No
10.14	0.12497	2025-01-15	-0.14	0.00	No	No
0.00	0.08898	2025-01-29	-0.32	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
64380078507	PREDNISONE 20 MG TABLET	2025-02-26	10.000	WALMART PHARMACY	1093732133	0.07900	0.00	3.25
81964022114	AMOX-CLAV 875-125 MG TABLET	2025-02-07	14.000	BECKLEY VAMC PHARMACY	1104884535	0.24500	0.00	0.15
76282044710	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	2025-03-04	90.000	BECKLEY VAMC PHARMACY	1104884535	0.04356	0.00	0.00
68382080601	TRAZODONE 100 MG TABLET	2025-01-03	135.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
64380078507	PREDNISONE 20 MG TABLET	2025-01-18	10.000	WALMART PHARMACY	1093732133	0.07200	0.00	3.32
65162035803	ZAFEMY 150-35 MCG/DAY PATCH	2025-01-22	3.000	WALMART PHARMACY	1093732133	24.55000	0.00	0.00
65162035803	ZAFEMY 150-35 MCG/DAY PATCH	2025-02-19	3.000	WALMART PHARMACY	1093732133	24.55000	0.00	0.00
13668001101	CITALOPRAM HBR 40 MG TABLET	2025-03-06	90.000	WALMART PHARMACY	1093732133	0.04267	0.00	6.16
65162035803	ZAFEMY 150-35 MCG/DAY PATCH	2025-03-07	3.000	WALMART PHARMACY	1093732133	24.55000	0.00	0.00
29300024401	BUSPIRONE HCL 5 MG TABLET	2025-03-17	60.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00

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0.00	0.07911	2025-02-26	-0.64	0.00	No	No
0.00	0.29656	2025-02-05	-0.76	0.00	No	No
0.00	0.04003	2025-02-26	-0.72	0.00	No	No
15.00	0.05221	2025-01-01	-0.14	0.00	No	No
0.00	0.0717	2025-01-15	-0.64	0.00	No	No
0.00	26.52333	2025-01-22	-0.18	0.00	No	No
0.00	28.44132	2025-02-19	-0.23	0.00	No	No
0.00	0.04272	2025-03-05	-0.30	0.00	No	No
0.00	28.44132	2025-03-05	-0.23	0.00	No	No
4.00	0.02195	2025-03-12	-0.66	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68382080601	TRAZODONE 100 MG TABLET	2025-03-18	135.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
65162035803	ZAFEMY 150-35 MCG/DAY PATCH	2025-03-31	3.000	WALMART PHARMACY	1093732133	24.55000	0.00	0.00
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	2025-02-04	200.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	2025-03-21	200.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-01-19	40.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
11527075534	SODIUM FLUORIDE 5000 DRY MOUTH	2025-01-27	100.000	CVS PHARMACY	1558532713	0.00000	0.00	1.89
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-01-13	90.000	WALGREENS	1194241786	0.01078	0.00	8.17
70010077001	METHOCARBAMOL 750 MG TABLET	2025-01-18	15.000	WALMART PHARMACY	1669490355	0.00000	0.00	0.00
76282073345	LISINOPRIL 40 MG TABLET	2025-01-08	90.000	MARTINSBURG VAMC	1629026414	0.03033	0.00	0.00
76282072910	LISINOPRIL 5 MG TABLET	2025-01-30	90.000	MARTINSBURG VAMC	1629026414	0.00689	0.00	0.00

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15.00	0.05685	2025-03-12	-0.17	0.00	No	No
0.00	28.66828	2025-03-26	-0.24	0.00	No	No
12.78	0.0318	2025-01-29	-0.24	0.00	No	No
12.78	0.03373	2025-03-19	-0.26	0.00	No	No
11.96	0.08279	2025-01-15	-0.13	0.00	No	No
15.00	0.09372	2025-01-22	-0.15	0.00	Yes	No
0.00	0.01079	2025-01-08	-0.20	0.00	No	No
7.50	0.03852	2025-01-15	-0.32	0.00	No	No
0.00	0.04222	2025-01-08	-0.81	0.00	No	No
0.00	0.01386	2025-01-29	-0.95	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
24658050310	SIMVASTATIN 40 MG TABLET	2025-03-28	45.000	MARTINSBURG VAMC	1629026414	0.04933	0.00	0.00
55111073005	ALLOPURINOL 300 MG TABLET	2025-03-04	90.000	BECKLEY VAMC PHARMACY	1104884535	0.00000	0.00	0.00
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-02-25	90.000	WALMART PHARMACY	1093732133	0.01222	0.00	8.90
68645056354	IBUPROFEN 800 MG TABLET	2025-02-08	30.000	WALMART PHARMACY	1093732133	0.00000	0.00	-0.00
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	2025-02-08	14.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	2025-03-20	100.000	WALMART PHARMACY	1912924051	0.00000	0.00	0.00
47781065790	LEVOTHYROXINE 125 MCG TABLET	2025-01-27	84.000	WALMART PHARMACY	1649364795	0.00000	0.00	0.00
68382056401	METOPROLOL SUCC ER 25 MG TAB	2025-02-13	30.000	WALMART PHARMACY	1649364795	0.05300	0.00	7.41
00378334053	XULANE 150-35 MCG/DAY PATCH	2025-02-03	9.000	CVS PHARMACY	1164858148	29.33222	0.00	0.00
00093057610	LOVASTATIN 20 MG TABLET	2025-01-14	30.000	MARTINS PHARMACY	1306878327	0.03867	0.00	8.83

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0.00	0.05713	2025-03-26	-0.83	0.00	No	No
20.10	0.06601	2025-02-26	0.00	0.22	No	No
0.00	0.01217	2025-02-19	-0.14	0.00	No	No
5.82	0.0562	2025-02-05	-0.52	0.00	No	No
7.91	0.05277	2025-02-05	-0.30	0.00	No	No
6.39	0.03373	2025-03-19	-0.54	0.00	No	No
9.33	0.07133	2025-01-22	-0.43	0.00	No	No
0.00	0.05304	2025-02-12	-0.26	0.00	No	No
0.00	36.73665	2025-01-29	-0.23	0.00	Yes	No
0.00	0.03858	2025-01-08	-0.14	0.00	No	No

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00093057610	LOVASTATIN 20 MG TABLET	2025-02-20	30.000	MARTINS PHARMACY	1306878327	0.04300	0.00	8.70
00093057610	LOVASTATIN 20 MG TABLET	2025-03-18	30.000	MARTINS PHARMACY	1306878327	0.04300	0.00	8.70
00093736756	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	2025-03-21	30.000	MARTINSBURG VAMC	1629026414	0.29667	0.00	0.15
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	2025-01-09	2.000	WALGREENS	1508382227	0.00000	0.00	0.00
64380078507	PREDNISONE 20 MG TABLET	2025-03-22	10.000	WALMART PHARMACY	1093732133	0.08200	0.00	3.22
16571040250	CETIRIZINE HCL 10 MG TABLET	2025-03-22	30.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
00054429731	FUROSEMIDE 20 MG TABLET	2025-01-31	30.000	WALMART PHARMACY	1356368484	0.02267	0.00	3.32
65862006299	METOPROLOL TARTRATE 25 MG TAB	2025-01-31	30.000	WALMART PHARMACY	1356368484	0.01567	0.00	3.53
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	2025-01-05	15.000	MEDICAL CENTER PHARMACY	1639163538	0.00000	0.00	0.00
76282064401	SILDENAFIL 50 MG TABLET	2025-03-23	9.000	MARTINSBURG VAMC	1629026414	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
0.00	0.0431	2025-02-19	-0.15	0.00	No	No
0.00	0.0431	2025-03-12	-0.15	0.00	No	No
0.00	0.07816	2025-03-19	-0.29	0.00	No	No
6.27	1.65534	2025-01-08	-0.55	0.00	No	No
0.00	0.08187	2025-03-19	-0.64	0.00	No	No
4.00	0.06323	2025-03-19	-0.68	0.00	No	No
0.00	0.02252	2025-01-29	-0.64	0.00	No	No
0.00	0.01563	2025-01-29	-0.63	0.00	No	No
10.15	0.0881	2025-01-01	-0.14	0.00	No	No
0.57	0.10827	2025-03-19	-0.95	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	2025-03-14	2.000	CVS PHARMACY	1508969262	54.99500	0.00	0.00
68645060890	LISINOPRIL 2.5 MG TABLET	2025-01-02	30.000	WALMART PHARMACY	1669490355	0.01333	0.00	3.60
68645058259	METFORMIN HCL 500 MG TABLET	2025-01-02	60.000	WALMART PHARMACY	1669490355	0.01300	0.00	3.22
65862005299	SIMVASTATIN 20 MG TABLET	2025-01-02	30.000	WALMART PHARMACY	1669490355	0.02933	0.00	8.12
68645060890	LISINOPRIL 2.5 MG TABLET	2025-01-30	90.000	WALMART PHARMACY	1669490355	0.01333	0.00	8.80
55111032205	GLIMEPIRIDE 4 MG TABLET	2025-03-05	90.000	WALMART PHARMACY	1669490355	0.03233	0.00	7.09
68645056354	IBUPROFEN 800 MG TABLET	2025-01-22	20.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
00116200116	CHLORHEXIDINE 0.12% RINSE	2025-01-22	473.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
68645056354	IBUPROFEN 800 MG TABLET	2025-02-14	20.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
65862006299	METOPROLOL TARTRATE 25 MG TAB	2025-03-01	180.000	WALMART PHARMACY	1093732133	0.01678	0.00	6.98

