



State of Rhode Island  
340B Drug Pricing Program - Mandated Covered Entity Reporting  
Mandated Reporting Cover Page

**Covered Entity 340B Drug Pricing Program Reporting Mandated by  
RI General Law Section 5-19.3-6.**

Covered Entity Name:	WellOne Primary Medical and Dental Care (A)
Covered Entity Corporate Address:	PO Box 312, Pascoag, RI 02859
340B ID Number(s)	CH010480
Reporting for Calendar Year:	2025

**(A) Northwest Community Health Care (legal name)**

**Covered Entity Required Information**

Date of most recent recertification with the Health Resources and Service Administration	2/11/2026
Reporting Basis (i.e., Cash or Accrual)	Accrual



State of Rhode Island  
 340B Drug Pricing Program - Covered Entity Reporting  
 Schedule A - Aggregate Reporting Schedule

Schedule A

Covered Entity Name: WellOne Primary Medical and Dental Care  
 Reporting for Calendar Year: 2025

Line No.	Data Element	Data Element Description	Schedule Ref	Amount	Unit
1	<b>Total Aggregated Acquisition Cost for All 340B Program Drugs</b>	Total aggregated cost to entity for drugs purchased under 340B (actual paid, incl. fees) during the previous calendar year.	<b>B</b>	\$ 3,996,714	USD
2	<b>Total Aggregated Payment Amount Received for Dispensed/Administered 340B Drugs</b>	Total payments (claim reimbursements) received for 340B drugs dispensed/ administered to patients with commercial medical insurance, Medical Assistance, and/or Medicare Supplemental plans.	<b>C</b>	\$ 9,405,631	USD
3	<b>Total Aggregated Payments to Contract Pharmacies for 340B Program Prescription Drugs</b>	Total payments made to contract pharmacies for dispensing 340B drugs.	<b>D</b>	\$ 751,043	USD
4	<b>Total Aggregated Payments to Outside Entities (Vendors) for 340B Program Management, Administration, or Facilitation</b>	Total payments to vendors managing, administering, or facilitating any aspect of the 340B covered entity's drug program.	<b>E</b>	\$ 989,081	USD
5	<b>Total Aggregated Administrative Expenses for 340B Program</b>	Total covered entity expenses for staffing, operations, and administration related to the 340B program.	<b>F</b>	\$ 603,526	USD
6	<b>Net 340B Revenue Calculation (Auto-Calculated)</b>	Payments Received (Line 2) - (Acquisition Costs (Line 1) + Administration Expenses (Lines 3, 4 & 5))		\$ 3,065,267	USD



State of Rhode Island  
 340B Drug Pricing Program - Covered Entity Reporting  
 Schedule B - Acquisition Cost Detail Schedule

Schedule B

Covered Entity Name:

WellOne Primary Medical and Dental Care

Reporting for Calendar Year:

2025

**Instruction: Provide detail for all vendors (e.g. manufacturers, wholesalers) where the covered entity procured \$5,000 or more of prescription drugs from an individual vendor/pharmacy under the 340B program. Provide an aggregated total for vendors where procurement was less than \$5,000.**

Line No.	Vendor Name	Amount Paid	Unit
1	Cardinal	\$ 3,558,727	USD
2	McKesson	\$ 437,987	USD
3			USD
4			USD
5			USD
6			USD
7			USD
8			USD
9			USD
10			USD
	<b>Total for vendors under \$5,000</b>	<hr/>	USD
	<b>Total Aggregated Acquisition Cost for all 340B Program Drugs - (Supports Schedule A, Line 1)</b>	<b>\$ 3,996,714</b>	USD
		<hr/> <hr/> Schedule A - Line 1	



State of Rhode Island

Schedule C

340B Drug Pricing Program - Covered Entity Reporting  
Schedule C - Claim Reimbursements For 340B  
Dispensed / Administered Drugs

Covered Entity Name:

WellOne Primary Medical and Dental Care

Reporting for Calendar Year:

2025

**Instruction: Provide detail (amount and number of individual claims) for all reimbursements relating to pharmaceuticals obtained under the 340B Drug Program from commercial insurance (including Medicare Supplemental plans), Medical Assistance, Medicare, and or other sources. This schedule should total all reimbursements relating to pharmaceuticals obtained under the 340B Drug Program.**

Line No.	Reimbursement Source	Amount Reimbursed	Unit	Count	Unit
1	Commercial Insurance	\$ 4,680,436	USD	8,873	Claims
2	Medical Assistance (i.e., Medicaid)	\$ 1,350,126	USD	2,920	Claims
3	Medicare	\$ 2,970,277	USD	5,749	Claims
4	Other Sources (self-pay & patient co-pays)	\$ 404,792	USD	188	Claims
<b>Total Aggregated Payment Amount Received for Dispensed/Administered 340B Drugs (Supports Schedule A - Line 2)</b>		<u>\$ 9,405,631</u>		<u>17,730</u>	
		Schedule A - Line 2			



State of Rhode Island  
340B Drug Pricing Program - Covered Entity Reporting  
Schedule D - Payment to Contract Pharmacy Detail Schedule

Schedule D

Covered Entity Name:

WellOne Primary Medical and Dental Care

Reporting for Calendar Year:

2025

**Instruction: Provide detail for all payments made to contract pharmacies for dispensing 340B prescription drugs during the reporting period. Individually list any contract pharmacy paid \$5,000 or more. Aggregate payments to contract pharmacies paid less than \$5,000.**

Line No.	Contract Pharmacy Name	Amount Paid	Unit
1	CVS	\$ 656,916	USD
2	Stop & Shop	\$ 60,379	USD
3	Walgreens	\$ 33,748	USD
4			USD
5			USD
6			USD
7			USD
8			USD
9			USD
10			USD
	<b>Total for contract pharmacies under \$5,000</b>		
	<b>Total Aggregated Payments to Contract Pharmacies for 340B Program Prescription Drugs (Supports Schedule A - Line 3)</b>	<b>\$ 751,043</b>	
		Schedule A - Line 3	



State of Rhode Island  
 340B Drug Pricing Program - Covered Entity Reporting  
 Schedule E - Payments to Outside Entities (Vendors) for 340B Program Management,  
 Administration, or Facilitation

Schedule E

Covered Entity Name:

WellOne Primary Medical and Dental Care

Reporting for Calendar Year:

2025

**Instruction: Aggregate detail by service/contractor category for all payments made to vendors/contractors relating to the management, administration, and/or facilitation of any aspect of the Covered Entity's participation in the 340B Program. Examples of services/contractors to be aggregated include contracted pharmacies, split billing vendors, consultants, third-party administrators, and other vendors. For consultants and other vendors, provide a brief description of service provided. Aggregate payments for service/contractor categories individually paid less than \$5,000.**

Line No.	Program Management, Administration, or Facilitation Category	Description	For Other / Consultants	Amount	Unit
1	Wellpartner (CVS) - third-party administrator			\$ 831,081	USD
2	Walgreens - third-party administrator			\$ 118,716	USD
3	Cloud Med - other vendor	supports Walgreens program		\$ 39,284	USD
4					USD
5					USD
6					USD
7					USD
8					USD
	<b>Total Vendor Categories individually under \$5,000</b>			<hr/>	
	<b>Total Aggregated Payments to Outside Entities (Vendors) for 340B Program Management, Administration, or Facilitation (Supports Schedule A - Line 4)</b>			<u>\$ 989,081</u>	
				Schedule A - Line 4	



State of Rhode Island  
 340B Drug Pricing Program - Covered Entity Reporting  
 Schedule F - Administrative Expenses for 340B Program

Schedule F

Covered Entity Name:

WellOne Primary Medical and Dental Care

Reporting for Calendar Year:

2025

**Instruction: Provide detail for all covered entity expenses (noncontracted) relating to the administration of the 340B program including staffing, operational, and administrative expenses. Detail individual expense categories with expenses of \$5,000 or more. Aggregate expense categories individually less than \$5,000.**

Line No.	Expense Category Description	Amount/Value	Unit
1	admin overhead allocation (10.5% of direct costs)	\$ 603,526	USD
2			USD
3			USD
4			USD
5			USD
6			USD
7			USD
8			USD
9			USD
10			USD
	<b>Total for expense categories individually under \$5,000</b>		
	<b>Total Aggregated Administrative Expenses for 340B Program</b>	<b>\$ 603,526</b>	
		Schedule A - Line 5	



State of Rhode Island

Schedule G

340B Drug Pricing Program - Covered Entity Reporting

Schedule G - Detail of Prescription Drugs Relating to Covered Entity Participation in the 340B Program Dispensed or Administered During the Period.

Covered Entity Name:

WellOne Primary Medical and Dental Care

Reporting for Calendar Year:

2025

Instruction: List all prescription drugs relating to Covered Entity participation in the 340B Program during the period. Detail the total amount (cost of prescription drug obtained through the 340B program) and count of individual prescription drug claims dispensed or administered during the period. Aggregate all prescription drugs where costs for the particular drug were less than \$5,000.

Line No.	Prescription Drug Name	National Drug Code Number	Amount	Unit	Count	Unit
1	Walgreens (see separate tab)	see separate tab	\$ 273,031	USD	2,536	Claims
2	Wellpartner (see separate tab)	see separate tab	\$ 3,379,842	USD	15,194	Claims
3				USD		Claims
4				USD		Claims
5				USD		Claims
6				USD		Claims
7				USD		Claims
8				USD		Claims
9				USD		Claims
10				USD		Claims
	<b>Total Prescription Drugs individually under \$5,000</b>			USD		Claims
	<b>Total Costs of Prescription Drugs Obtained Through 340B Program Claimed for Reimbursement</b>		<b>\$ 3,652,873</b>		<b>17,730</b>	

Note: Total cost per this Tab G differs from Tab B total due to timing differences associated with inventory replenishment.

Mandated by RIGL § 5-19.3-6

WellOne Primary Medical and Dental Care  
 Tab G Supplemental Detail (Walgreens Contract)

Prescription Drug Name/NDIC Number	Drug Cost	Claim Count
ACAMPROSATE CAL DR 333MG TABLETS	\$ (15.07)	1
68382056928	\$ (15.07)	1
ACEBUTOLOL 200MG CAPSULES	\$ (161.84)	3
62559025501	\$ (161.84)	3
ACYCLOVIR 800MG TABLETS	\$ (1.85)	1
68382079201	\$ (1.85)	1
AJOVY 225MG/1.5ML PF AUT INJ 1.5ML	\$ (407.80)	2
51759020210	\$ (407.80)	2
ALBUTEROL 0.083%(2.5MG/3ML) 30X3ML	\$ (15.04)	1
76204020030	\$ (15.04)	1
ALBUTEROL 0.083%(2.5MG/3ML) INH SOL	\$ (7.66)	1
76204020060	\$ (7.66)	1
ALBUTEROL HFA INH (200 PUFFS) 18GM	\$ (297.93)	10
66993001968	\$ (297.93)	10
ALBUTEROL HFA INH (200 PUFFS) 6.7GM	\$ (210.91)	35
00054074287	\$ (60.04)	5
00781729685	\$ (42.02)	8
69097014260	\$ (108.85)	22
ALBUTEROL HFA INH (200 PUFFS) 8.5GM	\$ (281.05)	36
00093317431	\$ (233.17)	29
68180096301	\$ (47.88)	7
ALFUZOSIN ER 10MG TABLETS	\$ (4.56)	3
57237011490	\$ (4.56)	3
ALLOPURINOL 300MG TABLETS	\$ (10.46)	4
29300035005	\$ (10.46)	4
ALPRAZOLAM 0.5MG TABLETS	\$ (3.74)	4
00781107710	\$ (3.74)	4
ALPRAZOLAM 1MG TABLETS	\$ (3.43)	4
00781107905	\$ (2.50)	3
59762372101	\$ (0.94)	1
ALPRAZOLAM 2MG TABLETS	\$ (0.82)	1
00781108901	\$ (0.82)	1
AMANTADINE 100MG TABLETS	\$ (15.70)	2
00591492001	\$ (15.70)	2
AMIODARONE 200MG TABLETS	\$ (10.42)	2
29300035905	\$ (4.71)	1
29300035916	\$ (5.72)	1
AMITRIPTYLINE 10MG TABLETS	\$ (8.05)	2
29300041910	\$ (8.05)	2
AMITRIPTYLINE 50MG TABLETS	\$ (5.01)	4
29300042110	\$ (5.01)	4
AMITRIPTYLINE 75MG TABLETS	\$ (2.23)	1
29300042201	\$ (2.23)	1
AMLODIPINE BESYLATE 10MG TABLETS	\$ (8.03)	10
67877019910	\$ (8.03)	10

WellOne Primary Medical and Dental Care  
 Tab G Supplemental Detail (Walgreens Contract)

Prescription Drug Name/NDIC Number	Drug Cost	Claim Count
AMLODIPINE BESYLATE 10MG TABLETS	\$ (3.08)	3
68180072103	\$ (3.08)	3
AMLODIPINE BESYLATE 2.5MG TABLETS	\$ (0.94)	1
29300039605	\$ (0.94)	1
AMLODIPINE BESYLATE 5MG TABLETS	\$ (17.97)	18
29300039710	\$ (10.36)	12
67877019810	\$ (2.81)	3
68180045502	\$ (4.80)	3
AMLODIPINE/OLMES MEDOXOM 10-20MG T	\$ (22.49)	4
31722044730	\$ (16.54)	1
62332021430	\$ (0.85)	1
65862085630	\$ (5.10)	2
AMLODIPINE/OLMES MEDOXOM 5-20MG T	\$ (7.08)	1
65862085430	\$ (7.08)	1
AMLODIPINE/OLMES MEDOXOM 5-40MG T	\$ (23.22)	4
62332021330	\$ (6.63)	2
65862085530	\$ (16.59)	2
AMLODIPINE/OLMES MEDOXOM10-20MG T	\$ (16.23)	6
65862085630	\$ (16.23)	6
AMMONIUM LAC 12% CREAM 280GM	\$ (8.24)	1
51672130104	\$ (8.24)	1
AMOX-CLAV 400MG/5ML SUSP 100ML	\$ (6.14)	1
00093227973	\$ (6.14)	1
AMOX-CLAV 400MG/5ML SUSP 75ML	\$ (3.60)	1
65862053475	\$ (3.60)	1
AMOX-CLAV 500-125MG TABLETS	\$ (4.30)	2
42571016142	\$ (4.30)	2
AMOX-CLAV 875-125MG TABLETS	\$ (92.95)	21
42571016242	\$ (82.84)	17
65862050320	\$ (10.11)	4
AMOX-CLAV XR 1000/62.5MG TABLETS	\$ (11.29)	1
00781194339	\$ (11.29)	1
ANORO ELLIPTA 62.5-25 ORAL INH(30S)	\$ (113.54)	2
00173086910	\$ (113.54)	2
ARIPIPRAZOLE 10MG TABLETS	\$ (28.68)	11
31722082730	\$ (5.67)	3
65862066330	\$ (23.01)	8
ARIPIPRAZOLE 15MG (FIFTEEN MG) TABS	\$ (5.53)	5
65862066430	\$ (5.53)	5
ARIPIPRAZOLE 2MG TABLETS	\$ (1.08)	1
65862066130	\$ (1.08)	1
ARMODAFINIL 150MG TABLETS	\$ (22.87)	3
00781803731	\$ (22.87)	3
ARNUIITY ELLIPTA 100MCG ORAL INH 30	\$ (720.75)	11
00173087410	\$ (720.75)	11

WellOne Primary Medical and Dental Care  
 Tab G Supplemental Detail (Walgreens Contract)

Prescription Drug Name/NDIC Number	Drug Cost	Claim Count
ARNUITY ELLIPTA 200MCG ORAL INH 30	\$ (193.02)	3
00173087610	\$ (193.02)	3
ATENOLOL 100MG/CHLORTHAL 25MG TABS	\$ (9.75)	1
29300040101	\$ (9.75)	1
ATENOLOL 25MG TABLETS	\$ (0.94)	1
64980043710	\$ (0.94)	1
ATENOLOL 50MG TABLETS	\$ (1.10)	1
64980043810	\$ (1.10)	1
ATORVASTATIN 10MG TABLETS	\$ (9.82)	8
00378395005	\$ (7.88)	6
43598009805	\$ (1.95)	2
ATORVASTATIN 20MG TABLETS	\$ (8.51)	16
43598009905	\$ (7.23)	15
67877051205	\$ (1.28)	1
ATORVASTATIN 40MG TABLETS	\$ (11.81)	10
43598010105	\$ (11.81)	10
ATORVASTATIN 80MG TABLETS	\$ (71.76)	21
00378395305	\$ (64.17)	18
31722042705	\$ (0.41)	1
43598010305	\$ (7.18)	2
AZELASTINE 0.05% OPHTH SOLUTION 6ML	\$ (3.85)	1
61314030802	\$ (3.85)	1
AZELASTINE/FLUTIC 137-50MCG NSL SPR	\$ (5.60)	1
60505095303	\$ (5.60)	1
BACLOFEN 10MG TABLETS	\$ (0.96)	1
70710128501	\$ (0.96)	1
BACLOFEN 5MG TABLETS	\$ (110.88)	7
52817031910	\$ (32.36)	4
70710160901	\$ (78.51)	3
BELBUCA 900MCG BUCCAL FILM	\$ (1,822.66)	5
59385002760	\$ (1,822.66)	5
BENZONATATE 100MG CAPSULES	\$ (2.90)	3
64380071206	\$ (1.93)	2
64380071207	\$ (0.97)	1
BENZONATATE 200MG CAPSULES	\$ (9.75)	6
42806071501	\$ (0.88)	1
64380071306	\$ (3.56)	2
64380071307	\$ (5.30)	3
BETAMETHASON DIP AUG 0.05% LOT 30ML	\$ (13.88)	2
51672134003	\$ (13.88)	2
BETAMETHASONE DIP 0.05% CRM 15GM	\$ (10.56)	3
00713065915	\$ (10.56)	3
BETAMETHASONE DIP 0.05% CRM 45GM	\$ (13.81)	2
00713065937	\$ (13.81)	2
BETAMETHASONE DIP 0.05%OINT 15GM	\$ (1.51)	1

WellOne Primary Medical and Dental Care  
 Tab G Supplemental Detail (Walgreens Contract)

Prescription Drug Name/NDIC Number	Drug Cost	Claim Count
00472038115	\$ (1.51)	1
BETAMETHASONE DIP AUG 0.05% OIN 50G	\$ (11.86)	1
68180094702	\$ (11.86)	1
BICALUTAMIDE 50MG TABLETS	\$ (10.13)	1
47335048588	\$ (10.13)	1
BISOPROLOL FUMARATE 10MG TABLETS	\$ (3.98)	1
72888009301	\$ (3.98)	1
BISOPROLOL FUMARATE 5MG TABLETS	\$ (51.67)	11
29300012601	\$ (32.25)	5
72888009201	\$ (19.42)	6
BISOPROLOL/HCTZ 2.5MG/6.25MG TABS	\$ (6.25)	1
70954041230	\$ (6.25)	1
BREO ELLIPTA 100-25MCG ORAL INH(30)	\$ (798.32)	8
00173085910	\$ (798.32)	8
BREYNA 160/4.5MCG ORAL INH(120 INH)	\$ (143.55)	1
00378750332	\$ (143.55)	1
BUDESONIDE 3MG DR CAPSULES	\$ (6.48)	1
65162077810	\$ (6.48)	1
BUDESONIDE/FORM 160/4.5MCG(120 INH)	\$ (2,684.53)	21
00310737020	\$ (2,684.53)	21
BUDESONIDE/FORM 80/4.5MCG (120 INH)	\$ (465.31)	5
00310737220	\$ (465.31)	5
BUMETANIDE 1MG TABLETS	\$ (39.55)	3
00832054111	\$ (4.10)	1
23155090101	\$ (35.44)	2
BUMETANIDE 2MG TABLETS	\$ (36.26)	3
23155090201	\$ (11.80)	1
69238149101	\$ (24.46)	2
BUPRENORPHINE/NALOX 2-0.5MG SL FILM	\$ (27.24)	3
00378876593	\$ (8.73)	1
43598057930	\$ (18.50)	2
BUPRENORPHINE/NALOX 8MG/2MG SL TAB	\$ (328.88)	9
00406802003	\$ (328.88)	9
BUPROPION 100MG TABLETS	\$ (0.56)	1
60505015701	\$ (0.56)	1
BUPROPION SR 150MG TABLETS (12 H)	\$ (1.55)	1
42806042501	\$ (1.55)	1
BUPROPION SR 200MG TABLETS (12HR)	\$ (10.68)	2
42806042660	\$ (10.68)	2
BUPROPION XL 150MG TABLETS (24 H)	\$ (50.01)	24
42806041409	\$ (45.21)	22
50228014490	\$ (4.80)	2
BUPROPION XL 300MG TABLETS	\$ (27.15)	10
42806041605	\$ (22.29)	8
50228014505	\$ (4.86)	2

WellOne Primary Medical and Dental Care  
 Tab G Supplemental Detail (Walgreens Contract)

Prescription Drug Name/NDIC Number	Drug Cost	Claim Count
BUSPIRONE 10MG TABLETS	\$ (2.57)	3
00093005401	\$ 1.79	1
00093005405	\$ (3.42)	1
29300024505	\$ (0.94)	1
BUSPIRONE 15MG TABLETS	\$ (39.98)	15
00093100301	\$ (7.09)	3
00093100305	\$ (32.90)	12
BUSPIRONE 7.5MG TABLETS	\$ (1.87)	1
59651039001	\$ (1.87)	1
BUT/ACETAMINOPHEN/CAFF 50-325-40 TB	\$ (1.66)	1
10702025350	\$ (1.66)	1
BUT/ACETAMNOPEN/CAFF CAP 50-300-40	\$ (11.93)	2
43547068610	\$ (11.93)	2
BUT/ACETAMNOPEN/CAFF CAP 50-325-40	\$ (20.89)	1
00527409437	\$ (20.89)	1
CANDESARTAN 16MG TABLETS	\$ (39.24)	2
00378323193	\$ (39.24)	2
CARVEDILOL 25MG TABLETS	\$ (15.79)	11
68462016505	\$ (15.79)	11
CEFDINIR 250MG/5ML SUSPENSION 100ML	\$ (13.14)	1
65862021901	\$ (13.14)	1
CEFDINIR 300MG CAPSULES	\$ (3.67)	1
67877054360	\$ (3.67)	1
CELECOXIB 200MG CAPSULES	\$ (42.28)	4
62332014231	\$ (35.82)	3
62332014271	\$ (6.46)	1
CEPHALEXIN 250MG/5ML SUSP 100ML	\$ (6.00)	1
67877054588	\$ (6.00)	1
CEPHALEXIN 500MG CAPSULES	\$ (6.09)	3
00093314705	\$ (6.09)	3
CEPHALEXIN 500MG TABLETS	\$ (74.31)	2
00093224001	\$ (74.31)	2
CETIRIZINE 1MG/ML ORAL SOLUTION	\$ (27.76)	1
00121087416	\$ (27.76)	1
CHLORTHALIDONE 25MG TABLETS	\$ (14.07)	8
65162024709	\$ (14.07)	8
CHOLESTYRAMINE 4GM PACKETS 60S	\$ (15.50)	1
42806026695	\$ (15.50)	1
CHOLESTYRAMINE LIGHT POWDER (CAN)	\$ (72.95)	5
42806027193	\$ (72.95)	5
CHOLESTYRAMINE POWDER (CAN) 378GM	\$ (43.53)	1
42806026793	\$ (43.53)	1
CINACALCET 30MG TABLETS	\$ (8.19)	3
64380088304	\$ (8.19)	3
CIPRO/DEXAMETH 0.3-0.1% OTIC SUSP	\$ (95.87)	3

WellOne Primary Medical and Dental Care  
 Tab G Supplemental Detail (Walgreens Contract)

Prescription Drug Name/NDIC Number	Drug Cost	Claim Count
00781618667	\$ (52.86)	2
53746083153	\$ (43.01)	1
CIPROFLOXACIN 0.3% OP SOL 5ML-EYE	\$ (4.11)	1
61314065605	\$ (4.11)	1
CIPROFLOXACIN 250MG TABLETS	\$ (0.83)	1
16571041110	\$ (0.83)	1
CITALOPRAM 10MG TABLETS	\$ (3.23)	4
00378623105	\$ (0.94)	1
13668000905	\$ (2.30)	3
CITALOPRAM 20MG TABLETS	\$ (4.77)	4
13668001005	\$ (4.77)	4
CITALOPRAM 30MG CAPSULES	\$ (705.72)	6
52427069130	\$ (705.72)	6
CITALOPRAM 40MG TABLETS	\$ (5.06)	6
00378623305	\$ (2.73)	2
13668001105	\$ (2.33)	4
CLARITHROMYCIN 500MG TABLETS	\$ (3.09)	1
65862022660	\$ (3.09)	1
CLINDAMYCIN 1% LOTION 60ML	\$ (12.40)	3
21922003601	\$ (12.40)	3
CLINDAMYCIN 300MG CAPSULES	\$ (1.79)	1
65862018601	\$ (1.79)	1
CLOBETASOL PROP 0.05% CREAM 30GM	\$ (10.46)	8
21922001605	\$ (10.46)	8
CLOBETASOL PROP 0.05% CREAM 45GM	\$ (3.53)	2
21922001606	\$ (3.53)	2
CLOBETASOL PROP 0.05% CREAM 60GM	\$ (6.83)	3
21922001607	\$ (6.83)	3
CLOBETASOL PROP 0.05% OINT 15GM	\$ (1.94)	4
21922001704	\$ (1.94)	4
CLONAZEPAM 1MG TABLETS	\$ (7.94)	7
00093321205	\$ (3.45)	4
59651072399	\$ (4.49)	3
CLONAZEPAM ODT 0.5MG TABLETS	\$ (72.20)	4
49884030802	\$ (72.20)	4
CLOPIDOGREL 75MG TABLETS	\$ (8.57)	4
55111019605	\$ (8.57)	4
CLOTRIMAZOLE 1% CREAM 30GM	\$ (2.51)	1
51672127502	\$ (2.51)	1
CLOTRIMAZOLE 1% CREAM 45GM	\$ (7.43)	2
51672127506	\$ (7.43)	2
CLOTRIMAZOLE-BETAMETHASONE CRM 15G	\$ (6.72)	3
51672404801	\$ (6.72)	3
CLOTRIMAZOLE-BETAMETHASONE CRM 45G	\$ (12.89)	2
00168025846	\$ (9.05)	1

