REQUEST FOR PROPOSALS TITLE PAGE
Include This Page as the First Page in Your Proposal Response

Proposal Title: Pharmacy Benefit Plan

This is the City of Lynchburg's Request for Proposals (RFP) No. 2017-007, issued July 01, 2016, for a pharmacy benefit plan for employees of the City of Lynchburg (City) and Lynchburg City Schools(Schools). Direct inquires for information in writing to: Stephanie Suter, stephanie.suter@lynchburgva.gov.

Sealed Proposals will be accepted prior to 4:00 PM Local Prevailing Time, July 28, 2016. All Proposals will be publicly opened and the Offerors' names read. Proposals received after the stated due date and time shall not be considered.

Submit Proposals in a sealed, opaque envelope, and place the RFP number, title, due date, and time on the lower left front. Offerors are responsible for assuring the Proposal is submitted to the Procurement Division before the deadline indicated above and should include all addenda issued.

Acknowledge receipt of addenda here: No. _____ Date: _____ No. _____ Date: _____

Submit Proposals: BY MAIL, GROUND DELIVERY, OR HAND DELIVER TO:
Procurement Division
Third Floor City Hall
900 Church Street
Lynchburg, Virginia 24504

Information the Offeror deems Proprietary is included in the proposal response in section(s):_____
See Paragraph B. on page 2 for guidelines on submitting proprietary information.

In compliance with this Request for Proposals and all the conditions imposed therein, the undersigned offers and agrees to furnish the services in accordance with the attached proposal or as mutually agreed by subsequent negotiations. By my signature below, I certify that I am authorized to bind the Offeror in any and all negotiations and/or contractual matters relating to this Request for Proposals. Sign in ink and type or print requested information.

Full Legal Name of Offeror: _____

Fed ID OR SOC. SEC. NO.: _____ Date: _____

Representative Signature:_____ Print:_____

Title:_____

Address: _____ Phone: (____) _____

_____ Fax: (____) _____

Stephanie Suter

_____
City Procurement Manager's Signature

I. SUBMISSION OF PROPOSALS

A. **An original, so marked, and four (4) copies, so marked, for a total of five (5)** copies of the Proposal document are required. In addition, one (1) copy of the Proposal in an electronic format, either floppy disk or CD in Microsoft Word format or PDF file must accompany the Proposal. The City will not assume responsibility for reproduction where an insufficient number of copies have been supplied. In any such case, the City will notify the Offeror of the deficiency and request that the appropriate number of copies be delivered within 24 hours. Failure to comply with this or other requirements of this RFP shall be grounds for the City to reject such Proposals. Telegraphic or facsimile submission of Proposals will not be considered. Nothing herein is intended to exclude any responsible company or in any way restrain or restrict competition. All responsible Offerors are encouraged to submit Proposals. The content of the RFP and the successful Offeror's Proposal will become an integral part of the Contract, but may be modified by provision of the Contract. Offerors must be amenable to inclusion in a Contract any information, exclusive of that which is determined to be proprietary, provided either in response to this RFP or subsequently discussed and agreed upon during the selection/negotiation process. The information received will be considered contractual in nature, and will be used in validation and evaluation of Proposals, and in subsequent actions related to Contract execution and performance of responsibilities.

B. Any changes, amendments, or modifications of proposals prior to the deadline for receipt of proposals must be in writing and submitted in the same manner as the original proposal, but conspicuously labeled as a change, amendment, or modification of the previously submitted proposal. Changes, amendments, or modifications of proposals will not be considered after the deadline for receipt of proposals.

C. **Submission of Proprietary Information**
Trade secrets or proprietary information submitted by an Offeror in connection with the submittal shall not be subject to public disclosure under the Virginia Freedom of Information Act. However, the Offeror must invoke the protection of this Section prior to or upon submission of the data or the materials, and must identify the data or the materials to be protected and state the reason why protection is necessary (Section 2.2-4342 of the Code of Virginia). **Offerors shall submit, in a separate section of the Proposal, any information that is considered proprietary and copyrighted material, and clearly identify the information as proprietary and/or copyrighted information. Offerors may not declare the entire Proposal proprietary nor may the Offeror declare proposed pricing as proprietary.** References may be made within the body of the Proposal to proprietary information; however, all information contained within the body of the Proposal and not in the separate section labeled proprietary shall be considered public information.

D. Proposals having any erasures or corrections must be initialed in ink by the Offeror.

E. The City reserves the right to accept or reject any or all Proposals, to waive informalities, and to reissue any RFP and to award a Contract in the City's (Schools) best interest. The City (Schools) reserves the right to contract with firms not party to the resultant Contract if determined to be in the City's (Schools) best interest.

F. By submitting a Proposal response, the Offeror agrees that the **Proposal response will not be withdrawn for a period of one hundred fifty (150) days** following the due date for Proposal responses.

G. By submitting a Proposal response, the Offeror certifies not to have conspired or agreed to intentionally alter or otherwise manipulate the Proposal response for the purpose of allocating purchases or sales to or among persons, raising or otherwise fixing the prices of the goods or services, or excluding other persons from conducting business with Schools.

H. By submitting a Proposal response, the Offeror certifies the Proposal is made without collusion or fraud and the Offeror has not offered or received any kickbacks or inducements from any other Offeror, supplier, manufacturer or subcontractor in connection with the Proposal; and, the Offeror has not conferred with any public employee having official responsibility for this procurement transaction, any payment, loan, subscription, advance, deposit of money, services or anything of more than nominal value, present or promised.

I. The City will not be responsible for any expense incurred by any Offeror in preparing and submitting a Proposal response. All Proposals submitted will become the property of the City and Schools.

II. INSTRUCTIONS AND BACKGROUND INFORMATION

Proposed Plan Details:

See attached for current designs. Schools 2016 maximum out of pocket is $4,100/$8,200. Proposed plan will be current schools design with a maximum out of pocket of $4,500/$9,000.

Mandatory Mail Order

1. Employees can get a prescription filled 3 times at a retail pharmacy before they must use Mail Order. Mail Order is required for prescriptions that are taken on a long-term or on-going basis. To begin ordering your prescriptions through mail order, register on-line or complete a Mail Order Form for you and all eligible dependents.

Please provide a cost neutral design (for employer) to eliminate mandatory mail order.

Please provide any strategies to lower our prescription drug costs.

Member Pays the Difference

1. Employees choosing a brand name when a generic is available must pay the difference in the cost.

Additional Information:

Transparent offers are requested for this Proposal.

The terms, conditions, and rates in the proposal will be valid from the proposal return date to the implementation date. The implementation date will be January 1, 2017. By mutual agreement of the City and the Offeror awarded the contract, the terms, conditions and rates in the proposal may be valid beyond January 1, 2017, if the beginning date is delayed due to unanticipated events.

The contract will begin January 1, 2017 and continue through December 31, 2019, with the option to renew annually pending acceptable renewal rates.

III. DEFINITIONS

1. "Administrative Fee" means the amount that PBM charges to the City on a fixed rate based on either a per Paid Net Claim, PEPM, or PMPM basis for PBM to perform Services. Offeror agrees that all existing clinical programs and plan design will be implemented as part of the administrative fees quoted.
2. "Average Wholesale Price" or "AWP" means the “average wholesale price” for any product as determined by the dispense date of the fill, the actual 11-digit National Drug Code (“NDC”) of the product dispensed, and referencing the most current published pricing for the Price Type of the same name on the date of dispense and based upon the most current published Medi-Span Master Drug Data Base ("Medi-Span").
3. "Bid" or “Offer” means the final binding contractual commitments made and accepted by any Offeror to the City’s offers of terms and proposed pricing, and as such binding contractual commitments are submitted by any Offeror into the TruBid System, the technology platform utilized by the City, subject to final approval by the City and the selection of PBM to perform Services.
4. “Bidder” or "Offeror" or "PBM" means the pharmacy benefit manager or other qualifying entity that has elected to submit an Offer in response to the City’s invitation to do so.

5. "Brand Drug" or "brand drug" means a drug or non-drug product, whether identified by its chemical, proprietary, or non-proprietary name, that is approved by the Food and Drug Administration ("FDA") and consistent with the application of data definitions selected by Offeror in the "Drug Classification" section of this Offer.

6. "Claim Adjudication Rate" means the guaranteed discount or cost for each individual Claim, as specified by Offeror within the Pricing Proposal of this offer based on the lowest of AWP, Average Acquisition Cost, Federal Upper Limit or MAC List.

7. "Compound" means a prescription that meets the following criteria: two or more solid, semi-solid, or liquid ingredients, that are weighed or measured then prepared according to the Prescriber's order and the pharmacist's professional capabilities.

8. "Copayment" means that portion of the charge for each prescription or refill of a Covered Drug (which amount may also be characterized as coinsurance or other similar term) dispensed to a Member that is the responsibility of the Member as indicated in the applicable Plan Benefit Document.

9. "Covered Drug(s)" means those prescription drugs, supplies, and other non-drug products that are covered under the Plan according to the Plan Benefit Document, or that under state or Federal law requires a prescription, or that Company is required by law to cover under the Plan, or as mutually agreed to by the City and PBM in the Plan Benefit Document.

10. "CP1" or "Consolidated Price 1" means the unit price for any product as determined by the dispense date of the fill, the actual 11 digit National Drug Code ("NDC") of the product dispensed, and referencing the most current published pricing for the Price Type of the same name on the date of dispense and based upon the most current published First Databank National Drug Data File ("FDB").

11. "CP2" or "Consolidated Price 2" means the unit price for any product as determined by the dispense date of the fill, the NDC of the product dispensed, and referencing the most current published pricing for the Price Type of the same name on the date of dispense and based upon the most current published FDB.

12. "Dispensed as Written" Claim or "DAW" Claim means a prescription drug Claim that an authority external to the pharmacy and PBM (e.g., the prescribing provider, member, or state law) has mandated should be dispensed as prescribed without substitutions.

13. It is expressly understood that Claims for Covered Drugs with brand label names that are dispensed with a DAW value of "1" or "7" shall be classified as Brand Drugs and Claims that are dispensed with a DAW value of "5" shall be classified as Generic Drugs, regardless of any definition of “Generic” that might otherwise be proposed or agreed upon, including specifically PBM's elections in the Drug Classification section of this Offer. Except as described in this paragraph, the DAW of a Claim shall not affect the calculation of Claim Adjudication Rates or guarantees included in the Offer.

14. "Disputed Amount" or "Dispute" means each identified case in which the City reasonably believes there to be an error or inacuracy in the invoice or underlying Plan Data, and of which the City has notified PBM and provided reasonable suporting data.

15. "Eligibility Records" means the list submitted by Company or its designee to PBM indicating Members’ eligible to receive drug benefits under a Plan, as amended from time to time by Company in a reasonably accepted electronic format.

16. "Generic Drug" or "generic drug" means a drug or non-drug product consistent with the application of data definitions selected by Offeror in the Drug Classification section of this Offer. Each Claim priced with a DAW value of five ("5"), shall be a Generic Drug

17. "Gross Cost" means the sum of amounts actually billed on a Paid Claim including: Ingredient Cost, dispensing fee, and taxes, before application of Copayment.

18. “Guarantee Period” means each 12 month period, commencing with the effective date of the Agreement.

19. "Incremental Generic Dispense Rate" means the sum of the current dispense rate for Generic Drugs (calculated using the terms and drug classification agreed within this Offer) + the Incremental Generic Dispense Rate value proposed within the Pricing Proposal section of this Offer.

20. "Ingredient Cost" means the portion of a Claim's cost attributed to the actual Covered Drug, after application of any Claim Adjudication Rate or MAC or Specialty Drug discount, and excluding dispensing fees, ancillary fees, taxes, Copayment, and administration fees using the lesser of logic.

21. "Licensed Prescriber" or "Prescriber" means a health care practitioner licensed or authorized by law to issue an order for a prescription drug or a prescription non-drug product.

22. "MAC List" means the list of unit prices established by PBM for multi-source Covered Drugs, each such unit price specified by Generic Code Number ("GCN") or Generic Product Identifier ("GPI") and including the dates for which such price was in effect. The MAC List is maintained by PBM and updated from time to time at PBM's sole discretion. A copy of such MAC List shall be provided in comma-separated values (".csv") format to the City prior to execution of the Agreement and thereafter upon the City's reasonable request.

23. "Mail Order Pharmacy" means one or more duly licensed pharmacies specified by PBM as where Prescriptions are to be filled and delivered to Members via mail service.

24. "Manufacturer Derived Revenue" or "Rebates" means any rebates, administrative fees and other revenue received by PBM from pharmaceutical manufacturers (whether as a result of the number of covered lives, other incentives, or other amounts received) for Covered Drugs dispensed to Covered Individuals. Manufacturer Derived Revenue does not include product discounts or fees related to the procurement of prescription drug inventories by or on behalf of the PBM owned and operated specialty or mail order pharmacies, nor does this include fees paid to PBM or affiliates for services rendered as "bona fide service fees" pursuant to Federal laws and regulations.

25. "Maximum Allowable Cost" or "MAC" means the unit price applicable to Covered Drugs as set forth on a MAC List.

26. "Member(s)" or "Covered Individuals" means each person who is eligible to receive prescription drug benefits under the Plan as determined solely by Company and as indicated in the Eligibility Records.

27. "Min Claim Price" or "PBM-elected Minimum Claim Price" or "Minimum Claim Price" means the minimum charge by PBM to the City for a Paid Claim before application of Co-Payment or other payments, but inclusive of the dispensing fee, regardless of the actual Gross Cost of the Claim. PBM may apply the PBM-elected Minimum Claim Price upon determination that the Gross Cost of the claim, as calculated utilizing the Claim Adjudication Rates and lesser of logic within the Pricing Proposal, is less than the PBM-elected Minimum Claim Cost indicated by the PBM in the Pricing Proposal.

28. "Paid Claim" means a Claim that has been paid (net of any adjustments) and not reversed, denied or voided; and which includes Zero Balance Claims not reversed, denied, or voided.

29. "Participating Pharmacy" means any retail or non-PBM owned mail or specialty pharmacy that has entered into a pricing agreement with PBM to dispense Covered Drugs to Covered Individuals and which meets PBM's criteria for participation.

30. "PEPM" means per employee per month, determined from the eligibility files on the first or last day of each calendar month, as mutually agreed by the Parties.

31. "Plan" means the Company's healthcare plan that contains a prescription drug benefit to be administered by PBM under the Agreement, or by another prescription benefits manager or qualifying entity pursuant to an agreement between the Parties.

32. "Plan Benefit Document" means the documentation of Company's Plan containing information on: Copayments, formulary, days supply limitation, clinical programs, and such other information as may be reasonably requested by PBM in order to facilitate administration of the Plan.

33. "Plan Data" means the PBM's standard Claims data in National Council for Prescription Drug Programs ("NCPDP") or X12 815 formats as well as all pricing information utilized by PBM in the adjudication of pricing or Guarantee calculations for Paid Claims including but not limited to MAC Lists, Specialty Lists, etc. Plan Data shall not include Participating Pharmacy agreements nor PBM agreements with pharmaceutical manufacturers including without limitation agreements for Manufacturer Derived Revenue.

34. "Plan Sponsor" or "Company" or “City” means the City of Lynchburg.

35. "PMPM" means per Member per month, determined from the eligibility files on the first or last day of each calendar month, as mutually agreed by the Parties.

36. "Prescription" or "Prescription Drug Claim" or "Claim" means (i) a Member’s submitted claim for prescription benefit under Company’s Plan; and/or (ii) any other prescription claims processed through PBM's claims adjudication systems or otherwise processed by PBM in connection with the Plan.

37. "Price Type" means an index of pricing data upon which the Offeror has proposed discount pricing, and which is published in FDB, Medi-Span, or such other nationally recognized drug database as may be mutually agreed upon by the Parties.

38. "Pricing Proposal" means the submitted Claim Adjudication Rates, Average Cost Guarantees, Administrative Fees, Rebate Guarantees, and other pricing and guarantee components of the Offer, entered by PBM within the Pricing Proposal.

39. "Services" means the prescription drugs and all related products and services as and to be provided by PBM pursuant to the Agreement.

40. "Specialty Drug" means only those Covered Drugs which shall appear on the Specialty List as of the date of dispense, each of which are products requiring special handling and/or patient care and training, frequent dosing adjustments, and which in each case shall have an Ingredient Cost exceeding $500 for a thirty (30) day supply.

41. "Specialty List" means the list maintained by PBM for Specialty Drugs and their applicable Claim Adjudication Rates, each specified by NDC as a discount off the specified Price Type (e.g. AWP or CP1). PBM shall provide a copy of the Specialty List in .csv format to the City prior to the commencement of the Services and from time to time upon the reasonable request of the City.

42. "Specialty Pharmacy" means one or more duly licensed pharmacies specified by PBM as where Prescriptions for Specialty Drugs are dispensed for and delivered to Members.

43. “Usual and Customary Price" or "U&C" means the actual retail price charged by a Participating Pharmacy for a specified drug, if purchased in a cash transaction on the date the drug is dispensed, as reported to PBM by the Participating Pharmacy.

44. “Zero Balance Claims” mean Paid Claims with no amount due to PBM from the the City as a result of the Gross Cost being paid in full by Member Copayment or other ancillary payments.

45. All covered drugs, including specialty and generic drugs not on PBM's MAC list, shall be billed to the City using the actual price the PBM paid for the drug. The PBM will invoice the City for every drug dispensed, whether by retail, mail or specialty, using the actual price the

PBM paid. Also, PBM will provide an explanation as to how it determines its acquisition cost from their actual drug purchases.

46. PBM will pass through all financial benefits that it receives from all third parties.

47. PBM will not switch drugs without guaranteeing the switch will result in a lower cost to the plan.

IV. PBM SERVICES

1. ADDITIONAL SERVICES

1.1 PBM shall offer additional Services, a list of which shall be uploaded on the Pricing Proposal, including all costs, if any.

2. IDENTIFICATION CARDS

2.1 If requested by the City, PBM shall provide ID cards directly to Covered Individuals at no additional cost.

2.2 PBM shall provide the City with identification cards enabling members access to the Plan (“ID Cards”). Such ID Cards shall be produced and distributed to Members prior to the effective date of the Agreement ("Effective Date").

3. CLAIMS PROCESSING

3.1 PBM shall accept, process, and adjudicate Claims for Covered Drugs submitted by Participating Pharmacies via PBM's computer system and will retain records of each such Claim in NCPDP or X12 815 claims formats.

3.2 Claims shall be checked for eligibility, benefit design, Copayments, and exclusions in accordance with the City's Plan Benefit Documents.

3.3 Verify that you will accept, process, and adjudicate Claims for Covered Drugs received (retail or mail order) from all third parties (Medicaid, CHIP, etc.) for reimbursement by the plan.

4. DIRECT MEMBER REIMBURSEMENT

4.1 PBM shall accept, process, and adjudicate Claims for Covered Drugs submitted by Covered Individuals as Direct Member Reimbursements ("DMR" or "DMRs").

4.2 PBM shall provide, via its website, a DMR form for use by Covered Individuals to reimburse such Covered Individual for amounts paid for Covered Drugs that have not been otherwise reimbursed by the City, as allowed under the City's Plan Benefit Document.

4.3 PBM shall accept, process, and adjudicate DMR Claims, requiring no intervention within ten (10) business days of receipt of a DMR form.

5. PHARMACY NETWORK

5.1 PBM (or Offeror) will provide the broadest network of Participating Pharmacies available and on the date of this Offer such network shall not exclude any major national retail chains. Additional network options that provide additional savings may be presented.

5.2 PBM represents that the following is a list of all national or major regional chain pharmacies (>1000 locations) that have processed claims for the City and are NOT presently in its proposed network.

5.3 PBM will provide a web-based, Member drug look-up function, which will display both the actual Member and the City cost based on actual claims adjudication logic, including the retail price. Costs comparisons shall be provided to Members among Participating Pharmacies and for PBM's Mail Order Pharmacy.

5.4 PBM will maintain and cause to be accessible via PBM's website, an updated list of Participating Pharmacies including all current Participating Pharmacies, pharmacy addresses, and telephone numbers.

6. FORMULARY

6.1 PBM shall maintain a list of commonly prescribed drugs and supplies ("Formulary"), which has been reviewed by PBM's pharmacy & therapeutics staff (using evidence-based evaluation criteria for safety), to be used by the City, Licensed Prescribers, Participating Pharmacies, and Covered Individuals to guide the selection of cost-effective Covered Drugs.

6.2 PBM agrees that PBM's Formulary is open (no drugs are excluded from coverage) and that the pricing provided in this Offer is reflective of an open Formulary.

6.3 No drugs shall be excluded from Formulary coverage unless requested by the City.

6.4 PBM shall send a Formulary guide to Covered Individuals prior to the Effective Date showing any Formulary changes from that of the previous pharmacy benefit manager or other qualifying entity that provided services to the Plan.

6.5 Prior to making any modification to the Formulary, PBM shall advise the City as to whether such modification shall have a material impact to Members and whether it will impact any Manufacturer Derived Revenue guarantees, excluding changes to Formulary resulting from Brand Drugs moving tiers because of loss of patent, or the introduction of new-to-market Generic Drugs.

6.6 PBM shall provide to Members a website to look up Copayments by drug.

6.7 PBM shall provide to Members an application to look up Copayments by drug that is supported on common mobile phone operating systems (e.g. Apple IOS and Android).

6.8 PBMs shall provide to Members a website to look up lower cost therapeutic alternatives to Covered Drugs.

7. CONCURRENT DRUG UTILIZATION

7.1 PBM's computer system will provide the dispensing pharmacy with appropriate messaging to advise the pharmacy of issues identified during drug utilization review, at no additional fees, charges, or cost of any kind.

7.2 PBM shall program edits into PBM's computer system which are applied to Claims during a real-time adjudication process to identify the following: duplicate prescriptions; over-utilization/refill too soon; under-utilization; drug interactions; pediatric warnings; geriatric warnings; acute/maintenance dosing; formulary compliance; therapeutic duplication; drug inferred health state; drugs exceeding maximum dose; drugs below minimum daily dosage, and other financial and cost limitations which are specified by the City.

8. RETROSPECTIVE DRUG UTILIZAITON

8.1 PBM may review Claims retrospectively, as specified in the Plan Benefit Document, to determine the drug utilization patterns of Covered Individuals, and report the results of such retrospective reviews to the City at no additional fees, charges, or cost of any kind.

9. CUSTOMER SERVICE; ACCOUNT MANAGEMENT

9.1 PBM shall appoint an account manager to the City.

9.2 PBM's account manager will respond to the City's inquiries within two (2) business days of

receipt via phone or email.

9.3 PBM shall maintain and operate a customer/provider service center with toll-free customer service numbers, which shall be adequately staffed with trained personnel 24 hours a day, 7 days a week, 365 days a year, for the use of the City, Covered Individuals, Licensed Prescribers, and Participating Pharmacies.

9.4 PBM shall provide access to a pharmacist for Member questions 24 hours a day, 7 days a week, 365 days a year.

10. RECORDS

10.1 PBM shall maintain such business records as may be required by applicable law or regulation, or as may be necessary to document properly the delivery of, and payment for, Covered Drugs and the provision of Services by PBM under the Agreement.

11. REPORTS

11.1 PBM shall provide training for up to four City designated individuals on the capabilities of PBM's web-based reporting program.

11.2 PBM shall provide to the City management reports on a quarterly and annual basis.

12. DISTRIBUTION OF MATERIALS

12.1 PBM shall bulk ship printed materials produced by PBM under the Agreement to the City at no additional charges or costs of any kind.

12.2 If the City requests ID Cards or other printed materials to be mailed directly to Covered Individuals, PBM shall do so at no additional charges or cost of any kind to the City.

13. DRUG CLASSIFICATION

13.1 Please specify the drug database (Medi-Span or FDB) that shall be used to determine the classification of drugs for the purposes of Claim Adjudication Rates and calculation of Guarantees in accordance with the terms of this Offer, including, without limitation, the Generic Drug definition. This drug database may be different from the drug database selected for the provision of Price Type data on the Pricing Proposal (the "Pricing Source").

13.2 PBM shall notify the City within thirty (30) days if the applicable Pricing Source or Price Type used to calculate Ingredient Cost changes its methodology, or discontinues publishing, or replaces the selected Price Type. The Parties agree to discuss in good faith any pricing or guarantee changes that may be necessary to enable the Parties to maintain economic neutrality from such change. Either party may at its own cost, require that an independent third party review the economic neutrality from such a change.

14. SPECIALTY PHARMACY

14.1 Do you own a Specialty Pharmacy?

14.2 Do you integrate retail sites into your Specialty program?

14.3 Describe in detail how your specialty pharmacy program functions. Detail how this program functions to the advantage of the member health. Detail how this program saves plan costs.

14.4 What disease state are covered under this program? Are trained personnel (pharmacists or nurses) available to assist members?

14.5 If you offer a Retail Specialty Pharmacy component, how do you integrate with services noted in 14.4

14.6 Do you interact with medical plan administrator to move injectables and specialty products from the medical claim side

14.7 Please explain how your firm will help manage Specialty Medications.

15. MISCELLANEOUS

15.1 Describe your program's strategy to utilize employer-sponsored health care to increase maintenance drug utilization and compliance. Describe any associated reporting.

V. PLAN DATA REVIEW

1. DATA RIGHTS

1.1 PBM shall allow the City and the City's designated representative to review all invoices and all Plan Data pertaining to any invoice.

1.2 The City recognizes that some aspects of Plan Data may be competitively sensitive when identifiable by name and likeness identifiers as relating to PBM ("Trade Secrets"), and should not be released to third parties that are not performing an ordinary course function for the City, and that PBM has a legitimate interest in protecting Trade Secrets that might reasonably be revealed in Plan Data.

1.3 PBM recognizes that reviews of Plan Data are consistent with the City's fiduciary obligations, and are within the City's ordinary course of business. Therefore, PBM recognizes that it is reasonable that the City or its designee review, audit, and otherwise use Plan Data as determined by the City in order to fulfill the City's fiduciary obligations, and notwithstanding PBM's legitimate interest in protecting PBM's Trade Secrets.

1.4 The City will enter into a confidentiality agreement with PBM, agreeing not to endanger PBM's Trade Secrets through its use or promulgation of Plan Data. The City shall also require any third party performing functions for the City to enter into a confidentiality agreement to likewise not endanger PBM's Trade Secrets through its use or promulgation of Plan Data. Except for an agreement by the City or a designee of the City not to endanger PBM's Trade Secrets, PBM may not otherwise condition its obligation to provide Plan Data to the City or the City's designee upon any other restriction.

2. DATA TRANSMISSION TO THE CITY

2.1 PBM shall retain the City's Claims data for a minimum of seven (7) years from the date that each prescription is filled, or longer as required by applicable law. Thereafter, PBM shall dispose of such data in accordance with its standard policies and practices and applicable state and federal law. Disposition of protected health information shall also be in accordance with the Business Associate Agreement that shall be into between PBM and the City.

2.2 Upon the City's written request and at no additional charge or cost of any kind, PBM shall provide electronic files of Claims data and all other Plan Data underlying each PBM invoice, in PBM's standard electronic format(s) to the City and up to four (4) of the City's vendors for disease management, data analytics, and other "payment," "treatment," and "healthcare operations" purposes as defined under the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations (45 C.F.R. Parts 160-164) ("HIPAA").

2.3 Beginning within thirty (30) days of any written request to PBM by the City, and continuing until the City delivers written notice changing this directive, PBM shall deliver to the City or its designee the Paid Claims underlying the invoice as well as all related Plan Data within ten (10) business days of the delivery of each invoice, and without fees, charges or costs of any kind.

2.4 Requests for Plan Data beyond thirty-six (36) months may be subject to an hourly programming charge, and as may be set forth in an "Additional Fees" section of the Agreement such charges shall not to exceed $150/hour.

2.5 PBM shall deliver all requested Plan Data via secure file transfer protocol to such server location as is mutually agreed upon by the Parties.

3. INVOICE REVIEW

3.1 PBM shall deliver invoices for Claims paid on such schedule as is mutually agreed upon by the City and PBM. Such invoice will include reasonable summary of the underlying charges, including the billing period, count of Paid Claims, and total cost of Paid Claims.

3.2 PBM recognizes that the City owes certain fiduciary obligations, including a duty of care, to review all aspects of Claims records, including, but not limited to, the most detailed level of review of Plan Data, to the extent necessary to confirm that the City is compensating PBM accurately.

3.3 If Plan sponsor identifies any invoiced amount that it reasonably believes to be an error, then the City shall pay the full amount of the invoice, and may, on a quarterly basis, provide written notice of such Disputed Amounts to PBM including reasonable supporting detail and explanation. PBM shall work with the City in good faith to resolve the dispute within thirty (30) days of such notice.

3.4 PBM shall not limit the number of items being disputed by Plan in good faith and will provide written response to all Disputes.

VI. ADJUDICATION & GUARANTEES

1. CLAIMS ADJUDICATION

1.1 If any term, pricing, or guarantee is modified or updated subject to the terms of this Offer or the Agreement, then details of the modification or update shall be provided to the City in writing within ten (10) days of the effective date of such modification or update.

1.2 PBM affirms that the Ingredient Cost for any Paid Claim shall not exceed the lowest calculated price method for each claim based upon the discounted Price Type (e.g. AWP), MAC, U&C, adjudicated Ingredient Cost, or other pricing method specified for Claim Adjudication Rates within the Pricing Proposal and subject to DAW protocols set forth within this Offer ("Lesser of Logic").

1.3 PBM shall charge the City a maximum dispensing fee amount on a per Claim basis, payable to the Participating Pharmacy or Mail Order Pharmacy for both Brand Drugs, Generic Drugs, Specialty Drugs, Compound or such other classification as specified within the Claim Adjudication Rates section of the Pricing Proposal.

1.4 PBM's Mail Order Pharmacy MAC List shall, for each drug (at a GPI or GCN level), be a lower unit price than the same drug would be priced on the Participating Pharmacy’s MAC List.

1.5 At Participating Pharmacies, Members shall pay the lesser of: a) the adjudicated price of the Claim subject to the Pricing Proposal; or b) the Copayment.

1.6 At Mail Order Pharmacies, Members shall pay the lesser of: a) the adjudicated price of the Claim subject to the Pricing Proposal; or b) the Copayment.

1.7 PBM agrees to provide a Specialty List by NDC with the associated discounts when submitting this Offer and from time to time upon any update to the Covered Drugs on the Specialty List or the pricing relating thereto.

1.8 PBM agrees that if a Covered Drug is eligible for pricing on both the Specialty List and on a MAC List, then the lesser of the two (2) prices shall be used.

1.9 PBM shall not charge the City a greater amount than the price paid to the dispensing pharmacy for the drug dispensed, including Ingredient Cost and dispensing fee, as determined without reclassification, mark-up, or “spread pricing” by PBM.

1.10 Covered Drugs that are Generic Drugs and not on PBM’s MAC list shall be billed to the City at a price that is less than Brand Drugs that are Covered Drugs and dispensed at retail.

1.11 PBM shall charge the City Ingredient Cost for Claims based upon the lesser of: a) the amount paid by PBM to the Participating Pharmacy, and b) the applicable Claim Adjudication Rate specified in the Pricing Proposal.

1.12 PBM shall utilize the most aggressive MAC available on the dispense date of a Paid Claim

1.13 The administrative fee should be based on a per paid net claim basis, not a processed claim basis.

2. AVERAGE COST GUARANTEES

2.1 Average Ingredient Cost Discount Guarantees contained within the Pricing Proposal of this Offer will be based upon the Ingredient Cost of all Paid Claims applicable to the Guarantee category, before application of dispensing fees, taxes, and Copayments. In the event of Claims paid at U&C, Ingredient Cost will be calculated as U&C minus the guaranteed dispensing fee. In the event of Claims paid at Min Claim Price, Ingredient Cost will be calculated as Min Claim Price minus the guaranteed dispensing fee.

2.2 PBM will provide Guarantees as set forth in the Pricing Proposal section of this Offer. No shortfall in one (1) Guarantee shall be offset by favorability in another Guarantee. PBM agrees that no clinical savings can be used to offset shortfalls on financial Guarantees. No shortfall in one (1) Guarantee Period shall be offset by favorability in another Guarantee Period. Each Guarantee and each Guarantee Period shall stand alone.

2.3 Within the sixty (60) day period following the end of each Guarantee Period (each a "Measuring Period"), PBM shall provide the City with a report showing the actual performance of each Guarantee for the Guarantee Period compared to the Guaranteed performance for the Guarantee Period.

2.4 If the overall amounts paid by the City for all Claims during the Guarantee Period are less favorable than amounts guaranteed in the Pricing Proposal, PBM shall credit the City within ninety (90) days of the end of the Guarantee Period.

2.5 All Claims included in or excluded from a Guarantee calculation shall be determined based upon the terms agreed to by PBM within this Offer.

2.6 "Effective Rate Guarantees shall be calculated as follows: [1-(total discounted AWP Ingredient Cost of applicable Paid Claims for the Guarantee Period divided by the un-discounted AWP Ingredient Cost of the same Paid Claims (both amounts will be calculated as of the date of dispense))]."

2.7 Discounted Ingredient Cost used to calculate Guarantees will be based upon the proposed pricing submitted in the Claim Adjudication Rates and terms specified within this Offer.

2.8 Dispensing fee Guarantees shall be calculated for each Guarantee as: [sum of dispensing fees (excluding vaccines and U&C Claims)] / [count of Paid Claims (excluding vaccines and U&C Claims)]

3. GDR GUARANTEE

3.1 "PBM agrees to the following dollar-for-dollar Guarantee of Guaranteed Generic Dispensing Rates set forth within the Pricing Proposal of this Offer (""GDR Guarantee""). If for their retail or mail Guarantee categories the GDR Performance is less advantageous to the City than the associated GDR Guarantee, PBM will pay the City a performance shortfall payment

calculated using the following formula: ([GDR Guarantee] – [GDR Performance]) * [The count of Brand and Generic Paid Claims for the Guarantee Period, excluding: DAW 1, 2 or 7 and OTC products] * [GDR Shortfall Factor]"

3.2 "For both categories of retail and mail, the ""GDR Performance"" will be calculated using the following formula: [The count of Generic Paid Claims for the Guarantee Period, excluding: DAW 1, 2 or 7 and OTC products] / [The count of Brand and Generic Paid Claims for the Guarantee Period, excluding: OTC products]."

3.3 "The ""GDR Shortfall Factor"" means the amount of savings foregone on average per script because the GDR Guarantee was missed. The GDR Shortfall Factor shall be calculated separately for mail order GDR Guarantees and retail GDR Guarantees as: [Average Brand Gross Cost per script] – [Average Generic Gross Cost per script] – [Average Guaranteed Brand rebate per script]"

VII. REBATES

1.1 PBM shall pass through to the City one hundred percent (100%) of all negotiated Manufacturer Derived Revenue and all financial benefits that it receives from all third parties.

1.2 PBM agrees that it will not enter into arrangements with pharmaceutical manufacturers for other revenues from pharmaceutical manufacturers in exchange for a reduction of Manufacturer Derived Revenue. Without limitation, PBM agrees that if PBM is provided any rebates or other financial benefits for any drug characterized as a Generic Drug, then the PBM shall be obligated to pass through all such rebates and financial benefits to the City.

1.3 Manufacturer Derived Revenue payments shall be made to the City within ninety (90) days on the close of the quarter in which Manufacturer Derived Revenue is received by PBM.

1.4 As soon thereafter as PBM has received all expected Manufacturer Derived Revenue related to the City's Claims for the prior contract year, but in no event later than six (6) months following the conclusion of the contract year, PBM shall provide the City with a report detailing Manufacturer Derived Revenue amounts earned by the City from contracted pharmaceutical manufacturers (including market share based amounts) during the contract year.

1.5 If the amounts for the contract year are, overall, lower than the Rebate Guarantees specified in the Pricing Proposal, PBM shall pay the difference to the City within thirty (30) days following such report.

VIII. TERM & TERMINATION

1. TERM

1.1 The term of the Agreement shall commence on the Effective Date and shall remain in full force and effect for an initial term of three (3) years ("Initial Term") unless earlier terminated as provided in the Agreement.

1.2 Upon the expiration of the Initial Term, and each subsequent renewal term, the Agreement shall renew automatically for up to three additional one (1) year terms; unless, at least ninety days (90) days prior to the end of such term or renewal term, either Party notifies the other, in writing, of its intent that the Agreement terminate at the end of the then current term.

1.3 Upon termination of the Agreement, each Party shall, upon request, return to the other Party or destroy all confidential information provided, including, without limitations, all copies and electronic magnetic versions thereof. For the avoidance of doubt, Plan Data nor any portion thereof shall not be considered PBM’s confidential information once no aspect thereof is identifiable to PBM by name and like identifiers as relating to PBM.

1.4 If a Party elects to terminate the Agreement, all then-current contract provisions, terms and guarantees shall remain in effect through the date of termination.

2. TERMINATION FOR CAUSE

2.1 Either Party shall have the right to terminate the Agreement for cause if the other Party breaches any of its material obligations under the Agreement; provided, however, that the defaulting Party shall have thirty (30) days to correct such breach, if susceptible to cure, after written notice is given by the non-breaching Party specifying the alleged breach.

3. TERMINATION WITHOUT CAUSE

3.1 After the initial twelve (12) month period, either Party may terminate the Agreement without cause by providing the other Party with ninety (90) days prior written notice.

4. EFFECT OF TERMINATION

4.1 Termination of the Agreement for any reason shall not release either Party from obligations incurred under the Agreement prior to the date of termination, including without limitation, payment to the City of any amounts due and owed under the terms of this Offer or the Agreement, which may have otherwise been issued as credits against future billing, as a result of Guarantee shortfall, Disputed Amounts, or Manufacturer Derived Revenue.

4.2 All Services required to be performed under the terms of the Agreement shall be provided through the effective date of termination.

4.3 PBM will not withhold Manufacturer Derived Revenue as a penalty for the City terminating the Agreement with or without cause; provided, however, that a flat dollar penalty agreeable to the Parties may be provided for in any “Financial Guarantee” section of the Agreement.

4.4 In the event that termination results in a partial plan year, all rebate and pricing guarantees set forth in PBM’s “Pricing Proposal” shall be honored without penalty, and calculated pro-rata for Claims processed during the period of time that the Plan was in force.

4.5 Upon termination, Offeror shall transmit Claims data to successor PBM, excluding pricing, without charging any fees to the City

4.6 Following the termination date, if the City has not completed transitioning the services of the Plan to its successor pharmacy benefit manager or other qualifying entity, then the incumbent PBM shall continue to provide Services under the Agreement until such successor has fully implemented services to the Plan ("Transition Period"), and the City has delivered written notice to PBM with respect thereto.

V. PROPOSAL PREPARATION AND SUBMISSION REQUIREMENTS

A. **General Requirements:** Proposals should be thorough and detailed providing all relevant information that may be required in order for the City to properly evaluate the offer.

B. **Specific Requirements:** Offers are required to submit the following items as part of the complete proposal:

In addition to the electronic submission of data, Offerors shall submit in their sealed proposal the signed Title Page, Cover letter, additional Admin Fee exhibit, specialty discount list by NDC, and GEO access. Offerors shall also submit resumes of staff personnel to be assigned to this contract, including their specific responsibility within the potential contract.

Offerors are encouraged to provide additional information not specifically identified as a requirement if that additional information enables the proposal to better suit the needs of the City and Schools.

VI. CRITERIA FOR PROPOSAL EVALUATION AND METHOD OF AWARD

A. An evaluation committee composed of representatives from the City and Schools and its consultant will evaluate proposals received.

B. Offers will be scored using proprietary algorithms that analyze each component as well as the performance of components against the corresponding components of competing Offers. Each client will specify their own scoring allocations and this scoring allocation will not be disclosed to Offerors.

Categories and Weights

30%: Adherence to Request for Proposal Requirements
- Client Specific Requirements
- Client Bill Review
- Accepted Terms

10%: Performance Guarantees and Network Competencies
- Geo Access
- Performance Guarantees
- Formulary Disruption

60%: Financial Offer
- Per Claim Adjudication Rates
- Average Cost Guarantees
- Administrative Fees
- Rebates
- Drug Classification

Only information, which is received in response to this RFP will be evaluated; reference to information previously submitted will not be considered. The City reserves the right to request verification, validation, or clarification of any information contained in proposals submitted.

B. Method of Award

Following individual evaluation of the submitted proposals by each evaluation committee member, selection shall be made of two or more Offerors deemed to be fully qualified and best suited among those submitting proposals, on the basis of the evaluation criteria. Negotiations will be conducted with the Offerors so selected, at the conclusion of which the City may select the proposal(s), as negotiated, which in the sole opinion of the City is (are) deemed to be in the best interest of the City. In such negotiations, the City reserves the right to request proposal amendments or modifications, which it deems to be in their best interest. If the City determines, after evaluating all proposals submitted for the program, that only one Offeror is fully qualified, or that one Offeror is clearly more qualified than others, the City may negotiate and award a contract to such Offeror.

The City anticipates that the award of the contract will be made around August 15, 2016.

VIII. GENERAL TERMS AND CONDITIONS

A. Advertising: It is understood and agreed that, in the event a contract is awarded for the service to the City and/or Schools, it shall not be used in any way in product literature or advertising without prior written approval.

B. Applicable Laws and Courts: Any contract resulting from this solicitation shall be governed in all respects by the laws of the Commonwealth of Virginia and any litigation with respect

thereto shall be brought in the courts of the City of Lynchburg. The Offeror shall comply with applicable federal, state and local laws and regulations.

C. Assignment of Contract: A contract shall not be assignable by the Offeror in whole or in part without the written consent of the City and/or Schools.

D. Audit and Records Retention: The successful Offeror hereby agrees to retain all books, records, and other documents relative to this contract for five (5) years after final payment, or until audited by the Commonwealth of Virginia whichever is sooner. Such records shall include, but not be limited to all paid vouchers including those for out-of-pocket expenses; other reimbursements supported by invoices, including Offeror's copies of periodic estimates for partial payment; ledgers; cancelled checks; deposit slips; bank statements; journals; contract amendments and change orders; insurance documents; payroll documents; timesheets; memoranda; and correspondence. The City and/or Schools, its authorized agents, or State auditors shall have full access to and the right to examine any of said material during said period. Records will be available on demand and without notice during normal working hours.

E. Availability of Funds: It is understood and agreed between the parties herein that the City and/or Schools shall be bound hereunder only to the extent of the funds available or which may hereafter become available for the purpose of this agreement.

F. Cancellation of Contract: The City and Schools reserve the right to cancel and terminate any resulting contract, in part or in whole, without penalty, upon 30 days written notice to the successful Offeror. Any contract cancellation notice shall not relieve the successful Offeror of the obligation to deliver or perform on all outstanding obligations prior to the effective date of cancellation.

G. Clarification of Terms: If any prospective Offeror has questions about the specifications or other solicitation documents, the prospective Offeror shall contact the individual whose name appears on the face of the solicitation, not later than seven days prior to the due date. Any revisions to the solicitation will be made only by addendum issued by the Procurement Division. Any addendum officially amends the RRP and may be used to modify, correct or add to the information contained herein. It is the responsibility of each Offeror to ensure receipt of all addenda by viewing the City's Current Solicitation's website.

H. Collusion: By submitting a proposal, the Offeror represents that in the preparation and submission of this proposal, said Offeror did not, either directly or indirectly, enter into any combination or arrangement with any person, firm or corporation or enter into any agreement, participate in any collusion, or otherwise take any action in the restraint of free, competitive bidding in violation of the Sherman Act (15 U.S.C. Sec. 1) or Section 59.1-9.1 through 59.1-9.17 or Sections 59.1-68.6 through 59.1-68.8 of the Code of Virginia.

I. Compensation: The successful Offeror shall be required to submit a complete itemized invoice on each delivery or service, which it may perform under the contract. Payment shall be rendered to the successful Offeror for satisfactory compliance with the contract within thirty (30) days after the receipt of the proper invoice.

J. Conflict of Interest: By submitting a proposal, the Offeror certifies that no member of the governing body, officer, or employee of the City or Schools during his/her tenure, or for one year thereafter shall have any interest, direct or indirect, in this contract or the proceeds thereof in violation of the Code of Virginia, Section 2.1-636.6 through 2.1-639.7.

K. Contract Documents: The contract entered into by the parties shall consist of the Request for Proposal, the signed proposal submitted by the offeror, the Notice of Award, or Purchase Order/Contract, the General and Special Conditions, and the Scope of Work. All time limits stated in the contract document are of the essence of the contract.

L. Contractual Disputes: Any dispute concerning a question of fact including claims for money or other relief as a result of a contract which is not disposed of by agreement shall be decided by the Contract Administrator, who shall reduce a decision to writing and mail or otherwise

forward a copy thereof to the contractor within ten (10) days. The decision of the Contract Administrator shall be final and conclusive unless the contractor appeals in writing, a formal protest within ten (10) days after award. Contractual claims, whether for money or other relief, shall be submitted in writing no later than thirty (30) days after final payment; however, written notice of Contractor's intention to file such a claim shall have been given at the time of the occurrence or beginning of the work upon which the claim is based. Pending claims shall not delay payment of amounts agreed due in the final payment.

M. Drug Free: During the performance of any contract exceeding $10,000.00 the Offeror agrees to provide a drug-free workplace for the Offeror's employees; post in conspicuous places, available to employees and applications for employment, a statement notifying employees that the unlawful manufacture, sale, distribution, dispensation, possession, or use of a controlled substance or marijuana is prohibited in the Offeror's workplace and specifying the actions that will be taken against employees for violations of such prohibition; state in all solicitations or advertisements for employees placed by or on behalf of the Offeror that the Offeror maintains a drug-free workplace.

N. Debarment Status: By submitting a proposal, Offeror certifies it is not currently debarred from submitting proposals on contracts by any agency of the Commonwealth of Virginia nor is it an agent of any person or entity that is currently debarred from submitting proposals on contracts by any agency of the Commonwealth of Virginia.

O. Nondiscrimination: If the Contract exceeds $10,000, during the performance of the Contract, the Contractor agrees to conform to the provisions of the Federal Civil Rights Act of 1964, as amended, as well as the Virginia Fair Employment Contracting Act of 1975, as amended, where applicable, the Virginians with Disabilities Act, the Americans with Disabilities Act, Sec. 2.2-4311 of the Virginia Public Procurement Act, and the Lynchburg Public Procurement Ordinance.

1. The Contractor will not discriminate against any employee or applicant for employment because of race, religion, color, sex, national origin, age, disability or other basis prohibited by state law relating to discrimination in employment, except where there is a bona fide occupational qualification reasonably necessary to the normal operation of the Contractor. The Contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices setting forth the provisions of this nondiscrimination clause.
2. The Contractor, in all solicitations or advertisements for employees placed by or on behalf of the Contractor, will state that such Contractor is an equal opportunity employer.
3. Notices, advertisements and solicitations placed in accordance with federal law, rule or regulation shall be deemed sufficient for the purpose of meeting the requirements of this Section.
4. The Contractor will include the provisions outlined in this RFP, Section N Paragraphs 1, 2, and 3 in every subcontract or purchase orders over $10,000, so that the provisions will be binding upon each subcontractor or vendor.

P. Ethics in Public Contracting: By submitting a proposal, the Offeror certifies that the proposal is made without collusion or fraud and that it has not offered or received any kickbacks or inducements from any other Offeror, supplier, manufacturer, or subcontractor in connection with their proposal, and that they have not conferred on any public employee having official responsibility for this procurement transaction any payment, loan, subscription, advance, deposit of money, services, or anything of more than nominal value.

Q. Immigration Act: By signature on this solicitation, Offeror certifies that they do not and will not during the performance of the contract employ illegal alien workers or otherwise violate the provisions of the Federal Immigration Reform and Control Act of 1986.

R. Inconsistencies in Conditions: In the event there are inconsistencies between the General Terms and Conditions and the Special Terms and Conditions, and/or other schedules contained herein, the latter two shall take precedence.

S. Indemnification: To the fullest extent permitted by law, the Contractor, for itself, heirs, representatives, successors, and assigns agrees to save, defend, keep harmless, and indemnify the City and the Schools and all of their officials, agents and employees from and against any and all claims, loss, damage, injury, costs (including court costs and attorney's fees), charges, liability or exposure, however caused, resulting from, arising out of or in any way connected with the Contractor's performance (or nonperformance) of the Contract terms or its obligations under this Contract. The City can not, by Virginia Law, either hold harmless or indemnify the Contractor.

T. Insurance: The Contractor shall be required to maintain in force the following insurance policies and coverage limits for the duration of the Contract: General Liability Insurance $1,000,000; Automobile Liability Insurance $1,000,000; Workers Compensation Insurance in Statutory Amounts; Errors and Omissions Insurance $1,000,000, which will protect the Contractor and the City from claims which may arise out of or result from the execution of the work, whether such execution be by the Contractor, the Contractor's employees, agents, subcontractors or by anyone for whose acts any of them may be liable. The General Liability policy shall include the following: premises/operations, independent contractors, products and completed operations, contractual liability and personal injury liability. Contractors authorized to conduct business in the Commonwealth of Virginia shall provide all insurance. The Contractor shall furnish the City with an original Certificate of Insurance. The Certificate should name the City, its officers and employees as an additional insured.

U. Notice of Award: Notice of Award shall be posted to the City of Lynchburg's Procurement website, Notice of Awards: http://www.lynchburgva.gov/Index.aspx?page=4343. The City will notify successful Offeror of award by written notice.

V. Ownership of Material: Ownership of all data, material and documentation originated and prepared for the City pursuant to the RFP shall belong exclusively to the City and Schools and shall be subject to public inspection in accordance with the Virginia Freedom of Information Act. Trade secrets or proprietary information submitted by an Offeror shall not be subject to public disclosure under the Virginia Freedom of Information Act.

W. Obligation of Offeror: By submitting a proposal, the Offeror covenants and agrees that it has satisfied itself, from its own investigation of the conditions to be met that it fully understands the obligation and that it will not make any claim for, or have right to cancellation or relief from the contract because of any misunderstanding or lack of information.

X. Prime Contractor Responsibilities: The Contractor shall be responsible for completely supervising and directing the work under this contract and all subcontractors that they may utilize, using their best skill and attention. Subcontractors who perform work under this contract shall be responsible to the prime Contractor. The Contractor agrees to be fully responsible for the acts and omissions of their subcontractors and of persons employed by them as they are for the acts and omissions of their own employees.

Y. Qualifications of Offerors: The City may make such reasonable investigations as deemed proper and necessary to determine the ability of the Offeror to perform the work and the Offeror shall furnish all such information and data for this purpose as may be requested. The City further reserves the right to reject any proposal if the evidence submitted by or investigations of such Offeror fails to satisfy that such Offeror is properly qualified to carry out the obligations of the contract and to complete the work contemplated herein.

SCHEDULE "A"
COVERED PRESCRIPTION BENEFITS-COPAYMENTS-LIMITATIONS

COVERED PRESCRIPTION BENEFITS
Legend drugs as defined in this agreement.
Compound prescriptions of which at least one ingredient is a legend drug in a therapeutic amount, $100.00 max; n/a to PI network.
Insulin and insulin syringes.
Diabetic supplies.
Contraceptives – injectable, oral, transdermal, vaginal.
Prenatal vitamins.
Anti-diabetic injectables.
Epipen.
ACA medications.

ITEMS COVERED WITH QUANTITY LIMITATIONS
Triple through Mail Order
Amerge – 9 tablets per 30 day supply.
Axert – 12 tablets per 30 day supply.
Copegus – 168 tablets per 28 day supply.
Frova – 9 tablets per 30 day supply.
Imitrex Injectable – 4 Stat Doses/Systems or 4 vials per 30 day supply.
Imitrex Tablets – 18 tablets per 30 day supply.
Imitrex Nasal Spray – 1 box per 30 day supply.
Maxalt/MLT – 18 tablets per 30 day supply.
Migranal Nasal Spray – 1 box per 30 day supply.
Relpax – 6 tablets per 30 day supply.
Stadol Nasal Spray – 2 bottles per 30 day supply.
Zomig/ZMT – 6 tablets per 30 day supply.
Zomig Nasal Spray – 1 box per 30 day supply.
Oral ED – 8 tablets per 30 day supply.

ITEMS COVERED WITH PRIOR AUTHORIZATION
Injectables, other than those listed.
ADHD.
Fentanyl Lozenge.
Oxycodone.

EXCLUSIONS
Over-the-Counter (OTC) drugs.
Non-insulin syringes.
Biological serums (immunological vaccines).
Diet control drugs (anorexics).
Medical devices/supplies.
Fertility drugs.
All other ED drugs.
Diagnostic agents (test kits).
Contraceptives – devices, implants.
RU486 (mifepristone).
Smoking cessation drugs.
Hair growth stimulants.
Cosmetic agents.
Growth hormones.
Vitamins other than those listed.
Dietary products.
Acthar.
Non-drug items, such as stockings or devices, even if a prescription is required.
Experimental drugs or drugs required to be labeled: "caution -- limited by federal law to investigational use."
Refills obtained more than one year after the original prescription date or prior to 75% of the completion of the projected usage.

DISPENSING LIMITS

Retail:	30 day supply.	
	Insulin:	90 day supply for mail order copayments.
	Maintenance:	mandatory mail order after 4 fills.
	Allow Ext OC:	mandatory mail order after 4 fills.
	Specialty: 30 day supply.	
Mail Order:	90 day supply.	
	Specialty: 30 day supply.	
Specialty:	30 day supply.	
Diabetic:	90 day supply min/max.	

MAX DOLLAR PER SCRIPT
$2,000.00

DISPENSE AS WRITTEN
As noted.

SELFPAYS
Reimbursement rate: Contract price less copayment.
Maximum days to submit: 90

PARTICIPANT CONTRIBUTIONS
Deductible/Maximum Benefit/Maximum Out-Of-Pocket

Per calendar year	per member	per family
Maximum OOP:	$4,000.00	$8,000.00

Copayments

Retail	Brand w/generic:	40%, between $20.00 and $100.00 plus the difference
	Brand w/o generic:	40%, between $20.00 and $100.00
	Generic:	40%, between $20.00 and $100.00
	ACA:	-0-
Mail Order	Brand w/generic:	40%, between $60.00 and $300.00 plus the difference
	Brand w/o generic:	40%, between $60.00 and $300.00
	Generic:	40%, between $60.00 and $300.00
	ACA:	-0-
Specialty	Brand w/generic:	40%, between $20.00 and $100.00 plus the difference
	Brand w/o generic:	40%, between $20.00 and $100.00
	Generic:	40%, between $20.00 and $100.00
Diabetic	Brand w/generic:	40%, between $60.00 and $300.00 plus the difference
	Brand w/o generic:	40%, between $60.00 and $300.00
	Generic:	40%, between $60.00 and $300.00

SCRIPT CARE

Your Prescription for Excellence in Pharmacy Benefits Management

Pharmacy Benefit Summary Lynchburg City Schools

Welcome to Script Care, Ltd. Script Care is a Pharmacy Benefit Manager and will begin administering the pharmacy benefits for your employer's health plan effective January 1, 2014. Your mail order pharmacy is Drug Source, Inc. Over 64,000 retail pharmacies nationwide participate in the Script Care network. To locate a participating pharmacy in your area, visit www.scriptcare.com. Our Customer Service Department is available 24 hours a day, 7 days a week. Please call 1-888-810-9010 or e-mail questions to customerservice@scriptcare.com.

COVERED MEDICATIONS

See below for some of the general categories that are covered under your prescription plan with Script Care:

Legend Drugs (Drugs That Require a Prescription To Obtain).
Anti-Diabetic Injectables.
Compound Prescriptions
Contraceptives – Injectable, Oral, Transdermal, Vaginal.
Diabetic Supplies.
Epipen.
Insulin and Insulin Syringes.
Prenatal Vitamins.

Items Covered With Prior Authorization
ADHD
Fentanyl Lozenge
Injectables, other than those listed.
Oxycodone

Items Covered with Quantity Limitations:
Amerge – 9 tablets per 30 day supply.
Axert – 12 tablets per 30 day supply.
Copegus – 168 tablets per 28 day supply.
Frova – 9 tablets per 30 day supply.
Imitrex Injectable – 4 Stat Doses/Systems or 4 vials per 30 day supply.
Imitrex Nasal Spray – 1 box per 30 day supply.
Imitrex Tablets – 18 tablets per 30 day supply.
Maxalt/MLT – 18 tablets per 30 day supply.
Migranal Nasal Spray – 1 box per 30 day supply.
Oral Erectile Dysfunction – 8 tablets per 30 day supply.
Relpax – 6 tablets per 30 day supply.
Stadol Nasal Spray – 2 bottles per 30 day supply.
Zomig Nasal Spray – 1 box per 30 day supply.
Zomig/ZMT – 6 tablets per 30 day supply.

EXCLUDED MEDICATIONS

Not all prescription medications are covered under your pharmacy benefits. Listed below are some of the general categories of medications that are not covered under your prescription plan with Script Care:

All Other Erectile Dysfunction Drugs.
Biological Serums (Immunological Vaccines).
Contraceptives – Devices, Implants.
Cosmetic Agents.
Diagnostic Agents (Test Kits).
Diet Control Drugs (Anorexics).
Dietary Products.
Fertility Drugs.
Growth Hormones.
Hair Growth Stimulants.
Medical Devices/Supplies.
Non-Insulin Syringes.
Over-The-Counter (OTC) Drugs.
RU486 (Mifepristone).
Smoking Cessation Drugs.
Vitamins other than those listed.
Non-drug items, such as stockings or devices, even if a prescription is required.
Experimental drugs or drugs required to be labeled: "Caution -- Limited by federal law to investigation use."
Refills obtained more than one year after the original prescription date or prior to 75% of the completion of the projected usage.

RX COPAYS

When your physician issues an Rx, simply present the Rx along with your Script Care identification card to a participating pharmacy, or you may use the mail order pharmacy to fill a 90 day supply of maintenance medications. Refer to the SCL Specialty Pharmacy and SCL Diabetic Program for special instructions. You will pay a copayment based on the following classifications of medications:

Maximum Out of Pocket: $4,100 Individual; $8,200 Family

	Retail	Mail Order	SCL Specialty	SCL Diabetic (Medications/Supplies)
Brand:	40%, between $20 & $100	40%, between $60 & $300	40%, between $20 & $100	40%, between $60 & $300
Generic:	40%, between $20 & $50	40%, between $60 & $125	40%, between $20 & $50	40%, between $60 & $125

PRIOR AUTHORIZATION REQUIRED FOR PRESCRIPTIONS EXCEEDING $2,000.00

MANDATORY PROGRAMS

Mandatory Generic: If members fill a brand name drug when a generic is available, member will pay the brand copay plus the difference between the cost of the brand and generic.
Mandatory Mail Order: Maintenance medications MUST be filled through mail order after four (4) retail fills.
Specialty Program: Specialty Drugs MUST be filled through the SCL Specialty Pharmacy after one (1) retail fill.
Diabetic Program: Diabetic Medications/Supplies (excluding insulin), MUST be filled through the SCL Diabetic Program after one (1) retail fill.

DISPENSING LIMITS

Your physician's orders may limit the amount of medication that can be dispensed at one time. See below for the maximum day supply that your prescription benefit plan allows:

Retail & SCL Specialty Pharmacies: 30 day supply

Mail Order Pharmacy & SCL Diabetic Program: 90 day supply

SCRIPT CARE MOBILE APP

Go mobile with the new Script Care App to assist with your prescription needs on the go! The App is available to Script Care members with an iPhone, iPad or Android smartphone/tablet. Features include a Formulary Search, Pharmacy Locator, Copay Calculator and ID card. Download it today for free at iTunes App Store or Android Market and search for "Script Care". For assistance, call 1-888-810-9010.

6380 Folsom Drive * Beaumont, Texas 77706 * 1-888-810-9010 * Fax (409) 832-3109 * www.scriptcare.com

ATTACHMENT B

Financial & Pricing Proposal Information

Please represent all pricing in a manner that your company is prepared to guarantee in your contract. Please provide for each proposed network.

IMPORTANT: If you are proposing more than one network, please provide separate pricing and a name for each network in the proposal

Item	***Pricing***
Network Name	
Number of pharmacies in network	
Retail Network claim administration fee (Assumes paid claims ONLY)	
Retail Network discount off AWP – brand drugs	
Specialty Network discount off AWP – specialty drugs	
Retail Network dispensing fee – brand drugs	
Specialty Network dispensing fee – specialty drugs	
Retail Network dispensing fee – generic drugs	
Average effective discount from AWP on Retail generic drugs – Mac + Non-MAC	
Name of MAC being proposed	
Is there a pricing spread between amount paid by the plan sponsor and amount paid to the pharmacy for brand drugs?	Yes / No
Is there a pricing spread between amount paid by the plan sponsor and amount paid to the pharmacy for generic drugs?	Yes / No
Mail Service claim administration fee	
Mail Service discount off AWP – brand drugs	
Mail Service dispensing fee – brand drugs	
Mail Service dispensing fee – generic drugs	
Average effective discount from AWP on Mail Service generic drugs	
Paper claims administration fee	
ID Card Production	
DUR Services:	
- concurrent	
- retrospective	
- controlled substance management	
- high cost patient management	
Disease Management Services (by program)	
Reporting and analytical services:	
- analytical services	
- customized reporting	
- standard reports available on-line/via dial-up	
Data mining capabilities - interactive/on-line ad hoc user report creation and queries	
Other services NOT included in above pricing	
What is the source of your AWP?	
Will you disclose your MAC list?	

What Package size is your Mail Service pricing based on?	

ATTACHMENT B CONT'D

Financial & Pricing Proposal Information

If pricing is based on a method other than a per paid claim fee, please describe.

FORMULARY REBATES

	Open/Voluntary Formulary *POS/Mail*	*Open formulary with 3-tier copays POS/Mail*
Percentage of Rebate to THE CITY OF LYNCHBURG		
Average rebate per aggregate Rx		
Average Rebate per formulary Brand Rx		
Guaranteed rebate to THE CITY OF LYNCHBURG per aggregate Rx		
Guaranteed rebate to THE CITY OF LYNCHBURG per Formulary Brand Rx		
Any other financial consideration for the use of your companies formulary		

Must be answered

SCRIPT CARE, LTD.

Brand Vs. Generic Utilization Summary

Report for: **City of Lynchburg**

Effective Date: 01/01/2013

Group: **52021: City of Lynchburg**

This is a summary of your Script Care Prescription Plan from **1/1/2013** through **12/31/2013** .

Brand Vs. Generic Utilization

	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	3,012	97	15,636	18,745	
% of All Claims	16.07%	0.52%	83.41%	100.00%	
Retail from Pharmacy w/o Script Care	$1,560,422.51	$14,068.01	$1,519,645.84	$3,094,136.36	$165.06
Actual Drug Cost	$1,193,921.74	$10,233.83	$356,830.92	$1,560,986.49	$83.27
Pharmacy Fees	$3,047.70	$90.90	$18,007.50	$21,146.10	$1.13
Prescription Price w/ Script Care	$1,196,969.44	$10,324.73	$374,838.42	$1,582,132.59	$84.40
Savings through your Script Care Plan	**$363,453.07**	**$3,743.28**	**$1,144,807.42**	**$1,512,003.77**	**$80.66**
% Saved over Retail	**23.29%**	**26.61%**	**75.33%**	**48.87%**	
Copay	$230,897.38	$5,893.16	$230,749.68	$467,540.22	$24.94
% of Total Drug Cost	19.29%	57.04%	61.55%	29.55%	
Tax	$16.16	$7.10	$58.96	$82.22	$0.00
Your Prescription Cost	**$966,088.22**	**$4,438.67**	**$144,147.70**	**$1,114,674.59**	**$59.47**
Total Plan Cost/Claim	**$320.75**	**$45.76**	**$9.22**	**$59.47**	
Cost/Per Cardholder Per Month	**$57.63**	**$0.26**	**$8.60**	**$66.50**	
Cost/Per Member Per Month	**$30.35**	**$0.14**	**$4.53**	**$35.02**	
Rx/Per Cardholder Per Month	**0.18**	**0.01**	**0.93**	**1.12**	
Rx/Per Member Per Month	**0.09**	**0.00**	**0.49**	**0.59**	

Enrollment

	Cardholders	Dependents	Total
Monthly Average Enrollment	1,396.9	1,255.8	2,652.7

SCRIPT CARE, LTD.

Brand Vs. Generic Utilization Summary

Report for: **City of Lynchburg**

Effective Date: 10/01/2013

Group: **52030: Lynchburg City Schools**

This is a summary of your Script Care Prescription Plan from **10/1/2013** through **12/31/2013** .

Brand Vs. Generic Utilization

	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	625	59	3,682	4,366	
% of All Claims	14.32%	1.35%	84.33%	100.00%	
Retail from Pharmacy w/o Script Care	$277,035.14	$5,006.06	$326,846.82	$608,888.02	$139.46
Actual Drug Cost	$209,600.78	$3,587.71	$86,638.75	$299,827.24	$68.67
Pharmacy Fees	$722.50	$61.00	$4,146.30	$4,929.80	$1.13
Prescription Price w/ Script Care	$210,323.28	$3,648.71	$90,785.05	$304,757.04	$69.80
Savings through your Script Care Plan	**$66,711.86**	**$1,357.35**	**$236,061.77**	**$304,130.98**	**$69.66**
% Saved over Retail	**24.08%**	**27.11%**	**72.22%**	**49.95%**	
Copay	$48,946.50	$2,216.38	$35,406.62	$86,569.50	$19.83
% of Total Drug Cost	23.27%	60.74%	39.00%	28.41%	
Tax	$0.00	$0.00	$0.82	$0.82	$0.00
Your Prescription Cost	**$161,376.78**	**$1,432.33**	**$55,379.25**	**$218,188.36**	**$49.97**
Total Plan Cost/Claim	**$258.20**	**$24.28**	**$15.04**	**$49.97**	
Cost/Per Cardholder Per Month	**$41.36**	**$0.37**	**$14.19**	**$55.92**	
Cost/Per Member Per Month	**$25.32**	**$0.22**	**$8.69**	**$34.23**	
Rx/Per Cardholder Per Month	**0.16**	**0.02**	**0.94**	**1.12**	
Rx/Per Member Per Month	**0.10**	**0.01**	**0.58**	**0.68**	

Enrollment

	Cardholders	Dependents	Total
Monthly Average Enrollment	1,300.7	824.0	2,124.7

SCRIPT CARE, LTD.

Brand Vs. Generic Utilization Summary

Report for: **City of Lynchburg**

Group: **52021, 52030**

This is a summary of your Script Care Prescription Plan from **1/1/2013** through **12/31/2013** .