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
0.00	106.32709	2025-03-12	-0.51	0.00	Yes	No
0.00	0.01341	2025-01-01	-0.63	0.00	No	No
0.00	0.01304	2025-01-01	-0.65	0.00	No	No
0.00	0.02917	2025-01-01	-0.21	0.00	No	No
0.00	0.01329	2025-01-29	-0.14	0.00	No	No
0.00	0.03233	2025-03-05	-0.25	0.00	No	No
4.00	0.0562	2025-01-22	-0.66	0.00	No	No
7.48	0.007	2025-01-22	-0.46	0.00	No	No
4.00	0.0562	2025-02-12	-0.66	0.00	No	No
0.00	0.01677	2025-02-26	-0.26	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
47781064690	LEVOTHYROXINE 75 MCG TABLET	2025-02-17	90.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
68645055854	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	2025-02-20	90.000	WALMART PHARMACY	1093732133	0.04111	0.00	6.30
62332002431	FLUOXETINE HCL 40 MG CAPSULE	2025-02-21	90.000	WALMART PHARMACY	1093732133	0.06600	0.00	4.06
62332002431	FLUOXETINE HCL 40 MG CAPSULE	2025-03-08	90.000	WALMART PHARMACY	1093732133	0.06600	0.00	4.06
47781064990	LEVOTHYROXINE 88 MCG TABLET	2025-03-10	90.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
64380078507	PREDNISONE 20 MG TABLET	2025-03-10	10.000	WALMART PHARMACY	1093732133	0.07900	0.00	3.25
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2025-03-11	4.000	MEDICAL CENTER PHARMACY	1639163538	0.00000	0.00	0.00
64380078507	PREDNISONE 20 MG TABLET	2025-03-12	9.000	WALMART PHARMACY	1669490355	0.07889	0.00	3.29
68180096301	ALBUTEROL HFA 90 MCG INHALER	2025-03-12	8.500	WALMART PHARMACY	1669490355	2.38000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
10.00	0.05079	2025-02-12	-0.34	0.00	No	No
0.00	0.04107	2025-02-19	-0.30	0.00	No	No
0.00	0.06602	2025-02-19	-0.39	0.00	No	No
0.00	0.06602	2025-03-05	-0.39	0.00	No	No
10.00	0.06194	2025-03-05	-0.38	0.00	No	No
0.00	0.07911	2025-03-05	-0.64	0.00	No	No
3.46	0.12132	2025-03-05	-0.68	0.00	No	No
0.00	0.07911	2025-03-12	-0.64	0.00	No	No
0.00	2.53475	2025-03-12	-0.37	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
16571040250	CETIRIZINE HCL 10 MG TABLET	2025-03-10	30.000	CVS PHARMACY	1780787440	0.00000	0.00	0.00
72888012526	LIDOCAINE 2% VISCOUS SOLN	2025-03-25	100.000	MEDICAL CENTER PHARMACY	1639163538	0.10480	0.00	6.02
65862070701	AMOXICILLIN 250 MG/5 ML SUSP	2025-02-21	100.000	MAXWELTON HEALTH CENTER PHARMA	1336661834	0.00000	0.00	0.00
65862013399	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-02-10	30.000	THE PHARMACY AT BERKELEY MED C	1821483033	0.01100	0.00	7.52
29300041519	CYCLOBENZAPRINE 10 MG TABLET	2025-01-02	12.000	WALMART PHARMACY	1912924051	0.00000	0.00	-0.00
59651048901	PREDNISONE 50 MG TABLET	2025-01-02	5.000	WALMART PHARMACY	1912924051	0.17600	0.00	8.23
68645058259	METFORMIN HCL 500 MG TABLET	2025-01-23	30.000	WALMART PHARMACY	1912924051	0.01333	0.00	3.60
55111032005	GLIMEPIRIDE 1 MG TABLET	2025-01-23	30.000	WALMART PHARMACY	1912924051	0.03133	0.00	3.06
68645058259	METFORMIN HCL 500 MG TABLET	2025-02-11	30.000	WALMART PHARMACY	1912924051	0.01333	0.00	3.60

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
5.49	0.06211	2025-03-05	-0.56	0.00	Yes	No
0.00	0.10481	2025-03-19	-0.21	0.00	No	No
11.13	0.02497	2025-02-19	-0.14	0.00	No	No
0.00	0.011	2025-02-05	-0.27	0.00	No	No
8.05	0.01633	2025-01-01	-0.25	0.00	No	No
0.00	0.17685	2025-01-01	-0.20	0.00	No	No
0.00	0.01323	2025-01-22	-0.63	0.00	No	No
0.00	0.03124	2025-01-22	-0.65	0.00	No	No
0.00	0.01323	2025-02-05	-0.63	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68645051654	AMLODIPINE BESYLATE 10 MG TAB	2025-02-11	30.000	WALMART PHARMACY	1912924051	0.01567	0.00	8.53
55111032005	GLIMEPIRIDE 1 MG TABLET	2025-02-20	30.000	WALMART PHARMACY	1912924051	0.03167	0.00	3.05
00169477212	OZEMPIC 2 MG/DOSE (8 MG/3 ML) PEN	2025-01-12	3.000	MARTINSBURG VAMC	1629026414	279.57000	0.00	0.00
24658031210	DOXYCYCLINE HYCLATE 100 MG TAB	2025-01-26	14.000	MARTINSBURG VAMC	1629026414	0.00000	0.00	-0.00
00169477212	OZEMPIC 2 MG/DOSE (8 MG/3 ML) PEN	2025-03-20	3.000	MARTINSBURG VAMC	1629026414	279.10333	0.00	0.00
00597015390	JARDIANCE 25 MG TABLET	2025-03-31	45.000	MARTINSBURG VAMC	1629026414	2.19111	0.00	0.00
67877025145	TRIAMCINOLONE 0.1% CREAM	2025-01-01	454.000	WALMART PHARMACY	1881870210	0.00000	0.00	2.97
16571011401	HYDROXYZINE HCL 25 MG TABLET	2025-01-01	30.000	WALMART PHARMACY	1881870210	0.00000	0.00	-0.00
69238207701	PROPRANOLOL 10 MG TABLET	2025-01-14	30.000	WALMART PHARMACY	1881870210	0.05533	0.00	6.28
29300013005	HYDROCHLOROTHIAZIDE 12.5 MG CP	2025-01-18	90.000	WALMART PHARMACY	1881870210	0.02878	0.00	7.41