WellOne Primary Medical and Dental Care  
 Tab G Supplemental Detail (Walgreens Contract)

Prescription Drug Name/NDIC Number	Drug Cost	Claim Count
51672404806	\$ (3.84)	1
COMBIPATCH 0.05MG/0.14MG/DAY PATCH	\$ (0.24)	3
68968051408	\$ (0.24)	3
COMBIVENT RESPIMAT ORAL 120SPRAY 4G	\$ (212.83)	1
00597002402	\$ (212.83)	1
CREON 36,000UNIT CAPSULES	\$ (45.76)	11
00032301613	\$ (45.76)	11
CROMOLYN SOD 100/5ML ORALCONC 5ML	\$ (518.17)	2
42571013252	\$ (518.17)	2
CROMOLYN SODIUM 4% OPHTH SOLN 10ML	\$ (6.84)	3
61314023710	\$ (6.84)	3
CYCLOBENZAPRINE 5MG TABLETS	\$ (0.64)	2
00093342001	\$ (0.33)	1
29300041301	\$ (0.31)	1
DAPAGLIFLOZIN 5MG TABLETS	\$ (4,627.67)	19
66993045630	\$ (4,627.67)	19
DICLOFENAC SODIUM 75MG DR TABLETS	\$ (25.14)	3
16571020111	\$ (25.14)	3
DIGOXIN 0.125MG TABLETS (YELLOW)	\$ (22.03)	5
70954020120	\$ (22.03)	5
DILTIAZEM CD 240MG CAPSULES (24 HR)	\$ (8.57)	1
50742025090	\$ (8.57)	1
DIVALPROEX DELAYED RELEASE 500MG TB	\$ (60.02)	5
29300014005	\$ (60.02)	5
DIVALPROEX EXTENDED RELEASE 250MG T	\$ (18.73)	5
55111053305	\$ (10.06)	3
65862059401	\$ (8.68)	2
DOFETILIDE 250MCG CAPSULES	\$ (5.58)	1
72205004060	\$ (5.58)	1
DOFETILIDE 500MCG CAPSULES	\$ (16.95)	1
69452013317	\$ (16.95)	1
DONEPEZIL 10MG TABLETS	\$ (0.72)	1
43547027611	\$ (0.72)	1
DOXEPIN 3MG TABLETS	\$ (115.76)	1
72578018106	\$ (115.76)	1
DOXYCYCLINE HYC 100MG CAPS	\$ (6.47)	5
27808023302	\$ (6.47)	5
DOXYCYCLINE HYC 100MG TABS	\$ (8.78)	2
42806031050	\$ (7.57)	1
42806031205	\$ (1.21)	1
DOXYCYCLINE MONOHYDRATE 100MG CAPS	\$ (15.23)	3
62332025050	\$ (15.23)	3
DOXYCYCLINE MONOHYDRATE 100MG TABS	\$ (13.14)	5
70710112307	\$ (13.14)	5
DOXYCYCLINE MONOHYDRATE 50MG TABS	\$ (3.02)	1

WellOne Primary Medical and Dental Care  
 Tab G Supplemental Detail (Walgreens Contract)

Prescription Drug Name/NDIC Number	Drug Cost	Claim Count
23155013301	\$ (3.02)	1
DROPLET PEN NEEDLES 32GX4MM (OLD)	\$ (57.36)	2
08489831510	\$ (57.36)	2
DULOXETINE DR 20MG CAPSULES	\$ (25.88)	12
27241009706	\$ (8.28)	3
27241009710	\$ (15.20)	7
51991074605	\$ (1.80)	1
51991074690	\$ (0.60)	1
DULOXETINE DR 30MG CAPSULES	\$ (0.84)	1
27241009810	\$ (0.84)	1
DULOXETINE DR 40MG CAPSULES	\$ (38.52)	3
27241016430	\$ (38.52)	3
DULOXETINE DR 60MG CAPSULES	\$ (57.42)	16
27241009990	\$ (41.41)	11
51991074890	\$ (16.01)	5
ECONAZOLE NITRATE 1% CREAM 30GM	\$ (7.62)	1
45802046611	\$ (7.62)	1
EMGALITY 120MG/ML AUTO INJECTOR 1ML	\$ (1,153.54)	2
00002143611	\$ (1,153.54)	2
EMTRICITABINE/TENOF 200-300MG TABS	\$ (41.64)	6
42385095330	\$ (41.64)	6
ENALAPRIL 20MG TABLETS	\$ (16.93)	3
43547054811	\$ (16.93)	3
ENTRESTO 24-26MG TABLETS	\$ (10,753.99)	26
00078065920	\$ (10,753.99)	26
ENTRESTO 97-103MG TABLETS	\$ (2,427.33)	3
00078069620	\$ (2,427.33)	3
EPINASTINE 0.05% OPHTH SOL 5ML	\$ (222.99)	7
70069000801	\$ (222.99)	7
EPINEPHRINE 0.3MG INJ 2 PACK	\$ (2,622.93)	18
00093598627	\$ (2,211.67)	10
00115169449	\$ (184.60)	2
49502010202	\$ (226.66)	6
EPLERENONE 50MG TABLETS	\$ (56.53)	5
16729029410	\$ (6.07)	2
31722005030	\$ (50.46)	3
ERYTHROMYCIN OPHTH OINT 3.5GM	\$ (4.04)	1
24208091055	\$ (4.04)	1
ESCITALOPRAM 10MG TABLETS	\$ (25.44)	21
43547028110	\$ (4.28)	3
43547028111	\$ (10.90)	12
69097084805	\$ (10.27)	6
ESCITALOPRAM 20MG TABLETS	\$ (30.28)	19
43547028211	\$ (22.84)	12
69097084905	\$ (7.44)	7

WellOne Primary Medical and Dental Care  
 Tab G Supplemental Detail (Walgreens Contract)

Prescription Drug Name/NDIC Number	Drug Cost	Claim Count
ESCITALOPRAM 5MG TABLETS	\$ (4.74)	4
43547028011	\$ (3.43)	3
69097084705	\$ (1.31)	1
ESTARYLLA TABLETS 28S	\$ (11.52)	3
70700011985	\$ (11.52)	3
ESTRADIOL 0.025MG PATCH (ONCE WK)	\$ (91.05)	2
00378334999	\$ (73.44)	1
00781711954	\$ (17.61)	1
ESTRADIOL 0.075MG PATCH (TWICE WK)	\$ (41.94)	3
00781715683	\$ (41.94)	3
ESTRADIOL 0.1MG PATCH (ONCE WK)	\$ (48.72)	1
00781710454	\$ (48.72)	1
EZETIMIBE 10MG TABLETS	\$ (66.37)	16
31722062805	\$ (31.33)	6
31722062890	\$ (7.48)	1
50228037905	\$ (11.17)	3
59651005205	\$ (16.40)	6
FAMOTIDINE 20MG TABLETS	\$ (7.49)	7
00172572880	\$ (3.43)	5
31722001701	\$ (4.06)	2
FAMOTIDINE 40MG TABLETS	\$ (16.07)	5
31722001801	\$ (16.07)	5
FAMOTIDINE 40MG/5ML ORAL SUSP 50ML	\$ (12.39)	1
70377011311	\$ (12.39)	1
FANAPT 1MG TABLETS	\$ (178.37)	1
43068010102	\$ (178.37)	1
FANAPT 2MG TABLETS	\$ (178.09)	1
43068010202	\$ (178.09)	1
FELODIPINE 5MG ER TABLETS	\$ (1.01)	1
68462023401	\$ (1.01)	1
FENOFIBRATE 134MG CAPSULES	\$ (10.04)	3
27241011904	\$ (10.04)	3
FENOFIBRATE 160MG TABLETS	\$ (14.48)	4
27241011703	\$ (3.58)	1
27241011705	\$ (10.90)	3
FENOFIBRATE 48MG TABLETS	\$ (7.53)	2
65862076890	\$ (2.85)	1
68180038809	\$ (4.68)	1
FENOFIBRATE 54MG TABLETS	\$ (2.20)	1
27241011603	\$ (2.20)	1
FEXOFENADINE 180MG TABLETS (OTC)	\$ (6.17)	1
69230030001	\$ (6.17)	1
FINASTERIDE 1MG TABLETS	\$ (3.67)	2
65862092790	\$ (3.67)	2
FINASTERIDE 5MG TABLETS	\$ (14.92)	5

WellOne Primary Medical and Dental Care  
 Tab G Supplemental Detail (Walgreens Contract)

Prescription Drug Name/NDIC Number	Drug Cost	Claim Count
65862014905	\$ (11.83)	4
65862014930	\$ (3.09)	1
FLECAINIDE 50MG TABLETS	\$ (29.25)	1
62559038001	\$ (29.25)	1
FLUCONAZOLE 150MG TABLETS	\$ (7.28)	3
55111014512	\$ (7.28)	3
FLUCINOLONE ACET 0.025% CRM 15GM	\$ (24.13)	3
00713070915	\$ (24.13)	3
FLUCINONIDE 0.05% CREAM 30GM	\$ (2.48)	1
51672138602	\$ (2.48)	1
FLUOXETINE 10MG CAPSULES	\$ (6.54)	5
50111064701	\$ (2.63)	2
50111064703	\$ (3.91)	3
FLUOXETINE 10MG TABLETS	\$ (14.39)	3
59651030801	\$ (14.39)	3
FLUOXETINE 20MG CAPSULES	\$ (9.76)	7
50111064803	\$ (9.76)	7
FLUOXETINE 20MG TABLETS	\$ (9.45)	4
59651030901	\$ (9.45)	4
FLUOXETINE 40MG CAPSULES	\$ (6.22)	5
00093719805	\$ (6.22)	5
FLUOXETINE 60MG TABLETS	\$ (18.30)	3
59651032430	\$ (5.79)	2
75834014830	\$ (12.51)	1
FLUTIC/SALMET 232-14MCG 60 PUFFS	\$ (1,215.50)	19
00093360982	\$ (1,215.50)	19
FLUTIC/SALMETEROL 113/14MCG INH(60)	\$ (48.62)	1
00093360882	\$ (48.62)	1
FLUTIC/VILAN 100-25MCG ORAL INH(30)	\$ (1,245.76)	8
66993013597	\$ (1,245.76)	8
FLUTICASONONE 0.005% OINTMENT 30GM	\$ (5.43)	1
00713063231	\$ (5.43)	1
FLUTICASONONE 50MCG NASAL SP (120) RX	\$ (99.55)	16
00054327099	\$ (99.55)	16
FLUTICASONONE HFA 110MCG ORAL INH	\$ (1,250.08)	9
66993007996	\$ (1,250.08)	9
FLUTICASONONE HFA 44MCG INH 120INH	\$ (577.84)	8
66993007896	\$ (577.84)	8
FLUTICASONONE/SALM DISK 100/50MCG 60S	\$ (282.60)	10
00054032656	\$ (282.60)	10
FLUTICASONONE/SALM DISK 500/50MCG 60S	\$ (171.87)	3
00054032856	\$ (171.87)	3
FOSINOPRIL 20MG TABLETS	\$ (5.25)	1
43547038709	\$ (5.25)	1
FUROSEMIDE 80MG TABLETS	\$ (10.87)	5

WellOne Primary Medical and Dental Care  
 Tab G Supplemental Detail (Walgreens Contract)

Prescription Drug Name/NDIC Number	Drug Cost	Claim Count
64980056401	\$ (10.87)	5
GABAPENTIN 100MG CAPSULES	\$ (14.28)	8
31722014805	\$ (14.28)	8
GABAPENTIN 400MG CAPSULES	\$ (10.74)	2
31722015005	\$ (8.59)	1
45963055750	\$ (2.15)	1
GABAPENTIN 800MG TABLETS	\$ 19.88	1
68462012705	\$ 19.88	1
GLIPIZIDE ER 10MG TABLETS	\$ (62.21)	5
64980028110	\$ (62.21)	5
GLIPIZIDE ER 5MG TABLETS	\$ (17.43)	3
64980028005	\$ (3.39)	1
64980028010	\$ (14.03)	2
GLYXAMBI 25MG/5MG TABLETS	\$ (388.11)	1
00597016430	\$ (388.11)	1
GUAIFENESIN 600MG ER TABLETS	\$ (19.37)	1
70010019905	\$ (19.37)	1
GVOKE HYPOPEN 1MG/0.2ML 2 AUTO INJ	\$ (413.61)	1
72065012112	\$ (413.61)	1
HUMALOG 100 U/ML KWIK PEN INJ 3ML	\$ (11.64)	2
00002879959	\$ (11.64)	2
HUMALOG INSULIN (VL-7510) 10ML	\$ (10.99)	3
00002751001	\$ (10.99)	3
HYDRALAZINE 25MG TABLETS(ORANGE)	\$ (16.85)	4
31722052010	\$ (16.85)	4
HYDROCHLOROTHIAZIDE 12.5MG TABLETS	\$ (11.71)	5
00228282011	\$ (11.71)	5
HYDROCHLOROTHIAZIDE 25MG TABLETS	\$ (0.64)	1
29300012810	\$ (0.64)	1
HYDROCORT/ACETIC ACID OTIC SOL(EAR)	\$ (24.62)	1
51672300701	\$ (24.62)	1
HYDROCORTISONE 2.5% RECTAL CREAM	\$ (18.55)	4
62559043130	\$ (18.55)	4
HYDROXYCHLOROQUINE 200MG TABLETS	\$ (43.26)	3
68382009605	\$ (33.41)	2
83980000101	\$ (9.85)	1
HYDROXYZINE HCL 10MG TABLETS	\$ (2.66)	3
00093506001	\$ (2.66)	3
HYDROXYZINE HCL 25MG TABS	\$ (6.25)	5
00093506110	\$ (6.25)	5
HYDROXYZINE HCL 25MG TABS (WHITE)	\$ (22.02)	16
00093506105	\$ (4.90)	4
16571011410	\$ (6.56)	7
16571011450	\$ (10.56)	5
HYDROXYZINE HCL 50MG TABS (WHITE)	\$ (35.80)	11

WellOne Primary Medical and Dental Care  
 Tab G Supplemental Detail (Walgreens Contract)

Prescription Drug Name/NDIC Number	Drug Cost	Claim Count
16571011501	\$ (13.35)	5
16571011550	\$ (22.45)	6
IBUPROFEN 600MG TABLETS	\$ (10.16)	7
64380080807	\$ (10.16)	7
INCRUSE ELLIPTA 62.5MCG ORAL INH 30	\$ (446.50)	5
00173087310	\$ (446.50)	5
INSULIN ASPART FLEXPEN INJ, 3ML	\$ (418.38)	6
73070010315	\$ (418.38)	6
INSULIN GLARG-YFGN 100U/ML PEN INJ	\$ (271.37)	6
83257001532	\$ (271.37)	6
INSULIN LISPRO 100U/ML KWIKPEN 3ML	\$ (3.02)	2
00002822259	\$ (3.02)	2
IPRATROPIUM 0.06% NAS SP 15ML (165)	\$ (26.44)	2
00054004641	\$ (26.44)	2
IRBESARTAN 150MG TABLETS	\$ (13.90)	4
33342004810	\$ (2.51)	1
43547037509	\$ (11.39)	3
JANUVIA 100MG TABLETS	\$ (2,874.96)	10
00006027731	\$ (2,874.96)	10
JANUVIA 25MG TABLETS	\$ (10.80)	1
00006022131	\$ (10.80)	1
JANUVIA 50MG TABLETS	\$ (1,372.80)	4
00006011231	\$ (1,372.80)	4
JARDIANCE 10MG TABLETS	\$ (7.75)	13
00597015230	\$ (7.75)	13
JARDIANCE 25MG TABLETS	\$ (6.20)	10
00597015330	\$ (6.20)	10
KETOCONAZOLE 2% CREAM 60GM	\$ (14.06)	5
00168009960	\$ (14.06)	5
KETOCONAZOLE 2% SHAMPOO 120ML	\$ (10.56)	1
45802046564	\$ (10.56)	1
KETOROLAC 0.5% OPHTH SOLN 5ML	\$ (8.24)	2
42571013725	\$ (8.24)	2
KRISTALOSE 20GM PACKETS	\$ (397.98)	1
66220072930	\$ (397.98)	1
LABETALOL 100MG TABLETS	\$ (3.22)	1
70377006012	\$ (3.22)	1
LABETALOL 200MG TABLETS	\$ (26.34)	3
23155072401	\$ (14.71)	1
70377006112	\$ (11.64)	2
LABETALOL 300MG TABLETS	\$ (30.17)	2
23155072501	\$ (30.17)	2
LACOSAMIDE 200MG TABLETS	\$ (55.11)	5
68462068160	\$ (55.11)	5
LAMICTAL 100MG TABLETS	\$ (6.72)	1

WellOne Primary Medical and Dental Care  
 Tab G Supplemental Detail (Walgreens Contract)

Prescription Drug Name/NDIC Number	Drug Cost	Claim Count
00173064255	\$ (6.72)	1
LAMOTRIGINE 150MG TABLETS	\$ (0.94)	1
65862022960	\$ (0.94)	1
LAMOTRIGINE 200MG TABLETS	\$ (37.20)	12
51672413304	\$ (0.61)	1
65862023060	\$ (23.31)	9
65862023099	\$ (13.29)	2
LAMOTRIGINE 25MG TABLETS	\$ (0.62)	1
65862022701	\$ (0.62)	1
LEVABUTEROL HFA INH (200PF) 15GM	\$ (89.80)	3
00591292754	\$ (89.80)	3
LEVETIRACETAM ER 750MG TABLETS	\$ (8.07)	1
43547034606	\$ (8.07)	1
LEVOCETIRIZINE 5MG TABLETS	\$ (0.84)	1
42571012290	\$ (0.84)	1
LEVOFLOXACIN 750MG TABLETS	\$ (3.25)	4
31722072320	\$ (3.25)	4
LEVOTHYROXINE 0.025MG (25MCG) TAB	\$ (5.01)	3
69238183007	\$ (5.01)	3
LEVOTHYROXINE 0.05MG (50MCG) TAB	\$ (4.69)	4
69238183107	\$ (4.69)	4
LEVOTHYROXINE 0.075MG (75MCG) TABS	\$ (17.19)	11
69238183207	\$ (17.19)	11
LEVOTHYROXINE 0.088MG (88MCG) TAB	\$ (5.49)	3
69238183301	\$ (2.04)	1
69238183307	\$ (3.45)	2
LEVOTHYROXINE 0.100MG (100MCG) TAB	\$ (9.41)	5
69238183407	\$ (9.41)	5
LEVOTHYROXINE 0.112MG (112MCG) TABS	\$ (3.17)	2
69238183501	\$ (2.23)	1
69238183507	\$ (0.94)	1
LEVOTHYROXINE 0.125MG (125MCG) TAB	\$ (3.78)	2
69238183607	\$ (3.78)	2
LEVOTHYROXINE 0.137MG (137MCG) TAB	\$ (6.88)	3
69238183707	\$ (6.88)	3
LEVOTHYROXINE 0.150MG (150MCG) TAB	\$ (4.35)	2
69238183807	\$ (4.35)	2
LEVOTHYROXINE 0.175MG (175MCG) TABS	\$ (6.70)	3
69238183907	\$ (6.70)	3
LEVOXYL 0.100MG (100MCG) TABLETS	\$ (3.74)	4
60793085401	\$ (3.74)	4
LINZESS 145MCG CAPSULES	\$ (3.72)	12
00456120130	\$ (3.72)	12
LINZESS 290MCG CAPSULES	\$ (1.86)	2
00456120230	\$ (1.86)	2

WellOne Primary Medical and Dental Care  
 Tab G Supplemental Detail (Walgreens Contract)

Prescription Drug Name/NDIC Number	Drug Cost	Claim Count
LIOTHYRONINE 5MCG TABLETS	\$ (182.87)	7
42794001812	\$ (29.90)	2
75907003901	\$ (152.97)	5
LISINOPRIL 10MG TABLETS	\$ (14.95)	16
43547035311	\$ (14.04)	15
68180098003	\$ (0.91)	1
LISINOPRIL 2.5MG TABLETS	\$ (0.92)	1
68180051202	\$ (0.92)	1
LISINOPRIL 20MG TABLETS	\$ (5.29)	6
43547035411	\$ (3.42)	4
68180098103	\$ (1.87)	2
LISINOPRIL 30MG TABLETS	\$ (19.42)	11
43547035510	\$ (1.67)	1
43547035550	\$ (10.42)	6
68180098202	\$ (7.33)	4
LISINOPRIL 40MG TABLETS	\$ (10.30)	7
43547035611	\$ (9.04)	6
68180097903	\$ (1.27)	1
LISINOPRIL 5MG TABLETS	\$ (7.01)	9
43547035211	\$ (6.10)	8
68180051303	\$ (0.91)	1
LISINOPRIL-HCTZ 10/12.5MG TABLETS	\$ (13.17)	13
68180051802	\$ (13.17)	13
LISINOPRIL-HCTZ 20/12.5MG TABLETS	\$ (17.02)	10
68180051902	\$ (17.02)	10
LOSARTAN 100MG TABLETS	\$ (6.30)	3
31722070210	\$ (0.65)	1
68180037809	\$ (5.65)	2
LOSARTAN 25MG TABLETS	\$ (1.87)	2
65862020199	\$ (1.87)	2
LOSARTAN/HCTZ 100/12.5MG TABLETS	\$ (11.14)	6
68180021609	\$ (11.14)	6
LOSARTAN/HCTZ 100/25MG TABLETS	\$ (3.71)	1
65862047099	\$ (3.71)	1
LOSARTAN/HCTZ 50/12.5MG TABLETS	\$ (1.62)	3
65862046899	\$ (0.71)	1
68180021509	\$ (0.91)	2
LUMIGAN 0.01% OPHTH SOLN 2.5ML	\$ (0.03)	1
00023320503	\$ (0.03)	1
LUMIGAN 0.01% OPHTH SOLN 7.5ML	\$ (0.08)	1
00023320508	\$ (0.08)	1
LURASIDONE 20MG TABLETS	\$ (7.70)	2
72205020730	\$ (7.70)	2
MECLIZINE 12.5MG (RX) TABLETS	\$ (1.11)	1
59651080701	\$ (1.11)	1

WellOne Primary Medical and Dental Care  
 Tab G Supplemental Detail (Walgreens Contract)

Prescription Drug Name/NDIC Number	Drug Cost	Claim Count
MELEYA 0.35MG TABLETS 28S	\$ (3.07)	1
70700031785	\$ (3.07)	1
MELOXICAM 15MG TABLETS	\$ (4.06)	13
29300012510	\$ (4.06)	13
MELOXICAM 7.5MG TABLETS	\$ (0.91)	1
29300012410	\$ (0.91)	1
MEMANTINE 10MG TABLETS	\$ (9.33)	1
31722080860	\$ (9.33)	1
METAXALONE 800MG TABLETS	\$ (10.57)	2
00527143501	\$ (10.57)	2
METFORMIN 1000MG TABLETS	\$ (20.19)	18
00378718705	\$ (1.25)	2
70010006505	\$ (0.65)	1
70010006599	\$ (18.29)	15
METFORMIN 500MG TABLETS	\$ (3.12)	3
00378718505	\$ (3.12)	3
METFORMIN 850MG TABLETS	\$ (1.87)	3
70010006405	\$ (1.87)	3
METHYLPREDNISOLONE 4MG TABLETS	\$ (2.51)	2
59746000106	\$ (1.04)	1
68382091601	\$ (1.47)	1
METOPROLOL ER SUCCINATE 100MG TABS	\$ (21.27)	5
45963067711	\$ (4.74)	1
45963067796	\$ (9.49)	2
55111046805	\$ (7.03)	2
METOPROLOL ER SUCCINATE 25MG TABS	\$ (28.91)	14
55111046601	\$ (12.33)	6
55111046605	\$ (16.58)	8
METOPROLOL ER SUCCINATE 50MG TABS	\$ (37.83)	8
45963067611	\$ (1.44)	1
55111046705	\$ (36.39)	7
METOPROLOL TARTRATE 25MG TABLETS	\$ (2.81)	1
00378001805	\$ (2.81)	1
METOPROLOL TARTRATE 50MG TABLETS	\$ (5.62)	3
00378003210	\$ (5.62)	3
METOPROLOL TARTRATE 75MG TABLETS	\$ (34.36)	2
52817035910	\$ (34.36)	2
METRONIDAZOLE 0.75% TOPICAL CRM 45G	\$ (11.87)	1
00168032346	\$ (11.87)	1
METRONIDAZOLE 0.75% VAGINAL GEL 70G	\$ (50.17)	7
00713057571	\$ (35.15)	4
68462018449	\$ (15.02)	3
MILI TABLETS 28S	\$ (3.72)	2
65862077685	\$ (3.72)	2
MINOXIDIL 2.5MG TABLETS	\$ (70.34)	9

