1	2	3	4	5	6	7	8	9
Drug	Drug	Month	Quantity	Amount	Average	NADAC	Affiliate	Filled
NDC	Name	Drug	of Drug	Pharmacy	NADAC*	Percentage of	Pharmacy	Pursuant to
No,	(The complete	was Filled	Dispensed	Reimbursed	(The amount in the	Reimbursement	Yes/No	state or local
(11 Digit	NDC	(The Month	(Expressed in	(The "ingredient	NADAC monthly	Category**		government
NDC)	Descriptions)	the Drug was	metric decimal	costs" per Unit or	Survey for the	(See categorize section		health plan.
		Dispensed)	units)	Dosage)	month drug was	below)		Yes/No
					dispensed)			
)5698	ATORVASTATIN 10 MG TABLET	11	90	0.997222222	0.0	3161 Between 10%-25% above the NADAC Average	N Y	