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0.00	0.01568	2025-02-05	-0.18	0.00	No	No
0.00	0.03163	2025-02-19	-0.65	0.00	No	No
0.00	321.14061	2025-01-08	-0.14	0.00	No	No
6.12	0.10787	2025-01-22	-0.49	0.00	No	No
0.00	321.14061	2025-03-19	-0.14	0.00	No	No
0.00	20.13118	2025-03-26	-0.89	0.00	No	No
15.00	0.03	2025-01-01	-0.25	0.00	No	No
5.00	0.03948	2025-01-01	-0.57	0.00	No	No
0.00	0.05529	2025-01-08	-0.35	0.00	No	No
0.00	0.02881	2025-01-15	-0.24	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68645052154	SERTRALINE HCL 25 MG TABLET	2025-01-31	30.000	WALMART PHARMACY	1881870210	0.03067	0.00	8.08
68645052354	SERTRALINE HCL 100 MG TABLET	2025-03-06	30.000	WALMART PHARMACY	1881870210	0.05100	0.00	7.47
16571011401	HYDROXYZINE HCL 25 MG TABLET	2025-01-03	30.000	WALMART PHARMACY	1356368484	0.00000	0.00	-0.00
47781064690	LEVOTHYROXINE 75 MCG TABLET	2025-01-05	90.000	WALMART PHARMACY	1356368484	0.00000	0.00	0.00
47781064390	LEVOTHYROXINE 50 MCG TABLET	2025-01-13	90.000	WALMART PHARMACY	1356368484	0.00000	0.00	0.00
16571011401	HYDROXYZINE HCL 25 MG TABLET	2025-02-11	30.000	WALMART PHARMACY	1356368484	0.00000	0.00	0.00
29300046801	CLONIDINE HCL 0.1 MG TABLET	2025-02-15	30.000	WALMART PHARMACY	1356368484	0.02300	0.00	3.31
00172392670	DIAZEPAM 5 MG TABLET	2025-03-10	1.000	WALGREENS	1255589503	0.00000	0.00	-0.00
00406012405	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	2025-03-10	1.000	WALGREENS	1255589503	0.00000	0.00	0.00
70954044410	MISOPROSTOL 200 MCG TABLET	2025-03-10	2.000	WALGREENS	1255589503	0.00000	0.00	-0.00

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0.00	0.03055	2025-01-29	-0.21	0.00	No	No
0.00	0.05114	2025-03-05	-0.25	0.00	No	No
5.00	0.03948	2025-01-01	-0.57	0.00	No	No
10.00	0.05334	2025-01-01	-0.35	0.00	No	No
10.00	0.0517	2025-01-08	-0.34	0.00	No	No
5.00	0.03964	2025-02-05	-0.57	0.00	No	No
0.00	0.02305	2025-02-12	-0.64	0.00	No	No
2.20	0.02667	2025-03-05	-0.79	0.00	No	No
2.76	0.15504	2025-03-05	-0.74	0.00	No	No
4.86	0.65021	2025-03-05	-0.59	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
60219170805	PREDNISONE 20 MG TABLET	2025-02-13	10.000	SHEPHERDSTOWN PHARMACY	1033417530	0.07300	0.00	9.26
68094080460	METFORMIN HCL ER 750 MG TABLET	2025-03-18	60.000	SHEPHERDSTOWN PHARMACY	1033417530	0.05633	0.00	7.99
60219170805	PREDNISONE 20 MG TABLET	2025-03-18	11.000	SHEPHERDSTOWN PHARMACY	1033417530	0.07909	0.00	9.12
43547042411	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	2025-02-08	90.000	MARTINSBURG VAMC	1629026414	0.29900	0.00	0.00
50458058030	XARELTO 10 MG TABLET	2025-03-15	90.000	MARTINSBURG VAMC	1629026414	2.65511	0.00	0.00
21922006304	TRIAMCINOLONE 0.1% OINTMENT	2025-01-12	15.000	WALGREENS	1245407949	0.00000	0.00	0.00
50111056001	TRAZODONE 50 MG TABLET	2025-02-06	30.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
00121087416	CETIRIZINE HCL 1 MG/ML SOLN	2025-01-25	150.000	CVS PHARMACY	1881797546	0.09327	0.00	0.00
13668001001	CITALOPRAM HBR 20 MG TABLET	2025-01-12	30.000	WALMART PHARMACY	1093732133	0.02733	0.00	3.18
29300013005	HYDROCHLOROTHIAZIDE 12.5 MG CP	2025-01-24	30.000	WALMART PHARMACY	1093732133	0.02800	0.00	3.16

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0.00	0.07317	2025-02-12	-0.11	0.00	No	No
0.00	0.05636	2025-03-12	-0.18	0.00	No	No
0.00	0.07911	2025-03-12	-0.12	0.00	No	No
0.00	0.08282	2025-02-05	0.00	0.50	No	No
0.00	19.11728	2025-03-12	-0.86	0.00	No	No
7.57	0.11906	2025-01-08	-0.38	0.00	No	No
4.00	0.03179	2025-02-05	-0.65	0.00	No	No
0.00	0.14115	2025-01-22	-0.56	0.00	Yes	No
0.00	0.02718	2025-01-08	-0.65	0.00	No	No
0.00	0.02806	2025-01-22	-0.65	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
13668001001	CITALOPRAM HBR 20 MG TABLET	2025-02-16	30.000	WALMART PHARMACY	1093732133	0.02767	0.00	3.17
29300013005	HYDROCHLOROTHIAZIDE 12.5 MG CP	2025-02-21	30.000	WALMART PHARMACY	1093732133	0.02933	0.00	3.12
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	2025-03-12	4.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
13668001001	CITALOPRAM HBR 20 MG TABLET	2025-03-16	30.000	WALMART PHARMACY	1093732133	0.03000	0.00	3.10
29300013005	HYDROCHLOROTHIAZIDE 12.5 MG CP	2025-03-27	30.000	WALMART PHARMACY	1093732133	0.03000	0.00	3.10
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-02-15	180.000	CVS PHARMACY	1881797546	0.03439	0.00	8.70
68645061090	LISINOPRIL 10 MG TABLET	2025-01-02	30.000	WALMART PHARMACY	1093732133	0.01700	0.00	3.49
68645061090	LISINOPRIL 10 MG TABLET	2025-01-27	30.000	WALMART PHARMACY	1093732133	0.01733	0.00	3.48
61314062810	POLYMYXIN B-TMP EYE DROPS	2025-03-14	10.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
68645061090	LISINOPRIL 10 MG TABLET	2025-03-23	30.000	WALMART PHARMACY	1093732133	0.01833	0.00	3.45

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0.00	0.02773	2025-02-12	-0.65	0.00	No	No
0.00	0.02926	2025-02-19	-0.65	0.00	No	No
9.94	0.44748	2025-03-12	-0.19	0.00	No	No
0.00	0.03013	2025-03-12	-0.65	0.00	No	No
0.00	0.03012	2025-03-26	-0.65	0.00	No	No
0.00	0.0344	2025-02-12	-0.11	0.00	Yes	No
0.00	0.01707	2025-01-01	-0.64	0.00	No	No
0.00	0.01718	2025-01-22	-0.64	0.00	No	No
9.06	0.46083	2025-03-12	-0.40	0.00	No	No
0.00	0.01833	2025-03-19	-0.64	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
16571040250	CETIRIZINE HCL 10 MG TABLET	2025-03-27	90.000	WALMART PHARMACY	1811914948	0.04444	0.00	0.00
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-01-07	20.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-02-19	20.000	WALMART PHARMACY	1093732133	0.00000	0.00	-0.00
62559075816	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-03-05	150.000	CVS PHARMACY	1881797546	0.00000	0.00	-0.00
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-02-24	150.000	WALGREENS	1245407949	0.00000	0.00	0.00
00574110404	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2025-02-25	118.000	WALGREENS	1245407949	0.00000	0.00	0.39
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-01-02	16.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-02-03	100.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
64380078507	PREDNISONE 20 MG TABLET	2025-02-27	10.000	WALMART PHARMACY	1093732133	0.07900	0.00	3.25
50228017405	BUPROPION HCL SR 100 MG TABLET	2025-03-26	30.000	WALMART PHARMACY	1093732133	0.00000	0.00	-0.00