WellOne Primary Medical and Dental Care  
 Tab G Supplemental Detail (Walgreens Contract)

Prescription Drug Name/NDIC Number	Drug Cost	Claim Count
49884025601	\$ (70.34)	9
MIRTAZAPINE 15MG TABLETS	\$ (15.71)	6
13107003105	\$ (15.71)	6
MIRTAZAPINE 30MG TABLETS	\$ (7.77)	2
13107000305	\$ (7.77)	2
MODAFINIL 100MG TABLETS	\$ (7.70)	2
60505252603	\$ (5.65)	1
69452034213	\$ (2.05)	1
MOMETASONE 50MCG NASAL SPRAY (120)	\$ (21.30)	1
60505083001	\$ (21.30)	1
MONTELUKAST 10MG TABLETS	\$ (42.61)	21
29300022019	\$ (33.22)	16
31722072610	\$ (9.39)	5
MOUNJARO 10MG/0.5ML INJ (4 PENS)	\$ (4,170.75)	5
00002147180	\$ (4,170.75)	5
MOUNJARO 15MG/0.5ML INJ ( 4 PENS)	\$ (4,170.75)	5
00002145780	\$ (4,170.75)	5
MOUNJARO 2.5MG/0.5ML INJ ( 4 PENS)	\$ (2,502.48)	3
00002150680	\$ (2,502.48)	3
MOUNJARO 5MG/0.5ML INJ (4 PENS)	\$ (4,170.75)	5
00002149580	\$ (4,170.75)	5
MOUNJARO 7.5MG/0.5ML INJ (4 PENS)	\$ (6,673.20)	7
00002148480	\$ (6,673.20)	7
MUPIROCIN 2% OINTMENT 15GM	\$ (4.44)	1
45802011214	\$ (4.44)	1
MYRBETRIQ 25MG ER TABLETS	\$ (487.71)	5
00469260130	\$ (487.71)	5
NADOLOL 20MG TABLETS	\$ (14.73)	1
69238112309	\$ (14.73)	1
NALOXONE 4MG/0.1ML NAS SPR 2PK OTC	\$ (76.34)	5
45802057884	\$ (76.34)	5
NALTREXONE 50MG TABLETS	\$ (135.97)	7
00406117001	\$ (61.63)	3
00406117003	\$ (57.30)	3
47335032688	\$ (17.04)	1
NAPROXEN 500MG TABLETS	\$ (4.92)	3
68462019005	\$ (4.92)	3
NEO/POLY/HC 1% OTIC SUSP GREEN(EAR)	\$ (14.51)	1
61314064511	\$ (14.51)	1
NICOTINE 14MG/24H PATCH 14S	\$ (19.42)	1
43598044774	\$ (19.42)	1
NICOTINE 21MG/24H PATCH 14S	\$ (97.00)	5
43598044874	\$ (97.00)	5
NICOTINE POLACR 4MG ORIG GUM 50'S	\$ (6.47)	1
00536303006	\$ (6.47)	1

WellOne Primary Medical and Dental Care  
 Tab G Supplemental Detail (Walgreens Contract)

Prescription Drug Name/NDIC Number	Drug Cost	Claim Count
NICOTINE TD 21MG/24H PATCH 7S	\$ (19.40)	1
43598044870	\$ (19.40)	1
NICOTINE TD 7MG/24H PATCH 14S	\$ (19.66)	1
43598044674	\$ (19.66)	1
NIFEDIPINE 30MG ER (CC) TABLETS	\$ (37.58)	5
50742062001	\$ (31.48)	4
59651029501	\$ (6.10)	1
NIFEDIPINE 60MG ER (XL/OS) TABLETS	\$ (15.39)	3
50742026101	\$ (15.39)	3
NITROFURANTOIN MACRO 100MG CAPSULE	\$ (1.31)	1
00115164501	\$ (1.31)	1
NITROFURANTOIN MONO/MAC 100MG CAP	\$ (13.46)	2
65862092901	\$ (13.46)	2
NORETHINDRONE 0.35MG TABLETS 28S	\$ (7.08)	3
00378727253	\$ (7.08)	3
NORETHINDRONE ACET/ETH 1/20 TB 21'S	\$ (6.28)	1
68462013281	\$ (6.28)	1
NOVOLIN INSULIN 70/30 HUMAN	\$ (166.98)	10
00169183711	\$ (166.98)	10
NOVOLIN INSULIN NPH U-100 HUMAN	\$ (12.96)	1
00169183411	\$ (12.96)	1
NOVOLOG FLEXPEN INJ 3ML (ORANGE)	\$ (418.38)	2
00169633910	\$ (418.38)	2
NOVOLOG MIX 70/30 FLXPEN 3ML (BLUE)	\$ (1,450.39)	11
00169369619	\$ (1,450.39)	11
NURTEC 75MG ODT TABLETS	\$ (2,305.81)	8
72618300002	\$ (2,305.81)	8
NYSTATIN CREAM 30GM	\$ (6.90)	1
00713067831	\$ (6.90)	1
NYSTATIN/TRIAMCINOLONE CREAM 60GM	\$ (5.66)	1
62332060660	\$ (5.66)	1
OCREVUS 300 MG/10ML SDV	\$ (26,441.52)	1
50242015001	\$ (26,441.52)	1
OFLOXACIN 0.3% OTIC SOLN 5ML (EAR)	\$ (6.66)	2
69238161503	\$ (6.66)	2
OLMESARTAN MEDOX/HCTZ 40-12.5MG TAB	\$ (9.04)	2
43547039203	\$ (9.04)	2
OLMESARTAN MEDOXOMIL 20MG TABLETS	\$ (20.69)	10
33342017910	\$ (7.64)	5
68462043730	\$ (5.85)	2
68462043790	\$ (7.20)	3
OLMESARTAN MEDOXOMIL 40MG TABLETS	\$ (29.65)	12
33342018010	\$ (16.45)	6
68462043830	\$ (8.95)	3
68462043890	\$ (4.25)	3

WellOne Primary Medical and Dental Care  
 Tab G Supplemental Detail (Walgreens Contract)

Prescription Drug Name/NDIC Number	Drug Cost	Claim Count
OLMESARTAN MEDOXOMIL 5MG TABLETS	\$ (1.77)	1
33342017807	\$ (1.77)	1
OMEPRAZOLE 20MG CAPSULES	\$ (7.50)	7
55111064410	\$ (5.85)	6
57237016130	\$ (1.65)	1
ONDANSETRON 4MG TABLETS	\$ (6.33)	5
65862018730	\$ (5.84)	4
68462010530	\$ (0.50)	1
ONDANSETRON 8MG TABLETS	\$ (3.69)	4
65862018830	\$ (0.59)	1
68462010630	\$ (3.10)	3
ONDANSETRON ODT 8MG TABLETS	\$ (6.26)	4
57237007830	\$ (1.67)	1
68462015813	\$ (4.60)	3
OPZELURA 1.5% CREAM 60GM	\$ (2,587.93)	2
50881000705	\$ (2,587.93)	2
OSELTAMIVIR 75MG CAPSULES	\$ (10.39)	10
31722063231	\$ (3.60)	4
60219126601	\$ (0.19)	1
64380079901	\$ (0.20)	2
72205004411	\$ (6.40)	3
OXYBUTYNIN 5MG TABLETS	\$ (2.63)	1
70954000530	\$ (2.63)	1
OXYBUTYNIN ER 10MG TABLETS	\$ (3.95)	1
27241015608	\$ (3.95)	1
OXYBUTYNIN ER 5MG TABLETS	\$ (15.58)	4
27241015504	\$ (4.09)	1
27241015508	\$ (11.49)	3
OZEMPIC 0.25 OR 0.5MG DOS(2MG/3ML)	\$ (32,439.49)	90
00169418113	\$ (32,439.49)	90
OZEMPIC 1MG PER DOSE (4MG/3ML) PFP	\$ (15,903.98)	40
00169413013	\$ (15,903.98)	40
OZEMPIC 2MG PER DOSE (8MG/3ML) PFP	\$ (2,944.22)	10
00169477212	\$ (2,944.22)	10
PANTOPRAZOLE 20MG TABLETS	\$ (2.74)	2
00378668877	\$ (1.73)	1
65862055990	\$ (1.01)	1
PANTOPRAZOLE 40MG TABLETS	\$ (23.55)	25
00378668910	\$ (3.22)	2
65862056090	\$ (2.64)	3
65862056099	\$ (17.69)	20
PAROXETINE 20MG TABLETS	\$ (15.15)	5
68382009810	\$ (15.15)	5
PAROXETINE 40MG TABLETS	\$ (49.99)	11
68382000105	\$ (49.99)	11

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 Tab G Supplemental Detail (Walgreens Contract)

Prescription Drug Name/NDIC Number	Drug Cost	Claim Count
PAXLOVID NEW 300/100MG T STANDARD	\$ (2,247.44)	2
00069532130	\$ (2,247.44)	2
PAXLOVID STANDARD DOSE 300/100MG T	\$ (6,772.54)	6
00069504530	\$ (3,393.42)	3
00069532130	\$ (3,379.12)	3
PERMETHRIN 5% CREAM 60GM	\$ (11.92)	1
21922002107	\$ (11.92)	1
PERPHENAZINE 2MG TABLETS	\$ (5.45)	4
68382059101	\$ (5.45)	4
PHENOBARBITAL 64.8MG TABLETS	\$ (52.02)	4
00603516721	\$ (52.02)	4
PIOGLITAZONE 45MG TABLETS	\$ (15.39)	3
57237022105	\$ (15.39)	3
POTASSIUM CHLOR 10% LIQ(20MEQ/15ML)	\$ (78.71)	6
00603154258	\$ (7.18)	1
69238145902	\$ (71.53)	5
POTASSIUM CL 10MEQ ER CAPSULES	\$ (13.31)	4
53746054201	\$ (7.48)	1
63304009001	\$ (4.47)	2
70010014801	\$ (1.36)	1
POTASSIUM CL 10MEQ ER TABLETS	\$ (8.08)	2
65862098799	\$ (8.08)	2
PRALUENT 75MG/ML PF PEN INJ 2X1ML	\$ (2,009.05)	8
61755002002	\$ (2,009.05)	8
PRAVASTATIN 40MG TABLETS	\$ (35.49)	4
00093720210	\$ (7.16)	2
00093720298	\$ (3.86)	1
84386003399	\$ (24.47)	1
PREDNISOLONE 15MG/5ML SOLUTION	\$ (16.91)	1
00121088508	\$ (16.91)	1
PREDNISOLONE AC 1% OPHTH SUSP 10ML	\$ (49.36)	2
61314063710	\$ (49.36)	2
PREDNISOLONE AC 1% OPHTH SUSP 5ML	\$ (49.32)	3
61314063705	\$ (49.32)	3
PREGABALIN 100MG CAPSULES	\$ (23.32)	9
69238131309	\$ (16.52)	5
72205001490	\$ (6.80)	4
PREGABALIN 150MG CAPSULES	\$ (13.31)	5
69238131409	\$ (11.17)	4
72205001590	\$ (2.14)	1
PREGABALIN 50MG CAPSULES	\$ (6.11)	3
69238131109	\$ (6.11)	3
PREGABALIN 75MG CAPSULES	\$ (2.13)	2
69238131209	\$ (1.19)	1
72205001390	\$ (0.94)	1

WellOne Primary Medical and Dental Care  
 Tab G Supplemental Detail (Walgreens Contract)

Prescription Drug Name/NDIC Number	Drug Cost	Claim Count
PREMARIN VAGINAL CREAM 30GM	\$ (0.93)	3
00046087221	\$ (0.93)	3
PROGESTERONE MICRO 100MG CAPSULES	\$ (14.44)	3
70700016201	\$ (14.44)	3
PROLIA 60MG/ML PF SYR INJ, 1ML	\$ (1,692.31)	2
55513071001	\$ (847.88)	1
55513071021	\$ (844.43)	1
PROPRANOLOL 40MG TABLETS	\$ (0.94)	1
83980000701	\$ (0.94)	1
PROPRANOLOL 80MG TABLETS	\$ (8.69)	4
69238208101	\$ (8.06)	3
83980000901	\$ (0.62)	1
PULMICORT 180MCG FLEXHALR(120PUFFS)	\$ (0.02)	2
61269051812	\$ (0.02)	2
PULMICORT 90MCG FLEXHALER(60 PUFFS)	\$ (0.01)	1
61269050906	\$ (0.01)	1
QUETIAPINE 200MG TABLETS	\$ (18.49)	6
68180044802	\$ (18.49)	6
QUETIAPINE 50MG TABLETS	\$ (9.50)	5
67877024910	\$ (1.29)	1
68180044601	\$ (2.27)	1
68180044603	\$ (5.95)	3
QVAR REDIHALER 40MCG ORALINH (120)	\$ (458.64)	7
59310030240	\$ (458.64)	7
QVAR REDIHALER 80MCG ORALINH (120)	\$ (786.18)	9
59310030480	\$ (786.18)	9
RABEPRAZOLE DR 20MG TABLETS	\$ (15.12)	2
65862072130	\$ (15.12)	2
RALOXIFENE 60MG TABLETS	\$ (29.65)	4
65862070901	\$ (29.65)	4
RESTASIS 0.05% OPHTH SINGLE USE 60	\$ (0.75)	1
00023916360	\$ (0.75)	1
RISEDRONATE SOD 150MG TABLETS	\$ (34.17)	3
60505309702	\$ (34.17)	3
RISEDRONATE SOD 35MG IMM REL TB PK	\$ (10.64)	2
33342010950	\$ (10.64)	2
RISPERIDONE 0.5MG TABLETS	\$ (2.21)	1
27241000350	\$ (2.21)	1
RIZATRIPTAN 10MG TABLETS	\$ (1.61)	1
65862060012	\$ (1.61)	1
RIZATRIPTAN ODT 10MG TABLETS	\$ (2.60)	1
65862062690	\$ (2.60)	1
ROFLUMILAST 500MCG TABLETS	\$ (1.23)	1
68382096906	\$ (1.23)	1
ROPINIROLE 0.5MG TABLETS	\$ (3.91)	3

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 Tab G Supplemental Detail (Walgreens Contract)

Prescription Drug Name/NDIC Number	Drug Cost	Claim Count
68462025401	\$ (3.91)	3
ROPINIROLE 2MG TABLETS	\$ (4.62)	3
68462025601	\$ (4.62)	3
ROPINIROLE 3MG TABLETS	\$ (11.12)	4
68462025701	\$ (11.12)	4
ROSUVASTATIN 10MG TABLETS	\$ (3.65)	4
68462026210	\$ (3.34)	3
68462026290	\$ (0.31)	1
ROSUVASTATIN 20MG TABLETS	\$ (9.60)	7
27808015703	\$ (0.53)	1
68462026310	\$ (9.07)	6
ROSUVASTATIN 40MG TABLETS	\$ (5.63)	2
68462026405	\$ (1.49)	1
68462026430	\$ (4.14)	1
ROSUVASTATIN 5MG TABLETS	\$ (15.45)	22
27808015503	\$ (4.06)	5
68462026110	\$ (8.12)	13
68462026190	\$ (3.28)	4
RYBELSUS 3MG TABLETS	\$ (299.46)	1
00169430330	\$ (299.46)	1
RYBELSUS 7MG TABLETS	\$ (932.82)	1
00169430730	\$ (932.82)	1
SACUBITRIL/VALSARTAN 24-26MG TABS	\$ (1,839.29)	3
31722067360	\$ (238.13)	1
33342057009	\$ (981.00)	1
70748019507	\$ (620.16)	1
SACUBITRIL/VALSARTAN 97-103MG TABS	\$ (74.88)	1
33342057209	\$ (74.88)	1
SCOPOLAMINE TRANSDERMAL PATCHES	\$ (16.89)	2
50742050504	\$ (7.01)	1
50742050510	\$ (9.88)	1
SEMGLEE (YFGN) 100U/ML VL 10ML	\$ (16.23)	1
83257001111	\$ (16.23)	1
SEMGLEE (YFGN)100U/ML PF PEN 3ML	\$ (181.34)	6
83257001233	\$ (181.34)	6
SERTRALINE 100MG TABLETS	\$ (49.76)	12
23155075905	\$ (2.08)	1
31722014705	\$ (35.48)	7
65862001305	\$ (1.72)	1
68180035302	\$ (10.49)	3
SERTRALINE 25MG TABLETS	\$ (5.64)	6
31722014505	\$ (2.81)	3
65862001105	\$ (1.42)	1
68180035103	\$ (1.05)	1
68180097803	\$ (0.35)	1

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Prescription Drug Name/NDIC Number	Drug Cost	Claim Count
SERTRALINE 50MG TABLETS	\$ (17.79)	17
31722014605	\$ (12.46)	10
65862001205	\$ (2.16)	3
68180035202	\$ (2.50)	3
68180098603	\$ (0.67)	1
SILDENAFIL 100MG TABLETS	\$ (2.08)	3
31722071130	\$ (2.08)	3
SIMBRINZA 1-0.2% SUSPENSION 8ML	\$ (5.00)	5
00065414727	\$ (5.00)	5
SIMVASTATIN 10MG TABLETS	\$ (0.94)	1
68180047803	\$ (0.94)	1
SIMVASTATIN 20MG TABLETS	\$ (5.34)	7
68180047903	\$ (5.34)	7
SIMVASTATIN 80MG TABLETS	\$ (9.18)	3
68180046503	\$ (9.18)	3
SODIUM/POTASSIUM/MAGNESIUM ORAL SC	\$ (111.19)	4
64380011601	\$ (111.19)	4
SOLIFENACIN 10MG TABLETS	\$ (2.10)	1
50228042830	\$ (2.10)	1
SOTALOL 120MG TABLETS	\$ (1.87)	1
60505015900	\$ (1.87)	1
SOTALOL 80MG TABLETS	\$ (3.19)	1
60505008000	\$ (3.19)	1
SPIRIVA RESPIMAT 2.5MCG INH 4GM 60D	\$ (180.24)	3
00597010061	\$ (180.24)	3
SPIRONOLACTONE 100MG TABLETS	\$ (15.80)	3
59651042801	\$ (5.70)	1
69584085410	\$ (10.11)	2
STELARA 90MG/ML PFS	\$ (49,442.75)	5
57894006103	\$ (49,442.75)	5
STIOLTO RESPIMAT 2.5/2.5MCG INH 4GM	\$ (804.24)	8
00597015561	\$ (804.24)	8
SUCRALFATE 1GM TABLETS	\$ (112.07)	10
59762040101	\$ (112.07)	10
SUFLAVE ORAL POWDER RECON SOLUTION	\$ (330.64)	6
52268055001	\$ (330.64)	6
SUMATRIPTAN 100MG TABLETS	\$ (31.27)	12
55111029398	\$ (31.27)	12
SUMATRIPTAN 20MG NASAL SPRAY(6 SPR)	\$ (199.08)	7
66993008269	\$ (199.08)	7
SUMATRIPTAN 25MG TABLETS	\$ (1.90)	1
65862014636	\$ (1.90)	1
SUMATRIPTAN 50MG TABLETS	\$ (6.92)	5
65862014736	\$ (6.92)	5
SURE COMFORT INS SYR 0.5ML 31GX5/16	\$ (58.00)	1

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Prescription Drug Name/NDIC Number	Drug Cost	Claim Count
86227065055	\$ (58.00)	1
SYNTHROID 0.075MG (75MCG)TABLETS	\$ (160.72)	5
00074518290	\$ (160.72)	5
SYNTHROID 0.088MG (88MCG)TABLETS	\$ (653.51)	7
00074659490	\$ (653.51)	7
SYNTHROID 0.112MG (112MCG) TABLETS	\$ (301.55)	3
00074929690	\$ (301.55)	3
SYNTHROID 0.1MG (100MCG)TABLETS	\$ (100.22)	1
00074662490	\$ (100.22)	1
TACROLIMUS 0.1% OINTMENT 30GM	\$ (325.24)	25
45802070000	\$ (182.11)	13
68462053435	\$ (143.13)	12
TADALAFIL 10MG TABLETS	\$ (3.42)	4
13668056730	\$ (3.42)	4
TADALAFIL 2.5MG TABLETS	\$ (2.42)	1
13668056530	\$ (2.42)	1
TADALAFIL 20MG TABLETS	\$ (10.46)	8
13668056830	\$ (10.46)	8
TADALAFIL 5MG TABLETS	\$ (20.65)	15
13668056630	\$ (20.65)	15
TELMISARTAN/AMLODIPINE 80-10MG TABS	\$ (112.05)	1
00378107893	\$ (112.05)	1
TERBINAFINE 250MG TABLETS	\$ (14.75)	5
65862007930	\$ (14.75)	5
TESTOSTERONE 1% (12.5MG/1.25GM)PUMP	\$ (48.88)	1
00832112142	\$ (48.88)	1
TESTOSTERONE CYP 200MG/ML SDV 1ML	\$ (5.94)	1
00574082701	\$ (5.94)	1
THYROID (ARMOUR) 0.25GR (15MG) TABS	\$ (42.13)	7
00456104501	\$ (42.13)	7
THYROID (ARMOUR) 1.5GR (90MG) TABS	\$ (48.87)	4
00456046001	\$ (48.87)	4
THYROID NP 1GR (60MG) TABLETS	\$ (17.11)	2
42192033001	\$ (17.11)	2
TIADYLT ER 120MG CAPSULES (24 HR)	\$ (5.29)	1
68382074516	\$ (5.29)	1
TIADYLT ER 240MG CAPSULES (24 HR)	\$ (6.51)	1
68382074716	\$ (6.51)	1
TIADYLT ER 300MG CAPSULES (24 HR)	\$ (17.06)	2
68382074816	\$ (17.06)	2
TICAGRELOR 90MG TABLETS	\$ (74.10)	1
67877049160	\$ (74.10)	1
TIROSINT 112MCG CAPSULES	\$ (0.93)	1
71858003504	\$ (0.93)	1
TIZANIDINE 2MG TABLETS	\$ (10.21)	7

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Prescription Drug Name/NDIC Number	Drug Cost	Claim Count
29300016810	\$ (2.00)	1
29300016815	\$ (5.41)	3
55111017910	\$ (0.94)	1
55111017915	\$ (1.87)	2
TIZANIDINE 4MG TABLETS	\$ (11.08)	3
29300016915	\$ (11.08)	3
TOBRAMYCIN/DEXAMETHASONESUSP 2.5ML	\$ (4.23)	1
61314064725	\$ (4.23)	1
TOPIRAMATE 100MG TABLETS	\$ (8.33)	5
68462010910	\$ (8.33)	5
TOPIRAMATE 50MG TABLETS	\$ (3.90)	1
68462015310	\$ (3.90)	1
TORSEMIDE 10MG TABLETS	\$ (17.74)	6
50111091601	\$ (17.74)	6
TORSEMIDE 20MG TABLETS	\$ (6.20)	2
50111091701	\$ (6.20)	2
TRAMADOL 50MG TABLETS	\$ (10.08)	6
60219234801	\$ (10.08)	6
TRAZODONE 100MG TABLETS	\$ (5.48)	2
13107008001	\$ (5.48)	2
TRAZODONE 150MG (HUNDRED-FIFTY) TAB	\$ (27.21)	8
13107008101	\$ (9.78)	2
13668033205	\$ (17.43)	6
TRAZODONE 50MG TABLETS	\$ (14.67)	11
13107007905	\$ (6.59)	4
13668033005	\$ (8.08)	7
TRELEGY ELLIPTA 100-62.5MCG INH 30P	\$ (7,504.01)	28
00173088710	\$ (7,504.01)	28
TRELEGY ELLIPTA 200-62.5MCG INH 30P	\$ (2,680.10)	10
00173089310	\$ (2,680.10)	10
TRESIBA FLEXTOUCH PEN (U-100)INJ3ML	\$ (87.25)	3
00169266015	\$ (87.25)	3
TRETINOIN 0.025% GEL 45GM	\$ (48.76)	1
00378808645	\$ (48.76)	1
TRIAMCINOLONE 0.5% CREAM 15GM	\$ (23.04)	2
00168000215	\$ (23.04)	2
TRIAMTERENE 37.5MG/ HCTZ25MG TABS	\$ (10.55)	4
00591042405	\$ (10.55)	4
TRI-LO-MILI TABLETS	\$ (11.82)	3
65862077885	\$ (11.82)	3
TRINTELLIX 10MG TABLETS	\$ (270.52)	2
64764073030	\$ (270.52)	2
TRINTELLIX 10MG TB (WAS BRINTELLIX)	\$ (305.88)	2
64764073030	\$ (305.88)	2
TRINTELLIX 20MG TB (WAS BRINTELLIX)	\$ (76.48)	1