Brand Vs. Generic Utilization

	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	3,637	156	19,318	23,111	
% of All Claims	15.74%	0.68%	83.59%	100.00%	
Retail from Pharmacy w/o Script Care	$1,837,457.65	$19,074.07	$1,846,492.66	$3,703,024.38	$160.23
Actual Drug Cost	$1,403,522.52	$13,821.54	$443,469.67	$1,860,813.73	$80.52
Pharmacy Fees	$3,770.20	$151.90	$22,153.80	$26,075.90	$1.13
Prescription Price w/ Script Care	$1,407,292.72	$13,973.44	$465,623.47	$1,886,889.63	$81.64
Savings through your Script Care Plan	**$430,164.93**	**$5,100.63**	**$1,380,869.19**	**$1,816,134.75**	**$78.58**
% Saved over Retail	**23.41%**	**26.74%**	**74.78%**	**49.04%**	
Copay	$279,843.88	$8,109.54	$266,156.30	$554,109.72	$23.98
% of Total Drug Cost	19.89%	58.01%	57.15%	29.37%	
Tax	$16.16	$7.10	$59.78	$83.04	$0.00
Your Prescription Cost	**$1,127,465.00**	**$5,871.00**	**$199,526.95**	**$1,332,862.95**	**$57.67**
Total Plan Cost/Claim	**$310.00**	**$37.63**	**$10.33**	**$57.67**	
Cost/Per Cardholder Per Month	**$54.56**	**$0.28**	**$9.66**	**$64.50**	
Cost/Per Member Per Month	**$29.51**	**$0.15**	**$5.22**	**$34.89**	
Rx/Per Cardholder Per Month	**0.18**	**0.01**	**0.93**	**1.12**	
Rx/Per Member Per Month	**0.10**	**0.00**	**0.51**	**0.60**	

Enrollment

	Cardholders	Dependents	Total
Monthly Average Enrollment	1,722.1	1,461.8	3,183.8

SCRIPT CARE, LTD.

Retail and Mail Order Utilization Summary

Report for: **City of Lynchburg** Effective Date: 01/01/2013

Group: **52021: City of Lynchburg**

This is a summary of your Script Care Prescription Plan from **1/1/2013** through **12/31/2013**

Retail

	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	2,312	60	12,830	15,202	
% of Retail Claims	15.21%	0.39%	84.40%	100.00%	
Prescription Price w/ Script Care	$891,896.35	$4,869.17	$258,816.34	$1,155,581.86	$76.02
Copay	$130,433.73	$2,144.68	$154,999.60	$287,578.01	$18.92
% of Total Drug Cost	14.62%	43.98%	59.87%	24.88%	
Tax	$16.16	$7.10	$58.96	$82.22	$0.01
Your Prescription Cost	$761,478.78	$2,731.59	$103,875.70	$868,086.07	$57.10
Employer Cost Per Claim	**$329.36**	**$45.53**	**$8.10**	**$57.10**	

Mail Order

	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	700	37	2,806	3,543	
% of MO Claims	19.76%	1.04%	79.20%	100.00%	
Prescription Price w/ Script Care	$305,073.09	$5,455.56	$116,022.08	$426,550.73	$120.39
Copay	$100,463.65	$3,748.48	$75,750.08	$179,962.21	$50.79
% of Total Drug Cost	32.93%	68.71%	65.29%	42.19%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$204,609.44	$1,707.08	$40,272.00	$246,588.52	$69.60
Employer Cost Per Claim	**$292.30**	**$46.14**	**$14.35**	**$69.60**	

Total

	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	3,012	97	15,636	18,745	
% of All Claims	16.07%	0.52%	83.41%	100.00%	
Prescription Price w/ Script Care	$1,196,969.44	$10,324.73	$374,838.42	$1,582,132.59	$84.40
Copay	$230,897.38	$5,893.16	$230,749.68	$467,540.22	$24.94
% of Total Drug Cost	19.29%	57.04%	61.55%	29.55%	
Tax	$16.16	$7.10	$58.96	$82.22	$0.00
Your Prescription Cost	$966,088.22	$4,438.67	$144,147.70	$1,114,674.59	$59.47
Employer Cost Per Claim	**$320.75**	**$45.76**	**$9.22**	**$59.47**	

SCRIPT CARE, LTD.

Retail and Mail Order Utilization Summary

Report for: **City of Lynchburg** Effective Date: 10/01/2013

Group: **52030: Lynchburg City Schools**

This is a summary of your Script Care Prescription Plan from **10/1/2013** through **12/31/2013**

Retail	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	489	46	3,098	3,633	
% of Retail Claims	13.46%	1.27%	85.27%	100.00%	
Prescription Price w/ Script Care	$155,008.30	$2,046.45	$66,297.79	$223,352.54	$61.48
Copay	$32,104.74	$1,466.71	$26,040.51	$59,611.96	$16.41
% of Total Drug Cost	20.71%	71.67%	39.28%	26.69%	
Tax	$0.00	$0.00	$0.82	$0.82	$0.00
Your Prescription Cost	$122,903.56	$579.74	$40,258.10	$163,741.40	$45.07
Employer Cost Per Claim	**$251.34**	**$12.60**	**$12.99**	**$45.07**	

Mail Order	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	136	13	584	733	
% of MO Claims	18.55%	1.77%	79.67%	100.00%	
Prescription Price w/ Script Care	$55,314.98	$1,602.26	$24,487.26	$81,404.50	$111.06
Copay	$16,841.76	$749.67	$9,366.11	$26,957.54	$36.78
% of Total Drug Cost	30.45%	46.79%	38.25%	33.12%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$38,473.22	$852.59	$15,121.15	$54,446.96	$74.28
Employer Cost Per Claim	**$282.89**	**$65.58**	**$25.89**	**$74.28**	

Total	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	625	59	3,682	4,366	
% of All Claims	14.32%	1.35%	84.33%	100.00%	
Prescription Price w/ Script Care	$210,323.28	$3,648.71	$90,785.05	$304,757.04	$69.80
Copay	$48,946.50	$2,216.38	$35,406.62	$86,569.50	$19.83
% of Total Drug Cost	23.27%	60.74%	39.00%	28.41%	
Tax	$0.00	$0.00	$0.82	$0.82	$0.00
Your Prescription Cost	$161,376.78	$1,432.33	$55,379.25	$218,188.36	$49.97
Employer Cost Per Claim	**$258.20**	**$24.28**	**$15.04**	**$49.97**	

SCRIPT CARE, LTD.

Retail and Mail Order Utilization Summary

Report for: **City of Lynchburg**

Group: **52021, 52030**

This is a summary of your Script Care Prescription Plan from **1/1/2013** through **12/31/2013**

Retail

	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	2,801	106	15,928	18,835	
% of Retail Claims	14.87%	0.56%	84.57%	100.00%	
Prescription Price w/ Script Care	$1,046,904.65	$6,915.62	$325,114.13	$1,378,934.40	$73.21
Copay	$162,538.47	$3,611.39	$181,040.11	$347,189.97	$18.43
% of Total Drug Cost	15.53%	52.17%	55.67%	25.18%	
Tax	$16.16	$7.10	$59.78	$83.04	$0.00
Your Prescription Cost	$884,382.34	$3,311.33	$144,133.80	$1,031,827.47	$54.78
Employer Cost Per Claim	**$315.74**	**$31.24**	**$9.05**	**$54.78**	

Mail Order

	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	836	50	3,390	4,276	
% of MO Claims	19.55%	1.17%	79.28%	100.00%	
Prescription Price w/ Script Care	$360,388.07	$7,057.82	$140,509.34	$507,955.23	$118.79
Copay	$117,305.41	$4,498.15	$85,116.19	$206,919.75	$48.39
% of Total Drug Cost	32.55%	63.73%	60.58%	40.74%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$243,082.66	$2,559.67	$55,393.15	$301,035.48	$70.40
Employer Cost Per Claim	**$290.77**	**$51.19**	**$16.34**	**$70.40**	

Total

	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	3,637	156	19,318	23,111	
% of All Claims	15.74%	0.68%	83.59%	100.00%	
Prescription Price w/ Script Care	$1,407,292.72	$13,973.44	$465,623.47	$1,886,889.63	$81.64
Copay	$279,843.88	$8,109.54	$266,156.30	$554,109.72	$23.98
% of Total Drug Cost	19.89%	58.01%	57.15%	29.37%	
Tax	$16.16	$7.10	$59.78	$83.04	$0.00
Your Prescription Cost	$1,127,465.00	$5,871.00	$199,526.95	$1,332,862.95	$57.67
Employer Cost Per Claim	**$310.00**	**$37.63**	**$10.33**	**$57.67**	

SCRIPT CARE, LTD.

Specialty Pharmacy Utilization Summary

Report for: **City of Lynchburg**

Effective Date: 01/01/2013

Group: **52021: City of Lynchburg**

This is a summary of your Script Care Prescription Plan from **1/1/2013** through **12/31/2013** .

Specialty Pharmacy Utilization

	All Claims	Average Per Claim	Specialty Eligible*	Average Per Claim	Specialty Claims	Average Per Claim
Number of Claims	18,745		38 **		177 **	
% of All Claims	100.00%		0.20%		0.94%	
Retail from Pharmacy w/o Script Care	$3,094,136.36	$165.06	$310,802.78	$8,179.02	$512,698.23	$2,896.60
Actual Drug Cost	$1,560,986.49	$83.27	$247,099.92	$6,502.63	$349,444.80	$1,974.26
Pharmacy Fees	$21,146.10	$1.13	$13.25	$0.35	$354.00	$2.00
Prescription Price w/ Script Care	$1,582,132.59	$84.40	$247,113.17	$6,502.98	$349,798.80	$1,976.26
Savings through your Script Care Plan	**$1,512,003.77**	**$80.66**	**$63,689.61**	**$1,676.04**	**$162,899.43**	**$920.34**
% Saved over Retail	**48.87%**		**20.49%**		**31.77%**	
Copay	$467,540.22	$24.94	$4,262.30	$112.17	$16,114.42	$91.04
% of Total Drug Cost	29.55%		1.72%		4.61%	
Tax	$82.22	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	**$1,114,674.59**	**$59.47**	**$242,850.87**	**$6,390.81**	**$333,684.38**	**$1,885.22**
% of Total Cost	**100.00%**		**21.79%**		**29.94%**	
Total Plan Cost/Claim	**$59.47**		**$6,390.81**		**$1,885.22**	
Cost/Per Cardholder Per Month	**$66.50**		**$14.49**		**$19.91**	
Cost/Per Member Per Month	**$35.02**		**$7.63**		**$10.48**	

*Excludes Specialty Claims **Net Claims

Enrollment

	Cardholders	Dependents	Total
Monthly Average Enrollment	1,396.9	1,255.8	2,652.7

SCRIPT CARE, LTD.

Specialty Pharmacy Utilization Summary

Report for: **City of Lynchburg**

Effective Date: 10/01/2013

Group: **52030: Lynchburg City Schools**

This is a summary of your Script Care Prescription Plan from **10/1/2013** through **12/31/2013** .

Specialty Pharmacy Utilization

	All Claims	Average Per Claim	Specialty Eligible*	Average Per Claim	Specialty Claims	Average Per Claim
Number of Claims	4,366		1 **		21 **	
% of All Claims	100.00%		0.02%		0.48%	
Retail from Pharmacy w/o Script Care	$608,888.02	$139.46	$11,314.06	$11,314.06	$99,740.49	$4,749.55
Actual Drug Cost	$299,827.24	$68.67	$8,339.94	$8,339.94	$71,601.02	$3,409.57
Pharmacy Fees	$4,929.80	$1.13	$1.25	$1.25	$42.00	$2.00
Prescription Price w/ Script Care	$304,757.04	$69.80	$8,341.19	$8,341.19	$71,643.02	$3,411.57
Savings through your Script Care Plan	**$304,130.98**	**$69.66**	**$2,972.87**	**$2,972.87**	**$28,097.47**	**$1,337.97**
% Saved over Retail	**49.95%**		**26.28%**		**28.17%**	
Copay	$86,569.50	$19.83	$150.00	$150.00	$3,450.00	$164.29
% of Total Drug Cost	28.41%		1.80%		4.82%	
Tax	$0.82	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	**$218,188.36**	**$49.97**	**$8,191.19**	**$8,191.19**	**$68,193.02**	**$3,247.29**
% of Total Cost	**100.00%**		**3.75%**		**31.25%**	
Total Plan Cost/Claim	**$49.97**		**$8,191.19**		**$3,247.29**	
Cost/Per Cardholder Per Month	**$55.92**		**$2.10**		**$17.48**	
Cost/Per Member Per Month	**$34.23**		**$1.29**		**$10.70**	

*Excludes Specialty Claims **Net Claims

Enrollment

	Cardholders	Dependents	Total
Monthly Average Enrollment	1,300.7	824.0	2,124.7

SCRIPT CARE, LTD.

Specialty Pharmacy Utilization Summary

Report for: **City of Lynchburg**

Group: **52021, 52030**

This is a summary of your Script Care Prescription Plan from **1/1/2013** through **12/31/2013** .

Specialty Pharmacy Utilization

	All Claims	Average Per Claim	Specialty Eligible*	Average Per Claim	Specialty Claims	Average Per Claim
Number of Claims	23,111		39 **		198 **	
% of All Claims	100.00%		0.17%		0.86%	
Retail from Pharmacy w/o Script Care	$3,703,024.38	$160.23	$322,116.84	$8,259.41	$612,438.72	$3,093.12
Actual Drug Cost	$1,860,813.73	$80.52	$255,439.86	$6,549.74	$421,045.82	$2,126.49
Pharmacy Fees	$26,075.90	$1.13	$14.50	$0.37	$396.00	$2.00
Prescription Price w/ Script Care	$1,886,889.63	$81.64	$255,454.36	$6,550.11	$421,441.82	$2,128.49
Savings through your Script Care Plan	**$1,816,134.75**	**$78.58**	**$66,662.48**	**$1,709.29**	**$190,996.90**	**$964.63**
% Saved over Retail	**49.04%**		**20.70%**		**31.19%**	
Copay	$554,109.72	$23.98	$4,412.30	$113.14	$19,564.42	$98.81
% of Total Drug Cost	29.37%		1.73%		4.64%	
Tax	$83.04	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	**$1,332,862.95**	**$57.67**	**$251,042.06**	**$6,436.98**	**$401,877.40**	**$2,029.68**
% of Total Cost	**100.00%**		**18.83%**		**30.15%**	
Total Plan Cost/Claim	**$57.67**		**$6,436.98**		**$2,029.68**	
Cost/Per Cardholder Per Month	**$64.50**		**$12.15**		**$19.45**	
Cost/Per Member Per Month	**$34.89**		**$6.57**		**$10.52**	

*Excludes Specialty Claims **Net Claims

Enrollment

	Cardholders	Dependents	Total
Monthly Average Enrollment	1,722.1	1,461.8	3,183.8

SCRIPT CARE, LTD.

Plan Statistics

Report for: **City of Lynchburg**

Effective Date: 01/01/2013

Group: **52021: City of Lynchburg**

This is a summary of your Script Care Prescription Plan from **1/1/2013** through **12/31/2013**

	Jan 13	Feb 13	Mar 13	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sep 13	Oct 13	Nov 13	Dec 13	Total
Enrollment Summary													
Cardholders	1,409.0	1,391.0	1,395.0	1,402.0	1,397.0	1,388.0	1,388.0	1,402.0	1,400.0	1,400.0	1,394.0	1,397.0	1,396.9
Dependents	1,224.0	1,226.0	1,239.0	1,253.0	1,262.0	1,257.0	1,266.0	1,282.0	1,272.0	1,270.0	1,258.0	1,260.0	1,255.8
Utilizing Cardholders	593.0	565.0	599.0	622.0	631.0	591.0	598.0	604.0	600.0	616.0	603.0	612.0	1,196.0
Utilization %	42.09%	40.62%	42.94%	44.37%	45.17%	42.58%	43.08%	43.08%	42.86%	44.00%	43.26%	43.81%	85.62%
Claim Summary													
All	1,617	1,557	1,618	1,716	1,651	1,478	1,504	1,443	1,486	1,593	1,520	1,562	18,745
Avg Per Cardholder	1.15	1.12	1.16	1.22	1.18	1.06	1.08	1.03	1.06	1.14	1.09	1.12	13.42
Avg Per Member	0.61	0.59	0.61	0.65	0.62	0.56	0.57	0.54	0.56	0.60	0.57	0.59	7.07
Brand	288	267	249	269	254	255	245	233	198	270	238	246	3,012
Generic	1,323	1,286	1,360	1,437	1,382	1,216	1,251	1,200	1,280	1,320	1,272	1,309	15,636
Brand w/Generic	6	4	9	10	15	7	8	10	8	3	10	7	97
Generic % of All	81.82%	82.59%	84.05%	83.74%	83.71%	82.27%	83.18%	83.16%	86.14%	82.86%	83.68%	83.80%	83.41%
Mail Order	315	235	251	296	303	278	287	308	311	325	310	308	3,527
Mail Order % of All	19.48%	15.09%	15.51%	17.25%	18.35%	18.81%	19.08%	21.34%	20.93%	20.40%	20.39%	19.72%	18.82%
Claim Cost													
Submitted Cost	$244,336	$247,966	$248,883	$274,619	$261,186	$273,747	$274,678	$236,078	$247,496	$266,934	$258,673	$259,540	$3,094,136
Script Care Cost	$123,197	$137,091	$131,970	$147,103	$135,196	$144,963	$136,259	$117,819	$113,602	$135,643	$129,856	$129,434	$1,582,133
Savings	$121,139	$110,875	$116,912	$127,516	$125,990	$128,784	$138,419	$118,259	$133,895	$131,292	$128,817	$130,106	$1,512,004
Tax	$8	$9	$13	$11	$2	$1	$6	$8	$5	$8	$3	$8	$82
Total	$123,205	$137,100	$131,983	$147,113	$135,199	$144,964	$136,265	$117,827	$113,607	$135,650	$129,859	$129,442	$1,582,215
Average Claim Cost	$76.19	$88.05	$81.57	$85.73	$81.89	$98.08	$90.60	$81.65	$76.45	$85.15	$85.43	$82.87	$84.41
Average Brand Cost	$305.11	$398.34	$390.87	$427.02	$403.60	$452.49	$423.05	$379.30	$414.52	$388.13	$413.42	$387.68	$397.41
Average Generic Cost	$26.13	$23.70	$24.86	$22.18	$23.23	$23.52	$25.77	$23.43	$23.22	$23.32	$22.97	$25.50	$23.98
Average Br w/Gen Cost	$127.65	$64.88	$94.25	$36.72	$38.36	$140.14	$47.43	$133.58	$226.37	$23.22	$224.61	$98.95	$106.51
Member Cost													
Total Copay	$46,381	$38,837	$37,895	$43,082	$40,117	$35,653	$37,794	$37,722	$35,324	$38,519	$37,372	$38,844	$467,540
Average Claim Copay	$28.68	$24.94	$23.42	$25.11	$24.30	$24.12	$25.13	$26.14	$23.77	$24.18	$24.59	$24.87	$24.94
Average Brand Copay	$85.50	$76.85	$70.83	$84.09	$76.14	$70.31	$76.23	$80.96	$79.69	$69.13	$76.13	$73.67	$76.66
Average Generic Copay	$15.91	$14.11	$14.59	$13.99	$14.74	$14.21	$15.04	$15.13	$14.62	$14.99	$14.52	$15.31	$14.76
Average Br w/Gen Copay	$118.66	$44.00	$46.73	$36.24	$27.22	$62.91	$37.07	$70.53	$104.90	$23.22	$78.11	$97.42	$60.75
Copay % of Total Cost	37.65%	28.33%	28.71%	29.28%	29.67%	24.59%	27.74%	32.01%	31.09%	28.40%	28.78%	30.01%	29.55%
Plan Cost													
Plan Cost	$76,824	$98,264	$94,088	$104,032	$95,082	$109,311	$98,471	$80,105	$78,282	$97,132	$92,488	$90,597	$1,114,675
Average Claim Cost	$47.51	$63.11	$58.15	$60.62	$57.59	$73.96	$65.47	$55.51	$52.68	$60.97	$60.85	$58.00	$59.47
Average Brand Cost	$219.60	$321.48	$320.05	$342.93	$327.46	$382.18	$346.82	$298.34	$334.84	$319.00	$337.29	$314.01	$320.75
Average Generic Cost	$10.22	$9.60	$10.27	$8.20	$8.50	$9.30	$10.72	$8.30	$8.60	$8.33	$8.45	$10.19	$9.22
Average Br w/Gen Cost	$8.99	$20.88	$47.53	$0.48	$11.14	$77.23	$10.37	$63.05	$121.47	$0.00	$146.51	$1.53	$45.76
Plan Cost % of Total Cost	62.35%	71.67%	71.29%	70.72%	70.33%	75.41%	72.26%	67.99%	68.91%	71.60%	71.22%	69.99%	70.45%
Plan Cost Per Cardholder	$54.52	$70.64	$67.45	$74.20	$68.06	$78.75	$70.94	$57.14	$55.92	$69.38	$66.35	$64.85	$797.95
Plan Cost Per Member	$29.18	$37.55	$35.72	$39.18	$35.76	$41.33	$37.10	$29.85	$29.30	$36.38	$34.87	$34.10	$420.21
Cardholders > $500	28	33	25	32	34	23	32	31	26	27	26	32	292
Cardholders > 5 Claims	59	55	54	71	52	47	48	44	36	56	47	49	844

Top 10 Drugs by Plan Cost

TARCEVA	CEREZYME	CEREZYME	CEREZYME	CEREZYME	CEREZYME	CEREZYME	XELODA	STIVARGA	CEREZYME	CEREZYME	CEREZYME	CEREZYME
ENBREL	HUMIRA PEN	XELODA	HUMIRA PEN	HUMIRA PEN	HUMIRA PEN	HUMIRA PEN	HUMIRA PEN	HUMIRA PEN	ENBREL	NBREL SRCLK	REBIF REBIDO	HUMIRA PEN
HUMIRA PEN	TARCEVA	TARCEVA	TARCEVA	NBREL SRCLK	TARCEVA	TARCEVA	TARCEVA	NBREL SRCLK	HUMIRA PEN	ENBREL	NBREL SRCLK	ENBREL SRCLK
LANTUS	ENBREL	NBREL SRCLK	ENBREL	TARCEVA	ENBREL	NBREL SRCLK	NBREL SRCLK	ENBREL	LANTUS	HUMIRA PEN	ENBREL	ENBREL
HUMIRA	NBREL SRCLK	ENBREL	NBREL SRCLK	ENBREL	NBREL SRCLK	ENBREL	LANTUS	NOVOLOG MIX	ORENCIA	VONEX PREFL	HUMIRA PEN	TARCEVA
ORENCIA	XELODA	HUMIRA PEN	XELODA	XELODA	ORENCIA	XELODA	NEXIUM	ORENCIA	NBREL SRCLK	REBIF REBIDO	VONEX PREFL	LANTUS
HUMIRA PEN	EMEND	SYNAGIS	ADCIRCA	LANTUS	XELODA	LANTUS	ORENCIA	ENBREL	GABAPENTIN	LANTUS	HUMALOG	XELODA
ORICONAZOLE	NOVOLOG MIX	ABILIFY	LANTUS	SOLODYN	BUDESONIDE	NBREL SRCLK	ENBREL	LANTUS	ADCIRCA	ORENCIA	VICTOZA	ORENCIA
ADCIRCA	SOLODYN	ORENCIA	NOVOLOG MIX	ORENCIA	ADCIRCA	HUMALOG	HUMIRA PEN	ADCIRCA	INVEGA	HUMIRA PEN	LANTUS	ADCIRCA
JMALOG KWIK	ORENCIA	ORICONAZOLE	ENBREL	ADCIRCA	AMPYRA	ORENCIA	SOLODYN	VICTOZA	AMPYRA	CYMBALTA	JMALOG KWIK	AMPYRA

SCRIPT CARE, LTD.

Plan Statistics

Report for: **City of Lynchburg**

Effective Date: 10/01/2013

Group: **52030: Lynchburg City Schools**

This is a summary of your Script Care Prescription Plan from **10/1/2013** through **12/31/2013**

	Jan 13	Feb 13	Mar 13	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sep 13	Oct 13	Nov 13	Dec 13	Total
Enrollment Summary													
Cardholders										1,302.0	1,301.0	1,299.0	1,300.7
Dependents										833.0	821.0	818.0	824.0
Utilizing Cardholders										490.0	559.0	588.0	779.0
Utilization %										37.63%	42.97%	45.27%	59.89%
Claim Summary													
All										1,282	1,552	1,532	4,366
Avg Per Cardholder										0.98	1.19	1.18	3.36
Avg Per Member										0.60	0.73	0.72	2.05
Brand										180	218	227	625
Generic										1,089	1,313	1,280	3,682
Brand w/Generic										13	21	25	59
Generic % of All										84.95%	84.60%	83.55%	84.33%
Mail Order										264	288	181	733
Mail Order % of All										20.59%	18.56%	11.81%	16.79%
Claim Cost													
Submitted Cost										$187,213	$214,998	$206,677	$608,888
Script Care Cost										$83,899	$106,289	$114,569	$304,757
Savings										$103,314	$108,709	$92,108	$304,131
Tax										$0	$0	$1	$1
Total										$83,899	$106,289	$114,570	$304,758
Average Claim Cost										$65.44	$68.48	$74.78	$69.80
Average Brand Cost										$298.81	$343.92	$359.30	$336.52
Average Generic Cost										$26.97	$23.34	$24.04	$24.66
Average Br w/Gen Cost										$57.15	$31.86	$89.47	$61.84
Member Cost													
Total Copay										$27,087	$29,473	$30,009	$86,570
Average Claim Copay										$21.13	$18.99	$19.59	$19.83
Average Brand Copay										$84.78	$76.76	$74.67	$78.31
Average Generic Copay										$10.43	$9.33	$9.22	$9.62
Average Br w/Gen Copay										$35.88	$23.35	$50.38	$37.57
Copay % of Total Cost										32.29%	27.73%	26.19%	28.41%
Plan Cost													
Plan Cost										$56,812	$76,815	$84,561	$218,188
Average Claim Cost										$44.32	$49.49	$55.20	$49.97
Average Brand Cost										$214.03	$267.16	$284.63	$258.20
Average Generic Cost										$16.54	$14.01	$14.82	$15.04
Average Br w/Gen Cost										$21.27	$8.51	$39.08	$24.28
Plan Cost % of Total Cost										67.71%	72.27%	73.81%	71.59%
Plan Cost Per Cardholder										$43.63	$59.04	$65.10	$167.75
Plan Cost Per Member										$26.61	$36.20	$39.94	$102.69
Cardholders > $500										19	25	23	91
Cardholders > 5 Claims										42	62	53	279

Top 10 Drugs by Plan Cost

NEULASTA	ATRIPLA	VONEX PREFL	HUMIRA PEN
ATRIPLA	HUMIRA PEN	GLEEVEC	AVONEX PREFL
ORENCIA	ORENCIA	HUMIRA PEN	ATRIPLA
ETHYLPHENID	VONEX PREFL	ORENCIA	ORENCIA
HUMALOG MIX	NBREL SRCLK	ANDROGEL	NEULASTA
MPHETAMINE	HUMIRA PEN	ENOXAPARIN	GLEEVEC
CRESTOR	ANDROGEL	ETAMINE HCL	METHYLPHENID
METAXALONE	ETAMINE HCL	LYRICA	AVONEX PREFL
ANDROGEL	LIALDA	LEVEMIR	CRESTOR
CYMBALTA	MPHETAMINE	ATRIPLA	KETAMINE HCL

SCRIPT CARE, LTD.

Plan Statistics

Report for: **City of Lynchburg**

Group: **52021, 52030**

This is a summary of your Script Care Prescription Plan from **1/1/2013** through **12/31/2013**

	Jan 13	Feb 13	Mar 13	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sep 13	Oct 13	Nov 13	Dec 13	Total
Enrollment Summary													
Cardholders	1,409.0	1,391.0	1,395.0	1,402.0	1,397.0	1,388.0	1,388.0	1,402.0	1,400.0	2,702.0	2,695.0	2,696.0	1,722.1
Dependents	1,224.0	1,226.0	1,239.0	1,253.0	1,262.0	1,257.0	1,266.0	1,282.0	1,272.0	2,103.0	2,079.0	2,078.0	1,461.8
Utilizing Cardholders	593.0	565.0	599.0	622.0	631.0	591.0	598.0	604.0	600.0	1,106.0	1,162.0	1,200.0	1,975.0
Utilization %	42.09%	40.62%	42.94%	44.37%	45.17%	42.58%	43.08%	43.08%	42.86%	40.93%	43.12%	44.51%	114.69%
Claim Summary													
All	1,617	1,557	1,618	1,716	1,651	1,478	1,504	1,443	1,486	2,875	3,072	3,094	23,111
Avg Per Cardholder	1.15	1.12	1.16	1.22	1.18	1.06	1.08	1.03	1.06	1.06	1.14	1.15	13.42
Avg Per Member	0.61	0.59	0.61	0.65	0.62	0.56	0.57	0.54	0.56	0.60	0.64	0.65	7.26
Brand	288	267	249	269	254	255	245	233	198	450	456	473	3,637
Generic	1,323	1,286	1,360	1,437	1,382	1,216	1,251	1,200	1,280	2,409	2,585	2,589	19,318
Brand w/Generic	6	4	9	10	15	7	8	10	8	16	31	32	156
Generic % of All	81.82%	82.59%	84.05%	83.74%	83.71%	82.27%	83.18%	83.16%	86.14%	83.79%	84.15%	83.68%	83.59%
Mail Order	315	235	251	296	303	278	287	308	311	589	598	489	4,260
Mail Order % of All	19.48%	15.09%	15.51%	17.25%	18.35%	18.81%	19.08%	21.34%	20.93%	20.49%	19.47%	15.80%	18.43%
Claim Cost													
Submitted Cost	$244,336	$247,966	$248,883	$274,619	$261,186	$273,747	$274,678	$236,078	$247,496	$454,147	$473,671	$466,217	$3,703,024
Script Care Cost	$123,197	$137,091	$131,970	$147,103	$135,196	$144,963	$136,259	$117,819	$113,602	$219,542	$236,145	$244,003	$1,886,890
Savings	$121,139	$110,875	$116,912	$127,516	$125,990	$128,784	$138,419	$118,259	$133,895	$234,605	$237,526	$222,214	$1,816,135
Tax	$8	$9	$13	$11	$2	$1	$6	$8	$5	$8	$3	$9	$83
Total	$123,205	$137,100	$131,983	$147,113	$135,199	$144,964	$136,265	$117,827	$113,607	$219,550	$236,148	$244,012	$1,886,973
Average Claim Cost	$76.19	$88.05	$81.57	$85.73	$81.89	$98.08	$90.60	$81.65	$76.45	$76.37	$76.87	$78.87	$81.65
Average Brand Cost	$305.11	$398.34	$390.87	$427.02	$403.60	$452.49	$423.05	$379.30	$414.52	$352.40	$380.20	$374.06	$386.94
Average Generic Cost	$26.13	$23.70	$24.86	$22.18	$23.23	$23.52	$25.77	$23.43	$23.22	$24.97	$23.16	$24.78	$24.11
Average Br w/Gen Cost	$127.65	$64.88	$94.25	$36.72	$38.36	$140.14	$47.43	$133.58	$226.37	$50.79	$94.04	$91.54	$89.62
Member Cost													
Total Copay	$46,381	$38,837	$37,895	$43,082	$40,117	$35,653	$37,794	$37,722	$35,324	$65,606	$66,845	$68,854	$554,110
Average Claim Copay	$28.68	$24.94	$23.42	$25.11	$24.30	$24.12	$25.13	$26.14	$23.77	$22.82	$21.76	$22.25	$23.98
Average Brand Copay	$85.50	$76.85	$70.83	$84.09	$76.14	$70.31	$76.23	$80.96	$79.69	$75.39	$76.43	$74.15	$76.94
Average Generic Copay	$15.91	$14.11	$14.59	$13.99	$14.74	$14.21	$15.04	$15.13	$14.62	$12.93	$11.88	$12.30	$13.78
Average Br w/Gen Copay	$118.66	$44.00	$46.73	$36.24	$27.22	$62.91	$37.07	$70.53	$104.90	$33.51	$41.01	$60.67	$51.98
Copay % of Total Cost	37.65%	28.33%	28.71%	29.28%	29.67%	24.59%	27.74%	32.01%	31.09%	29.88%	28.31%	28.22%	29.37%
Plan Cost													
Plan Cost	$76,824	$98,264	$94,088	$104,032	$95,082	$109,311	$98,471	$80,105	$78,282	$153,944	$169,303	$175,158	$1,332,863
Average Claim Cost	$47.51	$63.11	$58.15	$60.62	$57.59	$73.96	$65.47	$55.51	$52.68	$53.55	$55.11	$56.61	$57.67
Average Brand Cost	$219.60	$321.48	$320.05	$342.93	$327.46	$382.18	$346.82	$298.34	$334.84	$277.01	$303.77	$299.91	$310.00
Average Generic Cost	$10.22	$9.60	$10.27	$8.20	$8.50	$9.30	$10.72	$8.30	$8.60	$12.04	$11.27	$12.48	$10.33
Average Br w/Gen Cost	$8.99	$20.88	$47.53	$0.48	$11.14	$77.23	$10.37	$63.05	$121.47	$17.28	$53.03	$30.87	$37.63
Plan Cost % of Total Cost	62.35%	71.67%	71.29%	70.72%	70.33%	75.41%	72.26%	67.99%	68.91%	70.12%	71.69%	71.78%	70.63%
Plan Cost Per Cardholder	$54.52	$70.64	$67.45	$74.20	$68.06	$78.75	$70.94	$57.14	$55.92	$56.97	$62.82	$64.97	$773.98
Plan Cost Per Member	$29.18	$37.55	$35.72	$39.18	$35.76	$41.33	$37.10	$29.85	$29.30	$32.04	$35.46	$36.69	$418.63
Cardholders > $500	28	33	25	32	34	23	32	31	26	46	51	55	383
Cardholders > 5 Claims	59	55	54	71	52	47	48	44	36	98	109	102	1,123

Top 10 Drugs by Plan Cost

HUMIRA PEN	CEREZYME	CEREZYME	CEREZYME	CEREZYME	CEREZYME	CEREZYME	HUMIRA PEN	STIVARGA	CEREZYME	CEREZYME	CEREZYME	CEREZYME
TARCEVA	HUMIRA PEN	XELODA	ENBREL	HUMIRA PEN	HUMIRA PEN	HUMIRA PEN	XELODA	HUMIRA PEN	NEULASTA	HUMIRA PEN	VONEX PREFL	HUMIRA PEN
ENBREL	TARCEVA	TARCEVA	HUMIRA PEN	NBREL SRCLK	TARCEVA	NBREL SRCLK	TARCEVA	NBREL SRCLK	ENBREL	NBREL SRCLK	GLEEVEC	ENBREL SRCLK
LANTUS	ENBREL	NBREL SRCLK	TARCEVA	TARCEVA	ENBREL	TARCEVA	NBREL SRCLK	ENBREL	HUMIRA PEN	VONEX PREFL	HUMIRA PEN	ENBREL
ORICONAZOLE	NBREL SRCLK	ENBREL	NBREL SRCLK	ENBREL	NBREL SRCLK	ENBREL	LANTUS	NOVOLOG MIX	ORENCIA	ATRIPLA	REBIF REBIDO	TARCEVA
HUMIRA	XELODA	HUMIRA PEN	XELODA	XELODA	ORENCIA	XELODA	NEXIUM	ORENCIA	ATRIPLA	ORENCIA	ENBREL	ORENCIA
ORENCIA	EMEND	LANTUS	ADCIRCA	LANTUS	XELODA	LANTUS	ORENCIA	LANTUS	LANTUS	ENBREL	NBREL SRCLK	LANTUS
SPIRIVA	NOVOLOG MIX	SYNAGIS	NOVOLOG MIX	SOLODYN	BUDESONIDE	HUMALOG	ENBREL	CRESTOR	CRESTOR	LANTUS	HUMIRA PEN	XELODA
ADCIRCA	SOLODYN	ABILIFY	LANTUS	ORENCIA	ADCIRCA	ORENCIA	SOLODYN	ADCIRCA	AMPHETAMINE	REBIF REBIDO	VONEX PREFL	CRESTOR
VICTOZA	ORENCIA	ORENCIA	CRESTOR	NEXIUM	AMPYRA	CRESTOR	ASACOL HD	VICTOZA	ETHYLPHENID	ETHYLPHENID	ORENCIA	AMPHETAMINE

SCRIPT CARE, LTD.

Range Report

Report for: **City of Lynchburg**

Effective Date: 01/01/2013

Group: **52021: City of Lynchburg**

This is a summary of your Script Care Prescription Plan from **1/1/2013** through **12/31/2013** .

Drug Price	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
Less than $10.00	7,681	$38,748	$0	$38,748	$5.04	100.0%
$10.00 to $24.99	4,291	$62,939	$1,530	$61,409	$14.31	97.6%
$25.00 to $49.99	2,262	$71,857	$24,930	$46,927	$20.75	65.3%
$50.00 to $74.99	1,038	$58,132	$23,903	$34,229	$32.98	58.9%
$75.00 to $99.99	505	$38,012	$21,508	$16,505	$32.68	43.4%
$100.00 to $199.99	1,336	$167,180	$98,419	$68,761	$51.47	41.1%
$200.00 to $299.99	605	$120,027	$72,700	$47,328	$78.23	39.4%
$300.00 to $399.99	237	$74,369	$47,430	$26,939	$113.67	36.2%
$400.00 to $499.99	236	$94,508	$59,428	$35,080	$148.64	37.1%
$500.00 to $599.99	134	$63,460	$42,995	$20,464	$152.72	32.2%
$600.00 to $699.99	55	$34,146	$23,565	$10,581	$192.38	31.0%
$700.00 to $799.99	61	$37,938	$24,883	$13,055	$214.02	34.4%
$800.00 to $899.99	22	$18,523	$12,923	$5,600	$254.55	30.2%
$900.00 to $999.99	27	$20,129	$14,429	$5,700	$211.11	28.3%
$1000.00 to $1099.99	13	$11,581	$8,481	$3,100	$238.46	26.8%
$1100.00 to $1199.99	11	$8,058	$5,958	$2,100	$190.91	26.1%
$1200.00 to $1299.99	13	$13,716	$10,702	$3,014	$231.84	22.0%
$1300.00 or more	218	$648,891	$620,891	$28,000	$128.44	4.3%
Total	18,745	$1,582,215	$1,114,675	$467,540	$24.94	29.5%

Days Supply	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
15 days or less	6,031	$160,459	$82,942	$77,517	$12.85	48.3%
16-34 days	8,806	$933,214	$752,971	$180,243	$20.47	19.3%
35-60 days	11	$2,898	$1,681	$1,217	$110.67	42.0%
61-83 days	7	$4,781	$3,250	$1,531	$218.76	32.0%
84-90 days	3,867	$477,758	$272,003	$205,756	$53.21	43.1%
91-120 days	21	$2,961	$1,742	$1,218	$58.01	41.2%
121-180 days	2	$144	$86	$57	$28.74	40.0%
181 or more days						
Total	18,745	$1,582,215	$1,114,675	$467,540	$24.94	29.5%

Age	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
12 and Under	1,002	$58,189	$34,428	$23,761	$23.71	40.8%
13-18 Years	498	$34,316	$19,439	$14,877	$29.87	43.4%
19-30 Years	1,731	$101,189	$64,143	$37,045	$21.40	36.6%
31-45 Years	4,380	$268,370	$178,491	$89,879	$20.52	33.5%
46-49 Years	1,549	$104,454	$69,898	$34,556	$22.31	33.1%
50-59 Years	5,928	$664,134	$506,953	$157,181	$26.52	23.7%
60-64 Years	2,925	$250,974	$164,943	$86,031	$29.41	34.3%
65 and Over	732	$100,590	$76,380	$24,209	$33.07	24.1%
Total	18,745	$1,582,215	$1,114,675	$467,540	$24.94	29.5%

SCRIPT CARE, LTD.

Range Report

Report for: **City of Lynchburg**

Effective Date: 10/01/2013

Group: **52030: Lynchburg City Schools**

This is a summary of your Script Care Prescription Plan from **10/1/2013** through **12/31/2013** .

Drug Price	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
Less than $10.00	1,798	$9,148	$288	$8,860	$4.93	96.9%
$10.00 to $24.99	1,015	$14,953	$2,953	$12,000	$11.82	80.3%
$25.00 to $49.99	577	$18,371	$8,468	$9,904	$17.16	53.9%
$50.00 to $74.99	177	$9,885	$6,179	$3,707	$20.94	37.5%
$75.00 to $99.99	126	$10,314	$7,519	$2,795	$22.19	27.1%
$100.00 to $199.99	316	$43,792	$30,687	$13,104	$41.47	29.9%
$200.00 to $299.99	162	$34,978	$23,558	$11,420	$70.50	32.7%
$300.00 to $399.99	66	$17,911	$11,660	$6,251	$94.71	34.9%
$400.00 to $499.99	35	$10,677	$7,323	$3,354	$95.82	31.4%
$500.00 to $599.99	13	$4,887	$3,539	$1,347	$103.63	27.6%
$600.00 to $699.99	11	$7,100	$4,752	$2,348	$213.50	33.1%
$700.00 to $799.99	18	$8,834	$6,663	$2,171	$120.62	24.6%
$800.00 to $899.99	3	$2,548	$1,911	$638	$212.50	25.0%
$900.00 to $999.99	9	$6,584	$4,484	$2,100	$233.33	31.9%
$1000.00 to $1099.99	3	$3,122	$2,485	$638	$212.50	20.4%
$1100.00 to $1199.99						
$1200.00 to $1299.99	1	$1,209	$909	$300	$300.00	24.8%
$1300.00 or more	36	$100,445	$94,812	$5,633	$156.46	5.6%
Total	4,366	$304,758	$218,188	$86,570	$19.83	28.4%

Days Supply	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
15 days or less	1,181	$27,454	$13,260	$14,194	$12.02	51.7%
16-34 days	2,443	$174,107	$129,857	$44,250	$18.11	25.4%
35-60 days	3	$332	$199	$133	$44.21	40.0%
61-83 days	3	$283	$170	$113	$37.70	40.0%
84-90 days	734	$102,260	$74,381	$27,880	$37.98	27.3%
91-120 days	2	$322	$322	$0	$0.00	0.0%
121-180 days						
181 or more days						
Total	4,366	$304,758	$218,188	$86,570	$19.83	28.4%

Age	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
12 and Under	177	$12,229	$7,820	$4,410	$24.91	36.1%
13-18 Years	121	$8,489	$5,841	$2,648	$21.89	31.2%
19-30 Years	498	$23,741	$17,455	$6,286	$12.62	26.5%
31-45 Years	828	$49,320	$36,651	$12,669	$15.30	25.7%
46-49 Years	380	$26,952	$19,269	$7,683	$20.22	28.5%
50-59 Years	1,332	$86,447	$58,023	$28,424	$21.34	32.9%
60-64 Years	833	$79,596	$60,336	$19,261	$23.12	24.2%
65 and Over	197	$17,983	$12,794	$5,189	$26.34	28.9%
Total	4,366	$304,758	$218,188	$86,570	$19.83	28.4%

SCRIPT CARE, LTD.

Range Report

Report for: **City of Lynchburg**

Group: **52021, 52030**

This is a summary of your Script Care Prescription Plan from **10/1/2013** through **12/31/2013** .

Drug Price	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
Less than $10.00	9,479	$47,896	$288	$47,608	$5.02	99.4%
$10.00 to $24.99	5,306	$77,893	$4,483	$73,410	$13.84	94.2%
$25.00 to $49.99	2,839	$90,228	$33,397	$56,831	$20.02	63.0%
$50.00 to $74.99	1,215	$68,017	$30,081	$37,936	$31.22	55.8%
$75.00 to $99.99	631	$48,326	$29,026	$19,300	$30.59	39.9%
$100.00 to $199.99	1,652	$210,972	$129,107	$81,866	$49.56	38.8%
$200.00 to $299.99	767	$155,005	$96,257	$58,748	$76.59	37.9%
$300.00 to $399.99	303	$92,280	$59,090	$33,190	$109.54	36.0%
$400.00 to $499.99	271	$105,184	$66,751	$38,433	$141.82	36.5%
$500.00 to $599.99	147	$68,346	$46,535	$21,812	$148.38	31.9%
$600.00 to $699.99	66	$41,246	$28,317	$12,929	$195.90	31.3%
$700.00 to $799.99	79	$46,772	$31,546	$15,226	$192.74	32.6%
$800.00 to $899.99	25	$21,071	$14,834	$6,238	$249.50	29.6%
$900.00 to $999.99	36	$26,713	$18,913	$7,800	$216.67	29.2%
$1000.00 to $1099.99	16	$14,704	$10,966	$3,738	$233.59	25.4%
$1100.00 to $1199.99	11	$8,058	$5,958	$2,100	$190.91	26.1%
$1200.00 to $1299.99	14	$14,925	$11,611	$3,314	$236.71	22.2%
$1300.00 or more	254	$749,336	$715,703	$33,633	$132.41	4.5%
Total	23,111	$1,886,973	$1,332,863	$554,110	$23.98	29.4%

Days Supply	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
15 days or less	7,212	$187,913	$96,202	$91,712	$12.72	48.8%
16-34 days	11,249	$1,107,321	$882,828	$224,493	$19.96	20.3%
35-60 days	14	$3,230	$1,880	$1,350	$96.43	41.8%
61-83 days	10	$5,064	$3,420	$1,644	$164.44	32.5%
84-90 days	4,601	$580,018	$346,383	$233,635	$50.78	40.3%
91-120 days	23	$3,283	$2,064	$1,218	$52.97	37.1%
121-180 days	2	$144	$86	$57	$28.74	40.0%
181 or more days						
Total	23,111	$1,886,973	$1,332,863	$554,110	$23.98	29.4%

Age	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
12 and Under	1,179	$70,418	$42,247	$28,171	$23.89	40.0%
13-18 Years	619	$42,805	$25,280	$17,526	$28.31	40.9%
19-30 Years	2,229	$124,929	$81,598	$43,331	$19.44	34.7%
31-45 Years	5,208	$317,690	$215,142	$102,548	$19.69	32.3%
46-49 Years	1,929	$131,406	$89,167	$42,239	$21.90	32.1%
50-59 Years	7,260	$750,582	$564,977	$185,605	$25.57	24.7%
60-64 Years	3,758	$330,570	$225,278	$105,292	$28.02	31.9%
65 and Over	929	$118,573	$89,174	$29,399	$31.65	24.8%
Total	23,111	$1,886,973	$1,332,863	$554,110	$23.98	29.4%

SCRIPT CARE, LTD.

Range Report

Report for: **City of Lynchburg**

Group: **52021, 52030**

This is a summary of your Script Care Prescription Plan from **1/1/2013** through **12/31/2013** .

Drug Price	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
Less than $10.00	9,479	$47,896	$288	$47,608	$5.02	99.4%
$10.00 to $24.99	5,306	$77,893	$4,483	$73,410	$13.84	94.2%
$25.00 to $49.99	2,839	$90,228	$33,397	$56,831	$20.02	63.0%
$50.00 to $74.99	1,215	$68,017	$30,081	$37,936	$31.22	55.8%
$75.00 to $99.99	631	$48,326	$29,026	$19,300	$30.59	39.9%
$100.00 to $199.99	1,652	$210,972	$129,107	$81,866	$49.56	38.8%
$200.00 to $299.99	767	$155,005	$96,257	$58,748	$76.59	37.9%
$300.00 to $399.99	303	$92,280	$59,090	$33,190	$109.54	36.0%
$400.00 to $499.99	271	$105,184	$66,751	$38,433	$141.82	36.5%
$500.00 to $599.99	147	$68,346	$46,535	$21,812	$148.38	31.9%
$600.00 to $699.99	66	$41,246	$28,317	$12,929	$195.90	31.3%
$700.00 to $799.99	79	$46,772	$31,546	$15,226	$192.74	32.6%
$800.00 to $899.99	25	$21,071	$14,834	$6,238	$249.50	29.6%
$900.00 to $999.99	36	$26,713	$18,913	$7,800	$216.67	29.2%
$1000.00 to $1099.99	16	$14,704	$10,966	$3,738	$233.59	25.4%
$1100.00 to $1199.99	11	$8,058	$5,958	$2,100	$190.91	26.1%
$1200.00 to $1299.99	14	$14,925	$11,611	$3,314	$236.71	22.2%
$1300.00 or more	254	$749,336	$715,703	$33,633	$132.41	4.5%
Total	23,111	$1,886,973	$1,332,863	$554,110	$23.98	29.4%

Days Supply	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
15 days or less	7,212	$187,913	$96,202	$91,712	$12.72	48.8%
16-34 days	11,249	$1,107,321	$882,828	$224,493	$19.96	20.3%
35-60 days	14	$3,230	$1,880	$1,350	$96.43	41.8%
61-83 days	10	$5,064	$3,420	$1,644	$164.44	32.5%
84-90 days	4,601	$580,018	$346,383	$233,635	$50.78	40.3%
91-120 days	23	$3,283	$2,064	$1,218	$52.97	37.1%
121-180 days	2	$144	$86	$57	$28.74	40.0%
181 or more days						
Total	23,111	$1,886,973	$1,332,863	$554,110	$23.98	29.4%

Age	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
12 and Under	1,179	$70,418	$42,247	$28,171	$23.89	40.0%
13-18 Years	619	$42,805	$25,280	$17,526	$28.31	40.9%
19-30 Years	2,229	$124,929	$81,598	$43,331	$19.44	34.7%
31-45 Years	5,208	$317,690	$215,142	$102,548	$19.69	32.3%
46-49 Years	1,929	$131,406	$89,167	$42,239	$21.90	32.1%
50-59 Years	7,260	$750,582	$564,977	$185,605	$25.57	24.7%
60-64 Years	3,758	$330,570	$225,278	$105,292	$28.02	31.9%
65 and Over	929	$118,573	$89,174	$29,399	$31.65	24.8%
Total	23,111	$1,886,973	$1,332,863	$554,110	$23.98	29.4%

SCRIPT CARE, LTD.

City of Lynchburg

A017 - Therapeutic Class Totals

A017_Rpt Group(s) = 52021; Cycles between 1/1/2013 and 12/31/2015

Report Criteria

Code	Therapeutic Class	# Scripts	Amt Paid	Copay
66	Analgesics-Anti-Inflammatory	2,068	$948,765.58	$54,944.10
82	Hematopoitic Agents	150	$623,572.12	$4,422.72
27	Antidiabetic	1,952	$449,223.84	$165,522.05
62	Misc. Psychotherapeutic and Neurological Agents	125	$363,911.79	$11,258.74
44	Antiasthmatic	2,168	$175,626.08	$109,033.34
40	Misc. Cardiovascular	472	$163,831.36	$31,330.57
21	Antineoplastics	330	$150,938.41	$14,770.76
90	Dermatological	1,822	$126,885.17	$55,886.13
61	Stimulants/Anti-Obesity Anorexiants	988	$116,184.75	$73,555.89
39	Antihyperlipidemic	3,446	$94,981.43	$106,511.75
59	Antipsychotics	215	$73,672.60	$14,395.91
49	Ulcer Drugs	1,660	$60,400.50	$54,937.97
12	Antiviral	672	$56,412.40	$19,923.92
36	Antihypertensive	3,408	$53,332.43	$73,123.26
58	Antidepressants	3,521	$48,927.22	$72,332.87
04	Tetracyclines	656	$47,222.97	$18,627.34
65	Analgesics-Narcotic	4,032	$44,207.21	$55,583.97
86	Ophthalmic	864	$42,598.63	$32,860.62
42	Systemic And Topical Nasal Products	1,446	$40,707.85	$42,241.95
25	Contraceptives	1,699	$38,848.70	$54,176.45
38	Pressors	170	$35,985.74	$9,919.89
72	Anticonvulsant	1,325	$35,024.68	$33,618.72
83	Anticoagulants	189	$34,954.52	$12,951.29
50	Antiemetics	580	$27,738.15	$10,992.94
23	Androgen-Anabolic	164	$26,140.90	$10,769.30
24	Estrogens	290	$26,095.48	$18,623.52
68	Gout	381	$23,948.41	$16,481.99
52	Misc. GI	116	$23,714.02	$8,481.41
33	Beta Blockers	1,349	$21,883.77	$32,082.55
94	Diagnostic Products	270	$20,043.32	$15,724.76
30	Misc. Endocrine	175	$16,117.31	$8,467.17
67	Migraine Products	345	$14,794.74	$11,674.94
02	Cephalosporins	898	$14,774.74	$15,832.59
16	Misc. Anti-Infectives	794	$13,049.38	$8,857.86
56	Miscellaneous Genitourinary Products	445	$12,114.79	$14,346.41
55	Vaginal Products	131	$10,740.79	$7,548.72
99	Assorted Classes	122	$10,222.65	$5,299.25

A017_Rpt Group(s) = 52021; Cycles between 1/1/2013 and 12/31/2015
Report Criteria

Code	Therapeutic Class	# Scripts	Amt Paid	Copay
60	Hypnotics	543	$8,655.73	$9,838.73
54	Urinary Antispasmodics	66	$8,541.53	$5,863.74
11	Antifunguals	516	$7,997.98	$4,995.05
75	Musculoskeletal Therapy Agents	923	$7,779.12	$10,814.30
46	Laxatives	448	$7,310.09	$7,301.14
03	Macrolide Antibiotics	1,272	$6,268.86	$18,332.00
26	Progestins	114	$6,181.50	$2,411.37
01	Penicillins	2,186	$6,158.99	$24,607.59
87	Otic	176	$5,769.12	$5,208.17
85	Misc. Hematological	100	$5,145.68	$4,007.97
22	Corticosteroids	1,486	$4,949.54	$13,311.89
53	Urinary Anti-Infectives	209	$4,387.02	$5,186.02
93	Antidotes	7	$3,580.47	$345.91
19	Passive Immunizing Agents	2	$3,488.64	$200.00
05	Fluoroquinolones	610	$2,915.27	$6,307.35
34	Calcium Blockers	875	$2,698.90	$12,104.85
43	Cough/Cold/Allergy	998	$2,641.67	$10,423.33
13	Antimalarial	81	$2,413.27	$2,577.54
37	Diuretics	1,235	$2,030.47	$10,278.63
57	Antianxiety Agents	1,648	$1,966.97	$13,143.35
97	Medical Devices	276	$1,612.85	$6,236.58
88	Mouth and Throat (Local)	257	$1,573.48	$2,966.97
79	Minerals and Electrolytes	250	$1,500.36	$4,944.90
64	Analgesics-Non Narcotic	167	$1,367.87	$2,680.12
89	Anorectal	71	$1,223.46	$1,385.10
96	Chemicals	22	$1,171.93	$816.45
28	Thyroid	803	$740.76	$14,958.78
41	Antihistamines	485	$639.94	$9,351.53
84	Hemostatics	9	$464.04	$309.35
15	Anthelmintic	3	$317.61	$100.00
35	Antiarrhythmic	43	$254.24	$1,479.81
32	Antianginal Agents	28	$73.25	$414.31
78	Multivitamins	27	$64.73	$155.00
73	Antiparkinsonian	47	$61.60	$536.87
29	Oxytocics	1	$49.84	$33.23
31	Cardiotonics	9	$42.93	$88.00
47	Antidiarrheals	45	$22.31	$371.05

City of Lynchburg

A017 - Therapeutic Class Totals

A017_Rpt Group(s) = 52021; Cycles between 1/1/2013 and 12/31/2015

Report Criteria

Code	Therapeutic Class	# Scripts	Amt Paid	Copay
92	Antiseptics and Disinfectants	1	$0.00	$13.31
07	Aminoglycosides	1	$0.00	$6.11
09	Antimycobacterial Agents	1	$0.00	$12.01
Grand Total		55,479	$4,199,656.45	$1,521,232.03

Lynchburg City Schools

A017 - Therapeutic Class Totals

A017_Rpt Group(s) = 52030; Cycles between 1/1/2013 and 12/31/2015

Report Criteria

Code	Therapeutic Class	# Scripts	Amt Paid	Copay
66	Analgesics-Anti-Inflammatory	1,307	$494,975.55	$31,763.00
21	Antineoplastics	273	$304,874.13	$9,193.11
12	Antiviral	588	$269,961.66	$18,018.34
27	Antidiabetic	1,216	$248,965.97	$91,056.91
62	Misc. Psychotherapeutic and Neurological Agents	99	$137,956.85	$6,756.47
25	Contraceptives	1,910	$133,146.91	$1,224.82
61	Stimulants/Anti-Obesity Anorexiants	855	$117,002.00	$60,158.65
44	Antiasthmatic	1,535	$110,605.56	$68,217.58
39	Antihyperlipidemic	2,516	$96,725.29	$86,337.86
90	Dermatological	1,208	$95,567.70	$33,929.30
23	Androgen-Anabolic	66	$67,790.47	$12,497.93
58	Antidepressants	3,032	$67,432.35	$65,652.76
65	Analgesics-Narcotic	2,209	$46,679.72	$34,452.39
72	Anticonvulsant	927	$39,366.15	$24,798.25
83	Anticoagulants	175	$37,875.92	$12,837.09
59	Antipsychotics	169	$36,069.85	$7,509.58
86	Ophthalmic	628	$30,773.95	$22,162.35
36	Antihypertensive	2,384	$29,306.54	$47,196.32
04	Tetracyclines	451	$29,023.86	$10,455.39
52	Misc. GI	84	$28,818.91	$7,183.26
49	Ulcer Drugs	1,051	$28,228.05	$28,282.92
68	Gout	245	$26,059.30	$13,833.97
38	Pressors	103	$25,948.62	$7,059.91
40	Misc. Cardiovascular	215	$25,814.65	$16,003.90
42	Systemic And Topical Nasal Products	852	$22,700.61	$22,873.74
24	Estrogens	322	$21,269.11	$16,739.55
67	Migraine Products	357	$20,355.38	$13,058.55
55	Vaginal Products	203	$19,746.25	$13,559.60
30	Misc. Endocrine	124	$19,321.62	$4,713.48
33	Beta Blockers	1,078	$14,829.50	$22,635.23
54	Urinary Antispasmodics	127	$14,667.98	$9,390.31
75	Musculoskeletal Therapy Agents	561	$10,056.14	$6,688.37
02	Cephalosporins	535	$8,289.83	$9,170.14
82	Hematopoitic Agents	84	$8,191.77	$677.74
34	Calcium Blockers	777	$7,156.64	$12,167.48
50	Antiemetics	325	$7,098.36	$5,249.01
46	Laxatives	292	$6,585.89	$3,701.52

A017_Rpt Group(s) = 52030; Cycles between 1/1/2013 and 12/31/2015
Report Criteria

Code	Therapeutic Class	# Scripts	Amt Paid	Copay
85	Misc. Hematological	94	$5,991.53	$3,974.66
51	Digestive Aids	4	$5,503.74	$400.00
03	Macrolide Antibiotics	814	$5,036.83	$11,199.10
96	Chemicals	6	$4,752.74	$157.00
01	Penicillins	1,247	$4,752.17	$15,010.09
17	Vaccines	80	$4,714.76	$0.00
74	Neuromuscular Agents	4	$4,281.64	$400.00
94	Diagnostic Products	124	$4,182.00	$4,572.50
53	Urinary Anti-Infectives	158	$3,706.25	$3,036.48
60	Hypnotics	408	$3,366.07	$5,053.10
43	Cough/Cold/Allergy	716	$3,240.64	$8,134.00
56	Miscellaneous Genitourinary Products	177	$3,135.54	$3,613.89
16	Misc. Anti-Infectives	539	$2,521.36	$5,035.96
13	Antimalarial	75	$2,432.89	$2,236.23
73	Antiparkinsonian	99	$2,330.28	$2,674.56
87	Otic	76	$1,908.40	$1,706.98
37	Diuretics	1,092	$1,804.55	$10,032.59
26	Progestins	98	$1,663.84	$1,611.51
79	Minerals and Electrolytes	241	$1,589.96	$5,408.36
88	Mouth and Throat (Local)	139	$1,585.97	$1,736.37
05	Fluoroquinolones	425	$1,564.95	$4,326.81
57	Antianxiety Agents	1,169	$1,507.55	$10,443.19
22	Corticosteroids	1,003	$1,243.26	$8,650.31
64	Analgesics-Non Narcotic	105	$931.73	$1,535.74
11	Antifunguals	360	$877.86	$3,610.08
15	Anthelmintic	3	$877.03	$285.39
89	Anorectal	32	$777.62	$587.14
32	Antianginal Agents	32	$680.19	$579.26
28	Thyroid	862	$609.56	$20,298.70
97	Medical Devices	124	$548.46	$1,357.22
47	Antidiarrheals	54	$493.20	$820.54
41	Antihistamines	180	$315.48	$1,819.45
31	Cardiotonics	10	$250.10	$399.93
99	Assorted Classes	39	$232.33	$1,098.11
77	Vitamins	35	$196.85	$0.00
35	Antiarrhythmic	14	$154.98	$180.65
18	Toxoids	2	$139.61	$0.00

Lynchburg City Schools

A017 - Therapeutic Class Totals

A017_Rpt Group(s) = 52030; Cycles between 1/1/2013 and 12/31/2015

Report Criteria

Code	Therapeutic Class	# Scripts	Amt Paid	Copay
98	Pharmaceutical Adjuvants	3	$113.80	$75.87
84	Hemostatics	2	$108.57	$72.37
29	Oxytocics	1	$68.07	$15.00
93	Antidotes	4	$67.91	$83.96
78	Multivitamins	20	$28.92	$273.92
09	Antimycobacterial Agents	2	$0.38	$24.00
07	Aminoglycosides	1	$0.00	$7.64
Grand Total		39,556	$2,789,528.61	$999,745.44

SCRIPT CARE, LTD.

City of Lynchburg

A029D - Top Utilized Drugs by Dollars

A029D_Rpt

Report Criteria Group(s) = 52021; Cycles between 1/1/2013 and 12/31/2015

Desc	# Scripts	Amt Paid	Amt Paid/ RX	Ingred. Cost	Ingred. Cost/ 30 days	Ind.*	Maint	Therapeutic Class
CEREZYME	37	$623,538.87	$16,852.40	$627,217.12	$18,162.66	N	N	HEMATOPOIETIC AGENTS/Agents for Gaucher
HUMIRA PEN	121	$358,831.06	$2,965.55	$370,297.06	$3,330.01	N	Y	ANALGESICS - ANTI-INFLAMMATORY/Anti-TNF-
ENBREL SRCLK	125	$298,560.83	$2,388.49	$309,438.83	$2,958.31	N	Y	ANALGESICS - ANTI-INFLAMMATORY/Soluble Tumor
ENBREL	80	$187,115.12	$2,338.94	$194,171.12	$2,811.36	N	Y	ANALGESICS - ANTI-INFLAMMATORY/Soluble Tumor
REBIF REBIDO	27	$135,625.07	$5,023.15	$138,271.07	$5,486.95	N	Y	PSYCHOTHERAPEUTIC AND NEUROLOGICAL
AVONEX PREFL	25	$116,263.21	$4,650.53	$118,713.21	$5,087.71	N	Y	PSYCHOTHERAPEUTIC AND NEUROLOGICAL
LANTUS	330	$111,721.55	$338.55	$150,986.77	$339.93	N	Y	ANTIDIABETICS/Human Insulin
ADCIRCA	36	$70,156.79	$1,948.80	$73,684.79	$2,046.80	N	Y	CARDIOVASCULAR AGENTS - MISC./Pulmonary
CRESTOR	297	$53,564.39	$180.35	$88,804.69	$175.46	N	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
REVATIO	23	$53,022.02	$2,305.31	$55,276.02	$2,403.31	O	Y	CARDIOVASCULAR AGENTS - MISC./Pulmonary
ORENCIA	22	$51,301.83	$2,331.90	$53,457.83	$2,505.84	N	Y	ANALGESICS - ANTI-INFLAMMATORY/Selective
VICTOZA	91	$49,333.24	$542.12	$62,115.74	$482.76	N	Y	ANTIDIABETICS/Incretin Mimetic Agents (GLP-1
AMPYRA	31	$48,051.57	$1,550.05	$51,151.57	$1,650.05	N	Y	PSYCHOTHERAPEUTIC AND NEUROLOGICAL
TARCEVA	8	$44,827.68	$5,603.46	$45,617.68	$5,702.21	N	N	ANTINEOPLASTICS AND ADJUNCTIVE
HUMIRA	13	$38,594.38	$2,968.80	$39,868.38	$3,267.90	N	Y	ANALGESICS - ANTI-INFLAMMATORY/Anti-TNF-
NOVOLOG MIX	43	$37,545.31	$873.15	$44,607.81	$628.28	N	Y	ANTIDIABETICS/Human Insulin
ATRIPLA	17	$35,096.97	$2,064.53	$36,762.97	$2,162.53	N	Y	ANTIVIRALS/Antiretroviral Combinations
NOVOLOG	61	$34,189.50	$560.48	$43,616.04	$433.27	N	Y	ANTIDIABETICS/Human Insulin
LEVEMIR	73	$34,050.49	$466.45	$46,226.40	$360.86	N	Y	ANTIDIABETICS/Human Insulin
AMPHETAMINE	337	$33,872.24	$100.51	$55,492.57	$115.27	Y	Y	ADHD/ANTI-NARCOLEPSY/ANTI-
XELODA	11	$32,036.71	$2,912.43	$32,919.71	$7,481.75	N	N	ANTINEOPLASTICS AND ADJUNCTIVE
HUMALOG	75	$29,728.79	$396.38	$38,287.37	$351.37	N	Y	ANTIDIABETICS/Human Insulin
AVONEX PEN	8	$29,294.21	$3,661.78	$29,882.21	$5,212.01	N	Y	PSYCHOTHERAPEUTIC AND NEUROLOGICAL
ABILIFY	43	$29,163.02	$678.21	$33,615.02	$819.88	N	Y	ANTIPSYCHOTICS/ANTIMANIC AGENTS/Quinolinone
ADVAIR DISKU	87	$28,378.31	$326.19	$44,260.27	$255.84	N	Y	ANTIASTHMATIC AND BRONCHODILATOR
SYMBICORT	129	$27,528.06	$213.40	$45,259.94	$238.21	N	Y	ANTIASTHMATIC AND BRONCHODILATOR
METHYLPHENID	302	$26,881.80	$89.01	$44,861.17	$119.52	Y	Y	ADHD/ANTI-NARCOLEPSY/ANTI-
AUBAGIO	5	$26,787.88	$5,357.58	$27,287.88	$5,847.40	N	Y	PSYCHOTHERAPEUTIC AND NEUROLOGICAL
HUMULIN	59	$23,716.97	$401.98	$29,961.97	$479.90	N	Y	ANTIDIABETICS/Human Insulin
NEXIUM	126	$22,798.34	$180.94	$37,320.45	$220.61	N	Y	ULCER DRUGS/Proton Pump Inhibitors
HUMALOG KWIK	34	$22,440.55	$660.02	$28,426.91	$463.48	N	Y	ANTIDIABETICS/Human Insulin
VYVANSE	152	$22,311.79	$146.79	$37,027.66	$193.63	N	Y	ADHD/ANTI-NARCOLEPSY/ANTI-
EPIPEN 2-PAK	121	$21,996.49	$181.79	$29,089.94	$1,376.50	N	N	VASOPRESSORS/Anaphylaxis Therapy Agents
AFINITOR	2	$18,799.44	$9,399.72	$18,995.44	$10,176.13	N	N	ANTINEOPLASTICS AND ADJUNCTIVE
SPIRIVA	60	$18,637.59	$310.63	$29,558.55	$268.71	N	Y	ANTIASTHMATIC AND BRONCHODILATOR
	3011	$2,795,762.07	$928.52	$3,112,532.16	$798.72			

*Indicator: M,N = Brand no generic available; O = Brand with generic available; Y = generic

Lynchburg City Schools

A029D - Top Utilized Drugs by Dollars

A029D_Rpt

Report Criteria Group(s) = 52030; Cycles between 1/1/2013 and 12/31/2015

Desc	# Scripts	Amt Paid	Amt Paid/ RX	Ingred. Cost	Ingred. Cost/ 30 days	Ind.*	Maint	Therapeutic Class
HUMIRA PEN	69	$270,160.05	$3,915.36	$276,976.05	$4,424.54	N	Y	ANALGESICS - ANTI-INFLAMMATORY/Anti-TNF-
IBRANCE	18	$179,193.61	$9,955.20	$180,992.36	$10,925.09	N	N	ANTINEOPLASTICS AND ADJUNCTIVE
AVONEX PREFL	25	$127,204.28	$5,088.17	$129,904.28	$5,154.93	N	Y	PSYCHOTHERAPEUTIC AND NEUROLOGICAL
SOVALDI	6	$111,200.00	$18,533.33	$111,592.00	$29,890.71	N	N	ANTIVIRALS/Hepatitis C Agents
ATRIPLA	42	$81,732.80	$1,946.02	$86,052.80	$2,048.88	N	Y	ANTIVIRALS/Antiretroviral Combinations
ORENCIA	32	$79,368.46	$2,480.26	$82,608.46	$2,888.41	N	Y	ANALGESICS - ANTI-INFLAMMATORY/Selective
ENBREL SRCLK	27	$73,529.59	$2,723.32	$76,225.59	$3,016.84	N	Y	ANALGESICS - ANTI-INFLAMMATORY/Soluble Tumor
HARVONI	2	$62,572.00	$31,286.00	$62,768.00	$33,625.71	N	N	ANTIVIRALS/Hepatitis C Agent - Combinations
LANTUS	187	$56,246.40	$300.78	$77,621.88	$340.95	N	Y	ANTIDIABETICS/Human Insulin
ANDROGEL	49	$55,922.44	$1,141.27	$65,899.17	$676.58	N	Y	ANDROGENS-ANABOLIC/Androgens
XELJANZ	22	$51,942.62	$2,361.03	$54,098.62	$2,459.03	N	Y	ANALGESICS - ANTI-
CRESTOR	308	$50,598.25	$164.28	$84,117.79	$177.11	N	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
LEVEMIR	54	$48,174.48	$892.12	$57,003.49	$678.34	N	Y	ANTIDIABETICS/Human Insulin
GLEEVEC	5	$36,973.26	$7,394.65	$37,513.26	$7,502.65	N	N	ANTINEOPLASTICS AND ADJUNCTIVE
DULOXETINE	186	$34,366.38	$184.77	$43,521.84	$150.44	Y	Y	ANTIDEPRESSANTS/Serotonin-Norepinephrine
VYVANSE	193	$32,122.63	$166.44	$53,333.28	$202.05	N	Y	ADHD/ANTI-NARCOLEPSY/ANTI-
ADVAIR DISKU	119	$30,233.79	$254.07	$46,969.74	$274.68	N	Y	ANTIASTHMATIC AND BRONCHODILATOR
IBRANCE	3	$29,773.83	$9,924.61	$30,070.08	$10,739.31	N	N	ANTINEOPLASTICS AND ADJUNCTIVE
LYRICA	68	$24,928.38	$366.59	$33,829.15	$378.68	N	Y	ANTICONVULSANTS/Anticonvulsants - Misc.
VICTOZA	41	$24,917.37	$607.74	$32,900.80	$416.47	N	Y	ANTIDIABETICS/Incretin Mimetic Agents (GLP-1
AMPHETAMINE	283	$24,742.33	$87.43	$36,144.42	$95.38	Y	Y	ADHD/ANTI-NARCOLEPSY/ANTI-
ENOXAPARIN	37	$22,049.58	$595.93	$23,657.80	$1,165.41	Y	N	ANTICOAGULANTS/Low Molecular Weight Heparins
TYKERB	7	$21,927.95	$3,132.56	$22,427.95	$4,485.59	N	N	ANTINEOPLASTICS AND ADJUNCTIVE
ABILIFY	21	$18,717.01	$891.29	$21,393.51	$792.35	N	Y	ANTIPSYCHOTICS/ANTIMANIC AGENTS/Quinolinone
HUMALOG MIX	19	$18,562.92	$977.00	$22,212.63	$467.63	N	Y	ANTIDIABETICS/Human Insulin
EPIPEN 2-PAK	68	$17,881.49	$262.96	$22,893.03	$2,488.37	N	N	VASOPRESSORS/Anaphylaxis Therapy Agents
METHYLPHENID	149	$16,609.41	$111.47	$23,386.10	$103.34	Y	Y	ADHD/ANTI-NARCOLEPSY/ANTI-
CIALIS	108	$15,568.67	$144.15	$24,804.12	$254.66	N	N	CARDIOVASCULAR AGENTS - MISC./Selective
NOVOLOG MIX	28	$14,987.42	$535.27	$18,370.38	$461.95	N	Y	ANTIDIABETICS/Human Insulin
NOVOLOG	72	$14,459.24	$200.82	$20,840.25	$323.10	N	Y	ANTIDIABETICS/Human Insulin
OXYCONTIN	24	$14,160.15	$590.01	$16,394.43	$736.28	N	N	ANALGESICS - OPIOID/Opioid Agonists
MIRENA	17	$14,079.74	$828.22	$14,054.24	$876.56	N	Y	CONTRACEPTIVES/Progestin Contraceptives - IUD
NEXIUM	56	$13,422.22	$239.68	$20,762.70	$259.53	N	Y	ULCER DRUGS/Proton Pump Inhibitors
SYMBICORT	86	$13,089.55	$152.20	$21,292.48	$249.33	N	Y	ANTIASTHMATIC AND BRONCHODILATOR
COLCRYS	64	$11,846.91	$185.11	$17,840.57	$274.61	N	N	GOUT AGENTS/Gout Agents
	2495	$1,713,265.21	$686.68	$1,950,473.25	$610.12			

*Indicator: M,N = Brand no generic available; O = Brand with generic available; Y = generic

SCRIPT CARE, LTD.