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0.00	0.06323	2025-03-26	-0.75	0.00	No	No
5.98	0.08279	2025-01-01	-0.51	0.00	No	No
5.98	0.08742	2025-02-19	-0.51	0.00	No	No
13.99	0.03869	2025-03-05	-0.14	0.00	Yes	No
14.29	0.03869	2025-02-19	-0.12	0.00	No	No
15.00	0.08115	2025-02-19	-0.23	0.00	No	No
4.78	0.08279	2025-01-01	-0.60	0.00	No	No
11.75	0.0344	2025-01-29	-0.16	0.00	No	No
0.00	0.07911	2025-02-26	-0.64	0.00	No	No
7.50	0.10116	2025-03-26	-0.45	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
00172208980	HYDROCHLOROTHIAZIDE 50 MG TAB	2025-01-13	90.000	WALMART PHARMACY	1497954978	0.03311	0.00	7.02
68382002401	ATENOLOL 100 MG TABLET	2025-01-13	90.000	WALMART PHARMACY	1497954978	0.03578	0.00	6.78
69315030805	CIPROFLOXACIN 0.3% EYE DROP	2025-01-17	5.000	CVS PHARMACY	1417345901	0.00000	0.00	0.00
69315030805	CIPROFLOXACIN 0.3% EYE DROP	2025-03-26	5.000	CVS PHARMACY	1417345901	0.00000	0.00	0.00
60219170701	PREDNISONE 10 MG TABLET	2025-03-05	20.000	KROGER PHARMACY	1497789275	0.05400	0.00	8.91
42806054705	VITAMIN D2 1.25 MG(50,000 UNIT)	2025-01-04	4.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
42806054705	VITAMIN D2 1.25 MG(50,000 UNIT)	2025-02-15	4.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
60505082901	FLUTICASONE PROP 50 MCG SPRAY	2025-03-08	16.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.87
42806054705	VITAMIN D2 1.25 MG(50,000 UNIT)	2025-03-10	4.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
47781065990	LEVOTHYROXINE 137 MCG TABLET	2025-03-10	90.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
0.00	0.03308	2025-01-08	-0.26	0.00	No	No
0.00	0.03581	2025-01-08	-0.27	0.00	No	No
13.99	1.50086	2025-01-15	-0.22	0.00	Yes	No
13.99	1.61235	2025-03-26	-0.25	0.00	Yes	No
0.00	0.05399	2025-03-05	-0.14	0.00	No	No
6.96	0.10563	2025-01-01	-0.36	0.00	No	No
6.96	0.10587	2025-02-12	-0.36	0.00	No	No
15.00	0.44945	2025-03-05	-0.10	0.00	No	No
6.96	0.11721	2025-03-05	-0.36	0.00	No	No
10.00	0.07827	2025-03-05	-0.43	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
16571040250	CETIRIZINE HCL 10 MG TABLET	2025-03-11	30.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-03-11	21.000	WALMART PHARMACY	1093732133	0.13238	0.00	6.98
75907004301	TRIMETHOPRIM 100 MG TABLET	2025-02-03	6.000	MARTINS PHARMACY	1215969233	1.24667	0.00	6.51
50111056002	TRAZODONE 50 MG TABLET	2025-03-26	30.000	MARTINS PHARMACY	1215969233	0.03567	0.00	8.92
69315011710	FUROSEMIDE 40 MG TABLET	2025-01-09	2.000	PHARMACY SOLUTIONS GROUP OF WV	1932573425	0.03000	0.00	8.79
00832532510	POTASSIUM CL ER 20 MEQ TABLET	2025-01-10	1.000	PHARMACY SOLUTIONS GROUP OF WV	1932573425	0.15000	0.00	9.04
00832532510	POTASSIUM CL ER 20 MEQ TABLET	2025-01-11	1.000	PHARMACY SOLUTIONS GROUP OF WV	1932573425	0.15000	0.00	9.04
69315011710	FUROSEMIDE 40 MG TABLET	2025-01-08	2.000	PHARMACY SOLUTIONS GROUP OF WV	1932573425	0.03000	0.00	8.79

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
4.00	0.06211	2025-03-05	-0.68	0.00	No	No
0.00	0.1323	2025-03-05	-0.26	0.00	No	No
0.00	1.247	2025-01-29	-0.22	0.00	No	No
0.00	0.03571	2025-03-26	-0.14	0.00	No	No
0.00	0.02872	2025-01-08	-0.16	0.00	No	No
0.00	0.14755	2025-01-08	-0.14	0.00	No	No
0.00	0.14755	2025-01-08	-0.14	0.00	No	No
0.00	0.02872	2025-01-08	-0.16	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
00597010061	SPIRIVA RESPIMAT 2.5 MCG INH	2025-01-13	12.000	MARTINSBURG VAMC	1629026414	12.68500	0.00	0.00
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2025-03-31	12.000	MARTINSBURG VAMC	1629026414	0.09667	0.00	0.15
00904585540	IBUPROFEN 800 MG TABLET	2025-03-31	30.000	MARTINSBURG VAMC	1629026414	0.07600	0.00	0.15
67877024201	QUETIAPINE FUMARATE 25 MG TAB	2025-02-06	30.000	WALMART PHARMACY	1669490355	0.00000	0.00	0.00
29300011201	LAMOTRIGINE 100 MG TABLET	2025-02-25	30.000	WALMART PHARMACY	1669490355	0.00000	0.00	0.00
67877024201	QUETIAPINE FUMARATE 25 MG TAB	2025-03-22	30.000	WALMART PHARMACY	1669490355	0.00000	0.00	0.00
29300011201	LAMOTRIGINE 100 MG TABLET	2025-03-22	30.000	WALMART PHARMACY	1669490355	0.00000	0.00	0.00
55111078401	FEXOFENADINE HCL 180 MG TABLET	2025-02-13	90.000	CVS PHARMACY	1790888451	0.00000	0.00	0.00
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-01-07	120.000	WALGREENS	1245407949	0.00000	0.00	0.00
13668000901	CITALOPRAM HBR 10 MG TABLET	2025-01-07	90.000	WALMART PHARMACY	1093732133	0.02244	0.00	7.98

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0.00	126.37889	2025-01-08	-0.90	0.00	No	No
0.00	0.12126	2025-03-26	-0.89	0.00	No	No
0.00	0.06324	2025-03-26	-0.80	0.00	No	No
9.00	0.02834	2025-02-05	-0.21	0.00	No	No
9.00	0.04292	2025-02-19	-0.24	0.00	No	No
9.00	0.03263	2025-03-19	-0.22	0.00	No	No
9.00	0.04446	2025-03-19	-0.24	0.00	No	No
16.47	0.2293	2025-02-12	-0.47	0.00	Yes	No
12.69	0.03452	2025-01-01	-0.13	0.00	No	No
0.00	0.02243	2025-01-01	-0.20	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
47781065790	LEVOTHYROXINE 125 MCG TABLET	2025-01-19	30.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
47781064090	LEVOTHYROXINE 25 MCG TABLET	2025-01-27	30.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
13668001001	CITALOPRAM HBR 20 MG TABLET	2025-01-27	90.000	WALMART PHARMACY	1093732133	0.02778	0.00	7.50
47781064390	LEVOTHYROXINE 50 MCG TABLET	2025-01-28	90.000	WALMART PHARMACY	1093732133	0.05078	0.00	5.43
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-01-28	100.000	WALMART PHARMACY	1093732133	0.03440	0.00	8.31
00378827052	ALBUTEROL SUL 2.5 MG/3 ML SOLN	2025-01-28	75.000	WALMART PHARMACY	1093732133	0.05920	0.00	7.00
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-02-08	20.000	WALMART PHARMACY	1093732133	0.08150	0.00	4.35
68645051654	AMLODIPINE BESYLATE 10 MG TAB	2025-02-12	30.000	WALMART PHARMACY	1093732133	0.01567	0.00	8.53
68645061190	LISINOPRIL 20 MG TABLET	2025-02-12	30.000	WALMART PHARMACY	1093732133	0.02400	0.00	3.28
68645058459	METFORMIN HCL 1,000 MG TABLET	2025-02-12	60.000	WALMART PHARMACY	1093732133	0.02217	0.00	2.67