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 Tab G Supplemental Detail (Walgreens Contract)

Prescription Drug Name/NDIC Number	Drug Cost	Claim Count
64764075030	\$ (76.48)	1
TRI-SPRINTEC TABLETS 28S	\$ (10.79)	2
00555901858	\$ (10.79)	2
TRULICITY 0.75MG/0.5ML INJ (4 PENS)	\$ (1,817.76)	4
00002143380	\$ (1,817.76)	4
TRULICITY 1.5MG/0.5ML INJ (4 PENS)	\$ (908.86)	2
00002143480	\$ (908.86)	2
UBRELVY 100MG TABLETS	\$ (1,509.15)	2
00023650110	\$ (1,509.15)	2
UNITHROID 0.175MG (175MCG) TABLETS	\$ (0.94)	3
60846081001	\$ (0.94)	3
VALACYCLOVIR 1GM TABLETS	\$ (29.64)	6
00378427677	\$ (22.99)	5
65862044930	\$ (6.66)	1
VALACYCLOVIR 500MG TABLETS	\$ (16.24)	12
00378427577	\$ (16.24)	12
VALSARTAN 160MG TABLETS	\$ (7.97)	2
43547036909	\$ (7.97)	2
VALSARTAN 40MG TABLETS	\$ (1.92)	1
43547036703	\$ (1.92)	1
VALSARTAN/HCTZ 320MG/25MG TABLETS	\$ (13.55)	2
00378632577	\$ (13.55)	2
VARENICLINE 1MG TABLETS	\$ (36.07)	3
31722067956	\$ (33.41)	2
71921030956	\$ (2.66)	1
VARENICLINE STARTING MONTH PAK 53S	\$ (35.78)	5
27241018757	\$ (25.56)	2
68462089504	\$ (10.22)	3
VELTASSA 8.4GM POWDER	\$ (413.28)	1
53436008430	\$ (413.28)	1
VENLAFAXINE 100MG TABLETS	\$ (37.22)	4
68382010101	\$ (37.22)	4
VENLAFAXINE 25MG TABLETS	\$ (2.79)	1
68382001801	\$ (2.79)	1
VENLAFAXINE ER 150MG CAPSULES	\$ (21.58)	10
42806060309	\$ (4.75)	4
65862069790	\$ (16.83)	6
VENLAFAXINE ER 150MG TABLETS	\$ (13.19)	3
67877072830	\$ (13.19)	3
VENLAFAXINE ER 37.5MG CAPSULES	\$ (3.98)	7
42806060109	\$ (3.01)	6
65862052790	\$ (0.97)	1
VENLAFAXINE ER 37.5MG TABLETS	\$ (22.35)	1
13811071230	\$ (22.35)	1
VENLAFAXINE ER 75MG CAPSULES	\$ (8.14)	3

WellOne Primary Medical and Dental Care  
 Tab G Supplemental Detail (Walgreens Contract)

Prescription Drug Name/NDIC Number	Drug Cost	Claim Count
42806060209	\$ (6.75)	1
65862052890	\$ (1.39)	2
VENTOLIN HFA INH W/DOS CTR 200PUFFS	\$ (460.62)	27
00173068220	\$ (460.62)	27
VERAPAMIL ER 180MG TABLETS	\$ (14.27)	2
68462029301	\$ (14.27)	2
VERAPAMIL ER 240MG TABLETS	\$ (26.97)	3
68462026005	\$ (7.12)	1
75834015901	\$ (19.85)	2
VILAZODONE 20MG TABLETS	\$ (5.15)	7
69097098102	\$ (5.15)	7
VIVITROL 380 MG SDV	\$ (2,965.68)	4
65757030001	\$ (2,965.68)	4
VIVITROL 380MG SDV	\$ (4,470.36)	6
65757030001	\$ (4,470.36)	6
VRAYLAR 1.5MG CAPSULES	\$ (1,805.62)	2
61874011530	\$ (1,805.62)	2
VRAYLAR 3MG CAPSULES	\$ (1,805.66)	2
61874013030	\$ (1,805.66)	2
WARFARIN SOD 1MG TABLETS (PINK)	\$ (13.05)	2
51672402701	\$ (6.53)	1
51672402703	\$ (6.53)	1
WARFARIN SOD 5MG TABLETS (PEACH)	\$ (24.87)	5
51672403201	\$ (4.14)	1
51672403203	\$ (20.73)	4
WEGOVY 0.25MG/0.5ML INJ ( 4 PENS)	\$ (3,044.44)	5
00169452514	\$ (3,044.44)	5
WEGOVY 0.5MG/0.5ML INJ (4 PENS)	\$ (3,570.56)	6
00169450514	\$ (3,570.56)	6
WEGOVY 1.7MG/0.75ML INJ ( 4 PENS)	\$ (624.32)	1
00169451714	\$ (624.32)	1
WEGOVY 1MG/0.5ML INJ (4 PENS)	\$ (1,872.96)	3
00169450114	\$ (1,872.96)	3
WEGOVY 2.4MG/0.75ML INJ (4 PENS)	\$ (4,138.76)	7
00169452414	\$ (4,138.76)	7
XARELTO 15MG TABLETS	\$ (4.96)	12
50458057830	\$ (4.96)	12
XARELTO 20MG TABLETS	\$ (20.45)	41
50458057930	\$ (20.45)	41
XIIDRA 5% OPHTH SOL SINGLES 12 X 5S	\$ (44.54)	1
24208091112	\$ (44.54)	1
XOPENEX HFA ORAL INH (200 PFS) 15GM	\$ (26.51)	1
63402051001	\$ (26.51)	1
XYOSTED 75MG/0.5ML AUTO INJ 4X0.5ML	\$ (1,557.67)	5
54436027504	\$ (1,557.67)	5

WellOne Primary Medical and Dental Care  
 Tab G Supplemental Detail (Walgreens Contract)

Prescription Drug Name/NDIC Number	Drug Cost	Claim Count
ZEPBOUND 2.5MG/0.5ML INJ (4PF PENS)	\$ (869.36)	1
00002250680	\$ (869.36)	1
ZEPBOUND 5MG/0.5ML INJ (4 PF PENS)	\$ (869.35)	1
00002249580	\$ (869.35)	1
ZEPBOUND 7.5MG/0.5ML INJ(4PF PENS)	\$ (1,739.00)	2
00002248480	\$ (1,739.00)	2
ZIPRASIDONE HCL 40MG CAPSULES	\$ (6.09)	1
55111025760	\$ (6.09)	1
ZONISAMIDE 100MG CAPSULES	\$ (24.35)	2
69097086107	\$ (24.35)	2
Grand Total - Walgreens	\$ (273,031.25)	2,536
Grand Total - Wellpartner (see next tab)	\$ 3,379,841.85	15,194
Grand Total - all contracts	\$ 3,652,873.10	17,730

WellOne Primary Medical and Dental Care  
 Tab G Supplemental Detail (Wellpartner Contract)

Prescription Drug Name/NDIC Number	Drug Cost	Claim Count
24HR ALLERGY TAB 180MG	\$ 76.12	11
70000-0361-04	\$ 76.12	11
ABILIFY MAIN INJ 400MG	\$ 2,164.51	1
59148-0245-12	\$ 2,164.51	1
ACCU-CHEK KIT GUIDE ME	\$ 12.49	1
65702-0731-10	\$ 12.49	1
ACCU-CHEK TES AVIVA PL	\$ 491.88	3
65702-0408-10	\$ 491.88	3
ACCU-CHEK TES GUIDE	\$ 51.20	1
65702-0712-10	\$ 51.20	1
ACETAMIN TAB 650MG	\$ 4.48	1
49483-0699-01	\$ 4.48	1
ACYCLOVIR OIN 5%	\$ 4.57	1
72578-0082-01	\$ 4.57	1
ACYCLOVIR TAB 400MG	\$ 0.58	1
31722-0777-01	\$ 0.58	1
ADBRY INJ 150MG/ML	\$ 12,295.16	5
50222-0346-02	\$ 7,295.98	3
50222-0346-04	\$ 4,999.18	2
ADDERALL TAB 20MG	\$ 915.87	3
57844-0120-01	\$ 915.87	3
ADDERALL XR CAP 10MG	\$ 56.17	1
54092-0383-01	\$ 56.17	1
ADDERALL XR CAP 20MG	\$ 391.96	7
54092-0387-01	\$ 391.96	7
ADDERALL XR CAP 25MG	\$ 115.83	1
54092-0389-01	\$ 115.83	1
ADVAIR DISKU AER 250/50	\$ 109.65	1
00173-0696-00	\$ 109.65	1
ADVAIR HFA AER 115/21	\$ 88.24	2
00173-0716-20	\$ 88.24	2
ADVAIR HFA AER 230/21	\$ 724.62	12
00173-0717-20	\$ 724.62	12
ADVAIR HFA AER 45/21	\$ 36.25	1
00173-0715-20	\$ 36.25	1
AJOVY INJ 225/1.5	\$ 17,216.45	79
51759-0202-10	\$ 11,386.96	58
51759-0202-22	\$ 2,814.07	5
51759-0204-10	\$ 3,015.42	16
ALBUTEROL AER HFA	\$ 1,561.69	116
00054-0742-87	\$ 153.61	16
00093-3174-31	\$ 59.00	8
66993-0019-68	\$ 1,159.81	53
68180-0963-01	\$ 141.24	28
69097-0142-60	\$ 48.03	11

WellOne Primary Medical and Dental Care  
 Tab G Supplemental Detail (Wellpartner Contract)

Prescription Drug Name/NDIC Number	Drug Cost	Claim Count
ALBUTEROL NEB 0.083%	\$ 18.50	5
00378-8270-52	\$ 1.93	1
47335-0703-49	\$ 3.37	2
47335-0703-54	\$ 8.08	1
65862-0858-25	\$ 5.12	1
ALENDRONATE TAB 70MG	\$ 6.21	11
69097-0224-16	\$ 6.21	11
ALLERGY RELF CAP 25MG	\$ 7.84	1
70000-0585-01	\$ 7.84	1
ALLERGY RELF TAB 10MG	\$ 1.58	2
49483-0692-50	\$ 1.58	2
ALLOPURINOL TAB 100MG	\$ 10.82	9
29300-0349-01	\$ 3.30	3
31722-0252-10	\$ 7.52	6
ALLOPURINOL TAB 300MG	\$ 34.27	9
31722-0253-05	\$ 24.14	6
53489-0157-10	\$ 9.24	2
55111-0730-05	\$ 0.89	1
ALPHAGAN P SOL 0.15% OP	\$ 0.30	1
00023-9177-05	\$ 0.30	1
ALPRAZOLAM TAB 0.25MG	\$ 12.64	13
65862-0676-01	\$ 12.64	13
ALPRAZOLAM TAB 0.5MG	\$ 2.99	5
00228-2029-10	\$ 2.38	4
00781-1077-01	\$ 0.61	1
ALTAVERA TAB	\$ 31.14	15
70700-0116-85	\$ 31.14	15
ALVESCO AER 160MCG	\$ 52.68	2
70515-0712-01	\$ 52.68	2
AMANTADINE CAP 100MG	\$ 6.36	2
72888-0033-01	\$ 6.36	2
AMANTADINE TAB 100MG	\$ 5.82	1
00832-0111-50	\$ 5.82	1
AMIODARONE TAB 100MG	\$ 23.51	3
72888-0060-30	\$ 19.72	2
75907-0005-30	\$ 3.79	1
AMIODARONE TAB 200MG	\$ 4.55	1
65862-0732-05	\$ 4.55	1
AMITRIPTYLIN TAB 100MG	\$ 4.78	3
29300-0423-01	\$ 3.24	2
70710-1229-01	\$ 1.54	1
AMITRIPTYLIN TAB 10MG	\$ 9.52	18
29300-0419-10	\$ 9.52	18
AMITRIPTYLIN TAB 25MG	\$ 2.38	2
29300-0420-01	\$ 2.38	2

WellOne Primary Medical and Dental Care  
 Tab G Supplemental Detail (Wellpartner Contract)

Prescription Drug Name/NDIC Number	Drug Cost	Claim Count
AMITRIPTYLIN TAB 50MG	\$ 1.17	1
29300-0421-10	\$ 1.17	1
AMLODIPINE TAB 10MG	\$ 54.48	81
29300-0398-10	\$ 2.68	3
68180-0721-03	\$ 0.89	1
69097-0128-05	\$ 46.89	71
69097-0128-15	\$ 4.02	6
AMLODIPINE TAB 2.5MG	\$ 16.62	20
67877-0197-90	\$ 16.62	20
AMLODIPINE TAB 5MG	\$ 50.79	72
29300-0397-10	\$ 50.79	72
AMOX/K CLAV TAB 875-125	\$ 52.83	13
00093-2275-34	\$ 5.24	2
00143-9249-20	\$ 44.35	9
65862-0503-20	\$ 3.24	2
AMOXICILLIN CAP 500MG	\$ 0.72	1
00781-2613-05	\$ 0.72	1
AMOXICILLIN TAB 500MG	\$ 8.45	5
57237-0028-01	\$ 2.99	3
65862-0014-01	\$ 5.46	2
AMOXICILLIN TAB 875MG	\$ 4.73	6
65862-0015-01	\$ 4.73	6
AMPHET/DEXTR TAB 30MG	\$ 2.71	1
00185-2099-01	\$ 2.71	1
ANORO ELLIPT AER 62.5-25	\$ 2,767.44	48
00173-0869-10	\$ 2,767.44	48
APRI TAB	\$ 244.06	55
00555-9043-58	\$ 244.06	55
APTIOM TAB 600MG	\$ 2,503.35	3
63402-0206-60	\$ 2,503.35	3
ARIPIRAZOLE TAB 2MG	\$ 4.24	7
43547-0302-03	\$ 0.91	1
67877-0430-03	\$ 3.33	6
ARIPIRAZOLE TAB 5MG	\$ 11.10	8
65162-0897-03	\$ 3.50	2
65862-0662-30	\$ 7.60	6
ARMOUR THYRO TAB 120MG	\$ 27.84	2
00456-0461-01	\$ 27.84	2
ARMOUR THYRO TAB 15MG	\$ 106.57	9
00456-1045-01	\$ 106.57	9
ARMOUR THYRO TAB 30MG	\$ 238.77	15
00456-0458-01	\$ 238.77	15
ARMOUR THYRO TAB 90MG	\$ 247.07	7
00456-0460-01	\$ 247.07	7
ARNUIITY ELPT INH 100MCG	\$ 2,583.68	54

WellOne Primary Medical and Dental Care  
 Tab G Supplemental Detail (Wellpartner Contract)

Prescription Drug Name/NDIC Number	Drug Cost	Claim Count
00173-0874-10	\$ 2,583.68	54
ARNUITY ELPT INH 200MCG	\$ 1,851.79	27
00173-0876-10	\$ 1,851.79	27
ARNUITY ELPT INH 50MCG	\$ 89.88	2
00173-0888-10	\$ 89.88	2
ASMANEX 30 AER 110MCG	\$ 48.84	2
78206-0115-01	\$ 48.84	2
ASMANEX HFA AER 100 MCG	\$ 52.40	2
78206-0112-01	\$ 52.40	2
ASPIRIN LOW CHW 81MG	\$ 2.64	11
00904-6794-80	\$ 2.64	11
ASPIRIN LOW TAB 81MG EC	\$ 17.11	53
00536-1234-41	\$ 2.63	9
00904-6751-80	\$ 10.26	40
49483-0481-12	\$ 4.22	4
ASPIRIN TAB 325MG EC	\$ 4.86	3
57896-0921-01	\$ 4.86	3
ASTEPRO ADULT 120 CT	\$ 23.81	1
00280-0065-02	\$ 23.81	1
ATENOLOL TAB 100MG	\$ 1.65	1
00378-0757-01	\$ 1.65	1
ATENOLOL TAB 50MG	\$ 14.94	15
65862-0169-99	\$ 14.94	15
ATOMOXETINE CAP 18MG	\$ 31.20	2
31722-0715-30	\$ 16.44	1
68462-0266-30	\$ 14.76	1
ATOMOXETINE CAP 25MG	\$ 4.80	1
31722-0716-30	\$ 4.80	1
ATOMOXETINE CAP 40MG	\$ 18.12	1
64980-0376-03	\$ 18.12	1
ATORVASTATIN TAB 10MG	\$ 26.82	38
60505-2578-08	\$ 0.91	1
72205-0022-90	\$ 25.91	37
ATORVASTATIN TAB 20MG	\$ 31.20	41
70377-0078-13	\$ 1.76	4
72205-0023-90	\$ 25.88	33
72205-0023-99	\$ 3.56	4
ATORVASTATIN TAB 40MG	\$ 47.53	38
70377-0079-13	\$ 9.80	5
72205-0024-90	\$ 37.73	33
ATORVASTATIN TAB 80MG	\$ 71.09	37
43598-0103-05	\$ 3.20	1
60505-2671-08	\$ 5.22	2
67877-0514-90	\$ 13.94	6
72205-0025-90	\$ 48.73	28

WellOne Primary Medical and Dental Care  
 Tab G Supplemental Detail (Wellpartner Contract)

Prescription Drug Name/NDIC Number	Drug Cost	Claim Count
ATOVAQ/PROGU TAB 250-100	\$ 25.69	2
68462-0404-01	\$ 25.69	2
ATROVENT HFA AER 17MCG	\$ 32.31	1
00597-0087-17	\$ 32.31	1
AUROVELA FE TAB 1.5/30	\$ 9.86	2
65862-0941-88	\$ 9.86	2
AUROVELA TAB 1.5/30	\$ 109.64	56
65862-0935-74	\$ 109.64	56
AUROVELA TAB 1/20	\$ 252.64	90
65862-0939-88	\$ 252.64	90
AUSTEDO TAB 12MG	\$ 4,767.92	1
68546-0172-60	\$ 4,767.92	1
AUSTEDO TAB 9MG	\$ 38,570.30	17
68546-0171-60	\$ 38,570.30	17
AVSOLA INJ 100MG	\$ 577.56	1
55513-0670-01	\$ 577.56	1
AYR SALINE GEL NASAL	\$ 3.53	1
00225-0525-47	\$ 3.53	1
AYR SPR 0.65%	\$ 2.65	1
00225-0380-80	\$ 2.65	1
AZELAIC ACID GEL 15%	\$ 0.50	1
00781-7172-50	\$ 0.50	1
AZELASTINE SPR 0.1%	\$ 4.70	2
59651-0214-30	\$ 4.70	2
AZITHROMYCIN SUS 200/5ML	\$ 0.91	1
42806-0149-32	\$ 0.91	1
AZITHROMYCIN TAB 250MG	\$ 11.63	11
00781-8089-26	\$ 9.69	8
65862-0641-69	\$ 0.74	1
68094-0900-06	\$ 1.20	2
AZITHROMYCIN TAB 500MG	\$ 0.71	2
62332-0252-30	\$ 0.18	1
68094-0799-30	\$ 0.53	1
AZOPT SUS 1% OP	\$ 0.10	1
66758-0085-70	\$ 0.10	1
AZSTARYS CAP 26.1-5.2	\$ 682.44	3
65038-0286-99	\$ 682.44	3
AZURETTE TAB	\$ 8.82	1
75907-0091-62	\$ 8.82	1
BACLOFEN TAB 10MG	\$ 9.07	10
52817-0320-10	\$ 9.07	10
BACLOFEN TAB 5MG	\$ 10.59	1
70710-1609-01	\$ 10.59	1
BANOPHEN CAP 25MG	\$ 2.52	3
00904-7237-60	\$ 2.52	3

WellOne Primary Medical and Dental Care  
 Tab G Supplemental Detail (Wellpartner Contract)

Prescription Drug Name/NDIC Number	Drug Cost	Claim Count
BAQSIMI ONE POW 3MG/DOSE	\$ 206.97	1
00548-8351-01	\$ 206.97	1
BAQSIMI TWO POW 3MG/DOSE	\$ 2,949.81	7
00548-8352-02	\$ 2,949.81	7
BASAGLAR INJ 100UNIT	\$ 17,269.14	40
00002-7715-59	\$ 17,269.14	40
BD PEN NEEDL MIS 32GX4MM	\$ 464.34	3
08290-3205-50	\$ 464.34	3
BELBUCA MIS 150MCG	\$ 131.98	1
59385-0022-60	\$ 131.98	1
BELBUCA MIS 300MCG	\$ 179.94	2
59385-0023-60	\$ 179.94	2
BELBUCA MIS 600MCG	\$ 4,022.32	13
59385-0025-60	\$ 4,022.32	13
BENADRYL ALLERGY ES TABLET 24CT	\$ 37.84	1
50580-0533-24	\$ 37.84	1
BENZAEPRIIL TAB 10MG	\$ 5.38	3
23155-0750-01	\$ 0.89	1
53746-0752-01	\$ 2.66	1
65862-0116-01	\$ 1.83	1
BENZONATATE CAP 100MG	\$ 27.10	18
42806-0714-01	\$ 23.65	14
64380-0712-07	\$ 3.45	4
BENZONATATE CAP 200MG	\$ 12.10	9
42806-0715-01	\$ 5.75	5
64380-0713-07	\$ 6.35	4
BETA DIPROP LOT 0.05%	\$ 12.40	2
51672-1340-04	\$ 12.40	2
BETAMETH DIP CRE 0.05%	\$ 12.84	1
70710-1233-01	\$ 12.84	1
BIKTARVY TAB	\$ 46,989.58	17
61958-2501-01	\$ 41,527.58	15
61958-2501-03	\$ 5,462.00	2
BISACODYL TAB 5MG EC	\$ 0.19	2
00904-6407-61	\$ 0.08	1
49483-0003-01	\$ 0.11	1
BISOPRIL/HCTZ TAB 5-6.25MG	\$ 1.72	1
72578-0114-01	\$ 1.72	1
BISOPROLOL FUM TAB 5MG	\$ 5.90	6
29300-0126-13	\$ 5.90	6
BREO ELLIPTA INH 100-25	\$ 12,301.15	128
00173-0859-10	\$ 12,301.15	128
BREO ELLIPTA INH 200-25	\$ 8,690.47	77
00173-0882-10	\$ 8,690.47	77
BREO ELLIPTA INH 50-25MCG	\$ 467.11	5

WellOne Primary Medical and Dental Care  
 Tab G Supplemental Detail (Wellpartner Contract)

Prescription Drug Name/NDIC Number	Drug Cost	Claim Count
00173-0916-10	\$ 467.11	5
BREYNA AER 160/4.5	\$ 267.18	2
00378-7503-32	\$ 267.18	2
BREZTRI AERO AER SPHERE	\$ 2,176.22	6
00310-4616-12	\$ 2,176.22	6
BRILINTA TAB 90MG	\$ 2,719.75	26
00186-0777-60	\$ 2,719.75	26
BRIMO/TIMOLO SOL 0.2/0.5%	\$ 151.13	4
00832-1425-10	\$ 123.84	3
68462-0281-32	\$ 27.29	1
BRIMONIDINE SOL 0.2% OP	\$ 3.17	1
61314-0143-15	\$ 3.17	1
BUDES/FORMOT AER 160-4.5	\$ 4,453.33	39
00310-7370-20	\$ 4,453.33	39
BUDES/FORMOT AER 80-4.5	\$ 614.74	5
00310-7372-20	\$ 614.74	5
BUMETANIDE TAB 0.5MG	\$ 2.02	2
00185-0128-01	\$ 0.57	1
51672-4223-01	\$ 1.45	1
BUMETANIDE TAB 2MG	\$ 8.13	1
51672-4225-01	\$ 8.13	1
BUPREN/NALOX MIS 4-1MG	\$ 752.37	7
43598-0580-30	\$ 752.37	7
BUPREN/NALOX SUB 8-2MG	\$ 286.52	12
42858-0602-03	\$ 286.52	12
BUPRENORPHIN DIS 5MCG/HR	\$ 47.68	2
69238-1202-02	\$ 47.68	2
BUPROPION TAB 100MG SR	\$ 8.53	10
31722-0066-60	\$ 3.18	4
50228-0174-01	\$ 5.35	6
BUPROPION TAB 150MG SR	\$ 90.84	16
43598-0863-60	\$ 63.33	3
50228-0175-05	\$ 27.51	13
BUPROPION TAB 150MG XL	\$ 20.34	16
68180-0319-02	\$ 8.93	6
69097-0071-12	\$ 0.66	1
70010-0784-05	\$ 10.75	9
BUPROPION TAB 300MG XL	\$ 28.85	15
50228-0145-05	\$ 12.10	6
68180-0320-02	\$ 4.88	1
68180-0320-06	\$ 2.52	2
70010-0785-05	\$ 9.35	6
BUSPIRONE TAB 10MG	\$ 1.82	3
29300-0245-05	\$ 1.82	3
BUSPIRONE TAB 15MG	\$ 6.90	6

WellOne Primary Medical and Dental Care  
 Tab G Supplemental Detail (Wellpartner Contract)