City of Lynchburg

A029E - Top Utilized Drugs by Rx

A029E_Rpt

Report Criteria Group(s) = 52021; Cycles between 1/1/2013 and 12/31/2015

Desc	# Scripts	Amt Paid	Amt Paid/ RX	Ingred. Cost	Ingred. Cost/ 30 days	Ind.*	Maint	Therapeutic Class
HYDROCO/APAP	2211	$6,218.96	$2.81	$27,240.72	$37.98	Y	N	ANALGESICS - OPIOID/Hydrocodone Combinations
AMOXICILLIN	1338	$16.95	$0.01	$9,151.71	$23.11	Y	N	PENICILLINS/Aminopenicillins
ATORVASTATIN	1281	$1,103.64	$0.86	$24,454.86	$9.63	Y	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
LISINOPRIL	1186	$92.48	$0.08	$7,266.17	$3.60	Y	Y	ANTIHYPERTENSIVES/ACE Inhibitors
AZITHROMYCIN	1171	$1,477.20	$1.26	$14,832.75	$74.19	Y	N	MACROLIDES/Azithromycin
FLUTICASONE	965	$4,034.27	$4.18	$19,709.59	$20.29	Y	N	NASAL AGENTS - SYSTEMIC AND TOPICAL/Nasal
SIMVASTATIN	932	$497.03	$0.53	$6,911.10	$3.48	Y	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
PREDNISONE	846	$92.85	$0.11	$2,997.58	$8.51	Y	N	CORTICOSTEROIDS/Glucocorticosteroids
TRAMADOL HCL	844	$2,945.00	$3.49	$9,941.13	$19.34	Y	N	ANALGESICS - OPIOID/Opioid Agonists
OMEPRAZOLE	694	$906.16	$1.31	$10,784.16	$9.26	Y	Y	ULCER DRUGS/Proton Pump Inhibitors
ALPRAZOLAM	689	$180.42	$0.26	$4,124.30	$5.71	Y	N	ANTIANXIETY AGENTS/Benzodiazepines
HYDROCHLOROT	678	$0.00	$0.00	$2,169.79	$1.83	Y	Y	DIURETICS/Thiazides and Thiazide-Like Diuretics
CYCLOBENZAPR	644	$369.22	$0.57	$3,859.48	$11.44	Y	N	MUSCULOSKELETAL THERAPY AGENTS/Central
ESCITALOPRAM	596	$1,393.86	$2.34	$9,612.09	$10.07	Y	Y	ANTIDEPRESSANTS/Selective Serotonin Reuptake
AMLODIPINE	590	$50.82	$0.09	$3,333.27	$3.23	Y	Y	CALCIUM CHANNEL BLOCKERS/Calcium Channel
AMOX/K CLAV	580	$5,482.61	$9.45	$15,156.80	$85.52	Y	N	PENICILLINS/Penicillin Combinations
MONTELUKAST	569	$2,878.86	$5.06	$14,136.03	$17.01	Y	Y	ANTIASTHMATIC AND BRONCHODILATOR
DICLOFENAC	567	$1,733.74	$3.06	$10,205.67	$20.89	Y	Y	ANALGESICS - ANTI-INFLAMMATORY/Nonsteroidal
LEVOTHYROXIN	562	$1.92	$0.00	$8,172.93	$9.31	Y	Y	THYROID AGENTS/Thyroid Hormones
PROAIR HFA	530	$18,065.62	$34.09	$30,223.16	$67.75	N	Y	ANTIASTHMATIC AND BRONCHODILATOR
OXYCOD/APAP	524	$2,525.73	$4.82	$8,152.22	$42.38	Y	N	ANALGESICS - OPIOID/Opioid Combinations
METFORMIN	515	$32.58	$0.06	$4,948.98	$4.29	Y	Y	ANTIDIABETICS/Biguanides
SERTRALINE	478	$326.58	$0.68	$4,242.63	$5.50	Y	Y	ANTIDEPRESSANTS/Selective Serotonin Reuptake
CEPHALEXIN	461	$1,361.42	$2.95	$5,678.08	$38.63	Y	N	CEPHALOSPORINS/Cephalosporins - 1st Generation
LISINOP/HCTZ	439	$17.54	$0.04	$3,090.80	$4.23	Y	Y	ANTIHYPERTENSIVES/ACE Inhibitors &
DOXYCYCL HYC	437	$15,409.68	$35.26	$26,106.31	$111.36	Y	N	TETRACYCLINES/Tetracyclines
MELOXICAM	434	$84.84	$0.20	$2,235.97	$4.08	Y	Y	ANALGESICS - ANTI-INFLAMMATORY/Nonsteroidal
FLUCONAZOLE	426	$553.71	$1.30	$3,301.33	$61.02	Y	N	ANTIFUNGALS/Triazoles
BUPROPN HCL	424	$10,893.70	$25.69	$27,020.79	$35.35	Y	Y	ANTIDEPRESSANTS/Antidepressants - Misc.
PRAVASTATIN	419	$514.55	$1.23	$10,409.03	$14.60	Y	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
ONDANSETRON	407	$3,020.80	$7.42	$8,133.06	$112.59	Y	N	ANTIEMETICS/5-HT3 Receptor Antagonists
FLUOXETINE	403	$686.52	$1.70	$5,217.07	$8.74	Y	Y	ANTIDEPRESSANTS/Selective Serotonin Reuptake
CIPROFLOXACN	392	$219.91	$0.56	$2,924.26	$30.10	Y	N	FLUOROQUINOLONES/Fluoroquinolones
LOSARTAN POT	390	$183.56	$0.47	$3,658.21	$4.66	Y	Y	ANTIHYPERTENSIVES/Angiotensin II Receptor
CEFDINIR	381	$11,994.47	$31.48	$21,006.41	$160.80	Y	N	CEPHALOSPORINS/Cephalosporins - 3rd Generation
	24003	$95,367.20	$3.97	$370,408.44	$14.87			

*Indicator: M,N = Brand no generic available; O = Brand with generic available; Y = generic

Lynchburg City Schools

A029E - Top Utilized Drugs by Rx

A029E_Rpt

Report Criteria Group(s) = 52030; Cycles between 1/1/2013 and 12/31/2015

Desc	# Scripts	Amt Paid	Amt Paid/ RX	Ingred. Cost	Ingred. Cost/ 30 days	Ind.*	Maint	Therapeutic Class
HYDROCO/APAP	1233	$5,663.44	$4.59	$19,475.59	$42.85	Y	N	ANALGESICS - OPIOID/Hydrocodone Combinations
ATORVASTATIN	807	$209.27	$0.26	$14,655.11	$9.22	Y	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
AMOXICILLIN	746	$49.55	$0.07	$5,581.65	$25.26	Y	N	PENICILLINS/Aminopenicillins
AZITHROMYCIN	733	$531.47	$0.73	$8,372.51	$71.30	Y	N	MACROLIDES/Azithromycin
LISINOPRIL	700	$0.00	$0.00	$4,106.99	$3.89	Y	Y	ANTIHYPERTENSIVES/ACE Inhibitors
SIMVASTATIN	690	$0.00	$0.00	$4,486.44	$3.23	Y	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
PREDNISONE	630	$27.87	$0.04	$2,349.43	$9.11	Y	N	CORTICOSTEROIDS/Glucocorticosteroids
HYDROCHLOROT	618	$0.00	$0.00	$2,213.49	$2.09	Y	Y	DIURETICS/Thiazides and Thiazide-Like Diuretics
LEVOTHYROXIN	594	$50.14	$0.08	$11,095.50	$11.13	Y	Y	THYROID AGENTS/Thyroid Hormones
FLUTICASONE	581	$2,211.08	$3.81	$10,983.86	$19.01	Y	N	NASAL AGENTS - SYSTEMIC AND TOPICAL/Nasal
OMEPRAZOLE	559	$228.06	$0.41	$7,796.92	$8.62	Y	Y	ULCER DRUGS/Proton Pump Inhibitors
AMLODIPINE	492	$0.00	$0.00	$2,622.70	$3.06	Y	Y	CALCIUM CHANNEL BLOCKERS/Calcium Channel
SERTRALINE	470	$17.04	$0.04	$4,029.53	$5.01	Y	Y	ANTIDEPRESSANTS/Selective Serotonin Reuptake
MONTELUKAST	458	$1,285.76	$2.81	$9,966.65	$13.73	Y	Y	ANTIASTHMATIC AND BRONCHODILATOR
ESCITALOPRAM	445	$147.00	$0.33	$6,570.81	$8.79	Y	Y	ANTIDEPRESSANTS/Selective Serotonin Reuptake
CITALOPRAM	410	$0.00	$0.00	$2,695.86	$4.02	Y	Y	ANTIDEPRESSANTS/Selective Serotonin Reuptake
TRAMADOL HCL	399	$320.80	$0.80	$2,754.39	$11.12	Y	N	ANALGESICS - OPIOID/Opioid Agonists
DICLOFENAC	395	$1,187.64	$3.01	$6,251.64	$18.67	Y	Y	ANALGESICS - ANTI-INFLAMMATORY/Nonsteroidal
ALPRAZOLAM	390	$93.17	$0.24	$2,678.70	$6.50	Y	N	ANTIANXIETY AGENTS/Benzodiazepines
LOSARTAN POT	363	$0.00	$0.00	$3,417.39	$4.68	Y	Y	ANTIHYPERTENSIVES/Angiotensin II Receptor
PROAIR HFA	361	$9,706.83	$26.89	$17,035.14	$68.85	N	Y	ANTIASTHMATIC AND BRONCHODILATOR
BUPROPN HCL	360	$10,270.17	$28.53	$23,594.07	$37.35	Y	Y	ANTIDEPRESSANTS/Antidepressants - Misc.
CYCLOBENZAPR	349	$16.09	$0.05	$1,715.13	$7.17	Y	N	MUSCULOSKELETAL THERAPY AGENTS/Central
AMOX/K CLAV	340	$3,654.91	$10.75	$9,568.16	$88.57	Y	N	PENICILLINS/Penicillin Combinations
LISINOP/HCTZ	334	$0.00	$0.00	$2,247.67	$4.13	Y	Y	ANTIHYPERTENSIVES/ACE Inhibitors &
VALACYCLOVIR	323	$3,679.95	$11.39	$9,171.78	$50.81	Y	N	ANTIVIRALS/Herpes Agents - Purine Analogues
MELOXICAM	318	$51.88	$0.16	$1,426.76	$3.81	Y	Y	ANALGESICS - ANTI-INFLAMMATORY/Nonsteroidal
CRESTOR	308	$50,598.25	$164.28	$84,117.79	$177.11	N	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
METFORMIN	307	$63.40	$0.21	$3,036.26	$4.77	Y	Y	ANTIDIABETICS/Biguanides
FLUCONAZOLE	295	$474.36	$1.61	$2,646.81	$57.54	Y	N	ANTIFUNGALS/Triazoles
SPRINTEC 28	288	$4,775.47	$16.58	$4,686.97	$14.35	Y	Y	CONTRACEPTIVES/Combination Contraceptives - Oral
PRAVASTATIN	288	$459.08	$1.59	$6,406.70	$16.61	Y	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
LORAZEPAM	285	$80.72	$0.28	$1,823.18	$6.81	Y	N	ANTIANXIETY AGENTS/Benzodiazepines
AMPHETAMINE	283	$24,742.33	$87.43	$36,144.42	$95.38	Y	Y	ADHD/ANTI-NARCOLEPSY/ANTI-
ZOLPIDEM	280	$0.00	$0.00	$1,614.82	$4.84	Y	N	HYPNOTICS/SEDATIVES/SLEEP DISORDER
	16432	$120,595.73	$7.34	$337,340.82	$17.45			

*Indicator: M,N = Brand no generic available; O = Brand with generic available; Y = generic

SCRIPT CARE, LTD.

City of Lynchburg

A035A - Utilization by Location

A035A_Rpt

Report Criteria Group(s) = 52021; Cycles between 1/1/2013 and 12/31/2015

Location	Description	# Scripts	Copay	Amt Paid	Admin Fee	Amt Paid + Admin Fee
001	ACTIVE	39,682	$1,063,067.42	$3,173,586.35	$109,125.50	$3,282,711.85
002	CIRCUIT COURT	287	$6,505.18	$4,689.83	$789.25	$5,479.08
003	HRA	1,008	$27,574.67	$155,370.08	$2,772.00	$158,142.08
004	RETIREES > 65	494	$10,958.94	$18,893.77	$1,358.50	$20,252.27
005	RETIREES < 65	11,930	$353,122.75	$716,476.77	$32,807.50	$749,284.27
006	ACTIVE OTHER	1,669	$45,558.10	$92,721.88	$4,589.75	$97,311.63
007	RETIREES > 65 - EE ONLY - N	4	$179.02	$377.17	$11.00	$388.17
008	LINE OF DUTY MEMBERS	163	$5,418.33	$4,809.91	$448.25	$5,258.16
098	COBRA	245	$8,847.62	$33,181.00	$673.75	$33,854.75
Grand Total		55,482	$1,521,232.03	$4,200,106.76	$152,575.50	$4,352,682.26

SCRIPT CARE, LTD.

Lynchburg City Schools

A035A - Utilization by Location

A035A_Rpt

Report Criteria Group(s) = 52030; Cycles between 1/1/2013 and 12/31/2015

Location	Description	# Scripts	Copay	Amt Paid	Admin Fee	Amt Paid + Admin Fee
01	MONTHLY $1500	15,844	$378,038.65	$1,158,528.43	$43,571.00	$1,202,099.43
03	FOOD SERVICE $1500	507	$11,812.38	$16,556.93	$1,394.25	$17,951.18
05	RETIREE $1500	1,029	$30,451.70	$46,990.21	$2,829.75	$49,819.96
07	20/20 $1500	23	$775.78	$1,751.47	$63.25	$1,814.72
09	BOTH WORK $1500	617	$14,884.67	$22,581.54	$1,696.75	$24,278.29
11	LAUREL $750	619	$11,127.15	$14,175.08	$1,702.25	$15,877.33
12	LAUREL $1500	826	$19,076.86	$27,553.50	$2,271.50	$29,825.00
13	LAUREL $750 RETIREE	61	$2,118.59	$2,396.46	$167.75	$2,564.21
15	GOVERNOR'S $750	13	$808.07	$1,179.72	$35.75	$1,215.47
16	GOVENOR'S $1500	52	$1,492.13	$11,724.32	$143.00	$11,867.32
18	STEP WITH LINKS $1500	1	$9.47	$0.00	$2.75	$2.75
20	STEM ACADEMY $750	121	$3,877.32	$6,280.01	$332.75	$6,612.76
21	MONTHLY $750	15,616	$398,227.29	$1,105,829.46	$42,944.00	$1,148,773.46
23	FOOD SERVICE $750	575	$11,772.88	$34,806.42	$1,581.25	$36,387.67
25	RETIREE $750	2,722	$89,531.36	$260,808.26	$7,485.50	$268,293.76
29	BOTH WORK $750	425	$12,301.00	$24,450.45	$1,168.75	$25,619.20
30	20/20 $750	304	$7,590.70	$42,994.72	$836.00	$43,830.72
92	COBRA $750	51	$1,965.81	$6,765.75	$140.25	$6,906.00
98	COBRA $1500	150	$3,883.63	$4,155.88	$412.50	$4,568.38
Grand Total		39,556	$999,745.44	$2,789,528.61	$108,779.00	$2,898,307.61

SCRIPT CARE, LTD.

Brand Vs. Generic Utilization Summary

Report for: **City of Lynchburg**

Effective Date: 01/01/2013

Group: **52021: City of Lynchburg**

This is a summary of your Script Care Prescription Plan from **1/1/2014** through **12/31/2014** .

Brand Vs. Generic Utilization

	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	3,115	156	14,938	18,209	
% of All Claims	17.11%	0.86%	82.04%	100.00%	
Retail from Pharmacy w/o Script Care	$1,998,109.67	$58,587.77	$1,756,329.49	$3,813,026.93	$209.40
Actual Drug Cost	$1,440,282.33	$42,595.10	$431,602.03	$1,914,479.46	$105.14
Pharmacy Fees	$3,135.75	$119.00	$14,620.50	$17,875.25	$0.98
Prescription Price w/ Script Care	$1,443,418.08	$42,714.10	$446,222.53	$1,932,354.71	$106.12
Savings through your Script Care Plan	**$554,691.59**	**$15,873.67**	**$1,310,106.96**	**$1,880,672.22**	**$103.28**
% Saved over Retail	**27.76%**	**27.09%**	**74.59%**	**49.32%**	
Copay	$238,183.42	$12,427.78	$253,317.16	$503,928.36	$27.67
% of Total Drug Cost	16.50%	29.10%	56.77%	26.08%	
Tax	$0.55	$0.00	$15.02	$15.57	$0.00
Your Prescription Cost	**$1,205,235.21**	**$30,286.32**	**$192,920.39**	**$1,428,441.92**	**$78.45**
Total Plan Cost/Claim	**$386.91**	**$194.14**	**$12.91**	**$78.45**	
Cost/Per Cardholder Per Month	**$70.46**	**$1.77**	**$11.28**	**$83.51**	
Cost/Per Member Per Month	**$37.51**	**$0.94**	**$6.00**	**$44.46**	
Rx/Per Cardholder Per Month	**0.18**	**0.01**	**0.87**	**1.06**	
Rx/Per Member Per Month	**0.10**	**0.00**	**0.46**	**0.57**	

Enrollment

	Cardholders	Dependents	Total
Monthly Average Enrollment	1,425.5	1,251.8	2,677.3

SCRIPT CARE, LTD.

Brand Vs. Generic Utilization Summary

Report for: **City of Lynchburg**

Effective Date: 10/01/2013

Group: **52030: Lynchburg City Schools**

This is a summary of your Script Care Prescription Plan from **1/1/2014** through **12/31/2014** .

Brand Vs. Generic Utilization

	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	2,884	179	14,428	17,491	
% of All Claims	16.49%	1.02%	82.49%	100.00%	
Retail from Pharmacy w/o Script Care	$1,440,436.01	$31,657.04	$1,598,544.87	$3,070,637.92	$175.56
Actual Drug Cost	$1,086,658.73	$22,289.53	$411,328.34	$1,520,276.60	$86.92
Pharmacy Fees	$2,711.75	$154.25	$13,815.70	$16,681.70	$0.95
Prescription Price w/ Script Care	$1,089,370.48	$22,443.78	$425,144.04	$1,536,958.30	$87.87
Savings through your Script Care Plan	**$351,065.53**	**$9,213.26**	**$1,173,400.83**	**$1,533,679.62**	**$87.68**
% Saved over Retail	**24.37%**	**29.10%**	**73.40%**	**49.95%**	
Copay	$209,597.18	$11,363.19	$210,735.67	$431,696.04	$24.68
% of Total Drug Cost	19.24%	50.63%	49.57%	28.09%	
Tax	$0.00	$0.00	$0.05	$0.05	$0.00
Your Prescription Cost	**$879,773.30**	**$11,080.59**	**$214,408.42**	**$1,105,262.31**	**$63.19**
Total Plan Cost/Claim	**$305.05**	**$61.90**	**$14.86**	**$63.19**	
Cost/Per Cardholder Per Month	**$54.98**	**$0.69**	**$13.40**	**$69.07**	
Cost/Per Member Per Month	**$33.60**	**$0.42**	**$8.19**	**$42.21**	
Rx/Per Cardholder Per Month	**0.18**	**0.01**	**0.90**	**1.09**	
Rx/Per Member Per Month	**0.11**	**0.01**	**0.55**	**0.67**	

Enrollment

	Cardholders	Dependents	Total
Monthly Average Enrollment	1,333.6	848.5	2,182.1

SCRIPT CARE, LTD.

Brand Vs. Generic Utilization Summary

Report for: **City of Lynchburg**

Group: **52021, 52030**

This is a summary of your Script Care Prescription Plan from **1/1/2014** through **12/31/2014** .

Brand Vs. Generic Utilization

	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	5,999	335	29,366	35,700	
% of All Claims	16.80%	0.94%	82.26%	100.00%	
Retail from Pharmacy w/o Script Care	$3,438,545.68	$90,244.81	$3,354,874.36	$6,883,664.85	$192.82
Actual Drug Cost	$2,526,941.06	$64,884.63	$842,930.37	$3,434,756.06	$96.21
Pharmacy Fees	$5,847.50	$273.25	$28,436.20	$34,556.95	$0.97
Prescription Price w/ Script Care	$2,532,788.56	$65,157.88	$871,366.57	$3,469,313.01	$97.18
Savings through your Script Care Plan	**$905,757.12**	**$25,086.93**	**$2,483,507.79**	**$3,414,351.84**	**$95.64**
% Saved over Retail	**26.34%**	**27.80%**	**74.03%**	**49.60%**	
Copay	$447,780.60	$23,790.97	$464,052.83	$935,624.40	$26.21
% of Total Drug Cost	17.68%	36.51%	53.25%	26.97%	
Tax	$0.55	$0.00	$15.07	$15.62	$0.00
Your Prescription Cost	**$2,085,008.51**	**$41,366.91**	**$407,328.81**	**$2,533,704.23**	**$70.97**
Total Plan Cost/Claim	**$347.56**	**$123.48**	**$13.87**	**$70.97**	
Cost/Per Cardholder Per Month	**$62.97**	**$1.25**	**$12.30**	**$76.53**	
Cost/Per Member Per Month	**$35.76**	**$0.71**	**$6.99**	**$43.45**	
Rx/Per Cardholder Per Month	**0.18**	**0.01**	**0.89**	**1.08**	
Rx/Per Member Per Month	**0.10**	**0.01**	**0.50**	**0.61**	

Enrollment

	Cardholders	Dependents	Total
Monthly Average Enrollment	2,759.1	2,100.3	4,859.3

SCRIPT CARE, LTD.

Retail and Mail Order Utilization Summary

Report for: **City of Lynchburg** Effective Date: 01/01/2013

Group: **52021: City of Lynchburg**

This is a summary of your Script Care Prescription Plan from **1/1/2014** through **12/31/2014**

Retail

	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	2,533	98	11,683	14,314	
% of Retail Claims	17.70%	0.68%	81.62%	100.00%	
Prescription Price w/ Script Care	$1,184,357.74	$33,538.37	$287,843.05	$1,505,739.16	$105.19
Copay	$152,540.38	$6,328.12	$153,613.01	$312,481.51	$21.83
% of Total Drug Cost	12.88%	18.87%	53.36%	20.75%	
Tax	$0.55	$0.00	$15.02	$15.57	$0.00
Your Prescription Cost	$1,031,817.91	$27,210.25	$134,245.06	$1,193,273.22	$83.36
Employer Cost Per Claim	**$407.35**	**$277.66**	**$11.49**	**$83.36**	

Mail Order

	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	582	58	3,255	3,895	
% of MO Claims	14.94%	1.49%	83.57%	100.00%	
Prescription Price w/ Script Care	$259,060.34	$9,175.73	$158,379.48	$426,615.55	$109.53
Copay	$85,643.04	$6,099.66	$99,704.15	$191,446.85	$49.15
% of Total Drug Cost	33.06%	66.48%	62.95%	44.88%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$173,417.30	$3,076.07	$58,675.33	$235,168.70	$60.38
Employer Cost Per Claim	**$297.97**	**$53.04**	**$18.03**	**$60.38**	

Total

	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	3,115	156	14,938	18,209	
% of All Claims	17.11%	0.86%	82.04%	100.00%	
Prescription Price w/ Script Care	$1,443,418.08	$42,714.10	$446,222.53	$1,932,354.71	$106.12
Copay	$238,183.42	$12,427.78	$253,317.16	$503,928.36	$27.67
% of Total Drug Cost	16.50%	29.10%	56.77%	26.08%	
Tax	$0.55	$0.00	$15.02	$15.57	$0.00
Your Prescription Cost	$1,205,235.21	$30,286.32	$192,920.39	$1,428,441.92	$78.45
Employer Cost Per Claim	**$386.91**	**$194.14**	**$12.91**	**$78.45**	

SCRIPT CARE, LTD.

Retail and Mail Order Utilization Summary

Report for: **City of Lynchburg** Effective Date: 10/01/2013

Group: **52030: Lynchburg City Schools**

This is a summary of your Script Care Prescription Plan from **1/1/2014** through **12/31/2014**

Retail	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	2,286	108	11,171	13,565	
% of Retail Claims	16.85%	0.80%	82.35%	100.00%	
Prescription Price w/ Script Care	$824,657.62	$12,371.08	$245,191.36	$1,082,220.06	$79.78
Copay	$127,382.87	$4,168.08	$128,402.37	$259,953.32	$19.16
% of Total Drug Cost	15.45%	33.69%	52.37%	24.02%	
Tax	$0.00	$0.00	$0.05	$0.05	$0.00
Your Prescription Cost	$697,274.75	$8,203.00	$116,789.04	$822,266.79	$60.62
Employer Cost Per Claim	**$305.02**	**$75.95**	**$10.45**	**$60.62**	

Mail Order	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	598	71	3,257	3,926	
% of MO Claims	15.23%	1.81%	82.96%	100.00%	
Prescription Price w/ Script Care	$264,712.86	$10,072.70	$179,952.68	$454,738.24	$115.83
Copay	$82,214.31	$7,195.11	$82,333.30	$171,742.72	$43.74
% of Total Drug Cost	31.06%	71.43%	45.75%	37.77%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$182,498.55	$2,877.59	$97,619.38	$282,995.52	$72.08
Employer Cost Per Claim	**$305.18**	**$40.53**	**$29.97**	**$72.08**	

Total	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	2,884	179	14,428	17,491	
% of All Claims	16.49%	1.02%	82.49%	100.00%	
Prescription Price w/ Script Care	$1,089,370.48	$22,443.78	$425,144.04	$1,536,958.30	$87.87
Copay	$209,597.18	$11,363.19	$210,735.67	$431,696.04	$24.68
% of Total Drug Cost	19.24%	50.63%	49.57%	28.09%	
Tax	$0.00	$0.00	$0.05	$0.05	$0.00
Your Prescription Cost	$879,773.30	$11,080.59	$214,408.42	$1,105,262.31	$63.19
Employer Cost Per Claim	**$305.05**	**$61.90**	**$14.86**	**$63.19**	

SCRIPT CARE, LTD.

Retail and Mail Order Utilization Summary

Report for: **City of Lynchburg**

Group: **52021, 52030**

This is a summary of your Script Care Prescription Plan from **1/1/2014** through **12/31/2014**

Retail

	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	4,819	206	22,854	27,879	
% of Retail Claims	17.29%	0.74%	81.98%	100.00%	
Prescription Price w/ Script Care	$2,009,015.36	$45,909.45	$533,034.41	$2,587,959.22	$92.83
Copay	$279,923.25	$10,496.20	$282,015.38	$572,434.83	$20.53
% of Total Drug Cost	13.93%	22.86%	52.91%	22.12%	
Tax	$0.55	$0.00	$15.07	$15.62	$0.00
Your Prescription Cost	$1,729,092.66	$35,413.25	$251,034.10	$2,015,540.01	$72.30
Employer Cost Per Claim	**$358.81**	**$171.91**	**$10.98**	**$72.30**	

Mail Order

	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	1,180	129	6,512	7,821	
% of MO Claims	15.09%	1.65%	83.26%	100.00%	
Prescription Price w/ Script Care	$523,773.20	$19,248.43	$338,332.16	$881,353.79	$112.69
Copay	$167,857.35	$13,294.77	$182,037.45	$363,189.57	$46.44
% of Total Drug Cost	32.05%	69.07%	53.80%	41.21%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$355,915.85	$5,953.66	$156,294.71	$518,164.22	$66.25
Employer Cost Per Claim	**$301.62**	**$46.15**	**$24.00**	**$66.25**	

Total

	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	5,999	335	29,366	35,700	
% of All Claims	16.80%	0.94%	82.26%	100.00%	
Prescription Price w/ Script Care	$2,532,788.56	$65,157.88	$871,366.57	$3,469,313.01	$97.18
Copay	$447,780.60	$23,790.97	$464,052.83	$935,624.40	$26.21
% of Total Drug Cost	17.68%	36.51%	53.25%	26.97%	
Tax	$0.55	$0.00	$15.07	$15.62	$0.00
Your Prescription Cost	$2,085,008.51	$41,366.91	$407,328.81	$2,533,704.23	$70.97
Employer Cost Per Claim	**$347.56**	**$123.48**	**$13.87**	**$70.97**	

SCRIPT CARE, LTD.

Specialty Pharmacy Utilization Summary

Report for: **City of Lynchburg**

Effective Date: 01/01/2013

Group: **52021: City of Lynchburg**

This is a summary of your Script Care Prescription Plan from **1/1/2014** through **12/31/2014** .

Specialty Pharmacy Utilization

	All Claims	Average Per Claim	Specialty Eligible*	Average Per Claim	Specialty Claims	Average Per Claim
Number of Claims	18,209		28 **		223 **	
% of All Claims	100.00%		0.15%		1.22%	
Retail from Pharmacy w/o Script Care	$3,813,026.93	$209.40	$374,883.74	$13,388.71	$806,717.37	$3,617.57
Actual Drug Cost	$1,914,479.46	$105.14	$235,305.51	$8,403.77	$572,765.94	$2,568.46
Pharmacy Fees	$17,875.25	$0.98	$5.25	$0.19	$446.00	$2.00
Prescription Price w/ Script Care	$1,932,354.71	$106.12	$235,310.76	$8,403.96	$573,211.94	$2,570.46
Savings through your Script Care Plan	**$1,880,672.22**	**$103.28**	**$139,572.98**	**$4,984.75**	**$233,505.43**	**$1,047.11**
% Saved over Retail	**49.32%**		**37.23%**		**28.95%**	
Copay	$503,928.36	$27.67	$2,800.00	$100.00	$20,857.05	$93.53
% of Total Drug Cost	26.08%		1.19%		3.64%	
Tax	$15.57	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	**$1,428,441.92**	**$78.45**	**$232,510.76**	**$8,303.96**	**$552,354.89**	**$2,476.93**
% of Total Cost	**100.00%**		**16.28%**		**38.67%**	
Total Plan Cost/Claim	**$78.45**		**$8,303.96**		**$2,476.93**	
Cost/Per Cardholder Per Month	**$83.51**		**$13.59**		**$32.29**	
Cost/Per Member Per Month	**$44.46**		**$7.24**		**$17.19**	

*Excludes Specialty Claims **Net Claims

Enrollment

	Cardholders	Dependents	Total
Monthly Average Enrollment	1,425.5	1,251.8	2,677.3

SCRIPT CARE, LTD.

Specialty Pharmacy Utilization Summary

Report for: **City of Lynchburg**

Effective Date: 10/01/2013

Group: **52030: Lynchburg City Schools**

This is a summary of your Script Care Prescription Plan from **1/1/2014** through **12/31/2014** .

Specialty Pharmacy Utilization

	All Claims	Average Per Claim	Specialty Eligible*	Average Per Claim	Specialty Claims	Average Per Claim
Number of Claims	17,491		2 **		121 **	
% of All Claims	100.00%		0.01%		0.69%	
Retail from Pharmacy w/o Script Care	$3,070,637.92	$175.56	$2,281.98	$1,140.99	$636,040.79	$5,256.54
Actual Drug Cost	$1,520,276.60	$86.92	$1,906.76	$953.38	$453,227.93	$3,745.69
Pharmacy Fees	$16,681.70	$0.95	$3.00	$1.50	$242.00	$2.00
Prescription Price w/ Script Care	$1,536,958.30	$87.87	$1,909.76	$954.88	$453,469.93	$3,747.69
Savings through your Script Care Plan	**$1,533,679.62**	**$87.68**	**$372.22**	**$186.11**	**$182,570.86**	**$1,508.85**
% Saved over Retail	**49.95%**		**16.31%**		**28.70%**	
Copay	$431,696.04	$24.68	$200.00	$100.00	$11,850.00	$97.93
% of Total Drug Cost	28.09%		10.47%		2.61%	
Tax	$0.05	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	**$1,105,262.31**	**$63.19**	**$1,709.76**	**$854.88**	**$441,619.93**	**$3,649.75**
% of Total Cost	**100.00%**		**0.15%**		**39.96%**	
Total Plan Cost/Claim	**$63.19**		**$854.88**		**$3,649.75**	
Cost/Per Cardholder Per Month	**$69.07**		**$0.11**		**$27.60**	
Cost/Per Member Per Month	**$42.21**		**$0.07**		**$16.87**	

*Excludes Specialty Claims **Net Claims

Enrollment

	Cardholders	Dependents	Total
Monthly Average Enrollment	1,333.6	848.5	2,182.1

SCRIPT CARE, LTD.

Specialty Pharmacy Utilization Summary

Report for: **City of Lynchburg**

Group: **52021, 52030**

This is a summary of your Script Care Prescription Plan from **1/1/2014** through **12/31/2014** .

Specialty Pharmacy Utilization

	All Claims	Average Per Claim	Specialty Eligible*	Average Per Claim	Specialty Claims	Average Per Claim
Number of Claims	35,700		30 **		344 **	
% of All Claims	100.00%		0.08%		0.96%	
Retail from Pharmacy w/o Script Care	$6,883,664.85	$192.82	$377,165.72	$12,572.19	$1,442,758.16	$4,194.06
Actual Drug Cost	$3,434,756.06	$96.21	$237,212.27	$7,907.08	$1,025,993.87	$2,982.54
Pharmacy Fees	$34,556.95	$0.97	$8.25	$0.28	$688.00	$2.00
Prescription Price w/ Script Care	$3,469,313.01	$97.18	$237,220.52	$7,907.35	$1,026,681.87	$2,984.54
Savings through your Script Care Plan	**$3,414,351.84**	**$95.64**	**$139,945.20**	**$4,664.84**	**$416,076.29**	**$1,209.52**
% Saved over Retail	**49.60%**		**37.10%**		**28.84%**	
Copay	$935,624.40	$26.21	$3,000.00	$100.00	$32,707.05	$95.08
% of Total Drug Cost	26.97%		1.26%		3.19%	
Tax	$15.62	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	**$2,533,704.23**	**$70.97**	**$234,220.52**	**$7,807.35**	**$993,974.82**	**$2,889.46**
% of Total Cost	**100.00%**		**9.24%**		**39.23%**	
Total Plan Cost/Claim	**$70.97**		**$7,807.35**		**$2,889.46**	
Cost/Per Cardholder Per Month	**$76.53**		**$7.07**		**$30.02**	
Cost/Per Member Per Month	**$43.45**		**$4.02**		**$17.05**	

*Excludes Specialty Claims **Net Claims

Enrollment

	Cardholders	Dependents	Total
Monthly Average Enrollment	2,759.1	2,100.3	4,859.3

SCRIPT CARE, LTD.

Plan Statistics

Report for: **City of Lynchburg**

Effective Date: 01/01/2013

Group: **52021: City of Lynchburg**

This is a summary of your Script Care Prescription Plan from **1/1/2014** through **12/31/2014**

	Jan 14	Feb 14	Mar 14	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Total
Enrollment Summary													
Cardholders	1,428.0	1,430.0	1,425.0	1,427.0	1,435.0	1,433.0	1,427.0	1,430.0	1,422.0	1,412.0	1,417.0	1,420.0	1,425.5
Dependents	1,225.0	1,242.0	1,248.0	1,253.0	1,252.0	1,251.0	1,260.0	1,254.0	1,270.0	1,260.0	1,252.0	1,254.0	1,251.8
Utilizing Cardholders	664.0	620.0	620.0	602.0	615.0	587.0	606.0	575.0	599.0	600.0	577.0	661.0	1,235.0
Utilization %	46.50%	43.36%	43.51%	42.19%	42.86%	40.96%	42.47%	40.21%	42.12%	42.49%	40.72%	46.55%	86.64%
Claim Summary													
All	1,738	1,451	1,518	1,529	1,513	1,440	1,456	1,416	1,464	1,492	1,412	1,780	18,209
Avg Per Cardholder	1.22	1.01	1.07	1.07	1.05	1.00	1.02	0.99	1.03	1.06	1.00	1.25	12.77
Avg Per Member	0.66	0.54	0.57	0.57	0.56	0.54	0.54	0.53	0.54	0.56	0.53	0.67	6.80
Brand	320	251	262	289	258	230	235	249	224	261	220	316	3,115
Generic	1,408	1,192	1,245	1,231	1,242	1,194	1,210	1,150	1,226	1,217	1,178	1,445	14,938
Brand w/Generic	10	8	11	9	13	16	11	17	14	14	14	19	156
Generic % of All	81.01%	82.15%	82.02%	80.51%	82.09%	82.92%	83.10%	81.21%	83.74%	81.57%	83.43%	81.18%	82.04%
Mail Order	321	293	326	326	319	332	337	312	335	344	294	340	3,879
Mail Order % of All	18.47%	20.19%	21.48%	21.32%	21.08%	23.06%	23.15%	22.03%	22.88%	23.06%	20.82%	19.10%	21.30%
Claim Cost													
Submitted Cost	$310,144	$268,881	$299,478	$327,992	$275,472	$326,118	$325,441	$326,209	$313,592	$344,182	$289,674	$405,843	$3,813,027
Script Care Cost	$164,152	$134,399	$154,238	$176,829	$134,872	$169,346	$168,244	$166,129	$152,629	$167,761	$144,550	$199,206	$1,932,355
Savings	$145,992	$134,482	$145,240	$151,163	$140,600	$156,772	$157,197	$160,079	$160,963	$176,422	$145,124	$206,637	$1,880,672
Tax	$3	$3	$9	$1	$0	$0	$0	$0	$0	$0	$0	$0	$16
Total	$164,154	$134,402	$154,247	$176,830	$134,873	$169,346	$168,244	$166,129	$152,629	$167,761	$144,550	$199,206	$1,932,370
Average Claim Cost	$94.45	$92.63	$101.61	$115.65	$89.14	$117.60	$115.55	$117.32	$104.25	$112.44	$102.37	$111.91	$106.12
Average Brand Cost	$387.13	$380.96	$435.75	$478.87	$380.71	$567.15	$547.33	$473.20	$513.66	$473.12	$482.42	$479.63	$463.38
Average Generic Cost	$26.61	$28.83	$29.49	$27.14	$27.82	$28.53	$30.04	$36.11	$28.09	$32.97	$30.90	$32.41	$29.87
Average Br w/Gen Cost	$280.56	$551.47	$306.46	$558.03	$161.41	$302.61	$298.04	$398.75	$223.50	$296.80	$143.82	$42.54	$273.81
Member Cost													
Total Copay	$46,472	$38,558	$42,263	$43,199	$39,911	$41,265	$39,937	$40,785	$38,890	$43,207	$38,942	$50,499	$503,928
Average Claim Copay	$26.74	$26.57	$27.84	$28.25	$26.38	$28.66	$27.43	$28.80	$26.56	$28.96	$27.58	$28.37	$27.67
Average Brand Copay	$73.71	$65.36	$77.30	$78.71	$73.55	$78.29	$78.98	$78.20	$76.31	$78.45	$80.92	$78.50	$76.46
Average Generic Copay	$15.85	$17.06	$16.74	$16.12	$16.67	$17.73	$17.00	$17.21	$17.16	$17.85	$17.16	$17.15	$16.96
Average Br w/Gen Copay	$57.28	$227.68	$106.33	$68.17	$17.84	$130.22	$73.87	$89.36	$53.80	$71.86	$66.18	$48.28	$79.67
Copay % of Total Cost	28.31%	28.69%	27.40%	24.43%	29.59%	24.37%	23.74%	24.55%	25.48%	25.76%	26.94%	25.35%	26.08%
Plan Cost													
Plan Cost	$117,682	$95,843	$111,984	$133,631	$94,962	$128,080	$128,308	$125,344	$113,739	$124,554	$105,607	$148,707	$1,428,442
Average Claim Cost	$67.71	$66.05	$73.77	$87.40	$62.76	$88.94	$88.12	$88.52	$77.69	$83.48	$74.79	$83.54	$78.45
Average Brand Cost	$313.42	$315.60	$358.45	$400.16	$307.16	$488.86	$468.35	$395.01	$437.35	$394.67	$401.51	$401.13	$386.91
Average Generic Cost	$10.76	$11.78	$12.75	$11.03	$11.15	$10.79	$13.04	$18.89	$10.93	$15.12	$13.74	$15.27	$12.91
Average Br w/Gen Cost	$223.28	$323.79	$200.13	$489.86	$143.57	$172.39	$224.17	$309.39	$169.71	$224.94	$77.64	-$5.74	$194.14
Plan Cost % of Total Cost	71.69%	71.31%	72.60%	75.57%	70.41%	75.63%	76.26%	75.45%	74.52%	74.24%	73.06%	74.65%	73.92%
Plan Cost Per Cardholder	$82.41	$67.02	$78.59	$93.64	$66.18	$89.38	$89.91	$87.65	$79.99	$88.21	$74.53	$104.72	$1,002.06
Plan Cost Per Member	$44.36	$35.87	$41.89	$49.86	$35.34	$47.72	$47.75	$46.70	$42.25	$46.61	$39.57	$55.61	$533.55
Cardholders > $500	40	29	42	41	34	39	34	42	37	48	37	50	332
Cardholders > 5 Claims	51	39	46	49	51	41	46	40	39	51	42	67	843

Top 10 Drugs by Plan Cost

CEREZYME	CEREZYME	CEREZYME	AFINITOR	SUTENT	CEREZYME	CEREZYME	CEREZYME	CEREZYME	CEREZYME	CEREZYME	CEREZYME	CEREZYME
HUMIRA PEN	HUMIRA PEN	NBREL SRCLK	CEREZYME	ENBREL	NBREL SRCLK	NBREL SRCLK	NBREL SRCLK	NBREL SRCLK	NBREL SRCLK	REBIF REBIDO	HUMIRA PEN	ENBREL SRCLK
ENBREL	NBREL SRCLK	HUMIRA PEN	NBREL SRCLK	HUMIRA PEN	REBIF REBIDO	HUMIRA PEN	VONEX PREFL	HUMIRA PEN	ENBREL	VONEX PREFL	NBREL SRCLK	HUMIRA PEN
NBREL SRCLK	ENBREL	ENBREL	NBREL SRCLK	NBREL SRCLK	VONEX PREFL	ENBREL	MOZOLOMIDE	ENBREL	HUMIRA PEN	NBREL SRCLK	ENBREL	ENBREL
REBIF REBIDO	REBIF REBIDO	REBIF REBIDO	ENBREL	REBIF REBIDO	HUMIRA	HUMIRA	HUMIRA PEN	REBIF REBIDO	REBIF REBIDO	ENBREL	LANTUS	REBIF REBIDO
VONEX PREFL	VONEX PREFL	VONEX PREFL	HUMIRA PEN	VONEX PREFL	HUMIRA PEN	REBIF REBIDO	ENBREL	VONEX PREFL	VONEX PREFL	HUMIRA PEN	REBIF REBIDO	AVONEX PREFL
ADCIRCA	ORENCIA	NOVOLOG	REBIF REBIDO	NOVOLOG MIX	XOLAIR	NOVOLOG MIX	REBIF REBIDO	LANTUS	MOZOLOMIDE	HUMIRA	VONEX PREFL	LANTUS
LANTUS	LANTUS	LANTUS	VONEX PREFL	ORENCIA	LANTUS	REVATIO	REVATIO	ADCIRCA	ORENCIA	ENOXAPARIN	VANCOMYCIN	REVATIO
ORENCIA	REVATIO	ORENCIA	REVATIO	NBREL SRCLK	ENBREL	LANTUS	HUMIRA	ORENCIA	HUMIRA	ORENCIA	HUMALOG	ORENCIA
SOLODYN	LANTUS	REVATIO	LANTUS	REVATIO	VICTOZA	ADCIRCA	HUMIRA PEN	HUMIRA PEN	ADVAIR DISKU	ENBREL	TAMIFLU	ADCIRCA

SCRIPT CARE, LTD.

Plan Statistics

Report for: **City of Lynchburg**

Effective Date: 10/01/2013

Group: **52030: Lynchburg City Schools**

This is a summary of your Script Care Prescription Plan from **1/1/2014** through **12/31/2014**

	Jan 14	Feb 14	Mar 14	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Total
Enrollment Summary													
Cardholders	1,349.0	1,352.0	1,346.0	1,346.0	1,337.0	1,338.0	1,334.0	1,321.0	1,314.0	1,319.0	1,327.0	1,320.0	1,333.6
Dependents	851.0	853.0	843.0	849.0	844.0	845.0	844.0	840.0	844.0	847.0	864.0	858.0	848.5
Utilizing Cardholders	645.0	611.0	624.0	581.0	575.0	558.0	556.0	535.0	560.0	572.0	534.0	595.0	1,185.0
Utilization %	47.81%	45.19%	46.36%	43.16%	43.01%	41.70%	41.68%	40.50%	42.62%	43.37%	40.24%	45.08%	88.86%
Claim Summary													
All	1,761	1,563	1,654	1,543	1,468	1,324	1,371	1,268	1,342	1,431	1,280	1,486	17,491
Avg Per Cardholder	1.31	1.16	1.23	1.15	1.10	0.99	1.03	0.96	1.02	1.08	0.96	1.13	13.12
Avg Per Member	0.80	0.71	0.76	0.70	0.67	0.61	0.63	0.59	0.62	0.66	0.58	0.68	8.02
Brand	291	264	274	236	228	219	223	220	201	254	227	247	2,884
Generic	1,448	1,279	1,363	1,290	1,223	1,089	1,140	1,036	1,132	1,163	1,048	1,217	14,428
Brand w/Generic	22	20	17	17	17	16	8	12	9	14	5	22	179
Generic % of All	82.23%	81.83%	82.41%	83.60%	83.31%	82.25%	83.15%	81.70%	84.35%	81.27%	81.88%	81.90%	82.49%
Mail Order	275	293	335	329	310	333	358	333	341	363	316	340	3,926
Mail Order % of All	15.62%	18.75%	20.25%	21.32%	21.12%	25.15%	26.11%	26.26%	25.41%	25.37%	24.69%	22.88%	22.45%
Claim Cost													
Submitted Cost	$241,527	$251,106	$258,860	$233,229	$232,903	$232,722	$250,238	$265,407	$337,682	$304,814	$205,595	$256,553	$3,070,638
Script Care Cost	$125,302	$130,006	$123,212	$114,336	$113,690	$113,707	$120,904	$138,494	$178,904	$157,756	$98,863	$121,782	$1,536,958
Savings	$116,224	$121,101	$135,648	$118,893	$119,213	$119,015	$129,334	$126,913	$158,778	$147,058	$106,731	$134,771	$1,533,680
Tax	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Total	$125,302	$130,006	$123,212	$114,336	$113,690	$113,707	$120,904	$138,494	$178,904	$157,756	$98,863	$121,782	$1,536,958
Average Claim Cost	$71.15	$83.18	$74.49	$74.10	$77.45	$85.88	$88.19	$109.22	$133.31	$110.24	$77.24	$81.95	$87.87
Average Brand Cost	$288.86	$350.26	$318.79	$312.03	$326.84	$366.90	$397.21	$459.13	$703.39	$467.55	$297.56	$322.74	$377.73
Average Generic Cost	$27.44	$28.14	$25.22	$30.96	$30.29	$29.46	$27.91	$28.25	$32.98	$32.10	$29.72	$32.12	$29.47
Average Br w/Gen Cost	$68.39	$77.57	$87.97	$44.65	$125.15	$79.48	$63.38	$685.15	$21.63	$118.89	$34.99	$135.06	$125.38
Member Cost													
Total Copay	$40,255	$38,684	$38,549	$32,916	$36,109	$33,788	$34,446	$32,852	$34,500	$39,625	$30,544	$39,428	$431,696
Average Claim Copay	$22.86	$24.75	$23.31	$21.33	$24.60	$25.52	$25.12	$25.91	$25.71	$27.69	$23.86	$26.53	$24.68
Average Brand Copay	$64.00	$69.45	$73.02	$61.00	$71.47	$77.23	$78.26	$72.63	$82.68	$81.85	$65.75	$77.96	$72.68
Average Generic Copay	$14.24	$15.12	$12.74	$13.84	$15.02	$14.56	$14.51	$14.79	$15.53	$15.40	$14.78	$15.20	$14.61
Average Br w/Gen Copay	$46.18	$50.28	$69.05	$39.31	$85.01	$63.47	$56.71	$128.99	$33.91	$66.14	$26.58	$76.05	$63.48
Copay % of Total Cost	32.13%	29.76%	31.29%	28.79%	31.76%	29.72%	28.49%	23.72%	19.28%	25.12%	30.89%	32.38%	28.09%
Plan Cost													
Plan Cost	$85,048	$91,322	$84,663	$81,420	$77,581	$79,919	$86,458	$105,642	$144,404	$118,132	$68,320	$82,355	$1,105,262
Average Claim Cost	$48.30	$58.43	$51.19	$52.77	$52.85	$60.36	$63.06	$83.31	$107.60	$82.55	$53.37	$55.42	$63.19
Average Brand Cost	$224.86	$280.80	$245.77	$251.03	$255.37	$289.67	$318.95	$386.51	$620.70	$385.69	$231.80	$244.78	$305.05
Average Generic Cost	$13.21	$13.01	$12.47	$17.12	$15.27	$14.90	$13.40	$13.45	$17.45	$16.70	$14.94	$16.92	$14.86
Average Br w/Gen Cost	$22.22	$27.29	$18.92	$5.34	$40.13	$16.00	$6.67	$556.15	-$12.28	$52.75	$8.41	$59.00	$61.90
Plan Cost % of Total Cost	67.87%	70.24%	68.71%	71.21%	68.24%	70.28%	71.51%	76.28%	80.72%	74.88%	69.11%	67.62%	71.91%
Plan Cost Per Cardholder	$63.04	$67.55	$62.90	$60.49	$58.03	$59.73	$64.81	$79.97	$109.90	$89.56	$51.48	$62.39	$828.79
Plan Cost Per Member	$38.66	$41.42	$38.68	$37.09	$35.57	$36.61	$39.70	$48.89	$66.92	$54.54	$31.18	$37.81	$506.52
Cardholders > $500	31	32	36	32	31	35	33	31	40	41	27	40	334
Cardholders > 5 Claims	58	53	55	63	45	37	35	38	31	35	36	40	853

Top 10 Drugs by Plan Cost

GLEEVEC	GLEEVEC	HUMIRA PEN	HUMIRA PEN	GLEEVEC	HUMIRA PEN	VONEX PREFL	SOVALDI	SOVALDI	SOVALDI	VONEX PREFL	HUMIRA PEN	HUMIRA PEN
HUMIRA PEN	ATRIPLA	VONEX PREFL	VONEX PREFL	HUMIRA PEN	VONEX PREFL	HUMIRA PEN	HUMIRA PEN	HUMIRA PEN	HUMIRA PEN	HUMIRA PEN	ORENCIA	SOVALDI
ATRIPLA	HUMIRA PEN	ATRIPLA	ATRIPLA	DULOXETINE	ATRIPLA	NBREL SRCLK	XELODA	NBREL SRCLK	ORENCIA	ORENCIA	NBREL SRCLK	AVONEX PREFL
ENOXAPARIN	NBREL SRCLK	LEVEMIR	ENOXAPARIN	VONEX PREFL	NBREL SRCLK	HUMALOG MIX	NBREL SRCLK	VONEX PREFL	VONEX PREFL	DULOXETINE	VICTOZA	ATRIPLA
ANDROGEL	ANDROGEL	ORENCIA	HUMALOG MIX	ATRIPLA	ANDROGEL	ORENCIA	ATRIPLA	LEVEMIR	XELJANZ	XELJANZ	CRESTOR	ENBREL SRCLK
NBREL SRCLK	DULOXETINE	NBREL SRCLK	ORENCIA	ANDROGEL	ORENCIA	NBREL SRCLK	ANDROGEL	ORENCIA	DULOXETINE	ANDROGEL	LANTUS	ORENCIA
LEVEMIR	ORENCIA	HUMIRA PEN	NBREL SRCLK	ORENCIA	NBREL SRCLK	HUMIRA PEN	ORENCIA	PROLIA	ATRIPLA	ATRIPLA	XELJANZ	GLEEVEC
ORENCIA	CRESTOR	XELJANZ	XELJANZ	NBREL SRCLK	LEVEMIR	LANTUS	LANTUS	ANDROGEL	ABILIFY	ETHYLPHENID	ADVAIR DISKU	SOVALDI
XELJANZ	LYRICA	ABILIFY	ANDROGEL	ATRIPLA	XELJANZ	XELJANZ	XELJANZ	ATRIPLA	LANTUS	LEVEMIR	ANDROGEL	DULOXETINE
HUMALOG MIX	XELJANZ	LIALDA	LEVEMIR	ETHYLPHENID	DULOXETINE	ASACOL HD	DULOXETINE	ADVAIR DISKU	HUMALOG MIX	LANTUS	AMPHETAMINE	ANDROGEL

SCRIPT CARE, LTD.

Plan Statistics

Report for: **City of Lynchburg**

Group: **52021, 52030**

This is a summary of your Script Care Prescription Plan from **1/1/2014** through **12/31/2014**

	Jan 14	Feb 14	Mar 14	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Total
Enrollment Summary													
Cardholders	2,777.0	2,782.0	2,771.0	2,773.0	2,772.0	2,771.0	2,761.0	2,751.0	2,736.0	2,731.0	2,744.0	2,740.0	2,759.1
Dependents	2,076.0	2,095.0	2,091.0	2,102.0	2,096.0	2,096.0	2,104.0	2,094.0	2,114.0	2,107.0	2,116.0	2,112.0	2,100.3
Utilizing Cardholders	1,309.0	1,231.0	1,244.0	1,183.0	1,190.0	1,145.0	1,162.0	1,110.0	1,159.0	1,172.0	1,111.0	1,256.0	2,419.0
Utilization %	47.14%	44.25%	44.89%	42.66%	42.93%	41.32%	42.09%	40.35%	42.36%	42.91%	40.49%	45.84%	87.67%
Claim Summary													
All	3,499	3,014	3,172	3,072	2,981	2,764	2,827	2,684	2,806	2,923	2,692	3,266	35,700
Avg Per Cardholder	1.26	1.08	1.14	1.11	1.08	1.00	1.02	0.98	1.03	1.07	0.98	1.19	12.94
Avg Per Member	0.72	0.62	0.65	0.63	0.61	0.57	0.58	0.55	0.58	0.60	0.55	0.67	7.35
Brand	611	515	536	525	486	449	458	469	425	515	447	563	5,999
Generic	2,856	2,471	2,608	2,521	2,465	2,283	2,350	2,186	2,358	2,380	2,226	2,662	29,366
Brand w/Generic	32	28	28	26	30	32	19	29	23	28	19	41	335
Generic % of All	81.62%	81.98%	82.22%	82.06%	82.69%	82.60%	83.13%	81.45%	84.03%	81.42%	82.69%	81.51%	82.26%
Mail Order	596	586	661	655	629	665	695	645	676	707	610	680	7,805
Mail Order % of All	17.03%	19.44%	20.84%	21.32%	21.10%	24.06%	24.58%	24.03%	24.09%	24.19%	22.66%	20.82%	21.86%
Claim Cost													
Submitted Cost	$551,670	$519,988	$558,338	$561,221	$508,375	$558,840	$575,679	$591,616	$651,274	$648,997	$495,269	$662,397	$6,883,665
Script Care Cost	$289,454	$264,405	$277,451	$291,165	$248,562	$283,053	$289,149	$304,623	$331,533	$325,517	$243,413	$320,988	$3,469,313
Savings	$262,216	$255,583	$280,888	$270,056	$259,813	$275,788	$286,531	$286,993	$319,741	$323,480	$251,855	$341,409	$3,414,352
Tax	$3	$3	$9	$1	$0	$0	$0	$0	$0	$0	$0	$0	$16
Total	$289,457	$264,407	$277,459	$291,166	$248,563	$283,053	$289,149	$304,623	$331,533	$325,517	$243,413	$320,988	$3,469,329
Average Claim Cost	$82.73	$87.73	$87.47	$94.78	$83.38	$102.41	$102.28	$113.50	$118.15	$111.36	$90.42	$98.28	$97.18
Average Brand Cost	$340.33	$365.22	$375.96	$403.87	$355.44	$469.48	$474.24	$466.60	$603.39	$470.37	$388.54	$410.80	$422.20
Average Generic Cost	$27.03	$28.47	$27.25	$29.10	$29.04	$28.97	$29.01	$32.38	$30.44	$32.54	$30.34	$32.28	$29.67
Average Br w/Gen Cost	$134.70	$212.97	$173.81	$222.36	$140.86	$191.04	$199.24	$517.26	$144.51	$207.84	$115.18	$92.18	$194.50
Member Cost													
Total Copay	$86,727	$77,242	$80,813	$76,114	$76,020	$75,054	$74,383	$73,638	$73,390	$82,832	$69,486	$89,927	$935,624
Average Claim Copay	$24.79	$25.63	$25.48	$24.78	$25.50	$27.15	$26.31	$27.44	$26.15	$28.34	$25.81	$27.53	$26.21
Average Brand Copay	$69.09	$67.46	$75.11	$70.75	$72.58	$77.77	$78.63	$75.59	$79.33	$80.13	$73.22	$78.26	$74.64
Average Generic Copay	$15.03	$16.06	$14.65	$14.95	$15.85	$16.22	$15.79	$16.07	$16.38	$16.65	$16.04	$16.26	$15.80
Average Br w/Gen Copay	$49.65	$100.96	$83.70	$49.30	$55.91	$96.85	$66.65	$105.76	$46.02	$69.00	$55.76	$63.18	$71.02
Copay % of Total Cost	29.96%	29.21%	29.13%	26.14%	30.58%	26.52%	25.72%	24.17%	22.14%	25.45%	28.55%	28.02%	26.97%
Plan Cost													
Plan Cost	$202,730	$187,166	$196,647	$215,052	$172,543	$207,999	$214,766	$230,986	$258,143	$242,686	$173,927	$231,061	$2,533,704
Average Claim Cost	$57.94	$62.10	$61.99	$70.00	$57.88	$75.25	$75.97	$86.06	$92.00	$83.03	$64.61	$70.75	$70.97
Average Brand Cost	$271.24	$297.76	$300.85	$333.12	$282.86	$391.70	$395.61	$391.02	$524.06	$390.24	$315.33	$332.53	$347.56
Average Generic Cost	$12.00	$12.42	$12.60	$14.15	$13.19	$12.75	$13.22	$16.32	$14.06	$15.89	$14.31	$16.02	$13.87
Average Br w/Gen Cost	$85.05	$112.00	$90.11	$173.06	$84.95	$94.19	$132.59	$411.50	$98.50	$138.84	$59.42	$29.00	$123.48
Plan Cost % of Total Cost	70.04%	70.79%	70.87%	73.86%	69.42%	73.48%	74.28%	75.83%	77.86%	74.55%	71.45%	71.98%	73.03%
Plan Cost Per Cardholder	$73.00	$67.28	$70.97	$77.55	$62.24	$75.06	$77.79	$83.96	$94.35	$88.86	$63.38	$84.33	$918.31
Plan Cost Per Member	$41.77	$38.38	$40.45	$44.11	$35.44	$42.74	$44.15	$47.68	$53.23	$50.16	$35.79	$47.62	$521.41
Cardholders > $500	71	61	78	73	65	74	67	73	77	89	64	90	666
Cardholders > 5 Claims	109	92	101	112	96	78	81	78	70	86	78	107	1,697

Top 10 Drugs by Plan Cost

CEREZYME	CEREZYME	CEREZYME	AFINITOR	HUMIRA PEN	NBREL SRCLK	CEREZYME	SOVALDI	SOVALDI	SOVALDI	CEREZYME	HUMIRA PEN	CEREZYME
HUMIRA PEN	GLEEVEC	HUMIRA PEN	CEREZYME	NBREL SRCLK	CEREZYME	NBREL SRCLK	CEREZYME	HUMIRA PEN	CEREZYME	VONEX PREFL	CEREZYME	HUMIRA PEN
GLEEVEC	HUMIRA PEN	NBREL SRCLK	NBREL SRCLK	SUTENT	HUMIRA PEN	HUMIRA PEN	HUMIRA PEN	CEREZYME	NBREL SRCLK	HUMIRA PEN	NBREL SRCLK	ENBREL SRCLK
NBREL SRCLK	NBREL SRCLK	VONEX PREFL	HUMIRA PEN	VONEX PREFL	VONEX PREFL	VONEX PREFL	NBREL SRCLK	NBREL SRCLK	VONEX PREFL	ENBREL	ENBREL	AVONEX PREFL
ORENCIA	ATRIPLA	ATRIPLA	VONEX PREFL	GLEEVEC	REBIF REBIDO	ENBREL	VONEX PREFL	VONEX PREFL	HUMIRA PEN	NBREL SRCLK	LANTUS	SOVALDI
ATRIPLA	ORENCIA	LANTUS	ORENCIA	ENBREL	LANTUS	LANTUS	MOZOLOMIDE	LANTUS	ENBREL	ORENCIA	ORENCIA	ENBREL
ENOXAPARIN	ENBREL	ORENCIA	ENBREL	ATRIPLA	ENBREL	HUMIRA	XELODA	ORENCIA	LANTUS	REBIF REBIDO	REBIF REBIDO	LANTUS
ENBREL	REBIF REBIDO	ENBREL	HUMIRA PEN	ORENCIA	HUMIRA	REBIF REBIDO	LANTUS	ENBREL	HUMIRA PEN	VONEX PREFL	TAMIFLU	REBIF REBIDO
LANTUS	VONEX PREFL	REBIF REBIDO	REBIF REBIDO	DULOXETINE	XOLAIR	NOVOLOG MIX	ENBREL	REBIF REBIDO	ORENCIA	ATRIPLA	VONEX PREFL	ORENCIA
REBIF REBIDO	ANDROGEL	NOVOLOG	LANTUS	REBIF REBIDO	VICTOZA	HUMALOG MIX	REBIF REBIDO	LEVEMIR	CRESTOR	LANTUS	ABILIFY	ATRIPLA

SCRIPT CARE, LTD.