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4.00	0.07177	2025-01-15	-0.68	0.00	No	No
4.00	0.043	2025-01-22	-0.66	0.00	No	No
0.00	0.02773	2025-01-22	-0.23	0.00	No	No
0.00	0.05075	2025-01-22	-0.34	0.00	No	No
0.00	0.0344	2025-01-22	-0.16	0.00	No	No
0.00	0.05918	2025-01-22	-0.23	0.00	No	No
0.00	0.08158	2025-02-05	-0.51	0.00	No	No
0.00	0.01568	2025-02-12	-0.18	0.00	No	No
0.00	0.02401	2025-02-12	-0.64	0.00	No	No
0.00	0.02215	2025-02-12	-0.66	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68645057454	GLIPIZIDE 5 MG TABLET	2025-02-12	30.000	WALMART PHARMACY	1093732133	0.02967	0.00	3.11
31722052101	HYDRALAZINE 50 MG TABLET	2025-02-12	90.000	WALMART PHARMACY	1093732133	0.04178	0.00	0.24
29300013005	HYDROCHLOROTHIAZIDE 12.5 MG CP	2025-02-12	30.000	WALMART PHARMACY	1093732133	0.02800	0.00	3.16
68382056501	METOPROLOL SUCC ER 50 MG TAB	2025-02-12	30.000	WALMART PHARMACY	1093732133	0.05833	0.00	7.25
47781065790	LEVOTHYROXINE 125 MCG TABLET	2025-03-09	90.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
16571040250	CETIRIZINE HCL 10 MG TABLET	2025-03-15	30.000	CVS PHARMACY	1790888451	0.00000	0.00	0.00
69097031987	BUDESONIDE 0.5 MG/2 ML SUSP	2025-01-21	120.000	WALGREENS	1730605171	0.34992	0.00	0.00
23155072301	LABETALOL HCL 100 MG TABLET	2025-01-08	60.000	WALMART PHARMACY	1093732133	0.09117	0.00	8.54
68645058259	METFORMIN HCL 500 MG TABLET	2025-01-17	180.000	WALMART PHARMACY	1093732133	0.01306	0.00	7.65
68645061190	LISINOPRIL 20 MG TABLET	2025-01-17	90.000	WALMART PHARMACY	1093732133	0.02389	0.00	7.85

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0.00	0.02979	2025-02-12	-0.65	0.00	No	No
0.00	0.04177	2025-02-12	-0.72	0.00	No	No
0.00	0.02806	2025-02-12	-0.65	0.00	No	No
0.00	0.05821	2025-02-12	-0.26	0.00	No	No
10.00	0.07216	2025-03-05	-0.41	0.00	No	No
5.49	0.06211	2025-03-12	-0.56	0.00	Yes	No
0.00	0.73176	2025-01-15	-0.57	0.00	No	No
0.00	0.09123	2025-01-08	-0.12	0.00	No	No
0.00	0.01304	2025-01-15	-0.22	0.00	No	No
0.00	0.02387	2025-01-15	-0.21	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
00555901658	SPRINTEC 28 DAY TABLET	2025-01-30	28.000	WALMART PHARMACY	1093732133	0.11179	0.00	5.87
29300012910	HYDROCHLOROTHIAZIDE 50 MG TAB	2025-02-17	90.000	WALMART PHARMACY	1093732133	0.03400	0.00	6.94
68645061090	LISINOPRIL 10 MG TABLET	2025-02-18	90.000	WALMART PHARMACY	1093732133	0.01722	0.00	8.45
00555901658	SPRINTEC 28 DAY TABLET	2025-02-24	28.000	WALMART PHARMACY	1093732133	0.12071	0.00	5.62
55111032205	GLIMEPIRIDE 4 MG TABLET	2025-02-28	90.000	WALMART PHARMACY	1093732133	0.03233	0.00	7.09
29300024401	BUSPIRONE HCL 5 MG TABLET	2025-03-13	60.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
00555901658	SPRINTEC 28 DAY TABLET	2025-03-24	28.000	WALMART PHARMACY	1093732133	0.12821	0.00	5.41
61314062810	POLYMYXIN B-TMP EYE DROPS	2025-01-03	10.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
68645056259	IBUPROFEN 600 MG TABLET	2025-02-18	15.000	WALMART PHARMACY	1093732133	0.04800	0.00	3.28
00093727256	PIOGLITAZONE HCL 30 MG TABLET	2025-01-13	90.000	BECKLEY VAMC PHARMACY	1104884535	0.27789	0.00	0.00

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0.00	0.1118	2025-01-29	-0.34	0.00	No	No
0.00	0.03403	2025-02-12	-0.26	0.00	No	No
0.00	0.01718	2025-02-12	-0.17	0.00	No	No
0.00	0.12083	2025-02-19	-0.35	0.00	No	No
0.00	0.03233	2025-02-26	-0.25	0.00	No	No
4.00	0.02195	2025-03-12	-0.66	0.00	No	No
0.00	0.12836	2025-03-19	-0.36	0.00	No	No
9.06	0.44777	2025-01-01	-0.39	0.00	No	No
0.00	0.04794	2025-02-12	-0.64	0.00	No	No
0.00	0.09642	2025-01-08	0.00	0.30	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
00597015330	JARDIANCE 25 MG TABLET	2025-01-13	90.000	BECKLEY VAMC PHARMACY	1104884535	2.03311	0.00	0.00
00169477212	OZEMPIC 2 MG/DOSE (8 MG/3 ML) PEN	2025-01-14	9.000	BECKLEY VAMC PHARMACY	1104884535	93.19000	0.00	0.00
00093317431	ALBUTEROL HFA 90 MCG INHALER	2025-01-27	8.500	BECKLEY VAMC PHARMACY	1104884535	2.37412	0.00	0.00
00378932132	WIXELA 250-50 INHUB	2025-02-19	3.000	BECKLEY VAMC PHARMACY	1104884535	1.54667	0.00	0.00
00093317431	ALBUTEROL HFA 90 MCG INHALER	2025-02-19	8.500	BECKLEY VAMC PHARMACY	1104884535	2.37412	0.00	0.00
76282041205	FINASTERIDE 5 MG TABLET	2025-02-19	90.000	BECKLEY VAMC PHARMACY	1104884535	0.05233	0.00	0.00
76282072910	LISINOPRIL 5 MG TABLET	2025-02-19	45.000	BECKLEY VAMC PHARMACY	1104884535	0.00689	0.00	0.00
67877015905	METFORMIN HCL ER 500 MG TABLET	2025-02-21	60.000	BECKLEY VAMC PHARMACY	1104884535	0.04133	0.00	0.15
00002148480	MOUNJARO 7.5 MG/0.5 ML PEN	2025-03-02	1.000	BECKLEY VAMC PHARMACY	1104884535	176.07000	0.00	0.00
24689085510	TERAZOSIN 2 MG CAPSULE	2025-03-29	90.000	BECKLEY VAMC PHARMACY	1104884535	0.13911	0.00	0.00

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0.00	20.13118	2025-01-08	-0.90	0.00	No	No
0.00	321.14061	2025-01-08	-0.71	0.00	No	No
0.00	2.35969	2025-01-22	-0.34	0.00	No	No
0.00	1.39797	2025-02-19	-0.68	0.00	No	No
0.00	2.53475	2025-02-19	-0.37	0.00	No	No
0.00	0.06956	2025-02-19	-0.72	0.00	No	No
0.00	0.01445	2025-02-19	-0.97	0.00	No	No
0.00	0.02863	2025-02-19	-0.78	0.00	No	No
0.00	521.12277	2025-02-26	-0.67	0.00	No	No
0.00	0.13596	2025-03-26	-0.45	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
00597015390	JARDIANCE 25 MG TABLET	2025-03-31	90.000	BECKLEY VAMC PHARMACY	1104884535	2.01756	0.00	0.00
57237022005	PIOGLITAZONE HCL 30 MG TABLET	2025-03-31	90.000	BECKLEY VAMC PHARMACY	1104884535	0.27789	0.00	0.00
62559075816	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-03-06	150.000	CVS PHARMACY	1790888451	0.00000	0.00	-0.00
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	2025-01-30	4.000	THE BECKLEY PHARMACY	1699818377	0.10500	0.00	4.58
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	2025-02-27	4.000	THE BECKLEY PHARMACY	1699818377	0.11750	0.00	4.53
55111014512	FLUCONAZOLE 150 MG TABLET	2025-01-18	2.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
68382080601	TRAZODONE 100 MG TABLET	2025-02-15	90.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
42806054705	VITAMIN D2 1.25 MG(50,000 UNIT)	2025-03-29	2.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
75826016420	FLUORIDE 0.5 MG TABLET CHEW	2025-03-05	90.000	CVS PHARMACY	1780787440	0.06767	0.00	7.40
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-01-21	21.000	WALMART PHARMACY	1992722029	0.08286	0.00	4.54