Prescription Drug Name/NDIC Number	Drug Cost	Claim Count
29300-0477-01	\$ 6.90	6
BUSPIRONE TAB 5MG	\$ 11.64	16
29300-0244-05	\$ 11.64	16
BUSPIRONE TAB 7.5MG	\$ 3.40	2
64380-0787-06	\$ 3.40	2
CALCIPOTRIEN CRE 0.005%	\$ 105.69	2
66993-0877-78	\$ 105.69	2
CALCIUM CARB TAB /VIT D	\$ 28.35	5
54629-0016-81	\$ 28.35	5
CALCIUM TAB 600MG	\$ 10.80	15
20555-0005-00	\$ 3.36	2
80681-0005-00	\$ 7.44	13
CALCIUM/D TAB 600-400	\$ 8.78	2
31604-0012-12	\$ 8.78	2
CALCIUM/D3 TAB 600-10	\$ 7.11	9
80681-0139-01	\$ 7.11	9
CAL-GEST CHW 500MG	\$ 2.05	1
00536-1007-15	\$ 2.05	1
CALMOSEPTINE OIN	\$ 43.89	7
00799-0001-04	\$ 43.89	7
CAPLYTA CAP 10.5MG	\$ 2,379.37	2
72060-0110-40	\$ 2,379.37	2
CAPLYTA CAP 21MG	\$ 1,175.37	1
72060-0121-40	\$ 1,175.37	1
CAPLYTA CAP 42MG	\$ 7,370.18	6
72060-0142-40	\$ 7,370.18	6
CARB/LEVO TAB 25-100MG	\$ 56.31	4
00093-9702-01	\$ 48.21	3
59651-0457-01	\$ 8.10	1
CARBOXYMETHY SOL 0.5%	\$ 9.93	1
00536-1386-35	\$ 9.93	1
CARVEDILOL TAB 12.5MG	\$ 23.29	13
68382-0094-05	\$ 23.29	13
CARVEDILOL TAB 3.125MG	\$ 9.16	15
68382-0092-01	\$ 9.16	15
CARVEDILOL TAB 6.25MG	\$ 1.78	1
68382-0093-01	\$ 1.78	1
CEFPODOXIME TAB 200MG	\$ 81.57	2
00781-5439-20	\$ 81.57	2
CEFUROXIME TAB 500MG	\$ 1.65	1
65862-0700-20	\$ 1.65	1
CELECOXIB CAP 100MG	\$ 10.63	8
50228-0157-01	\$ 10.63	8
CELECOXIB CAP 200MG	\$ 20.35	4
69367-0302-01	\$ 20.35	4

WellOne Primary Medical and Dental Care  
 Tab G Supplemental Detail (Wellpartner Contract)

Prescription Drug Name/NDIC Number	Drug Cost	Claim Count
CEPHALEXIN CAP 250MG	\$ 0.53	1
67877-0220-01	\$ 0.53	1
CEPHALEXIN CAP 500MG	\$ 3.64	3
67877-0219-05	\$ 3.64	3
CETIRIZINE TAB 10MG	\$ 82.07	40
00378-3637-05	\$ 27.68	7
00904-6717-40	\$ 22.63	16
00904-6717-72	\$ 31.76	17
CHLORHEX GLU SOL 0.12%	\$ 2.57	1
00116-2001-16	\$ 2.57	1
CHLORTHALID TAB 25MG	\$ 4.43	2
67877-0696-01	\$ 4.43	2
CHLORTHALID TAB 50MG	\$ 3.15	1
67877-0697-01	\$ 3.15	1
CILOSTAZOL TAB 50MG	\$ 15.78	2
60505-2521-01	\$ 15.78	2
CINACALCET TAB 30MG	\$ 170.75	10
64380-0883-04	\$ 170.75	10
CIPROFLOXACN TAB 500MG	\$ 2.33	3
59651-0867-05	\$ 2.33	3
CITALOPRAM TAB 20MG	\$ 35.79	52
00378-6232-01	\$ 9.21	16
13668-0010-05	\$ 10.46	11
69097-0823-12	\$ 16.12	25
CITALOPRAM TAB 40MG	\$ 8.06	23
00378-6233-01	\$ 3.48	8
69097-0824-12	\$ 4.58	15
CLARITHROMYC TAB 500MG	\$ 5.64	1
00781-1962-60	\$ 5.64	1
CLARITIN-D TAB 10-240MG	\$ 463.50	9
11523-4332-03	\$ 463.50	9
CLEARLAX POW	\$ 65.24	8
70000-0415-02	\$ 5.88	1
70000-0415-03	\$ 59.36	7
CLENPIQ SOL	\$ 54.27	1
55566-6800-01	\$ 54.27	1
CLOBETASOL CRE 0.05%	\$ 15.90	4
70700-0109-16	\$ 4.24	1
70700-0109-17	\$ 11.66	3
CLOBETASOL OIN 0.05%	\$ 5.11	2
43386-0096-61	\$ 1.71	1
51672-1259-06	\$ 3.40	1
CLONAZEPAM TAB 0.5MG	\$ 2.67	14
59651-0722-01	\$ 2.67	14
CLONAZEPAM TAB 1MG	\$ 3.37	3

WellOne Primary Medical and Dental Care  
 Tab G Supplemental Detail (Wellpartner Contract)

Prescription Drug Name/NDIC Number	Drug Cost	Claim Count
59651-0723-01	\$ 3.37	3
CLOPIDOGREL TAB 75MG	\$ 24.28	13
50228-0124-90	\$ 4.20	2
55111-0196-05	\$ 10.70	7
67877-0276-05	\$ 9.38	4
CLORAZ DIPOT TAB 3.75MG	\$ 38.57	2
60505-4754-01	\$ 38.57	2
CLOTRIM/BETA CRE DIPROP	\$ 10.28	3
00168-0258-15	\$ 1.87	1
00168-0258-46	\$ 5.40	1
51672-4048-06	\$ 3.01	1
CLOTRIMAZOLE CRE 1%	\$ 2.27	1
51672-1275-02	\$ 2.27	1
CLOTRIMAZOLE TRO 10MG	\$ 17.56	1
00574-0107-70	\$ 17.56	1
COENZYME Q10 CAP 100MG	\$ 307.45	3
00536-1434-05	\$ 92.41	1
80681-0080-00	\$ 215.04	2
COLCHICINE TAB 0.6MG	\$ 0.05	1
31722-0899-01	\$ 0.05	1
COMBIPATCH DIS	\$ 259.43	7
68968-0514-08	\$ 0.16	2
68968-0525-08	\$ 259.27	5
COMBIVENT AER 20-100	\$ 6,879.74	26
00597-0024-02	\$ 6,879.74	26
CONCERTA TAB 36MG	\$ 14.84	3
50458-0586-01	\$ 14.84	3
CONCERTA TAB 54MG	\$ 3.70	2
50458-0587-01	\$ 3.70	2
CONTRAVE TAB 8-90MG	\$ 2,807.04	6
51267-0890-99	\$ 2,807.04	6
COSENTYX PEN INJ 300DOSE	\$ 52,284.53	36
00078-0639-41	\$ 52,284.53	36
COSENTYX UNO INJ 300/2ML	\$ 103,711.25	33
00078-1070-68	\$ 103,711.25	33
COSOPT PF SOL 2%-0.5%	\$ 244.04	5
82584-0604-30	\$ 244.04	5
CREON CAP 12000UNT	\$ 78.64	11
00032-0047-70	\$ 78.64	11
CREON CAP 24000UNT	\$ 4.02	2
00032-2636-01	\$ 4.02	2
CREON CAP 36000UNT	\$ 40.75	17
00032-3016-13	\$ 40.75	17
CRYSSELLE-28 TAB 28 TABS	\$ 147.98	15
00555-9049-58	\$ 147.98	15

WellOne Primary Medical and Dental Care  
 Tab G Supplemental Detail (Wellpartner Contract)

Prescription Drug Name/NDIC Number	Drug Cost	Claim Count
CYCLOBENZAPR TAB 10MG	\$ 22.43	30
52817-0332-00	\$ 20.34	27
72888-0014-00	\$ 2.09	3
CYCLOBENZAPR TAB 5MG	\$ 2.38	10
72888-0012-05	\$ 2.38	10
CYCLOBENZAPR TAB 7.5MG	\$ 14.78	2
59746-0735-01	\$ 14.78	2
D3 CAP 1000UNIT	\$ 3.50	1
31604-0026-77	\$ 3.50	1
D3 TAB 2000UNIT	\$ 22.37	5
40985-0271-11	\$ 22.37	5
D3 SUPER STR CAP 2000UNIT	\$ 14.00	15
40985-0274-16	\$ 14.00	15
D3-1000 CAP 1000UNIT	\$ 25.35	10
40985-0274-15	\$ 25.35	10
D3-50 CAP 50000UNT	\$ 6.31	5
53191-0362-01	\$ 6.31	5
DAILY-VITE TAB	\$ 3.65	4
00536-3547-10	\$ 3.65	4
DENTAGEL GEL 1.1%	\$ 18.09	7
16571-0815-60	\$ 18.09	7
DEPAKOTE TAB 500MG DR	\$ 8.05	9
00074-7327-13	\$ 8.05	9
DESONIDE CRE 0.05%	\$ 1.67	1
72578-0086-01	\$ 1.67	1
DEXAMETHASON TAB 1MG	\$ 7.38	2
00054-4181-25	\$ 7.38	2
DIAZEPAM TAB 10MG	\$ 14.50	12
00172-3927-60	\$ 14.50	12
DICLOXACILL CAP 500MG	\$ 10.18	1
00093-3125-01	\$ 10.18	1
DICYCLOMINE CAP 10MG	\$ 4.09	1
59651-0719-01	\$ 4.09	1
DILTIAZEM CAP 120MG ER	\$ 12.66	3
24979-0026-07	\$ 12.66	3
DILTIAZEM CAP 180MG ER	\$ 6.18	1
50742-0249-90	\$ 6.18	1
DILTIAZEM CAP 240MG ER	\$ 16.11	2
50742-0250-90	\$ 16.11	2
DILTIAZEM ER TAB 180MG	\$ 101.40	2
70436-0196-04	\$ 101.40	2
DILT-XR CAP 120MG	\$ 22.42	2
60505-0014-06	\$ 22.42	2
DISULFIRAM TAB 250MG	\$ 53.04	1
47781-0607-30	\$ 53.04	1

WellOne Primary Medical and Dental Care  
 Tab G Supplemental Detail (Wellpartner Contract)

Prescription Drug Name/NDIC Number	Drug Cost	Claim Count
DOCUSATE SOD CAP 100MG	\$ 5.45	14
00904-7280-60	\$ 5.45	14
DOFETILIDE CAP 250MCG	\$ 4.13	1
69452-0132-17	\$ 4.13	1
DOFETILIDE CAP 500MCG	\$ 62.98	13
69452-0133-17	\$ 62.98	13
DOTTI DIS 0.05MG	\$ 51.18	3
65162-0993-08	\$ 51.18	3
DOTTI DIS 0.1MG	\$ 87.64	5
65162-0997-08	\$ 87.64	5
DOXAZOSIN TAB 8MG	\$ 48.09	7
00093-2067-01	\$ 48.09	7
DOXYCYC MONO CAP 100MG	\$ 7.86	4
68180-0652-08	\$ 7.86	4
DOXYCYCL HYC CAP 100MG	\$ 3.08	2
00143-9803-05	\$ 2.46	1
53489-0119-05	\$ 0.62	1
DOXYCYCL HYC CAP 50MG	\$ 38.45	13
00143-9802-50	\$ 38.45	13
DOXYCYCL HYC TAB 100MG	\$ 1.09	1
00143-2112-05	\$ 1.09	1
DRYSOL SOL 20%	\$ 160.20	16
00096-0707-35	\$ 79.49	9
00096-0707-60	\$ 80.71	7
DUAVEE TAB 0.45-20	\$ 211.82	4
00008-1123-12	\$ 211.82	4
DULERA AER 100-5MCG	\$ 5.25	3
78206-0127-01	\$ 2.23	1
78206-0127-02	\$ 3.02	2
DULERA AER 200-5MCG	\$ 4.50	2
78206-0126-01	\$ 4.50	2
DULOXETINE CAP 20MG DR	\$ 4.16	3
27241-0097-06	\$ 4.16	3
DULOXETINE CAP 30MG DR	\$ 28.59	28
27241-0098-10	\$ 14.31	12
68180-0295-09	\$ 14.28	16
DULOXETINE CAP 60MG DR	\$ 92.33	32
27241-0099-90	\$ 80.19	26
57237-0019-99	\$ 8.48	3
68180-0296-03	\$ 1.22	1
68180-0296-06	\$ 2.44	2
DYANAVEL XR TAB 20MG	\$ 1,407.74	3
24478-0110-01	\$ 1,407.74	3
EARWAX REMOV DRO 6.5% OT	\$ 3.12	2
00904-7478-35	\$ 3.12	2

WellOne Primary Medical and Dental Care  
 Tab G Supplemental Detail (Wellpartner Contract)

Prescription Drug Name/NDIC Number	Drug Cost	Claim Count
ELETRIPTAN TAB 40MG	\$ 17.64	2
00378-4288-08	\$ 17.64	2
ELIQUIS TAB 2.5MG	\$ 1,145.54	50
00003-0893-21	\$ 1,145.54	50
ELIQUIS TAB 5MG	\$ 4,769.16	377
00003-0894-21	\$ 4,769.16	377
EMGALITY INJ 120MG/ML	\$ 2,120.26	4
00002-1436-11	\$ 2,120.26	4
ENSURE NUTRI LIQ CHOCOLAT	\$ 19.63	1
70074-0407-01	\$ 19.63	1
ENTRESTO TAB 24-26MG	\$ 38,292.34	109
00078-0659-20	\$ 34,250.31	89
00078-0659-67	\$ 4,042.03	20
ENTRESTO TAB 49-51MG	\$ 20,158.16	43
00078-0777-20	\$ 20,158.16	43
ENTRESTO TAB 97-103MG	\$ 4,983.24	13
00078-0696-20	\$ 4,983.24	13
ENTYVIO PEN INJ 108/0.68	\$ 37,989.76	11
64764-0108-21	\$ 37,989.76	11
ENVARUSUS XR TAB 1MG	\$ 124.60	1
68992-3010-03	\$ 124.60	1
EPINEPHRINE INJ 0.3MG	\$ 424.88	2
00093-5986-27	\$ 424.88	2
ESCITALOPRAM TAB 10MG	\$ 11.38	10
43547-0281-10	\$ 4.48	4
43547-0281-11	\$ 6.90	6
ESCITALOPRAM TAB 20MG	\$ 47.05	45
13668-0137-01	\$ 6.34	6
43547-0282-10	\$ 36.57	34
43547-0282-11	\$ 2.49	3
65862-0375-01	\$ 1.65	2
ESCITALOPRAM TAB 5MG	\$ 12.88	21
13668-0135-01	\$ 2.70	5
43547-0280-10	\$ 8.74	13
43547-0280-11	\$ 1.44	3
ESOMEPRAS MAG CAP 40MG DR	\$ 3.04	1
70069-0815-90	\$ 3.04	1
ESTRADIOL CRE 0.01%	\$ 101.75	10
45802-0097-35	\$ 101.75	10
ESTRADIOL DIS 0.1MG	\$ 54.81	3
00781-7167-83	\$ 54.81	3
ESTRING MIS 7.5/24HR	\$ 0.01	1
00013-1042-01	\$ 0.01	1
EZETIMIBE TAB 10MG	\$ 5.78	3
67877-0490-90	\$ 5.78	3

WellOne Primary Medical and Dental Care  
 Tab G Supplemental Detail (Wellpartner Contract)

Prescription Drug Name/NDIC Number	Drug Cost	Claim Count
FAMCICLOVIR TAB 500MG	\$ 9.33	2
33342-0026-07	\$ 9.33	2
FAMOTIDINE TAB 10MG	\$ 2.32	1
55111-0118-90	\$ 2.32	1
FAMOTIDINE TAB 20MG	\$ 34.85	31
00172-5728-60	\$ 1.52	2
62332-0001-91	\$ 22.56	20
65862-0859-01	\$ 7.81	6
67877-0842-01	\$ 2.96	3
FAMOTIDINE TAB 40MG	\$ 19.58	15
67877-0889-01	\$ 19.58	15
FANAPT TAB 1MG	\$ 517.21	2
43068-0101-02	\$ 517.21	2
FANAPT TAB 2MG	\$ 841.08	5
43068-0102-02	\$ 841.08	5
FARXIGA TAB 10MG	\$ 19.20	54
00310-6210-30	\$ 19.20	54
FARXIGA TAB 5MG	\$ 2.70	9
00310-6205-30	\$ 2.70	9
FASENRA PEN INJ 30MG/ML	\$ 19,948.00	5
00310-1830-30	\$ 19,948.00	5
FENOFIBRATE TAB 145MG	\$ 26.69	10
31722-0596-90	\$ 1.54	1
69097-0458-05	\$ 25.15	9
FEROSUL TAB 325MG	\$ 1.62	2
00904-7591-80	\$ 1.62	2
FERROCITE TAB 324MG	\$ 57.70	12
51991-0181-42	\$ 57.70	12
FERROUS SULF TAB 325MG	\$ 4.34	15
00536-1009-01	\$ 2.49	8
20555-0021-01	\$ 1.85	7
FETZIMA CAP 120MG	\$ 180.03	3
00456-2212-30	\$ 180.03	3
FEXOFENADINE TAB 180MG	\$ 2.18	1
55111-0784-01	\$ 2.18	1
FEXOFENADINE TAB 60MG	\$ 3.32	2
55111-0783-01	\$ 3.32	2
FIASP FLEX INJ TOUCH	\$ 689.16	4
00169-3204-15	\$ 689.16	4
FINASTERIDE TAB 1MG	\$ 5.27	4
67877-0455-90	\$ 5.27	4
FLECAINIDE TAB 50MG	\$ 12.12	6
53746-0641-01	\$ 12.12	6
FLUCONAZOLE TAB 150MG	\$ 7.09	10
55111-0145-12	\$ 7.09	10

WellOne Primary Medical and Dental Care  
 Tab G Supplemental Detail (Wellpartner Contract)

Prescription Drug Name/NDIC Number	Drug Cost	Claim Count
FLUOCINONIDE SOL 0.05%	\$ 3.53	1
21922-0001-01	\$ 3.53	1
FLUOROURACIL CRE 5%	\$ 26.11	2
51672-4118-06	\$ 26.11	2
FLUOXETINE CAP 10MG	\$ 5.05	5
65862-0192-01	\$ 2.53	3
65862-0192-99	\$ 2.52	2
FLUOXETINE CAP 20MG	\$ 14.19	12
49483-0702-10	\$ 4.83	1
65862-0193-99	\$ 2.78	2
72241-0008-11	\$ 6.58	9
FLUOXETINE CAP 40MG	\$ 48.75	32
50228-0115-05	\$ 10.62	15
65862-0194-05	\$ 20.67	5
65862-0194-30	\$ 17.46	12
FLUOXETINE TAB 20MG	\$ 0.63	1
43598-0566-01	\$ 0.63	1
FLUTIC/SALME AER 250/50	\$ 122.88	4
00054-0327-56	\$ 122.88	4
FLUTIC/SALME AER 500/50	\$ 303.43	6
00054-0328-56	\$ 303.43	6
FLUTIC/VILAN INH 100-25	\$ 1,487.70	10
66993-0135-97	\$ 1,487.70	10
FLUTICAS HFA AER 110MCG	\$ 742.58	8
66993-0079-96	\$ 742.58	8
FLUTICASONE SPR 50MCG	\$ 115.02	49
00054-3270-99	\$ 22.31	4
60505-0829-01	\$ 92.71	45
FLUVOXAMINE TAB 100MG	\$ 45.30	6
62559-0160-01	\$ 45.30	6
FLUVOXAMINE TAB 25MG	\$ 19.83	5
62559-0158-01	\$ 19.83	5
FOLIC ACID TAB 1000MCG	\$ 7.95	13
69315-0127-10	\$ 7.95	13
FOLIC ACID TAB 1MG	\$ 5.96	8
72241-0050-11	\$ 5.96	8
FUROSEMIDE TAB 20MG	\$ 14.53	35
69315-0116-10	\$ 14.53	35
FUROSEMIDE TAB 40MG	\$ 14.88	16
69315-0117-10	\$ 14.88	16
FYAVOLV TAB 1-5	\$ 29.20	2
68180-0828-73	\$ 29.20	2
FYCOMPA TAB 8MG	\$ 4,508.00	9
69616-0278-30	\$ 4,508.00	9
GABAPENTIN CAP 100MG	\$ 29.40	23

WellOne Primary Medical and Dental Care  
 Tab G Supplemental Detail (Wellpartner Contract)

Prescription Drug Name/NDIC Number	Drug Cost	Claim Count
50228-0179-05	\$ 2.34	3
50228-0179-10	\$ 25.77	19
67877-0222-10	\$ 1.29	1
GABAPENTIN CAP 300MG	\$ 80.07	29
16571-0868-01	\$ 6.09	3
16571-0868-10	\$ 9.09	2
16571-0868-50	\$ 61.31	22
50228-0180-05	\$ 0.86	1
67877-0223-05	\$ 2.72	1
GABAPENTIN CAP 400MG	\$ 23.75	12
16571-0869-50	\$ 5.90	3
50228-0181-01	\$ 13.10	7
67877-0224-05	\$ 4.75	2
GABAPENTIN TAB 600MG	\$ 313.56	36
16571-0226-50	\$ 268.87	26
65862-0523-05	\$ 44.69	10
GABAPENTIN TAB 800MG	\$ 20.71	2
65862-0524-05	\$ 20.71	2
GAVILYTE-G SOL	\$ 24.00	2
43386-0090-19	\$ 24.00	2
GEMFIBROZIL TAB 600MG	\$ 21.15	3
69097-0821-12	\$ 21.15	3
GEMTESA TAB 75MG	\$ 10,656.75	30
73336-0075-30	\$ 5,504.68	15
73336-0075-90	\$ 5,152.07	15
GENTIAN VIOL SOL 1%	\$ 3.18	1
00395-1003-92	\$ 3.18	1
GENTLE LAXAT TAB 5MG EC	\$ 0.52	1
70000-0221-01	\$ 0.52	1
GG/CODEINE SOL 100-10/5	\$ 1.99	1
00121-0775-16	\$ 1.99	1
GLIMEPIRIDE TAB 1MG	\$ 1.80	6
55111-0320-01	\$ 1.80	6
GLIMEPIRIDE TAB 2MG	\$ 9.22	11
71921-0215-01	\$ 9.22	11
GLIMEPIRIDE TAB 4MG	\$ 3.76	4
71921-0216-50	\$ 3.76	4
GLIPIZIDE ER TAB 10MG	\$ 47.30	4
59651-0782-01	\$ 12.29	1
64980-0281-01	\$ 35.01	3
GLIPIZIDE ER TAB 2.5MG	\$ 15.00	4
59651-0780-30	\$ 15.00	4
GLIPIZIDE ER TAB 5MG	\$ 16.96	3
59651-0781-05	\$ 16.96	3
GLIPIZIDE TAB 10MG	\$ 40.22	17

WellOne Primary Medical and Dental Care  
 Tab G Supplemental Detail (Wellpartner Contract)

Prescription Drug Name/NDIC Number	Drug Cost	Claim Count
60505-0142-00	\$ 40.22	17
GLIPIZIDE TAB 2.5MG	\$ 76.71	1
52817-0385-10	\$ 76.71	1
GLIPIZIDE TAB 5MG	\$ 28.17	19
60505-0141-00	\$ 28.17	19
GLYBURIDE TAB 2.5MG	\$ 43.04	4
00093-9433-01	\$ 43.04	4
GVOKE HYPO 1 INJ 1/0.2ML	\$ 1,151.40	3
72065-0121-11	\$ 1,151.40	3
GVOKE HYPO 2 INJ 1/0.2ML	\$ 3,493.19	8
72065-0121-12	\$ 3,493.19	8
GVOKE KIT SOL 1/0.2ML	\$ 383.80	1
72065-0140-11	\$ 383.80	1
HADLIMA PUSH INJ 40/0.4ML	\$ 5,680.08	6
78206-0187-01	\$ 5,680.08	6
HAILEY 24 TAB FE	\$ 11.20	3
68462-0731-29	\$ 11.20	3
HEARTBURN TAB RELIEF	\$ 5.96	2
00904-5529-87	\$ 5.96	2
HEMORRHOIDAL CRE	\$ 5.06	1
70000-0425-01	\$ 5.06	1
HIBICLENS SOL 4%	\$ 7.04	1
00234-0575-08	\$ 7.04	1
HIZENTRA INJ 10/50ML	\$ 11,965.04	3
44206-0455-10	\$ 5,840.64	1
44206-0455-25	\$ 6,124.40	2
HIZENTRA INJ 1GM/5ML	\$ 1,191.36	2
44206-0456-21	\$ 1,191.36	2
HUMALOG INJ 100/ML	\$ 407.42	17
00002-7510-01	\$ 407.42	17
HUMALOG KWIK INJ 100/ML	\$ 243.79	14
00002-8799-59	\$ 243.79	14
HUMALOG KWIK INJ 200/ML	\$ 5,803.55	7
00002-7712-27	\$ 5,803.55	7
HUMALOG MIX INJ 50/50KWP	\$ 242.10	2
00002-8798-59	\$ 242.10	2
HUMALOG MIX INJ 75/25KWP	\$ 140.13	2
00002-8797-59	\$ 140.13	2
HUMIRA PEN INJ 40/0.4ML	\$ 22,996.05	16
00074-0554-02	\$ 22,996.05	16
HUMIRA PEN INJ 40MG/0.8	\$ 514.40	8
00074-4339-02	\$ 514.40	8
HUMULIN INJ 70/30	\$ 1,184.91	5
00002-8715-01	\$ 1,184.91	5
HUMULIN INJ 70/30KWP	\$ 1,112.22	1