Range Report

Report for: **City of Lynchburg**

Effective Date: 01/01/2013

Group: **52021: City of Lynchburg**

This is a summary of your Script Care Prescription Plan from **1/1/2014** through **12/31/2014** .

Drug Price	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
Less than $10.00	6,331	$32,097	$7	$32,090	$5.07	100.0%
$10.00 to $24.99	4,530	$63,922	$1,572	$62,351	$13.76	97.5%
$25.00 to $49.99	2,327	$75,041	$23,174	$51,867	$22.29	69.1%
$50.00 to $74.99	1,119	$61,956	$24,387	$37,570	$33.57	60.6%
$75.00 to $99.99	585	$42,862	$23,334	$19,528	$33.38	45.6%
$100.00 to $199.99	1,328	$162,066	$95,116	$66,949	$50.41	41.3%
$200.00 to $299.99	708	$146,445	$88,873	$57,572	$81.32	39.3%
$300.00 to $399.99	347	$94,275	$61,890	$32,385	$93.33	34.4%
$400.00 to $499.99	165	$63,484	$40,954	$22,529	$136.54	35.5%
$500.00 to $599.99	145	$67,248	$44,428	$22,820	$157.38	33.9%
$600.00 to $699.99	113	$48,388	$34,205	$14,183	$125.51	29.3%
$700.00 to $799.99	73	$47,628	$31,777	$15,851	$217.14	33.3%
$800.00 to $899.99	67	$54,521	$39,481	$15,040	$224.48	27.6%
$900.00 to $999.99	27	$19,574	$14,874	$4,700	$174.07	24.0%
$1000.00 to $1099.99	28	$18,994	$14,355	$4,639	$165.67	24.4%
$1100.00 to $1199.99	14	$11,703	$9,303	$2,400	$171.43	20.5%
$1200.00 to $1299.99	24	$20,005	$16,205	$3,800	$158.33	19.0%
$1300.00 or more	278	$902,162	$864,506	$37,656	$135.45	4.2%
Total	18,209	$1,932,370	$1,428,442	$503,928	$27.67	26.1%

Days Supply	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
15 days or less	5,994	$174,705	$89,554	$85,151	$14.21	48.7%
16-34 days	7,906	$1,215,851	$1,027,840	$188,011	$23.78	15.5%
35-60 days	19	$3,293	$1,802	$1,491	$78.45	45.3%
61-83 days	10	$9,130	$6,704	$2,426	$242.65	26.6%
84-90 days	4,265	$526,737	$301,035	$225,702	$52.92	42.8%
91-120 days	10	$1,590	$918	$672	$67.16	42.2%
121-180 days	1	$76	$0	$76	$76.04	100.0%
181 or more days	4	$989	$589	$400	$100.00	40.5%
Total	18,209	$1,932,370	$1,428,442	$503,928	$27.67	26.1%

Age	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
12 and Under	1,065	$66,535	$38,818	$27,717	$26.02	41.7%
13-18 Years	528	$32,448	$18,596	$13,852	$26.23	42.7%
19-30 Years	1,874	$118,534	$75,689	$42,845	$22.86	36.1%
31-45 Years	3,904	$315,344	$230,340	$85,005	$21.77	27.0%
46-49 Years	1,194	$115,439	$87,720	$27,719	$23.22	24.0%
50-59 Years	5,938	$794,687	$622,698	$171,989	$28.96	21.6%
60-64 Years	2,982	$374,037	$265,656	$108,381	$36.35	29.0%
65 and Over	724	$115,345	$88,925	$26,420	$36.49	22.9%
Total	18,209	$1,932,370	$1,428,442	$503,928	$27.67	26.1%

SCRIPT CARE, LTD.

Range Report

Report for: **City of Lynchburg**

Effective Date: 10/01/2013

Group: **52030: Lynchburg City Schools**

This is a summary of your Script Care Prescription Plan from **1/1/2014** through **12/31/2014** .

Drug Price	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
Less than $10.00	6,545	$32,082	$747	$31,335	$4.79	97.7%
$10.00 to $24.99	4,001	$57,145	$5,153	$51,992	$12.99	91.0%
$25.00 to $49.99	2,232	$71,541	$23,998	$47,543	$21.30	66.5%
$50.00 to $74.99	1,073	$58,697	$26,844	$31,853	$29.69	54.3%
$75.00 to $99.99	496	$36,422	$19,758	$16,664	$33.60	45.8%
$100.00 to $199.99	1,224	$152,793	$95,989	$56,804	$46.41	37.2%
$200.00 to $299.99	787	$159,288	$105,802	$53,486	$67.96	33.6%
$300.00 to $399.99	339	$93,870	$65,418	$28,452	$83.93	30.3%
$400.00 to $499.99	163	$53,614	$37,343	$16,272	$99.83	30.3%
$500.00 to $599.99	156	$70,106	$46,150	$23,955	$153.56	34.2%
$600.00 to $699.99	72	$35,393	$25,488	$9,905	$137.57	28.0%
$700.00 to $799.99	73	$42,482	$30,522	$11,960	$163.83	28.2%
$800.00 to $899.99	66	$46,734	$35,634	$11,100	$168.18	23.8%
$900.00 to $999.99	27	$19,703	$14,953	$4,750	$175.93	24.1%
$1000.00 to $1099.99	45	$38,280	$31,230	$7,050	$156.67	18.4%
$1100.00 to $1199.99	15	$17,212	$13,662	$3,550	$236.67	20.6%
$1200.00 to $1299.99	3	$3,682	$2,782	$900	$300.00	24.4%
$1300.00 or more	174	$547,914	$523,789	$24,125	$138.65	4.4%
Total	17,491	$1,536,958	$1,105,262	$431,696	$24.68	28.1%

Days Supply	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
15 days or less	4,795	$119,936	$56,022	$63,914	$13.33	53.3%
16-34 days	8,468	$897,070	$719,890	$177,180	$20.92	19.8%
35-60 days	22	$3,304	$1,777	$1,527	$69.39	46.2%
61-83 days	15	$7,753	$5,215	$2,538	$169.18	32.7%
84-90 days	4,168	$504,979	$318,441	$186,538	$44.75	36.9%
91-120 days	23	$3,917	$3,917	$0	$0.00	0.0%
121-180 days						
181 or more days						
Total	17,491	$1,536,958	$1,105,262	$431,696	$24.68	28.1%

Age	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
12 and Under	588	$48,245	$29,315	$18,930	$32.19	39.2%
13-18 Years	491	$43,610	$29,505	$14,106	$28.73	32.3%
19-30 Years	1,818	$119,764	$87,916	$31,847	$17.52	26.6%
31-45 Years	3,256	$242,923	$183,386	$59,537	$18.29	24.5%
46-49 Years	1,310	$117,741	$86,075	$31,666	$24.17	26.9%
50-59 Years	5,230	$422,664	$281,376	$141,288	$27.01	33.4%
60-64 Years	3,539	$341,773	$242,502	$99,271	$28.05	29.0%
65 and Over	1,259	$200,239	$165,187	$35,051	$27.84	17.5%
Total	17,491	$1,536,958	$1,105,262	$431,696	$24.68	28.1%

SCRIPT CARE, LTD.

Range Report

Report for: **City of Lynchburg**

Group: **52021, 52030**

This is a summary of your Script Care Prescription Plan from **1/1/2014** through **12/31/2014** .

Drug Price	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
Less than $10.00	12,876	$64,179	$754	$63,425	$4.93	98.8%
$10.00 to $24.99	8,531	$121,067	$6,724	$114,343	$13.40	94.4%
$25.00 to $49.99	4,559	$146,582	$47,172	$99,410	$21.81	67.8%
$50.00 to $74.99	2,192	$120,654	$51,230	$69,423	$31.67	57.5%
$75.00 to $99.99	1,081	$79,284	$43,092	$36,192	$33.48	45.6%
$100.00 to $199.99	2,552	$314,859	$191,106	$123,753	$48.49	39.3%
$200.00 to $299.99	1,495	$305,733	$194,675	$111,057	$74.29	36.3%
$300.00 to $399.99	686	$188,145	$127,308	$60,837	$88.68	32.3%
$400.00 to $499.99	328	$117,098	$78,297	$38,801	$118.30	33.1%
$500.00 to $599.99	301	$137,354	$90,579	$46,775	$155.40	34.1%
$600.00 to $699.99	185	$83,781	$59,693	$24,088	$130.21	28.8%
$700.00 to $799.99	146	$90,110	$62,300	$27,811	$190.48	30.9%
$800.00 to $899.99	133	$101,255	$75,115	$26,140	$196.54	25.8%
$900.00 to $999.99	54	$39,277	$29,827	$9,450	$175.00	24.1%
$1000.00 to $1099.99	73	$57,274	$45,585	$11,689	$160.12	20.4%
$1100.00 to $1199.99	29	$28,915	$22,965	$5,950	$205.17	20.6%
$1200.00 to $1299.99	27	$23,687	$18,987	$4,700	$174.07	19.8%
$1300.00 or more	452	$1,450,076	$1,388,295	$61,781	$136.68	4.3%
Total	35,700	$3,469,329	$2,533,704	$935,624	$26.21	27.0%

Days Supply	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
15 days or less	10,789	$294,641	$145,576	$149,065	$13.82	50.6%
16-34 days	16,374	$2,112,921	$1,747,731	$365,191	$22.30	17.3%
35-60 days	41	$6,597	$3,579	$3,017	$73.59	45.7%
61-83 days	25	$16,883	$11,919	$4,964	$198.56	29.4%
84-90 days	8,433	$1,031,716	$619,476	$412,240	$48.88	40.0%
91-120 days	33	$5,506	$4,835	$672	$20.35	12.2%
121-180 days	1	$76	$0	$76	$76.04	100.0%
181 or more days	4	$989	$589	$400	$100.00	40.5%
Total	35,700	$3,469,329	$2,533,704	$935,624	$26.21	27.0%

Age	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
12 and Under	1,653	$114,780	$68,133	$46,646	$28.22	40.6%
13-18 Years	1,019	$76,058	$48,101	$27,957	$27.44	36.8%
19-30 Years	3,692	$238,298	$163,605	$74,693	$20.23	31.3%
31-45 Years	7,160	$558,268	$413,726	$144,542	$20.19	25.9%
46-49 Years	2,504	$233,180	$173,795	$59,385	$23.72	25.5%
50-59 Years	11,168	$1,217,351	$904,074	$313,277	$28.05	25.7%
60-64 Years	6,521	$715,810	$508,158	$207,652	$31.84	29.0%
65 and Over	1,983	$315,584	$254,112	$61,472	$31.00	19.5%
Total	35,700	$3,469,329	$2,533,704	$935,624	$26.21	27.0%

SCRIPT CARE, LTD.

City of Lynchburg

A017 - Therapeutic Class Totals

A017_Rpt Group(s) = 52021; Cycles between 1/1/2014 and 12/31/2014

Report Criteria

Code	Therapeutic Class	# Scripts	Amt Paid	Copay
66	Analgesics-Anti-Inflammatory	652	$330,673.15	$18,764.88
82	Hematopoitic Agents	46	$207,527.78	$1,425.25
27	Antidiabetic	660	$155,001.88	$56,774.71
62	Misc. Psychotherapeutic and Neurological Agents	44	$137,446.15	$4,067.51
40	Misc. Cardiovascular	159	$62,502.95	$10,701.75
44	Antiasthmatic	690	$54,820.19	$34,767.60
21	Antineoplastics	104	$51,134.91	$4,997.27
61	Stimulants/Anti-Obesity Anorexiants	344	$38,839.90	$25,018.07
90	Dermatological	628	$37,741.32	$19,528.76
39	Antihyperlipidemic	1,132	$30,048.92	$34,525.92
59	Antipsychotics	63	$20,434.70	$4,039.80
12	Antiviral	268	$18,640.89	$8,731.87
36	Antihypertensive	1,020	$18,457.11	$23,057.19
49	Ulcer Drugs	547	$16,752.92	$16,191.32
58	Antidepressants	1,056	$16,696.09	$23,124.18
42	Systemic And Topical Nasal Products	615	$16,254.66	$16,802.42
86	Ophthalmic	327	$13,183.33	$10,854.05
25	Contraceptives	528	$12,942.13	$17,311.18
65	Analgesics-Narcotic	1,386	$12,906.77	$19,516.36
38	Pressors	68	$12,788.44	$4,101.67
72	Anticonvulsant	427	$12,382.36	$11,527.41
83	Anticoagulants	55	$11,094.11	$3,468.19
04	Tetracyclines	207	$10,467.38	$5,530.73
68	Gout	151	$10,453.11	$6,612.51
16	Misc. Anti-Infectives	256	$10,108.23	$3,234.21
23	Androgen-Anabolic	50	$9,570.78	$3,312.16
24	Estrogens	94	$8,914.58	$6,292.08
33	Beta Blockers	394	$8,079.11	$10,188.89
30	Misc. Endocrine	49	$6,687.36	$3,078.97
52	Misc. GI	31	$6,405.32	$2,012.34
94	Diagnostic Products	81	$6,145.17	$5,006.57
02	Cephalosporins	297	$6,127.82	$5,775.73
50	Antiemetics	189	$5,103.90	$2,933.82
26	Progestins	46	$4,598.69	$1,263.05
93	Antidotes	6	$3,521.56	$306.63
03	Macrolide Antibiotics	390	$3,503.44	$5,613.71
55	Vaginal Products	42	$3,423.19	$2,384.98

SCRIPT CARE, LTD.

City of Lynchburg

A017 - Therapeutic Class Totals

A017_Rpt Group(s) = 52021; Cycles between 1/1/2014 and 12/31/2014

Report Criteria

Code	Therapeutic Class	# Scripts	Amt Paid	Copay
56	Miscellaneous Genitourinary Products	145	$3,300.29	$4,513.84
54	Urinary Antispasmodics	25	$3,171.82	$2,143.86
60	Hypnotics	148	$2,912.51	$2,874.53
01	Penicillins	725	$2,667.97	$8,205.54
46	Laxatives	161	$2,530.34	$2,585.84
75	Musculoskeletal Therapy Agents	302	$2,526.64	$3,220.82
22	Corticosteroids	483	$2,444.67	$4,768.10
87	Otic	58	$2,376.96	$2,008.30
67	Migraine Products	121	$2,184.54	$3,307.15
99	Assorted Classes	35	$2,048.51	$1,268.89
53	Urinary Anti-Infectives	73	$1,886.68	$1,985.54
43	Cough/Cold/Allergy	315	$904.17	$3,212.06
34	Calcium Blockers	260	$902.22	$3,474.90
64	Analgesics-Non Narcotic	52	$691.87	$990.47
96	Chemicals	10	$678.40	$452.29
85	Misc. Hematological	31	$660.52	$844.31
88	Mouth and Throat (Local)	95	$652.91	$1,140.67
37	Diuretics	417	$624.18	$3,104.00
79	Minerals and Electrolytes	90	$621.57	$1,822.87
97	Medical Devices	86	$611.22	$1,947.54
57	Antianxiety Agents	575	$480.17	$3,645.49
05	Fluoroquinolones	210	$423.36	$1,636.06
89	Anorectal	27	$356.49	$466.35
11	Antifunguals	153	$339.39	$1,058.50
41	Antihistamines	154	$269.98	$3,325.50
13	Antimalarial	26	$236.07	$534.60
28	Thyroid	260	$178.42	$5,585.11
84	Hemostatics	1	$71.29	$47.53
32	Antianginal Agents	8	$40.89	$126.10
73	Antiparkinsonian	19	$23.54	$213.74
35	Antiarrhythmic	12	$8.94	$405.08
78	Multivitamins	12	$0.00	$30.47
15	Anthelmintic	2	$0.00	$0.00
07	Aminoglycosides	1	$0.00	$6.11
47	Antidiarrheals	13	$0.00	$132.46

City of Lynchburg

A017 - Therapeutic Class Totals

A017_Rpt Group(s) = 52021; Cycles between 1/1/2014 and 12/31/2014

Report Criteria

Code	Therapeutic Class	# Scripts	Amt Paid	Copay
Grand Total		18,207	$1,428,206.83	$503,928.36

Lynchburg City Schools

A017 - Therapeutic Class Totals

A017_Rpt Group(s) = 52030; Cycles between 1/1/2014 and 12/31/2014

Report Criteria

Code	Therapeutic Class	# Scripts	Amt Paid	Copay
66	Analgesics-Anti-Inflammatory	615	$207,111.19	$14,422.66
12	Antiviral	270	$163,609.07	$8,706.81
27	Antidiabetic	537	$98,642.88	$37,147.41
25	Contraceptives	836	$51,950.26	$706.90
61	Stimulants/Anti-Obesity Anorexiants	367	$49,037.06	$26,357.21
62	Misc. Psychotherapeutic and Neurological Agents	33	$46,884.59	$2,299.13
44	Antiasthmatic	713	$42,880.87	$29,535.24
39	Antihyperlipidemic	1,161	$40,020.20	$36,514.16
58	Antidepressants	1,287	$38,407.48	$26,349.39
21	Antineoplastics	105	$38,178.09	$3,255.66
90	Dermatological	526	$29,450.35	$13,867.60
23	Androgen-Anabolic	27	$27,219.98	$5,420.00
83	Anticoagulants	71	$22,189.42	$6,183.46
65	Analgesics-Narcotic	993	$20,165.14	$15,618.25
72	Anticonvulsant	385	$16,361.98	$9,998.14
36	Antihypertensive	1,073	$15,806.51	$21,754.24
49	Ulcer Drugs	500	$14,124.33	$13,522.14
59	Antipsychotics	77	$12,454.95	$2,948.79
86	Ophthalmic	233	$12,015.26	$8,499.92
30	Misc. Endocrine	73	$11,664.23	$3,027.95
42	Systemic And Topical Nasal Products	425	$11,661.40	$12,095.07
68	Gout	115	$11,096.41	$6,168.66
52	Misc. GI	34	$10,688.98	$2,667.64
24	Estrogens	162	$10,632.34	$8,202.36
38	Pressors	47	$9,695.00	$3,200.00
40	Misc. Cardiovascular	84	$9,523.40	$6,301.34
67	Migraine Products	165	$9,034.41	$5,917.00
54	Urinary Antispasmodics	62	$8,241.41	$5,030.01
04	Tetracyclines	202	$7,570.34	$4,717.27
55	Vaginal Products	76	$6,947.82	$4,712.62
33	Beta Blockers	496	$6,567.73	$9,617.11
50	Antiemetics	166	$4,684.21	$2,852.36
02	Cephalosporins	231	$4,249.55	$4,457.38
75	Musculoskeletal Therapy Agents	243	$3,966.87	$2,528.51
34	Calcium Blockers	351	$3,730.65	$5,554.46
03	Macrolide Antibiotics	318	$2,891.89	$4,577.89
01	Penicillins	520	$2,440.10	$6,299.41

SCRIPT CARE, LTD.

Lynchburg City Schools

A017 - Therapeutic Class Totals

A017_Rpt Group(s) = 52030; Cycles between 1/1/2014 and 12/31/2014
Report Criteria

Code	Therapeutic Class	# Scripts	Amt Paid	Copay
46	Laxatives	127	$2,264.90	$2,302.73
85	Misc. Hematological	42	$2,154.73	$1,817.87
16	Misc. Anti-Infectives	247	$2,138.20	$2,274.99
53	Urinary Anti-Infectives	73	$1,979.18	$1,545.90
94	Diagnostic Products	68	$1,953.40	$2,483.17
56	Miscellaneous Genitourinary Products	79	$1,882.24	$1,540.76
60	Hypnotics	162	$1,424.96	$1,518.54
43	Cough/Cold/Allergy	289	$1,274.35	$3,356.30
87	Otic	39	$894.56	$830.36
79	Minerals and Electrolytes	107	$781.73	$2,399.40
05	Fluoroquinolones	178	$692.91	$1,502.64
13	Antimalarial	51	$675.44	$981.79
37	Diuretics	494	$539.62	$4,164.44
22	Corticosteroids	431	$536.36	$3,547.75
26	Progestins	39	$528.14	$674.67
57	Antianxiety Agents	544	$457.62	$3,805.14
15	Anthelmintic	2	$450.61	$185.39
64	Analgesics-Non Narcotic	47	$366.64	$735.02
32	Antianginal Agents	16	$350.72	$331.68
88	Mouth and Throat (Local)	45	$327.81	$532.61
73	Antiparkinsonian	45	$236.14	$1,063.84
41	Antihistamines	78	$221.54	$822.71
11	Antifunguals	151	$197.23	$1,054.37
47	Antidiarrheals	23	$193.67	$331.23
31	Cardiotonics	5	$186.60	$251.99
97	Medical Devices	55	$184.85	$621.85
89	Anorectal	16	$146.62	$243.92
96	Chemicals	2	$138.00	$92.00
28	Thyroid	374	$119.38	$8,567.09
98	Pharmaceutical Adjuvants	2	$77.38	$51.59
93	Antidotes	2	$42.49	$43.96
99	Assorted Classes	14	$36.39	$481.60
78	Multivitamins	12	$10.59	$212.89
82	Hematopoitic Agents	37	$0.58	$182.73
09	Antimycobacterial Agents	2	$0.38	$24.00
07	Aminoglycosides	1	$0.00	$7.64
35	Antiarrhythmic	13	$0.00	$77.33

Lynchburg City Schools

A017 - Therapeutic Class Totals

A017_Rpt Group(s) = 52030; Cycles between 1/1/2014 and 12/31/2014

Report Criteria

Code	Therapeutic Class	# Scripts	Amt Paid	Copay
Grand Total		17,491	$1,105,262.31	$431,696.04

SCRIPT CARE, LTD.

City of Lynchburg

A029D - Top Utilized Drugs by Dollars

A029D_Rpt

Report Criteria Group(s) = 52021; Cycles between 1/1/2014 and 12/31/2014

Desc	# Scripts	Amt Paid	Amt Paid/ RX	Ingred. Cost	Ingred. Cost/ 30 days	Ind.*	Maint	Therapeutic Class
CEREZYME	12	$207,527.78	$17,293.98	$208,725.28	$18,636.19	N	N	HEMATOPOIETIC AGENTS/Agents for Gaucher
ENBREL SRCLK	50	$117,668.22	$2,353.36	$122,176.22	$2,832.52	N	Y	ANALGESICS - ANTI-INFLAMMATORY/Soluble Tumor
HUMIRA PEN	29	$92,373.83	$3,185.30	$95,019.83	$3,770.63	N	Y	ANALGESICS - ANTI-INFLAMMATORY/Anti-TNF-
ENBREL	32	$71,796.18	$2,243.63	$74,540.18	$2,802.26	N	Y	ANALGESICS - ANTI-INFLAMMATORY/Soluble Tumor
REBIF REBIDO	13	$62,489.25	$4,806.87	$63,763.25	$5,255.21	N	Y	PSYCHOTHERAPEUTIC AND NEUROLOGICAL
AVONEX PREFL	13	$58,609.02	$4,508.39	$59,883.02	$4,935.41	N	Y	PSYCHOTHERAPEUTIC AND NEUROLOGICAL
LANTUS	116	$43,031.36	$370.96	$57,169.39	$355.38	N	Y	ANTIDIABETICS/Human Insulin
REVATIO	12	$25,208.16	$2,100.68	$26,384.16	$2,198.68	O	Y	CARDIOVASCULAR AGENTS - MISC./Pulmonary
ORENCIA	10	$25,033.15	$2,503.32	$26,013.15	$2,787.12	N	Y	ANALGESICS - ANTI-INFLAMMATORY/Selective
ADCIRCA	13	$24,681.24	$1,898.56	$25,955.24	$1,996.56	N	Y	CARDIOVASCULAR AGENTS - MISC./Pulmonary
AFINITOR	2	$18,799.44	$9,399.72	$18,995.44	$10,176.13	N	N	ANTINEOPLASTICS AND ADJUNCTIVE
CRESTOR	120	$18,206.12	$151.72	$30,293.89	$170.38	N	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
HUMIRA	6	$18,117.27	$3,019.55	$18,705.27	$3,340.23	N	Y	ANALGESICS - ANTI-INFLAMMATORY/Anti-TNF-
NOVOLOG MIX	21	$15,806.82	$752.71	$18,691.32	$644.53	N	Y	ANTIDIABETICS/Human Insulin
AMPYRA	10	$15,646.60	$1,564.66	$16,646.60	$1,664.66	N	Y	PSYCHOTHERAPEUTIC AND NEUROLOGICAL
VICTOZA	29	$15,364.61	$529.81	$19,026.86	$514.24	N	Y	ANTIDIABETICS/Incretin Mimetic Agents (GLP-1
NOVOLOG	19	$12,640.48	$665.29	$16,129.71	$410.08	N	Y	ANTIDIABETICS/Human Insulin
AMPHETAMINE	103	$12,173.15	$118.19	$19,837.84	$125.16	Y	Y	ADHD/ANTI-NARCOLEPSY/ANTI-
METHYLPHENID	138	$11,825.46	$85.69	$19,732.20	$121.23	Y	Y	ADHD/ANTI-NARCOLEPSY/ANTI-
ABILIFY	13	$11,400.49	$876.96	$13,083.74	$792.95	N	Y	ANTIPSYCHOTICS/ANTIMANIC AGENTS/Quinolinone
TEMOZOLOMIDE	10	$10,835.88	$1,083.59	$11,369.75	$3,158.26	Y	N	ANTINEOPLASTICS AND ADJUNCTIVE
VANCOMYCIN	9	$9,701.16	$1,077.91	$10,586.66	$2,913.76	Y	N	ANTI-INFECTIVE AGENTS - MISC./Anti-infective
SUTENT	2	$9,435.22	$4,717.61	$9,631.22	$5,159.58	N	N	ANTINEOPLASTICS AND ADJUNCTIVE
ADVAIR DISKU	28	$9,198.77	$328.53	$14,566.94	$251.15	N	Y	ANTIASTHMATIC AND BRONCHODILATOR
NEXIUM	56	$8,703.52	$155.42	$14,469.98	$226.09	N	Y	ULCER DRUGS/Proton Pump Inhibitors
HUMALOG	22	$8,651.79	$393.26	$10,837.46	$369.04	N	Y	ANTIDIABETICS/Human Insulin
SYMBICORT	39	$8,613.48	$220.86	$14,249.99	$230.83	N	Y	ANTIASTHMATIC AND BRONCHODILATOR
COLCRYS	62	$8,610.69	$138.88	$13,144.83	$237.27	N	N	GOUT AGENTS/Gout Agents
LEVEMIR	15	$8,597.48	$573.17	$11,432.72	$394.69	N	Y	ANTIDIABETICS/Human Insulin
EPIPEN 2-PAK	44	$8,298.79	$188.61	$11,222.60	$1,256.26	N	N	VASOPRESSORS/Anaphylaxis Therapy Agents
HUMALOG KWIK	10	$8,122.94	$812.29	$9,706.94	$606.68	N	Y	ANTIDIABETICS/Human Insulin
TAMIFLU	107	$8,090.41	$75.61	$13,237.50	$668.56	N	N	ANTIVIRALS/Neuraminidase Inhibitors
ATRIPLA	4	$7,823.12	$1,955.78	$8,215.12	$2,053.78	N	Y	ANTIVIRALS/Antiretroviral Combinations
HUMULIN	23	$7,090.60	$308.29	$8,966.85	$480.37	N	Y	ANTIDIABETICS/Human Insulin
DULOXETINE	43	$7,086.21	$164.80	$11,437.21	$164.01	Y	Y	ANTIDEPRESSANTS/Serotonin-Norepinephrine
	1235	$1,007,258.69	$815.59	$1,123,848.36	$798.38			

*Indicator: M,N = Brand no generic available; O = Brand with generic available; Y = generic

SCRIPT CARE, LTD.

Lynchburg City Schools

A029D - Top Utilized Drugs by Dollars

A029D_Rpt

Report Criteria Group(s) = 52030; Cycles between 1/1/2014 and 12/31/2014

Desc	# Scripts	Amt Paid	Amt Paid/ RX	Ingred. Cost	Ingred. Cost/ 30 days	Ind.*	Maint	Therapeutic Class
SOVALDI	6	$111,200.00	$18,533.33	$111,592.00	$29,890.71	N	N	ANTIVIRALS/Hepatitis C Agents
HUMIRA PEN	25	$97,519.49	$3,900.78	$99,969.49	$4,284.41	N	Y	ANALGESICS - ANTI-INFLAMMATORY/Anti-TNF-
AVONEX PREFL	10	$45,066.47	$4,506.65	$46,046.47	$4,933.55	N	Y	PSYCHOTHERAPEUTIC AND NEUROLOGICAL
ATRIPLA	23	$44,281.68	$1,925.29	$46,535.68	$2,023.29	N	Y	ANTIVIRALS/Antiretroviral Combinations
ENBREL SRCLK	17	$43,231.16	$2,543.01	$44,897.16	$2,829.65	N	Y	ANALGESICS - ANTI-INFLAMMATORY/Soluble Tumor
ORENCIA	15	$32,840.65	$2,189.38	$34,114.65	$2,811.65	N	Y	ANALGESICS - ANTI-INFLAMMATORY/Selective
GLEEVEC	4	$30,168.48	$7,542.12	$30,560.48	$7,640.12	N	N	ANTINEOPLASTICS AND ADJUNCTIVE
DULOXETINE	77	$26,209.95	$340.39	$31,091.45	$285.07	Y	Y	ANTIDEPRESSANTS/Serotonin-Norepinephrine
ANDROGEL	23	$25,004.62	$1,087.16	$29,491.37	$673.32	N	Y	ANDROGENS-ANABOLIC/Androgens
XELJANZ	11	$24,158.44	$2,196.22	$25,236.44	$2,294.22	N	Y	ANALGESICS - ANTI-
LANTUS	81	$19,755.67	$243.90	$27,672.81	$302.88	N	Y	ANTIDIABETICS/Human Insulin
LEVEMIR	23	$18,426.51	$801.15	$22,289.95	$581.98	N	Y	ANTIDIABETICS/Human Insulin
CRESTOR	126	$18,191.70	$144.38	$30,236.69	$166.84	N	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
ADVAIR DISKU	61	$14,545.49	$238.45	$22,604.79	$272.35	N	Y	ANTIASTHMATIC AND BRONCHODILATOR
ENOXAPARIN	15	$14,540.35	$969.36	$15,444.60	$1,095.36	Y	N	ANTICOAGULANTS/Low Molecular Weight Heparins
VYVANSE	90	$13,464.70	$149.61	$22,339.68	$195.96	N	Y	ADHD/ANTI-NARCOLEPSY/ANTI-
HUMALOG MIX	12	$13,090.65	$1,090.89	$15,314.63	$528.09	N	Y	ANTIDIABETICS/Human Insulin
ABILIFY	16	$12,317.75	$769.86	$13,922.15	$773.45	N	Y	ANTIPSYCHOTICS/ANTIMANIC AGENTS/Quinolinone
VICTOZA	16	$12,136.21	$758.51	$16,118.71	$402.97	N	Y	ANTIDIABETICS/Incretin Mimetic Agents (GLP-1
AMPHETAMINE	107	$11,760.21	$109.91	$16,952.42	$115.32	Y	Y	ADHD/ANTI-NARCOLEPSY/ANTI-
NEXIUM	41	$10,018.72	$244.36	$15,478.64	$262.35	N	Y	ULCER DRUGS/Proton Pump Inhibitors
METHYLPHENID	87	$9,644.70	$110.86	$14,591.49	$106.92	Y	Y	ADHD/ANTI-NARCOLEPSY/ANTI-
COLCRYS	52	$9,357.06	$179.94	$13,879.70	$283.45	N	N	GOUT AGENTS/Gout Agents
LYRICA	25	$8,382.82	$335.31	$11,458.38	$369.63	N	Y	ANTICONVULSANTS/Anticonvulsants - Misc.
NOVOLOG	48	$8,103.27	$168.82	$11,451.55	$347.02	N	Y	ANTIDIABETICS/Human Insulin
MINASTRIN 24	34	$6,163.18	$181.27	$6,142.93	$87.92	N	Y	CONTRACEPTIVES/Combination Contraceptives - Oral
OXYCONTIN	12	$6,151.20	$512.60	$7,206.48	$701.93	N	N	ANALGESICS - OPIOID/Opioid Agonists
NOVOLOG MIX	15	$5,980.37	$398.69	$7,813.84	$329.70	N	Y	ANTIDIABETICS/Human Insulin
CIALIS	47	$5,902.86	$125.59	$9,754.28	$233.73	N	N	CARDIOVASCULAR AGENTS - MISC./Selective
XELODA	2	$5,884.78	$2,942.39	$6,080.78	$4,677.52	O	N	ANTINEOPLASTICS AND ADJUNCTIVE
SYMBICORT	39	$5,855.48	$150.14	$9,584.99	$247.04	N	Y	ANTIASTHMATIC AND BRONCHODILATOR
CARBAMAZEPIN	16	$5,537.96	$346.12	$7,025.07	$152.72	Y	Y	ANTICONVULSANTS/Anticonvulsants - Misc.
BUPROPN HCL	139	$5,164.17	$37.15	$11,025.87	$43.71	Y	Y	ANTIDEPRESSANTS/Antidepressants - Misc.
EPIPEN 2-PAK	29	$5,116.51	$176.43	$6,988.01	$1,718.36	N	N	VASOPRESSORS/Anaphylaxis Therapy Agents
DOXYCYCL HYC	112	$5,078.57	$45.34	$7,955.78	$153.19	Y	N	TETRACYCLINES/Tetracyclines
	1456	$730,251.83	$501.55	$848,869.41	$456.47			

*Indicator: M,N = Brand no generic available; O = Brand with generic available; Y = generic

SCRIPT CARE, LTD.

City of Lynchburg

A029E - Top Utilized Drugs by Rx

A029E_Rpt

Report Criteria Group(s) = 52021; Cycles between 1/1/2014 and 12/31/2014

Desc	# Scripts	Amt Paid	Amt Paid/ RX	Ingred. Cost	Ingred. Cost/ 30 days	Ind.*	Maint	Therapeutic Class
HYDROCO/APAP	764	$2,706.86	$3.54	$10,880.93	$44.60	Y	N	ANALGESICS - OPIOID/Hydrocodone Combinations
ATORVASTATIN	447	$140.78	$0.31	$8,398.52	$9.55	Y	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
FLUTICASONE	432	$2,442.31	$5.65	$9,392.90	$22.27	Y	N	NASAL AGENTS - SYSTEMIC AND TOPICAL/Nasal
AMOXICILLIN	432	$1.37	$0.00	$3,007.79	$23.75	Y	N	PENICILLINS/Aminopenicillins
AZITHROMYCIN	355	$452.04	$1.27	$4,281.18	$74.50	Y	N	MACROLIDES/Azithromycin
LISINOPRIL	321	$0.00	$0.00	$1,241.47	$1.91	Y	Y	ANTIHYPERTENSIVES/ACE Inhibitors
TRAMADOL HCL	302	$1,176.64	$3.90	$3,548.70	$19.85	Y	N	ANALGESICS - OPIOID/Opioid Agonists
SIMVASTATIN	284	$0.00	$0.00	$1,301.10	$2.05	Y	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
PREDNISONE	259	$39.03	$0.15	$987.47	$8.74	Y	N	CORTICOSTEROIDS/Glucocorticosteroids
OMEPRAZOLE	245	$31.44	$0.13	$3,319.46	$7.95	Y	Y	ULCER DRUGS/Proton Pump Inhibitors
ALPRAZOLAM	242	$34.10	$0.14	$949.34	$3.78	Y	N	ANTIANXIETY AGENTS/Benzodiazepines
HYDROCHLOROT	240	$0.00	$0.00	$645.65	$1.58	Y	Y	DIURETICS/Thiazides and Thiazide-Like Diuretics
ESCITALOPRAM	217	$19.00	$0.09	$2,669.15	$7.81	Y	Y	ANTIDEPRESSANTS/Selective Serotonin Reuptake
CYCLOBENZAPR	208	($98.24)	($0.47)	$621.70	$6.00	Y	N	MUSCULOSKELETAL THERAPY AGENTS/Central
AMOX/K CLAV	194	$2,325.24	$11.99	$5,581.36	$95.95	Y	N	PENICILLINS/Penicillin Combinations
OXYCOD/APAP	182	$1,272.39	$6.99	$3,388.92	$45.82	Y	N	ANALGESICS - OPIOID/Opioid Combinations
MONTELUKAST	179	$817.35	$4.57	$4,435.03	$16.07	Y	Y	ANTIASTHMATIC AND BRONCHODILATOR
AMLODIPINE	178	$0.00	$0.00	$515.45	$1.52	Y	Y	CALCIUM CHANNEL BLOCKERS/Calcium Channel
DICLOFENAC	174	$881.11	$5.06	$3,900.35	$25.35	Y	Y	ANALGESICS - ANTI-INFLAMMATORY/Nonsteroidal
LEVOTHYROXIN	171	$0.00	$0.00	$3,247.07	$11.08	Y	Y	THYROID AGENTS/Thyroid Hormones
PROAIR HFA	169	$5,481.21	$32.43	$9,131.16	$67.37	N	Y	ANTIASTHMATIC AND BRONCHODILATOR
METFORMIN	166	$0.00	$0.00	$1,729.15	$4.07	Y	Y	ANTIDIABETICS/Biguanides
LISINOP/HCTZ	142	$0.00	$0.00	$811.80	$3.41	Y	Y	ANTIHYPERTENSIVES/ACE Inhibitors &
CEPHALEXIN	141	$400.13	$2.84	$1,778.22	$38.32	Y	N	CEPHALOSPORINS/Cephalosporins - 1st Generation
ONDANSETRON	140	$585.85	$4.18	$2,217.61	$81.33	Y	N	ANTIEMETICS/5-HT3 Receptor Antagonists
METHYLPHENID	138	$11,825.46	$85.69	$19,732.20	$121.23	Y	Y	ADHD/ANTI-NARCOLEPSY/ANTI-
FLUCONAZOLE	138	$16.73	$0.12	$576.99	$39.16	Y	N	ANTIFUNGALS/Triazoles
CEFDINIR	137	$5,161.93	$37.68	$8,689.56	$183.97	Y	N	CEPHALOSPORINS/Cephalosporins - 3rd Generation
BUPROPN HCL	137	$4,328.53	$31.60	$9,677.57	$37.95	Y	Y	ANTIDEPRESSANTS/Antidepressants - Misc.
MELOXICAM	136	$0.00	$0.00	$360.19	$1.86	Y	Y	ANALGESICS - ANTI-INFLAMMATORY/Nonsteroidal
DOXYCYCL HYC	134	$5,459.32	$40.74	$8,999.03	$129.11	Y	N	TETRACYCLINES/Tetracyclines
CIPROFLOXACN	133	$0.00	$0.00	$697.21	$21.08	Y	N	FLUOROQUINOLONES/Fluoroquinolones
PRAVASTATIN	130	$286.52	$2.20	$4,295.06	$18.05	Y	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
LOSARTAN POT	127	$0.00	$0.00	$864.05	$3.30	Y	Y	ANTIHYPERTENSIVES/Angiotensin II Receptor
LORAZEPAM	126	$0.00	$0.00	$500.15	$4.53	Y	N	ANTIANXIETY AGENTS/Benzodiazepines
	7920	$45,787.10	$5.78	$142,373.49	$17.19			

*Indicator: M,N = Brand no generic available; O = Brand with generic available; Y = generic

Lynchburg City Schools

A029E - Top Utilized Drugs by Rx

A029E_Rpt

Report Criteria Group(s) = 52030; Cycles between 1/1/2014 and 12/31/2014

Desc	# Scripts	Amt Paid	Amt Paid/ RX	Ingred. Cost	Ingred. Cost/ 30 days	Ind.*	Maint	Therapeutic Class
HYDROCO/APAP	566	$2,411.39	$4.26	$9,144.29	$44.03	Y	N	ANALGESICS - OPIOID/Hydrocodone Combinations
ATORVASTATIN	371	$80.15	$0.22	$6,840.61	$9.46	Y	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
SIMVASTATIN	321	$0.00	$0.00	$1,272.57	$2.06	Y	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
LISINOPRIL	316	$0.00	$0.00	$1,034.74	$2.25	Y	Y	ANTIHYPERTENSIVES/ACE Inhibitors
AMOXICILLIN	310	$0.00	$0.00	$2,097.37	$23.92	Y	N	PENICILLINS/Aminopenicillins
FLUTICASONE	288	$1,332.82	$4.63	$6,185.13	$20.86	Y	N	NASAL AGENTS - SYSTEMIC AND TOPICAL/Nasal
OMEPRAZOLE	280	$182.80	$0.65	$3,774.08	$8.73	Y	Y	ULCER DRUGS/Proton Pump Inhibitors
AZITHROMYCIN	278	$177.14	$0.64	$3,038.52	$68.08	Y	N	MACROLIDES/Azithromycin
PREDNISONE	274	$8.56	$0.03	$841.09	$7.51	Y	N	CORTICOSTEROIDS/Glucocorticosteroids
HYDROCHLOROT	272	$0.00	$0.00	$719.91	$1.57	Y	Y	DIURETICS/Thiazides and Thiazide-Like Diuretics
LEVOTHYROXIN	245	$5.78	$0.02	$4,411.26	$10.70	Y	Y	THYROID AGENTS/Thyroid Hormones
MONTELUKAST	210	$677.71	$3.23	$4,577.51	$14.86	Y	Y	ANTIASTHMATIC AND BRONCHODILATOR
AMLODIPINE	209	$0.00	$0.00	$550.30	$1.54	Y	Y	CALCIUM CHANNEL BLOCKERS/Calcium Channel
CITALOPRAM	201	$0.00	$0.00	$848.55	$2.65	Y	Y	ANTIDEPRESSANTS/Selective Serotonin Reuptake
ESCITALOPRAM	197	$37.09	$0.19	$2,745.55	$8.27	Y	Y	ANTIDEPRESSANTS/Selective Serotonin Reuptake
SERTRALINE	189	$0.00	$0.00	$1,140.58	$3.37	Y	Y	ANTIDEPRESSANTS/Selective Serotonin Reuptake
DICLOFENAC	186	$895.22	$4.81	$3,494.35	$23.86	Y	Y	ANALGESICS - ANTI-INFLAMMATORY/Nonsteroidal
CYCLOBENZAPR	173	$0.00	$0.00	$643.21	$5.56	Y	N	MUSCULOSKELETAL THERAPY AGENTS/Central
TRAMADOL HCL	171	$50.02	$0.29	$809.30	$7.09	Y	N	ANALGESICS - OPIOID/Opioid Agonists
LOSARTAN POT	165	$0.00	$0.00	$1,091.41	$3.48	Y	Y	ANTIHYPERTENSIVES/Angiotensin II Receptor
ALPRAZOLAM	165	$0.00	$0.00	$725.36	$3.73	Y	N	ANTIANXIETY AGENTS/Benzodiazepines
PROAIR HFA	162	$4,746.38	$29.30	$7,833.60	$68.30	N	Y	ANTIASTHMATIC AND BRONCHODILATOR
AMOX/K CLAV	155	$2,040.44	$13.16	$4,949.11	$103.83	Y	N	PENICILLINS/Penicillin Combinations
MELOXICAM	154	$0.00	$0.00	$371.69	$2.07	Y	Y	ANALGESICS - ANTI-INFLAMMATORY/Nonsteroidal
PRAVASTATIN	146	$176.95	$1.21	$2,978.33	$17.42	Y	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
ATENOLOL	143	$0.00	$0.00	$366.28	$1.41	Y	Y	BETA BLOCKERS/Beta Blockers Cardio-Selective
LISINOP/HCTZ	142	$0.00	$0.00	$691.45	$3.02	Y	Y	ANTIHYPERTENSIVES/ACE Inhibitors &
BUPROPN HCL	139	$5,164.17	$37.15	$11,025.87	$43.71	Y	Y	ANTIDEPRESSANTS/Antidepressants - Misc.
VALACYCLOVIR	135	$1,578.79	$11.69	$4,028.63	$59.19	Y	N	ANTIVIRALS/Herpes Agents - Purine Analogues
METFORMIN	133	$63.40	$0.48	$1,323.12	$4.69	Y	Y	ANTIDIABETICS/Biguanides
LORAZEPAM	129	$0.00	$0.00	$410.98	$3.63	Y	N	ANTIANXIETY AGENTS/Benzodiazepines
CRESTOR	126	$18,191.70	$144.38	$30,236.69	$166.84	N	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
SPRINTEC 28	125	$2,031.18	$16.25	$1,992.18	$14.37	Y	Y	CONTRACEPTIVES/Combination Contraceptives - Oral
FLUCONAZOLE	123	$82.94	$0.67	$600.15	$40.37	Y	N	ANTIFUNGALS/Triazoles
SMZ/TMP DS	122	$0.00	$0.00	$481.00	$10.40	Y	N	ANTI-INFECTIVE AGENTS - MISC./Anti-infective
	7321	$39,934.63	$5.45	$123,274.77	$14.52			

*Indicator: M,N = Brand no generic available; O = Brand with generic available; Y = generic

SCRIPT CARE, LTD.

City of Lynchburg

A035A - Utilization by Location

A035A_Rpt

Report Criteria Group(s) = 52021; Cycles between 1/1/2014 and 12/31/2014

Location	Description	# Scripts	Copay	Amt Paid	Admin Fee	Amt Paid + Admin Fee
001	ACTIVE	13,069	$356,281.02	$1,094,329.21	$35,939.75	$1,130,268.96
002	CIRCUIT COURT	106	$2,421.24	$1,920.36	$291.50	$2,211.86
003	HRA	336	$8,597.20	$71,496.26	$924.00	$72,420.26
004	RETIREES > 65	188	$3,870.23	$7,142.34	$517.00	$7,659.34
005	RETIREES < 65	3,883	$113,615.65	$219,243.39	$10,678.25	$229,921.64
006	ACTIVE OTHER	498	$13,680.89	$27,969.02	$1,369.50	$29,338.52
007	RETIREES > 65 - EE ONLY - N	4	$179.02	$377.17	$11.00	$388.17
008	LINE OF DUTY MEMBERS	64	$2,214.59	$2,093.56	$176.00	$2,269.56
098	COBRA	61	$3,068.52	$3,870.61	$167.75	$4,038.36
Grand Total		18,209	$503,928.36	$1,428,441.92	$50,074.75	$1,478,516.67

SCRIPT CARE, LTD.

Lynchburg City Schools

A035A - Utilization by Location

A035A_Rpt

Report Criteria Group(s) = 52030; Cycles between 1/1/2014 and 12/31/2014

Location	Description	# Scripts	Copay	Amt Paid	Admin Fee	Amt Paid + Admin Fee
01	MONTHLY $1500	6,835	$159,523.09	$496,327.24	$18,796.25	$515,123.49
03	FOOD SERVICE $1500	199	$4,111.35	$4,993.55	$547.25	$5,540.80
05	RETIREE $1500	542	$16,583.98	$25,268.22	$1,490.50	$26,758.72
07	20/20 $1500	18	$577.98	$1,495.13	$49.50	$1,544.63
09	BOTH WORK $1500	238	$6,148.58	$9,469.44	$654.50	$10,123.94
11	LAUREL $750	320	$5,104.55	$6,281.58	$880.00	$7,161.58
12	LAUREL $1500	349	$7,696.89	$11,377.08	$959.75	$12,336.83
13	LAUREL $750 RETIREE	27	$750.39	$661.10	$74.25	$735.35
15	GOVERNOR'S $750	9	$532.45	$797.60	$24.75	$822.35
16	GOVENOR'S $1500	20	$625.60	$3,890.63	$55.00	$3,945.63
20	STEM ACADEMY $750	56	$1,960.63	$2,432.09	$154.00	$2,586.09
21	MONTHLY $750	7,052	$176,040.89	$390,596.48	$19,393.00	$409,989.48
23	FOOD SERVICE $750	278	$5,303.43	$23,816.83	$764.50	$24,581.33
25	RETIREE $750	1,114	$35,079.53	$91,082.21	$3,063.50	$94,145.71
29	BOTH WORK $750	170	$4,410.63	$8,487.57	$467.50	$8,955.07
30	20/20 $750	198	$5,094.21	$22,710.68	$544.50	$23,255.18
92	COBRA $750	28	$1,241.56	$4,618.14	$77.00	$4,695.14
98	COBRA $1500	38	$910.30	$956.74	$104.50	$1,061.24
Grand Total		17,491	$431,696.04	$1,105,262.31	$48,100.25	$1,153,362.56

SCRIPT CARE, LTD.

Brand Vs. Generic Utilization Summary

Report for: **City of Lynchburg**

Effective Date: 01/01/2013

Group: **52021: City of Lynchburg**

This is a summary of your Script Care Prescription Plan from **1/1/2015** through **12/31/2015** .

Brand Vs. Generic Utilization

	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	2,856	149	15,523	18,528	
% of All Claims	15.41%	0.80%	83.78%	100.00%	
Retail from Pharmacy w/o Script Care	$2,451,368.75	$90,184.80	$1,880,864.69	$4,422,418.24	$238.69
Actual Drug Cost	$1,693,003.77	$66,163.22	$430,177.41	$2,189,344.40	$118.16
Pharmacy Fees	$2,869.00	$100.50	$14,435.50	$17,405.00	$0.94
Prescription Price w/ Script Care	$1,695,872.77	$66,263.72	$444,612.91	$2,206,749.40	$119.10
Savings through your Script Care Plan	**$755,495.98**	**$23,921.08**	**$1,436,251.78**	**$2,215,668.84**	**$119.58**
% Saved over Retail	**30.82%**	**26.52%**	**76.36%**	**50.10%**	
Copay	$257,302.34	$15,849.60	$276,611.51	$549,763.45	$29.67
% of Total Drug Cost	15.17%	23.92%	62.21%	24.91%	
Tax	$0.00	$0.00	$4.30	$4.30	$0.00
Your Prescription Cost	**$1,438,570.43**	**$50,414.12**	**$168,005.70**	**$1,656,990.25**	**$89.43**
Total Plan Cost/Claim	**$503.70**	**$338.35**	**$10.82**	**$89.43**	
Cost/Per Cardholder Per Month	**$84.81**	**$2.97**	**$9.90**	**$97.69**	
Cost/Per Member Per Month	**$45.10**	**$1.58**	**$5.27**	**$51.95**	
Rx/Per Cardholder Per Month	**0.17**	**0.01**	**0.92**	**1.09**	
Rx/Per Member Per Month	**0.09**	**0.00**	**0.49**	**0.58**	

Enrollment

	Cardholders	Dependents	Total
Monthly Average Enrollment	1,413.5	1,244.3	2,657.8

SCRIPT CARE, LTD.

Brand Vs. Generic Utilization Summary

Report for: **City of Lynchburg**

Effective Date: 10/01/2013

Group: **52030: Lynchburg City Schools**

This is a summary of your Script Care Prescription Plan from **1/1/2015** through **12/31/2015** .

Brand Vs. Generic Utilization

	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	2,978	149	14,572	17,699	
% of All Claims	16.83%	0.84%	82.33%	100.00%	
Retail from Pharmacy w/o Script Care	$1,958,966.26	$26,162.42	$1,840,284.57	$3,825,413.25	$216.14
Actual Drug Cost	$1,491,910.50	$18,848.28	$420,698.75	$1,931,457.53	$109.13
Pharmacy Fees	$2,929.50	$91.25	$13,021.75	$16,042.50	$0.91
Prescription Price w/ Script Care	$1,494,840.00	$18,939.53	$433,720.50	$1,947,500.03	$110.03
Savings through your Script Care Plan	**$464,126.26**	**$7,222.89**	**$1,406,564.07**	**$1,877,913.22**	**$106.10**
% Saved over Retail	**23.69%**	**27.61%**	**76.43%**	**49.09%**	
Copay	$235,411.83	$12,747.93	$233,320.14	$481,479.90	$27.20
% of Total Drug Cost	15.75%	67.31%	53.79%	24.72%	
Tax	$48.16	$0.00	$9.65	$57.81	$0.00
Your Prescription Cost	**$1,259,476.33**	**$6,191.60**	**$200,410.01**	**$1,466,077.94**	**$82.83**
Total Plan Cost/Claim	**$422.93**	**$41.55**	**$13.75**	**$82.83**	
Cost/Per Cardholder Per Month	**$76.84**	**$0.38**	**$12.23**	**$89.45**	
Cost/Per Member Per Month	**$46.26**	**$0.23**	**$7.36**	**$53.85**	
Rx/Per Cardholder Per Month	**0.18**	**0.01**	**0.89**	**1.08**	
Rx/Per Member Per Month	**0.11**	**0.01**	**0.54**	**0.65**	

Enrollment

	Cardholders	Dependents	Total
Monthly Average Enrollment	1,365.8	902.9	2,268.8

SCRIPT CARE, LTD.

Brand Vs. Generic Utilization Summary

Report for: **City of Lynchburg**

Group: **52021, 52030**

This is a summary of your Script Care Prescription Plan from **1/1/2015** through **12/31/2015** .

Brand Vs. Generic Utilization

	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	5,834	298	30,095	36,227	
% of All Claims	16.10%	0.82%	83.07%	100.00%	
Retail from Pharmacy w/o Script Care	$4,410,335.01	$116,347.22	$3,721,149.26	$8,247,831.49	$227.67
Actual Drug Cost	$3,184,914.27	$85,011.50	$850,876.16	$4,120,801.93	$113.75
Pharmacy Fees	$5,798.50	$191.75	$27,457.25	$33,447.50	$0.92
Prescription Price w/ Script Care	$3,190,712.77	$85,203.25	$878,333.41	$4,154,249.43	$114.67
Savings through your Script Care Plan	**$1,219,622.24**	**$31,143.97**	**$2,842,815.85**	**$4,093,582.06**	**$113.00**
% Saved over Retail	**27.65%**	**26.77%**	**76.40%**	**49.63%**	
Copay	$492,714.17	$28,597.53	$509,931.65	$1,031,243.35	$28.47
% of Total Drug Cost	15.44%	33.56%	58.06%	24.82%	
Tax	$48.16	$0.00	$13.95	$62.11	$0.00
Your Prescription Cost	**$2,698,046.76**	**$56,605.72**	**$368,415.71**	**$3,123,068.19**	**$86.21**
Total Plan Cost/Claim	**$462.47**	**$189.95**	**$12.24**	**$86.21**	
Cost/Per Cardholder Per Month	**$80.90**	**$1.70**	**$11.05**	**$93.64**	
Cost/Per Member Per Month	**$45.64**	**$0.96**	**$6.23**	**$52.83**	
Rx/Per Cardholder Per Month	**0.17**	**0.01**	**0.90**	**1.09**	
Rx/Per Member Per Month	**0.10**	**0.01**	**0.51**	**0.61**	

Enrollment

	Cardholders	Dependents	Total
Monthly Average Enrollment	2,779.3	2,147.3	4,926.6

SCRIPT CARE, LTD.

Retail and Mail Order Utilization Summary

Report for: **City of Lynchburg** Effective Date: 01/01/2013

Group: **52021: City of Lynchburg**

This is a summary of your Script Care Prescription Plan from **1/1/2015** through **12/31/2015**

Retail

	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	2,269	82	11,937	14,288	
% of Retail Claims	15.88%	0.57%	83.55%	100.00%	
Prescription Price w/ Script Care	$1,373,708.78	$35,912.68	$266,484.47	$1,676,105.93	$117.31
Copay	$155,855.91	$4,489.65	$159,902.91	$320,248.47	$22.41
% of Total Drug Cost	11.35%	12.50%	60.00%	19.11%	
Tax	$0.00	$0.00	$4.30	$4.30	$0.00
Your Prescription Cost	$1,217,852.87	$31,423.03	$106,585.86	$1,355,861.76	$94.90
Employer Cost Per Claim	**$536.74**	**$383.21**	**$8.93**	**$94.90**	

Mail Order

	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	587	67	3,586	4,240	
% of MO Claims	13.84%	1.58%	84.58%	100.00%	
Prescription Price w/ Script Care	$322,163.99	$30,351.04	$178,128.44	$530,643.47	$125.15
Copay	$101,446.43	$11,359.95	$116,708.60	$229,514.98	$54.13
% of Total Drug Cost	31.49%	37.43%	65.52%	43.25%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$220,717.56	$18,991.09	$61,419.84	$301,128.49	$71.02
Employer Cost Per Claim	**$376.01**	**$283.45**	**$17.13**	**$71.02**	

Total

	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	2,856	149	15,523	18,528	
% of All Claims	15.41%	0.80%	83.78%	100.00%	
Prescription Price w/ Script Care	$1,695,872.77	$66,263.72	$444,612.91	$2,206,749.40	$119.10
Copay	$257,302.34	$15,849.60	$276,611.51	$549,763.45	$29.67
% of Total Drug Cost	15.17%	23.92%	62.21%	24.91%	
Tax	$0.00	$0.00	$4.30	$4.30	$0.00
Your Prescription Cost	$1,438,570.43	$50,414.12	$168,005.70	$1,656,990.25	$89.43
Employer Cost Per Claim	**$503.70**	**$338.35**	**$10.82**	**$89.43**	

SCRIPT CARE, LTD.

Retail and Mail Order Utilization Summary

Report for: **City of Lynchburg** Effective Date: 10/01/2013

Group: **52030: Lynchburg City Schools**

This is a summary of your Script Care Prescription Plan from **1/1/2015** through **12/31/2015**

Retail	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	2,364	77	10,868	13,309	
% of Retail Claims	17.76%	0.58%	81.66%	100.00%	
Prescription Price w/ Script Care	$995,654.38	$6,101.87	$244,944.37	$1,246,700.62	$93.67
Copay	$141,146.87	$4,129.39	$131,618.79	$276,895.05	$20.81
% of Total Drug Cost	14.18%	67.67%	53.73%	22.21%	
Tax	$48.16	$0.00	$9.65	$57.81	$0.00
Your Prescription Cost	$854,555.67	$1,972.48	$113,335.23	$969,863.38	$72.87
Employer Cost Per Claim	**$361.49**	**$25.62**	**$10.43**	**$72.87**	

Mail Order	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	614	72	3,704	4,390	
% of MO Claims	13.99%	1.64%	84.37%	100.00%	
Prescription Price w/ Script Care	$499,185.62	$12,837.66	$188,776.13	$700,799.41	$159.64
Copay	$94,264.96	$8,618.54	$101,701.35	$204,584.85	$46.60
% of Total Drug Cost	18.88%	67.13%	53.87%	29.19%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$404,920.66	$4,219.12	$87,074.78	$496,214.56	$113.03
Employer Cost Per Claim	**$659.48**	**$58.60**	**$23.51**	**$113.03**	

Total	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	2,978	149	14,572	17,699	
% of All Claims	16.83%	0.84%	82.33%	100.00%	
Prescription Price w/ Script Care	$1,494,840.00	$18,939.53	$433,720.50	$1,947,500.03	$110.03
Copay	$235,411.83	$12,747.93	$233,320.14	$481,479.90	$27.20
% of Total Drug Cost	15.75%	67.31%	53.79%	24.72%	
Tax	$48.16	$0.00	$9.65	$57.81	$0.00
Your Prescription Cost	$1,259,476.33	$6,191.60	$200,410.01	$1,466,077.94	$82.83
Employer Cost Per Claim	**$422.93**	**$41.55**	**$13.75**	**$82.83**	

SCRIPT CARE, LTD.

Retail and Mail Order Utilization Summary

Report for: **City of Lynchburg**

Group: **52021, 52030**

This is a summary of your Script Care Prescription Plan from **1/1/2015** through **12/31/2015**

Retail	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	4,633	159	22,805	27,597	
% of Retail Claims	16.79%	0.58%	82.64%	100.00%	
Prescription Price w/ Script Care	$2,369,363.16	$42,014.55	$511,428.84	$2,922,806.55	$105.91
Copay	$297,002.78	$8,619.04	$291,521.70	$597,143.52	$21.64
% of Total Drug Cost	12.53%	20.51%	57.00%	20.43%	
Tax	$48.16	$0.00	$13.95	$62.11	$0.00
Your Prescription Cost	$2,072,408.54	$33,395.51	$219,921.09	$2,325,725.14	$84.27
Employer Cost Per Claim	**$447.31**	**$210.03**	**$9.64**	**$84.27**	

Mail Order	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	1,201	139	7,290	8,630	
% of MO Claims	13.92%	1.61%	84.47%	100.00%	
Prescription Price w/ Script Care	$821,349.61	$43,188.70	$366,904.57	$1,231,442.88	$142.69
Copay	$195,711.39	$19,978.49	$218,409.95	$434,099.83	$50.30
% of Total Drug Cost	23.83%	46.26%	59.53%	35.25%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$625,638.22	$23,210.21	$148,494.62	$797,343.05	$92.39
Employer Cost Per Claim	**$520.93**	**$166.98**	**$20.37**	**$92.39**	

Total	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	5,834	298	30,095	36,227	
% of All Claims	16.10%	0.82%	83.07%	100.00%	
Prescription Price w/ Script Care	$3,190,712.77	$85,203.25	$878,333.41	$4,154,249.43	$114.67
Copay	$492,714.17	$28,597.53	$509,931.65	$1,031,243.35	$28.47
% of Total Drug Cost	15.44%	33.56%	58.06%	24.82%	
Tax	$48.16	$0.00	$13.95	$62.11	$0.00
Your Prescription Cost	$2,698,046.76	$56,605.72	$368,415.71	$3,123,068.19	$86.21
Employer Cost Per Claim	**$462.47**	**$189.95**	**$12.24**	**$86.21**	

SCRIPT CARE, LTD.

Specialty Pharmacy Utilization Summary

Report for: **City of Lynchburg**

Effective Date: 01/01/2013

Group: **52021: City of Lynchburg**

This is a summary of your Script Care Prescription Plan from **1/1/2015** through **12/31/2015** .

Specialty Pharmacy Utilization

	All Claims	Average Per Claim	Specialty Eligible*	Average Per Claim	Specialty Claims	Average Per Claim
Number of Claims	18,528		42 **		223 **	
% of All Claims	100.00%		0.23%		1.20%	
Retail from Pharmacy w/o Script Care	$4,422,418.24	$238.69	$554,777.35	$13,208.98	$899,136.97	$4,032.00
Actual Drug Cost	$2,189,344.40	$118.16	$297,934.75	$7,093.68	$633,457.71	$2,840.62
Pharmacy Fees	$17,405.00	$0.94	$40.00	$0.95	$446.00	$2.00
Prescription Price w/ Script Care	$2,206,749.40	$119.10	$297,974.75	$7,094.64	$633,903.71	$2,842.62
Savings through your Script Care Plan	**$2,215,668.84**	**$119.58**	**$256,802.60**	**$6,114.35**	**$265,233.26**	**$1,189.39**
% Saved over Retail	**50.10%**		**46.29%**		**29.50%**	
Copay	$549,763.45	$29.67	$4,197.67	$99.94	$20,408.38	$91.52
% of Total Drug Cost	24.91%		1.41%		3.22%	
Tax	$4.30	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	**$1,656,990.25**	**$89.43**	**$293,777.08**	**$6,994.69**	**$613,495.33**	**$2,751.10**
% of Total Cost	**100.00%**		**17.73%**		**37.02%**	
Total Plan Cost/Claim	**$89.43**		**$6,994.69**		**$2,751.10**	
Cost/Per Cardholder Per Month	**$97.69**		**$17.32**		**$36.17**	
Cost/Per Member Per Month	**$51.95**		**$9.21**		**$19.24**	

*Excludes Specialty Claims **Net Claims

Enrollment

	Cardholders	Dependents	Total
Monthly Average Enrollment	1,413.5	1,244.3	2,657.8

SCRIPT CARE, LTD.

Specialty Pharmacy Utilization Summary

Report for: **City of Lynchburg**

Effective Date: 10/01/2013

Group: **52030: Lynchburg City Schools**

This is a summary of your Script Care Prescription Plan from **1/1/2015** through **12/31/2015** .

Specialty Pharmacy Utilization

	All Claims	Average Per Claim	Specialty Eligible*	Average Per Claim	Specialty Claims	Average Per Claim
Number of Claims	17,699		37 **		121 **	
% of All Claims	100.00%		0.21%		0.68%	
Retail from Pharmacy w/o Script Care	$3,825,413.25	$216.14	$297,313.14	$8,035.49	$602,413.19	$4,978.62
Actual Drug Cost	$1,931,457.53	$109.13	$254,421.86	$6,876.27	$431,151.07	$3,563.23
Pharmacy Fees	$16,042.50	$0.91	$12.50	$0.34	$242.00	$2.00
Prescription Price w/ Script Care	$1,947,500.03	$110.03	$254,434.36	$6,876.60	$431,393.07	$3,565.23
Savings through your Script Care Plan	**$1,877,913.22**	**$106.10**	**$42,878.78**	**$1,158.89**	**$171,020.12**	**$1,413.39**
% Saved over Retail	**49.09%**		**14.42%**		**28.39%**	
Copay	$481,479.90	$27.20	$3,450.00	$93.24	$11,400.00	$94.21
% of Total Drug Cost	24.72%		1.36%		2.64%	
Tax	$57.81	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	**$1,466,077.94**	**$82.83**	**$250,984.36**	**$6,783.36**	**$419,993.07**	**$3,471.02**
% of Total Cost	**100.00%**		**17.12%**		**28.65%**	
Total Plan Cost/Claim	**$82.83**		**$6,783.36**		**$3,471.02**	
Cost/Per Cardholder Per Month	**$89.45**		**$15.31**		**$25.62**	
Cost/Per Member Per Month	**$53.85**		**$9.22**		**$15.43**	

*Excludes Specialty Claims **Net Claims

Enrollment

	Cardholders	Dependents	Total
Monthly Average Enrollment	1,365.8	902.9	2,268.8

SCRIPT CARE, LTD.

Specialty Pharmacy Utilization Summary

Report for: **City of Lynchburg**

Group: **52021, 52030**

This is a summary of your Script Care Prescription Plan from **1/1/2015** through **12/31/2015** .

Specialty Pharmacy Utilization

	All Claims	Average Per Claim	Specialty Eligible*	Average Per Claim	Specialty Claims	Average Per Claim
Number of Claims	36,227		79 **		344 **	
% of All Claims	100.00%		0.22%		0.95%	
Retail from Pharmacy w/o Script Care	$8,247,831.49	$227.67	$852,090.49	$10,785.96	$1,501,550.16	$4,364.97
Actual Drug Cost	$4,120,801.93	$113.75	$552,356.61	$6,991.86	$1,064,608.78	$3,094.79
Pharmacy Fees	$33,447.50	$0.92	$52.50	$0.66	$688.00	$2.00
Prescription Price w/ Script Care	$4,154,249.43	$114.67	$552,409.11	$6,992.52	$1,065,296.78	$3,096.79
Savings through your Script Care Plan	**$4,093,582.06**	**$113.00**	**$299,681.38**	**$3,793.44**	**$436,253.38**	**$1,268.18**
% Saved over Retail	**49.63%**		**35.17%**		**29.05%**	
Copay	$1,031,243.35	$28.47	$7,647.67	$96.81	$31,808.38	$92.47
% of Total Drug Cost	24.82%		1.38%		2.99%	
Tax	$62.11	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	**$3,123,068.19**	**$86.21**	**$544,761.44**	**$6,895.71**	**$1,033,488.40**	**$3,004.33**
% of Total Cost	**100.00%**		**17.44%**		**33.09%**	
Total Plan Cost/Claim	**$86.21**		**$6,895.71**		**$3,004.33**	
Cost/Per Cardholder Per Month	**$93.64**		**$16.33**		**$30.99**	
Cost/Per Member Per Month	**$52.83**		**$9.21**		**$17.48**	

*Excludes Specialty Claims **Net Claims

Enrollment

	Cardholders	Dependents	Total
Monthly Average Enrollment	2,779.3	2,147.3	4,926.6

SCRIPT CARE, LTD.