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0.00	20.13118	2025-03-26	-0.90	0.00	No	No
0.00	0.10569	2025-03-26	0.00	0.25	No	No
13.99	0.03869	2025-03-05	-0.14	0.00	Yes	No
0.00	0.10587	2025-01-29	-0.54	0.00	No	No
0.00	0.11721	2025-02-26	-0.54	0.00	No	No
9.60	0.51642	2025-01-15	-0.17	0.00	No	No
10.00	0.05231	2025-02-12	-0.34	0.00	No	No
4.00	0.12229	2025-03-26	-0.63	0.00	No	No
0.00	0.06763	2025-03-05	-0.19	0.00	Yes	No
0.00	0.08279	2025-01-15	-0.49	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees
00054429731	FUROSEMIDE 20 MG TABLET	2025-01-20	36.000	WALMART PHARMACY	1093732133	0.02278	0.00
24979023103	POTASSIUM CL ER 10 MEQ TABLET	2025-01-20	36.000	WALMART PHARMACY	1093732133	0.10167	0.00
63304077301	LORAZEPAM 1 MG TABLET	2025-02-03	60.000	WALMART PHARMACY	1093732133	0.04217	0.00
68645058259	METFORMIN HCL 500 MG TABLET	2025-02-16	180.000	WALMART PHARMACY	1093732133	0.01322	0.00
51672408104	CLINDAMYCIN PH 1% SOLUTION	2025-02-13	60.000	MARTINSBURG VAMC	1629026414	0.00000	0.00
61958250101	BIKTARVY 50-200-25 MG TABLET	2025-02-19	90.000	MARTINSBURG VAMC	1629026414	71.90967	0.00
68382009505	CARVEDILOL 25 MG TABLET	2025-01-06	60.000	WALMART PHARMACY	1912924051	0.02817	0.00
68382011514	RISPERIDONE 2 MG TABLET	2025-01-13	30.000	WALMART PHARMACY	1912924051	0.00000	0.00
69315013601	BENZTROPINE MES 0.5 MG TAB	2025-02-04	30.000	WALMART PHARMACY	1912924051	0.00000	0.00
62332002331	FLUOXETINE HCL 20 MG CAPSULE	2025-02-12	30.000	WALMART PHARMACY	1912924051	0.02967	0.00

Amount of Dispensing Fee	Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
3.98	0.00	0.0228	2025-01-15	-0.58	0.00	No	No
1.04	0.00	0.10167	2025-01-15	-0.67	0.00	No	No
3.41	0.00	0.04209	2025-01-29	-0.54	0.00	No	No
7.62	0.00	0.01323	2025-02-12	-0.22	0.00	No	No
0.00	9.11	0.14815	2025-02-12	-0.53	0.00	No	No
0.00	90.00	136.39078	2025-02-19	-0.47	0.00	No	No
3.73	0.00	0.02816	2025-01-01	-0.55	0.00	No	No
0.00	4.00	0.04343	2025-01-08	-0.66	0.00	No	No
0.00	6.77	0.07213	2025-01-29	-0.46	0.00	No	No
3.11	0.00	0.02978	2025-02-12	-0.65	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees
65862067601	ALPRAZOLAM 0.25 MG TABLET	2025-02-18	10.000	WALMART PHARMACY	1912924051	0.00000	0.00
68382009505	CARVEDILOL 25 MG TABLET	2025-02-19	60.000	WALMART PHARMACY	1912924051	0.02783	0.00
69315013601	BENZTROPINE MES 0.5 MG TAB	2025-03-04	30.000	WALMART PHARMACY	1912924051	0.00000	0.00
67877015905	METFORMIN HCL ER 500 MG TABLET	2025-03-11	270.000	WALMART PHARMACY	1912924051	0.02863	0.00
68382011514	RISPERIDONE 2 MG TABLET	2025-03-14	90.000	WALMART PHARMACY	1912924051	0.00000	0.00
62332002331	FLUOXETINE HCL 20 MG CAPSULE	2025-03-14	30.000	WALMART PHARMACY	1912924051	0.03100	0.00
00093317431	ALBUTEROL HFA 90 MCG INHALER	2025-03-17	8.500	HUNTINGTON VAMC	1508824301	0.00000	0.00
68462025501	ROPINIROLE HCL 1 MG TABLET	2025-01-15	30.000	WALMART PHARMACY	1578581260	0.00000	0.00
47781066590	LEVOTHYROXINE 175 MCG TABLET	2025-01-19	90.000	WALMART PHARMACY	1578581260	0.09133	0.00
68645060990	LISINOPRIL 5 MG TABLET	2025-01-19	90.000	WALMART PHARMACY	1578581260	0.01378	0.00

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0.00	5.31	0.02002	2025-02-12	-0.50	0.00	No	No
3.75	0.00	0.02966	2025-02-19	-0.56	0.00	No	No
0.00	6.77	0.07697	2025-02-26	-0.47	0.00	No	No
1.27	0.00	0.02863	2025-03-05	-0.51	0.00	No	No
0.00	10.00	0.05107	2025-03-12	-0.34	0.00	No	No
3.07	0.00	0.03107	2025-03-12	-0.65	0.00	No	No
-0.00	10.00	2.53475	2025-03-12	-0.69	0.00	No	No
0.00	9.00	0.04694	2025-01-15	-0.24	0.00	No	No
1.78	0.00	0.09137	2025-01-15	-0.47	0.00	No	No
8.76	0.00	0.01375	2025-01-15	-0.15	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees
29300041001	ATENOLOL 25 MG TABLET	2025-01-21	90.000	WALMART PHARMACY	1578581260	0.02056	0.00
68462025501	ROPINIROLE HCL 1 MG TABLET	2025-02-11	30.000	WALMART PHARMACY	1578581260	0.00000	0.00
68462025501	ROPINIROLE HCL 1 MG TABLET	2025-03-11	30.000	WALMART PHARMACY	1578581260	0.00000	0.00
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-03-17	90.000	WALMART PHARMACY	1578581260	0.01222	0.00
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	2025-02-20	12.000	RIVER VALLEY HEALTH & WELLNESS	1912090135	0.11750	0.00
00591544301	PREDNISONE 20 MG TABLET	2025-03-04	18.000	SAM'S CLUB PHARMACY	1942575808	0.07889	0.00
29300016915	TIZANIDINE HCL 4 MG TABLET	2025-03-04	21.000	SAM'S CLUB PHARMACY	1942575808	0.00000	0.00
29300016915	TIZANIDINE HCL 4 MG TABLET	2025-03-13	21.000	SAM'S CLUB PHARMACY	1942575808	0.00000	0.00
68382080601	TRAZODONE 100 MG TABLET	2025-01-07	90.000	WALMART PHARMACY	1376560417	0.00000	0.00
47781065190	LEVOTHYROXINE 100 MCG TABLET	2025-02-04	90.000	WALMART PHARMACY	1376560417	0.05389	0.00