WellOne Primary Medical and Dental Care  
 Tab G Supplemental Detail (Wellpartner Contract)

Prescription Drug Name/NDIC Number	Drug Cost	Claim Count
00002-8803-59	\$ 1,112.22	1
HYDROCHLOROT TAB 12.5MG	\$ 32.49	22
23155-0764-01	\$ 6.03	3
69315-0155-01	\$ 26.46	19
HYDROCHLOROT TAB 25MG	\$ 36.24	55
23155-0008-10	\$ 36.24	55
HYDROCO/APAP TAB 5-325MG	\$ 9.21	3
53746-0109-01	\$ 9.21	3
HYDROCORT CRE 2.5%	\$ 5.44	3
00168-0080-31	\$ 5.44	3
HYDROXYCHLOR TAB 200MG	\$ 24.36	2
68382-0096-01	\$ 24.36	2
HYDROXYZ HCL SYP 10MG/5ML	\$ 54.89	5
54838-0502-80	\$ 54.89	5
HYDROXYZ HCL TAB 10MG	\$ 0.30	1
23155-0500-01	\$ 0.30	1
HYDROXYZ HCL TAB 25MG	\$ 22.27	25
16571-0114-01	\$ 19.62	20
23155-0501-01	\$ 2.65	5
HYDROXYZ HCL TAB 50MG	\$ 0.42	1
23155-0502-01	\$ 0.42	1
IBSRELA TAB 50MG	\$ 7,342.87	4
73154-0050-60	\$ 7,342.87	4
IBU TAB 600MG	\$ 20.00	35
55111-0683-05	\$ 20.00	35
IBUPROFEN TAB 800MG	\$ 129.19	50
49483-0604-50	\$ 20.10	3
67877-0321-05	\$ 109.09	47
INCASSIA TAB 0.35MG	\$ 28.10	8
65862-0925-85	\$ 28.10	8
INCRUSE ELPT INH 62.5MCG	\$ 5,428.89	60
00173-0873-06	\$ 270.92	13
00173-0873-10	\$ 5,157.97	47
INGREZZA CAP 60MG	\$ 17,275.29	3
70370-1060-01	\$ 17,275.29	3
INGREZZA CAP 80MG	\$ 23,125.94	4
70370-1080-01	\$ 23,125.94	4
INSULIN ASPA INJ FLEXPEN	\$ 66.65	1
73070-0103-15	\$ 66.65	1
INSULIN LISP INJ 100/ML	\$ 171.99	3
00002-7737-01	\$ 171.99	3
INTROVALE TAB	\$ 46.48	7
70700-0208-88	\$ 46.48	7
IPRATROPIUM SPR 0.06%	\$ 50.84	5
69238-2017-02	\$ 46.95	4

WellOne Primary Medical and Dental Care  
 Tab G Supplemental Detail (Wellpartner Contract)

Prescription Drug Name/NDIC Number	Drug Cost	Claim Count
72888-0148-37	\$ 3.89	1
IPRATROPIUM/ SOL ALBUTER	\$ 61.71	9
00378-9671-93	\$ 10.32	1
47335-0756-49	\$ 5.25	2
69097-0840-87	\$ 46.14	6
JANTOVEN TAB 5MG	\$ 7.80	4
00832-1216-10	\$ 7.80	4
JANUVIA TAB 100MG	\$ 1,411.78	34
00006-0277-31	\$ 1,204.17	30
00006-0277-54	\$ 207.61	4
JANUVIA TAB 25MG	\$ 550.26	16
00006-0221-31	\$ 253.62	11
00006-0221-54	\$ 296.64	5
JANUVIA TAB 50MG	\$ 549.87	9
00006-0112-31	\$ 296.47	7
00006-0112-54	\$ 253.40	2
JARDIANCE TAB 10MG	\$ 153.94	360
00597-0152-30	\$ 150.54	346
00597-0152-90	\$ 3.40	14
JARDIANCE TAB 25MG	\$ 109.68	196
00597-0153-30	\$ 109.68	196
JATENZO CAP 237MG	\$ 3,422.76	5
69087-0237-12	\$ 3,422.76	5
JENCYCLA TAB 0.35MG	\$ 3.93	3
68180-0877-73	\$ 3.93	3
JORNAY PM CAP 100MG ER	\$ 853.47	3
71376-0205-03	\$ 853.47	3
JORNAY PM CAP 40MG ER	\$ 556.90	2
71376-0202-03	\$ 556.90	2
JUNEL 1/20 TAB	\$ 18.99	2
00555-9025-42	\$ 18.99	2
JUNEL FE TAB 1.5/30	\$ 218.18	43
00555-9028-58	\$ 218.18	43
JUNEL FE TAB 1/20	\$ 533.83	100
00555-9026-58	\$ 533.83	100
KARIVA TAB 28 DAY	\$ 425.70	12
00555-9050-58	\$ 425.70	12
KELNOR TAB 1/35	\$ 65.00	4
00555-9064-58	\$ 65.00	4
KEPPRA TAB 1000MG	\$ 230.16	3
50474-0597-66	\$ 230.16	3
KETOCONAZOLE CRE 2%	\$ 2.04	2
00168-0099-15	\$ 1.74	1
00168-0099-30	\$ 0.30	1
KETOCONAZOLE SHA 2%	\$ 35.70	7

WellOne Primary Medical and Dental Care  
 Tab G Supplemental Detail (Wellpartner Contract)

Prescription Drug Name/NDIC Number	Drug Cost	Claim Count
70954-0662-10	\$ 35.70	7
KLOR-CON M10 TAB 10MEQ ER	\$ 8.50	1
00245-5317-11	\$ 8.50	1
KLOR-CON M20 TAB 20MEQ ER	\$ 121.36	7
00245-5319-11	\$ 121.36	7
LABETALOL TAB 200MG	\$ 33.07	22
70377-0061-12	\$ 0.59	1
70377-0061-13	\$ 10.60	10
72888-0121-05	\$ 21.88	11
LACOSAMIDE TAB 200MG	\$ 28.67	6
50228-0195-60	\$ 28.67	6
LAGEVRIO CAP 200MG	\$ 4,909.18	5
00006-5055-09	\$ 4,909.18	5
LAMICTAL XR TAB 200MG	\$ 170.67	6
00173-0757-00	\$ 170.67	6
LAMICTAL XR TAB 50MG	\$ 47.27	3
00173-0755-00	\$ 47.27	3
LAMOTRIGINE TAB 100MG	\$ 16.73	13
51672-4131-01	\$ 8.90	6
65862-0228-01	\$ 6.43	6
68382-0008-10	\$ 1.40	1
LAMOTRIGINE TAB 200MG	\$ 17.68	11
62332-0040-60	\$ 1.04	1
65862-0230-60	\$ 14.74	9
68382-0010-14	\$ 1.90	1
LANSOPRAZOLE CAP 30MG DR	\$ 41.08	9
00378-8030-77	\$ 23.02	5
00378-8030-93	\$ 18.06	4
LANSOPRAZOLE TAB 30MG ODT	\$ 781.38	6
65862-0896-78	\$ 781.38	6
LANTUS INJ 100/ML	\$ 8.63	1
00088-2220-33	\$ 8.63	1
LANTUS SOLOS INJ 100/ML	\$ 327.45	17
00088-2219-05	\$ 327.45	17
LATANOPROST SOL 0.005%	\$ 37.07	6
61314-0547-01	\$ 7.08	1
61314-0547-03	\$ 15.46	2
70069-0421-03	\$ 14.53	3
LESSINA TAB	\$ 45.12	6
00555-9014-67	\$ 45.12	6
LEVALBUTEROL AER 45/ACT	\$ 258.46	9
00591-2927-54	\$ 258.46	9
LEVEMIR INJ FLEXTUOC	\$ 0.15	1
00169-6438-10	\$ 0.15	1
LEVETIRACETA TAB 1000MG	\$ 9.93	1

WellOne Primary Medical and Dental Care  
 Tab G Supplemental Detail (Wellpartner Contract)

Prescription Drug Name/NDIC Number	Drug Cost	Claim Count
64980-0607-06	\$ 9.93	1
LEVETIRACETA TAB 750MG	\$ 47.49	12
31722-0538-12	\$ 47.49	12
LEVOCETIRIZI TAB 5MG	\$ 7.30	7
31722-0551-90	\$ 7.30	7
LEVOFLOXACIN TAB 750MG	\$ 0.66	1
55111-0281-30	\$ 0.66	1
LEVONOR/ETHI TAB ESTRADIO	\$ 2.23	1
68462-0672-95	\$ 2.23	1
LEVOTHYROXIN TAB 100MCG	\$ 10.32	8
68180-0969-01	\$ 1.78	2
68180-0969-03	\$ 8.54	6
LEVOTHYROXIN TAB 112MCG	\$ 2.43	2
68180-0970-09	\$ 2.43	2
LEVOTHYROXIN TAB 125MCG	\$ 15.04	20
68180-0971-01	\$ 1.78	2
68180-0971-03	\$ 13.26	18
LEVOTHYROXIN TAB 137MCG	\$ 9.57	15
68180-0972-09	\$ 9.57	15
LEVOTHYROXIN TAB 150MCG	\$ 9.52	12
68180-0973-01	\$ 2.69	3
68180-0973-09	\$ 6.83	9
LEVOTHYROXIN TAB 200MCG	\$ 1.81	1
68180-0975-09	\$ 1.81	1
LEVOTHYROXIN TAB 25MCG	\$ 8.90	9
00527-3280-43	\$ 2.40	1
68180-0965-03	\$ 6.50	8
LEVOTHYROXIN TAB 50MCG	\$ 12.35	13
68180-0966-01	\$ 1.79	4
68180-0966-03	\$ 10.56	9
LEVOTHYROXIN TAB 75MCG	\$ 34.72	30
68180-0967-03	\$ 34.72	30
LEVOTHYROXIN TAB 88MCG	\$ 12.91	12
68180-0968-01	\$ 4.86	5
68180-0968-03	\$ 2.27	2
68180-0968-09	\$ 5.78	5
LEVOXYL TAB 100MCG	\$ 1.78	2
60793-0854-01	\$ 1.78	2
LIDOCAINE CRE 5%	\$ 5.86	1
58980-0823-30	\$ 5.86	1
LIDOCAINE DIS 5% PATCH	\$ 44.95	2
00603-1880-16	\$ 44.95	2
LIDOCAINE SOL 2% VISC	\$ 5.07	1
00054-3500-49	\$ 5.07	1
LINZESS CAP 145MCG	\$ 25.50	48

WellOne Primary Medical and Dental Care  
 Tab G Supplemental Detail (Wellpartner Contract)

Prescription Drug Name/NDIC Number	Drug Cost	Claim Count
00456-1201-30	\$ 25.50	48
LINZESS CAP 290MCG	\$ 18.30	34
00456-1202-30	\$ 18.30	34
LINZESS CAP 72MCG	\$ 23.40	44
00456-1203-30	\$ 23.40	44
LIPITOR TAB 40MG	\$ 0.15	1
58151-0157-77	\$ 0.15	1
LIRAGLUTIDE INJ 18MG/3ML	\$ 590.53	3
00143-9144-02	\$ 590.53	3
LISINOP/HCTZ TAB 20-12.5	\$ 8.40	6
68180-0519-01	\$ 8.40	6
LISINOP/HCTZ TAB 20-25MG	\$ 5.41	4
68180-0520-01	\$ 5.41	4
LISINOPRIL TAB 10MG	\$ 45.56	67
68180-0980-03	\$ 45.56	67
LISINOPRIL TAB 20MG	\$ 38.50	92
68180-0981-01	\$ 0.30	1
68180-0981-03	\$ 38.20	91
LISINOPRIL TAB 30MG	\$ 27.51	21
68180-0982-01	\$ 27.51	21
LISINOPRIL TAB 40MG	\$ 68.32	62
68180-0979-03	\$ 68.32	62
LISINOPRIL TAB 5MG	\$ 7.38	9
68180-0513-03	\$ 7.38	9
LIVALO TAB 1MG	\$ 832.21	4
66869-0104-90	\$ 832.21	4
LO LOESTRIN TAB 1-10-10	\$ 14.21	29
00430-0420-14	\$ 14.21	29
LOJAIMIESS TAB	\$ 11.13	2
70700-0207-93	\$ 11.13	2
LOKELMA PAK 10GM	\$ 1,076.06	3
00310-1110-30	\$ 875.30	2
00310-1110-39	\$ 200.76	1
LORATADINE TAB 10MG	\$ 55.40	58
00904-6852-72	\$ 11.12	7
00904-6852-89	\$ 0.61	1
45802-0650-75	\$ 2.73	2
45802-0650-87	\$ 27.37	24
70010-0162-34	\$ 13.57	24
LORAZEPAM TAB 0.5MG	\$ 6.35	18
13107-0083-05	\$ 3.10	4
69315-0904-01	\$ 3.25	14
LORAZEPAM TAB 1MG	\$ 2.00	3
69315-0905-01	\$ 2.00	3
LOSARTAN POT TAB 100MG	\$ 160.38	131

WellOne Primary Medical and Dental Care  
 Tab G Supplemental Detail (Wellpartner Contract)

Prescription Drug Name/NDIC Number	Drug Cost	Claim Count
31722-0702-10	\$ 2.55	1
31722-0702-90	\$ 104.56	73
43547-0362-11	\$ 11.72	12
65862-0203-30	\$ 1.59	1
65862-0203-90	\$ 2.69	3
65862-0203-99	\$ 37.27	41
LOSARTAN POT TAB 25MG	\$ 14.89	20
62332-0027-91	\$ 9.24	11
65862-0201-99	\$ 0.89	1
68180-0376-03	\$ 4.76	8
LOSARTAN POT TAB 50MG	\$ 21.01	24
31722-0701-10	\$ 1.48	1
31722-0701-90	\$ 9.91	8
43547-0361-11	\$ 4.06	6
62332-0028-91	\$ 0.66	1
65862-0202-30	\$ 0.30	1
65862-0202-90	\$ 4.60	7
LOSARTAN/HCT TAB 100-12.5	\$ 0.94	1
43547-0425-09	\$ 0.94	1
LOSARTAN/HCT TAB 100-25	\$ 4.10	5
68180-0217-06	\$ 4.10	5
LOSARTAN/HCT TAB 50-12.5	\$ 4.19	4
43547-0423-09	\$ 4.19	4
LOVASTATIN TAB 20MG	\$ 8.53	8
00093-0576-10	\$ 8.53	8
LOVASTATIN TAB 40MG	\$ 25.37	15
00093-0928-10	\$ 25.37	15
LUBIPROSTONE CAP 8MCG	\$ 103.33	8
00480-3479-06	\$ 76.71	6
43598-0163-60	\$ 26.62	2
LUMIGAN SOL 0.01% OP	\$ 2.23	47
00023-3205-03	\$ 2.07	45
00023-3205-08	\$ 0.16	2
LUPRON DEPOT INJ 3.75MG	\$ 157.52	2
00074-3641-03	\$ 157.52	2
LURASIDONE TAB 120MG	\$ 52.92	4
67877-0642-30	\$ 52.92	4
LYLLANA DIS 0.025MG	\$ 63.40	2
65162-0126-08	\$ 63.40	2
LYUMJEV KWPN INJ 200UT/ML	\$ 973.01	3
00002-8228-27	\$ 973.01	3
MAG64 TAB 64MG	\$ 6.94	1
68585-0005-75	\$ 6.94	1
MAGNESIUM CITRATE TABS 60 EA	\$ 12.16	2
35046-0003-20	\$ 12.16	2

WellOne Primary Medical and Dental Care  
 Tab G Supplemental Detail (Wellpartner Contract)

Prescription Drug Name/NDIC Number	Drug Cost	Claim Count
MECLIZINE CHW 25MG	\$ 5.74	4
00536-1299-01	\$ 5.74	4
MECLIZINE TAB 25MG	\$ 33.22	15
70710-1162-01	\$ 33.22	15
MEDROXYPR AC INJ 150MG/ML	\$ 8.63	1
70700-0315-27	\$ 8.63	1
MEDROXYPR AC TAB 2.5MG	\$ 5.30	1
00555-0872-02	\$ 5.30	1
MELOXICAM TAB 15MG	\$ 13.73	28
69097-0159-07	\$ 13.73	28
MELOXICAM TAB 7.5MG	\$ 5.37	12
29300-0124-01	\$ 5.37	12
MEMANTINE TAB HCL 10MG	\$ 8.16	2
68180-0230-07	\$ 8.16	2
METFORMIN TAB 1000MG	\$ 68.47	53
65862-0010-99	\$ 7.59	4
70010-0065-01	\$ 7.74	7
70010-0065-99	\$ 53.14	42
METFORMIN TAB 500MG	\$ 62.85	34
23155-0841-01	\$ 31.76	20
67877-0561-10	\$ 30.26	13
70010-0063-10	\$ 0.83	1
METFORMIN TAB 500MG ER	\$ 156.16	69
67877-0159-05	\$ 156.16	69
METFORMIN TAB 750MG ER	\$ 5.65	1
67877-0414-01	\$ 5.65	1
METHIMAZOLE TAB 10MG	\$ 21.03	3
23155-0071-01	\$ 21.03	3
METHOCARBAM TAB 500MG	\$ 0.89	3
70010-0754-01	\$ 0.89	3
METHOCARBAM TAB 750MG	\$ 5.14	3
70010-0770-01	\$ 5.14	3
METHYLPRED TAB 4MG	\$ 9.44	8
42806-0400-21	\$ 4.96	6
68382-0916-01	\$ 4.48	2
METOCLOPRAM SOL 5MG/5ML	\$ 8.95	1
62559-0190-16	\$ 8.95	1
METOCLOPRAM TAB 5MG	\$ 5.98	4
00093-2204-01	\$ 5.98	4
METOPROL SUC TAB 100MG ER	\$ 22.28	8
50742-0617-10	\$ 4.72	2
67877-0592-05	\$ 6.50	2
70010-0782-05	\$ 5.97	2
72516-0032-50	\$ 5.09	2
METOPROL SUC TAB 25MG ER	\$ 23.82	17

WellOne Primary Medical and Dental Care  
 Tab G Supplemental Detail (Wellpartner Contract)

Prescription Drug Name/NDIC Number	Drug Cost	Claim Count
70010-0780-05	\$ 23.82	17
METOPROL SUC TAB 50MG ER	\$ 19.63	12
50742-0616-10	\$ 0.20	2
70010-0781-05	\$ 19.43	10
METOPROL TAR TAB 100MG	\$ 17.91	10
52817-0254-00	\$ 5.70	2
52817-0254-10	\$ 10.12	7
52817-0362-10	\$ 2.09	1
METOPROL TAR TAB 25MG	\$ 25.76	43
52817-0250-00	\$ 5.37	9
62332-0112-91	\$ 20.39	34
METOPROL TAR TAB 50MG	\$ 34.14	22
00378-0032-10	\$ 3.58	2
52817-0252-10	\$ 11.82	3
62332-0113-31	\$ 18.74	17
METRONIDAZOL CRE 0.75%	\$ 25.56	4
00168-0323-46	\$ 10.61	1
72578-0129-08	\$ 14.95	3
METRONIDAZOL TAB 500MG	\$ 2.51	2
29300-0227-01	\$ 2.51	2
MIBELAS 24 CHW FE	\$ 5.18	1
68180-0911-73	\$ 5.18	1
MIEBO DRO 1.3GM/ML	\$ 1,003.47	3
24208-0377-05	\$ 1,003.47	3
MINERIN CRE	\$ 6.78	2
00904-7751-27	\$ 6.78	2
MIRABEGRON TAB 25MG ER	\$ 143.71	1
70710-1159-03	\$ 143.71	1
MIRTAZAPINE TAB 15MG	\$ 7.85	8
13107-0031-34	\$ 7.85	8
MIRTAZAPINE TAB 15MG ODT	\$ 54.00	4
65862-0021-06	\$ 54.00	4
MIRTAZAPINE TAB 30MG	\$ 3.78	4
57237-0009-30	\$ 3.78	4
MIRTAZAPINE TAB 45MG	\$ 5.90	4
13107-0032-34	\$ 5.90	4
MIRTAZAPINE TAB 7.5MG	\$ 10.28	1
66993-0606-30	\$ 10.28	1
MONTELUKAST CHW 5MG	\$ 14.97	13
13668-0080-30	\$ 2.74	2
31722-0728-30	\$ 5.18	3
33342-0111-07	\$ 7.05	8
MONTELUKAST TAB 10MG	\$ 68.88	69
29300-0220-19	\$ 40.94	41
31722-0726-10	\$ 12.99	17

WellOne Primary Medical and Dental Care  
 Tab G Supplemental Detail (Wellpartner Contract)

Prescription Drug Name/NDIC Number	Drug Cost	Claim Count
31722-0726-90	\$ 0.55	1
65862-0574-90	\$ 14.40	10
MOUNJARO INJ 10MG/0.5	\$ 28,456.08	32
00002-1471-80	\$ 28,456.08	32
MOUNJARO INJ 12.5/0.5	\$ 24,110.53	31
00002-1460-80	\$ 24,110.53	31
MOUNJARO INJ 15MG/0.5	\$ 37,621.63	47
00002-1457-80	\$ 37,621.63	47
MOUNJARO INJ 2.5/0.5	\$ 33,475.48	43
00002-1506-80	\$ 33,475.48	43
MOUNJARO INJ 5MG/0.5	\$ 57,170.99	65
00002-1495-80	\$ 57,170.99	65
MOUNJARO INJ 7.5/0.5	\$ 42,411.34	42
00002-1484-80	\$ 42,411.34	42
MULTIVI ADLT CHW GUMMIES	\$ 7.60	4
96295-0139-68	\$ 7.60	4
MUPIROCIN OIN 2%	\$ 9.34	6
45802-0112-22	\$ 9.34	6
MURINE EAR DRO 6.5% OT	\$ 5.05	1
78112-0736-23	\$ 5.05	1
MYRBETRIQ TAB 25MG	\$ 1,693.89	26
00469-2601-30	\$ 1,693.89	26
MYRBETRIQ TAB 50MG	\$ 2,127.80	35
00469-2602-30	\$ 2,127.80	35
NALTREXONE TAB 50MG	\$ 12.70	1
47335-0326-88	\$ 12.70	1
NAPROXEN SOD TAB 550MG	\$ 4.55	2
50228-0433-01	\$ 4.55	2
NARATRIPTAN TAB 2.5MG	\$ 17.69	4
69452-0341-72	\$ 17.69	4
NAT B VITAMIN D3 1000U GCAP 300 EA	\$ 13.91	1
79854-0093-30	\$ 13.91	1
NAYZILAM SPR 5MG	\$ 484.49	1
50474-0500-15	\$ 484.49	1
NECON TAB 0.5/35	\$ 42.15	5
75907-0085-32	\$ 42.15	5
NEXIUM CAP 40MG	\$ 113.81	1
00186-5040-31	\$ 113.81	1
NEXLETOL TAB 180MG	\$ 4,430.56	17
72426-0118-03	\$ 4,430.56	17
NEXLIZET TAB 180/10MG	\$ 2,588.19	7
72426-0818-03	\$ 2,588.19	7
NICOTINE POL GUM 4MG MINT	\$ 8.08	1
00536-1372-06	\$ 8.08	1
NICOTINE POL LOZ 4MG MINT	\$ 105.14	5

WellOne Primary Medical and Dental Care  
 Tab G Supplemental Detail (Wellpartner Contract)

Prescription Drug Name/NDIC Number	Drug Cost	Claim Count
00536-1241-81	\$ 105.14	5
NICOTINE TD DIS 21MG/24H	\$ 53.40	2
00536-1108-88	\$ 29.50	1
00536-5896-88	\$ 23.90	1
NIFEDIPINE TAB 60MG ER	\$ 8.89	1
59651-0296-01	\$ 8.89	1
NIKKI TAB 3-0.02MG	\$ 130.25	30
68180-0886-73	\$ 130.25	30
NITROFURANTN CAP 100MG	\$ 22.58	16
13811-0719-10	\$ 3.22	1
70756-0404-11	\$ 19.36	15
NITROGLYCERN SUB 0.4MG	\$ 4.46	2
59651-0658-04	\$ 4.46	2
NIX CREM RIN LIQ 1%	\$ 54.14	4
63736-0120-02	\$ 45.20	3
63736-0120-03	\$ 8.94	1
NIZORAL A-D SHMP 125 ML	\$ 23.98	1
55505-0192-33	\$ 23.98	1
NORETHINDRON TAB 0.35MG	\$ 7.73	3
68180-0876-73	\$ 7.73	3
NORGEST/ETHI TAB ESTRADIO	\$ 3.16	1
68180-0838-73	\$ 3.16	1
NORTREL TAB 0.5/35	\$ 31.00	2
00555-9008-67	\$ 31.00	2
NORTREL TAB 1/35	\$ 19.58	3
00555-9010-58	\$ 19.58	3
NORTREL TAB 7/7/7	\$ 23.18	4
00555-9012-58	\$ 23.18	4
NOVOLIN INJ 70/30 FP	\$ 737.65	4
00169-3007-15	\$ 737.65	4
NOVOLIN N INJ U-100	\$ 95.54	3
00169-1834-11	\$ 95.54	3
NOVOLOG INJ 100/ML	\$ 7,124.25	57
00169-7501-11	\$ 7,124.25	57
NOVOLOG INJ FLEXPEN	\$ 5,539.45	50
00169-6339-10	\$ 5,539.45	50
NOVOLOG MIX INJ FLEXPEN	\$ 1,268.60	8
00169-3696-19	\$ 1,268.60	8
NUCYNTA ER TAB 50MG	\$ 0.55	1
24510-0058-60	\$ 0.55	1
NUCYNTA TAB 50MG	\$ 1.35	3
24510-0050-10	\$ 1.35	3
NUEDEXTA CAP 20-10MG	\$ 324.95	1
59148-0053-16	\$ 324.95	1
NURTEC TAB 75MG ODT	\$ 55,959.24	116