Plan Statistics

Report for: **City of Lynchburg**

Effective Date: 01/01/2013

Group: **52021: City of Lynchburg**

This is a summary of your Script Care Prescription Plan from **1/1/2015** through **12/31/2015**

	Jan 15	Feb 15	Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Total
Enrollment Summary													
Cardholders	1,407.0	1,410.0	1,409.0	1,408.0	1,401.0	1,400.0	1,404.0	1,412.0	1,427.0	1,429.0	1,428.0	1,427.0	1,413.5
Dependents	1,249.0	1,253.0	1,251.0	1,247.0	1,244.0	1,250.0	1,246.0	1,240.0	1,246.0	1,244.0	1,234.0	1,228.0	1,244.3
Utilizing Cardholders	678.0	613.0	617.0	613.0	642.0	614.0	589.0	610.0	630.0	635.0	594.0	595.0	1,247.0
Utilization %	48.19%	43.48%	43.79%	43.54%	45.82%	43.86%	41.95%	43.20%	44.15%	44.44%	41.60%	41.70%	88.22%
Claim Summary													
All	1,831	1,533	1,622	1,522	1,673	1,479	1,432	1,426	1,483	1,542	1,457	1,528	18,528
Avg Per Cardholder	1.30	1.09	1.15	1.08	1.19	1.06	1.02	1.01	1.04	1.08	1.02	1.07	13.11
Avg Per Member	0.69	0.58	0.61	0.57	0.63	0.56	0.54	0.54	0.55	0.58	0.55	0.58	6.97
Brand	328	235	233	238	245	206	228	231	221	238	246	207	2,856
Generic	1,486	1,290	1,375	1,270	1,418	1,263	1,191	1,184	1,245	1,286	1,204	1,311	15,523
Brand w/Generic	17	8	14	14	10	10	13	11	17	18	7	10	149
Generic % of All	81.16%	84.15%	84.77%	83.44%	84.76%	85.40%	83.17%	83.03%	83.95%	83.40%	82.64%	85.80%	83.78%
Mail Order	366	336	357	342	330	380	352	346	364	343	342	369	4,227
Mail Order % of All	19.99%	21.92%	22.01%	22.47%	19.73%	25.69%	24.58%	24.26%	24.54%	22.24%	23.47%	24.15%	22.81%
Claim Cost													
Submitted Cost	$390,354	$339,810	$380,216	$365,759	$356,391	$357,549	$368,130	$414,442	$369,275	$365,918	$355,540	$359,036	$4,422,418
Script Care Cost	$199,284	$170,016	$186,780	$181,708	$184,662	$170,155	$184,704	$214,643	$184,297	$182,727	$181,981	$165,793	$2,206,749
Savings	$191,071	$169,794	$193,435	$184,051	$171,729	$187,394	$183,426	$199,799	$184,978	$183,191	$173,559	$193,243	$2,215,669
Tax	$0	$0	$0	$0	$0	$0	$0	$1	$1	$1	$1	$1	$4
Total	$199,284	$170,016	$186,780	$181,708	$184,662	$170,155	$184,704	$214,644	$184,298	$182,728	$181,981	$165,794	$2,206,754
Average Claim Cost	$108.84	$110.90	$115.15	$119.39	$110.38	$115.05	$128.98	$150.52	$124.27	$118.50	$124.90	$108.50	$119.10
Average Brand Cost	$445.15	$555.89	$596.50	$597.16	$580.75	$586.54	$628.97	$778.32	$646.92	$575.04	$589.60	$613.25	$593.79
Average Generic Cost	$29.75	$27.86	$32.44	$27.87	$27.01	$35.68	$28.35	$24.93	$25.99	$29.34	$28.05	$25.91	$28.64
Average Br w/Gen Cost	$533.20	$430.45	$228.25	$299.30	$407.17	$426.84	$579.93	$485.27	$527.57	$452.10	$452.69	$487.76	$444.72
Member Cost													
Total Copay	$51,757	$43,983	$47,514	$46,740	$47,864	$43,830	$45,202	$45,405	$44,917	$45,848	$44,401	$42,303	$549,763
Average Claim Copay	$28.27	$28.69	$29.29	$30.71	$28.61	$29.63	$31.57	$31.84	$30.29	$29.73	$30.47	$27.69	$29.67
Average Brand Copay	$74.90	$90.59	$87.77	$93.11	$93.18	$86.32	$96.18	$95.10	$100.87	$89.25	$91.83	$87.95	$90.09
Average Generic Copay	$16.92	$17.17	$19.18	$17.79	$17.20	$19.82	$17.53	$18.21	$17.50	$17.56	$17.84	$17.28	$17.82
Average Br w/Gen Copay	$120.30	$68.67	$49.60	$142.20	$63.96	$101.27	$184.23	$170.99	$48.97	$112.81	$47.25	$144.82	$106.37
Copay % of Total Cost	25.97%	25.87%	25.44%	25.72%	25.92%	25.76%	24.47%	21.15%	24.37%	25.09%	24.40%	25.52%	24.91%
Plan Cost													
Plan Cost	$147,526	$126,033	$139,267	$134,968	$136,798	$126,325	$139,502	$169,239	$139,381	$136,879	$137,580	$123,491	$1,656,990
Average Claim Cost	$80.57	$82.21	$85.86	$88.68	$81.77	$85.41	$97.42	$118.68	$93.99	$88.77	$94.43	$80.82	$89.43
Average Brand Cost	$370.25	$465.29	$508.73	$504.04	$487.57	$500.21	$532.79	$683.22	$546.05	$485.80	$497.77	$525.30	$503.70
Average Generic Cost	$12.83	$10.69	$13.26	$10.08	$9.81	$15.86	$10.82	$6.72	$8.49	$11.78	$10.21	$8.64	$10.82
Average Br w/Gen Cost	$412.90	$361.78	$178.65	$157.11	$343.22	$325.58	$395.69	$314.27	$478.60	$339.30	$405.44	$342.94	$338.35
Plan Cost % of Total Cost	74.03%	74.13%	74.56%	74.28%	74.08%	74.24%	75.53%	78.85%	75.63%	74.91%	75.60%	74.48%	75.09%
Plan Cost Per Cardholder	$104.85	$89.39	$98.84	$95.86	$97.64	$90.23	$99.36	$119.86	$97.67	$95.79	$96.34	$86.54	$1,172.26
Plan Cost Per Member	$55.54	$47.33	$52.36	$50.84	$51.72	$47.67	$52.64	$63.82	$52.14	$51.21	$51.68	$46.51	$623.44
Cardholders > $500	49	45	49	57	54	46	55	55	47	56	53	42	318
Cardholders > 5 Claims	67	58	60	41	58	43	41	43	40	49	37	54	880

Top 10 Drugs by Plan Cost

HUMIRA PEN	HUMIRA PEN	CEREZYME	CEREZYME	CEREZYME	CEREZYME	CEREZYME	CEREZYME	CEREZYME	CEREZYME	CEREZYME	CEREZYME	CEREZYME
CEREZYME	CEREZYME	HUMIRA PEN	HUMIRA PEN	HUMIRA PEN	HUMIRA PEN	NBREL SRCLK	NBREL SRCLK	NBREL SRCLK	HUMIRA PEN	NBREL SRCLK	NBREL SRCLK	HUMIRA PEN
NBREL SRCLK	VONEX PREFL	NBREL SRCLK	NBREL SRCLK	NBREL SRCLK	NBREL SRCLK	HUMIRA PEN	HUMIRA PEN	HUMIRA PEN	NBREL SRCLK	HUMIRA PEN	XOLAIR	ENBREL SRCLK
ENBREL	ENBREL	LANTUS	REBIF REBIDO	REBIF REBIDO	REBIF REBIDO	HUMIRA PEN	REBIF REBIDO	ENBREL	ENBREL	ENBREL	ENBREL	REBIF REBIDO
REBIF REBIDO	NBREL SRCLK	REBIF REBIDO	AVONEX PEN	AVONEX PEN	VONEX PREFL	REBIF REBIDO	ENBREL	REBIF REBIDO	REBIF REBIDO	REBIF REBIDO	HUMIRA PEN	ENBREL
REVATIO	REBIF REBIDO	VONEX PREFL	VONEX PREFL	VONEX PREFL	AVONEX PEN	LANTUS	AUBAGIO	AUBAGIO	AUBAGIO	AUBAGIO	AUBAGIO	AVONEX PREFL
VONEX PREFL	REVATIO	AVONEX PEN	HUMIRA PEN	CRESTOR	ATRIPLA	VONEX PREFL	AVONEX PEN	VONEX PREFL	OXYCONTIN	LEGRIDY PEN	ADCIRCA	LANTUS
LANTUS	ADCIRCA	ABILIFY	HUMIRA	ENBREL	ARIPIPRAZOLE	AVONEX PEN	VONEX PREFL	HUMIRA PEN	METFORMIN ER	TREXIMET	REVATIO	ADCIRCA
TAMIFLU	ATRIPLA	ENBREL	LANTUS	HUMIRA	ABILIFY	ENBREL	HUMIRA	ABILIFY	HUMIRA PEN	HUMIRA PEN	LEVEMIR	REVATIO
LEVEMIR	ENOXAPARIN	HUMIRA	ENBREL	ADCIRCA	ENBREL	HUMIRA	REVATIO	REVATIO	LANTUS	REVATIO	ATRIPLA	ATRIPLA

SCRIPT CARE, LTD.

Plan Statistics

Report for: **City of Lynchburg**

Effective Date: 10/01/2013

Group: **52030: Lynchburg City Schools**

This is a summary of your Script Care Prescription Plan from **1/1/2015** through **12/31/2015**

	Jan 15	Feb 15	Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Total
Enrollment Summary													
Cardholders	1,345.0	1,346.0	1,353.0	1,355.0	1,348.0	1,348.0	1,344.0	1,364.0	1,394.0	1,403.0	1,401.0	1,389.0	1,365.8
Dependents	890.0	889.0	887.0	891.0	891.0	889.0	882.0	889.0	920.0	933.0	939.0	935.0	902.9
Utilizing Cardholders	616.0	583.0	599.0	591.0	620.0	583.0	556.0	576.0	572.0	623.0	603.0	637.0	1,251.0
Utilization %	45.80%	43.31%	44.27%	43.62%	45.99%	43.25%	41.37%	42.23%	41.03%	44.40%	43.04%	45.86%	91.59%
Claim Summary													
All	1,483	1,457	1,530	1,444	1,534	1,440	1,342	1,320	1,440	1,509	1,493	1,707	17,699
Avg Per Cardholder	1.10	1.08	1.13	1.07	1.14	1.07	1.00	0.97	1.03	1.08	1.07	1.23	12.96
Avg Per Member	0.66	0.65	0.68	0.64	0.69	0.64	0.60	0.59	0.62	0.65	0.64	0.73	7.80
Brand	250	227	263	221	264	245	242	215	252	255	278	266	2,978
Generic	1,218	1,219	1,255	1,211	1,258	1,179	1,087	1,095	1,175	1,243	1,212	1,420	14,572
Brand w/Generic	15	11	12	12	12	16	13	10	13	11	3	21	149
Generic % of All	82.13%	83.67%	82.03%	83.86%	82.01%	81.88%	81.00%	82.95%	81.60%	82.37%	81.18%	83.19%	82.33%
Mail Order	348	339	377	355	365	371	347	373	392	362	329	404	4,362
Mail Order % of All	23.47%	23.27%	24.64%	24.58%	23.79%	25.76%	25.86%	28.26%	27.22%	23.99%	22.04%	23.67%	24.65%
Claim Cost													
Submitted Cost	$285,827	$258,270	$311,282	$303,111	$324,925	$417,191	$310,728	$301,494	$322,216	$337,813	$296,052	$356,504	$3,825,413
Script Care Cost	$144,524	$126,833	$153,888	$147,080	$176,423	$224,057	$161,704	$156,353	$158,851	$173,709	$154,399	$169,679	$1,947,500
Savings	$141,303	$131,437	$157,394	$156,030	$148,502	$193,134	$149,024	$145,141	$163,365	$164,104	$141,653	$186,825	$1,877,913
Tax	$0	$0	$0	$0	$0	$0	$0	$57	$1	$0	$0	$0	$58
Total	$144,524	$126,833	$153,888	$147,080	$176,423	$224,057	$161,704	$156,410	$158,852	$173,709	$154,399	$169,679	$1,947,558
Average Claim Cost	$97.45	$87.05	$100.58	$101.86	$115.01	$155.60	$120.49	$118.49	$110.31	$115.12	$103.42	$99.40	$110.04
Average Brand Cost	$410.73	$394.65	$430.48	$514.03	$539.06	$770.07	$532.92	$558.08	$475.65	$545.82	$416.33	$455.21	$501.98
Average Generic Cost	$32.55	$29.30	$29.64	$27.25	$26.72	$28.48	$27.23	$31.82	$32.00	$26.75	$31.57	$33.40	$29.76
Average Br w/Gen Cost	$146.13	$139.25	$289.73	$40.05	$41.70	$113.07	$241.69	$157.83	$107.24	$115.84	$132.84	$55.32	$127.11
Member Cost													
Total Copay	$40,001	$37,734	$44,226	$39,051	$43,220	$40,747	$36,972	$37,770	$42,072	$40,606	$36,713	$42,366	$481,480
Average Claim Copay	$26.97	$25.90	$28.91	$27.04	$28.17	$28.30	$27.55	$28.61	$29.22	$26.91	$24.59	$24.82	$27.20
Average Brand Copay	$79.51	$76.12	$80.83	$86.66	$87.98	$80.35	$77.08	$84.49	$80.41	$79.32	$62.68	$75.93	$79.05
Average Generic Copay	$15.33	$15.86	$16.59	$16.18	$15.49	$16.70	$16.09	$16.70	$17.40	$15.55	$15.65	$14.92	$16.01
Average Br w/Gen Copay	$97.12	$101.47	$178.70	$24.87	$41.70	$85.80	$63.62	$131.74	$104.55	$95.96	$105.28	$46.86	$85.56
Copay % of Total Cost	27.68%	29.75%	28.74%	26.55%	24.50%	18.19%	22.86%	24.15%	26.49%	23.38%	23.78%	24.97%	24.72%
Plan Cost													
Plan Cost	$104,523	$89,099	$109,662	$108,029	$133,202	$183,310	$124,731	$118,640	$116,780	$133,103	$117,686	$127,313	$1,466,078
Average Claim Cost	$70.48	$61.15	$71.67	$74.81	$86.83	$127.30	$92.94	$89.88	$81.10	$88.21	$78.83	$74.58	$82.83
Average Brand Cost	$331.23	$318.53	$349.64	$427.36	$451.08	$689.72	$455.84	$473.58	$395.24	$466.50	$353.64	$379.28	$422.93
Average Generic Cost	$17.23	$13.44	$13.05	$11.07	$11.22	$11.78	$11.13	$15.12	$14.59	$11.20	$15.92	$18.48	$13.75
Average Br w/Gen Cost	$49.02	$37.78	$111.03	$15.18	$0.00	$27.27	$178.07	$26.09	$2.69	$19.88	$27.56	$8.46	$41.55
Plan Cost % of Total Cost	72.32%	70.25%	71.26%	73.45%	75.50%	81.81%	77.14%	75.85%	73.51%	76.62%	76.22%	75.03%	75.28%
Plan Cost Per Cardholder	$77.71	$66.20	$81.05	$79.73	$98.81	$135.99	$92.81	$86.98	$83.77	$94.87	$84.00	$91.66	$1,073.39
Plan Cost Per Member	$46.77	$39.87	$48.96	$48.10	$59.49	$81.94	$56.03	$52.66	$50.47	$56.98	$50.29	$54.78	$646.21
Cardholders > $500	42	34	46	40	48	48	46	44	49	48	43	51	371
Cardholders > 5 Claims	35	51	56	42	52	39	36	35	42	40	39	57	871

Top 10 Drugs by Plan Cost

HUMIRA PEN	HUMIRA PEN	IBRANCE	IBRANCE	IBRANCE	HARVONI	IBRANCE	IBRANCE	HUMIRA PEN	IBRANCE	IBRANCE	HUMIRA PEN	IBRANCE
LEVEMIR	IBRANCE	VONEX PREFL	HUMIRA PEN	HUMIRA PEN	IBRANCE	HUMIRA PEN	HUMIRA PEN	IBRANCE	HUMIRA PEN	HUMIRA PEN	IBRANCE	HUMIRA PEN
VONEX PREFL	VONEX PREFL	HUMIRA PEN	LEVEMIR	TYKERB	HUMIRA PEN	IBRANCE	TYKERB	VONEX PREFL	LEVEMIR	MOZOLOMIDE	XOLAIR	AVONEX PREFL
LANTUS	LANTUS	ANDROGEL	ORENCIA	VONEX PREFL	VONEX PREFL	VONEX PREFL	VONEX PREFL	TYKERB	VONEX PREFL	VONEX PREFL	VONEX PREFL	HARVONI
ABILIFY	NBREL SRCLK	ORENCIA	HUMALOG MIX	LANTUS	XELJANZ	LEVEMIR	ORENCIA	XOLAIR	ANDROGEL	NBREL SRCLK	NBREL SRCLK	ORENCIA
DULOXETINE	CRESTOR	NBREL SRCLK	XELJANZ	NBREL SRCLK	ORENCIA	TYKERB	NBREL SRCLK	LANTUS	NBREL SRCLK	ORENCIA	MOZOLOMIDE	LANTUS
ORENCIA	XELJANZ	XELJANZ	ABILIFY	SOLODYN	NBREL SRCLK	ORENCIA	CRESTOR	ORENCIA	HUMIRA PEN	EPIPEN 2-PAK	ORENCIA	ENBREL SRCLK
NBREL SRCLK	ATRIPLA	ATRIPLA	LIALDA	ORENCIA	ANDROGEL	LYRICA	XELJANZ	XELJANZ	ORENCIA	CRESTOR	HUMIRA PEN	XELJANZ
DUEXIS	LYRICA	LEVEMIR	ATRIPLA	ASACOL HD	ANDROGEL	XELJANZ	ATRIPLA	MIRENA	XELJANZ	ATRIPLA	LANTUS	LEVEMIR
XELJANZ	MIRENA	LANTUS	SOLODYN	XELJANZ	ATRIPLA	ATRIPLA	NORITATE	CRESTOR	LYRICA	STOSTERONE	CAPECITABINE	CRESTOR

SCRIPT CARE, LTD.

Plan Statistics

Report for: **City of Lynchburg**

Group: **52021, 52030**

This is a summary of your Script Care Prescription Plan from **1/1/2015** through **12/31/2015**

	Jan 15	Feb 15	Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Total
Enrollment Summary													
Cardholders	2,752.0	2,756.0	2,762.0	2,763.0	2,749.0	2,748.0	2,748.0	2,776.0	2,821.0	2,832.0	2,829.0	2,816.0	2,779.3
Dependents	2,139.0	2,142.0	2,138.0	2,138.0	2,135.0	2,139.0	2,128.0	2,129.0	2,166.0	2,177.0	2,173.0	2,163.0	2,147.3
Utilizing Cardholders	1,294.0	1,196.0	1,216.0	1,204.0	1,262.0	1,197.0	1,145.0	1,186.0	1,202.0	1,258.0	1,197.0	1,232.0	2,498.0
Utilization %	47.02%	43.40%	44.03%	43.58%	45.91%	43.56%	41.67%	42.72%	42.61%	44.42%	42.31%	43.75%	89.88%
Claim Summary													
All	3,314	2,990	3,152	2,966	3,207	2,919	2,774	2,746	2,923	3,051	2,950	3,235	36,227
Avg Per Cardholder	1.20	1.08	1.14	1.07	1.17	1.06	1.01	0.99	1.04	1.08	1.04	1.15	13.03
Avg Per Member	0.68	0.61	0.64	0.61	0.66	0.60	0.57	0.56	0.59	0.61	0.59	0.65	7.35
Brand	578	462	496	459	509	451	470	446	473	493	524	473	5,834
Generic	2,704	2,509	2,630	2,481	2,676	2,442	2,278	2,279	2,420	2,529	2,416	2,731	30,095
Brand w/Generic	32	19	26	26	22	26	26	21	30	29	10	31	298
Generic % of All	81.59%	83.91%	83.44%	83.65%	83.44%	83.66%	82.12%	82.99%	82.79%	82.89%	81.90%	84.42%	83.07%
Mail Order	714	675	734	697	695	751	699	719	756	705	671	773	8,589
Mail Order % of All	21.54%	22.58%	23.29%	23.50%	21.67%	25.73%	25.20%	26.18%	25.86%	23.11%	22.75%	23.89%	23.71%
Claim Cost													
Submitted Cost	$676,181	$598,080	$691,497	$668,870	$681,315	$774,740	$678,858	$715,936	$691,491	$703,731	$651,592	$715,540	$8,247,831
Script Care Cost	$343,808	$296,849	$340,668	$328,789	$361,085	$394,212	$346,408	$370,996	$343,148	$356,436	$336,380	$335,472	$4,154,249
Savings	$332,374	$301,231	$350,829	$340,081	$320,231	$380,528	$332,450	$344,940	$348,343	$347,295	$315,212	$380,068	$4,093,582
Tax	$0	$0	$0	$0	$0	$0	$0	$58	$2	$1	$1	$1	$62
Total	$343,808	$296,849	$340,668	$328,789	$361,085	$394,212	$346,408	$371,054	$343,150	$356,437	$336,380	$335,473	$4,154,312
Average Claim Cost	$103.74	$99.28	$108.08	$110.85	$112.59	$135.05	$124.88	$135.13	$117.40	$116.83	$114.03	$103.70	$114.67
Average Brand Cost	$430.26	$476.67	$508.47	$557.13	$559.13	$686.24	$579.51	$672.15	$555.67	$559.93	$497.67	$524.37	$546.93
Average Generic Cost	$31.01	$28.56	$31.10	$27.57	$26.87	$32.20	$27.81	$28.24	$28.91	$28.07	$29.81	$29.81	$29.19
Average Br w/Gen Cost	$351.76	$261.86	$256.63	$179.65	$207.82	$233.75	$410.81	$329.34	$345.43	$324.55	$356.73	$194.81	$285.92
Member Cost													
Total Copay	$91,758	$81,717	$91,739	$85,791	$91,084	$84,578	$82,175	$83,175	$86,989	$86,455	$81,114	$84,669	$1,031,243
Average Claim Copay	$27.69	$27.33	$29.11	$28.92	$28.40	$28.97	$29.62	$30.29	$29.76	$28.34	$27.50	$26.17	$28.47
Average Brand Copay	$76.89	$83.48	$84.09	$90.01	$90.48	$83.08	$86.34	$89.99	$89.97	$84.11	$76.37	$81.19	$84.46
Average Generic Copay	$16.20	$16.53	$17.94	$17.00	$16.40	$18.31	$16.84	$17.48	$17.46	$16.57	$16.74	$16.05	$16.94
Average Br w/Gen Copay	$109.43	$87.66	$109.18	$88.05	$51.81	$91.75	$123.92	$152.30	$73.05	$106.41	$64.66	$78.46	$95.96
Copay % of Total Cost	26.69%	27.53%	26.93%	26.09%	25.23%	21.45%	23.72%	22.42%	25.35%	24.26%	24.11%	25.24%	24.82%
Plan Cost													
Plan Cost	$252,049	$215,132	$248,929	$242,998	$270,001	$309,634	$264,233	$287,879	$256,161	$269,982	$255,266	$250,803	$3,123,068
Average Claim Cost	$76.06	$71.95	$78.97	$81.93	$84.19	$106.08	$95.25	$104.84	$87.64	$88.49	$86.53	$77.53	$86.21
Average Brand Cost	$353.37	$393.18	$424.38	$467.12	$468.65	$603.16	$493.17	$582.16	$465.70	$475.82	$421.31	$443.19	$462.47
Average Generic Cost	$14.81	$12.03	$13.16	$10.56	$10.47	$13.89	$10.97	$10.76	$11.45	$11.50	$13.07	$13.76	$12.24
Average Br w/Gen Cost	$242.33	$174.20	$147.45	$91.60	$156.01	$142.00	$286.88	$177.04	$272.37	$218.14	$292.08	$116.36	$189.95
Plan Cost % of Total Cost	73.31%	72.47%	73.07%	73.91%	74.77%	78.55%	76.28%	77.58%	74.65%	75.74%	75.89%	74.76%	75.18%
Plan Cost Per Cardholder	$91.59	$78.06	$90.13	$87.95	$98.22	$112.68	$96.15	$103.70	$90.80	$95.33	$90.23	$89.06	$1,123.68
Plan Cost Per Member	$51.53	$43.92	$50.80	$49.58	$55.28	$63.36	$54.19	$58.69	$51.37	$53.90	$51.03	$50.37	$633.92
Cardholders > $500	91	79	95	97	102	94	101	99	96	104	96	93	689
Cardholders > 5 Claims	102	109	116	83	110	82	77	78	82	89	76	111	1,751

Top 10 Drugs by Plan Cost

HUMIRA PEN	HUMIRA PEN	HUMIRA PEN	HUMIRA PEN	IBRANCE	HARVONI	HUMIRA PEN	CEREZYME	CEREZYME	HUMIRA PEN	HUMIRA PEN	NBREL SRCLK	HUMIRA PEN
CEREZYME	CEREZYME	CEREZYME	IBRANCE	HUMIRA PEN	IBRANCE	IBRANCE	HUMIRA PEN	HUMIRA PEN	IBRANCE	IBRANCE	CEREZYME	CEREZYME
NBREL SRCLK	VONEX PREFL	NBREL SRCLK	CEREZYME	CEREZYME	CEREZYME	CEREZYME	IBRANCE	NBREL SRCLK	CEREZYME	CEREZYME	HUMIRA PEN	IBRANCE
VONEX PREFL	IBRANCE	IBRANCE	NBREL SRCLK	NBREL SRCLK	HUMIRA PEN	VONEX PREFL	NBREL SRCLK	HUMIRA PEN	NBREL SRCLK	NBREL SRCLK	XOLAIR	ENBREL SRCLK
LANTUS	NBREL SRCLK	LANTUS	LANTUS	VONEX PREFL	NBREL SRCLK	NBREL SRCLK	REBIF REBIDO	VONEX PREFL	LANTUS	ENBREL	IBRANCE	AVONEX PREFL
ENBREL	ENBREL	VONEX PREFL	REBIF REBIDO	CRESTOR	VONEX PREFL	LANTUS	VONEX PREFL	IBRANCE	ENBREL	REBIF REBIDO	ENBREL	LANTUS
TAMIFLU	REBIF REBIDO	REBIF REBIDO	AVONEX PEN	REBIF REBIDO	HUMIRA PEN	REBIF REBIDO	TYKERB	ENBREL	LEVEMIR	MOZOLOMIDE	HUMIRA PEN	REBIF REBIDO
REBIF REBIDO	ATRIPLA	ANDROGEL	VONEX PREFL	TYKERB	ATRIPLA	AVONEX PEN	ENBREL	REBIF REBIDO	REBIF REBIDO	AUBAGIO	AUBAGIO	HARVONI
REVATIO	LANTUS	VONEX PREFL	LEVEMIR	AVONEX PEN	REBIF REBIDO	LEVEMIR	AUBAGIO	AUBAGIO	AUBAGIO	LEGRIDY PEN	VONEX PREFL	ENBREL
LEVEMIR	ENOXAPARIN	ABILIFY	ATRIPLA	ATRIPLA	XELJANZ	ATRIPLA	AVONEX PEN	CRESTOR	VONEX PREFL	VONEX PREFL	CAPECITABINE	ATRIPLA

SCRIPT CARE, LTD.

Range Report

Report for: **City of Lynchburg**

Effective Date: 01/01/2013

Group: **52021: City of Lynchburg**

This is a summary of your Script Care Prescription Plan from **1/1/2015** through **12/31/2015** .

Drug Price	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
Less than $10.00	4,905	$27,740	$0	$27,740	$5.66	100.0%
$10.00 to $24.99	6,312	$90,675	$1,718	$88,958	$14.09	98.1%
$25.00 to $49.99	2,602	$82,857	$19,582	$63,275	$24.32	76.4%
$50.00 to $74.99	1,007	$54,295	$21,913	$32,382	$32.16	59.6%
$75.00 to $99.99	516	$37,189	$17,175	$20,015	$38.79	53.8%
$100.00 to $199.99	975	$117,833	$69,065	$48,768	$50.02	41.4%
$200.00 to $299.99	658	$134,634	$81,551	$53,083	$80.67	39.4%
$300.00 to $399.99	385	$107,036	$70,350	$36,686	$95.29	34.3%
$400.00 to $499.99	258	$96,052	$67,633	$28,420	$110.15	29.6%
$500.00 to $599.99	157	$73,243	$48,385	$24,858	$158.33	33.9%
$600.00 to $699.99	105	$59,810	$39,846	$19,964	$190.13	33.4%
$700.00 to $799.99	83	$51,696	$35,824	$15,872	$191.23	30.7%
$800.00 to $899.99	72	$49,593	$36,593	$13,000	$180.56	26.2%
$900.00 to $999.99	88	$68,306	$52,594	$15,712	$178.55	23.0%
$1000.00 to $1099.99	47	$41,079	$32,579	$8,500	$180.85	20.7%
$1100.00 to $1199.99	15	$17,372	$12,429	$4,943	$329.57	28.5%
$1200.00 to $1299.99	9	$11,388	$8,888	$2,500	$277.78	22.0%
$1300.00 or more	334	$1,085,954	$1,040,866	$45,088	$134.99	4.2%
Total	18,528	$2,206,754	$1,656,990	$549,763	$29.67	24.9%

Days Supply	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
15 days or less	6,098	$166,242	$80,701	$85,541	$14.03	51.5%
16-34 days	7,763	$1,400,201	$1,205,066	$195,135	$25.14	13.9%
35-60 days	30	$7,956	$4,652	$3,304	$110.12	41.5%
61-83 days	27	$9,844	$6,720	$3,124	$115.71	31.7%
84-90 days	4,597	$621,258	$359,345	$261,913	$56.97	42.2%
91-120 days	6	$990	$507	$482	$80.41	48.7%
121-180 days	7	$263	$0	$263	$37.62	100.0%
181 or more days						
Total	18,528	$2,206,754	$1,656,990	$549,763	$29.67	24.9%

Age	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
12 and Under	1,019	$66,594	$39,540	$27,054	$26.55	40.6%
13-18 Years	568	$59,384	$40,135	$19,249	$33.89	32.4%
19-30 Years	1,819	$151,005	$104,349	$46,656	$25.65	30.9%
31-45 Years	3,960	$432,765	$344,201	$88,564	$22.36	20.5%
46-49 Years	1,417	$92,457	$56,287	$36,170	$25.53	39.1%
50-59 Years	5,778	$876,529	$696,143	$180,386	$31.22	20.6%
60-64 Years	3,204	$447,413	$325,552	$121,861	$38.03	27.2%
65 and Over	763	$80,607	$50,783	$29,824	$39.09	37.0%
Total	18,528	$2,206,754	$1,656,990	$549,763	$29.67	24.9%

SCRIPT CARE, LTD.

Range Report

Report for: **City of Lynchburg**

Effective Date: 10/01/2013

Group: **52030: Lynchburg City Schools**

This is a summary of your Script Care Prescription Plan from **1/1/2015** through **12/31/2015** .

Drug Price	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
Less than $10.00	4,390	$24,140	$659	$23,482	$5.35	97.3%
$10.00 to $24.99	6,042	$88,037	$6,101	$81,936	$13.56	93.1%
$25.00 to $49.99	2,627	$87,004	$28,591	$58,412	$22.24	67.1%
$50.00 to $74.99	1,034	$53,261	$27,050	$26,211	$25.35	49.2%
$75.00 to $99.99	463	$33,857	$17,247	$16,611	$35.88	49.1%
$100.00 to $199.99	955	$114,118	$73,397	$40,721	$42.64	35.7%
$200.00 to $299.99	737	$152,373	$99,806	$52,567	$71.33	34.5%
$300.00 to $399.99	421	$120,144	$86,424	$33,721	$80.10	28.1%
$400.00 to $499.99	212	$77,906	$58,466	$19,440	$91.70	25.0%
$500.00 to $599.99	179	$82,254	$52,899	$29,355	$163.99	35.7%
$600.00 to $699.99	124	$70,001	$48,670	$21,331	$172.02	30.5%
$700.00 to $799.99	91	$57,744	$44,825	$12,919	$141.97	22.4%
$800.00 to $899.99	82	$60,738	$49,363	$11,375	$138.72	18.7%
$900.00 to $999.99	66	$57,732	$43,382	$14,350	$217.42	24.9%
$1000.00 to $1099.99	33	$30,441	$25,891	$4,550	$137.88	14.9%
$1100.00 to $1199.99	13	$14,972	$12,997	$1,975	$151.92	13.2%
$1200.00 to $1299.99	11	$13,685	$11,185	$2,500	$227.27	18.3%
$1300.00 or more	219	$809,151	$779,126	$30,026	$137.10	3.7%
Total	17,699	$1,947,558	$1,466,078	$481,480	$27.20	24.7%

Days Supply	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
15 days or less	5,033	$143,000	$75,493	$67,507	$13.41	47.2%
16-34 days	7,991	$1,208,354	$1,021,595	$186,759	$23.37	15.5%
35-60 days	30	$11,350	$7,619	$3,731	$124.35	32.9%
61-83 days	11	$7,085	$4,993	$2,092	$190.16	29.5%
84-90 days	4,620	$575,637	$354,245	$221,391	$47.92	38.5%
91-120 days	14	$2,132	$2,132	$0	$0.00	0.0%
121-180 days						
181 or more days						
Total	17,699	$1,947,558	$1,466,078	$481,480	$27.20	24.7%

Age	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
12 and Under	644	$55,995	$36,548	$19,448	$30.20	34.7%
13-18 Years	560	$62,888	$45,704	$17,185	$30.69	27.3%
19-30 Years	1,993	$168,097	$129,671	$38,426	$19.28	22.9%
31-45 Years	3,330	$217,161	$150,165	$66,997	$20.12	30.9%
46-49 Years	1,203	$166,687	$132,104	$34,583	$28.75	20.7%
50-59 Years	5,401	$579,243	$424,159	$155,084	$28.71	26.8%
60-64 Years	3,437	$607,925	$491,824	$116,101	$33.78	19.1%
65 and Over	1,131	$89,560	$55,904	$33,656	$29.76	37.6%
Total	17,699	$1,947,558	$1,466,078	$481,480	$27.20	24.7%

SCRIPT CARE, LTD.

Range Report

Report for: **City of Lynchburg**

Group: **52021, 52030**

This is a summary of your Script Care Prescription Plan from **1/1/2015** through **12/31/2015** .

Drug Price	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
Less than $10.00	9,295	$51,881	$659	$51,222	$5.51	98.7%
$10.00 to $24.99	12,354	$178,712	$7,819	$170,894	$13.83	95.6%
$25.00 to $49.99	5,229	$169,861	$48,174	$121,687	$23.27	71.6%
$50.00 to $74.99	2,041	$107,556	$48,963	$58,592	$28.71	54.5%
$75.00 to $99.99	979	$71,047	$34,421	$36,625	$37.41	51.6%
$100.00 to $199.99	1,930	$231,950	$142,462	$89,488	$46.37	38.6%
$200.00 to $299.99	1,395	$287,007	$181,357	$105,650	$75.73	36.8%
$300.00 to $399.99	806	$227,180	$156,774	$70,407	$87.35	31.0%
$400.00 to $499.99	470	$173,958	$126,099	$47,860	$101.83	27.5%
$500.00 to $599.99	336	$155,497	$101,284	$54,213	$161.35	34.9%
$600.00 to $699.99	229	$129,811	$88,516	$41,295	$180.33	31.8%
$700.00 to $799.99	174	$109,440	$80,649	$28,791	$165.47	26.3%
$800.00 to $899.99	154	$110,331	$85,956	$24,375	$158.28	22.1%
$900.00 to $999.99	154	$126,038	$95,976	$30,062	$195.21	23.9%
$1000.00 to $1099.99	80	$71,521	$58,471	$13,050	$163.13	18.2%
$1100.00 to $1199.99	28	$32,345	$25,426	$6,918	$247.09	21.4%
$1200.00 to $1299.99	20	$25,073	$20,073	$5,000	$250.00	19.9%
$1300.00 or more	553	$1,895,105	$1,819,992	$75,114	$135.83	4.0%
Total	36,227	$4,154,312	$3,123,068	$1,031,243	$28.47	24.8%

Days Supply	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
15 days or less	11,131	$309,243	$156,194	$153,049	$13.75	49.5%
16-34 days	15,754	$2,608,555	$2,226,661	$381,894	$24.24	14.6%
35-60 days	60	$19,305	$12,271	$7,034	$117.23	36.4%
61-83 days	38	$16,929	$11,713	$5,216	$137.26	30.8%
84-90 days	9,217	$1,196,894	$713,590	$483,305	$52.44	40.4%
91-120 days	20	$3,122	$2,640	$482	$24.12	15.5%
121-180 days	7	$263	$0	$263	$37.62	100.0%
181 or more days						
Total	36,227	$4,154,312	$3,123,068	$1,031,243	$28.47	24.8%

Age	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
12 and Under	1,663	$122,589	$76,088	$46,501	$27.96	37.9%
13-18 Years	1,128	$122,272	$85,839	$36,434	$32.30	29.8%
19-30 Years	3,812	$319,102	$234,020	$85,082	$22.32	26.7%
31-45 Years	7,290	$649,926	$494,366	$155,561	$21.34	23.9%
46-49 Years	2,620	$259,144	$188,390	$70,754	$27.01	27.3%
50-59 Years	11,179	$1,455,772	$1,120,302	$335,470	$30.01	23.0%
60-64 Years	6,641	$1,055,338	$817,376	$237,962	$35.83	22.5%
65 and Over	1,894	$170,167	$106,686	$63,480	$33.52	37.3%
Total	36,227	$4,154,312	$3,123,068	$1,031,243	$28.47	24.8%

City of Lynchburg

A017 - Therapeutic Class Totals

A017_Rpt Group(s) = 52021; Cycles between 1/1/2015 and 12/31/2015

Report Criteria

Code	Therapeutic Class	# Scripts	Amt Paid	Copay
66	Analgesics-Anti-Inflammatory	731	$383,830.63	$19,382.54
82	Hematopoitic Agents	58	$230,141.34	$1,523.49
62	Misc. Psychotherapeutic and Neurological Agents	50	$192,364.44	$4,674.94
27	Antidiabetic	719	$184,872.76	$62,766.00
40	Misc. Cardiovascular	192	$75,345.38	$13,724.98
44	Antiasthmatic	738	$72,036.86	$40,767.32
90	Dermatological	672	$66,503.45	$22,090.18
61	Stimulants/Anti-Obesity Anorexiants	312	$40,093.37	$24,709.10
59	Antipsychotics	104	$38,662.34	$6,912.03
12	Antiviral	224	$33,118.72	$6,804.51
39	Antihyperlipidemic	1,144	$29,626.93	$37,359.81
04	Tetracyclines	244	$25,071.39	$7,574.16
65	Analgesics-Narcotic	1,243	$21,379.20	$19,780.95
49	Ulcer Drugs	549	$18,916.08	$18,864.27
83	Anticoagulants	70	$18,843.00	$6,142.49
72	Anticonvulsant	496	$17,227.61	$14,544.71
38	Pressors	54	$16,777.24	$3,131.46
86	Ophthalmic	270	$16,557.20	$12,065.61
36	Antihypertensive	1,116	$13,024.92	$24,361.49
58	Antidepressants	1,210	$12,999.18	$25,772.59
25	Contraceptives	493	$12,568.10	$17,999.61
42	Systemic And Topical Nasal Products	376	$10,130.41	$11,166.73
52	Misc. GI	50	$9,240.77	$4,041.36
50	Antiemetics	225	$9,147.60	$3,782.38
21	Antineoplastics	104	$9,145.35	$4,429.91
23	Androgen-Anabolic	67	$8,500.44	$3,899.61
24	Estrogens	82	$8,440.43	$5,965.05
33	Beta Blockers	432	$8,094.20	$12,484.55
68	Gout	107	$8,057.21	$6,017.29
67	Migraine Products	111	$6,586.15	$3,595.85
94	Diagnostic Products	65	$5,933.44	$4,279.66
55	Vaginal Products	35	$4,432.69	$2,938.42
56	Miscellaneous Genitourinary Products	133	$4,170.08	$5,600.33
85	Misc. Hematological	44	$3,926.64	$2,394.80
30	Misc. Endocrine	50	$3,837.76	$2,111.22
54	Urinary Antispasmodics	22	$3,402.19	$2,313.44
02	Cephalosporins	275	$3,252.00	$4,270.27

A017_Rpt Group(s) = 52021; Cycles between 1/1/2015 and 12/31/2015
Report Criteria

Code	Therapeutic Class	# Scripts	Amt Paid	Copay
99	Assorted Classes	41	$3,242.87	$1,744.02
75	Musculoskeletal Therapy Agents	340	$3,026.23	$4,564.12
46	Laxatives	148	$2,721.78	$2,756.63
16	Misc. Anti-Infectives	283	$2,538.42	$3,339.09
13	Antimalarial	30	$2,035.69	$1,602.14
87	Otic	58	$1,825.04	$1,635.55
60	Hypnotics	188	$1,418.05	$3,177.08
37	Diuretics	408	$1,363.81	$4,842.96
53	Urinary Anti-Infectives	73	$1,316.62	$1,741.78
01	Penicillins	746	$1,244.98	$8,402.63
43	Cough/Cold/Allergy	342	$960.70	$3,718.10
03	Macrolide Antibiotics	408	$822.84	$6,113.45
89	Anorectal	21	$804.19	$602.37
57	Antianxiety Agents	578	$742.69	$5,650.11
34	Calcium Blockers	303	$667.41	$4,388.80
26	Progestins	39	$648.69	$712.06
64	Analgesics-Non Narcotic	45	$637.44	$950.73
22	Corticosteroids	503	$633.42	$4,510.70
11	Antifunguals	209	$597.93	$2,313.67
05	Fluoroquinolones	190	$485.97	$2,161.43
88	Mouth and Throat (Local)	86	$427.02	$890.06
79	Minerals and Electrolytes	71	$420.90	$1,461.46
28	Thyroid	240	$379.09	$5,825.81
97	Medical Devices	67	$358.47	$1,707.45
84	Hemostatics	7	$321.46	$214.29
15	Anthelmintic	1	$317.61	$100.00
41	Antihistamines	151	$161.41	$3,112.92
35	Antiarrhythmic	15	$144.63	$471.49
96	Chemicals	2	$90.02	$77.07
78	Multivitamins	13	$64.73	$124.53
31	Cardiotonics	8	$42.93	$80.00
32	Antianginal Agents	10	$32.18	$174.37
47	Antidiarrheals	17	$22.31	$163.67
92	Antiseptics and Disinfectants	1	$0.00	$13.31
73	Antiparkinsonian	17	$0.00	$164.48
09	Antimycobacterial Agents	1	$0.00	$12.01

City of Lynchburg

A017 - Therapeutic Class Totals

A017_Rpt Group(s) = 52021; Cycles between 1/1/2015 and 12/31/2015

Report Criteria

Code	Therapeutic Class	# Scripts	Amt Paid	Copay
Grand Total		18,527	$1,656,775.03	$549,763.45

Lynchburg City Schools

A017 - Therapeutic Class Totals

A017_Rpt Group(s) = 52030; Cycles between 1/1/2015 and 12/31/2015

Report Criteria

Code	Therapeutic Class	# Scripts	Amt Paid	Copay
21	Antineoplastics	144	$259,174.56	$5,478.77
66	Analgesics-Anti-Inflammatory	593	$255,246.05	$14,222.34
27	Antidiabetic	540	$136,657.18	$46,261.46
12	Antiviral	268	$93,123.46	$7,552.66
62	Misc. Psychotherapeutic and Neurological Agents	62	$73,341.19	$3,954.84
25	Contraceptives	835	$70,841.30	$415.23
44	Antiasthmatic	668	$59,526.56	$31,385.83
90	Dermatological	640	$59,480.66	$19,367.20
61	Stimulants/Anti-Obesity Anorexiants	352	$49,236.05	$27,411.14
39	Antihyperlipidemic	1,076	$47,668.27	$43,384.54
23	Androgen-Anabolic	29	$33,354.49	$5,120.00
58	Antidepressants	1,376	$24,634.08	$34,418.68
65	Analgesics-Narcotic	961	$23,031.75	$16,057.84
59	Antipsychotics	65	$22,945.49	$3,910.50
04	Tetracyclines	215	$19,845.89	$5,264.42
72	Anticonvulsant	440	$19,557.15	$12,615.76
52	Misc. GI	46	$15,920.47	$3,942.56
38	Pressors	46	$15,311.58	$3,200.00
86	Ophthalmic	322	$14,936.90	$10,954.98
40	Misc. Cardiovascular	114	$14,913.04	$8,745.78
68	Gout	102	$13,079.25	$6,382.50
49	Ulcer Drugs	432	$11,419.33	$12,110.06
83	Anticoagulants	73	$11,342.08	$5,505.59
55	Vaginal Products	101	$10,880.65	$7,344.24
67	Migraine Products	157	$9,607.71	$6,328.07
36	Antihypertensive	1,031	$8,896.86	$21,300.33
42	Systemic And Topical Nasal Products	332	$8,469.36	$8,476.97
24	Estrogens	120	$7,826.78	$6,897.49
30	Misc. Endocrine	47	$7,657.39	$1,658.19
33	Beta Blockers	434	$6,592.60	$10,845.69
51	Digestive Aids	4	$5,503.74	$400.00
54	Urinary Antispasmodics	53	$5,188.15	$3,599.86
17	Vaccines	80	$4,714.76	$0.00
74	Neuromuscular Agents	4	$4,281.64	$400.00
46	Laxatives	149	$4,169.22	$1,098.70
75	Musculoskeletal Therapy Agents	264	$3,787.91	$3,794.85
85	Misc. Hematological	34	$2,936.56	$1,452.74

SCRIPT CARE, LTD.

Lynchburg City Schools

A017 - Therapeutic Class Totals

A017_Rpt Group(s) = 52030; Cycles between 1/1/2015 and 12/31/2015
Report Criteria

Code	Therapeutic Class	# Scripts	Amt Paid	Copay
02	Cephalosporins	248	$2,854.49	$3,998.84
94	Diagnostic Products	51	$2,141.67	$1,954.33
50	Antiemetics	132	$2,113.85	$1,974.32
73	Antiparkinsonian	38	$2,008.25	$1,361.21
34	Calcium Blockers	330	$1,757.59	$5,678.20
13	Antimalarial	17	$1,757.45	$1,178.01
60	Hypnotics	212	$1,600.70	$3,239.57
03	Macrolide Antibiotics	371	$1,402.13	$5,159.22
53	Urinary Anti-Infectives	67	$1,351.86	$1,250.58
01	Penicillins	567	$1,341.01	$6,981.10
43	Cough/Cold/Allergy	328	$1,337.51	$3,812.46
56	Miscellaneous Genitourinary Products	84	$1,226.41	$1,876.65
88	Mouth and Throat (Local)	83	$1,148.67	$1,078.93
37	Diuretics	475	$1,135.24	$5,154.64
26	Progestins	49	$875.19	$827.14
57	Antianxiety Agents	508	$738.00	$5,829.94
79	Minerals and Electrolytes	100	$655.83	$2,555.07
87	Otic	28	$591.94	$627.28
64	Analgesics-Non Narcotic	47	$560.77	$711.29
11	Antifunguals	181	$524.28	$2,353.25
89	Anorectal	13	$515.30	$313.27
22	Corticosteroids	469	$493.37	$4,371.88
15	Anthelmintic	1	$426.42	$100.00
32	Antianginal Agents	13	$329.47	$213.14
16	Misc. Anti-Infectives	242	$315.20	$2,357.79
97	Medical Devices	63	$305.77	$707.09
47	Antidiarrheals	24	$299.53	$416.81
05	Fluoroquinolones	202	$268.31	$2,185.91
77	Vitamins	35	$196.85	$0.00
28	Thyroid	370	$145.83	$10,069.77
18	Toxoids	2	$139.61	$0.00
84	Hemostatics	2	$108.57	$72.37
41	Antihistamines	84	$86.94	$836.21
99	Assorted Classes	16	$86.29	$487.09
31	Cardiotonics	2	$63.50	$120.00
98	Pharmaceutical Adjuvants	1	$36.42	$24.28
93	Antidotes	2	$25.42	$40.00

Lynchburg City Schools

A017 - Therapeutic Class Totals

A017_Rpt Group(s) = 52030; Cycles between 1/1/2015 and 12/31/2015

Report Criteria

Code	Therapeutic Class	# Scripts	Amt Paid	Copay
96	Chemicals	1	$8.93	$20.00
78	Multivitamins	7	$3.26	$50.98
82	Hematopoitic Agents	25	$0.00	$231.47
Grand Total		17,699	$1,466,077.94	$481,479.90

SCRIPT CARE, LTD.

City of Lynchburg

A029D - Top Utilized Drugs by Dollars

A029D_Rpt

Report Criteria Group(s) = 52021; Cycles between 1/1/2015 and 12/31/2015

Desc	# Scripts	Amt Paid	Amt Paid/ RX	Ingred. Cost	Ingred. Cost/ 30 days	Ind.*	Maint	Therapeutic Class
CEREZYME	13	$230,141.34	$17,703.18	$231,422.09	$19,073.25	N	N	HEMATOPOIETIC AGENTS/Agents for Gaucher
HUMIRA PEN	52	$178,148.51	$3,425.93	$183,244.51	$3,770.46	N	Y	ANALGESICS - ANTI-INFLAMMATORY/Anti-TNF-
ENBREL SRCLK	44	$124,712.86	$2,834.38	$128,632.86	$3,439.38	N	Y	ANALGESICS - ANTI-INFLAMMATORY/Soluble Tumor
REBIF REBIDO	12	$64,346.33	$5,362.19	$65,522.33	$5,850.21	N	Y	PSYCHOTHERAPEUTIC AND NEUROLOGICAL
ENBREL	21	$59,227.03	$2,820.33	$61,089.03	$3,444.87	N	Y	ANALGESICS - ANTI-INFLAMMATORY/Soluble Tumor
AVONEX PREFL	10	$48,776.55	$4,877.66	$49,756.55	$5,331.06	N	Y	PSYCHOTHERAPEUTIC AND NEUROLOGICAL
LANTUS	113	$38,807.16	$343.43	$51,677.53	$365.04	N	Y	ANTIDIABETICS/Human Insulin
AVONEX PEN	8	$29,294.21	$3,661.78	$29,882.21	$5,212.01	N	Y	PSYCHOTHERAPEUTIC AND NEUROLOGICAL
ADCIRCA	12	$28,198.29	$2,349.86	$29,374.29	$2,447.86	N	Y	CARDIOVASCULAR AGENTS - MISC./Pulmonary
REVATIO	11	$27,813.86	$2,528.53	$28,891.86	$2,626.53	O	Y	CARDIOVASCULAR AGENTS - MISC./Pulmonary
ATRIPLA	13	$27,273.85	$2,097.99	$28,547.85	$2,195.99	N	Y	ANTIVIRALS/Antiretroviral Combinations
AUBAGIO	5	$26,787.88	$5,357.58	$27,287.88	$5,847.40	N	Y	PSYCHOTHERAPEUTIC AND NEUROLOGICAL
VICTOZA	41	$22,149.74	$540.24	$27,594.49	$504.78	N	Y	ANTIDIABETICS/Incretin Mimetic Agents (GLP-1
LEVEMIR	47	$20,991.86	$446.64	$27,996.39	$375.79	N	Y	ANTIDIABETICS/Human Insulin
CRESTOR	81	$20,591.04	$254.21	$33,944.70	$191.78	N	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
HUMIRA	6	$18,320.39	$3,053.40	$18,908.39	$3,376.50	N	Y	ANALGESICS - ANTI-INFLAMMATORY/Anti-TNF-
AMPYRA	10	$17,458.40	$1,745.84	$18,458.40	$1,845.84	N	Y	PSYCHOTHERAPEUTIC AND NEUROLOGICAL
CARAC	7	$14,585.22	$2,083.60	$15,281.22	$2,183.03	M	N	DERMATOLOGICALS/Antineoplastic Antimetabolites -
NOVOLOG	32	$13,817.91	$431.81	$17,351.94	$479.78	N	Y	ANTIDIABETICS/Human Insulin
SYMBICORT	46	$12,572.95	$273.33	$20,481.31	$252.65	N	Y	ANTIASTHMATIC AND BRONCHODILATOR
ADVAIR DISKU	37	$12,557.18	$339.38	$19,152.64	$269.76	N	Y	ANTIASTHMATIC AND BRONCHODILATOR
HUMULIN	23	$11,281.45	$490.50	$13,757.70	$555.49	N	Y	ANTIDIABETICS/Human Insulin
XOLAIR	2	$10,985.32	$5,492.66	$11,185.32	$5,992.14	N	N	ANTIASTHMATIC AND BRONCHODILATOR
NOVOLOG MIX	9	$10,618.07	$1,179.79	$12,510.07	$658.42	N	Y	ANTIDIABETICS/Human Insulin
CIALIS	82	$9,949.58	$121.34	$15,550.86	$385.24	N	N	CARDIOVASCULAR AGENTS - MISC./Selective
EPIPEN 2-PAK	40	$9,884.56	$247.11	$12,052.31	$2,288.41	N	N	VASOPRESSORS/Anaphylaxis Therapy Agents
ABILIFY	20	$9,883.47	$494.17	$11,462.72	$917.02	N	Y	ANTIPSYCHOTICS/ANTIMANIC AGENTS/Quinolinone
HUMALOG	26	$9,775.43	$375.98	$12,213.13	$387.72	N	Y	ANTIDIABETICS/Human Insulin
SOLODYN	10	$9,693.08	$969.31	$10,677.08	$1,067.71	N	N	TETRACYCLINES/Tetracyclines
VYVANSE	61	$8,822.00	$144.62	$14,637.90	$214.53	N	Y	ADHD/ANTI-NARCOLEPSY/ANTI-
ENOXAPARIN	12	$8,587.93	$715.66	$9,668.73	$1,801.63	Y	N	ANTICOAGULANTS/Low Molecular Weight Heparins
INVOKANA	17	$7,978.86	$469.34	$11,249.86	$340.90	N	Y	ANTIDIABETICS/Sodium-Glucose Co-Transporter 2
AMPHETAMINE	85	$7,823.15	$92.04	$13,039.87	$96.95	Y	Y	ADHD/ANTI-NARCOLEPSY/ANTI-
ABILIFY	6	$7,421.22	$1,236.87	$8,701.09	$870.11	O	Y	ANTIPSYCHOTICS/ANTIMANIC AGENTS/Quinolinone
KOMBIGLYZE	12	$7,328.57	$610.71	$10,705.07	$314.86	N	Y	ANTIDIABETICS/Dipeptidyl Peptidase-4 Inhibitor-
	1026	$1,166,605.25	$1,137.04	$1,281,910.18	$1,008.00			

*Indicator: M,N = Brand no generic available; O = Brand with generic available; Y = generic

Lynchburg City Schools

A029D - Top Utilized Drugs by Dollars

A029D_Rpt

Report Criteria Group(s) = 52030; Cycles between 1/1/2015 and 12/31/2015

Desc	# Scripts	Amt Paid	Amt Paid/ RX	Ingred. Cost	Ingred. Cost/ 30 days	Ind.*	Maint	Therapeutic Class
IBRANCE	18	$179,193.61	$9,955.20	$180,992.36	$10,925.09	N	N	ANTINEOPLASTICS AND ADJUNCTIVE
HUMIRA PEN	39	$157,008.52	$4,025.86	$160,634.52	$4,651.58	N	Y	ANALGESICS - ANTI-INFLAMMATORY/Anti-TNF-
AVONEX PREFL	13	$64,456.53	$4,958.19	$65,730.53	$5,417.35	N	Y	PSYCHOTHERAPEUTIC AND NEUROLOGICAL
HARVONI	2	$62,572.00	$31,286.00	$62,768.00	$33,625.71	N	N	ANTIVIRALS/Hepatitis C Agent - Combinations
LANTUS	92	$33,240.60	$361.31	$44,864.72	$384.66	N	Y	ANTIDIABETICS/Human Insulin
ORENCIA	11	$33,229.41	$3,020.86	$34,307.41	$3,216.32	N	Y	ANALGESICS - ANTI-INFLAMMATORY/Selective
IBRANCE	3	$29,773.83	$9,924.61	$30,070.08	$10,739.31	N	N	ANTINEOPLASTICS AND ADJUNCTIVE
CRESTOR	149	$28,490.27	$191.21	$47,372.91	$188.74	N	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
ENBREL SRCLK	9	$28,082.44	$3,120.27	$28,964.44	$3,421.00	N	Y	ANALGESICS - ANTI-INFLAMMATORY/Soluble Tumor
XELJANZ	11	$27,784.18	$2,525.83	$28,862.18	$2,623.83	N	Y	ANALGESICS - ANTI-
LEVEMIR	28	$27,569.20	$984.61	$31,943.70	$772.83	N	Y	ANTIDIABETICS/Human Insulin
ATRIPLA	12	$25,155.51	$2,096.29	$26,331.51	$2,194.29	N	Y	ANTIVIRALS/Antiretroviral Combinations
ANDROGEL	20	$24,610.28	$1,230.51	$28,594.28	$714.86	N	Y	ANDROGENS-ANABOLIC/Androgens
TYKERB	7	$21,927.95	$3,132.56	$22,427.95	$4,485.59	N	N	ANTINEOPLASTICS AND ADJUNCTIVE
VYVANSE	74	$14,791.63	$199.89	$24,589.76	$213.89	N	Y	ADHD/ANTI-NARCOLEPSY/ANTI-
MIRENA	17	$14,079.74	$828.22	$14,054.24	$876.56	N	Y	CONTRACEPTIVES/Progestin Contraceptives - IUD
LYRICA	36	$13,991.88	$388.66	$18,842.09	$381.93	N	Y	ANTICONVULSANTS/Anticonvulsants - Misc.
ADVAIR DISKU	44	$12,517.02	$284.48	$19,238.07	$282.91	N	Y	ANTIASTHMATIC AND BRONCHODILATOR
EPIPEN 2-PAK	33	$12,035.90	$364.72	$14,696.15	$3,019.76	N	N	VASOPRESSORS/Anaphylaxis Therapy Agents
CAPECITABINE	5	$10,837.85	$2,167.57	$11,081.35	$2,968.22	Y	N	ANTINEOPLASTICS AND ADJUNCTIVE
XOLAIR	4	$10,590.62	$2,647.66	$10,990.62	$2,943.92	N	N	ANTIASTHMATIC AND BRONCHODILATOR
SOLODYN	13	$10,564.92	$812.69	$11,648.42	$1,058.95	N	N	TETRACYCLINES/Tetracyclines
VICTOZA	18	$10,525.05	$584.73	$13,238.96	$472.82	N	Y	ANTIDIABETICS/Incretin Mimetic Agents (GLP-1
TEMOZOLOMIDE	4	$9,097.55	$2,274.39	$9,290.55	$3,318.05	Y	N	ANTINEOPLASTICS AND ADJUNCTIVE
NOVOLOG MIX	13	$9,007.05	$692.85	$10,556.54	$657.05	N	Y	ANTIDIABETICS/Human Insulin
CIALIS	52	$8,755.81	$168.38	$13,543.69	$285.33	N	N	CARDIOVASCULAR AGENTS - MISC./Selective
AMPHETAMINE	132	$8,163.10	$61.84	$13,779.48	$73.05	Y	Y	ADHD/ANTI-NARCOLEPSY/ANTI-
OXYCONTIN	12	$8,008.95	$667.41	$9,187.95	$765.66	N	N	ANALGESICS - OPIOID/Opioid Agonists
LATUDA	6	$7,936.22	$1,322.70	$9,132.47	$761.04	N	Y	ANTIPSYCHOTICS/ANTIMANIC
DULOXETINE	107	$7,830.11	$73.18	$12,077.07	$67.76	Y	Y	ANTIDEPRESSANTS/Serotonin-Norepinephrine
TESTOSTERONE	4	$7,131.32	$1,782.83	$7,631.32	$635.94	M	Y	ANDROGENS-ANABOLIC/Androgens
MINASTRIN 24	26	$6,463.82	$248.61	$6,447.32	$123.35	N	Y	CONTRACEPTIVES/Combination Contraceptives - Oral
HUMALOG KWIK	15	$6,329.95	$422.00	$8,011.89	$466.71	N	Y	ANTIDIABETICS/Human Insulin
INVOKANA	15	$6,178.66	$411.91	$8,858.41	$328.09	N	Y	ANTIDIABETICS/Sodium-Glucose Co-Transporter 2
COLCRYS	27	$6,061.24	$224.49	$8,388.10	$285.31	M	N	GOUT AGENTS/Gout Agents
	1071	$943,992.72	$881.41	$1,049,149.04	$719.24			

*Indicator: M,N = Brand no generic available; O = Brand with generic available; Y = generic

SCRIPT CARE, LTD.

City of Lynchburg

A029E - Top Utilized Drugs by Rx

A029E_Rpt

Report Criteria Group(s) = 52021; Cycles between 1/1/2015 and 12/31/2015

Desc	# Scripts	Amt Paid	Amt Paid/ RX	Ingred. Cost	Ingred. Cost/ 30 days	Ind.*	Maint	Therapeutic Class
HYDROCO/APAP	656	$2,325.08	$3.54	$9,432.94	$45.74	Y	N	ANALGESICS - OPIOID/Hydrocodone Combinations
ATORVASTATIN	501	$37.53	$0.07	$8,713.12	$8.57	Y	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
AMOXICILLIN	486	$12.01	$0.02	$3,601.40	$25.05	Y	N	PENICILLINS/Aminopenicillins
LISINOPRIL	430	$85.98	$0.20	$4,145.57	$5.60	Y	Y	ANTIHYPERTENSIVES/ACE Inhibitors
AZITHROMYCIN	376	$339.11	$0.90	$4,984.47	$81.76	Y	N	MACROLIDES/Azithromycin
PREDNISONE	308	$31.28	$0.10	$1,247.48	$10.19	Y	N	CORTICOSTEROIDS/Glucocorticosteroids
SIMVASTATIN	282	$0.00	$0.00	$3,155.02	$4.77	Y	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
TRAMADOL HCL	274	$982.73	$3.59	$3,731.06	$19.97	Y	N	ANALGESICS - OPIOID/Opioid Agonists
FLUTICASONE	246	$241.87	$0.98	$3,811.32	$14.81	Y	N	NASAL AGENTS - SYSTEMIC AND TOPICAL/Nasal
ALPRAZOLAM	231	$21.21	$0.09	$1,844.41	$8.03	Y	N	ANTIANXIETY AGENTS/Benzodiazepines
CYCLOBENZAPR	228	$237.23	$1.04	$1,989.90	$17.97	Y	N	MUSCULOSKELETAL THERAPY AGENTS/Central
AMLODIPINE	222	$0.00	$0.00	$1,980.56	$4.93	Y	Y	CALCIUM CHANNEL BLOCKERS/Calcium Channel
HYDROCHLOROT	222	$0.00	$0.00	$1,034.06	$2.49	Y	Y	DIURETICS/Thiazides and Thiazide-Like Diuretics
MONTELUKAST	221	$157.70	$0.71	$3,894.84	$12.24	Y	Y	ANTIASTHMATIC AND BRONCHODILATOR
OMEPRAZOLE	221	$33.40	$0.15	$3,544.29	$8.45	Y	Y	ULCER DRUGS/Proton Pump Inhibitors
DICLOFENAC	209	$187.22	$0.90	$2,905.14	$15.75	Y	Y	ANALGESICS - ANTI-INFLAMMATORY/Nonsteroidal
ESCITALOPRAM	208	$26.67	$0.13	$3,147.67	$8.38	Y	Y	ANTIDEPRESSANTS/Selective Serotonin Reuptake
PROAIR HFA	181	$6,880.25	$38.01	$11,396.18	$68.30	N	Y	ANTIASTHMATIC AND BRONCHODILATOR
AMOX/K CLAV	176	$1,199.29	$6.81	$4,120.15	$75.32	Y	N	PENICILLINS/Penicillin Combinations
DOXYCYCL HYC	175	$5,619.63	$32.11	$9,715.97	$99.14	Y	N	TETRACYCLINES/Tetracyclines
FLUCONAZOLE	172	$488.21	$2.84	$2,228.90	$94.58	Y	N	ANTIFUNGALS/Triazoles
METFORMIN	167	$0.00	$0.00	$1,629.49	$4.28	Y	Y	ANTIDIABETICS/Biguanides
LEVOTHYROXIN	163	$1.92	$0.01	$3,071.58	$11.50	Y	Y	THYROID AGENTS/Thyroid Hormones
SERTRALINE	160	$98.61	$0.62	$2,001.41	$7.41	Y	Y	ANTIDEPRESSANTS/Selective Serotonin Reuptake
ONDANSETRON	158	$714.40	$4.52	$2,319.80	$83.65	Y	N	ANTIEMETICS/5-HT3 Receptor Antagonists
LORAZEPAM	158	$124.28	$0.79	$1,625.73	$13.33	Y	N	ANTIANXIETY AGENTS/Benzodiazepines
MELOXICAM	157	$7.63	$0.05	$1,294.70	$6.60	Y	Y	ANALGESICS - ANTI-INFLAMMATORY/Nonsteroidal
CEPHALEXIN	153	$638.53	$4.17	$2,117.42	$45.96	Y	N	CEPHALOSPORINS/Cephalosporins - 1st Generation
OXYCOD/APAP	148	$871.04	$5.89	$2,881.81	$66.10	Y	N	ANALGESICS - OPIOID/Opioid Combinations
BUPROPN HCL	135	$3,326.95	$24.64	$8,632.93	$34.50	Y	Y	ANTIDEPRESSANTS/Antidepressants - Misc.
FLUOXETINE	135	$198.26	$1.47	$1,856.26	$8.93	Y	Y	ANTIDEPRESSANTS/Selective Serotonin Reuptake
LISINOP/HCTZ	133	$0.00	$0.00	$1,329.94	$5.34	Y	Y	ANTIHYPERTENSIVES/ACE Inhibitors &
GABAPENTIN	128	$313.13	$2.45	$2,154.08	$13.32	Y	Y	ANTICONVULSANTS/Anticonvulsants - Misc.
METOPROLOL	126	$462.72	$3.67	$4,702.86	$17.98	Y	Y	BETA BLOCKERS/Beta Blockers Cardio-Selective
CIPROFLOXACN	125	$51.04	$0.41	$1,168.47	$37.77	Y	N	FLUOROQUINOLONES/Fluoroquinolones
	8071	$25,714.91	$3.19	$127,410.93	$14.63			

*Indicator: M,N = Brand no generic available; O = Brand with generic available; Y = generic

SCRIPT CARE, LTD.