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8.15	0.00	0.02053	2025-01-15	-0.19	0.00	No	No
0.00	9.00	0.04708	2025-02-05	-0.24	0.00	No	No
0.00	9.00	0.0525	2025-03-05	-0.25	0.00	No	No
8.90	0.00	0.01217	2025-03-12	-0.14	0.00	No	No
7.22	0.00	0.11721	2025-02-19	-0.27	0.00	No	No
8.60	0.00	0.07911	2025-02-26	-0.16	0.00	No	No
0.00	10.18	0.04664	2025-02-26	-0.11	0.00	No	No
0.00	10.18	0.04664	2025-03-12	-0.11	0.00	No	No
0.00	10.00	0.05221	2025-01-01	-0.34	0.00	No	No
5.15	0.00	0.05386	2025-01-29	-0.35	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
47781065790	LEVOTHYROXINE 125 MCG TABLET	2025-01-03	90.000	WALMART PHARMACY	1578581260	0.07178	0.00	3.54
64380078507	PREDNISONE 20 MG TABLET	2025-01-10	6.000	WALMART PHARMACY	1578581260	0.07167	0.00	3.57
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-02-28	21.000	WALMART PHARMACY	1578581260	0.13238	0.00	6.98
43386009019	GAVILYTE-G SOLUTION	2025-03-24	4000.000	WALGREENS	1336665785	0.00459	0.00	4.23
47781064390	LEVOTHYROXINE 50 MCG TABLET	2025-01-24	36.000	WALMART PHARMACY	1447277579	0.05083	0.00	2.97
68382002401	ATENOLOL 100 MG TABLET	2025-02-09	90.000	WALMART PHARMACY	1447277579	0.03689	0.00	6.68
47781064390	LEVOTHYROXINE 50 MCG TABLET	2025-02-19	36.000	WALMART PHARMACY	1447277579	0.05083	0.00	2.97
47781064390	LEVOTHYROXINE 50 MCG TABLET	2025-03-16	36.000	WALMART PHARMACY	1447277579	0.05389	0.00	2.86
59651048901	PREDNISONE 50 MG TABLET	2025-02-25	5.000	WALGREENS	1629251038	0.18400	0.00	3.12
70752020411	FOLIC ACID 1 MG TABLET	2025-01-04	30.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00

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0.00	0.07177	2025-01-01	-0.41	0.00	No	No
0.00	0.0717	2025-01-08	-0.63	0.00	No	No
0.00	0.1323	2025-02-26	-0.26	0.00	No	No
0.00	0.00459	2025-03-19	-0.22	0.00	No	No
0.00	0.05075	2025-01-22	-0.61	0.00	No	No
0.00	0.03689	2025-02-05	-0.28	0.00	No	No
0.00	0.05398	2025-02-19	-0.61	0.00	No	No
0.00	0.05398	2025-03-12	-0.61	0.00	No	No
0.00	0.18345	2025-02-19	-0.65	0.00	No	No
4.00	0.02077	2025-01-01	-0.64	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68382014601	RAMIPRIL 5 MG CAPSULE	2025-03-14	90.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
65862050320	AMOX-CLAV 875-125 MG TABLET	2025-03-26	10.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
62332002331	FLUOXETINE HCL 20 MG CAPSULE	2025-02-09	90.000	WALMART PHARMACY	1629095757	0.00000	0.00	0.00
68645058459	METFORMIN HCL 1,000 MG TABLET	2025-03-18	180.000	WALMART PHARMACY	1629095757	0.00000	0.00	0.00
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	2025-03-04	8.000	WALGREENS	1881118503	0.00000	0.00	-0.00
59651048901	PREDNISONE 50 MG TABLET	2025-03-17	5.000	WALMART PHARMACY	1578581260	0.18400	0.00	8.19
65862001705	AMOXICILLIN 500 MG CAPSULE	2025-03-20	20.000	WALMART PHARMACY	1578581260	0.09200	0.00	4.14
67877015905	METFORMIN HCL ER 500 MG TABLET	2025-03-03	180.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.00
47781066290	LEVOTHYROXINE 150 MCG TABLET	2025-03-06	90.000	WALMART PHARMACY	1639196777	0.07889	0.00	2.90
43598032675	CIPROFLOX-DEXAMETH OTIC SUSP	2025-03-13	7.500	WALMART PHARMACY	1578581260	0.00000	0.00	0.00

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10.00	0.04745	2025-03-12	-0.32	0.00	No	No
11.40	0.34183	2025-03-26	-0.18	0.00	No	No
10.00	0.02978	2025-02-05	-0.24	0.00	No	No
10.00	0.02319	2025-03-12	-0.32	0.00	No	No
10.30	0.13022	2025-02-26	-0.11	0.00	No	No
0.00	0.18345	2025-03-12	-0.20	0.00	No	No
0.00	0.09188	2025-03-19	-0.51	0.00	No	No
6.00	0.02863	2025-02-26	-0.62	0.00	No	No
0.00	0.0789	2025-03-05	-0.43	0.00	No	No
84.56	14.39834	2025-03-12	-0.29	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2025-03-10	21.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.00
29300041519	CYCLOBENZAPRINE 10 MG TABLET	2025-03-10	14.000	WALMART PHARMACY	1639196777	0.00000	0.00	0.00
17270074000	ALBUTEROL HFA 90 MCG INHALER	2025-03-21	8.500	WALGREENS	1831615574	0.00000	0.00	0.00
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-03-28	90.000	WALGREENS	1831615574	0.01278	0.00	7.99
68645060990	LISINOPRIL 5 MG TABLET	2025-01-03	90.000	WALMART PHARMACY	1578581260	0.01378	0.00	8.76
68382080701	TRAZODONE 150 MG TABLET	2025-01-03	60.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
68645055754	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	2025-03-26	14.000	WALMART PHARMACY	1578581260	0.00000	0.00	0.00
62332002431	FLUOXETINE HCL 40 MG CAPSULE	2025-02-17	90.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00
68645061090	LISINOPRIL 10 MG TABLET	2025-03-13	90.000	WALMART PHARMACY	1730106873	0.01767	0.00	8.41
00093342501	LORAZEPAM 0.5 MG TABLET	2025-03-28	30.000	WALMART PHARMACY	1730106873	0.00000	0.00	0.00

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9.76	0.1323	2025-03-05	-0.26	0.00	No	No
9.39	0.01757	2025-03-05	-0.13	0.00	No	No
26.06	2.53475	2025-03-05	-0.19	0.00	No	No
0.00	0.01281	2025-03-26	-0.21	0.00	No	No
0.00	0.01375	2025-01-01	-0.15	0.00	No	No
8.00	0.10334	2025-01-01	-0.52	0.00	No	No
4.00	0.04116	2025-03-26	-0.64	0.00	No	No
10.00	0.05872	2025-02-12	-0.37	0.00	No	No
0.00	0.0177	2025-03-12	-0.17	0.00	No	No
8.28	0.04287	2025-03-26	-0.30	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
47781064990	LEVOTHYROXINE 88 MCG TABLET	2025-02-26	90.000	WALMART PHARMACY	1801813936	0.06189	0.00	4.43
59651048901	PREDNISONE 50 MG TABLET	2025-03-08	5.000	WALMART PHARMACY	1801813936	0.18400	0.00	8.19
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-01-05	90.000	WALMART PHARMACY	1730106873	0.01078	0.00	9.03
29300035501	TRAMADOL HCL 50 MG TABLET	2025-02-26	7.000	WALMART PHARMACY	1730106873	0.00000	0.00	3.01
00169418113	OZEMPIC 0.25-0.5 MG/DOSE (2 MG/3 ML) PEN	2025-01-24	1.000	MARTINSBURG VAMC	1629026414	78.51000	0.00	0.00
00169413013	OZEMPIC 1 MG/DOSE (4 MG/3 ML) PEN	2025-02-26	9.000	MARTINSBURG VAMC	1629026414	22.70111	0.00	0.00
00088221905	LANTUS SOLOSTAR 100 UNIT/ML	2025-03-13	45.000	MARTINSBURG VAMC	1629026414	0.00000	0.00	0.00
29300011201	LAMOTRIGINE 100 MG TABLET	2025-01-09	30.000	WALMART PHARMACY	1093732133	0.00000	0.00	4.00
29300011201	LAMOTRIGINE 100 MG TABLET	2025-02-20	30.000	WALMART PHARMACY	1093732133	0.00000	0.00	4.00
47781064390	LEVOTHYROXINE 50 MCG TABLET	2025-02-26	90.000	WALMART PHARMACY	1093732133	0.05400	0.00	5.14