WellOne Primary Medical and Dental Care  
 Tab G Supplemental Detail (Wellpartner Contract)

Prescription Drug Name/NDIC Number	Drug Cost	Claim Count
72618-3000-02	\$ 55,959.24	116
NUVARING MIS	\$ 975.39	2
59212-0146-03	\$ 975.39	2
NYAMYC POW 100000	\$ 4.64	1
00832-0465-60	\$ 4.64	1
NYLIA TAB 1/35	\$ 26.69	14
65862-0898-88	\$ 26.69	14
NYSTATIN POW 100000	\$ 5.45	1
69315-0306-60	\$ 5.45	1
NYSTATIN TAB 500000	\$ 27.78	2
23155-0051-01	\$ 27.78	2
NYSTOP POW 100000	\$ 2.21	1
00574-2008-15	\$ 2.21	1
OFLOXACIN DRO 0.3% OP	\$ 3.00	1
60505-0560-00	\$ 3.00	1
OFLOXACIN DRO 0.3%OTIC	\$ 4.64	1
70756-0609-15	\$ 4.64	1
OLANZAPINE TAB 20MG ODT	\$ 26.94	4
60505-3278-03	\$ 26.94	4
OLMESA MEDOX TAB 20MG	\$ 15.69	4
33342-0179-10	\$ 2.68	1
67877-0446-90	\$ 10.40	2
68462-0437-90	\$ 2.61	1
OLMESA MEDOX TAB 40MG	\$ 3.94	1
33342-0180-10	\$ 3.94	1
OLMESA MEDOX TAB 5MG	\$ 6.84	3
33342-0178-07	\$ 1.80	1
68462-0436-30	\$ 5.04	2
OMEPRAZOLE CAP 20MG	\$ 99.66	102
55111-0644-01	\$ 83.28	89
57237-0161-99	\$ 11.96	7
68462-0396-10	\$ 2.54	3
70700-0150-01	\$ 1.88	3
OMEPRAZOLE CAP 40MG	\$ 169.41	84
57237-0162-30	\$ 3.88	2
57237-0162-50	\$ 147.80	75
57237-0162-90	\$ 11.59	3
59651-0003-05	\$ 2.30	1
68462-0397-01	\$ 1.48	2
68462-0397-10	\$ 2.36	1
ONDANSETRON TAB 4MG ODT	\$ 13.17	6
65862-0390-10	\$ 7.80	2
68462-0157-13	\$ 5.37	4
ONDANSETRON TAB 8MG ODT	\$ 121.91	45
68462-0158-11	\$ 121.91	45

WellOne Primary Medical and Dental Care  
 Tab G Supplemental Detail (Wellpartner Contract)

Prescription Drug Name/NDIC Number	Drug Cost	Claim Count
ONETOUCH TES ULTRA	\$ 173.12	1
53885-0245-10	\$ 173.12	1
ONETOUCH TES VERIO	\$ 1,260.35	16
53885-0270-25	\$ 186.72	3
53885-0271-50	\$ 326.83	5
53885-0272-10	\$ 746.80	8
OPTICHAMBER MIS DIA MD	\$ 12.79	1
08373-9826-00	\$ 12.79	1
OPZELURA CRE 1.5%	\$ 2,459.60	2
50881-0007-05	\$ 2,459.60	2
ORILISSA TAB 150MG	\$ 617.58	1
00074-0038-28	\$ 617.58	1
OSELTAMIVIR CAP 45MG	\$ 0.52	1
68180-0676-11	\$ 0.52	1
OSELTAMIVIR CAP 75MG	\$ 0.10	1
64380-0799-01	\$ 0.10	1
OXYCONTIN TAB 15MG ER	\$ 2.25	4
59011-0415-10	\$ 2.25	4
OXYCONTIN TAB 20MG ER	\$ 4.23	7
59011-0420-10	\$ 4.23	7
OXYCONTIN TAB 30MG ER	\$ 2.37	3
59011-0430-10	\$ 2.37	3
OXYCONTIN TAB 40MG ER	\$ 0.90	3
59011-0440-10	\$ 0.90	3
OXYCONTIN TAB 80MG ER	\$ 0.55	1
59011-0480-10	\$ 0.55	1
OYSTER SHELL TAB 500MG	\$ 2.58	2
20555-0003-01	\$ 2.58	2
OZEMPIC INJ 2MG/3ML	\$ 188,603.11	542
00169-4181-13	\$ 188,603.11	542
OZEMPIC INJ 4MG/3ML	\$ 180,191.98	476
00169-4130-13	\$ 180,191.98	476
OZEMPIC INJ 8MG/3ML	\$ 157,976.35	458
00169-4772-12	\$ 157,976.35	458
PANTOPRAZOLE TAB 20MG	\$ 10.64	10
65862-0559-90	\$ 10.64	10
PANTOPRAZOLE TAB 40MG	\$ 45.36	27
00378-6689-10	\$ 0.48	1
13668-0429-90	\$ 44.88	26
PAROXETINE TAB 30MG	\$ 12.12	2
68382-0099-06	\$ 12.12	2
PAROXETINE TAB 40MG	\$ 20.27	4
43547-0350-09	\$ 20.27	4
PAXLOVID TAB 150-100	\$ 5,408.52	5
00069-5317-20	\$ 4,307.56	4

WellOne Primary Medical and Dental Care  
 Tab G Supplemental Detail (Wellpartner Contract)

Prescription Drug Name/NDIC Number	Drug Cost	Claim Count
00069-5434-20	\$ 1,100.96	1
PAXLOVID TAB 300-100	\$ 66,653.88	62
00069-5045-30	\$ 19,465.56	18
00069-5321-30	\$ 47,188.32	44
PENICILLN VK TAB 500MG	\$ 0.65	1
65862-0176-05	\$ 0.65	1
PERMETHRIN CRE 5%	\$ 5.73	1
21922-0021-07	\$ 5.73	1
PERPHENAZINE TAB 2MG	\$ 3.37	1
00591-4101-01	\$ 3.37	1
PERPHENAZINE TAB 8MG	\$ 130.06	13
00603-5062-21	\$ 3.99	3
52536-0168-01	\$ 112.25	9
68382-0593-01	\$ 13.82	1
PHENAZOPYRID TAB 100MG	\$ 2.61	1
75826-0114-10	\$ 2.61	1
PHENAZOPYRID TAB 200MG	\$ 0.60	1
65162-0682-10	\$ 0.60	1
PHENTERMINE CAP 15MG	\$ 4.94	4
11534-0157-01	\$ 4.94	4
PHENTERMINE CAP 30MG	\$ 2.32	2
11534-0176-01	\$ 2.32	2
PHENTERMINE CAP 37.5MG	\$ 1.25	1
11534-0159-01	\$ 1.25	1
PHENTERMINE TAB 37.5MG	\$ 8.96	8
10702-0025-01	\$ 8.96	8
PILOCARPINE TAB 5MG	\$ 0.89	1
60219-5922-01	\$ 0.89	1
PIOGLITAZONE TAB 15MG	\$ 1.10	1
00093-7271-98	\$ 1.10	1
POT CHLORIDE CAP 10MEQ ER	\$ 15.16	6
70010-0148-01	\$ 15.16	6
POT CHLORIDE TAB 10MEQ ER	\$ 0.34	1
65862-0987-99	\$ 0.34	1
POT CHLORIDE TAB 20MEQ ER	\$ 0.64	2
72888-0076-01	\$ 0.64	2
POT CITRA ER TAB 1080MG	\$ 24.91	6
31722-0130-01	\$ 14.88	3
68382-0537-01	\$ 10.03	3
POT CITRA ER TAB 540MG	\$ 33.92	5
00591-2682-01	\$ 6.06	1
42543-0406-01	\$ 27.86	4
PRADAXA CAP 150MG	\$ 1,271.92	10
00597-0360-55	\$ 1,271.92	10
PRALUENT INJ 75MG/ML	\$ 237.36	1

WellOne Primary Medical and Dental Care  
 Tab G Supplemental Detail (Wellpartner Contract)

Prescription Drug Name/NDIC Number	Drug Cost	Claim Count
61755-0020-02	\$ 237.36	1
PRAMIPEXOLE TAB 1MG	\$ 7.19	10
68462-0333-90	\$ 7.19	10
PRAVASTATIN TAB 10MG	\$ 3.75	3
00093-0771-10	\$ 3.75	3
PRAVASTATIN TAB 20MG	\$ 7.00	3
00093-7201-98	\$ 2.38	1
84386-0032-90	\$ 4.62	2
PRAVASTATIN TAB 40MG	\$ 16.22	12
00093-7202-10	\$ 8.86	6
00093-7202-98	\$ 2.44	2
60505-0170-07	\$ 1.32	1
84386-0033-99	\$ 3.60	3
PRAVASTATIN TAB 80MG	\$ 14.07	2
70377-0048-12	\$ 14.07	2
PREDNISONE TAB 10MG	\$ 4.35	8
59651-0487-01	\$ 2.64	6
70954-0059-20	\$ 1.71	2
PREDNISONE TAB 20MG	\$ 2.65	6
59651-0488-01	\$ 2.65	6
PREDNISONE TAB 50MG	\$ 0.38	1
64380-0949-06	\$ 0.38	1
PREDNISONE TAB 5MG	\$ 0.81	1
00591-5052-10	\$ 0.81	1
PREGABALIN CAP 100MG	\$ 2.16	1
64980-0413-09	\$ 2.16	1
PREGABALIN CAP 300MG	\$ 2.85	1
50228-0357-90	\$ 2.85	1
PREGABALIN CAP 50MG	\$ 5.70	10
50228-0351-90	\$ 5.70	10
PREMARIN TAB 0.3MG	\$ 0.60	2
00046-1100-81	\$ 0.60	2
PREMARIN TAB 0.625MG	\$ 5.69	17
00046-1102-81	\$ 5.69	17
PREMARIN TAB 1.25MG	\$ 2.08	5
00046-1104-81	\$ 2.08	5
PREMARIN VAG CRE 0.625MG	\$ 3.30	11
00046-0872-21	\$ 3.30	11
PREMPRO TAB	\$ 2.80	10
00046-1107-11	\$ 2.80	10
PREMPRO TAB 0.3-1.5	\$ 3.64	11
00046-1105-11	\$ 3.64	11
PREMPRO TAB 0.45-1.5	\$ 0.56	2
00046-1106-11	\$ 0.56	2
PREVALITE POW 4GM	\$ 26.45	1

WellOne Primary Medical and Dental Care  
 Tab G Supplemental Detail (Wellpartner Contract)

Prescription Drug Name/NDIC Number	Drug Cost	Claim Count
00245-0036-23	\$ 26.45	1
PROAIR RESPI AER	\$ 235.59	9
59310-0580-20	\$ 235.59	9
PROCHLORPER TAB 10MG	\$ 1.59	1
59746-0115-06	\$ 1.59	1
PROLIA INJ 60MG/ML	\$ 4,174.36	5
55513-0710-21	\$ 4,174.36	5
PROMETHAZINE SOL 6.25/5ML	\$ 108.03	3
70752-0138-12	\$ 108.03	3
PROMETHAZINE TAB 25MG	\$ 25.92	11
53746-0521-01	\$ 25.92	11
PROPRANOLOL CAP 160MG ER	\$ 39.85	3
51991-0820-01	\$ 39.85	3
PROPRANOLOL CAP 60MG ER	\$ 29.78	9
00527-4116-37	\$ 29.78	9
PROPRANOLOL CAP 80MG ER	\$ 19.05	6
00527-4117-37	\$ 19.05	6
PROPRANOLOL TAB 10MG	\$ 40.27	13
69238-2077-07	\$ 4.94	3
69292-0530-10	\$ 35.33	10
PROPRANOLOL TAB 20MG	\$ 2.53	2
69238-2078-01	\$ 1.01	1
69238-2078-07	\$ 1.52	1
PROPRANOLOL TAB 40MG	\$ 14.49	4
69292-0534-01	\$ 14.49	4
PROPRANOLOL TAB 60MG	\$ 29.69	3
69292-0536-01	\$ 29.69	3
PSYLLIUM FIB CAP 0.52GM	\$ 9.36	4
40985-0270-24	\$ 9.36	4
PULMICORT INH 180MCG	\$ 532.04	10
61269-0518-12	\$ 0.08	8
85612-0011-01	\$ 531.96	2
PULMICORT INH 90MCG	\$ 0.27	21
61269-0509-06	\$ 0.27	21
QELBREE CAP 150MG ER	\$ 261.15	1
17772-0132-30	\$ 261.15	1
QELBREE CAP 200MG ER	\$ 6,100.58	19
17772-0133-30	\$ 6,100.58	19
QUETIAPINE TAB 100MG	\$ 4.23	5
68180-0447-01	\$ 4.23	5
QUETIAPINE TAB 50MG	\$ 16.14	22
16571-0718-01	\$ 4.50	7
67877-0249-01	\$ 11.64	15
QULIPTA TAB 30MG	\$ 5,097.38	10
00074-7096-30	\$ 5,097.38	10

WellOne Primary Medical and Dental Care  
 Tab G Supplemental Detail (Wellpartner Contract)

Prescription Drug Name/NDIC Number	Drug Cost	Claim Count
QULIPTA TAB 60MG	\$ 30,507.23	66
00074-7094-30	\$ 30,507.23	66
QUVIVIQ TAB 25MG	\$ 197.88	1
80491-7825-03	\$ 197.88	1
QUVIVIQ TAB 50MG	\$ 1,829.49	10
80491-7850-03	\$ 1,829.49	10
QVAR REDIIHA AER 80MCG	\$ 4,866.12	53
59310-0304-80	\$ 4,866.12	53
QVAR REDIIHAL AER 40MCG	\$ 4,808.93	77
59310-0302-40	\$ 4,808.93	77
RABEPRAZOLE TAB 20MG	\$ 22.45	4
65862-0721-30	\$ 7.41	1
67877-0443-30	\$ 2.45	1
67877-0443-90	\$ 12.59	2
RADICAVA ORS SUS 105/5ML	\$ 42,741.29	4
70510-2322-01	\$ 42,741.29	4
RAMELTEON TAB 8MG	\$ 98.29	14
00832-1250-11	\$ 89.68	13
00832-1250-30	\$ 8.61	1
RAMIPRIL CAP 2.5MG	\$ 8.87	4
65862-0475-01	\$ 8.87	4
REFRESH TEAR DRO 0.5% OP	\$ 4.89	1
00023-0798-15	\$ 4.89	1
REGULOID CAP 400MG	\$ 50.50	13
80681-0022-00	\$ 50.50	13
RESTASIS EMU 0.05% OP	\$ 15.60	36
00023-9163-30	\$ 5.76	11
00023-9163-60	\$ 9.84	25
REXULTI TAB 0.25MG	\$ 3,175.32	4
59148-0035-13	\$ 3,175.32	4
REXULTI TAB 0.5MG	\$ 5,684.05	7
59148-0036-13	\$ 5,684.05	7
REXULTI TAB 1MG	\$ 3,192.16	3
59148-0037-13	\$ 3,192.16	3
REXULTI TAB 2MG	\$ 13,610.75	11
59148-0038-13	\$ 13,610.75	11
REZVOGLAR INJ 100UT/ML	\$ 213.36	1
00002-8980-05	\$ 213.36	1
RHOPRESSA SOL 0.02%	\$ 105.84	1
70727-0497-25	\$ 105.84	1
RINVOQ TAB 15MG ER	\$ 67,455.87	21
00074-2306-30	\$ 67,455.87	21
RINVOQ TAB 30MG ER	\$ 97,307.09	30
00074-2310-30	\$ 97,307.09	30
RINVOQ TAB 45MG ER	\$ 30,680.50	5

WellOne Primary Medical and Dental Care  
 Tab G Supplemental Detail (Wellpartner Contract)

Prescription Drug Name/NDIC Number	Drug Cost	Claim Count
00074-1043-28	\$ 30,680.50	5
RISPERDAL TAB 1MG	\$ 1,207.41	7
50458-0300-06	\$ 1,207.41	7
RISPERIDONE TAB 1MG	\$ 7.47	10
27241-0001-06	\$ 3.95	6
43547-0341-06	\$ 3.52	4
RIZATRIPTAN TAB 10MG	\$ 1.42	1
65862-0600-12	\$ 1.42	1
ROPINIROLE TAB 0.25MG	\$ 3.56	4
69452-0356-20	\$ 3.56	4
ROPINIROLE TAB 2MG	\$ 5.63	5
43547-0271-10	\$ 5.63	5
ROPINIROLE TAB 3MG	\$ 4.20	3
43547-0272-10	\$ 4.20	3
ROSUVASTATIN TAB 10MG	\$ 18.86	23
68462-0262-90	\$ 16.18	20
72205-0003-90	\$ 2.68	3
ROSUVASTATIN TAB 20MG	\$ 71.41	42
31722-0884-90	\$ 53.10	32
68462-0263-90	\$ 1.39	1
70377-0008-13	\$ 16.92	9
ROSUVASTATIN TAB 40MG	\$ 20.72	14
27808-0158-03	\$ 15.99	10
68462-0264-30	\$ 3.24	2
72205-0005-30	\$ 1.49	2
ROSUVASTATIN TAB 5MG	\$ 9.07	12
68462-0261-90	\$ 4.67	9
70377-0006-13	\$ 4.40	3
RYBELSUS TAB 14MG	\$ 11,723.11	31
00169-4314-30	\$ 11,723.11	31
RYBELSUS TAB 3MG	\$ 3,675.34	10
00169-4303-30	\$ 3,675.34	10
RYBELSUS TAB 7MG	\$ 14,980.37	50
00169-4307-30	\$ 14,980.37	50
SAVELLA TAB 100MG	\$ 7.20	8
00456-1510-60	\$ 7.20	8
SAVELLA TAB 25MG	\$ 1.20	2
00456-1525-60	\$ 1.20	2
SAVELLA TAB 50MG	\$ 0.60	1
00456-1550-60	\$ 0.60	1
SCOPOLAMINE DIS 1MG/3DAY	\$ 296.85	17
50742-0505-04	\$ 5.51	1
50742-0505-24	\$ 291.34	16
SEMGLEE INJ 100U/ML	\$ 168.89	4
83257-0011-11	\$ 31.04	1

WellOne Primary Medical and Dental Care  
 Tab G Supplemental Detail (Wellpartner Contract)

Prescription Drug Name/NDIC Number	Drug Cost	Claim Count
83257-0012-33	\$ 137.85	3
SEREVENT DIS AER 50MCG	\$ 16.20	3
00173-0521-00	\$ 16.20	3
SERTRALINE TAB 100MG	\$ 35.11	15
65862-0013-05	\$ 10.29	5
68180-0353-02	\$ 6.54	3
68180-0992-03	\$ 1.54	1
69097-0835-12	\$ 16.74	6
SERTRALINE TAB 25MG	\$ 8.67	8
23155-0757-05	\$ 1.82	2
70010-0203-05	\$ 6.85	6
SERTRALINE TAB 50MG	\$ 0.43	1
68180-0986-03	\$ 0.43	1
SILDENAFIL TAB 100MG	\$ 47.64	51
13668-0188-01	\$ 32.19	38
60219-1753-03	\$ 15.45	13
SILDENAFIL TAB 20MG	\$ 8.74	11
13668-0185-90	\$ 2.30	9
65862-0688-90	\$ 6.44	2
SILDENAFIL TAB 25MG	\$ 3.54	3
13668-0186-30	\$ 1.36	1
31722-0709-30	\$ 2.18	2
SILDENAFIL TAB 50MG	\$ 68.16	79
31722-0710-01	\$ 68.16	79
SILODOSIN CAP 4MG	\$ 22.83	3
27241-0144-01	\$ 15.42	2
69238-1421-03	\$ 7.41	1
SILODOSIN CAP 8MG	\$ 8.28	1
33342-0385-07	\$ 8.28	1
SIMBRINZA SUS 1-0.2%	\$ 213.59	14
00065-4147-27	\$ 213.59	14
SIMPESSE TAB	\$ 24.75	18
65862-0864-95	\$ 24.75	18
SIMVASTATIN TAB 10MG	\$ 0.89	1
68180-0478-03	\$ 0.89	1
SIMVASTATIN TAB 20MG	\$ 6.37	7
68180-0479-03	\$ 6.37	7
SIMVASTATIN TAB 40MG	\$ 10.61	14
68180-0464-03	\$ 10.61	14
SINUS RINSE POW REFILL	\$ 11.61	1
05928-0002-00	\$ 11.61	1
SKYRIZI INJ 150MG/ML	\$ 89,604.55	8
00074-1050-01	\$ 89,604.55	8
SKYRIZI INJ 360/2.4	\$ 22,669.64	2
00074-1070-01	\$ 22,669.64	2

WellOne Primary Medical and Dental Care  
 Tab G Supplemental Detail (Wellpartner Contract)

Prescription Drug Name/NDIC Number	Drug Cost	Claim Count
SKYRIZI PEN INJ 150MG/ML	\$ 276,287.58	24
00074-2100-01	\$ 276,287.58	24
SLEEP CHILD/ LIQ MELATONI	\$ 184.92	9
58438-0005-71	\$ 184.92	9
SLYND TAB 4MG	\$ 4,913.14	26
00642-7470-01	\$ 4,913.14	26
SMZ/TMP DS TAB 800-160	\$ 2.57	6
57237-0233-01	\$ 2.57	6
SMZ-TMP TAB 400-80MG	\$ 0.34	1
57237-0232-01	\$ 0.34	1
SODIUM/POTAS SOL MAGNESIU	\$ 26,932.32	1
31722-0098-31	\$ 26,932.32	1
SOFTCLIX MIS LANCETS	\$ 15.35	1
50924-0971-10	\$ 15.35	1
SOLIFENACIN TAB 5MG	\$ 2.40	1
68462-0386-90	\$ 2.40	1
SPIRIVA CAP HANDIHLR	\$ 42.55	4
00597-0075-41	\$ 42.55	4
SPIRIVA RESP AER 1.25MCG	\$ 882.07	14
00597-0160-61	\$ 882.07	14
SPIRIVA RESP AER 2.5MCG	\$ 2,949.54	47
00597-0100-61	\$ 2,949.54	47
SPIRONOLACT TAB 25MG	\$ 58.65	59
53746-0511-01	\$ 18.03	8
68382-0660-01	\$ 32.48	42
68382-0660-05	\$ 0.74	1
68382-0660-10	\$ 7.40	8
SPIRONOLACT TAB 50MG	\$ 0.85	1
53746-0514-01	\$ 0.85	1
SPRINTEC 28 TAB 28 DAY	\$ 26.74	8
00555-9016-58	\$ 26.74	8
STELARA INJ 90MG/ML	\$ 56,781.71	6
57894-0061-03	\$ 56,781.71	6
STEQEYMA INJ 90MG/ML	\$ 2,606.10	2
72606-0028-01	\$ 2,606.10	2
STIMULANT LX TAB 8.6-50MG	\$ 8.53	11
00536-1248-01	\$ 8.53	11
STIOLTO AER 2.5-2.5	\$ 4,156.64	45
00597-0155-61	\$ 4,156.64	45
SUBOXONE MIS 8-2MG	\$ 14,930.61	52
12496-1208-03	\$ 14,930.61	52
SUCRALFATE SUS 1GM/10ML	\$ 721.02	10
00713-0791-75	\$ 169.16	2
66689-0305-16	\$ 518.94	5
82182-0106-14	\$ 32.92	3

WellOne Primary Medical and Dental Care  
 Tab G Supplemental Detail (Wellpartner Contract)