Lynchburg City Schools

A029E - Top Utilized Drugs by Rx

A029E_Rpt

Report Criteria Group(s) = 52030; Cycles between 1/1/2015 and 12/31/2015

Desc	# Scripts	Amt Paid	Amt Paid/ RX	Ingred. Cost	Ingred. Cost/ 30 days	Ind.*	Maint	Therapeutic Class
HYDROCO/APAP	516	$2,442.56	$4.73	$8,300.64	$43.09	Y	N	ANALGESICS - OPIOID/Hydrocodone Combinations
ATORVASTATIN	353	$56.19	$0.16	$6,512.26	$8.92	Y	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
AMOXICILLIN	351	$0.00	$0.00	$2,761.11	$26.29	Y	N	PENICILLINS/Aminopenicillins
AZITHROMYCIN	343	$214.59	$0.63	$4,129.27	$76.19	Y	N	MACROLIDES/Azithromycin
LISINOPRIL	302	$0.00	$0.00	$2,855.92	$5.76	Y	Y	ANTIHYPERTENSIVES/ACE Inhibitors
PREDNISONE	295	$19.31	$0.07	$1,361.69	$11.02	Y	N	CORTICOSTEROIDS/Glucocorticosteroids
HYDROCHLOROT	284	$0.00	$0.00	$1,390.23	$2.76	Y	Y	DIURETICS/Thiazides and Thiazide-Like Diuretics
SIMVASTATIN	276	$0.00	$0.00	$2,894.38	$4.59	Y	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
LEVOTHYROXIN	269	$44.36	$0.16	$5,872.05	$12.11	Y	Y	THYROID AGENTS/Thyroid Hormones
AMLODIPINE	223	$0.00	$0.00	$1,936.75	$4.62	Y	Y	CALCIUM CHANNEL BLOCKERS/Calcium Channel
OMEPRAZOLE	220	$11.98	$0.05	$3,364.90	$8.63	Y	Y	ULCER DRUGS/Proton Pump Inhibitors
FLUTICASONE	219	$215.21	$0.98	$3,106.00	$15.18	Y	N	NASAL AGENTS - SYSTEMIC AND TOPICAL/Nasal
SERTRALINE	205	$17.04	$0.08	$2,518.62	$6.73	Y	Y	ANTIDEPRESSANTS/Selective Serotonin Reuptake
ESCITALOPRAM	197	$24.10	$0.12	$3,162.78	$8.90	Y	Y	ANTIDEPRESSANTS/Selective Serotonin Reuptake
MONTELUKAST	196	$280.68	$1.43	$4,262.48	$12.27	Y	Y	ANTIASTHMATIC AND BRONCHODILATOR
TRAMADOL HCL	191	$270.78	$1.42	$1,763.94	$16.28	Y	N	ANALGESICS - OPIOID/Opioid Agonists
DICLOFENAC	186	$144.74	$0.78	$2,330.42	$13.94	Y	Y	ANALGESICS - ANTI-INFLAMMATORY/Nonsteroidal
ALPRAZOLAM	183	$93.17	$0.51	$1,753.14	$10.72	Y	N	ANTIANXIETY AGENTS/Benzodiazepines
BUPROPN HCL	170	$4,001.12	$23.54	$10,597.75	$33.84	Y	Y	ANTIDEPRESSANTS/Antidepressants - Misc.
PROAIR HFA	169	$4,667.43	$27.62	$7,690.02	$67.73	N	Y	ANTIASTHMATIC AND BRONCHODILATOR
LISINOP/HCTZ	167	$0.00	$0.00	$1,429.21	$5.25	Y	Y	ANTIHYPERTENSIVES/ACE Inhibitors &
VALACYCLOVIR	156	$1,450.88	$9.30	$4,040.13	$43.10	Y	N	ANTIVIRALS/Herpes Agents - Purine Analogues
LOSARTAN POT	156	$0.00	$0.00	$2,110.11	$5.97	Y	Y	ANTIHYPERTENSIVES/Angiotensin II Receptor
CITALOPRAM	155	$0.00	$0.00	$1,643.64	$5.85	Y	Y	ANTIDEPRESSANTS/Selective Serotonin Reuptake
FLUCONAZOLE	150	$329.68	$2.20	$1,875.39	$72.22	Y	N	ANTIFUNGALS/Triazoles
CRESTOR	149	$28,490.27	$191.21	$47,372.91	$188.74	N	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
CYCLOBENZAPR	142	$16.09	$0.11	$969.62	$9.46	Y	N	MUSCULOSKELETAL THERAPY AGENTS/Central
AMOX/K CLAV	140	$892.07	$6.37	$3,291.71	$71.92	Y	N	PENICILLINS/Penicillin Combinations
ZOLPIDEM	139	$0.00	$0.00	$1,306.67	$8.49	Y	N	HYPNOTICS/SEDATIVES/SLEEP DISORDER
LORAZEPAM	136	$80.72	$0.59	$1,360.66	$9.94	Y	N	ANTIANXIETY AGENTS/Benzodiazepines
METFORMIN	134	$0.00	$0.00	$1,432.61	$4.82	Y	Y	ANTIDIABETICS/Biguanides
AMPHETAMINE	132	$8,163.10	$61.84	$13,779.48	$73.05	Y	Y	ADHD/ANTI-NARCOLEPSY/ANTI-
MELOXICAM	132	$51.88	$0.39	$966.72	$6.24	Y	Y	ANALGESICS - ANTI-INFLAMMATORY/Nonsteroidal
CEPHALEXIN	124	$252.63	$2.04	$1,487.03	$42.41	Y	N	CEPHALOSPORINS/Cephalosporins - 1st Generation
DOXYCYCL HYC	119	$4,178.99	$35.12	$6,501.81	$129.43	Y	N	TETRACYCLINES/Tetracyclines
	7279	$56,409.57	$7.75	$168,132.05	$19.28			

*Indicator: M,N = Brand no generic available; O = Brand with generic available; Y = generic

SCRIPT CARE, LTD.

City of Lynchburg

A035A - Utilization by Location

A035A_Rpt

Report Criteria Group(s) = 52021; Cycles between 1/1/2015 and 12/31/2015

Location	Description	# Scripts	Copay	Amt Paid	Admin Fee	Amt Paid + Admin Fee
001	ACTIVE	13,404	$389,693.86	$1,326,015.71	$36,861.00	$1,362,876.71
002	CIRCUIT COURT	75	$1,835.75	$1,157.13	$206.25	$1,363.38
003	HRA	318	$8,908.27	$25,782.62	$874.50	$26,657.12
004	RETIREES > 65	128	$4,454.48	$9,632.79	$352.00	$9,984.79
005	RETIREES < 65	3,894	$122,361.40	$223,407.17	$10,708.50	$234,115.67
006	ACTIVE OTHER	608	$17,981.63	$49,305.55	$1,672.00	$50,977.55
008	LINE OF DUTY MEMBERS	49	$1,815.72	$1,438.01	$134.75	$1,572.76
098	COBRA	52	$2,712.34	$20,251.27	$143.00	$20,394.27
Grand Total		18,528	$549,763.45	$1,656,990.25	$50,952.00	$1,707,942.25

SCRIPT CARE, LTD.

Lynchburg City Schools

A035A - Utilization by Location

A035A_Rpt

Report Criteria Group(s) = 52030; Cycles between 1/1/2015 and 12/31/2015

Location	Description	# Scripts	Copay	Amt Paid	Admin Fee	Amt Paid + Admin Fee
01	MONTHLY $1500	7,221	$185,965.86	$582,253.69	$19,857.75	$602,111.44
03	FOOD SERVICE $1500	266	$6,981.00	$10,713.69	$731.50	$11,445.19
05	RETIREE $1500	378	$10,761.34	$17,878.20	$1,039.50	$18,917.70
09	BOTH WORK $1500	293	$7,350.13	$11,899.66	$805.75	$12,705.41
11	LAUREL $750	226	$4,956.50	$6,186.69	$621.50	$6,808.19
12	LAUREL $1500	367	$9,570.34	$11,514.17	$1,009.25	$12,523.42
13	LAUREL $750 RETIREE	25	$1,168.43	$1,460.43	$68.75	$1,529.18
15	GOVERNOR'S $750	2	$12.99	$0.00	$5.50	$5.50
16	GOVENOR'S $1500	20	$609.81	$4,812.20	$55.00	$4,867.20
20	STEM ACADEMY $750	53	$1,597.40	$3,210.83	$145.75	$3,356.58
21	MONTHLY $750	6,904	$188,209.31	$636,642.33	$18,986.00	$655,628.33
23	FOOD SERVICE $750	205	$5,126.02	$5,418.60	$563.75	$5,982.35
25	RETIREE $750	1,408	$49,189.75	$156,806.23	$3,872.00	$160,678.23
29	BOTH WORK $750	204	$6,673.63	$13,835.86	$561.00	$14,396.86
92	COBRA $750	21	$409.25	$298.07	$57.75	$355.82
98	COBRA $1500	106	$2,898.14	$3,147.29	$291.50	$3,438.79
Grand Total		17,699	$481,479.90	$1,466,077.94	$48,672.25	$1,514,750.19

SCRIPT CARE, LTD.

Brand Vs. Generic Utilization Summary

Report for: **City of Lynchburg**

Effective Date: 01/01/2013

Group: **52021: City of Lynchburg**

This is a summary of your Script Care Prescription Plan from **1/1/2016** through **1/31/2016** .

Brand Vs. Generic Utilization

	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	226	13	1,296	1,535	
% of All Claims	14.72%	0.85%	84.43%	100.00%	
Retail from Pharmacy w/o Script Care	$147,057.53	$2,512.53	$184,579.70	$334,149.76	$217.69
Actual Drug Cost	$113,924.74	$1,698.71	$34,828.33	$150,451.78	$98.01
Pharmacy Fees	$207.00	$2.75	$1,194.00	$1,403.75	$0.91
Prescription Price w/ Script Care	$114,131.74	$1,701.46	$36,022.33	$151,855.53	$98.93
Savings through your Script Care Plan	**$32,925.79**	**$811.07**	**$148,557.37**	**$182,294.23**	**$118.76**
% Saved over Retail	**22.39%**	**32.28%**	**80.48%**	**54.55%**	
Copay	$20,149.36	$441.88	$21,707.62	$42,298.86	$27.56
% of Total Drug Cost	17.65%	25.97%	60.26%	27.85%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	**$93,982.38**	**$1,259.58**	**$14,314.71**	**$109,556.67**	**$71.37**
Total Plan Cost/Claim	**$415.85**	**$96.89**	**$11.05**	**$71.37**	
Cost/Per Cardholder Per Month	**$66.05**	**$0.89**	**$10.06**	**$76.99**	
Cost/Per Member Per Month	**$35.48**	**$0.48**	**$5.40**	**$41.36**	
Rx/Per Cardholder Per Month	**0.16**	**0.01**	**0.91**	**1.08**	
Rx/Per Member Per Month	**0.09**	**0.00**	**0.49**	**0.58**	

Enrollment

	Cardholders	Dependents	Total
Monthly Average Enrollment	1,423.0	1,226.0	2,649.0

SCRIPT CARE, LTD.

Brand Vs. Generic Utilization Summary

Report for: **City of Lynchburg**

Effective Date: 10/01/2013

Group: **52030: Lynchburg City Schools**

This is a summary of your Script Care Prescription Plan from **1/1/2016** through **1/31/2016** .

Brand Vs. Generic Utilization

	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	244	8	1,317	1,569	
% of All Claims	15.55%	0.51%	83.94%	100.00%	
Retail from Pharmacy w/o Script Care	$185,454.61	$1,416.86	$177,192.77	$364,064.24	$232.04
Actual Drug Cost	$134,991.54	$969.30	$39,230.00	$175,190.84	$111.66
Pharmacy Fees	$228.75	$4.50	$1,245.75	$1,479.00	$0.94
Prescription Price w/ Script Care	$135,220.29	$973.80	$40,475.75	$176,669.84	$112.60
Savings through your Script Care Plan	**$50,234.32**	**$443.06**	**$136,717.02**	**$187,394.40**	**$119.44**
% Saved over Retail	**27.09%**	**31.27%**	**77.16%**	**51.47%**	
Copay	$21,676.32	$636.43	$20,085.44	$42,398.19	$27.02
% of Total Drug Cost	16.03%	65.36%	49.62%	24.00%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	**$113,543.97**	**$337.37**	**$20,390.31**	**$134,271.65**	**$85.58**
Total Plan Cost/Claim	**$465.34**	**$42.17**	**$15.48**	**$85.58**	
Cost/Per Cardholder Per Month	**$80.07**	**$0.24**	**$14.38**	**$94.69**	
Cost/Per Member Per Month	**$47.21**	**$0.14**	**$8.48**	**$55.83**	
Rx/Per Cardholder Per Month	**0.17**	**0.01**	**0.93**	**1.11**	
Rx/Per Member Per Month	**0.10**	**0.00**	**0.55**	**0.65**	

Enrollment

	Cardholders	Dependents	Total
Monthly Average Enrollment	1,418.0	987.0	2,405.0

SCRIPT CARE, LTD.

Brand Vs. Generic Utilization Summary

Report for: **City of Lynchburg**

Group: **52021, 52030**

This is a summary of your Script Care Prescription Plan from **1/1/2016** through **1/31/2016** .

Brand Vs. Generic Utilization

	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	470	21	2,613	3,104	
% of All Claims	15.14%	0.68%	84.18%	100.00%	
Retail from Pharmacy w/o Script Care	$332,512.14	$3,929.39	$361,772.47	$698,214.00	$224.94
Actual Drug Cost	$248,916.28	$2,668.01	$74,058.33	$325,642.62	$104.91
Pharmacy Fees	$435.75	$7.25	$2,439.75	$2,882.75	$0.93
Prescription Price w/ Script Care	$249,352.03	$2,675.26	$76,498.08	$328,525.37	$105.84
Savings through your Script Care Plan	**$83,160.11**	**$1,254.13**	**$285,274.39**	**$369,688.63**	**$119.10**
% Saved over Retail	**25.01%**	**31.92%**	**78.85%**	**52.95%**	
Copay	$41,825.68	$1,078.31	$41,793.06	$84,697.05	$27.29
% of Total Drug Cost	16.77%	40.31%	54.63%	25.78%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	**$207,526.35**	**$1,596.95**	**$34,705.02**	**$243,828.32**	**$78.55**
Total Plan Cost/Claim	**$441.55**	**$76.05**	**$13.28**	**$78.55**	
Cost/Per Cardholder Per Month	**$73.05**	**$0.56**	**$12.22**	**$85.82**	
Cost/Per Member Per Month	**$41.06**	**$0.32**	**$6.87**	**$48.24**	
Rx/Per Cardholder Per Month	**0.17**	**0.01**	**0.92**	**1.09**	
Rx/Per Member Per Month	**0.09**	**0.00**	**0.52**	**0.61**	

Enrollment

	Cardholders	Dependents	Total
Monthly Average Enrollment	2,841.0	2,213.0	5,054.0

SCRIPT CARE, LTD.

Retail and Mail Order Utilization Summary

Report for: **City of Lynchburg** Effective Date: 01/01/2013

Group: **52021: City of Lynchburg**

This is a summary of your Script Care Prescription Plan from **1/1/2016** through **1/31/2016**

Retail	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	185	4	962	1,151	
% of Retail Claims	16.07%	0.35%	83.58%	100.00%	
Prescription Price w/ Script Care	$84,181.48	($103.66)	$20,203.36	$104,281.18	$90.60
Copay	$12,470.98	($110.53)	$12,260.20	$24,620.65	$21.39
% of Total Drug Cost	14.81%	0.00%	60.68%	23.61%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$71,710.50	$6.87	$7,943.16	$79,660.53	$69.21
Employer Cost Per Claim	**$387.62**	**$1.72**	**$8.26**	**$69.21**	

Mail Order	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	41	9	334	384	
% of MO Claims	10.68%	2.34%	86.98%	100.00%	
Prescription Price w/ Script Care	$29,950.26	$1,805.12	$15,818.97	$47,574.35	$123.89
Copay	$7,678.38	$552.41	$9,447.42	$17,678.21	$46.04
% of Total Drug Cost	25.64%	30.60%	59.72%	37.16%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$22,271.88	$1,252.71	$6,371.55	$29,896.14	$77.85
Employer Cost Per Claim	**$543.22**	**$139.19**	**$19.08**	**$77.85**	

Total	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	226	13	1,296	1,535	
% of All Claims	14.72%	0.85%	84.43%	100.00%	
Prescription Price w/ Script Care	$114,131.74	$1,701.46	$36,022.33	$151,855.53	$98.93
Copay	$20,149.36	$441.88	$21,707.62	$42,298.86	$27.56
% of Total Drug Cost	17.65%	25.97%	60.26%	27.85%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$93,982.38	$1,259.58	$14,314.71	$109,556.67	$71.37
Employer Cost Per Claim	**$415.85**	**$96.89**	**$11.05**	**$71.37**	

SCRIPT CARE, LTD.

Retail and Mail Order Utilization Summary

Report for: **City of Lynchburg** Effective Date: 10/01/2013

Group: **52030: Lynchburg City Schools**

This is a summary of your Script Care Prescription Plan from **1/1/2016** through **1/31/2016**

Retail	**Brand w/o Generic**	**Brand w/ Generic**	**Generic**	**Total**	**Average Per Claim**
Number of Claims	194	5	976	1,175	
% of Retail Claims	16.51%	0.43%	83.06%	100.00%	
Prescription Price w/ Script Care	$88,873.85	$343.84	$25,474.49	$114,692.18	$97.61
Copay	$12,628.40	$261.16	$11,843.54	$24,733.10	$21.05
% of Total Drug Cost	14.21%	75.95%	46.49%	21.56%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$76,245.45	$82.68	$13,630.95	$89,959.08	$76.56
Employer Cost Per Claim	**$393.02**	**$16.54**	**$13.97**	**$76.56**	

Mail Order	**Brand w/o Generic**	**Brand w/ Generic**	**Generic**	**Total**	**Average Per Claim**
Number of Claims	50	3	341	394	
% of MO Claims	12.69%	0.76%	86.55%	100.00%	
Prescription Price w/ Script Care	$46,346.44	$629.96	$15,001.26	$61,977.66	$157.30
Copay	$9,047.92	$375.27	$8,241.90	$17,665.09	$44.84
% of Total Drug Cost	19.52%	59.57%	54.94%	28.50%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$37,298.52	$254.69	$6,759.36	$44,312.57	$112.47
Employer Cost Per Claim	**$745.97**	**$84.90**	**$19.82**	**$112.47**	

Total	**Brand w/o Generic**	**Brand w/ Generic**	**Generic**	**Total**	**Average Per Claim**
Number of Claims	244	8	1,317	1,569	
% of All Claims	15.55%	0.51%	83.94%	100.00%	
Prescription Price w/ Script Care	$135,220.29	$973.80	$40,475.75	$176,669.84	$112.60
Copay	$21,676.32	$636.43	$20,085.44	$42,398.19	$27.02
% of Total Drug Cost	16.03%	65.36%	49.62%	24.00%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$113,543.97	$337.37	$20,390.31	$134,271.65	$85.58
Employer Cost Per Claim	**$465.34**	**$42.17**	**$15.48**	**$85.58**	

SCRIPT CARE, LTD.

Retail and Mail Order Utilization Summary

Report for: **City of Lynchburg**

Group: **52021, 52030**

This is a summary of your Script Care Prescription Plan from **1/1/2016** through **1/31/2016**

Retail	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	379	9	1,938	2,326	
% of Retail Claims	16.29%	0.39%	83.32%	100.00%	
Prescription Price w/ Script Care	$173,055.33	$240.18	$45,677.85	$218,973.36	$94.14
Copay	$25,099.38	$150.63	$24,103.74	$49,353.75	$21.22
% of Total Drug Cost	14.50%	62.72%	52.77%	22.54%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$147,955.95	$89.55	$21,574.11	$169,619.61	$72.92
Employer Cost Per Claim	**$390.39**	**$9.95**	**$11.13**	**$72.92**	

Mail Order	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	91	12	675	778	
% of MO Claims	11.70%	1.54%	86.76%	100.00%	
Prescription Price w/ Script Care	$76,296.70	$2,435.08	$30,820.23	$109,552.01	$140.81
Copay	$16,726.30	$927.68	$17,689.32	$35,343.30	$45.43
% of Total Drug Cost	21.92%	38.10%	57.40%	32.26%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$59,570.40	$1,507.40	$13,130.91	$74,208.71	$95.38
Employer Cost Per Claim	**$654.62**	**$125.62**	**$19.45**	**$95.38**	

Total	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	470	21	2,613	3,104	
% of All Claims	15.14%	0.68%	84.18%	100.00%	
Prescription Price w/ Script Care	$249,352.03	$2,675.26	$76,498.08	$328,525.37	$105.84
Copay	$41,825.68	$1,078.31	$41,793.06	$84,697.05	$27.29
% of Total Drug Cost	16.77%	40.31%	54.63%	25.78%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$207,526.35	$1,596.95	$34,705.02	$243,828.32	$78.55
Employer Cost Per Claim	**$441.55**	**$76.05**	**$13.28**	**$78.55**	

SCRIPT CARE, LTD.

Specialty Pharmacy Utilization Summary

Report for: **City of Lynchburg**

Effective Date: 01/01/2013

Group: **52021: City of Lynchburg**

This is a summary of your Script Care Prescription Plan from **1/1/2016** through **1/31/2016** .

Specialty Pharmacy Utilization

	All Claims	Average Per Claim	Specialty Eligible*	Average Per Claim	Specialty Claims	Average Per Claim
Number of Claims	1,535		4 **		11 **	
% of All Claims	100.00%		0.26%		0.72%	
Retail from Pharmacy w/o Script Care	$334,149.76	$217.69	$14,610.67	$3,652.67	$45,973.99	$4,179.45
Actual Drug Cost	$150,451.78	$98.01	$12,335.02	$3,083.76	$29,180.89	$2,652.81
Pharmacy Fees	$1,403.75	$0.91	$3.25	$0.81	$22.00	$2.00
Prescription Price w/ Script Care	$151,855.53	$98.93	$12,338.27	$3,084.57	$29,202.89	$2,654.81
Savings through your Script Care Plan	**$182,294.23**	**$118.76**	**$2,272.40**	**$568.10**	**$16,771.10**	**$1,524.65**
% Saved over Retail	**54.55%**		**15.55%**		**36.48%**	
Copay	$42,298.86	$27.56	$400.00	$100.00	$966.50	$87.86
% of Total Drug Cost	27.85%		3.24%		3.31%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	**$109,556.67**	**$71.37**	**$11,938.27**	**$2,984.57**	**$28,236.39**	**$2,566.94**
% of Total Cost	**100.00%**		**10.90%**		**25.77%**	
Total Plan Cost/Claim	**$71.37**		**$2,984.57**		**$2,566.94**	
Cost/Per Cardholder Per Month	**$76.99**		**$8.39**		**$19.84**	
Cost/Per Member Per Month	**$41.36**		**$4.51**		**$10.66**	

*Excludes Specialty Claims **Net Claims

Enrollment

	Cardholders	Dependents	Total
Monthly Average Enrollment	1,423.0	1,226.0	2,649.0

SCRIPT CARE, LTD.

Specialty Pharmacy Utilization Summary

Report for: **City of Lynchburg**

Effective Date: 10/01/2013

Group: **52030: Lynchburg City Schools**

This is a summary of your Script Care Prescription Plan from **1/1/2016** through **1/31/2016** .

Specialty Pharmacy Utilization

	All Claims	Average Per Claim	Specialty Eligible*	Average Per Claim	Specialty Claims	Average Per Claim
Number of Claims	1,569		2 **		11 **	
% of All Claims	100.00%		0.13%		0.70%	
Retail from Pharmacy w/o Script Care	$364,064.24	$232.04	$18,677.74	$9,338.87	$53,463.59	$4,860.33
Actual Drug Cost	$175,190.84	$111.66	$16,152.01	$8,076.01	$38,080.11	$3,461.83
Pharmacy Fees	$1,479.00	$0.94	$0.00	$0.00	$22.00	$2.00
Prescription Price w/ Script Care	$176,669.84	$112.60	$16,152.01	$8,076.01	$38,102.11	$3,463.83
Savings through your Script Care Plan	**$187,394.40**	**$119.44**	**$2,525.73**	**$1,262.87**	**$15,361.48**	**$1,396.50**
% Saved over Retail	**51.47%**		**13.52%**		**28.73%**	
Copay	$42,398.19	$27.02	$200.00	$100.00	$950.00	$86.36
% of Total Drug Cost	24.00%		1.24%		2.49%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	**$134,271.65**	**$85.58**	**$15,952.01**	**$7,976.01**	**$37,152.11**	**$3,377.46**
% of Total Cost	**100.00%**		**11.88%**		**27.67%**	
Total Plan Cost/Claim	**$85.58**		**$7,976.01**		**$3,377.46**	
Cost/Per Cardholder Per Month	**$94.69**		**$11.25**		**$26.20**	
Cost/Per Member Per Month	**$55.83**		**$6.63**		**$15.45**	

*Excludes Specialty Claims **Net Claims

Enrollment

	Cardholders	Dependents	Total
Monthly Average Enrollment	1,418.0	987.0	2,405.0

SCRIPT CARE, LTD.

Specialty Pharmacy Utilization Summary

Report for: **City of Lynchburg**

Group: **52021, 52030**

This is a summary of your Script Care Prescription Plan from **1/1/2016** through **1/31/2016** .

Specialty Pharmacy Utilization

	All Claims	Average Per Claim	Specialty Eligible*	Average Per Claim	Specialty Claims	Average Per Claim
Number of Claims	3,104		6 **		22 **	
% of All Claims	100.00%		0.19%		0.71%	
Retail from Pharmacy w/o Script Care	$698,214.00	$224.94	$33,288.41	$5,548.07	$99,437.58	$4,519.89
Actual Drug Cost	$325,642.62	$104.91	$28,487.03	$4,747.84	$67,261.00	$3,057.32
Pharmacy Fees	$2,882.75	$0.93	$3.25	$0.54	$44.00	$2.00
Prescription Price w/ Script Care	$328,525.37	$105.84	$28,490.28	$4,748.38	$67,305.00	$3,059.32
Savings through your Script Care Plan	**$369,688.63**	**$119.10**	**$4,798.13**	**$799.69**	**$32,132.58**	**$1,460.57**
% Saved over Retail	**52.95%**		**14.41%**		**32.31%**	
Copay	$84,697.05	$27.29	$600.00	$100.00	$1,916.50	$87.11
% of Total Drug Cost	25.78%		2.11%		2.85%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	**$243,828.32**	**$78.55**	**$27,890.28**	**$4,648.38**	**$65,388.50**	**$2,972.20**
% of Total Cost	**100.00%**		**11.44%**		**26.82%**	
Total Plan Cost/Claim	**$78.55**		**$4,648.38**		**$2,972.20**	
Cost/Per Cardholder Per Month	**$85.82**		**$9.82**		**$23.02**	
Cost/Per Member Per Month	**$48.24**		**$5.52**		**$12.94**	

*Excludes Specialty Claims **Net Claims

Enrollment

	Cardholders	Dependents	Total
Monthly Average Enrollment	2,841.0	2,213.0	5,054.0

SCRIPT CARE, LTD.

Plan Statistics

Report for: **City of Lynchburg**

Effective Date: 01/01/2013

Group: **52021: City of Lynchburg**

This is a summary of your Script Care Prescription Plan from **1/1/2016** through **1/31/2016**

	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Total
Enrollment Summary													
Cardholders	1,423.0												1,423.0
Dependents	1,226.0												1,226.0
Utilizing Cardholders	623.0												623.0
Utilization %	43.78%												43.78%
Claim Summary													
All	1,535												1,535
Avg Per Cardholder	1.08												1.08
Avg Per Member	0.58												0.58
Brand	226												226
Generic	1,296												1,296
Brand w/Generic	13												13
Generic % of All	84.43%												84.43%
Mail Order	383												383
Mail Order % of All	24.95%												24.95%
Claim Cost													
Submitted Cost	$334,150												$334,150
Script Care Cost	$151,856												$151,856
Savings	$182,294												$182,294
Tax	$0												$0
Total	$151,856												$151,856
Average Claim Cost	$98.93												$98.93
Average Brand Cost	$505.01												$505.01
Average Generic Cost	$27.80												$27.80
Average Br w/Gen Cost	$130.88												$130.88
Member Cost													
Total Copay	$42,299												$42,299
Average Claim Copay	$27.56												$27.56
Average Brand Copay	$89.16												$89.16
Average Generic Copay	$16.75												$16.75
Average Br w/Gen Copay	$33.99												$33.99
Copay % of Total Cost	27.85%												27.85%
Plan Cost													
Plan Cost	$109,557												$109,557
Average Claim Cost	$71.37												$71.37
Average Brand Cost	$415.85												$415.85
Average Generic Cost	$11.05												$11.05
Average Br w/Gen Cost	$96.89												$96.89
Plan Cost % of Total Cost	72.15%												72.15%
Plan Cost Per Cardholder	$76.99												$76.99
Plan Cost Per Member	$41.36												$41.36
Cardholders > $500	50												50
Cardholders > 5 Claims	40												40

Top 10 Drugs by Plan Cost

ENBREL	ENBREL
HUMIRA PEN	HUMIRA PEN
XOLAIR	XOLAIR
VONEX PREFL	AVONEX PREFL
AUBAGIO	AUBAGIO
OXYCONTIN	OXYCONTIN
NBREL SRCLK	ENBREL SRCLK
VICTOZA	VICTOZA
LANTUS	CRESTOR
ADCIRCA	LANTUS

SCRIPT CARE, LTD.

Plan Statistics

Report for: **City of Lynchburg**

Effective Date: 10/01/2013

Group: **52030: Lynchburg City Schools**

This is a summary of your Script Care Prescription Plan from **1/1/2016** through **1/31/2016**

	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Total
Enrollment Summary													
Cardholders	1,418.0												1,418.0
Dependents	987.0												987.0
Utilizing Cardholders	634.0												634.0
Utilization %	44.71%												44.71%
Claim Summary													
All	1,569												1,569
Avg Per Cardholder	1.11												1.11
Avg Per Member	0.65												0.65
Brand	244												244
Generic	1,317												1,317
Brand w/Generic	8												8
Generic % of All	83.94%												83.94%
Mail Order	393												393
Mail Order % of All	25.05%												25.05%
Claim Cost													
Submitted Cost	$364,064												$364,064
Script Care Cost	$176,670												$176,670
Savings	$187,394												$187,394
Tax	$0												$0
Total	$176,670												$176,670
Average Claim Cost	$112.60												$112.60
Average Brand Cost	$554.18												$554.18
Average Generic Cost	$30.73												$30.73
Average Br w/Gen Cost	$121.73												$121.73
Member Cost													
Total Copay	$42,398												$42,398
Average Claim Copay	$27.02												$27.02
Average Brand Copay	$88.84												$88.84
Average Generic Copay	$15.25												$15.25
Average Br w/Gen Copay	$79.55												$79.55
Copay % of Total Cost	24.00%												24.00%
Plan Cost													
Plan Cost	$134,272												$134,272
Average Claim Cost	$85.58												$85.58
Average Brand Cost	$465.34												$465.34
Average Generic Cost	$15.48												$15.48
Average Br w/Gen Cost	$42.17												$42.17
Plan Cost % of Total Cost	76.00%												76.00%
Plan Cost Per Cardholder	$94.69												$94.69
Plan Cost Per Member	$55.83												$55.83
Cardholders > $500	56												56
Cardholders > 5 Claims	45												45
Top 10 Drugs by Plan Cost													
	HUMIRA PEN												HUMIRA PEN
	IBRANCE												IBRANCE
	LEVEMIR												LEVEMIR
	XOLAIR												XOLAIR
	VONEX PREFL												AVONEX PREFL
	CAPECITABINE												CAPECITABINE
	ORENCIA												ORENCIA
	HUMIRA PEN												LYRICA
	LYRICA												ASACOL HD
	ASACOL HD												LANTUS

SCRIPT CARE, LTD.

Plan Statistics

Report for: **City of Lynchburg**

Group: **52021, 52030**

This is a summary of your Script Care Prescription Plan from **1/1/2016** through **1/31/2016**

	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Total
Enrollment Summary													
Cardholders	2,841.0												2,841.0
Dependents	2,213.0												2,213.0
Utilizing Cardholders	1,257.0												1,257.0
Utilization %	44.24%												44.24%
Claim Summary													
All	3,104												3,104
Avg Per Cardholder	1.09												1.09
Avg Per Member	0.61												0.61
Brand	470												470
Generic	2,613												2,613
Brand w/Generic	21												21
Generic % of All	84.18%												84.18%
Mail Order	776												776
Mail Order % of All	25.00%												25.00%
Claim Cost													
Submitted Cost	$698,214												$698,214
Script Care Cost	$328,525												$328,525
Savings	$369,689												$369,689
Tax	$0												$0
Total	$328,525												$328,525
Average Claim Cost	$105.84												$105.84
Average Brand Cost	$530.54												$530.54
Average Generic Cost	$29.28												$29.28
Average Br w/Gen Cost	$127.39												$127.39
Member Cost													
Total Copay	$84,697												$84,697
Average Claim Copay	$27.29												$27.29
Average Brand Copay	$88.99												$88.99
Average Generic Copay	$15.99												$15.99
Average Br w/Gen Copay	$51.35												$51.35
Copay % of Total Cost	25.78%												25.78%
Plan Cost													
Plan Cost	$243,828												$243,828
Average Claim Cost	$78.55												$78.55
Average Brand Cost	$441.55												$441.55
Average Generic Cost	$13.28												$13.28
Average Br w/Gen Cost	$76.05												$76.05
Plan Cost % of Total Cost	74.22%												74.22%
Plan Cost Per Cardholder	$85.82												$85.82
Plan Cost Per Member	$48.24												$48.24
Cardholders > $500	106												106
Cardholders > 5 Claims	85												85

Top 10 Drugs by Plan Cost

HUMIRA PEN	HUMIRA PEN
XOLAIR	XOLAIR
√ONEX PREFL	AVONEX PREFL
IBRANCE	IBRANCE
ENBREL	LEVEMIR
HUMIRA PEN	ENBREL
LEVEMIR	LANTUS
LANTUS	OXYCONTIN
OXYCONTIN	AUBAGIO
AUBAGIO	CAPECITABINE

SCRIPT CARE, LTD.

Range Report

Report for: **City of Lynchburg**

Effective Date: 01/01/2013

Group: **52021: City of Lynchburg**

This is a summary of your Script Care Prescription Plan from **1/1/2016** through **1/31/2016** .

Drug Price	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
Less than $10.00	425	$2,461	$83	$2,379	$5.60	96.6%
$10.00 to $24.99	524	$7,794	$488	$7,305	$13.94	93.7%
$25.00 to $49.99	223	$7,421	$2,409	$5,013	$22.48	67.5%
$50.00 to $74.99	93	$4,951	$2,366	$2,584	$27.79	52.2%
$75.00 to $99.99	34	$2,727	$1,422	$1,304	$38.36	47.8%
$100.00 to $199.99	55	$6,855	$4,180	$2,676	$48.65	39.0%
$200.00 to $299.99	60	$12,076	$7,502	$4,574	$76.23	37.9%
$300.00 to $399.99	22	$5,521	$3,775	$1,746	$79.37	31.6%
$400.00 to $499.99	24	$8,155	$5,812	$2,343	$97.64	28.7%
$500.00 to $599.99	10	$1,135	$565	$570	$57.02	50.2%
$600.00 to $699.99	9	$4,571	$3,322	$1,249	$138.83	27.3%
$700.00 to $799.99	11	$6,789	$5,418	$1,371	$124.64	20.2%
$800.00 to $899.99	6	$5,093	$4,393	$700	$116.67	13.7%
$900.00 to $999.99	3	$2,837	$2,137	$700	$233.33	24.7%
$1000.00 to $1099.99	11	$11,474	$8,174	$3,300	$300.00	28.8%
$1100.00 to $1199.99	2	$2,364	$1,764	$600	$300.00	25.4%
$1200.00 to $1299.99	2	$2,436	$1,652	$784	$391.96	32.2%
$1300.00 or more	21	$57,195	$54,095	$3,100	$147.62	5.4%
Total	1,535	$151,856	$109,557	$42,299	$27.56	27.9%

Days Supply	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
15 days or less	511	$15,474	$8,963	$6,511	$12.74	42.1%
16-34 days	609	$77,184	$63,203	$13,981	$22.96	18.1%
35-60 days	1	$242	$145	$97	$96.73	40.0%
61-83 days	1	$1,392	$1,092	$300	$300.00	21.6%
84-90 days	411	$57,368	$36,088	$21,280	$51.78	37.1%
91-120 days	1	$271	$66	$205	$205.26	75.6%
121-180 days	1	($76)	$0	($76)	($76.04)	
181 or more days						
Total	1,535	$151,856	$109,557	$42,299	$27.56	27.9%

Age	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
12 and Under	72	$6,015	$3,511	$2,504	$34.78	41.6%
13-18 Years	49	$6,212	$4,711	$1,502	$30.64	24.2%
19-30 Years	159	$7,228	$4,311	$2,918	$18.35	40.4%
31-45 Years	328	$29,223	$22,381	$6,842	$20.86	23.4%
46-49 Years	142	$11,013	$7,802	$3,211	$22.61	29.2%
50-59 Years	467	$53,897	$40,112	$13,785	$29.52	25.6%
60-64 Years	258	$26,579	$18,280	$8,299	$32.17	31.2%
65 and Over	60	$11,688	$8,450	$3,238	$53.97	27.7%
Total	1,535	$151,856	$109,557	$42,299	$27.56	27.9%

SCRIPT CARE, LTD.

Range Report

Report for: **City of Lynchburg**

Effective Date: 10/01/2013

Group: **52030: Lynchburg City Schools**

This is a summary of your Script Care Prescription Plan from **1/1/2016** through **1/31/2016** .

Drug Price	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
Less than $10.00	440	$2,473	$35	$2,438	$5.54	98.6%
$10.00 to $24.99	536	$8,151	$625	$7,527	$14.04	92.3%
$25.00 to $49.99	220	$7,184	$2,236	$4,948	$22.49	68.9%
$50.00 to $74.99	78	$3,908	$2,194	$1,715	$21.98	43.9%
$75.00 to $99.99	28	$2,239	$1,339	$900	$32.13	40.2%
$100.00 to $199.99	89	$10,366	$6,794	$3,572	$40.14	34.5%
$200.00 to $299.99	46	$9,556	$5,973	$3,583	$77.88	37.5%
$300.00 to $399.99	38	$12,602	$9,137	$3,464	$91.17	27.5%
$400.00 to $499.99	19	$4,800	$3,796	$1,004	$52.86	20.9%
$500.00 to $599.99	7	$2,682	$1,905	$778	$111.08	29.0%
$600.00 to $699.99	9	$6,040	$4,037	$2,003	$222.51	33.2%
$700.00 to $799.99	6	$4,458	$3,266	$1,193	$198.75	26.7%
$800.00 to $899.99	9	$7,516	$5,391	$2,125	$236.11	28.3%
$900.00 to $999.99	5	$2,856	$2,156	$700	$140.00	24.5%
$1000.00 to $1099.99	11	$9,428	$7,128	$2,300	$209.09	24.4%
$1100.00 to $1199.99	1	$1,183	$883	$300	$300.00	25.4%
$1200.00 to $1299.99	1	$1,296	$1,196	$100	$100.00	7.7%
$1300.00 or more	26	$79,931	$76,181	$3,750	$144.23	4.7%
Total	1,569	$176,670	$134,272	$42,398	$27.02	24.0%

Days Supply	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
15 days or less	475	$12,117	$6,199	$5,918	$12.46	48.8%
16-34 days	665	$98,161	$82,850	$15,312	$23.03	15.6%
35-60 days	5	$1,361	$779	$582	$116.42	42.8%
61-83 days	1	($441)	($265)	($177)	($176.57)	
84-90 days	421	$65,298	$44,535	$20,763	$49.32	31.8%
91-120 days	2	$174	$174	$0	$0.00	0.0%
121-180 days						
181 or more days						
Total	1,569	$176,670	$134,272	$42,398	$27.02	24.0%

Age	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
12 and Under	69	$4,645	$2,585	$2,061	$29.86	44.4%
13-18 Years	34	$8,532	$7,575	$957	$28.14	11.2%
19-30 Years	198	$20,275	$16,586	$3,688	$18.63	18.2%
31-45 Years	327	$15,260	$9,670	$5,590	$17.09	36.6%
46-49 Years	102	$12,959	$10,253	$2,705	$26.52	20.9%
50-59 Years	439	$54,452	$39,756	$14,695	$33.47	27.0%
60-64 Years	259	$39,013	$30,671	$8,342	$32.21	21.4%
65 and Over	141	$21,535	$17,175	$4,360	$30.92	20.2%
Total	1,569	$176,670	$134,272	$42,398	$27.02	24.0%

SCRIPT CARE, LTD.

Range Report

Report for: **City of Lynchburg**

Group: **52021, 52030**

This is a summary of your Script Care Prescription Plan from **1/1/2016** through **1/31/2016** .

Drug Price	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
Less than $10.00	865	$4,935	$118	$4,817	$5.57	97.6%
$10.00 to $24.99	1,060	$15,945	$1,113	$14,832	$13.99	93.0%
$25.00 to $49.99	443	$14,605	$4,645	$9,960	$22.48	68.2%
$50.00 to $74.99	171	$8,859	$4,560	$4,299	$25.14	48.5%
$75.00 to $99.99	62	$4,965	$2,761	$2,204	$35.55	44.4%
$100.00 to $199.99	144	$17,221	$10,973	$6,248	$43.39	36.3%
$200.00 to $299.99	106	$21,631	$13,475	$8,157	$76.95	37.7%
$300.00 to $399.99	60	$18,123	$12,912	$5,211	$86.84	28.8%
$400.00 to $499.99	43	$12,956	$9,608	$3,348	$77.86	25.8%
$500.00 to $599.99	17	$3,818	$2,470	$1,348	$79.28	35.3%
$600.00 to $699.99	18	$10,611	$7,359	$3,252	$180.67	30.6%
$700.00 to $799.99	17	$11,247	$8,683	$2,564	$150.80	22.8%
$800.00 to $899.99	15	$12,609	$9,784	$2,825	$188.33	22.4%
$900.00 to $999.99	8	$5,693	$4,293	$1,400	$175.00	24.6%
$1000.00 to $1099.99	22	$20,902	$15,302	$5,600	$254.55	26.8%
$1100.00 to $1199.99	3	$3,547	$2,647	$900	$300.00	25.4%
$1200.00 to $1299.99	3	$3,732	$2,848	$884	$294.64	23.7%
$1300.00 or more	47	$137,126	$130,276	$6,850	$145.74	5.0%
Total	3,104	$328,525	$243,828	$84,697	$27.29	25.8%

Days Supply	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
15 days or less	986	$27,591	$15,162	$12,429	$12.61	45.0%
16-34 days	1,274	$175,346	$146,052	$29,293	$22.99	16.7%
35-60 days	6	$1,603	$924	$679	$113.14	42.4%
61-83 days	2	$951	$827	$123	$61.72	13.0%
84-90 days	832	$122,666	$80,622	$42,044	$50.53	34.3%
91-120 days	3	$445	$240	$205	$68.42	46.1%
121-180 days	1	($76)	$0	($76)	($76.04)	
181 or more days						
Total	3,104	$328,525	$243,828	$84,697	$27.29	25.8%

Age	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
12 and Under	141	$10,660	$6,095	$4,565	$32.38	42.8%
13-18 Years	83	$14,744	$12,285	$2,458	$29.62	16.7%
19-30 Years	357	$27,503	$20,897	$6,606	$18.50	24.0%
31-45 Years	655	$44,482	$32,051	$12,432	$18.98	27.9%
46-49 Years	244	$23,972	$18,055	$5,917	$24.25	24.7%
50-59 Years	906	$108,349	$79,868	$28,481	$31.44	26.3%
60-64 Years	517	$65,592	$48,952	$16,641	$32.19	25.4%
65 and Over	201	$33,223	$25,625	$7,598	$37.80	22.9%
Total	3,104	$328,525	$243,828	$84,697	$27.29	25.8%

City of Lynchburg

A017 - Therapeutic Class Totals

A017_Rpt Group(s) = 52021; Cycles between 1/1/2016 and 1/31/2016

Report Criteria

Code	Therapeutic Class	# Scripts	Amt Paid	Copay
27	Antidiabetic	57	$19,764.31	$6,291.24
66	Analgesics-Anti-Inflammatory	55	$17,682.74	$988.45
62	Misc. Psychotherapeutic and Neurological Agents	3	$10,876.96	$200.00
44	Antiasthmatic	59	$10,048.07	$3,055.32
65	Analgesics-Narcotic	99	$5,426.06	$1,456.93
25	Contraceptives	52	$5,084.37	$212.10
61	Stimulants/Anti-Obesity Anorexiants	29	$4,330.23	$2,931.32
40	Misc. Cardiovascular	13	$4,077.80	$885.78
39	Antihyperlipidemic	89	$3,512.96	$3,512.10
59	Antipsychotics	8	$3,419.70	$872.75
12	Antiviral	23	$2,774.13	$607.80
72	Anticonvulsant	38	$2,340.70	$1,498.17
67	Migraine Products	14	$2,032.93	$684.60
86	Ophthalmic	31	$1,445.90	$1,156.50
33	Beta Blockers	52	$1,343.31	$1,513.44
21	Antineoplastics	12	$1,238.20	$397.63
58	Antidepressants	109	$1,225.94	$2,413.35
94	Diagnostic Products	6	$1,191.31	$592.81
90	Dermatological	39	$1,140.17	$645.27
38	Pressors	8	$1,078.03	$0.00
52	Misc. GI	6	$1,030.24	$385.41
85	Misc. Hematological	2	$685.45	$317.01
55	Vaginal Products	5	$531.13	$314.72
04	Tetracyclines	19	$517.03	$459.34
56	Miscellaneous Genitourinary Products	13	$501.02	$587.46
24	Estrogens	7	$489.08	$428.00
23	Androgen-Anabolic	8	$450.79	$173.86
49	Ulcer Drugs	60	$444.15	$155.44
17	Vaccines	7	$397.98	$0.00
02	Cephalosporins	23	$386.47	$448.01
50	Antiemetics	7	$359.21	$245.88
36	Antihypertensive	88	$351.79	$1,527.99
42	Systemic And Topical Nasal Products	20	$323.70	$405.35
13	Antimalarial	2	$314.53	$228.59
83	Anticoagulants	3	$303.88	$155.72
68	Gout	11	$302.67	$311.76
43	Cough/Cold/Allergy	54	$295.60	$653.73

City of Lynchburg

A017 - Therapeutic Class Totals

A017_Rpt Group(s) = 52021; Cycles between 1/1/2016 and 1/31/2016

Report Criteria

Code	Therapeutic Class	# Scripts	Amt Paid	Copay
30	Misc. Endocrine	2	$277.24	$189.03
46	Laxatives	9	$255.69	$6.14
99	Assorted Classes	3	$209.25	$142.49
05	Fluoroquinolones	14	$140.67	$230.66
03	Macrolide Antibiotics	40	$121.83	$461.02
29	Oxytocics	1	$121.73	$81.15
87	Otic	1	$107.68	$71.78
22	Corticosteroids	38	$92.94	$430.35
18	Toxoids	1	$85.00	$0.00
60	Hypnotics	14	$84.78	$207.71
57	Antianxiety Agents	57	$70.00	$580.21
01	Penicillins	60	$64.55	$690.36
75	Musculoskeletal Therapy Agents	24	$42.53	$270.89
53	Urinary Anti-Infectives	3	$40.49	$60.00
26	Progestins	2	$29.24	$76.82
88	Mouth and Throat (Local)	4	$27.86	$36.80
16	Misc. Anti-Infectives	18	$25.65	$199.98
37	Diuretics	28	$23.63	$338.79
79	Minerals and Electrolytes	7	$11.77	$148.33
64	Analgesics-Non Narcotic	2	$1.89	$13.75
35	Antiarrhythmic	1	$1.88	$60.00
28	Thyroid	24	$1.34	$633.56
41	Antihistamines	9	$0.49	$123.73
78	Multivitamins	1	$0.00	$18.83
82	Hematopoitic Agents	1	$0.00	$5.70
34	Calcium Blockers	18	$0.00	$270.36
11	Antifunguals	20	$0.00	$185.50
97	Medical Devices	2	$0.00	$51.09
Grand Total		1,535	$109,556.67	$42,298.86

Lynchburg City Schools

A017 - Therapeutic Class Totals

A017_Rpt Group(s) = 52030; Cycles between 1/1/2016 and 1/31/2016

Report Criteria

Code	Therapeutic Class	# Scripts	Amt Paid	Copay
66	Analgesics-Anti-Inflammatory	46	$24,046.03	$1,026.66
27	Antidiabetic	50	$17,565.00	$5,036.61
21	Antineoplastics	13	$16,123.48	$376.24
90	Dermatological	55	$9,573.20	$1,891.38
44	Antiasthmatic	51	$9,430.59	$2,669.23
62	Misc. Psychotherapeutic and Neurological Agents	3	$5,947.79	$151.43
25	Contraceptives	82	$5,203.40	$0.00
52	Misc. GI	7	$4,679.19	$1,013.27
23	Androgen-Anabolic	2	$4,096.96	$425.00
72	Anticonvulsant	43	$3,671.73	$1,807.02
04	Tetracyclines	18	$3,012.38	$605.25
61	Stimulants/Anti-Obesity Anorexiants	30	$2,807.16	$2,128.73
39	Antihyperlipidemic	90	$2,775.15	$2,893.90
12	Antiviral	20	$2,530.89	$526.49
65	Analgesics-Narcotic	91	$2,438.95	$1,379.04
59	Antipsychotics	8	$2,183.57	$390.79
58	Antidepressants	118	$2,109.66	$2,973.33
40	Misc. Cardiovascular	9	$2,066.53	$1,036.78
86	Ophthalmic	24	$1,992.22	$1,192.28
67	Migraine Products	15	$1,630.44	$597.64
55	Vaginal Products	13	$1,297.43	$887.45
83	Anticoagulants	8	$1,197.23	$454.50
24	Estrogens	16	$1,107.56	$881.08
49	Ulcer Drugs	44	$958.70	$1,037.81
94	Diagnostic Products	10	$690.02	$513.84
42	Systemic And Topical Nasal Products	13	$604.13	$509.59
85	Misc. Hematological	5	$568.21	$171.45
46	Laxatives	12	$463.76	$88.86
50	Antiemetics	18	$397.12	$247.29
36	Antihypertensive	85	$296.12	$1,528.61
60	Hypnotics	18	$256.48	$343.62
87	Otic	3	$228.18	$142.14
05	Fluoroquinolones	23	$207.08	$294.67
75	Musculoskeletal Therapy Agents	17	$186.85	$235.67
56	Miscellaneous Genitourinary Products	7	$183.92	$197.69
89	Anorectal	2	$173.25	$74.93
02	Cephalosporins	16	$164.98	$258.11

Lynchburg City Schools

A017 - Therapeutic Class Totals

A017_Rpt Group(s) = 52030; Cycles between 1/1/2016 and 1/31/2016

Report Criteria

Code	Therapeutic Class	# Scripts	Amt Paid	Copay
33	Beta Blockers	44	$151.87	$939.61
43	Cough/Cold/Allergy	35	$144.49	$393.06
97	Medical Devices	8	$143.49	$182.51
17	Vaccines	3	$136.90	$0.00
11	Antifunguals	32	$103.61	$359.63
79	Minerals and Electrolytes	14	$102.80	$259.90
57	Antianxiety Agents	42	$87.42	$384.11
01	Penicillins	65	$66.49	$774.07
18	Toxoids	1	$63.99	$0.00
53	Urinary Anti-Infectives	7	$62.19	$140.00
37	Diuretics	42	$60.49	$499.05
22	Corticosteroids	39	$58.41	$373.69
84	Hemostatics	1	$52.78	$35.18
64	Analgesics-Non Narcotic	4	$52.17	$65.82
30	Misc. Endocrine	4	$33.70	$55.38
26	Progestins	3	$31.26	$31.22
03	Macrolide Antibiotics	28	$30.41	$298.72
41	Antihistamines	13	$21.52	$143.78
32	Antianginal Agents	2	$5.44	$24.00
16	Misc. Anti-Infectives	23	$4.43	$209.23
13	Antimalarial	3	$1.26	$20.00
77	Vitamins	2	$0.97	$0.00
88	Mouth and Throat (Local)	6	$0.00	$34.87
34	Calcium Blockers	33	$0.00	$575.98
73	Antiparkinsonian	4	$0.00	$85.63
68	Gout	1	$0.00	$33.74
99	Assorted Classes	1	$0.00	$15.50
54	Urinary Antispasmodics	1	$0.00	$10.99
28	Thyroid	21	$0.00	$464.14
38	Pressors	2	($9.78)	$0.00
Grand Total		1,569	$134,271.65	$42,398.19

SCRIPT CARE, LTD.

City of Lynchburg

A029D - Top Utilized Drugs by Dollars

A029D_Rpt

Report Criteria Group(s) = 52021; Cycles between 1/1/2016 and 1/31/2016

Desc	# Scripts	Amt Paid	Amt Paid/ RX	Ingred. Cost	Ingred. Cost/ 30 days	Ind.*	Maint	Therapeutic Class
ENBREL	2	$7,251.46	$3,625.73	$7,447.46	$3,989.71	N	Y	ANALGESICS - ANTI-INFLAMMATORY/Soluble Tumor
HUMIRA PEN	2	$6,706.48	$3,353.24	$6,902.48	$3,697.76	N	Y	ANALGESICS - ANTI-INFLAMMATORY/Anti-TNF-
XOLAIR	1	$5,492.66	$5,492.66	$5,592.66	$5,992.14	N	N	ANTIASTHMATIC AND BRONCHODILATOR
AVONEX PREFL	1	$5,433.82	$5,433.82	$5,531.82	$5,926.95	N	Y	PSYCHOTHERAPEUTIC AND NEUROLOGICAL
AUBAGIO	1	$5,419.95	$5,419.95	$5,519.95	$5,914.23	N	Y	PSYCHOTHERAPEUTIC AND NEUROLOGICAL
OXYCONTIN	2	$5,002.12	$2,501.06	$5,400.87	$1,557.94	N	N	ANALGESICS - OPIOID/Opioid Agonists
ENBREL SRCLK	1	$3,625.73	$3,625.73	$3,723.73	$3,989.71	N	Y	ANALGESICS - ANTI-INFLAMMATORY/Soluble Tumor
VICTOZA	4	$3,122.19	$780.55	$3,715.94	$619.32	N	Y	ANTIDIABETICS/Incretin Mimetic Agents (GLP-1
CRESTOR	10	$2,963.80	$296.38	$4,732.54	$215.12	N	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
LANTUS	10	$2,865.45	$286.55	$3,865.09	$414.12	N	Y	ANTIDIABETICS/Human Insulin
ADCIRCA	1	$2,650.80	$2,650.80	$2,748.80	$2,748.80	N	Y	CARDIOVASCULAR AGENTS - MISC./Pulmonary
MIRENA	3	$2,470.08	$823.36	$2,465.58	$821.86	N	Y	CONTRACEPTIVES/Progestin Contraceptives - IUD
NOVOLOG	2	$2,433.58	$1,216.79	$2,830.58	$808.74	N	Y	ANTIDIABETICS/Human Insulin
ATRIPLA	1	$2,293.98	$2,293.98	$2,391.98	$2,391.98	N	Y	ANTIVIRALS/Antiretroviral Combinations
INVOKANA	3	$2,242.86	$747.62	$3,136.86	$348.54	N	Y	ANTIDIABETICS/Sodium-Glucose Co-Transporter 2
LEVEMIR	3	$1,877.58	$625.86	$2,372.58	$508.41	N	Y	ANTIDIABETICS/Human Insulin
ARIPIPRAZOLE	2	$1,801.41	$900.71	$2,401.41	$400.24	Y	Y	ANTIPSYCHOTICS/ANTIMANIC AGENTS/Quinolinone
JARDIANCE	3	$1,766.81	$588.94	$2,461.31	$351.62	N	Y	ANTIDIABETICS/Sodium-Glucose Co-Transporter 2
METHYLPHENID	5	$1,590.63	$318.13	$2,649.54	$203.81	M	Y	ADHD/ANTI-NARCOLEPSY/ANTI-
TREXIMET	1	$1,384.73	$1,384.73	$1,482.98	$4,943.27	N	N	MIGRAINE PRODUCTS/Selective Serotonin Agonist-
HUMULIN	2	$1,238.64	$619.32	$1,436.14	$718.07	N	Y	ANTIDIABETICS/Human Insulin
EPIPEN 2-PAK	6	$1,078.03	$179.67	$1,078.03	$8,085.23	N	N	VASOPRESSORS/Anaphylaxis Therapy Agents
LAMOTRIGINE	7	$1,072.87	$153.27	$1,464.02	$113.20	Y	Y	ANTICONVULSANTS/Anticonvulsants - Misc.
JANUVIA	2	$1,020.61	$510.31	$1,417.11	$354.28	N	Y	ANTIDIABETICS/Dipeptidyl Peptidase-4 (DPP-4)
SYMBICORT	9	$999.75	$111.08	$1,582.32	$226.05	N	Y	ANTIASTHMATIC AND BRONCHODILATOR
VYVANSE	6	$947.66	$157.94	$1,570.53	$235.58	N	Y	ADHD/ANTI-NARCOLEPSY/ANTI-
METFORMIN ER	1	$888.92	$888.92	$1,186.92	$395.64	Y	Y	ANTIDIABETICS/Biguanides
LATUDA	1	$836.31	$836.31	$934.81	$934.81	N	Y	ANTIPSYCHOTICS/ANTIMANIC
SPIRIVA	4	$798.57	$199.64	$1,197.07	$299.27	N	Y	ANTIASTHMATIC AND BRONCHODILATOR
ONETOUCH	2	$798.02	$399.01	$1,143.46	$285.87	N	Y	DIAGNOSTIC PRODUCTS/Diagnostic Tests
REXULTI	1	$781.98	$781.98	$880.73	$880.73	N	Y	ANTIPSYCHOTICS/ANTIMANIC AGENTS/Quinolinone
LIALDA	2	$766.46	$383.23	$963.21	$481.61	N	N	GASTROINTESTINAL AGENTS - MISC./Inflammatory
PARAGARD	1	$753.26	$753.26	$752.01	$22,560.30	N	Y	CONTRACEPTIVES/Copper Contraceptives - IUD
KOMBIGLYZE	1	$748.42	$748.42	$1,046.42	$348.81	N	Y	ANTIDIABETICS/Dipeptidyl Peptidase-4 Inhibitor-
FARXIGA	1	$747.63	$747.63	$1,045.63	$348.54	N	Y	ANTIDIABETICS/Sodium-Glucose Co-Transporter 2
	104	$81,873.25	$787.24	$95,072.57	$631.71			

*Indicator: M,N = Brand no generic available; O = Brand with generic available; Y = generic

SCRIPT CARE, LTD.

Lynchburg City Schools

A029D - Top Utilized Drugs by Dollars

A029D_Rpt

Report Criteria Group(s) = 52030; Cycles between 1/1/2016 and 1/31/2016

Desc	# Scripts	Amt Paid	Amt Paid/ RX	Ingred. Cost	Ingred. Cost/ 30 days	Ind.*	Maint	Therapeutic Class
HUMIRA PEN	4	$17,535.54	$4,383.89	$17,927.54	$4,802.02	N	Y	ANALGESICS - ANTI-INFLAMMATORY/Anti-TNF-
IBRANCE	1	$10,459.35	$10,459.35	$10,559.35	$11,313.59	N	N	ANTINEOPLASTICS AND ADJUNCTIVE
LEVEMIR	5	$6,584.55	$1,316.91	$7,680.05	$715.53	N	Y	ANTIDIABETICS/Human Insulin
XOLAIR	1	$5,492.66	$5,492.66	$5,592.66	$5,992.14	N	N	ANTIASTHMATIC AND BRONCHODILATOR
AVONEX PREFL	1	$5,433.82	$5,433.82	$5,531.82	$5,926.95	N	Y	PSYCHOTHERAPEUTIC AND NEUROLOGICAL
CAPECITABINE	2	$5,175.70	$2,587.85	$5,271.70	$3,765.50	Y	N	ANTINEOPLASTICS AND ADJUNCTIVE
ORENCIA	1	$3,354.51	$3,354.51	$3,452.51	$3,699.12	N	Y	ANALGESICS - ANTI-INFLAMMATORY/Selective
LYRICA	4	$3,351.97	$837.99	$4,350.47	$435.05	N	Y	ANTICONVULSANTS/Anticonvulsants - Misc.
ASACOL HD	1	$3,289.76	$3,289.76	$3,589.76	$1,196.59	N	N	GASTROINTESTINAL AGENTS - MISC./Inflammatory
LANTUS	8	$3,189.13	$398.64	$4,283.60	$385.91	N	Y	ANTIDIABETICS/Human Insulin
XELJANZ	1	$3,068.52	$3,068.52	$3,166.52	$3,166.52	N	Y	ANALGESICS - ANTI-
CARAC	1	$2,449.10	$2,449.10	$2,547.60	$7,642.80	M	N	DERMATOLOGICALS/Antineoplastic Antimetabolites -
ANDROGEL	1	$2,329.75	$2,329.75	$2,629.75	$876.58	N	Y	ANDROGENS-ANABOLIC/Androgens
TRIUMEQ	1	$2,197.16	$2,197.16	$2,295.16	$2,295.16	N	Y	ANTIVIRALS/Antiretroviral Combinations
CRESTOR	8	$1,959.96	$245.00	$3,258.98	$232.78	N	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
SOLODYN	4	$1,923.19	$480.80	$2,119.94	$1,059.97	N	N	TETRACYCLINES/Tetracyclines
TESTOSTERONE	1	$1,767.21	$1,767.21	$1,892.21	$630.74	M	Y	ANDROGENS-ANABOLIC/Androgens
PENNSAID	1	$1,561.12	$1,561.12	$1,659.62	$1,778.16	N	N	DERMATOLOGICALS/Anti-inflammatory Agents -
VYVANSE	7	$1,536.24	$219.46	$2,552.31	$232.03	N	Y	ADHD/ANTI-NARCOLEPSY/ANTI-
CALCITRIOL	1	$1,498.49	$1,498.49	$1,623.49	$541.16	M	N	DERMATOLOGICALS/Antipsoriatics
MINASTRIN 24	5	$1,470.50	$294.10	$1,467.50	$142.94	N	Y	CONTRACEPTIVES/Combination Contraceptives - Oral
CIALIS	5	$1,420.58	$284.12	$2,145.13	$306.45	N	N	CARDIOVASCULAR AGENTS - MISC./Selective
LINZESS	5	$1,389.43	$277.89	$2,083.43	$297.63	N	Y	GASTROINTESTINAL AGENTS - MISC./IBS Agent -
FROVA	3	$1,371.47	$457.16	$1,671.47	$557.16	N	N	MIGRAINE PRODUCTS/Selective Serotonin Agonists 5-
SEROQUEL XR	1	$1,196.16	$1,196.16	$1,294.66	$1,294.66	N	Y	ANTIPSYCHOTICS/ANTIMANIC
JANUVIA	2	$1,018.47	$509.24	$1,414.97	$353.74	N	Y	ANTIDIABETICS/Dipeptidyl Peptidase-4 (DPP-4)
JARDIANCE	2	$1,017.13	$508.57	$1,413.63	$353.41	N	Y	ANTIDIABETICS/Sodium-Glucose Co-Transporter 2
ARIPIPRAZOLE	2	$968.21	$484.11	$1,141.71	$285.43	Y	Y	ANTIPSYCHOTICS/ANTIMANIC AGENTS/Quinolinone
CLOBETASOL	4	$925.80	$231.45	$1,246.87	$157.17	Y	N	DERMATOLOGICALS/Corticosteroids - Topical
HUMALOG KWIK	2	$925.37	$462.69	$925.37	$5,552.22	N	Y	ANTIDIABETICS/Human Insulin
RESTASIS	1	$882.91	$882.91	$1,182.91	$394.30	N	Y	OPHTHALMIC AGENTS/Ophthalmic
DORYX	1	$843.31	$843.31	$941.81	$941.81	M	N	TETRACYCLINES/Tetracyclines
ESTRACE VAG	3	$778.67	$259.56	$1,268.18	$264.20	N	Y	VAGINAL PRODUCTS/Vaginal Estrogens
XARELTO	3	$760.09	$253.36	$1,051.87	$438.28	N	Y	ANTICOAGULANTS/Direct Factor Xa Inhibitors
JANUMET XR	1	$748.59	$748.59	$1,046.59	$348.86	N	Y	ANTIDIABETICS/Dipeptidyl Peptidase-4 Inhibitor-
	94	$99,874.42	$1,062.49	$112,281.14	$771.51			

*Indicator: M,N = Brand no generic available; O = Brand with generic available; Y = generic

City of Lynchburg

A029E - Top Utilized Drugs by Rx

A029E_Rpt

Report Criteria Group(s) = 52021; Cycles between 1/1/2016 and 1/31/2016

Desc	# Scripts	Amt Paid	Amt Paid/ RX	Ingred. Cost	Ingred. Cost/ 30 days	Ind.*	Maint	Therapeutic Class
HYDROCO/APAP	57	$125.83	$2.21	$548.61	$34.22	Y	N	ANALGESICS - OPIOID/Hydrocodone Combinations
AMOXICILLIN	42	$0.00	$0.00	$332.99	$25.75	Y	N	PENICILLINS/Aminopenicillins
ATORVASTATIN	36	$0.00	$0.00	$665.74	$7.93	Y	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
AZITHROMYCIN	34	$0.00	$0.00	$286.66	$51.81	Y	N	MACROLIDES/Azithromycin
LISINOPRIL	31	($11.11)	($0.36)	$267.94	$3.77	Y	Y	ANTIHYPERTENSIVES/ACE Inhibitors
OMEPRAZOLE	30	$0.00	$0.00	$441.61	$7.96	Y	Y	ULCER DRUGS/Proton Pump Inhibitors
TRAMADOL HCL	25	$0.00	$0.00	$215.67	$10.06	Y	N	ANALGESICS - OPIOID/Opioid Agonists
ESCITALOPRAM	24	$0.00	$0.00	$318.71	$7.59	Y	Y	ANTIDEPRESSANTS/Selective Serotonin Reuptake
BUPROPN HCL	20	$293.25	$14.66	$866.76	$30.96	Y	Y	ANTIDEPRESSANTS/Antidepressants - Misc.
SIMVASTATIN	20	$199.15	$9.96	$536.24	$11.17	Y	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
DOXYCYCL HYC	18	$517.03	$28.72	$937.53	$96.99	Y	N	TETRACYCLINES/Tetracyclines
DICLOFENAC	18	$0.00	$0.00	$136.55	$13.75	Y	Y	ANALGESICS - ANTI-INFLAMMATORY/Nonsteroidal
ALPRAZOLAM	17	$6.54	$0.38	$129.20	$10.86	Y	N	ANTIANXIETY AGENTS/Benzodiazepines
LEVOTHYROXIN	17	$0.00	$0.00	$361.36	$12.46	Y	Y	THYROID AGENTS/Thyroid Hormones
PREDNISONE	17	$0.00	$0.00	$65.96	$9.42	Y	N	CORTICOSTEROIDS/Glucocorticosteroids
LORAZEPAM	16	$7.06	$0.44	$128.08	$12.56	Y	N	ANTIANXIETY AGENTS/Benzodiazepines
HYDROCHLOROT	16	$0.00	$0.00	$80.82	$2.25	Y	Y	DIURETICS/Thiazides and Thiazide-Like Diuretics
CYCLOBENZAPR	15	$6.98	$0.47	$128.08	$17.47	Y	N	MUSCULOSKELETAL THERAPY AGENTS/Central
AMLODIPINE	15	$0.00	$0.00	$152.33	$4.91	Y	Y	CALCIUM CHANNEL BLOCKERS/Calcium Channel
FLUCONAZOLE	15	$0.00	$0.00	$108.01	$115.73	Y	N	ANTIFUNGALS/Triazoles
CEFDINIR	14	$254.93	$18.21	$519.00	$112.83	Y	N	CEPHALOSPORINS/Cephalosporins - 3rd Generation
GABAPENTIN	14	$53.84	$3.85	$295.87	$13.87	Y	Y	ANTICONVULSANTS/Anticonvulsants - Misc.
MONTELUKAST	14	$0.00	$0.00	$274.16	$9.79	Y	Y	ANTIASTHMATIC AND BRONCHODILATOR
PROMETHAZINE	14	$0.00	$0.00	$65.35	$21.31	Y	N	COUGH/COLD/ALLERGY/Non-Narc Antitussive-
LISINOP/HCTZ	13	$0.00	$0.00	$165.63	$5.34	Y	Y	ANTIHYPERTENSIVES/ACE Inhibitors &
FLUTICASONE	13	$0.00	$0.00	$120.63	$10.97	Y	N	NASAL AGENTS - SYSTEMIC AND TOPICAL/Nasal
ATENOLOL	13	$0.00	$0.00	$104.80	$4.99	Y	Y	BETA BLOCKERS/Beta Blockers Cardio-Selective
CARVEDILOL	12	$84.18	$7.02	$226.32	$14.15	Y	Y	BETA BLOCKERS/Alpha-Beta Blockers
FLUOXETINE	12	$10.10	$0.84	$163.73	$8.19	Y	Y	ANTIDEPRESSANTS/Selective Serotonin Reuptake
METOPROL TAR	12	$0.00	$0.00	$118.99	$5.95	Y	Y	BETA BLOCKERS/Beta Blockers Cardio-Selective
MELOXICAM	12	$0.00	$0.00	$72.33	$4.78	Y	Y	ANALGESICS - ANTI-INFLAMMATORY/Nonsteroidal
PROAIR HFA	11	$398.33	$36.21	$647.61	$80.62	N	Y	ANTIASTHMATIC AND BRONCHODILATOR
VALACYCLOVIR	11	$129.63	$11.78	$310.70	$62.14	Y	N	ANTIVIRALS/Herpes Agents - Purine Analogues
AMOX/K CLAV	11	$56.09	$5.10	$242.49	$63.26	Y	N	PENICILLINS/Penicillin Combinations
SERTRALINE	11	$8.22	$0.75	$236.10	$8.74	Y	Y	ANTIDEPRESSANTS/Selective Serotonin Reuptake
	670	$2,140.05	$3.19	$10,272.56	$13.30			

*Indicator: M,N = Brand no generic available; O = Brand with generic available; Y = generic

SCRIPT CARE, LTD.