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0.00	0.06194	2025-02-26	-0.38	0.00	No	No
0.00	0.18345	2025-03-05	-0.20	0.00	No	No
0.00	0.01079	2025-01-01	-0.13	0.00	No	No
3.00	0.02473	2025-02-26	-0.44	0.00	No	No
45.00	321.21459	2025-01-22	-0.63	0.00	No	No
135.00	321.20299	2025-02-26	-0.88	0.00	No	No
93.76	6.17115	2025-03-12	-0.67	0.00	No	No
5.00	0.04236	2025-01-08	-0.23	0.00	No	No
5.00	0.04292	2025-02-19	-0.24	0.00	No	No
0.00	0.05398	2025-02-26	-0.35	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
00116200116	CHLORHEXIDINE 0.12% RINSE	2025-03-08	473.000	WALMART PHARMACY	1093732133	0.00740	0.00	3.98
29300011201	LAMOTRIGINE 100 MG TABLET	2025-03-24	30.000	WALMART PHARMACY	1093732133	0.00000	0.00	4.00
00409656201	TESTOSTERONE CYP 200 MG/ML	2025-03-25	2.000	WALMART PHARMACY	1093732133	9.49000	0.00	0.00
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-01-10	90.000	WVUH SPECIALTY PHARMACY AND HO	1073980710	0.01078	0.00	7.92
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	2025-03-24	90.000	WVUH SPECIALTY PHARMACY AND HO	1073980710	0.01278	0.00	7.74
76282072910	LISINOPRIL 5 MG TABLET	2025-01-23	45.000	MARTINSBURG VAMC	1629026414	0.00689	0.00	0.00
10572010001	PEG-3350 AND ELECTROLYTES SOLN	2025-02-18	4000.000	MARTINSBURG VAMC	1629026414	0.00390	0.00	0.15
59651048801	PREDNISONE 20 MG TABLET	2025-01-14	5.000	UNION PHARMACY	1518960111	0.07200	0.00	5.93
13668001101	CITALOPRAM HBR 40 MG TABLET	2025-01-02	30.000	WALMART PHARMACY	1366469496	0.00000	0.00	1.00

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0.00	0.00739	2025-03-05	-0.47	0.00	No	No
5.00	0.04446	2025-03-19	-0.24	0.00	No	No
5.00	13.01273	2025-03-19	-0.34	0.00	No	No
0.00	0.01079	2025-01-08	-0.22	0.00	No	No
0.00	0.01281	2025-03-19	-0.24	0.00	No	No
0.00	0.01386	2025-01-22	-0.97	0.00	No	No
0.00	0.00409	2025-02-12	-0.41	0.00	No	No
0.00	0.0717	2025-01-08	-0.42	0.00	No	No
3.00	0.04004	2025-01-01	-0.66	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
13668001101	CITALOPRAM HBR 40 MG TABLET	2025-02-13	30.000	WALMART PHARMACY	1366469496	0.00000	0.00	0.00
13668001101	CITALOPRAM HBR 40 MG TABLET	2025-03-16	30.000	WALMART PHARMACY	1366469496	0.00000	0.00	0.00
68645061090	LISINOPRIL 10 MG TABLET	2025-02-10	30.000	WALMART PHARMACY	1457378580	0.01733	0.00	3.48
68645061090	LISINOPRIL 10 MG TABLET	2025-03-09	30.000	WALMART PHARMACY	1457378580	0.01767	0.00	3.47
68645058259	METFORMIN HCL 500 MG TABLET	2025-03-31	60.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	2025-01-22	180.000	CVS PHARMACY	1881797546	0.03450	0.00	8.68
65862024608	LEVETIRACETAM 500 MG TABLET	2025-01-14	60.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
68645051654	AMLODIPINE BESYLATE 10 MG TAB	2025-01-15	30.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
68645019059	METOPROLOL TARTRATE 50 MG TAB	2025-01-15	60.000	WALMART PHARMACY	1093732133	0.01917	0.00	2.85
68645051654	AMLODIPINE BESYLATE 10 MG TAB	2025-02-13	30.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
4.00	0.03957	2025-02-12	-0.66	0.00	No	No
4.00	0.04272	2025-03-12	-0.66	0.00	No	No
0.00	0.01718	2025-02-05	-0.64	0.00	No	No
0.00	0.0177	2025-03-05	-0.64	0.00	No	No
9.00	0.01391	2025-03-26	-0.21	0.00	No	No
0.00	0.0344	2025-01-22	-0.11	0.00	Yes	No
9.00	0.07118	2025-01-08	-0.39	0.00	No	No
9.00	0.01544	2025-01-15	-0.18	0.00	No	No
0.00	0.0192	2025-01-15	-0.66	0.00	No	No
9.00	0.01568	2025-02-12	-0.18	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68645019059	METOPROLOL TARTRATE 50 MG TAB	2025-02-13	60.000	WALMART PHARMACY	1093732133	0.01917	0.00	2.85
65862024608	LEVETIRACETAM 500 MG TABLET	2025-02-13	60.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
65862024608	LEVETIRACETAM 500 MG TABLET	2025-03-14	60.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
68645019059	METOPROLOL TARTRATE 50 MG TAB	2025-03-17	60.000	WALMART PHARMACY	1093732133	0.02150	0.00	2.71
68645051654	AMLODIPINE BESYLATE 10 MG TAB	2025-03-17	30.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
68382009405	CARVEDILOL 12.5 MG TABLET	2025-03-24	60.000	WALMART PHARMACY	1093732133	0.00000	0.00	0.00
59651048801	PREDNISONE 20 MG TABLET	2025-01-30	3.000	GREENBRIER MEDICAL ARTS PHARMA	1750444360	0.07333	0.00	5.55
64380078507	PREDNISONE 20 MG TABLET	2025-01-15	10.000	WALMART PHARMACY	1457378580	0.07200	0.00	3.32
47781065190	LEVOTHYROXINE 100 MCG TABLET	2025-03-13	30.000	WALMART PHARMACY	1912924051	0.05533	0.00	2.34
13668001001	CITALOPRAM HBR 20 MG TABLET	2025-03-13	30.000	WALMART PHARMACY	1912924051	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
0.00	0.01919	2025-02-12	-0.66	0.00	No	No
9.00	0.07155	2025-02-12	-0.39	0.00	No	No
9.00	0.07844	2025-03-12	-0.41	0.00	No	No
0.00	0.02142	2025-03-12	-0.66	0.00	No	No
9.00	0.01694	2025-03-12	-0.18	0.00	No	No
8.20	0.02196	2025-03-19	-0.31	0.00	No	No
0.00	0.07317	2025-01-29	-0.46	0.00	No	No
0.00	0.0717	2025-01-15	-0.64	0.00	No	No
0.00	0.05519	2025-03-12	-0.67	0.00	No	No
4.00	0.03013	2025-03-12	-0.65	0.00	No	No

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Pharmacy Fees	Amount of Dispensing Fee
68645061190	LISINOPRIL 20 MG TABLET	2025-03-13	30.000	WALMART PHARMACY	1912924051	0.02533	0.00	3.24
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	2025-03-14	10.000	GREENBRIER MEDICAL ARTS PHARMA	1750444360	0.11100	0.00	7.01
68645057559	GLIPIZIDE 10 MG TABLET	2025-01-11	180.000	WALMART PHARMACY	1801813936	0.04167	0.00	2.50
68645058459	METFORMIN HCL 1,000 MG TABLET	2025-01-11	180.000	WALMART PHARMACY	1801813936	0.00000	0.00	1.00
31722012805	GEMFIBROZIL 600 MG TABLET	2025-02-10	90.000	WALMART PHARMACY	1801813936	0.00000	0.00	0.00

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
0.00	0.02538	2025-03-12	-0.64	0.00	No	No
0.00	0.11147	2025-03-12	-0.30	0.00	No	No
0.00	0.04167	2025-01-08	-0.44	0.00	No	No
9.00	0.02204	2025-01-08	-0.31	0.00	No	No
13.50	0.09552	2025-02-05	-0.29	0.00	No	No