Prescription Drug Name/NDIC Number	Drug Cost	Claim Count
SUCRALFATE TAB 1GM	\$ 12.35	1
00093-2210-01	\$ 12.35	1
SUFLAVE SOL	\$ 528.68	10
52268-0550-01	\$ 528.68	10
SUMATRIPTAN TAB 100MG	\$ 3.35	2
65862-0148-36	\$ 3.35	2
SUMATRIPTAN TAB 50MG	\$ 3.73	6
69452-0345-72	\$ 3.73	6
SUPER OMEGA CAP -3	\$ 19.08	1
11845-0146-38	\$ 19.08	1
SUPREP BOWEL SOL PREP KIT	\$ 15.46	1
52268-0012-01	\$ 15.46	1
SUTAB TAB	\$ 736.56	11
52268-0201-01	\$ 736.56	11
SYEDA TAB 3-0.03MG	\$ 74.31	18
70700-0115-85	\$ 74.31	18
SYMBICORT AER 160-4.5	\$ 7,100.16	88
00186-0370-20	\$ 7,100.16	88
SYMBICORT AER 80-4.5	\$ 448.96	9
00186-0372-20	\$ 448.96	9
SYMPROIC TAB 0.2MG	\$ 1,416.15	4
59385-0041-30	\$ 1,416.15	4
SYNTHROID TAB 100MCG	\$ 1,258.61	16
00074-6624-90	\$ 1,258.61	16
SYNTHROID TAB 112MCG	\$ 191.15	2
00074-9296-90	\$ 191.15	2
SYNTHROID TAB 125MCG	\$ 1,064.86	11
00074-7068-90	\$ 1,064.86	11
SYNTHROID TAB 137MCG	\$ 70.74	2
00074-3727-90	\$ 70.74	2
SYNTHROID TAB 150MCG	\$ 1,233.59	11
00074-7069-90	\$ 1,233.59	11
SYNTHROID TAB 175MCG	\$ 441.21	13
00074-7070-90	\$ 441.21	13
SYNTHROID TAB 50MCG	\$ 1,270.81	13
00074-4552-90	\$ 1,270.81	13
SYNTHROID TAB 75MCG	\$ 1,407.34	23
00074-5182-90	\$ 1,407.34	23
SYNTHROID TAB 88MCG	\$ 1,937.95	24
00074-6594-90	\$ 1,937.95	24
SYSTANE OIN	\$ 11.61	1
00065-0509-35	\$ 11.61	1
SYSTANE SOL	\$ 28.71	3
00065-0429-30	\$ 28.71	3
TAB-A-VITE TAB /IRON	\$ 1.97	4

WellOne Primary Medical and Dental Care  
 Tab G Supplemental Detail (Wellpartner Contract)

Prescription Drug Name/NDIC Number	Drug Cost	Claim Count
80681-0124-00	\$ 1.97	4
TACROLIMUS OIN 0.1%	\$ 50.13	3
21922-0011-05	\$ 7.78	1
21922-0011-07	\$ 15.58	1
45802-0700-01	\$ 26.77	1
TADALAFIL TAB 10MG	\$ 21.38	12
13668-0567-30	\$ 4.31	3
24979-0729-06	\$ 2.25	1
29300-0288-13	\$ 14.82	8
TADALAFIL TAB 20MG	\$ 16.10	6
27241-0114-03	\$ 14.18	5
43547-0990-06	\$ 1.92	1
TADALAFIL TAB 5MG	\$ 75.10	58
13668-0566-30	\$ 73.99	57
43547-0049-03	\$ 1.11	1
TAMOXIFEN TAB 20MG	\$ 14.73	2
59651-0300-30	\$ 14.73	2
TAMSULOSIN CAP 0.4MG	\$ 49.65	34
57237-0014-01	\$ 1.61	1
65862-0598-05	\$ 48.04	33
TEGRETOL-XR TAB 400MG	\$ 9.81	11
00078-0512-05	\$ 9.81	11
TELMISA/HCTZ TAB 40-12.5	\$ 0.90	1
43547-0441-03	\$ 0.90	1
TELMISARTAN TAB 40MG	\$ 13.35	3
43547-0284-03	\$ 13.35	3
TELMISARTAN TAB 80MG	\$ 15.33	3
43547-0285-03	\$ 15.33	3
TEMAZEPAM CAP 15MG	\$ 45.11	32
00228-2076-10	\$ 45.11	32
TERAZOSIN CAP 1MG	\$ 15.07	1
24689-0792-01	\$ 15.07	1
TERBINAFINE TAB 250MG	\$ 4.36	3
69097-0859-02	\$ 2.88	2
69097-0859-07	\$ 1.48	1
TESTOST CYP INJ 200MG/ML	\$ 223.52	16
69097-0537-31	\$ 178.48	12
69097-0802-32	\$ 45.04	4
TESTOSTERONE GEL 1.62%	\$ 172.76	8
69238-1013-02	\$ 172.76	8
THYQUIDITY SOL 100/5ML	\$ 507.83	2
82685-0360-02	\$ 507.83	2
THYQUIDITY SOL 100MCG	\$ 780.95	5
52652-1950-02	\$ 780.95	5
TIADYLT CAP 120MG/24	\$ 62.70	21

WellOne Primary Medical and Dental Care  
 Tab G Supplemental Detail (Wellpartner Contract)

Prescription Drug Name/NDIC Number	Drug Cost	Claim Count
68382-0745-16	\$ 62.70	21
TIADYLT CAP 180MG/24	\$ 36.71	6
68382-0746-16	\$ 36.71	6
TIADYLT CAP 240MG/24	\$ 210.15	39
68382-0747-16	\$ 210.15	39
TIADYLT CAP 300MG/24	\$ 45.25	5
68382-0748-16	\$ 45.25	5
TIADYLT CAP 360MG/24	\$ 106.51	6
68382-0749-16	\$ 106.51	6
TIOTROP BROM CAP 18MCG	\$ 2,046.73	11
68180-0964-12	\$ 2,046.73	11
TIROSINT CAP 100MCG	\$ 39.94	1
71858-0030-04	\$ 39.94	1
TIROSINT CAP 125MCG	\$ 1,822.08	6
71858-0040-04	\$ 1,822.08	6
TIROSINT CAP 200MCG	\$ 149.77	1
71858-0060-04	\$ 149.77	1
TIZANIDINE TAB 4MG	\$ 8.03	7
55111-0180-15	\$ 4.45	5
72578-0097-21	\$ 3.58	2
TOPIRAMATE TAB 100MG	\$ 14.36	6
68382-0140-14	\$ 14.36	6
TOPIRAMATE TAB 25MG	\$ 5.98	11
69097-0122-03	\$ 5.98	11
TOPIRAMATE TAB 50MG	\$ 7.59	13
65862-0172-60	\$ 2.71	1
68382-0139-14	\$ 3.59	9
68462-0153-60	\$ 1.29	3
TOSYMRA SOL 10MG	\$ 373.95	1
00245-0812-61	\$ 373.95	1
TRADJENTA TAB 5MG	\$ 10.50	19
00597-0140-30	\$ 10.50	19
TRAMADOL HCL TAB 50MG	\$ 11.77	19
60219-2348-01	\$ 11.77	19
TRAZODONE TAB 100MG	\$ 8.09	3
13668-0331-01	\$ 0.45	1
50111-0561-01	\$ 7.64	2
TRAZODONE TAB 150MG	\$ 31.59	4
13668-0332-01	\$ 9.95	2
50111-0450-01	\$ 21.64	2
TRAZODONE TAB 50MG	\$ 35.35	30
50111-0560-01	\$ 8.64	3
50111-0560-02	\$ 22.36	24
50111-0560-03	\$ 4.35	3
TRELEGY AER 100MCG	\$ 106,440.44	397

WellOne Primary Medical and Dental Care  
 Tab G Supplemental Detail (Wellpartner Contract)

Prescription Drug Name/NDIC Number	Drug Cost	Claim Count
00173-0887-10	\$ 106,440.44	397
TRELEGY AER 200MCG	\$ 51,678.76	191
00173-0893-10	\$ 51,678.76	191
TREMFYA INJ 100MG/ML	\$ 65,332.47	15
57894-0640-11	\$ 65,332.47	15
TRESIBA FLEX INJ 100UNIT	\$ 4,841.32	46
00169-2660-15	\$ 4,841.32	46
TRESIBA FLEX INJ 200UNIT	\$ 1,405.46	8
00169-2550-13	\$ 1,405.46	8
TRESIBA INJ 100UNIT	\$ 277.95	1
00169-2662-11	\$ 277.95	1
TRIAMCINOLON CRE 0.1%	\$ 11.69	3
21922-0062-04	\$ 0.30	1
21922-0062-30	\$ 9.32	1
67877-0251-80	\$ 2.07	1
TRIAMCINOLON CRE 0.5%	\$ 9.54	3
67877-0318-15	\$ 9.54	3
TRIAMCINOLON OIN 0.025%	\$ 0.55	1
33342-0331-15	\$ 0.55	1
TRIAMCINOLON OIN 0.1%	\$ 1.23	1
00168-0006-15	\$ 1.23	1
TRIAMCINOLON OIN 0.5%	\$ 4.46	2
45802-0049-35	\$ 4.46	2
TRIAMT/HCTZ CAP 37.5-25	\$ 10.53	4
72578-0090-01	\$ 10.53	4
TRI-ESTARYLL TAB	\$ 296.88	102
70700-0121-85	\$ 296.88	102
TRI-LO- TAB MARZIA	\$ 93.69	44
68180-0837-73	\$ 93.69	44
TRINTELLIX TAB 10MG	\$ 2,618.92	35
64764-0730-30	\$ 2,618.92	35
TRINTELLIX TAB 20MG	\$ 5,493.97	62
64764-0750-30	\$ 5,493.97	62
TRINTELLIX TAB 5MG	\$ 281.18	4
64764-0720-30	\$ 281.18	4
TRULICITY INJ 0.75/0.5	\$ 7,930.71	15
00002-1433-80	\$ 7,930.71	15
TRULICITY INJ 1.5/0.5	\$ 11,228.05	23
00002-1434-80	\$ 11,228.05	23
TRULICITY INJ 3/0.5	\$ 11,849.92	15
00002-2236-80	\$ 11,849.92	15
TRULICITY INJ 4.5/0.5	\$ 12,738.30	12
00002-3182-80	\$ 12,738.30	12
TYBLUME CHW 0.1-0.02	\$ 264.18	5
00642-7471-01	\$ 264.18	5

WellOne Primary Medical and Dental Care  
 Tab G Supplemental Detail (Wellpartner Contract)

Prescription Drug Name/NDIC Number	Drug Cost	Claim Count
UBRELVY TAB 100MG	\$ 22,476.97	44
00023-6501-10	\$ 21,018.66	42
00023-6501-16	\$ 1,458.31	2
UBRELVY TAB 50MG	\$ 508.36	1
00023-6498-10	\$ 508.36	1
UNITHROID TAB 100MCG	\$ 4.47	5
60846-0805-01	\$ 4.47	5
UNITHROID TAB 112MCG	\$ 0.89	1
60846-0806-01	\$ 0.89	1
UNITHROID TAB 125MCG	\$ 3.58	4
60846-0807-01	\$ 3.58	4
UNITHROID TAB 75MCG	\$ 2.99	4
60846-0803-01	\$ 2.99	4
UNITHROID TAB 88MCG	\$ 1.78	2
60846-0804-01	\$ 1.78	2
VAGIFEM TAB 10MCG	\$ 2.26	11
00169-5176-03	\$ 2.26	11
VALACYCLOVIR TAB 1GM	\$ 50.90	14
31722-0705-30	\$ 20.56	6
69367-0263-30	\$ 30.34	8
VALACYCLOVIR TAB 500MG	\$ 63.21	7
00378-4275-77	\$ 13.82	2
00378-4275-93	\$ 3.35	1
69367-0262-09	\$ 46.04	4
VALSART/HCTZ TAB 320-25MG	\$ 28.46	13
00378-6325-77	\$ 28.46	13
VALTOCO SPR 15MG	\$ 1,265.58	1
72252-0515-10	\$ 1,265.58	1
VARENICLINE TAB 0.5& 1MG	\$ 4.79	1
70748-0125-13	\$ 4.79	1
VARENICLINE TAB 0.5MG	\$ 167.02	11
43598-0907-56	\$ 57.96	2
70710-1613-06	\$ 109.06	9
VARENICLINE TAB 1MG	\$ 96.49	4
27241-0174-56	\$ 79.67	3
43598-0908-56	\$ 16.82	1
VASCEPA CAP 1GM	\$ 7,072.22	8
52937-0001-20	\$ 7,072.22	8
VELTASSA POW 8.4GM	\$ 5,986.32	16
53436-0084-04	\$ 2,090.76	6
53436-0084-30	\$ 3,895.56	10
VENLAFAXINE CAP 150MG ER	\$ 19.97	8
65862-0697-90	\$ 19.97	8
VENLAFAXINE CAP 75MG ER	\$ 7.04	3
42806-0602-09	\$ 7.04	3

WellOne Primary Medical and Dental Care  
 Tab G Supplemental Detail (Wellpartner Contract)

Prescription Drug Name/NDIC Number	Drug Cost	Claim Count
VENLAFAXINE TAB 100MG	\$ 27.75	4
62332-0012-31	\$ 27.75	4
VENLAFAXINE TAB 75MG	\$ 2.04	2
62332-0011-31	\$ 2.04	2
VENTOLIN HFA AER	\$ 1,902.52	113
00173-0682-20	\$ 1,902.52	113
VEOZAH TAB 45MG	\$ 2,969.89	9
00469-2660-30	\$ 2,969.89	9
VERAPAMIL TAB 120MG ER	\$ 21.88	4
68462-0292-01	\$ 21.88	4
VIBERZI TAB 100MG	\$ 1,826.84	3
61874-0100-60	\$ 1,826.84	3
VIBERZI TAB 75MG	\$ 3,321.83	4
61874-0075-60	\$ 3,321.83	4
VIENVA TAB 0.1-20	\$ 269.13	82
70700-0118-85	\$ 269.13	82
VIMPAT TAB 200MG	\$ 830.72	3
00131-2480-35	\$ 830.72	3
VITAMIN B12 TAB 1000 TR	\$ 12.60	4
96295-0135-79	\$ 12.60	4
VITAMIN B-12 TAB 1000MCG	\$ 22.88	13
00536-1366-01	\$ 6.25	4
10006-0700-22	\$ 16.63	9
VITAMIN B-12 TAB 100MCG	\$ 20.15	14
54629-0058-01	\$ 20.15	14
VITAMIN B-12 TAB 500MCG	\$ 5.80	1
54629-0585-01	\$ 5.80	1
VITAMIN C TAB 500MG	\$ 12.98	12
00904-0523-60	\$ 12.98	12
VITAMIN C TR CAP 500MG	\$ 12.58	1
10006-0700-39	\$ 12.58	1
VITAMIN D CAP 50000UNT	\$ 2.92	5
64380-0737-06	\$ 2.92	5
VITAMIN D TAB 50MCG	\$ 4.96	2
80681-0132-00	\$ 4.96	2
VITAMIN D3 CAP 2000UNIT	\$ 5.25	1
54629-0909-70	\$ 5.25	1
VITAMIN D3 CAP 50000UNT	\$ 8.05	10
75834-0020-01	\$ 8.05	10
VITAMIN D3 CAP 50MCG	\$ 12.25	17
00536-1353-01	\$ 12.25	17
VITAMIN D3 TAB 25MCG	\$ 8.73	4
80681-0168-01	\$ 8.73	4
VITAMIN D3 TAB 400UNIT	\$ 7.60	4
00904-5823-60	\$ 7.60	4

WellOne Primary Medical and Dental Care  
 Tab G Supplemental Detail (Wellpartner Contract)

Prescription Drug Name/NDIC Number	Drug Cost	Claim Count
VITAMIN D3 TAB 50MCG	\$ 16.82	17
80681-0170-00	\$ 16.82	17
VITRON-C TAB 65-125MG	\$ 90.37	7
63736-0000-46	\$ 12.91	1
63736-0123-01	\$ 77.46	6
VIVITROL INJ 380MG	\$ 9,532.85	13
65757-0300-01	\$ 9,532.85	13
VIVOTIF CAP EC	\$ 90.13	1
50632-0016-02	\$ 90.13	1
VOQUEZNA PAK DUAL PAK	\$ 351.61	1
81520-0250-14	\$ 351.61	1
VOQUEZNA TAB 10MG	\$ 281.05	1
81520-0100-30	\$ 281.05	1
VOQUEZNA TAB 20MG	\$ 562.10	2
81520-0200-30	\$ 562.10	2
VRAYLAR CAP 1.5MG	\$ 16,286.24	18
61874-0115-30	\$ 16,286.24	18
VRAYLAR CAP 3MG	\$ 25,120.47	26
61874-0130-30	\$ 25,120.47	26
VRAYLAR CAP 4.5MG	\$ 8,676.47	11
61874-0145-30	\$ 8,676.47	11
VRAYLAR CAP 6MG	\$ 9,436.31	11
61874-0160-30	\$ 9,436.31	11
VYVANSE CAP 10MG	\$ 59.99	1
59417-0101-10	\$ 59.99	1
VYVANSE CAP 20MG	\$ 121.34	2
59417-0102-10	\$ 121.34	2
VYVANSE CAP 30MG	\$ 180.92	3
59417-0103-10	\$ 180.92	3
VYVANSE CAP 50MG	\$ 119.11	2
59417-0105-10	\$ 119.11	2
VYVANSE CAP 60MG	\$ 589.40	10
59417-0106-10	\$ 589.40	10
VYVANSE CAP 70MG	\$ 887.89	15
59417-0107-10	\$ 887.89	15
VYZULTA SOL 0.024%	\$ 171.01	1
24208-0504-05	\$ 171.01	1
WARFARIN TAB 2MG	\$ 10.19	4
00093-1713-01	\$ 10.19	4
WEGOVY INJ 0.25MG	\$ 47,618.19	78
00169-4525-14	\$ 47,618.19	78
WEGOVY INJ 0.5MG	\$ 67,968.12	109
00169-4505-14	\$ 67,968.12	109
WEGOVY INJ 1.7MG	\$ 57,202.90	97
00169-4517-14	\$ 57,202.90	97

WellOne Primary Medical and Dental Care  
 Tab G Supplemental Detail (Wellpartner Contract)

Prescription Drug Name/NDIC Number	Drug Cost	Claim Count
WEGOVY INJ 1MG	\$ 65,823.19	108
00169-4501-14	\$ 65,823.19	108
WEGOVY INJ 2.4MG	\$ 112,554.48	175
00169-4524-14	\$ 112,554.48	175
WINLEVI CRE 1%	\$ 1,477.20	4
47335-0994-36	\$ 1,477.20	4
WIXELA INHUB AER 100/50	\$ 5,739.61	149
00378-9320-32	\$ 5,739.61	149
WIXELA INHUB AER 250/50	\$ 19,761.31	406
00378-9321-32	\$ 19,761.31	406
WIXELA INHUB AER 500/50	\$ 10,391.90	111
00378-9322-32	\$ 10,391.90	111
WM MAGNESIUM OXIDE 200MG TABS 100	\$ 1.82	1
03504-6003-23	\$ 1.82	1
XARELTO TAB 10MG	\$ 28.80	65
50458-0580-30	\$ 28.80	65
XARELTO TAB 15MG	\$ 28.64	72
50458-0578-30	\$ 28.32	70
50458-0578-90	\$ 0.32	2
XARELTO TAB 2.5MG	\$ 9.00	15
50458-0577-60	\$ 9.00	15
XARELTO TAB 20MG	\$ 226.67	563
50458-0579-30	\$ 222.91	559
50458-0579-90	\$ 3.76	4
XCOPRI PAK 100-150	\$ 10,451.75	13
71699-0104-56	\$ 10,451.75	13
XCOPRI TAB 200MG	\$ 3,191.66	4
71699-0200-30	\$ 3,191.66	4
XELJANZ TAB 5MG	\$ 0.60	1
00069-1001-01	\$ 0.60	1
XIIDRA DRO 5%	\$ 258.30	6
24208-0911-12	\$ 258.30	6
XOLAIR INJ 150MG/ML	\$ 18,124.84	10
50242-0215-01	\$ 7,208.08	4
50242-0215-03	\$ 10,916.76	6
XTAMPZA ER CAP 13.5MG	\$ 1,190.67	6
24510-0115-10	\$ 1,190.67	6
XTAMPZA ER CAP 18MG	\$ 377.82	3
24510-0120-10	\$ 377.82	3
XTAMPZA ER CAP 9MG	\$ 6.02	2
24510-0110-10	\$ 6.02	2
XULANE DIS 150-35	\$ 3,291.92	14
00378-3340-53	\$ 3,291.92	14
XYOSTED INJ 100/0.5	\$ 312.62	1
54436-0200-04	\$ 312.62	1

WellOne Primary Medical and Dental Care  
 Tab G Supplemental Detail (Wellpartner Contract)

Prescription Drug Name/NDIC Number	Drug Cost	Claim Count
XYOSTED INJ 50/0.5ML	\$ 1,251.10	4
54436-0250-04	\$ 1,251.10	4
XYOSTED INJ 75/0.5ML	\$ 3,032.59	10
54436-0275-04	\$ 3,032.59	10
YESINTEK INJ 130/26ML	\$ 608.46	1
83257-0026-11	\$ 608.46	1
YESINTEK INJ 90MG/ML	\$ 274.16	1
83257-0025-41	\$ 274.16	1
YUVAFEM TAB 10MCG	\$ 1,080.64	19
65162-0226-21	\$ 790.83	14
65162-0226-23	\$ 289.81	5
ZALEPLON CAP 10MG	\$ 3.62	2
57237-0240-01	\$ 3.62	2
ZEPBOUND INJ 10/0.5ML	\$ 7,502.96	9
00002-2471-80	\$ 7,502.96	9
ZEPBOUND INJ 12.5/0.5	\$ 4,921.26	6
00002-2460-80	\$ 4,921.26	6
ZEPBOUND INJ 15/0.5ML	\$ 25,714.74	29
00002-2457-80	\$ 25,714.74	29
ZEPBOUND INJ 2.5/0.5	\$ 8,283.33	10
00002-2506-80	\$ 8,283.33	10
ZEPBOUND INJ 5/0.5ML	\$ 9,093.77	11
00002-2495-80	\$ 9,093.77	11
ZEPBOUND INJ 7.5/0.5	\$ 6,653.07	8
00002-2484-80	\$ 6,653.07	8
ZOLMITRIPTAN TAB 5MG	\$ 10.02	3
27241-0022-38	\$ 10.02	3
ZOLPIDEM TAB 10MG	\$ 15.60	31
13668-0008-05	\$ 15.60	31
ZOLPIDEM TAB 5MG	\$ 0.40	1
65862-0159-01	\$ 0.40	1
ZORYVE CRE 0.3%	\$ 6,218.86	10
80610-0130-60	\$ 6,218.86	10
ZORYVE MIS 0.3%	\$ 597.47	1
80610-0430-60	\$ 597.47	1
ZOVIA 1/35 TAB	\$ 8.76	1
75907-0087-62	\$ 8.76	1
ZUBSOLV SUB 5.7-1.4	\$ 9,206.88	19
54123-0957-30	\$ 9,206.88	19
ZUBSOLV SUB 8.6-2.1	\$ 704.84	3
54123-0986-30	\$ 704.84	3
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Grand Total	\$ 3,379,841.85	15,194



State of Rhode Island

Schedule H

340B Drug Pricing Program - Covered Entity Reporting

Schedule H - 340B Program Savings Usage by Covered Entity to Benefit Patients and/or its Community Through Programs, Projects, and/or Services.

Covered Entity Name:

WellOne Primary Medical and Dental Care

Reporting for Calendar Year:

2025

Instruction: List all programs, projects, and/or services provided by the Covered Entity through 340B Program savings that benefited patients and/or its community. Detail individual programs, projects, and/or services provided and the related costs incurred by the covered entity. Individually list programs, projects, and services with costs of \$5,000 or more. Aggregate all other programs, projects, and services where costs totaled less than \$5,000.

Line No.	340B Net Revenue Usage Description	Amount/Value	Unit
1	Health Services Expansion		USD
2	Community and Public Health Programs		USD
3	Improving Patient Access (Transportation \$38,746; Interpreter Services \$8,427; Eligibility Assistance \$154,721; Case & Care Management \$344,213)	\$ 546,107	USD
4	Facility Upgrades		USD
5	Technology Upgrades		USD
6	Subsidize Losses - Medicaid, Medicare, Other Third Party and Section 330 Grant Underpayments	\$ 2,064,599	USD
7	Research and Innovation		USD
8	Community Programs		USD
9	Charity Care/Uncompensated Care (prescription drugs)	\$ 96,610	USD
10	Other (Quality Improvement)	\$ 357,951	USD
	<b>Other programs, projects, and services where costs totaled less than \$5,000.</b>		USD
	<b>Total Aggregate Costs of Programs, Projects, and/or Services Supported by 340B Net Revenue</b>	<b>\$ 3,065,267</b>	

Mandated by RIGL § 5-19.3-6.



State of Rhode Island  
 340B Drug Pricing Program - Covered Entity Reporting  
 Schedule I - Covered Entity Certification Page

Schedule I

Covered Entity Name:

WellOne Primary Medical and Dental Care

Reporting for Calendar Year:

2025

Line No.	Covered Entity Certification	YES	NO	If Yes, explain any noncompliance noted.
1	During the reporting period, did the covered entity conduct a self-audit of their participation in the 340B Program as required by the Health Resources and Services Administration (HRSA)?	X		None
2	During the reporting period, was the covered entity audited by HRSA or subject to a drug manufacturer audit approved by HRSA?		X	

I certify, to the best of my knowledge and belief, that the information reported in this reporting package is materially complete and accurate?

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date 4/1/2026

Peter Bancroft, President and CEO  
 \_\_\_\_\_  
 Name and Title

[pjbancroft@welloneri.org](mailto:pjbancroft@welloneri.org)  
 \_\_\_\_\_  
 Email