Lynchburg City Schools

A029E - Top Utilized Drugs by Rx

A029E_Rpt

Report Criteria Group(s) = 52030; Cycles between 1/1/2016 and 1/31/2016

Desc	# Scripts	Amt Paid	Amt Paid/ RX	Ingred. Cost	Ingred. Cost/ 30 days	Ind.*	Maint	Therapeutic Class
HYDROCO/APAP	48	$121.89	$2.54	$540.60	$30.03	Y	N	ANALGESICS - OPIOID/Hydrocodone Combinations
AMOXICILLIN	37	$0.00	$0.00	$256.69	$23.19	Y	N	PENICILLINS/Aminopenicillins
ATORVASTATIN	36	$0.00	$0.00	$635.19	$7.94	Y	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
LISINOPRIL	27	$11.11	$0.41	$311.32	$6.35	Y	Y	ANTIHYPERTENSIVES/ACE Inhibitors
AZITHROMYCIN	27	$9.60	$0.36	$246.82	$54.05	Y	N	MACROLIDES/Azithromycin
SIMVASTATIN	27	$0.00	$0.00	$278.23	$4.42	Y	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
OMEPRAZOLE	26	$23.96	$0.92	$357.21	$7.77	Y	Y	ULCER DRUGS/Proton Pump Inhibitors
PREDNISONE	25	$0.00	$0.00	$126.65	$9.57	Y	N	CORTICOSTEROIDS/Glucocorticosteroids
FLUCONAZOLE	24	$86.62	$3.61	$307.21	$47.02	Y	N	ANTIFUNGALS/Triazoles
AMLODIPINE	22	$0.00	$0.00	$237.71	$4.75	Y	Y	CALCIUM CHANNEL BLOCKERS/Calcium Channel
HYDROCHLOROT	22	$0.00	$0.00	$126.11	$2.78	Y	Y	DIURETICS/Thiazides and Thiazide-Like Diuretics
AMOX/K CLAV	19	$66.49	$3.50	$377.32	$59.89	Y	N	PENICILLINS/Penicillin Combinations
TRAMADOL HCL	19	$32.74	$1.72	$167.87	$15.79	Y	N	ANALGESICS - OPIOID/Opioid Agonists
ALPRAZOLAM	17	$38.19	$2.25	$193.92	$11.64	Y	N	ANTIANXIETY AGENTS/Benzodiazepines
ESCITALOPRAM	17	$0.00	$0.00	$196.54	$7.86	Y	Y	ANTIDEPRESSANTS/Selective Serotonin Reuptake
LEVOTHYROXIN	16	$0.00	$0.00	$307.12	$10.97	Y	Y	THYROID AGENTS/Thyroid Hormones
CITALOPRAM	16	$0.00	$0.00	$166.89	$5.56	Y	Y	ANTIDEPRESSANTS/Selective Serotonin Reuptake
VALACYCLOVIR	15	$89.80	$5.99	$311.46	$44.49	Y	N	ANTIVIRALS/Herpes Agents - Purine Analogues
TRAZODONE	15	$0.00	$0.00	$182.27	$7.29	Y	Y	ANTIDEPRESSANTS/Serotonin Modulators
ONDANSETRON	14	$397.12	$28.37	$596.92	$130.71	Y	N	ANTIEMETICS/5-HT3 Receptor Antagonists
SMZ/TMP DS	14	$0.00	$0.00	$107.96	$18.61	Y	N	ANTI-INFECTIVE AGENTS - MISC./Anti-infective
ZOLPIDEM	13	$0.00	$0.00	$145.75	$11.21	Y	N	HYPNOTICS/SEDATIVES/SLEEP DISORDER
LOSARTAN POT	13	$0.00	$0.00	$123.36	$4.57	Y	Y	ANTIHYPERTENSIVES/Angiotensin II Receptor
MELOXICAM	13	$0.00	$0.00	$57.67	$3.76	Y	Y	ANALGESICS - ANTI-INFLAMMATORY/Nonsteroidal
AMPHET/DEXTR	12	$317.87	$26.49	$692.83	$35.84	Y	Y	ADHD/ANTI-NARCOLEPSY/ANTI-
BUPROPN HCL	12	$125.27	$10.44	$513.02	$25.65	Y	Y	ANTIDEPRESSANTS/Antidepressants - Misc.
TRIAMCINOLON	12	$22.15	$1.85	$123.84	$16.44	Y	N	DERMATOLOGICALS/Corticosteroids - Topical
ATENOLOL	12	$0.00	$0.00	$115.14	$4.11	Y	Y	BETA BLOCKERS/Beta Blockers Cardio-Selective
SERTRALINE	12	$0.00	$0.00	$111.69	$6.98	Y	Y	ANTIDEPRESSANTS/Selective Serotonin Reuptake
LEVOFLOXACIN	11	$86.90	$7.90	$209.64	$64.84	Y	N	FLUOROQUINOLONES/Fluoroquinolones
PAROXETINE	10	$213.99	$21.40	$377.87	$39.09	Y	Y	ANTIDEPRESSANTS/Selective Serotonin Reuptake
SPRINTEC 28	10	$161.68	$16.17	$154.18	$16.94	Y	Y	CONTRACEPTIVES/Combination Contraceptives - Oral
GABAPENTIN	10	$45.72	$4.57	$202.15	$16.85	Y	Y	ANTICONVULSANTS/Anticonvulsants - Misc.
MONTELUKAST	10	$23.30	$2.33	$293.75	$11.30	Y	Y	ANTIASTHMATIC AND BRONCHODILATOR
LISINOP/HCTZ	10	$0.00	$0.00	$108.94	$5.45	Y	Y	ANTIHYPERTENSIVES/ACE Inhibitors &
	643	$1,874.40	$2.92	$9,261.84	$12.00			

*Indicator: M,N = Brand no generic available; O = Brand with generic available; Y = generic

SCRIPT CARE, LTD.

City of Lynchburg

A035A - Utilization by Location

A035A_Rpt

Report Criteria Group(s) = 52021; Cycles between 1/1/2016 and 1/31/2016

Location	Description	# Scripts	Copay	Amt Paid	Admin Fee	Amt Paid + Admin Fee
001	ACTIVE	1,064	$29,681.83	$83,440.83	$2,926.00	$86,366.83
002	CIRCUIT COURT	4	$124.14	$19.23	$11.00	$30.23
003	HRA	32	$1,378.87	$2,038.27	$88.00	$2,126.27
004	RETIREES > 65	6	$59.22	$58.73	$16.50	$75.23
005	RETIREES < 65	354	$8,414.43	$18,451.82	$973.50	$19,425.32
006	ACTIVE OTHER	50	$2,187.39	$5,195.06	$137.50	$5,332.56
008	LINE OF DUTY MEMBERS	5	$231.55	$264.81	$13.75	$278.56
098	COBRA	20	$221.43	$87.92	$55.00	$142.92
Grand Total		1,535	$42,298.86	$109,556.67	$4,221.25	$113,777.92

SCRIPT CARE, LTD.

Lynchburg City Schools

A035A - Utilization by Location

A035A_Rpt

Report Criteria Group(s) = 52030; Cycles between 1/1/2016 and 1/31/2016

Location	Description	# Scripts	Copay	Amt Paid	Admin Fee	Amt Paid + Admin Fee
01	MONTHLY $1500	698	$17,851.26	$51,821.67	$1,919.50	$53,741.17
03	FOOD SERVICE $1500	25	$420.54	$678.33	$68.75	$747.08
05	RETIREE $1500	23	$576.35	$465.20	$63.25	$528.45
09	BOTH WORK $1500	38	$929.39	$2,188.91	$104.50	$2,293.41
11	LAUREL $750	12	$261.75	$210.22	$33.00	$243.22
12	LAUREL $1500	23	$557.35	$450.47	$63.25	$513.72
13	LAUREL $750 RETIREE	4	$131.36	$19.52	$11.00	$30.52
15	GOVERNOR'S $750	1	$13.06	$0.00	$2.75	$2.75
16	GOVENOR'S $1500	4	$500.00	$2,695.28	$11.00	$2,706.28
20	STEM ACADEMY $750	5	$92.80	$66.09	$13.75	$79.84
21	MONTHLY $750	588	$16,864.31	$60,581.54	$1,617.00	$62,198.54
23	FOOD SERVICE $750	16	$299.22	$234.30	$44.00	$278.30
25	RETIREE $750	106	$3,104.55	$13,599.92	$291.50	$13,891.42
29	BOTH WORK $750	18	$644.34	$919.12	$49.50	$968.62
92	COBRA $750	2	$34.73	$25.31	$5.50	$30.81
98	COBRA $1500	6	$117.18	$315.77	$16.50	$332.27
Grand Total		1,569	$42,398.19	$134,271.65	$4,314.75	$138,586.40

SCRIPT CARE, LTD.

Brand Vs. Generic Utilization Summary

Report for: **City of Lynchburg**

Effective Date: 01/01/2013

Group: **52021: City of Lynchburg**

This is a summary of your Script Care Prescription Plan from **2/1/2016** through **2/29/2016** .

Brand Vs. Generic Utilization

	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	238	6	1,239	1,483	
% of All Claims	16.05%	0.40%	83.55%	100.00%	
Retail from Pharmacy w/o Script Care	$202,102.29	$5,947.71	$151,953.74	$360,003.74	$242.75
Actual Drug Cost	$150,128.36	$3,451.55	$33,821.19	$187,401.10	$126.37
Pharmacy Fees	$229.50	$3.25	$1,201.00	$1,433.75	$0.97
Prescription Price w/ Script Care	$150,357.86	$3,454.80	$35,022.19	$188,834.85	$127.33
Savings through your Script Care Plan	**$51,744.43**	**$2,492.91**	**$116,931.55**	**$171,168.89**	**$115.42**
% Saved over Retail	**25.60%**	**41.91%**	**76.95%**	**47.55%**	
Copay	$21,449.11	$848.49	$20,647.50	$42,945.10	$28.96
% of Total Drug Cost	14.27%	24.56%	58.96%	22.74%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	**$128,908.75**	**$2,606.31**	**$14,374.69**	**$145,889.75**	**$98.37**
Total Plan Cost/Claim	**$541.63**	**$434.39**	**$11.60**	**$98.37**	
Cost/Per Cardholder Per Month	**$90.21**	**$1.82**	**$10.06**	**$102.09**	
Cost/Per Member Per Month	**$48.44**	**$0.98**	**$5.40**	**$54.83**	
Rx/Per Cardholder Per Month	**0.17**	**0.00**	**0.87**	**1.04**	
Rx/Per Member Per Month	**0.09**	**0.00**	**0.47**	**0.56**	

Enrollment

	Cardholders	Dependents	Total
Monthly Average Enrollment	1,429.0	1,232.0	2,661.0

SCRIPT CARE, LTD.

Brand Vs. Generic Utilization Summary

Report for: **City of Lynchburg**

Effective Date: 10/01/2013

Group: **52030: Lynchburg City Schools**

This is a summary of your Script Care Prescription Plan from **2/1/2016** through **2/29/2016** .

Brand Vs. Generic Utilization

	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	251	12	1,330	1,593	
% of All Claims	15.76%	0.75%	83.49%	100.00%	
Retail from Pharmacy w/o Script Care	$127,976.85	$3,514.17	$167,116.05	$298,607.07	$187.45
Actual Drug Cost	$99,170.14	$2,646.42	$39,892.86	$141,709.42	$88.96
Pharmacy Fees	$234.00	$5.75	$1,255.50	$1,495.25	$0.94
Prescription Price w/ Script Care	$99,404.14	$2,652.17	$41,148.36	$143,204.67	$89.90
Savings through your Script Care Plan	**$28,572.71**	**$862.00**	**$125,967.69**	**$155,402.40**	**$97.55**
% Saved over Retail	**22.33%**	**24.53%**	**75.38%**	**52.04%**	
Copay	$17,574.55	$2,400.82	$20,099.16	$40,074.53	$25.16
% of Total Drug Cost	17.68%	90.52%	48.85%	27.98%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	**$81,829.59**	**$251.35**	**$21,049.20**	**$103,130.14**	**$64.74**
Total Plan Cost/Claim	**$326.01**	**$20.95**	**$15.83**	**$64.74**	
Cost/Per Cardholder Per Month	**$57.55**	**$0.18**	**$14.80**	**$72.52**	
Cost/Per Member Per Month	**$33.88**	**$0.10**	**$8.72**	**$42.70**	
Rx/Per Cardholder Per Month	**0.18**	**0.01**	**0.94**	**1.12**	
Rx/Per Member Per Month	**0.10**	**0.00**	**0.55**	**0.66**	

Enrollment

	Cardholders	Dependents	Total
Monthly Average Enrollment	1,422.0	993.0	2,415.0

SCRIPT CARE, LTD.

Brand Vs. Generic Utilization Summary

Report for: **City of Lynchburg**

Group: **52021, 52030**

This is a summary of your Script Care Prescription Plan from **2/1/2016** through **2/29/2016** .

Brand Vs. Generic Utilization

	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	489	18	2,569	3,076	
% of All Claims	15.90%	0.59%	83.52%	100.00%	
Retail from Pharmacy w/o Script Care	$330,079.14	$9,461.88	$319,069.79	$658,610.81	$214.11
Actual Drug Cost	$249,298.50	$6,097.97	$73,714.05	$329,110.52	$106.99
Pharmacy Fees	$463.50	$9.00	$2,456.50	$2,929.00	$0.95
Prescription Price w/ Script Care	$249,762.00	$6,106.97	$76,170.55	$332,039.52	$107.95
Savings through your Script Care Plan	**$80,317.14**	**$3,354.91**	**$242,899.24**	**$326,571.29**	**$106.17**
% Saved over Retail	**24.33%**	**35.46%**	**76.13%**	**49.58%**	
Copay	$39,023.66	$3,249.31	$40,746.66	$83,019.63	$26.99
% of Total Drug Cost	15.62%	53.21%	53.49%	25.00%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	**$210,738.34**	**$2,857.66**	**$35,423.89**	**$249,019.89**	**$80.96**
Total Plan Cost/Claim	**$430.96**	**$158.76**	**$13.79**	**$80.96**	
Cost/Per Cardholder Per Month	**$73.92**	**$1.00**	**$12.43**	**$87.34**	
Cost/Per Member Per Month	**$41.52**	**$0.56**	**$6.98**	**$49.06**	
Rx/Per Cardholder Per Month	**0.17**	**0.01**	**0.90**	**1.08**	
Rx/Per Member Per Month	**0.10**	**0.00**	**0.51**	**0.61**	

Enrollment

	Cardholders	Dependents	Total
Monthly Average Enrollment	2,851.0	2,225.0	5,076.0

SCRIPT CARE, LTD.

Retail and Mail Order Utilization Summary

Report for: **City of Lynchburg** Effective Date: 01/01/2013

Group: **52021: City of Lynchburg**

This is a summary of your Script Care Prescription Plan from **2/1/2016** through **2/29/2016**

Retail	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	190	2	972	1,164	
% of Retail Claims	16.32%	0.17%	83.51%	100.00%	
Prescription Price w/ Script Care	$100,480.10	$69.09	$20,363.11	$120,912.30	$103.88
Copay	$12,548.94	$68.67	$12,175.58	$24,793.19	$21.30
% of Total Drug Cost	12.49%	99.39%	59.79%	20.51%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$87,931.16	$0.42	$8,187.53	$96,119.11	$82.58
Employer Cost Per Claim	**$462.80**	**$0.21**	**$8.42**	**$82.58**	

Mail Order	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	48	4	267	319	
% of MO Claims	15.05%	1.25%	83.70%	100.00%	
Prescription Price w/ Script Care	$49,877.76	$3,385.71	$14,659.08	$67,922.55	$212.92
Copay	$8,900.17	$779.82	$8,471.92	$18,151.91	$56.90
% of Total Drug Cost	17.84%	23.03%	57.79%	26.72%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$40,977.59	$2,605.89	$6,187.16	$49,770.64	$156.02
Employer Cost Per Claim	**$853.70**	**$651.47**	**$23.17**	**$156.02**	

Total	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	238	6	1,239	1,483	
% of All Claims	16.05%	0.40%	83.55%	100.00%	
Prescription Price w/ Script Care	$150,357.86	$3,454.80	$35,022.19	$188,834.85	$127.33
Copay	$21,449.11	$848.49	$20,647.50	$42,945.10	$28.96
% of Total Drug Cost	14.27%	24.56%	58.96%	22.74%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$128,908.75	$2,606.31	$14,374.69	$145,889.75	$98.37
Employer Cost Per Claim	**$541.63**	**$434.39**	**$11.60**	**$98.37**	

SCRIPT CARE, LTD.

Retail and Mail Order Utilization Summary

Report for: **City of Lynchburg** Effective Date: 10/01/2013

Group: **52030: Lynchburg City Schools**

This is a summary of your Script Care Prescription Plan from **2/1/2016** through **2/29/2016**

Retail	**Brand w/o Generic**	**Brand w/ Generic**	**Generic**	**Total**	**Average Per Claim**
Number of Claims	201	4	1,019	1,224	
% of Retail Claims	16.42%	0.33%	83.25%	100.00%	
Prescription Price w/ Script Care	$65,226.55	$1,062.19	$25,338.93	$91,627.67	$74.86
Copay	$10,008.28	$885.05	$12,215.24	$23,108.57	$18.88
% of Total Drug Cost	15.34%	83.32%	48.21%	25.22%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$55,218.27	$177.14	$13,123.69	$68,519.10	$55.98
Employer Cost Per Claim	**$274.72**	**$44.29**	**$12.88**	**$55.98**	

Mail Order	**Brand w/o Generic**	**Brand w/ Generic**	**Generic**	**Total**	**Average Per Claim**
Number of Claims	50	8	311	369	
% of MO Claims	13.55%	2.17%	84.28%	100.00%	
Prescription Price w/ Script Care	$34,177.59	$1,589.98	$15,809.43	$51,577.00	$139.78
Copay	$7,566.27	$1,515.77	$7,883.92	$16,965.96	$45.98
% of Total Drug Cost	22.14%	95.33%	49.87%	32.89%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$26,611.32	$74.21	$7,925.51	$34,611.04	$93.80
Employer Cost Per Claim	**$532.23**	**$9.28**	**$25.48**	**$93.80**	

Total	**Brand w/o Generic**	**Brand w/ Generic**	**Generic**	**Total**	**Average Per Claim**
Number of Claims	251	12	1,330	1,593	
% of All Claims	15.76%	0.75%	83.49%	100.00%	
Prescription Price w/ Script Care	$99,404.14	$2,652.17	$41,148.36	$143,204.67	$89.90
Copay	$17,574.55	$2,400.82	$20,099.16	$40,074.53	$25.16
% of Total Drug Cost	17.68%	90.52%	48.85%	27.98%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$81,829.59	$251.35	$21,049.20	$103,130.14	$64.74
Employer Cost Per Claim	**$326.01**	**$20.95**	**$15.83**	**$64.74**	

SCRIPT CARE, LTD.

Retail and Mail Order Utilization Summary

Report for: **City of Lynchburg**

Group: **52021, 52030**

This is a summary of your Script Care Prescription Plan from **2/1/2016** through **2/29/2016**

Retail	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	391	6	1,991	2,388	
% of Retail Claims	16.37%	0.25%	83.38%	100.00%	
Prescription Price w/ Script Care	$165,706.65	$1,131.28	$45,702.04	$212,539.97	$89.00
Copay	$22,557.22	$953.72	$24,390.82	$47,901.76	$20.06
% of Total Drug Cost	13.61%	84.30%	53.37%	22.54%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$143,149.43	$177.56	$21,311.22	$164,638.21	$68.94
Employer Cost Per Claim	**$366.11**	**$29.59**	**$10.70**	**$68.94**	

Mail Order	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	98	12	578	688	
% of MO Claims	14.24%	1.74%	84.01%	100.00%	
Prescription Price w/ Script Care	$84,055.35	$4,975.69	$30,468.51	$119,499.55	$173.69
Copay	$16,466.44	$2,295.59	$16,355.84	$35,117.87	$51.04
% of Total Drug Cost	19.59%	46.14%	53.68%	29.39%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$67,588.91	$2,680.10	$14,112.67	$84,381.68	$122.65
Employer Cost Per Claim	**$689.68**	**$223.34**	**$24.42**	**$122.65**	

Total	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	489	18	2,569	3,076	
% of All Claims	15.90%	0.59%	83.52%	100.00%	
Prescription Price w/ Script Care	$249,762.00	$6,106.97	$76,170.55	$332,039.52	$107.95
Copay	$39,023.66	$3,249.31	$40,746.66	$83,019.63	$26.99
% of Total Drug Cost	15.62%	53.21%	53.49%	25.00%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$210,738.34	$2,857.66	$35,423.89	$249,019.89	$80.96
Employer Cost Per Claim	**$430.96**	**$158.76**	**$13.79**	**$80.96**	

SCRIPT CARE, LTD.

Specialty Pharmacy Utilization Summary

Report for: **City of Lynchburg**

Effective Date: 01/01/2013

Group: **52021: City of Lynchburg**

This is a summary of your Script Care Prescription Plan from **2/1/2016** through **2/29/2016** .

Specialty Pharmacy Utilization

	All Claims	Average Per Claim	Specialty Eligible*	Average Per Claim	Specialty Claims	Average Per Claim
Number of Claims	1,483		5 **		18 **	
% of All Claims	100.00%		0.34%		1.21%	
Retail from Pharmacy w/o Script Care	$360,003.74	$242.75	$36,041.75	$7,208.35	$78,562.82	$4,364.60
Actual Drug Cost	$187,401.10	$126.37	$30,619.98	$6,124.00	$52,925.14	$2,940.29
Pharmacy Fees	$1,433.75	$0.97	$3.25	$0.65	$36.00	$2.00
Prescription Price w/ Script Care	$188,834.85	$127.33	$30,623.23	$6,124.65	$52,961.14	$2,942.29
Savings through your Script Care Plan	**$171,168.89**	**$115.42**	**$5,418.52**	**$1,083.70**	**$25,601.68**	**$1,422.32**
% Saved over Retail	**47.55%**		**15.03%**		**32.59%**	
Copay	$42,945.10	$28.96	$500.00	$100.00	$1,590.23	$88.35
% of Total Drug Cost	22.74%		1.63%		3.00%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	**$145,889.75**	**$98.37**	**$30,123.23**	**$6,024.65**	**$51,370.91**	**$2,853.94**
% of Total Cost	**100.00%**		**20.65%**		**35.21%**	
Total Plan Cost/Claim	**$98.37**		**$6,024.65**		**$2,853.94**	
Cost/Per Cardholder Per Month	**$102.09**		**$21.08**		**$35.95**	
Cost/Per Member Per Month	**$54.83**		**$11.32**		**$19.31**	

*Excludes Specialty Claims **Net Claims

Enrollment

	Cardholders	Dependents	Total
Monthly Average Enrollment	1,429.0	1,232.0	2,661.0

SCRIPT CARE, LTD.

Specialty Pharmacy Utilization Summary

Report for: **City of Lynchburg**

Effective Date: 10/01/2013

Group: **52030: Lynchburg City Schools**

This is a summary of your Script Care Prescription Plan from **2/1/2016** through **2/29/2016** .

Specialty Pharmacy Utilization

	All Claims	Average Per Claim	Specialty Eligible*	Average Per Claim	Specialty Claims	Average Per Claim
Number of Claims	1,593		1 **		11 **	
% of All Claims	100.00%		0.06%		0.69%	
Retail from Pharmacy w/o Script Care	$298,607.07	$187.45	$12,133.00	$12,133.00	$49,512.49	$4,501.14
Actual Drug Cost	$141,709.42	$88.96	$10,559.35	$10,559.35	$34,920.68	$3,174.61
Pharmacy Fees	$1,495.25	$0.94	$0.00	$0.00	$22.00	$2.00
Prescription Price w/ Script Care	$143,204.67	$89.90	$10,559.35	$10,559.35	$34,942.68	$3,176.61
Savings through your Script Care Plan	**$155,402.40**	**$97.55**	**$1,573.65**	**$1,573.65**	**$14,569.81**	**$1,324.53**
% Saved over Retail	**52.04%**		**12.97%**		**29.43%**	
Copay	$40,074.53	$25.16	$100.00	$100.00	$950.00	$86.36
% of Total Drug Cost	27.98%		0.95%		2.72%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	**$103,130.14**	**$64.74**	**$10,459.35**	**$10,459.35**	**$33,992.68**	**$3,090.24**
% of Total Cost	**100.00%**		**10.14%**		**32.96%**	
Total Plan Cost/Claim	**$64.74**		**$10,459.35**		**$3,090.24**	
Cost/Per Cardholder Per Month	**$72.52**		**$7.36**		**$23.90**	
Cost/Per Member Per Month	**$42.70**		**$4.33**		**$14.08**	

*Excludes Specialty Claims **Net Claims

Enrollment

	Cardholders	Dependents	Total
Monthly Average Enrollment	1,422.0	993.0	2,415.0

SCRIPT CARE, LTD.

Specialty Pharmacy Utilization Summary

Report for: **City of Lynchburg**

Group: **52021, 52030**

This is a summary of your Script Care Prescription Plan from **2/1/2016** through **2/29/2016** .

Specialty Pharmacy Utilization

	All Claims	Average Per Claim	Specialty Eligible*	Average Per Claim	Specialty Claims	Average Per Claim
Number of Claims	3,076		6 **		29 **	
% of All Claims	100.00%		0.20%		0.94%	
Retail from Pharmacy w/o Script Care	$658,610.81	$214.11	$48,174.75	$8,029.13	$128,075.31	$4,416.39
Actual Drug Cost	$329,110.52	$106.99	$41,179.33	$6,863.22	$87,845.82	$3,029.17
Pharmacy Fees	$2,929.00	$0.95	$3.25	$0.54	$58.00	$2.00
Prescription Price w/ Script Care	$332,039.52	$107.95	$41,182.58	$6,863.76	$87,903.82	$3,031.17
Savings through your Script Care Plan	**$326,571.29**	**$106.17**	**$6,992.17**	**$1,165.36**	**$40,171.49**	**$1,385.22**
% Saved over Retail	**49.58%**		**14.51%**		**31.37%**	
Copay	$83,019.63	$26.99	$600.00	$100.00	$2,540.23	$87.59
% of Total Drug Cost	25.00%		1.46%		2.89%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	**$249,019.89**	**$80.96**	**$40,582.58**	**$6,763.76**	**$85,363.59**	**$2,943.57**
% of Total Cost	**100.00%**		**16.30%**		**34.28%**	
Total Plan Cost/Claim	**$80.96**		**$6,763.76**		**$2,943.57**	
Cost/Per Cardholder Per Month	**$87.34**		**$14.23**		**$29.94**	
Cost/Per Member Per Month	**$49.06**		**$7.99**		**$16.82**	

*Excludes Specialty Claims **Net Claims

Enrollment

	Cardholders	Dependents	Total
Monthly Average Enrollment	2,851.0	2,225.0	5,076.0

SCRIPT CARE, LTD.

Plan Statistics

Report for: **City of Lynchburg**

Effective Date: 01/01/2013

Group: **52021: City of Lynchburg**

This is a summary of your Script Care Prescription Plan from **1/1/2016** through **2/29/2016**

	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Total
Enrollment Summary													
Cardholders	1,423.0	1,429.0											1,426.0
Dependents	1,226.0	1,232.0											1,229.0
Utilizing Cardholders	623.0	612.0											824.0
Utilization %	43.78%	42.83%											57.78%
Claim Summary													
All	1,535	1,483											3,018
Avg Per Cardholder	1.08	1.04											2.12
Avg Per Member	0.58	0.56											1.14
Brand	226	238											464
Generic	1,296	1,239											2,535
Brand w/Generic	13	6											19
Generic % of All	84.43%	83.55%											84.00%
Mail Order	383	317											700
Mail Order % of All	24.95%	21.38%											23.19%
Claim Cost													
Submitted Cost	$334,150	$360,004											$694,154
Script Care Cost	$151,856	$188,835											$340,690
Savings	$182,294	$171,169											$353,463
Tax	$0	$0											$0
Total	$151,856	$188,835											$340,690
Average Claim Cost	$98.93	$127.33											$112.89
Average Brand Cost	$505.01	$631.76											$570.02
Average Generic Cost	$27.80	$28.27											$28.03
Average Br w/Gen Cost	$130.88	$575.80											$271.38
Member Cost													
Total Copay	$42,299	$42,945											$85,244
Average Claim Copay	$27.56	$28.96											$28.25
Average Brand Copay	$89.16	$90.12											$89.65
Average Generic Copay	$16.75	$16.66											$16.71
Average Br w/Gen Copay	$33.99	$141.42											$67.91
Copay % of Total Cost	27.85%	22.74%											25.02%
Plan Cost													
Plan Cost	$109,557	$145,890											$255,446
Average Claim Cost	$71.37	$98.37											$84.64
Average Brand Cost	$415.85	$541.63											$480.37
Average Generic Cost	$11.05	$11.60											$11.32
Average Br w/Gen Cost	$96.89	$434.39											$203.47
Plan Cost % of Total Cost	72.15%	77.26%											74.98%
Plan Cost Per Cardholder	$76.99	$102.09											$179.13
Plan Cost Per Member	$41.36	$54.83											$96.21
Cardholders > $500	50	46											98
Cardholders > 5 Claims	40	46											170

Top 10 Drugs by Plan Cost

ENBREL	CEREZYME		ENBREL SRCLK
HUMIRA PEN	NBREL SRCLK		CEREZYME
XOLAIR	VONEX PREFL		ENBREL
VONEX PREFL	HUMIRA PEN		XOLAIR
AUBAGIO	NBREL SRCLK		AVONEX PREFL
OXYCONTIN	ENBREL		HUMIRA PEN
NBREL SRCLK	AUBAGIO		HUMIRA PEN
VICTOZA	XOLAIR		AUBAGIO
LANTUS	ATRIPLA		CRESTOR
ADCIRCA	LEVEMIR		LANTUS

SCRIPT CARE, LTD.

Plan Statistics

Report for: **City of Lynchburg**

Effective Date: 10/01/2013

Group: **52030: Lynchburg City Schools**

This is a summary of your Script Care Prescription Plan from **1/1/2016** through **2/29/2016**

	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Total
Enrollment Summary													
Cardholders	1,418.0	1,422.0											1,420.0
Dependents	987.0	993.0											990.0
Utilizing Cardholders	634.0	651.0											850.0
Utilization %	44.71%	45.78%											59.86%
Claim Summary													
All	1,569	1,593											3,162
Avg Per Cardholder	1.11	1.12											2.23
Avg Per Member	0.65	0.66											1.31
Brand	244	251											495
Generic	1,317	1,330											2,647
Brand w/Generic	8	12											20
Generic % of All	83.94%	83.49%											83.71%
Mail Order	393	368											761
Mail Order % of All	25.05%	23.10%											24.07%
Claim Cost													
Submitted Cost	$364,064	$298,607											$662,671
Script Care Cost	$176,670	$143,205											$319,875
Savings	$187,394	$155,402											$342,797
Tax	$0	$0											$0
Total	$176,670	$143,205											$319,875
Average Claim Cost	$112.60	$89.90											$101.16
Average Brand Cost	$554.18	$396.03											$473.99
Average Generic Cost	$30.73	$30.94											$30.84
Average Br w/Gen Cost	$121.73	$221.01											$181.30
Member Cost													
Total Copay	$42,398	$40,075											$82,473
Average Claim Copay	$27.02	$25.16											$26.08
Average Brand Copay	$88.84	$70.02											$79.29
Average Generic Copay	$15.25	$15.11											$15.18
Average Br w/Gen Copay	$79.55	$200.07											$151.86
Copay % of Total Cost	24.00%	27.98%											25.78%
Plan Cost													
Plan Cost	$134,272	$103,130											$237,402
Average Claim Cost	$85.58	$64.74											$75.08
Average Brand Cost	$465.34	$326.01											$394.69
Average Generic Cost	$15.48	$15.83											$15.66
Average Br w/Gen Cost	$42.17	$20.95											$29.44
Plan Cost % of Total Cost	76.00%	72.02%											74.22%
Plan Cost Per Cardholder	$94.69	$72.52											$167.18
Plan Cost Per Member	$55.83	$42.70											$98.51
Cardholders > $500	56	47											100
Cardholders > 5 Claims	45	45											160

Top 10 Drugs by Plan Cost

HUMIRA PEN	HUMIRA PEN	HUMIRA PEN
IBRANCE	IBRANCE	IBRANCE
LEVEMIR	NBREL SRCLK	CAPECITABINE
XOLAIR	LANTUS	LEVEMIR
VONEX PREFL	XELJANZ	LANTUS
CAPECITABINE	ETHYLPHENID	XELJANZ
ORENCIA	CAPECITABINE	XOLAIR
HUMIRA PEN	MOZOLOMIDE	AVONEX PREFL
LYRICA	RIPIPRAZOLE	TRIUMEQ
ASACOL HD	TRIUMEQ	SOLODYN

SCRIPT CARE, LTD.

Plan Statistics

Report for: **City of Lynchburg**

Group: **52021, 52030**

This is a summary of your Script Care Prescription Plan from **1/1/2016** through **2/29/2016**

	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Total
Enrollment Summary													
Cardholders	2,841.0	2,851.0											2,846.0
Dependents	2,213.0	2,225.0											2,219.0
Utilizing Cardholders	1,257.0	1,263.0											1,674.0
Utilization %	44.24%	44.30%											58.82%
Claim Summary													
All	3,104	3,076											6,180
Avg Per Cardholder	1.09	1.08											2.17
Avg Per Member	0.61	0.61											1.22
Brand	470	489											959
Generic	2,613	2,569											5,182
Brand w/Generic	21	18											39
Generic % of All	84.18%	83.52%											83.85%
Mail Order	776	685											1,461
Mail Order % of All	25.00%	22.27%											23.64%
Claim Cost													
Submitted Cost	$698,214	$658,611											$1,356,825
Script Care Cost	$328,525	$332,040											$660,565
Savings	$369,689	$326,571											$696,260
Tax	$0	$0											$0
Total	$328,525	$332,040											$660,565
Average Claim Cost	$105.84	$107.95											$106.89
Average Brand Cost	$530.54	$510.76											$520.45
Average Generic Cost	$29.28	$29.65											$29.46
Average Br w/Gen Cost	$127.39	$339.28											$225.19
Member Cost													
Total Copay	$84,697	$83,020											$167,717
Average Claim Copay	$27.29	$26.99											$27.14
Average Brand Copay	$88.99	$79.80											$84.31
Average Generic Copay	$15.99	$15.86											$15.93
Average Br w/Gen Copay	$51.35	$180.52											$110.96
Copay % of Total Cost	25.78%	25.00%											25.39%
Plan Cost													
Plan Cost	$243,828	$249,020											$492,848
Average Claim Cost	$78.55	$80.96											$79.75
Average Brand Cost	$441.55	$430.96											$436.15
Average Generic Cost	$13.28	$13.79											$13.53
Average Br w/Gen Cost	$76.05	$158.76											$114.22
Plan Cost % of Total Cost	74.22%	75.00%											74.61%
Plan Cost Per Cardholder	$85.82	$87.34											$173.17
Plan Cost Per Member	$48.24	$49.06											$97.30
Cardholders > $500	106	93											198
Cardholders > 5 Claims	85	91											330

Top 10 Drugs by Plan Cost

HUMIRA PEN	NBREL SRCLK	HUMIRA PEN
XOLAIR	HUMIRA PEN	ENBREL SRCLK
VONEX PREFL	CEREZYME	AVONEX PREFL
IBRANCE	VONEX PREFL	IBRANCE
ENBREL	IBRANCE	CEREZYME
HUMIRA PEN	HUMIRA PEN	XOLAIR
LEVEMIR	ENBREL	ENBREL
LANTUS	AUBAGIO	LEVEMIR
OXYCONTIN	XOLAIR	LANTUS
AUBAGIO	ATRIPLA	CRESTOR

SCRIPT CARE, LTD.

Range Report

Report for: **City of Lynchburg**

Effective Date: 01/01/2013

Group: **52021: City of Lynchburg**

This is a summary of your Script Care Prescription Plan from **2/1/2016** through **2/29/2016** .

Drug Price	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
Less than $10.00	396	$2,335	$90	$2,245	$5.67	96.2%
$10.00 to $24.99	509	$7,597	$417	$7,180	$14.11	94.5%
$25.00 to $49.99	208	$6,546	$1,936	$4,610	$22.16	70.4%
$50.00 to $74.99	89	$4,621	$2,370	$2,251	$25.29	48.7%
$75.00 to $99.99	33	$2,458	$1,374	$1,085	$32.87	44.1%
$100.00 to $199.99	71	$8,413	$5,382	$3,031	$42.68	36.0%
$200.00 to $299.99	48	$10,167	$6,230	$3,937	$82.03	38.7%
$300.00 to $399.99	35	$10,744	$7,301	$3,443	$98.37	32.0%
$400.00 to $499.99	22	$7,268	$5,510	$1,758	$79.91	24.2%
$500.00 to $599.99	6	$3,249	$2,414	$835	$139.20	25.7%
$600.00 to $699.99	19	$11,321	$7,229	$4,092	$215.36	36.1%
$700.00 to $799.99	8	$5,871	$4,293	$1,579	$197.32	26.9%
$800.00 to $899.99	3	$2,490	$1,790	$700	$233.33	28.1%
$900.00 to $999.99	3	$2,841	$2,141	$700	$233.33	24.6%
$1000.00 to $1099.99	5	$5,253	$3,953	$1,300	$260.00	24.7%
$1100.00 to $1199.99						
$1200.00 to $1299.99						
$1300.00 or more	28	$97,659	$93,459	$4,200	$150.00	4.3%
Total	1,483	$188,835	$145,890	$42,945	$28.96	22.7%

Days Supply	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
15 days or less	477	$11,605	$5,199	$6,406	$13.43	55.2%
16-34 days	655	$122,418	$106,575	$15,843	$24.19	12.9%
35-60 days	3	$967	$580	$387	$128.96	40.0%
61-83 days						
84-90 days	345	$53,492	$33,213	$20,279	$58.78	37.9%
91-120 days						
121-180 days						
181 or more days	3	$353	$323	$29	$9.83	8.4%
Total	1,483	$188,835	$145,890	$42,945	$28.96	22.7%

Age	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
12 and Under	102	$3,356	$1,402	$1,954	$19.16	58.2%
13-18 Years	39	$4,300	$3,124	$1,176	$30.15	27.3%
19-30 Years	158	$11,224	$8,506	$2,719	$17.21	24.2%
31-45 Years	307	$27,866	$21,068	$6,798	$22.14	24.4%
46-49 Years	140	$17,884	$14,632	$3,251	$23.22	18.2%
50-59 Years	426	$76,786	$62,839	$13,947	$32.74	18.2%
60-64 Years	265	$43,242	$32,001	$11,240	$42.42	26.0%
65 and Over	46	$4,177	$2,317	$1,859	$40.42	44.5%
Total	1,483	$188,835	$145,890	$42,945	$28.96	22.7%

SCRIPT CARE, LTD.

Range Report

Report for: **City of Lynchburg**

Effective Date: 10/01/2013

Group: **52030: Lynchburg City Schools**

This is a summary of your Script Care Prescription Plan from **2/1/2016** through **2/29/2016** .

Drug Price	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
Less than $10.00	446	$2,574	$63	$2,511	$5.63	97.5%
$10.00 to $24.99	553	$7,917	$425	$7,492	$13.55	94.6%
$25.00 to $49.99	212	$6,875	$2,203	$4,671	$22.03	68.0%
$50.00 to $74.99	77	$4,137	$1,926	$2,211	$28.71	53.4%
$75.00 to $99.99	45	$2,999	$1,422	$1,578	$35.06	52.6%
$100.00 to $199.99	86	$9,188	$6,010	$3,178	$36.95	34.6%
$200.00 to $299.99	47	$9,575	$6,065	$3,510	$74.68	36.7%
$300.00 to $399.99	37	$9,217	$6,328	$2,889	$78.07	31.3%
$400.00 to $499.99	18	$3,666	$2,303	$1,362	$75.68	37.2%
$500.00 to $599.99	11	$6,040	$4,349	$1,691	$153.75	28.0%
$600.00 to $699.99	17	$9,962	$6,834	$3,128	$184.01	31.4%
$700.00 to $799.99	8	$4,331	$3,178	$1,153	$144.12	26.6%
$800.00 to $899.99	10	$6,668	$5,743	$925	$92.50	13.9%
$900.00 to $999.99	6	$5,582	$4,332	$1,250	$208.33	22.4%
$1000.00 to $1099.99	5	$5,266	$4,366	$900	$180.00	17.1%
$1100.00 to $1199.99						
$1200.00 to $1299.99						
$1300.00 or more	15	$49,208	$47,583	$1,625	$108.33	3.3%
Total	1,593	$143,205	$103,130	$40,075	$25.16	28.0%

Days Supply	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
15 days or less	516	$12,287	$5,578	$6,709	$13.00	54.6%
16-34 days	678	$87,152	$71,650	$15,501	$22.86	17.8%
35-60 days	4	$73	($16)	$89	$22.30	122.3%
61-83 days						
84-90 days	393	$43,384	$25,609	$17,775	$45.23	41.0%
91-120 days	2	$309	$309	$0	$0.00	0.0%
121-180 days						
181 or more days						
Total	1,593	$143,205	$103,130	$40,075	$25.16	28.0%

Age	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
12 and Under	73	$6,878	$5,001	$1,877	$25.72	27.3%
13-18 Years	33	$5,085	$3,723	$1,362	$41.26	26.8%
19-30 Years	174	$18,362	$13,511	$4,852	$27.88	26.4%
31-45 Years	407	$24,712	$16,671	$8,041	$19.76	32.5%
46-49 Years	101	$9,122	$8,200	$921	$9.12	10.1%
50-59 Years	442	$41,830	$29,997	$11,833	$26.77	28.3%
60-64 Years	250	$26,679	$18,954	$7,725	$30.90	29.0%
65 and Over	113	$10,537	$7,074	$3,463	$30.65	32.9%
Total	1,593	$143,205	$103,130	$40,075	$25.16	28.0%

SCRIPT CARE, LTD.

Range Report

Report for: **City of Lynchburg**

Group: **52021, 52030**

This is a summary of your Script Care Prescription Plan from **2/1/2016** through **2/29/2016** .

Drug Price	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
Less than $10.00	842	$4,909	$153	$4,756	$5.65	96.9%
$10.00 to $24.99	1,062	$15,514	$842	$14,672	$13.82	94.6%
$25.00 to $49.99	420	$13,420	$4,139	$9,281	$22.10	69.2%
$50.00 to $74.99	166	$8,758	$4,296	$4,462	$26.88	50.9%
$75.00 to $99.99	78	$5,458	$2,795	$2,663	$34.14	48.8%
$100.00 to $199.99	157	$17,601	$11,393	$6,209	$39.54	35.3%
$200.00 to $299.99	95	$19,743	$12,295	$7,447	$78.39	37.7%
$300.00 to $399.99	72	$19,961	$13,630	$6,332	$87.94	31.7%
$400.00 to $499.99	40	$10,934	$7,814	$3,120	$78.01	28.5%
$500.00 to $599.99	17	$9,289	$6,762	$2,526	$148.61	27.2%
$600.00 to $699.99	36	$21,283	$14,063	$7,220	$200.56	33.9%
$700.00 to $799.99	16	$10,202	$7,471	$2,731	$170.72	26.8%
$800.00 to $899.99	13	$9,158	$7,533	$1,625	$125.00	17.7%
$900.00 to $999.99	9	$8,423	$6,473	$1,950	$216.67	23.2%
$1000.00 to $1099.99	10	$10,520	$8,320	$2,200	$220.00	20.9%
$1100.00 to $1199.99						
$1200.00 to $1299.99						
$1300.00 or more	43	$146,867	$141,042	$5,825	$135.47	4.0%
Total	3,076	$332,040	$249,020	$83,020	$26.99	25.0%

Days Supply	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
15 days or less	993	$23,892	$10,777	$13,115	$13.21	54.9%
16-34 days	1,333	$209,570	$178,225	$31,345	$23.51	15.0%
35-60 days	7	$1,040	$564	$476	$68.01	45.8%
61-83 days						
84-90 days	738	$96,876	$58,822	$38,054	$51.56	39.3%
91-120 days	2	$309	$309	$0	$0.00	0.0%
121-180 days						
181 or more days	3	$353	$323	$29	$9.83	8.4%
Total	3,076	$332,040	$249,020	$83,020	$26.99	25.0%

Age	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
12 and Under	175	$10,234	$6,403	$3,832	$21.89	37.4%
13-18 Years	72	$9,385	$6,847	$2,538	$35.24	27.0%
19-30 Years	332	$29,587	$22,016	$7,571	$22.80	25.6%
31-45 Years	714	$52,577	$37,738	$14,839	$20.78	28.2%
46-49 Years	241	$27,005	$22,832	$4,173	$17.31	15.5%
50-59 Years	868	$118,616	$92,836	$25,780	$29.70	21.7%
60-64 Years	515	$69,921	$50,955	$18,965	$36.83	27.1%
65 and Over	159	$14,713	$9,391	$5,322	$33.47	36.2%
Total	3,076	$332,040	$249,020	$83,020	$26.99	25.0%

SCRIPT CARE, LTD.

City of Lynchburg

A017 - Therapeutic Class Totals

A017_Rpt Group(s) = 52021; Cycles between 2/1/2016 and 2/29/2016

Report Criteria

Code	Therapeutic Class	# Scripts	Amt Paid	Copay
66	Analgesics-Anti-Inflammatory	39	$32,901.55	$1,268.80
82	Hematopoitic Agents	2	$17,767.73	$110.73
62	Misc. Psychotherapeutic and Neurological Agents	3	$16,618.20	$300.00
27	Antidiabetic	64	$14,744.27	$5,517.46
44	Antiasthmatic	61	$9,922.38	$2,766.35
12	Antiviral	29	$5,632.22	$1,120.78
90	Dermatological	47	$4,260.92	$1,357.34
61	Stimulants/Anti-Obesity Anorexiants	28	$4,005.63	$2,205.56
40	Misc. Cardiovascular	8	$3,917.67	$805.96
59	Antipsychotics	8	$3,555.95	$754.78
25	Contraceptives	53	$3,529.16	$0.00
39	Antihyperlipidemic	93	$3,372.45	$3,712.01
49	Ulcer Drugs	51	$2,293.81	$1,785.67
52	Misc. GI	11	$2,160.75	$792.49
38	Pressors	6	$1,760.80	$400.00
21	Antineoplastics	7	$1,661.59	$407.81
99	Assorted Classes	5	$1,559.55	$441.29
72	Anticonvulsant	48	$1,556.77	$1,588.02
36	Antihypertensive	78	$1,550.23	$2,209.15
26	Progestins	6	$1,393.14	$363.86
04	Tetracyclines	20	$1,362.58	$463.16
65	Analgesics-Narcotic	88	$1,004.65	$1,278.23
42	Systemic And Topical Nasal Products	21	$943.19	$853.11
86	Ophthalmic	21	$854.81	$668.08
68	Gout	7	$809.89	$559.96
24	Estrogens	5	$699.58	$476.37
46	Laxatives	12	$593.01	$51.76
94	Diagnostic Products	6	$559.52	$330.22
58	Antidepressants	106	$484.17	$1,436.56
83	Anticoagulants	5	$481.82	$293.35
13	Antimalarial	4	$458.27	$324.41
50	Antiemetics	17	$412.36	$298.11
55	Vaginal Products	4	$340.85	$237.50
37	Diuretics	21	$340.08	$390.52
02	Cephalosporins	32	$324.82	$566.72
85	Misc. Hematological	3	$261.98	$142.90
33	Beta Blockers	33	$246.49	$736.34

SCRIPT CARE, LTD.

City of Lynchburg

A017 - Therapeutic Class Totals

A017_Rpt Group(s) = 52021; Cycles between 2/1/2016 and 2/29/2016

Report Criteria

Code	Therapeutic Class	# Scripts	Amt Paid	Copay
54	Urinary Antispasmodics	2	$238.14	$173.58
75	Musculoskeletal Therapy Agents	23	$222.58	$363.76
43	Cough/Cold/Allergy	31	$166.52	$378.26
64	Analgesics-Non Narcotic	6	$136.47	$126.53
56	Miscellaneous Genitourinary Products	10	$106.25	$244.87
01	Penicillins	65	$80.91	$731.65
22	Corticosteroids	44	$73.54	$446.86
03	Macrolide Antibiotics	36	$69.64	$451.47
89	Anorectal	4	$63.40	$42.27
88	Mouth and Throat (Local)	4	$58.24	$57.31
84	Hemostatics	1	$57.90	$38.60
34	Calcium Blockers	18	$57.11	$342.81
60	Hypnotics	9	$44.38	$124.27
41	Antihistamines	13	$43.49	$189.90
67	Migraine Products	7	$41.39	$184.45
11	Antifunguals	14	$39.68	$148.93
53	Urinary Anti-Infectives	2	$30.62	$80.00
87	Otic	2	$18.98	$40.00
16	Misc. Anti-Infectives	19	$16.21	$221.85
97	Medical Devices	4	$6.80	$43.46
32	Antianginal Agents	1	$5.75	$20.00
73	Antiparkinsonian	2	$1.80	$40.48
28	Thyroid	32	$0.42	$638.32
79	Minerals and Electrolytes	7	$0.00	$99.30
47	Antidiarrheals	1	$0.00	$13.74
05	Fluoroquinolones	13	$0.00	$123.26
35	Antiarrhythmic	1	$0.00	$52.76
30	Misc. Endocrine	2	$0.00	$26.33
57	Antianxiety Agents	58	($33.31)	$484.72
Grand Total		1,483	$145,889.75	$42,945.10

Lynchburg City Schools

A017 - Therapeutic Class Totals

A017_Rpt Group(s) = 52030; Cycles between 2/1/2016 and 2/29/2016

Report Criteria

Code	Therapeutic Class	# Scripts	Amt Paid	Copay
66	Analgesics-Anti-Inflammatory	46	$25,499.30	$1,247.48
21	Antineoplastics	15	$16,179.68	$487.43
27	Antidiabetic	47	$8,551.83	$3,081.34
61	Stimulants/Anti-Obesity Anorexiants	37	$5,589.51	$3,746.26
39	Antihyperlipidemic	90	$4,905.14	$3,843.34
90	Dermatological	69	$4,856.68	$2,126.17
44	Antiasthmatic	53	$4,064.51	$2,632.86
25	Contraceptives	58	$3,471.01	$116.72
12	Antiviral	26	$2,862.96	$708.72
65	Analgesics-Narcotic	103	$2,425.63	$1,533.97
59	Antipsychotics	7	$2,346.77	$224.28
04	Tetracyclines	16	$2,187.70	$513.96
52	Misc. GI	6	$1,950.83	$428.00
23	Androgen-Anabolic	4	$1,851.61	$425.00
83	Anticoagulants	9	$1,733.05	$594.16
68	Gout	12	$1,344.96	$473.60
55	Vaginal Products	7	$1,125.75	$705.49
58	Antidepressants	125	$1,120.21	$2,718.10
86	Ophthalmic	24	$1,012.69	$647.45
30	Misc. Endocrine	2	$948.18	$117.40
38	Pressors	2	$883.58	$200.00
62	Misc. Psychotherapeutic and Neurological Agents	4	$847.06	$297.27
72	Anticonvulsant	51	$816.26	$1,325.15
49	Ulcer Drugs	40	$661.96	$636.87
42	Systemic And Topical Nasal Products	14	$606.37	$539.80
40	Misc. Cardiovascular	8	$600.12	$416.44
85	Misc. Hematological	5	$568.21	$201.55
46	Laxatives	19	$515.61	$176.81
54	Urinary Antispasmodics	5	$455.39	$340.00
36	Antihypertensive	83	$325.26	$1,221.41
24	Estrogens	9	$309.59	$246.70
17	Vaccines	1	$255.99	$0.00
02	Cephalosporins	26	$253.28	$430.31
60	Hypnotics	17	$237.13	$295.10
13	Antimalarial	2	$215.20	$141.98
43	Cough/Cold/Allergy	47	$199.58	$541.83
67	Migraine Products	15	$173.15	$217.07

Lynchburg City Schools

A017 - Therapeutic Class Totals

A017_Rpt Group(s) = 52030; Cycles between 2/1/2016 and 2/29/2016

Report Criteria

Code	Therapeutic Class	# Scripts	Amt Paid	Copay
03	Macrolide Antibiotics	39	$170.85	$471.24
37	Diuretics	48	$136.95	$529.26
75	Musculoskeletal Therapy Agents	24	$121.60	$247.86
50	Antiemetics	15	$109.22	$225.43
94	Diagnostic Products	5	$99.70	$116.68
33	Beta Blockers	26	$98.59	$357.52
79	Minerals and Electrolytes	8	$74.84	$268.22
01	Penicillins	78	$72.27	$899.18
64	Analgesics-Non Narcotic	6	$65.62	$100.00
05	Fluoroquinolones	19	$55.25	$182.98
22	Corticosteroids	43	$48.65	$441.47
99	Assorted Classes	2	$32.18	$35.57
53	Urinary Anti-Infectives	3	$19.98	$60.00
88	Mouth and Throat (Local)	9	$19.27	$118.32
34	Calcium Blockers	30	$17.22	$424.56
56	Miscellaneous Genitourinary Products	5	$13.06	$98.50
28	Thyroid	31	$8.76	$1,099.53
11	Antifunguals	15	$7.80	$143.87
77	Vitamins	3	$7.42	$0.00
57	Antianxiety Agents	38	$7.06	$375.21
26	Progestins	4	$2.68	$32.12
16	Misc. Anti-Infectives	19	$0.00	$151.55
82	Hematopoitic Agents	2	$0.00	$8.66
73	Antiparkinsonian	3	$0.00	$54.46
41	Antihistamines	7	$0.00	$53.63
32	Antianginal Agents	1	$0.00	$4.00
97	Medical Devices	6	($10.57)	($25.31)
Grand Total		1,593	$103,130.14	$40,074.53

SCRIPT CARE, LTD.

City of Lynchburg

A029D - Top Utilized Drugs by Dollars

A029D_Rpt

Report Criteria Group(s) = 52021; Cycles between 2/1/2016 and 2/29/2016

Desc	# Scripts	Amt Paid	Amt Paid/ RX	Ingred. Cost	Ingred. Cost/ 30 days	Ind.*	Maint	Therapeutic Class
ENBREL SRCLK	5	$18,128.65	$3,625.73	$18,618.65	$3,989.71	N	Y	ANALGESICS - ANTI-INFLAMMATORY/Soluble Tumor
CEREZYME	1	$17,767.73	$17,767.73	$17,867.73	$19,144.00	N	N	HEMATOPOIETIC AGENTS/Agents for Gaucher
AVONEX PREFL	2	$10,867.64	$5,433.82	$11,063.64	$5,926.95	N	Y	PSYCHOTHERAPEUTIC AND NEUROLOGICAL
HUMIRA PEN	2	$7,387.82	$3,693.91	$7,583.82	$4,062.76	N	Y	ANALGESICS - ANTI-INFLAMMATORY/Anti-TNF-
ENBREL	2	$7,251.46	$3,625.73	$7,447.46	$3,989.71	N	Y	ANALGESICS - ANTI-INFLAMMATORY/Soluble Tumor
AUBAGIO	1	$5,750.56	$5,750.56	$5,850.56	$6,268.46	N	Y	PSYCHOTHERAPEUTIC AND NEUROLOGICAL
XOLAIR	1	$5,492.66	$5,492.66	$5,592.66	$5,992.14	N	N	ANTIASTHMATIC AND BRONCHODILATOR
ATRIPLA	2	$4,587.96	$2,293.98	$4,783.96	$2,391.98	N	Y	ANTIVIRALS/Antiretroviral Combinations
LEVEMIR	5	$3,158.52	$631.70	$4,250.31	$392.34	N	Y	ANTIDIABETICS/Human Insulin
CRESTOR	9	$2,736.96	$304.11	$4,548.02	$216.57	N	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
ADCIRCA	1	$2,650.80	$2,650.80	$2,748.80	$2,748.80	N	Y	CARDIOVASCULAR AGENTS - MISC./Pulmonary
LANTUS	10	$2,573.48	$257.35	$3,578.59	$308.50	N	Y	ANTIDIABETICS/Human Insulin
LATUDA	1	$2,255.51	$2,255.51	$2,555.51	$851.84	N	Y	ANTIPSYCHOTICS/ANTIMANIC
EPIPEN 2-PAK	6	$1,760.80	$293.47	$2,154.80	$702.65	N	N	VASOPRESSORS/Anaphylaxis Therapy Agents
DEXILANT	6	$1,751.14	$291.86	$2,915.58	$208.26	N	Y	ULCER DRUGS/Proton Pump Inhibitors
PENNSAID	1	$1,561.12	$1,561.12	$1,659.62	$1,778.16	N	N	DERMATOLOGICALS/Anti-inflammatory Agents -
LIALDA	6	$1,530.97	$255.16	$1,924.72	$481.18	N	N	GASTROINTESTINAL AGENTS - MISC./Inflammatory
JANUMET	2	$1,496.96	$748.48	$2,092.96	$348.83	N	Y	ANTIDIABETICS/Dipeptidyl Peptidase-4 Inhibitor-
VYVANSE	8	$1,440.17	$180.02	$2,385.34	$238.53	N	Y	ADHD/ANTI-NARCOLEPSY/ANTI-
MEGESTROL	1	$1,393.04	$1,393.04	$1,693.04	$564.35	Y	Y	PROGESTINS/Progestins
NUVIGIL	1	$1,385.38	$1,385.38	$1,685.38	$561.79	N	Y	ADHD/ANTI-NARCOLEPSY/ANTI-
SYMBICORT	4	$1,371.03	$342.76	$2,168.03	$271.00	N	Y	ANTIASTHMATIC AND BRONCHODILATOR
IMURAN	1	$1,369.65	$1,369.65	$1,669.65	$556.55	O	Y	ASSORTED CLASSES/Purine Analogs
LYRICA	2	$1,312.84	$656.42	$1,912.84	$318.81	N	Y	ANTICONVULSANTS/Anticonvulsants - Misc.
INVEGA	1	$1,236.24	$1,236.24	$1,536.24	$512.08	O	Y	ANTIPSYCHOTICS/ANTIMANIC
BYDUREON	1	$1,222.38	$1,222.38	$1,522.38	$543.71	N	Y	ANTIDIABETICS/Incretin Mimetic Agents (GLP-1
VICTOZA	4	$978.42	$244.61	$1,175.67	$587.84	N	Y	ANTIDIABETICS/Incretin Mimetic Agents (GLP-1
SOLODYN	1	$960.47	$960.47	$1,058.72	$1,058.72	N	N	TETRACYCLINES/Tetracyclines
PROAIR HFA	17	$923.14	$54.30	$1,529.38	$62.59	N	Y	ANTIASTHMATIC AND BRONCHODILATOR
TAMIFLU	11	$847.75	$77.07	$1,397.15	$644.84	N	N	ANTIVIRALS/Neuraminidase Inhibitors
CIALIS	4	$839.51	$209.88	$1,270.52	$418.85	N	N	CARDIOVASCULAR AGENTS - MISC./Selective
NOVOLOG	1	$828.50	$828.50	$927.00	$927.00	N	Y	ANTIDIABETICS/Human Insulin
ULORIC	3	$809.89	$269.96	$1,306.89	$261.38	N	Y	GOUT AGENTS/Gout Agents
NUVARING	3	$802.96	$267.65	$801.46	$119.03	N	Y	CONTRACEPTIVES/Combination Contraceptives -
CYCLOPHOSPH	1	$775.42	$775.42	$874.17	$874.17	N	N	ANTINEOPLASTICS AND ADJUNCTIVE
	127	$117,207.53	$922.89	$132,151.25	$752.28			

*Indicator: M,N = Brand no generic available; O = Brand with generic available; Y = generic

SCRIPT CARE, LTD.

Lynchburg City Schools

A029D - Top Utilized Drugs by Dollars

A029D_Rpt

Report Criteria Group(s) = 52030; Cycles between 2/1/2016 and 2/29/2016

Desc	# Scripts	Amt Paid	Amt Paid/ RX	Ingred. Cost	Ingred. Cost/ 30 days	Ind.*	Maint	Therapeutic Class
HUMIRA PEN	4	$18,557.55	$4,639.39	$18,949.55	$5,075.77	N	Y	ANALGESICS - ANTI-INFLAMMATORY/Anti-TNF-
IBRANCE	1	$10,459.35	$10,459.35	$10,559.35	$11,313.59	N	N	ANTINEOPLASTICS AND ADJUNCTIVE
ENBREL SRCLK	1	$3,625.73	$3,625.73	$3,723.73	$3,989.71	N	Y	ANALGESICS - ANTI-INFLAMMATORY/Soluble Tumor
LANTUS	8	$3,152.69	$394.09	$4,366.36	$313.38	N	Y	ANTIDIABETICS/Human Insulin
XELJANZ	1	$3,068.52	$3,068.52	$3,166.52	$3,166.52	N	Y	ANALGESICS - ANTI-
CAPECITABINE	1	$2,587.85	$2,587.85	$2,635.85	$3,765.50	Y	N	ANTINEOPLASTICS AND ADJUNCTIVE
TEMOZOLOMIDE	1	$2,507.94	$2,507.94	$2,555.94	$2,738.51	Y	N	ANTINEOPLASTICS AND ADJUNCTIVE
METHYLPHENID	6	$2,328.92	$388.15	$2,928.92	$209.21	M	Y	ADHD/ANTI-NARCOLEPSY/ANTI-
ARIPIPRAZOLE	1	$2,327.36	$2,327.36	$2,452.36	$817.45	Y	Y	ANTIPSYCHOTICS/ANTIMANIC AGENTS/Quinolinone
TRIUMEQ	1	$2,310.05	$2,310.05	$2,408.05	$2,408.05	N	Y	ANTIVIRALS/Antiretroviral Combinations
SOLODYN	2	$1,920.94	$960.47	$2,117.44	$1,058.72	N	N	TETRACYCLINES/Tetracyclines
JANUVIA	3	$1,766.95	$588.98	$2,461.45	$351.64	N	Y	ANTIDIABETICS/Dipeptidyl Peptidase-4 (DPP-4)
CRESTOR	7	$1,547.32	$221.05	$2,571.07	$233.73	N	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
PENTASA	2	$1,515.54	$757.77	$1,712.79	$856.40	N	Y	GASTROINTESTINAL AGENTS - MISC./Inflammatory
VYVANSE	6	$1,441.08	$240.18	$2,385.93	$238.59	N	Y	ADHD/ANTI-NARCOLEPSY/ANTI-
ADVAIR DISKU	2	$1,255.20	$627.60	$1,855.20	$309.20	N	Y	ANTIASTHMATIC AND BRONCHODILATOR
COLCHICINE	3	$1,223.95	$407.98	$1,445.95	$289.19	M	N	GOUT AGENTS/Gout Agents
ANTARA	1	$1,108.02	$1,108.02	$1,408.02	$469.34	N	Y	ANTIHYPERLIPIDEMICS/Fibric Acid Derivatives
NOVOLOG MIX	2	$1,091.40	$545.70	$1,365.16	$350.04	N	Y	ANTIDIABETICS/Human Insulin
ANDROGEL	1	$1,014.88	$1,014.88	$1,314.88	$438.29	N	Y	ANDROGENS-ANABOLIC/Androgens
ACZONE	3	$971.09	$323.70	$1,266.59	$422.20	N	N	DERMATOLOGICALS/Acne Antibiotics
PROLIA	1	$948.18	$948.18	$1,046.18	$1,046.18	N	N	ENDOCRINE AND METABOLIC AGENTS -
EPIPEN 2-PAK	2	$883.58	$441.79	$1,080.58	$1,013.04	N	N	VASOPRESSORS/Anaphylaxis Therapy Agents
VYTORIN	2	$856.78	$428.39	$1,427.96	$237.99	N	Y	ANTIHYPERLIPIDEMICS/Intest Cholest Absorp Inhib-
ELIDEL	2	$854.88	$427.44	$1,048.99	$1,085.16	N	N	DERMATOLOGICALS/Macrolide
TESTOSTERONE	3	$836.73	$278.91	$961.73	$320.58	M	Y	ANDROGENS-ANABOLIC/Androgens
OXYCONTIN	1	$748.09	$748.09	$846.34	$846.34	N	N	ANALGESICS - OPIOID/Opioid Agonists
XARELTO	3	$722.20	$240.73	$1,018.20	$339.40	N	Y	ANTICOAGULANTS/Direct Factor Xa Inhibitors
LEVEMIR	4	$654.78	$163.70	$706.99	$407.88	N	Y	ANTIDIABETICS/Human Insulin
SUBOXONE	6	$641.41	$106.90	$940.00	$427.27	N	N	ANALGESICS - OPIOID/Opioid Partial Agonists
VICTOZA	1	$605.99	$605.99	$704.74	$704.74	N	Y	ANTIDIABETICS/Incretin Mimetic Agents (GLP-1
NUCYNTA ER	1	$585.95	$585.95	$684.45	$684.45	N	N	ANALGESICS - OPIOID/Opioid Agonists
TAZORAC	1	$572.88	$572.88	$671.63	$671.63	N	N	DERMATOLOGICALS/Antipsoriatics
ESOMEPRA MAG	5	$567.50	$113.50	$570.00	$570.00	Y	Y	ULCER DRUGS/Proton Pump Inhibitors
AMPHETAMINE	5	$541.89	$108.38	$850.00	$121.43	Y	Y	ADHD/ANTI-NARCOLEPSY/ANTI-
	94	$75,803.17	$806.42	$86,208.90	$678.63			

*Indicator: M,N = Brand no generic available; O = Brand with generic available; Y = generic

SCRIPT CARE, LTD.

City of Lynchburg

A029E - Top Utilized Drugs by Rx

A029E_Rpt

Report Criteria Group(s) = 52021; Cycles between 2/1/2016 and 2/29/2016

Desc	# Scripts	Amt Paid	Amt Paid/ RX	Ingred. Cost	Ingred. Cost/ 30 days	Ind.*	Maint	Therapeutic Class
HYDROCO/APAP	54	$61.36	$1.14	$494.93	$27.91	Y	N	ANALGESICS - OPIOID/Hydrocodone Combinations
AMOXICILLIN	41	$0.00	$0.00	$294.81	$25.34	Y	N	PENICILLINS/Aminopenicillins
ATORVASTATIN	38	$0.00	$0.00	$703.81	$8.38	Y	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
AZITHROMYCIN	35	$29.99	$0.86	$399.77	$68.14	Y	N	MACROLIDES/Azithromycin
LISINOPRIL	27	$0.00	$0.00	$205.25	$4.23	Y	Y	ANTIHYPERTENSIVES/ACE Inhibitors
LEVOTHYROXIN	26	$0.00	$0.00	$359.88	$10.00	Y	Y	THYROID AGENTS/Thyroid Hormones
AMOX/K CLAV	22	$80.91	$3.68	$422.02	$62.68	Y	N	PENICILLINS/Penicillin Combinations
ALPRAZOLAM	21	$4.54	$0.22	$165.20	$8.37	Y	N	ANTIANXIETY AGENTS/Benzodiazepines
OMEPRAZOLE	21	$0.00	$0.00	$232.07	$8.55	Y	Y	ULCER DRUGS/Proton Pump Inhibitors
PREDNISONE	20	$0.00	$0.00	$101.43	$10.68	Y	N	CORTICOSTEROIDS/Glucocorticosteroids
TRAMADOL HCL	19	$163.16	$8.59	$422.09	$29.04	Y	N	ANALGESICS - OPIOID/Opioid Agonists
FLUOXETINE	19	$29.63	$1.56	$261.74	$9.69	Y	Y	ANTIDEPRESSANTS/Selective Serotonin Reuptake
SIMVASTATIN	18	$0.00	$0.00	$212.05	$5.05	Y	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
PROAIR HFA	17	$923.14	$54.30	$1,529.38	$62.59	N	Y	ANTIASTHMATIC AND BRONCHODILATOR
DOXYCYCL HYC	17	$387.68	$22.80	$691.41	$79.17	Y	N	TETRACYCLINES/Tetracyclines
CEPHALEXIN	17	$100.95	$5.94	$338.38	$52.33	Y	N	CEPHALOSPORINS/Cephalosporins - 1st Generation
GABAPENTIN	17	$52.01	$3.06	$398.74	$15.54	Y	Y	ANTICONVULSANTS/Anticonvulsants - Misc.
ESCITALOPRAM	16	$0.00	$0.00	$113.96	$9.50	Y	Y	ANTIDEPRESSANTS/Selective Serotonin Reuptake
LORAZEPAM	15	$7.06	$0.47	$152.97	$10.98	Y	N	ANTIANXIETY AGENTS/Benzodiazepines
MONTELUKAST	15	$2.19	$0.15	$240.65	$11.64	Y	Y	ANTIASTHMATIC AND BRONCHODILATOR
METFORMIN	15	$0.00	$0.00	$132.45	$4.01	Y	Y	ANTIDIABETICS/Biguanides
CYCLOBENZAPR	15	$0.00	$0.00	$100.32	$12.70	Y	N	MUSCULOSKELETAL THERAPY AGENTS/Central
CEFDINIR	14	$213.23	$15.23	$479.27	$101.25	Y	N	CEPHALOSPORINS/Cephalosporins - 3rd Generation
BUPROPN HCL	14	$138.56	$9.90	$411.83	$29.42	Y	Y	ANTIDEPRESSANTS/Antidepressants - Misc.
PRAVASTATIN	14	$0.67	$0.05	$270.35	$12.29	Y	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
SERTRALINE	13	($5.10)	($0.39)	$88.66	$5.22	Y	Y	ANTIDEPRESSANTS/Selective Serotonin Reuptake
TOPIRAMATE	12	$0.00	$0.00	$150.37	$9.62	Y	Y	ANTICONVULSANTS/Anticonvulsants - Misc.
AMLODIPINE	12	$0.00	$0.00	$104.64	$5.23	Y	Y	CALCIUM CHANNEL BLOCKERS/Calcium Channel
PROMETH/COD	12	$0.00	$0.00	$96.33	$30.10	Y	N	COUGH/COLD/ALLERGY/Opioid Antitussive-
MELOXICAM	12	$0.00	$0.00	$95.40	$6.98	Y	Y	ANALGESICS - ANTI-INFLAMMATORY/Nonsteroidal
TAMIFLU	11	$847.75	$77.07	$1,397.15	$644.84	N	N	ANTIVIRALS/Neuraminidase Inhibitors
VALACYCLOVIR	11	$113.97	$10.36	$368.03	$32.76	Y	N	ANTIVIRALS/Herpes Agents - Purine Analogues
ONDANSETRON	11	$67.44	$6.13	$203.76	$76.41	Y	N	ANTIEMETICS/5-HT3 Receptor Antagonists
ATENOLOL	11	$0.00	$0.00	$96.50	$3.86	Y	Y	BETA BLOCKERS/Beta Blockers Cardio-Selective
HYDROCHLOROT	11	$0.00	$0.00	$68.76	$2.99	Y	Y	DIURETICS/Thiazides and Thiazide-Like Diuretics
	663	$3,219.14	$4.86	$11,804.36	$17.42			

*Indicator: M,N = Brand no generic available; O = Brand with generic available; Y = generic

SCRIPT CARE, LTD.

Lynchburg City Schools

A029E - Top Utilized Drugs by Rx

A029E_Rpt

Report Criteria Group(s) = 52030; Cycles between 2/1/2016 and 2/29/2016

Desc	# Scripts	Amt Paid	Amt Paid/ RX	Ingred. Cost	Ingred. Cost/ 30 days	Ind.*	Maint	Therapeutic Class
HYDROCO/APAP	60	$109.05	$1.82	$608.06	$34.35	Y	N	ANALGESICS - OPIOID/Hydrocodone Combinations
AMOXICILLIN	57	$0.00	$0.00	$484.37	$26.86	Y	N	PENICILLINS/Aminopenicillins
AZITHROMYCIN	35	$11.87	$0.34	$277.59	$50.47	Y	N	MACROLIDES/Azithromycin
ATORVASTATIN	34	$0.00	$0.00	$570.10	$8.38	Y	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
ESCITALOPRAM	25	$2.40	$0.10	$372.62	$8.67	Y	Y	ANTIDEPRESSANTS/Selective Serotonin Reuptake
HYDROCHLOROT	25	$0.00	$0.00	$162.54	$3.61	Y	Y	DIURETICS/Thiazides and Thiazide-Like Diuretics
AMLODIPINE	23	$0.00	$0.00	$209.37	$5.13	Y	Y	CALCIUM CHANNEL BLOCKERS/Calcium Channel
PREDNISONE	23	$0.00	$0.00	$118.77	$8.95	Y	N	CORTICOSTEROIDS/Glucocorticosteroids
LEVOTHYROXIN	22	$0.00	$0.00	$555.97	$11.58	Y	Y	THYROID AGENTS/Thyroid Hormones
LISINOPRIL	22	$0.00	$0.00	$201.55	$5.65	Y	Y	ANTIHYPERTENSIVES/ACE Inhibitors
SIMVASTATIN	21	$0.00	$0.00	$253.06	$4.96	Y	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
CITALOPRAM	18	$0.00	$0.00	$238.20	$6.62	Y	Y	ANTIDEPRESSANTS/Selective Serotonin Reuptake
ALPRAZOLAM	18	$0.00	$0.00	$137.07	$8.92	Y	N	ANTIANXIETY AGENTS/Benzodiazepines
CEPHALEXIN	17	$70.74	$4.16	$289.52	$58.69	Y	N	CEPHALOSPORINS/Cephalosporins - 1st Generation
SERTRALINE	16	$0.00	$0.00	$211.50	$6.22	Y	Y	ANTIDEPRESSANTS/Selective Serotonin Reuptake
BUPROPN HCL	15	$170.34	$11.36	$570.26	$27.86	Y	Y	ANTIDEPRESSANTS/Antidepressants - Misc.
GABAPENTIN	15	$25.09	$1.67	$260.10	$12.39	Y	Y	ANTICONVULSANTS/Anticonvulsants - Misc.
OMEPRAZOLE	15	$0.00	$0.00	$295.32	$11.81	Y	Y	ULCER DRUGS/Proton Pump Inhibitors
LOSARTAN POT	15	$0.00	$0.00	$149.36	$6.14	Y	Y	ANTIHYPERTENSIVES/Angiotensin II Receptor
VALACYCLOVIR	14	$49.35	$3.53	$230.18	$26.16	Y	N	ANTIVIRALS/Herpes Agents - Purine Analogues
MONTELUKAST	14	$31.36	$2.24	$247.07	$13.73	Y	Y	ANTIASTHMATIC AND BRONCHODILATOR
CYCLOBENZAPR	14	$0.00	$0.00	$62.26	$10.55	Y	N	MUSCULOSKELETAL THERAPY AGENTS/Central
TRAMADOL HCL	13	$8.41	$0.65	$84.18	$18.71	Y	N	ANALGESICS - OPIOID/Opioid Agonists
FLUOXETINE	13	$0.00	$0.00	$193.69	$8.42	Y	Y	ANTIDEPRESSANTS/Selective Serotonin Reuptake
METFORMIN	13	$0.00	$0.00	$108.32	$4.01	Y	Y	ANTIDIABETICS/Biguanides
PROMETHAZINE	13	$0.00	$0.00	$57.57	$20.56	Y	N	COUGH/COLD/ALLERGY/Non-Narc Antitussive-
CLONAZEPAM	12	$0.00	$0.00	$94.11	$7.33	Y	Y	ANTICONVULSANTS/Anticonvulsants -
DOXYCYCL HYC	11	$251.30	$22.85	$488.51	$78.37	Y	N	TETRACYCLINES/Tetracyclines
AMOX/K CLAV	11	$36.46	$3.31	$219.22	$57.69	Y	N	PENICILLINS/Penicillin Combinations
PREDNISONE	11	$31.05	$2.82	$179.61	$101.67	N	N	CORTICOSTEROIDS/Glucocorticosteroids
SUMATRIPTAN	11	$13.27	$1.21	$131.62	$17.95	Y	N	MIGRAINE PRODUCTS/Selective Serotonin Agonists 5-
DICLOFENAC	11	$1.65	$0.15	$162.11	$15.44	Y	Y	ANALGESICS - ANTI-INFLAMMATORY/Nonsteroidal
LISINOP/HCTZ	11	$0.00	$0.00	$111.49	$5.31	Y	Y	ANTIHYPERTENSIVES/ACE Inhibitors &
MELOXICAM	11	$0.00	$0.00	$101.16	$5.32	Y	Y	ANALGESICS - ANTI-INFLAMMATORY/Nonsteroidal
OXYCOD/APAP	11	$0.00	$0.00	$80.15	$47.15	Y	N	ANALGESICS - OPIOID/Opioid Combinations
	670	$812.34	$1.21	$8,516.58	$11.49			

*Indicator: M,N = Brand no generic available; O = Brand with generic available; Y = generic

SCRIPT CARE, LTD.

City of Lynchburg

A035A - Utilization by Location

A035A_Rpt

Report Criteria Group(s) = 52021; Cycles between 2/1/2016 and 2/29/2016

Location	Description	# Scripts	Copay	Amt Paid	Admin Fee	Amt Paid + Admin Fee
001	ACTIVE	1,064	$29,237.08	$119,784.20	$2,926.00	$122,710.20
002	CIRCUIT COURT	1	$100.00	$153.91	$2.75	$156.66
003	HRA	39	$1,011.04	$2,676.78	$107.25	$2,784.03
004	RETIREES > 65	21	$625.62	$720.12	$57.75	$777.87
005	RETIREES < 65	288	$10,286.26	$16,291.85	$792.00	$17,083.85
006	ACTIVE OTHER	56	$1,358.17	$5,811.58	$154.00	$5,965.58
008	LINE OF DUTY MEMBERS	1	$50.17	$0.00	$2.75	$2.75
098	COBRA	13	$276.76	$451.31	$35.75	$487.06
Grand Total		1,483	$42,945.10	$145,889.75	$4,078.25	$149,968.00

SCRIPT CARE, LTD.

Lynchburg City Schools

A035A - Utilization by Location

A035A_Rpt

Report Criteria Group(s) = 52030; Cycles between 2/1/2016 and 2/29/2016

Location	Description	# Scripts	Copay	Amt Paid	Admin Fee	Amt Paid + Admin Fee
01	MONTHLY $1500	734	$16,268.35	$40,272.55	$2,018.50	$42,291.05
03	FOOD SERVICE $1500	38	$818.63	$538.59	$104.50	$643.09
05	RETIREE $1500	26	$520.00	$307.82	$71.50	$379.32
09	BOTH WORK $1500	23	$564.51	$1,814.78	$63.25	$1,878.03
11	LAUREL $750	16	$657.49	$803.10	$44.00	$847.10
12	LAUREL $1500	19	$740.70	$1,009.53	$52.25	$1,061.78
13	LAUREL $750 RETIREE	4	$225.00	$523.29	$11.00	$534.29
15	GOVERNOR'S $750	1	$13.06	$0.00	$2.75	$2.75
16	GOVENOR'S $1500	4	$48.56	$0.00	$11.00	$11.00
20	STEM ACADEMY $750	1	$11.66	$0.00	$2.75	$2.75
21	MONTHLY $750	581	$15,165.08	$47,268.62	$1,597.75	$48,866.37
23	FOOD SERVICE $750	13	$276.23	$324.64	$35.75	$360.39
25	RETIREE $750	95	$3,694.03	$8,997.16	$261.25	$9,258.41
29	BOTH WORK $750	16	$577.59	$711.08	$44.00	$755.08
92	COBRA $750	7	$182.11	$188.41	$19.25	$207.66
98	COBRA $1500	15	$311.53	$370.57	$41.25	$411.82
Grand Total		1,593	$40,074.53	$103,130.14	$4,380.75	$107,510.89

SCRIPT CARE, LTD.

Brand Vs. Generic Utilization Summary

Report for: **City of Lynchburg**

Effective Date: 01/01/2013

Group: **52021: City of Lynchburg**

This is a summary of your Script Care Prescription Plan from **3/1/2016** through **3/31/2016** .

Brand Vs. Generic Utilization

	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	257	8	1,406	1,671	
% of All Claims	15.38%	0.48%	84.14%	100.00%	
Retail from Pharmacy w/o Script Care	$207,456.64	$1,244.05	$196,652.54	$405,353.23	$242.58
Actual Drug Cost	$158,676.86	$835.88	$39,481.76	$198,994.50	$119.09
Pharmacy Fees	$275.75	$5.75	$1,377.00	$1,658.50	$0.99
Prescription Price w/ Script Care	$158,952.61	$841.63	$40,858.76	$200,653.00	$120.08
Savings through your Script Care Plan	**$48,504.03**	**$402.42**	**$155,793.78**	**$204,700.23**	**$122.50**
% Saved over Retail	**23.38%**	**32.35%**	**79.22%**	**50.50%**	
Copay	$21,292.69	$526.36	$25,003.94	$46,822.99	$28.02
% of Total Drug Cost	13.40%	62.54%	61.20%	23.34%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	**$137,659.92**	**$315.27**	**$15,854.82**	**$153,830.01**	**$92.06**
Total Plan Cost/Claim	**$535.64**	**$39.41**	**$11.28**	**$92.06**	
Cost/Per Cardholder Per Month	**$97.15**	**$0.22**	**$11.19**	**$108.56**	
Cost/Per Member Per Month	**$52.05**	**$0.12**	**$5.99**	**$58.16**	
Rx/Per Cardholder Per Month	**0.18**	**0.01**	**0.99**	**1.18**	
Rx/Per Member Per Month	**0.10**	**0.00**	**0.53**	**0.63**	

Enrollment

	Cardholders	Dependents	Total
Monthly Average Enrollment	1,417.0	1,228.0	2,645.0

SCRIPT CARE, LTD.

Brand Vs. Generic Utilization Summary

Report for: **City of Lynchburg**

Effective Date: 10/01/2013

Group: **52030: Lynchburg City Schools**

This is a summary of your Script Care Prescription Plan from **3/1/2016** through **3/31/2016** .

Brand Vs. Generic Utilization

	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	286	9	1,469	1,764	
% of All Claims	16.21%	0.51%	83.28%	100.00%	
Retail from Pharmacy w/o Script Care	$192,270.52	$1,422.82	$206,717.43	$400,410.77	$226.99
Actual Drug Cost	$148,246.46	$1,048.33	$46,910.05	$196,204.84	$111.23
Pharmacy Fees	$256.75	$3.25	$1,411.50	$1,671.50	$0.95
Prescription Price w/ Script Care	$148,503.21	$1,051.58	$48,321.55	$197,876.34	$112.17
Savings through your Script Care Plan	**$43,767.31**	**$371.24**	**$158,395.88**	**$202,534.43**	**$114.82**
% Saved over Retail	**22.76%**	**26.09%**	**76.62%**	**50.58%**	
Copay	$24,780.02	$968.90	$23,498.27	$49,247.19	$27.92
% of Total Drug Cost	16.69%	92.14%	48.63%	24.89%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	**$123,723.19**	**$82.68**	**$24,823.28**	**$148,629.15**	**$84.26**
Total Plan Cost/Claim	**$432.60**	**$9.19**	**$16.90**	**$84.26**	
Cost/Per Cardholder Per Month	**$87.19**	**$0.06**	**$17.49**	**$104.74**	
Cost/Per Member Per Month	**$51.21**	**$0.03**	**$10.27**	**$61.52**	
Rx/Per Cardholder Per Month	**0.20**	**0.01**	**1.04**	**1.24**	
Rx/Per Member Per Month	**0.12**	**0.00**	**0.61**	**0.73**	

Enrollment

	Cardholders	Dependents	Total
Monthly Average Enrollment	1,419.0	997.0	2,416.0

SCRIPT CARE, LTD.

Brand Vs. Generic Utilization Summary

Report for: **City of Lynchburg**

Group: **52021, 52030**

This is a summary of your Script Care Prescription Plan from **3/1/2016** through **3/31/2016** .

Brand Vs. Generic Utilization

	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	543	17	2,875	3,435	
% of All Claims	15.81%	0.49%	83.70%	100.00%	
Retail from Pharmacy w/o Script Care	$399,727.16	$2,666.87	$403,369.97	$805,764.00	$234.57
Actual Drug Cost	$306,923.32	$1,884.21	$86,391.81	$395,199.34	$115.05
Pharmacy Fees	$532.50	$9.00	$2,788.50	$3,330.00	$0.97
Prescription Price w/ Script Care	$307,455.82	$1,893.21	$89,180.31	$398,529.34	$116.02
Savings through your Script Care Plan	**$92,271.34**	**$773.66**	**$314,189.66**	**$407,234.66**	**$118.55**
% Saved over Retail	**23.08%**	**29.01%**	**77.89%**	**50.54%**	
Copay	$46,072.71	$1,495.26	$48,502.21	$96,070.18	$27.97
% of Total Drug Cost	14.99%	78.98%	54.39%	24.11%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	**$261,383.11**	**$397.95**	**$40,678.10**	**$302,459.16**	**$88.05**
Total Plan Cost/Claim	**$481.37**	**$23.41**	**$14.15**	**$88.05**	
Cost/Per Cardholder Per Month	**$92.17**	**$0.14**	**$14.34**	**$106.65**	
Cost/Per Member Per Month	**$51.65**	**$0.08**	**$8.04**	**$59.76**	
Rx/Per Cardholder Per Month	**0.19**	**0.01**	**1.01**	**1.21**	
Rx/Per Member Per Month	**0.11**	**0.00**	**0.57**	**0.68**	

Enrollment

	Cardholders	Dependents	Total
Monthly Average Enrollment	2,836.0	2,225.0	5,061.0

SCRIPT CARE, LTD.

Retail and Mail Order Utilization Summary

Report for: **City of Lynchburg** Effective Date: 01/01/2013

Group: **52021: City of Lynchburg**

This is a summary of your Script Care Prescription Plan from **3/1/2016** through **3/31/2016**

Retail

	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	213	4	1,064	1,281	
% of Retail Claims	16.63%	0.31%	83.06%	100.00%	
Prescription Price w/ Script Care	$118,231.68	$303.84	$23,961.63	$142,497.15	$111.24
Copay	$13,708.97	$149.79	$14,217.23	$28,075.99	$21.92
% of Total Drug Cost	11.60%	49.30%	59.33%	19.70%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$104,522.71	$154.05	$9,744.40	$114,421.16	$89.32
Employer Cost Per Claim	**$490.72**	**$38.51**	**$9.16**	**$89.32**	

Mail Order

	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	44	4	342	390	
% of MO Claims	11.28%	1.03%	87.69%	100.00%	
Prescription Price w/ Script Care	$40,720.93	$537.79	$16,897.13	$58,155.85	$149.12
Copay	$7,583.72	$376.57	$10,786.71	$18,747.00	$48.07
% of Total Drug Cost	18.62%	70.02%	63.84%	32.24%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$33,137.21	$161.22	$6,110.42	$39,408.85	$101.05
Employer Cost Per Claim	**$753.12**	**$40.31**	**$17.87**	**$101.05**	

Total

	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	257	8	1,406	1,671	
% of All Claims	15.38%	0.48%	84.14%	100.00%	
Prescription Price w/ Script Care	$158,952.61	$841.63	$40,858.76	$200,653.00	$120.08
Copay	$21,292.69	$526.36	$25,003.94	$46,822.99	$28.02
% of Total Drug Cost	13.40%	62.54%	61.20%	23.34%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$137,659.92	$315.27	$15,854.82	$153,830.01	$92.06
Employer Cost Per Claim	**$535.64**	**$39.41**	**$11.28**	**$92.06**	

SCRIPT CARE, LTD.

Retail and Mail Order Utilization Summary

Report for: **City of Lynchburg** Effective Date: 10/01/2013

Group: **52030: Lynchburg City Schools**

This is a summary of your Script Care Prescription Plan from **3/1/2016** through **3/31/2016**

Retail	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	217	4	1,094	1,315	
% of Retail Claims	16.50%	0.30%	83.19%	100.00%	
Prescription Price w/ Script Care	$100,590.09	$677.40	$30,070.07	$131,337.56	$99.88
Copay	$13,675.79	$594.72	$13,236.49	$27,507.00	$20.92
% of Total Drug Cost	13.60%	87.79%	44.02%	20.94%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$86,914.30	$82.68	$16,833.58	$103,830.56	$78.96
Employer Cost Per Claim	**$400.53**	**$20.67**	**$15.39**	**$78.96**	

Mail Order	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	69	5	375	449	
% of MO Claims	15.37%	1.11%	83.52%	100.00%	
Prescription Price w/ Script Care	$47,913.12	$374.18	$18,251.48	$66,538.78	$148.19
Copay	$11,104.23	$374.18	$10,261.78	$21,740.19	$48.42
% of Total Drug Cost	23.18%	100.00%	56.22%	32.67%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$36,808.89	$0.00	$7,989.70	$44,798.59	$99.77
Employer Cost Per Claim	**$533.46**	**$0.00**	**$21.31**	**$99.77**	

Total	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	286	9	1,469	1,764	
% of All Claims	16.21%	0.51%	83.28%	100.00%	
Prescription Price w/ Script Care	$148,503.21	$1,051.58	$48,321.55	$197,876.34	$112.17
Copay	$24,780.02	$968.90	$23,498.27	$49,247.19	$27.92
% of Total Drug Cost	16.69%	92.14%	48.63%	24.89%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$123,723.19	$82.68	$24,823.28	$148,629.15	$84.26
Employer Cost Per Claim	**$432.60**	**$9.19**	**$16.90**	**$84.26**	

SCRIPT CARE, LTD.

Retail and Mail Order Utilization Summary

Report for: **City of Lynchburg**

Group: **52021, 52030**

This is a summary of your Script Care Prescription Plan from **3/1/2016** through **3/31/2016**

Retail	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	430	8	2,158	2,596	
% of Retail Claims	16.56%	0.31%	83.13%	100.00%	
Prescription Price w/ Script Care	$218,821.77	$981.24	$54,031.70	$273,834.71	$105.48
Copay	$27,384.76	$744.51	$27,453.72	$55,582.99	$21.41
% of Total Drug Cost	12.51%	75.87%	50.81%	20.30%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$191,437.01	$236.73	$26,577.98	$218,251.72	$84.07
Employer Cost Per Claim	**$445.20**	**$29.59**	**$12.32**	**$84.07**	

Mail Order	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	113	9	717	839	
% of MO Claims	13.47%	1.07%	85.46%	100.00%	
Prescription Price w/ Script Care	$88,634.05	$911.97	$35,148.61	$124,694.63	$148.62
Copay	$18,687.95	$750.75	$21,048.49	$40,487.19	$48.26
% of Total Drug Cost	21.08%	82.32%	59.88%	32.47%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$69,946.10	$161.22	$14,100.12	$84,207.44	$100.37
Employer Cost Per Claim	**$618.99**	**$17.91**	**$19.67**	**$100.37**	

Total	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	543	17	2,875	3,435	
% of All Claims	15.81%	0.49%	83.70%	100.00%	
Prescription Price w/ Script Care	$307,455.82	$1,893.21	$89,180.31	$398,529.34	$116.02
Copay	$46,072.71	$1,495.26	$48,502.21	$96,070.18	$27.97
% of Total Drug Cost	14.99%	78.98%	54.39%	24.11%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$261,383.11	$397.95	$40,678.10	$302,459.16	$88.05
Employer Cost Per Claim	**$481.37**	**$23.41**	**$14.15**	**$88.05**	

SCRIPT CARE, LTD.

Specialty Pharmacy Utilization Summary

Report for: **City of Lynchburg**

Effective Date: 01/01/2013

Group: **52021: City of Lynchburg**

This is a summary of your Script Care Prescription Plan from **3/1/2016** through **3/31/2016** .

Specialty Pharmacy Utilization

	All Claims	Average Per Claim	Specialty Eligible*	Average Per Claim	Specialty Claims	Average Per Claim
Number of Claims	1,671		3 **		20 **	
% of All Claims	100.00%		0.18%		1.20%	
Retail from Pharmacy w/o Script Care	$405,353.23	$242.58	$28,404.22	$9,468.07	$97,633.00	$4,881.65
Actual Drug Cost	$198,994.50	$119.09	$24,153.15	$8,051.05	$66,689.86	$3,334.49
Pharmacy Fees	$1,658.50	$0.99	$2.00	$0.67	$40.00	$2.00
Prescription Price w/ Script Care	$200,653.00	$120.08	$24,155.15	$8,051.72	$66,729.86	$3,336.49
Savings through your Script Care Plan	**$204,700.23**	**$122.50**	**$4,249.07**	**$1,416.36**	**$30,903.14**	**$1,545.16**
% Saved over Retail	**50.50%**		**14.96%**		**31.65%**	
Copay	$46,822.99	$28.02	$300.00	$100.00	$1,790.23	$89.51
% of Total Drug Cost	23.34%		1.24%		2.68%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	**$153,830.01**	**$92.06**	**$23,855.15**	**$7,951.72**	**$64,939.63**	**$3,246.98**
% of Total Cost	**100.00%**		**15.51%**		**42.22%**	
Total Plan Cost/Claim	**$92.06**		**$7,951.72**		**$3,246.98**	
Cost/Per Cardholder Per Month	**$108.56**		**$16.83**		**$45.83**	
Cost/Per Member Per Month	**$58.16**		**$9.02**		**$24.55**	

*Excludes Specialty Claims **Net Claims

Enrollment

	Cardholders	Dependents	Total
Monthly Average Enrollment	1,417.0	1,228.0	2,645.0

SCRIPT CARE, LTD.

Specialty Pharmacy Utilization Summary

Report for: **City of Lynchburg**

Effective Date: 10/01/2013

Group: **52030: Lynchburg City Schools**

This is a summary of your Script Care Prescription Plan from **3/1/2016** through **3/31/2016** .

Specialty Pharmacy Utilization

	All Claims	Average Per Claim	Specialty Eligible*	Average Per Claim	Specialty Claims	Average Per Claim
Number of Claims	1,764		2 **		16 **	
% of All Claims	100.00%		0.11%		0.91%	
Retail from Pharmacy w/o Script Care	$400,410.77	$226.99	$18,677.74	$9,338.87	$69,569.44	$4,348.09
Actual Drug Cost	$196,204.84	$111.23	$16,152.01	$8,076.01	$49,103.89	$3,068.99
Pharmacy Fees	$1,671.50	$0.95	$0.00	$0.00	$32.00	$2.00
Prescription Price w/ Script Care	$197,876.34	$112.17	$16,152.01	$8,076.01	$49,135.89	$3,070.99
Savings through your Script Care Plan	**$202,534.43**	**$114.82**	**$2,525.73**	**$1,262.87**	**$20,433.55**	**$1,277.10**
% Saved over Retail	**50.58%**		**13.52%**		**29.37%**	
Copay	$49,247.19	$27.92	$200.00	$100.00	$1,400.00	$87.50
% of Total Drug Cost	24.89%		1.24%		2.85%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	**$148,629.15**	**$84.26**	**$15,952.01**	**$7,976.01**	**$47,735.89**	**$2,983.49**
% of Total Cost	**100.00%**		**10.73%**		**32.12%**	
Total Plan Cost/Claim	**$84.26**		**$7,976.01**		**$2,983.49**	
Cost/Per Cardholder Per Month	**$104.74**		**$11.24**		**$33.64**	
Cost/Per Member Per Month	**$61.52**		**$6.60**		**$19.76**	

*Excludes Specialty Claims **Net Claims

Enrollment

	Cardholders	Dependents	Total
Monthly Average Enrollment	1,419.0	997.0	2,416.0

SCRIPT CARE, LTD.

Specialty Pharmacy Utilization Summary

Report for: **City of Lynchburg**

Group: **52021, 52030**

This is a summary of your Script Care Prescription Plan from **3/1/2016** through **3/31/2016** .

Specialty Pharmacy Utilization

	All Claims	Average Per Claim	Specialty Eligible*	Average Per Claim	Specialty Claims	Average Per Claim
Number of Claims	3,435		5 **		36 **	
% of All Claims	100.00%		0.15%		1.05%	
Retail from Pharmacy w/o Script Care	$805,764.00	$234.57	$47,081.96	$9,416.39	$167,202.44	$4,644.51
Actual Drug Cost	$395,199.34	$115.05	$40,305.16	$8,061.03	$115,793.75	$3,216.49
Pharmacy Fees	$3,330.00	$0.97	$2.00	$0.40	$72.00	$2.00
Prescription Price w/ Script Care	$398,529.34	$116.02	$40,307.16	$8,061.43	$115,865.75	$3,218.49
Savings through your Script Care Plan	**$407,234.66**	**$118.55**	**$6,774.80**	**$1,354.96**	**$51,336.69**	**$1,426.02**
% Saved over Retail	**50.54%**		**14.39%**		**30.70%**	
Copay	$96,070.18	$27.97	$500.00	$100.00	$3,190.23	$88.62
% of Total Drug Cost	24.11%		1.24%		2.75%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	**$302,459.16**	**$88.05**	**$39,807.16**	**$7,961.43**	**$112,675.52**	**$3,129.88**
% of Total Cost	**100.00%**		**13.16%**		**37.25%**	
Total Plan Cost/Claim	**$88.05**		**$7,961.43**		**$3,129.88**	
Cost/Per Cardholder Per Month	**$106.65**		**$14.04**		**$39.73**	
Cost/Per Member Per Month	**$59.76**		**$7.87**		**$22.26**	

*Excludes Specialty Claims **Net Claims

Enrollment

	Cardholders	Dependents	Total
Monthly Average Enrollment	2,836.0	2,225.0	5,061.0

SCRIPT CARE, LTD.

Range Report

Report for: **City of Lynchburg**

Effective Date: 01/01/2013

Group: **52021: City of Lynchburg**

This is a summary of your Script Care Prescription Plan from **3/1/2016** through **3/31/2016** .

Drug Price	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
Less than $10.00	451	$2,627	$99	$2,528	$5.61	96.2%
$10.00 to $24.99	591	$8,961	$413	$8,548	$14.46	95.4%
$25.00 to $49.99	217	$6,972	$1,916	$5,056	$23.30	72.5%
$50.00 to $74.99	91	$4,859	$2,349	$2,510	$27.59	51.7%
$75.00 to $99.99	40	$3,269	$1,687	$1,582	$39.54	48.4%
$100.00 to $199.99	92	$10,798	$6,448	$4,350	$47.28	40.3%
$200.00 to $299.99	50	$11,446	$7,088	$4,358	$87.17	38.1%
$300.00 to $399.99	43	$13,342	$9,683	$3,658	$85.08	27.4%
$400.00 to $499.99	31	$11,929	$8,505	$3,424	$110.45	28.7%
$500.00 to $599.99	8	$3,352	$2,247	$1,105	$138.15	33.0%
$600.00 to $699.99	12	$7,872	$5,368	$2,503	$208.62	31.8%
$700.00 to $799.99	5	$3,715	$2,616	$1,099	$219.72	29.6%
$800.00 to $899.99	5	$4,105	$2,905	$1,200	$240.00	29.2%
$900.00 to $999.99	2	$1,865	$1,465	$400	$200.00	21.5%
$1000.00 to $1099.99	7	$5,286	$3,786	$1,500	$214.29	28.4%
$1100.00 to $1199.99						
$1200.00 to $1299.99	1	$1,233	$1,133	$100	$100.00	8.1%
$1300.00 or more	25	$99,021	$96,121	$2,900	$116.00	2.9%
Total	1,671	$200,653	$153,830	$46,823	$28.02	23.3%

Days Supply	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
15 days or less	551	$16,162	$8,239	$7,923	$14.38	49.0%
16-34 days	700	$136,558	$118,850	$17,707	$25.30	13.0%
35-60 days	2	$725	$435	$290	$145.08	40.0%
61-83 days	3	$2,458	$1,732	$726	$242.12	29.6%
84-90 days	413	$44,755	$24,579	$20,176	$48.85	45.1%
91-120 days	1	$178	$178	$0	$0.00	0.0%
121-180 days						
181 or more days	1	($183)	($183)	$0	$0.00	
Total	1,671	$200,653	$153,830	$46,823	$28.02	23.3%

Age	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
12 and Under	114	$6,482	$3,403	$3,079	$27.01	47.5%
13-18 Years	78	$7,687	$4,761	$2,927	$37.52	38.1%
19-30 Years	176	$13,596	$10,189	$3,408	$19.36	25.1%
31-45 Years	344	$40,688	$32,984	$7,704	$22.40	18.9%
46-49 Years	139	$10,013	$7,177	$2,836	$20.40	28.3%
50-59 Years	485	$79,129	$64,553	$14,577	$30.06	18.4%
60-64 Years	258	$32,323	$23,743	$8,581	$33.26	26.5%
65 and Over	77	$10,734	$7,022	$3,712	$48.21	34.6%
Total	1,671	$200,653	$153,830	$46,823	$28.02	23.3%

SCRIPT CARE, LTD.

Range Report

Report for: **City of Lynchburg**

Effective Date: 10/01/2013

Group: **52030: Lynchburg City Schools**

This is a summary of your Script Care Prescription Plan from **3/1/2016** through **3/31/2016** .

Drug Price	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
Less than $10.00	464	$2,550	$27	$2,522	$5.44	98.9%
$10.00 to $24.99	632	$9,459	$430	$9,029	$14.29	95.5%
$25.00 to $49.99	240	$7,845	$2,654	$5,192	$21.63	66.2%
$50.00 to $74.99	82	$4,340	$2,074	$2,267	$27.64	52.2%
$75.00 to $99.99	37	$2,935	$1,488	$1,447	$39.11	49.3%
$100.00 to $199.99	89	$11,385	$7,098	$4,287	$48.17	37.7%
$200.00 to $299.99	63	$13,317	$8,692	$4,625	$73.42	34.7%
$300.00 to $399.99	47	$14,904	$10,770	$4,134	$87.97	27.7%
$400.00 to $499.99	17	$6,769	$5,100	$1,669	$98.19	24.7%
$500.00 to $599.99	14	$4,590	$3,467	$1,123	$80.22	24.5%
$600.00 to $699.99	13	$7,436	$4,641	$2,795	$214.97	37.6%
$700.00 to $799.99	11	$6,587	$4,831	$1,756	$159.67	26.7%
$800.00 to $899.99	9	$5,867	$4,567	$1,300	$144.44	22.2%
$900.00 to $999.99	9	$8,435	$6,485	$1,950	$216.67	23.1%
$1000.00 to $1099.99	10	$10,566	$8,766	$1,800	$180.00	17.0%
$1100.00 to $1199.99						
$1200.00 to $1299.99						
$1300.00 or more	27	$80,889	$77,539	$3,350	$124.07	4.1%
Total	1,764	$197,876	$148,629	$49,247	$27.92	24.9%

Days Supply	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
15 days or less	551	$17,706	$10,284	$7,423	$13.47	41.9%
16-34 days	741	$117,285	$99,332	$17,953	$24.23	15.3%
35-60 days	4	$1,076	$616	$461	$115.18	42.8%
61-83 days	2	$1,943	$1,583	$360	$180.00	18.5%
84-90 days	465	$59,787	$36,737	$23,051	$49.57	38.6%
91-120 days	1	$78	$78	$0	$0.00	0.0%
121-180 days						
181 or more days						
Total	1,764	$197,876	$148,629	$49,247	$27.92	24.9%

Age	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
12 and Under	77	$7,312	$4,817	$2,495	$32.40	34.1%
13-18 Years	48	$9,587	$8,153	$1,434	$29.88	15.0%
19-30 Years	236	$25,897	$21,158	$4,739	$20.08	18.3%
31-45 Years	341	$20,174	$13,558	$6,616	$19.40	32.8%
46-49 Years	99	$15,818	$12,788	$3,030	$30.61	19.2%
50-59 Years	486	$58,105	$43,238	$14,866	$30.59	25.6%
60-64 Years	340	$41,948	$30,741	$11,207	$32.96	26.7%
65 and Over	137	$19,034	$14,175	$4,858	$35.46	25.5%
Total	1,764	$197,876	$148,629	$49,247	$27.92	24.9%

SCRIPT CARE, LTD.

Range Report

Report for: **City of Lynchburg**

Group: **52021, 52030**

This is a summary of your Script Care Prescription Plan from **3/1/2016** through **3/31/2016** .

Drug Price	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
Less than $10.00	915	$5,177	$126	$5,051	$5.52	97.6%
$10.00 to $24.99	1,223	$18,421	$843	$17,577	$14.37	95.4%
$25.00 to $49.99	457	$14,818	$4,569	$10,248	$22.43	69.2%
$50.00 to $74.99	173	$9,200	$4,423	$4,777	$27.61	51.9%
$75.00 to $99.99	77	$6,204	$3,176	$3,029	$39.33	48.8%
$100.00 to $199.99	181	$22,184	$13,546	$8,637	$47.72	38.9%
$200.00 to $299.99	113	$24,763	$15,779	$8,984	$79.50	36.3%
$300.00 to $399.99	90	$28,246	$20,453	$7,793	$86.59	27.6%
$400.00 to $499.99	48	$18,698	$13,605	$5,093	$106.11	27.2%
$500.00 to $599.99	22	$7,943	$5,715	$2,228	$101.29	28.1%
$600.00 to $699.99	25	$15,308	$10,010	$5,298	$211.92	34.6%
$700.00 to $799.99	16	$10,302	$7,447	$2,855	$178.43	27.7%
$800.00 to $899.99	14	$9,973	$7,473	$2,500	$178.57	25.1%
$900.00 to $999.99	11	$10,299	$7,949	$2,350	$213.64	22.8%
$1000.00 to $1099.99	17	$15,852	$12,552	$3,300	$194.12	20.8%
$1100.00 to $1199.99						
$1200.00 to $1299.99	1	$1,233	$1,133	$100	$100.00	8.1%
$1300.00 or more	52	$179,910	$173,660	$6,250	$120.19	3.5%
Total	3,435	$398,529	$302,459	$96,070	$27.97	24.1%

Days Supply	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
15 days or less	1,102	$33,868	$18,523	$15,345	$13.92	45.3%
16-34 days	1,441	$253,843	$218,182	$35,660	$24.75	14.0%
35-60 days	6	$1,802	$1,051	$751	$125.15	41.7%
61-83 days	5	$4,401	$3,315	$1,086	$217.27	24.7%
84-90 days	878	$104,542	$61,315	$43,227	$49.23	41.3%
91-120 days	2	$256	$256	$0	$0.00	0.0%
121-180 days						
181 or more days	1	($183)	($183)	$0	$0.00	
Total	3,435	$398,529	$302,459	$96,070	$27.97	24.1%

Age	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
12 and Under	191	$13,794	$8,220	$5,574	$29.18	40.4%
13-18 Years	126	$17,275	$12,914	$4,361	$34.61	25.2%
19-30 Years	412	$39,493	$31,346	$8,147	$19.77	20.6%
31-45 Years	685	$60,863	$46,542	$14,321	$20.91	23.5%
46-49 Years	238	$25,831	$19,965	$5,866	$24.65	22.7%
50-59 Years	971	$137,234	$107,791	$29,443	$30.32	21.5%
60-64 Years	598	$74,272	$54,484	$19,788	$33.09	26.6%
65 and Over	214	$29,767	$21,197	$8,570	$40.05	28.8%
Total	3,435	$398,529	$302,459	$96,070	$27.97	24.1%

SCRIPT CARE, LTD.

Plan Statistics

Report for: **City of Lynchburg**

Effective Date: 01/01/2013

Group: **52021: City of Lynchburg**

This is a summary of your Script Care Prescription Plan from **1/1/2016** through **3/31/2016**

	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Total
Enrollment Summary													
Cardholders	1,423.0	1,429.0	1,417.0										1,423.0
Dependents	1,226.0	1,232.0	1,228.0										1,228.7
Utilizing Cardholders	623.0	612.0	647.0										936.0
Utilization %	43.78%	42.83%	45.66%										65.78%
Claim Summary													
All	1,535	1,483	1,671										4,689
Avg Per Cardholder	1.08	1.04	1.18										3.30
Avg Per Member	0.58	0.56	0.63										1.77
Brand	226	238	257										721
Generic	1,296	1,239	1,406										3,941
Brand w/Generic	13	6	8										27
Generic % of All	84.43%	83.55%	84.14%										84.05%
Mail Order	383	317	389										1,089
Mail Order % of All	24.95%	21.38%	23.28%										23.22%
Claim Cost													
Submitted Cost	$334,150	$360,004	$405,353										$1,099,507
Script Care Cost	$151,856	$188,835	$200,653										$541,343
Savings	$182,294	$171,169	$204,700										$558,163
Tax	$0	$0	$0										$0
Total	$151,856	$188,835	$200,653										$541,343
Average Claim Cost	$98.93	$127.33	$120.08										$115.45
Average Brand Cost	$505.01	$631.76	$618.49										$587.30
Average Generic Cost	$27.80	$28.27	$29.06										$28.39
Average Br w/Gen Cost	$130.88	$575.80	$105.20										$222.14
Member Cost													
Total Copay	$42,299	$42,945	$46,823										$132,067
Average Claim Copay	$27.56	$28.96	$28.02										$28.17
Average Brand Copay	$89.16	$90.12	$82.85										$87.23
Average Generic Copay	$16.75	$16.66	$17.78										$17.09
Average Br w/Gen Copay	$33.99	$141.42	$65.80										$67.29
Copay % of Total Cost	27.85%	22.74%	23.34%										24.40%
Plan Cost													
Plan Cost	$109,557	$145,890	$153,830										$409,276
Average Claim Cost	$71.37	$98.37	$92.06										$87.28
Average Brand Cost	$415.85	$541.63	$535.64										$500.07
Average Generic Cost	$11.05	$11.60	$11.28										$11.30
Average Br w/Gen Cost	$96.89	$434.39	$39.41										$154.86
Plan Cost % of Total Cost	72.15%	77.26%	76.66%										75.60%
Plan Cost Per Cardholder	$76.99	$102.09	$108.56										$287.62
Plan Cost Per Member	$41.36	$54.83	$58.16										$154.35
Cardholders > $500	50	46	49										139
Cardholders > 5 Claims	40	46	60										296

Top 10 Drugs by Plan Cost

ENBREL	CEREZYME	HUMIRA PEN	CEREZYME
HUMIRA PEN	NBREL SRCLK	CEREZYME	ENBREL SRCLK
XOLAIR	VONEX PREFL	NBREL SRCLK	ENBREL
VONEX PREFL	HUMIRA PEN	STELARA	HUMIRA PEN
AUBAGIO	ENBREL	ENBREL	AVONEX PREFL
OXYCONTIN	NBREL SRCLK	AUBAGIO	AUBAGIO
NBREL SRCLK	AUBAGIO	AVONEX PEN	XOLAIR
VICTOZA	XOLAIR	VONEX PREFL	STELARA
LANTUS	ATRIPLA	NBREL SRCLK	ADCIRCA
ADCIRCA	LEVEMIR	ADCIRCA	LANTUS

SCRIPT CARE, LTD.

Plan Statistics

Report for: **City of Lynchburg**

Effective Date: 10/01/2013

Group: **52030: Lynchburg City Schools**

This is a summary of your Script Care Prescription Plan from **1/1/2016** through **3/31/2016**

	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Total
Enrollment Summary													
Cardholders	1,418.0	1,422.0	1,419.0										1,419.7
Dependents	987.0	993.0	997.0										992.3
Utilizing Cardholders	634.0	651.0	672.0										972.0
Utilization %	44.71%	45.78%	47.36%										68.47%
Claim Summary													
All	1,569	1,593	1,764										4,926
Avg Per Cardholder	1.11	1.12	1.24										3.47
Avg Per Member	0.65	0.66	0.73										2.04
Brand	244	251	286										781
Generic	1,317	1,330	1,469										4,116
Brand w/Generic	8	12	9										29
Generic % of All	83.94%	83.49%	83.28%										83.56%
Mail Order	393	368	448										1,209
Mail Order % of All	25.05%	23.10%	25.40%										24.54%
Claim Cost													
Submitted Cost	$364,064	$298,607	$400,411										$1,063,082
Script Care Cost	$176,670	$143,205	$197,876										$517,751
Savings	$187,394	$155,402	$202,534										$545,331
Tax	$0	$0	$0										$0
Total	$176,670	$143,205	$197,876										$517,751
Average Claim Cost	$112.60	$89.90	$112.17										$105.11
Average Brand Cost	$554.18	$396.03	$519.24										$490.56
Average Generic Cost	$30.73	$30.94	$32.89										$31.57
Average Br w/Gen Cost	$121.73	$221.01	$116.84										$161.29
Member Cost													
Total Copay	$42,398	$40,075	$49,247										$131,720
Average Claim Copay	$27.02	$25.16	$27.92										$26.74
Average Brand Copay	$88.84	$70.02	$86.64										$81.99
Average Generic Copay	$15.25	$15.11	$16.00										$15.47
Average Br w/Gen Copay	$79.55	$200.07	$107.66										$138.14
Copay % of Total Cost	24.00%	27.98%	24.89%										25.44%
Plan Cost													
Plan Cost	$134,272	$103,130	$148,629										$386,031
Average Claim Cost	$85.58	$64.74	$84.26										$78.37
Average Brand Cost	$465.34	$326.01	$432.60										$408.57
Average Generic Cost	$15.48	$15.83	$16.90										$16.10
Average Br w/Gen Cost	$42.17	$20.95	$9.19										$23.15
Plan Cost % of Total Cost	76.00%	72.02%	75.11%										74.56%
Plan Cost Per Cardholder	$94.69	$72.52	$104.74										$271.92
Plan Cost Per Member	$55.83	$42.70	$61.52										$160.05
Cardholders > $500	56	47	59										134
Cardholders > 5 Claims	45	45	62										317

Top 10 Drugs by Plan Cost

HUMIRA PEN	HUMIRA PEN	HUMIRA PEN											HUMIRA PEN
IBRANCE	IBRANCE	IBRANCE											IBRANCE
LEVEMIR	NBREL SRCLK	XOLAIR											CAPECITABINE
XOLAIR	LANTUS	:APECITABINE											XOLAIR
VONEX PREFL	XELJANZ	TRIUMEQ											XELJANZ
:APECITABINE	ETHYLPHENID	NBREL SRCLK											TRIUMEQ
ORENCIA	:APECITABINE	MOZOLOMIDE											LEVEMIR
HUMIRA PEN	MOZOLOMIDE	ORENCIA											LANTUS
LYRICA	RIPIPRAZOLE	XELJANZ											ENBREL SRCLK
ASACOL HD	TRIUMEQ	CRESTOR											ORENCIA

SCRIPT CARE, LTD.

Plan Statistics

Report for: **City of Lynchburg**

Group: **52021, 52030**

This is a summary of your Script Care Prescription Plan from **1/1/2016** through **3/31/2016**

	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Total
Enrollment Summary													
Cardholders	2,841.0	2,851.0	2,836.0										2,842.7
Dependents	2,213.0	2,225.0	2,225.0										2,221.0
Utilizing Cardholders	1,257.0	1,263.0	1,319.0										1,908.0
Utilization %	44.24%	44.30%	46.51%										67.12%
Claim Summary													
All	3,104	3,076	3,435										9,615
Avg Per Cardholder	1.09	1.08	1.21										3.38
Avg Per Member	0.61	0.61	0.68										1.90
Brand	470	489	543										1,502
Generic	2,613	2,569	2,875										8,057
Brand w/Generic	21	18	17										56
Generic % of All	84.18%	83.52%	83.70%										83.80%
Mail Order	776	685	837										2,298
Mail Order % of All	25.00%	22.27%	24.37%										23.90%
Claim Cost													
Submitted Cost	$698,214	$658,611	$805,764										$2,162,589
Script Care Cost	$328,525	$332,040	$398,529										$1,059,094
Savings	$369,689	$326,571	$407,235										$1,103,495
Tax	$0	$0	$0										$0
Total	$328,525	$332,040	$398,529										$1,059,094
Average Claim Cost	$105.84	$107.95	$116.02										$110.15
Average Brand Cost	$530.54	$510.76	$566.22										$537.00
Average Generic Cost	$29.28	$29.65	$31.02										$30.02
Average Br w/Gen Cost	$127.39	$339.28	$111.37										$190.63
Member Cost													
Total Copay	$84,697	$83,020	$96,070										$263,787
Average Claim Copay	$27.29	$26.99	$27.97										$27.43
Average Brand Copay	$88.99	$79.80	$84.85										$84.50
Average Generic Copay	$15.99	$15.86	$16.87										$16.26
Average Br w/Gen Copay	$51.35	$180.52	$87.96										$103.98
Copay % of Total Cost	25.78%	25.00%	24.11%										24.91%
Plan Cost													
Plan Cost	$243,828	$249,020	$302,459										$795,307
Average Claim Cost	$78.55	$80.96	$88.05										$82.72
Average Brand Cost	$441.55	$430.96	$481.37										$452.50
Average Generic Cost	$13.28	$13.79	$14.15										$13.75
Average Br w/Gen Cost	$76.05	$158.76	$23.41										$86.65
Plan Cost % of Total Cost	74.22%	75.00%	75.89%										75.09%
Plan Cost Per Cardholder	$85.82	$87.34	$106.65										$279.78
Plan Cost Per Member	$48.24	$49.06	$59.76										$157.06
Cardholders > $500	106	93	108										273
Cardholders > 5 Claims	85	91	122										613

Top 10 Drugs by Plan Cost

HUMIRA PEN	NBREL SRCLK	HUMIRA PEN	HUMIRA PEN
XOLAIR	HUMIRA PEN	NBREL SRCLK	ENBREL SRCLK
VONEX PREFL	CEREZYME	CEREZYME	CEREZYME
IBRANCE	VONEX PREFL	IBRANCE	IBRANCE
ENBREL	IBRANCE	STELARA	AVONEX PREFL
HUMIRA PEN	HUMIRA PEN	ENBREL	XOLAIR
LEVEMIR	ENBREL	AUBAGIO	ENBREL
LANTUS	AUBAGIO	XOLAIR	LANTUS
OXYCONTIN	XOLAIR	AVONEX PEN	CRESTOR
AUBAGIO	ATRIPLA	VONEX PREFL	CAPECITABINE

City of Lynchburg

A017 - Therapeutic Class Totals

A017_Rpt Group(s) = 52021; Cycles between 3/1/2016 and 3/31/2016

Report Criteria

Code	Therapeutic Class	# Scripts	Amt Paid	Copay
66	Analgesics-Anti-Inflammatory	67	$40,503.93	$1,915.70
62	Misc. Psychotherapeutic and Neurological Agents	8	$17,893.38	$346.95
82	Hematopoitic Agents	5	$17,767.73	$144.42
90	Dermatological	57	$15,680.57	$2,209.71
27	Antidiabetic	60	$13,905.89	$5,074.84
40	Misc. Cardiovascular	14	$4,953.72	$1,281.33
61	Stimulants/Anti-Obesity Anorexiants	34	$4,789.21	$2,955.14
44	Antiasthmatic	60	$4,531.49	$3,151.08
12	Antiviral	35	$4,069.78	$1,302.28
25	Contraceptives	45	$3,070.10	$177.33
39	Antihyperlipidemic	106	$1,939.58	$2,984.67
67	Migraine Products	20	$1,932.70	$640.86
49	Ulcer Drugs	50	$1,788.18	$1,719.05
36	Antihypertensive	85	$1,667.75	$2,353.99
04	Tetracyclines	27	$1,578.58	$617.60
83	Anticoagulants	6	$1,542.91	$665.69
58	Antidepressants	115	$1,369.06	$2,549.37
52	Misc. GI	6	$1,307.01	$612.56
42	Systemic And Topical Nasal Products	35	$1,275.87	$1,235.70
86	Ophthalmic	19	$974.44	$702.15
65	Analgesics-Narcotic	105	$963.73	$1,234.62
72	Anticonvulsant	51	$918.57	$1,073.74
59	Antipsychotics	7	$842.77	$144.76
21	Antineoplastics	8	$796.73	$376.26
33	Beta Blockers	39	$775.63	$1,215.87
68	Gout	16	$653.65	$555.72
24	Estrogens	6	$638.67	$456.67
54	Urinary Antispasmodics	2	$525.65	$360.00
46	Laxatives	14	$488.92	$126.97
23	Androgen-Anabolic	3	$435.52	$196.04
55	Vaginal Products	2	$406.12	$270.74
02	Cephalosporins	28	$401.35	$499.74
94	Diagnostic Products	7	$301.09	$250.94
17	Vaccines	2	$280.99	$0.00
85	Misc. Hematological	9	$261.98	$197.04
13	Antimalarial	4	$247.84	$165.23
75	Musculoskeletal Therapy Agents	31	$221.28	$446.26

SCRIPT CARE, LTD.

City of Lynchburg

A017 - Therapeutic Class Totals

A017_Rpt Group(s) = 52021; Cycles between 3/1/2016 and 3/31/2016

Report Criteria

Code	Therapeutic Class	# Scripts	Amt Paid	Copay
03	Macrolide Antibiotics	34	$220.64	$438.70
43	Cough/Cold/Allergy	42	$182.29	$502.78
53	Urinary Anti-Infectives	4	$176.46	$168.62
60	Hypnotics	16	$148.41	$307.73
41	Antihistamines	12	$141.13	$202.30
56	Miscellaneous Genitourinary Products	18	$139.93	$474.64
01	Penicillins	86	$124.40	$1,076.48
88	Mouth and Throat (Local)	5	$105.33	$106.78
30	Misc. Endocrine	3	$101.11	$93.74
97	Medical Devices	11	$101.07	$157.46
99	Assorted Classes	3	$90.45	$66.22
64	Analgesics-Non Narcotic	5	$87.70	$84.80
22	Corticosteroids	43	$86.78	$356.19
57	Antianxiety Agents	40	$72.78	$419.43
18	Toxoids	1	$66.99	$0.00
16	Misc. Anti-Infectives	14	$61.58	$175.34
79	Minerals and Electrolytes	8	$50.97	$214.45
26	Progestins	3	$29.24	$74.56
87	Otic	4	$28.68	$80.00
37	Diuretics	29	$23.63	$274.56
47	Antidiarrheals	3	$18.23	$34.55
32	Antianginal Agents	3	$16.66	$60.00
11	Antifunguals	13	$13.33	$113.94
35	Antiarrhythmic	2	$12.99	$58.83
50	Antiemetics	10	$11.96	$122.07
05	Fluoroquinolones	22	$5.39	$183.77
89	Anorectal	3	$4.92	$52.76
34	Calcium Blockers	19	$4.59	$284.39
78	Multivitamins	1	$0.00	$12.00
73	Antiparkinsonian	1	$0.00	$33.84
28	Thyroid	25	$0.00	$381.04
Grand Total		1,671	$153,830.01	$46,822.99

Lynchburg City Schools

A017 - Therapeutic Class Totals

A017_Rpt Group(s) = 52030; Cycles between 3/1/2016 and 3/31/2016

Report Criteria

Code	Therapeutic Class	# Scripts	Amt Paid	Copay
66	Analgesics-Anti-Inflammatory	62	$32,516.03	$1,630.78
21	Antineoplastics	13	$19,591.99	$430.90
44	Antiasthmatic	75	$13,367.73	$4,448.45
27	Antidiabetic	54	$10,530.76	$4,139.78
25	Contraceptives	74	$6,975.86	$0.00
90	Dermatological	54	$6,028.20	$1,474.93
12	Antiviral	37	$5,503.58	$1,130.43
39	Antihyperlipidemic	99	$5,243.01	$4,388.02
72	Anticonvulsant	39	$4,199.57	$1,641.02
61	Stimulants/Anti-Obesity Anorexiants	34	$3,792.09	$2,214.35
04	Tetracyclines	21	$3,496.06	$775.69
38	Pressors	10	$2,713.06	$645.78
65	Analgesics-Narcotic	105	$2,582.41	$1,561.51
83	Anticoagulants	10	$2,356.64	$889.39
59	Antipsychotics	5	$2,274.92	$372.91
30	Misc. Endocrine	4	$2,153.19	$260.00
51	Digestive Aids	1	$2,065.82	$100.00
85	Misc. Hematological	5	$1,824.38	$517.90
58	Antidepressants	154	$1,792.76	$3,524.76
16	Misc. Anti-Infectives	24	$1,788.26	$349.55
40	Misc. Cardiovascular	13	$1,684.22	$986.71
52	Misc. GI	5	$1,556.04	$573.27
36	Antihypertensive	104	$1,543.63	$2,734.51
15	Anthelmintic	1	$1,270.14	$100.00
33	Beta Blockers	39	$985.61	$1,137.44
42	Systemic And Topical Nasal Products	31	$955.24	$971.75
49	Ulcer Drugs	53	$921.31	$1,166.79
68	Gout	3	$915.49	$414.41
35	Antiarrhythmic	2	$770.72	$200.00
67	Migraine Products	14	$746.29	$554.50
86	Ophthalmic	25	$650.99	$604.66
46	Laxatives	15	$624.05	$26.73
75	Musculoskeletal Therapy Agents	30	$583.74	$497.32
55	Vaginal Products	6	$485.70	$305.19
24	Estrogens	5	$450.59	$322.82
54	Urinary Antispasmodics	5	$426.91	$329.55
34	Calcium Blockers	44	$408.69	$755.30

Lynchburg City Schools

A017 - Therapeutic Class Totals

A017_Rpt Group(s) = 52030; Cycles between 3/1/2016 and 3/31/2016

Report Criteria

Code	Therapeutic Class	# Scripts	Amt Paid	Copay
60	Hypnotics	23	$398.52	$453.33
62	Misc. Psychotherapeutic and Neurological Agents	2	$369.45	$60.00
02	Cephalosporins	32	$361.60	$502.66
11	Antifunguals	15	$243.47	$198.71
01	Penicillins	80	$238.64	$1,096.02
57	Antianxiety Agents	46	$210.50	$646.55
13	Antimalarial	3	$186.47	$160.45
87	Otic	3	$121.99	$111.94
37	Diuretics	45	$108.76	$537.63
03	Macrolide Antibiotics	34	$102.59	$354.05
99	Assorted Classes	1	$90.87	$60.58
28	Thyroid	28	$82.02	$836.88
18	Toxoids	1	$64.99	$0.00
64	Analgesics-Non Narcotic	7	$63.87	$144.92
22	Corticosteroids	36	$63.10	$352.88
53	Urinary Anti-Infectives	6	$55.38	$109.31
43	Cough/Cold/Allergy	39	$53.97	$413.37
79	Minerals and Electrolytes	9	$32.80	$251.88
26	Progestins	5	$31.70	$51.82
89	Anorectal	2	$28.98	$40.00
77	Vitamins	1	$7.42	$0.00
32	Antianginal Agents	3	$5.75	$41.22
88	Mouth and Throat (Local)	4	$2.72	$45.60
73	Antiparkinsonian	5	$1.11	$78.64
82	Hematopoitic Agents	1	$0.00	$2.05
17	Vaccines	2	$0.00	$0.00
47	Antidiarrheals	1	$0.00	$8.48
41	Antihistamines	14	$0.00	$152.72
05	Fluoroquinolones	15	$0.00	$116.11
56	Miscellaneous Genitourinary Products	6	$0.00	$87.11
94	Diagnostic Products	2	($2.87)	$29.78
97	Medical Devices	4	($17.69)	$66.34
50	Antiemetics	14	($52.64)	$59.06
Grand Total		1,764	$148,629.15	$49,247.19

SCRIPT CARE, LTD.

City of Lynchburg

A029D - Top Utilized Drugs by Dollars

A029D_Rpt

Report Criteria Group(s) = 52021; Cycles between 3/1/2016 and 3/31/2016

Desc	# Scripts	Amt Paid	Amt Paid/ RX	Ingred. Cost	Ingred. Cost/ 30 days	Ind.*	Maint	Therapeutic Class
HUMIRA PEN	5	$18,469.55	$3,693.91	$18,959.55	$4,062.76	N	Y	ANALGESICS - ANTI-INFLAMMATORY/Anti-TNF-
CEREZYME	1	$17,767.73	$17,767.73	$17,867.73	$19,144.00	N	N	HEMATOPOIETIC AGENTS/Agents for Gaucher
ENBREL SRCLK	4	$14,502.92	$3,625.73	$14,894.92	$3,989.71	N	Y	ANALGESICS - ANTI-INFLAMMATORY/Soluble Tumor
STELARA	1	$8,406.70	$8,406.70	$8,504.70	$9,112.18	N	Y	DERMATOLOGICALS/Antipsoriatics - Systemic
ENBREL	2	$7,251.46	$3,625.73	$7,447.46	$3,989.71	N	Y	ANALGESICS - ANTI-INFLAMMATORY/Soluble Tumor
AUBAGIO	1	$5,750.56	$5,750.56	$5,850.56	$6,268.46	N	Y	PSYCHOTHERAPEUTIC AND NEUROLOGICAL
AVONEX PREFL	1	$5,433.82	$5,433.82	$5,531.82	$5,926.95	N	Y	PSYCHOTHERAPEUTIC AND NEUROLOGICAL
AVONEX PEN	1	$5,433.82	$5,433.82	$5,531.82	$5,926.95	N	Y	PSYCHOTHERAPEUTIC AND NEUROLOGICAL
ADCIRCA	1	$2,650.80	$2,650.80	$2,748.80	$2,748.80	N	Y	CARDIOVASCULAR AGENTS - MISC./Pulmonary
CARAC	1	$2,449.10	$2,449.10	$2,547.60	$2,547.60	M	N	DERMATOLOGICALS/Antineoplastic Antimetabolites -
LANTUS	6	$2,391.12	$398.52	$3,236.30	$407.94	N	Y	ANTIDIABETICS/Human Insulin
ATRIPLA	1	$2,293.98	$2,293.98	$2,391.98	$2,391.98	N	Y	ANTIVIRALS/Antiretroviral Combinations
JANUVIA	4	$2,039.12	$509.78	$2,832.12	$354.02	N	Y	ANTIDIABETICS/Dipeptidyl Peptidase-4 (DPP-4)
NOVOLOG MIX	1	$1,811.80	$1,811.80	$2,111.80	$703.93	N	Y	ANTIDIABETICS/Human Insulin
TAMIFLU	21	$1,741.63	$82.93	$2,771.17	$857.06	N	N	ANTIVIRALS/Neuraminidase Inhibitors
CRESTOR	6	$1,703.75	$283.96	$2,826.00	$235.50	N	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
NOVOLOG	2	$1,457.00	$728.50	$1,854.00	$618.00	N	Y	ANTIDIABETICS/Human Insulin
TREXIMET	1	$1,384.73	$1,384.73	$1,482.98	$4,943.27	N	N	MIGRAINE PRODUCTS/Selective Serotonin Agonist-
AMPHETAMINE	10	$1,375.07	$137.51	$2,307.05	$159.47	Y	Y	ADHD/ANTI-NARCOLEPSY/ANTI-
CIALIS	7	$1,309.17	$187.02	$1,967.10	$302.63	N	N	CARDIOVASCULAR AGENTS - MISC./Selective
CHANTIX	4	$1,204.76	$301.19	$1,198.76	$323.99	N	N	PSYCHOTHERAPEUTIC AND NEUROLOGICAL
DORYX	1	$1,133.09	$1,133.09	$1,231.59	$1,231.59	M	N	TETRACYCLINES/Tetracyclines
VYVANSE	7	$1,130.69	$161.53	$1,866.12	$243.41	N	Y	ADHD/ANTI-NARCOLEPSY/ANTI-
JARDIANCE	2	$1,018.19	$509.10	$1,414.94	$353.74	N	Y	ANTIDIABETICS/Sodium-Glucose Co-Transporter 2
VICTOZA	2	$978.42	$489.21	$1,175.67	$587.84	N	Y	ANTIDIABETICS/Incretin Mimetic Agents (GLP-1
LINZESS	3	$923.34	$307.78	$1,434.40	$286.88	N	Y	GASTROINTESTINAL AGENTS - MISC./IBS Agent -
FLOVENT HFA	6	$879.25	$146.54	$1,462.16	$182.77	N	Y	ANTIASTHMATIC AND BRONCHODILATOR
LEVEMIR	3	$873.25	$291.08	$1,233.74	$296.10	N	Y	ANTIDIABETICS/Human Insulin
XARELTO	3	$859.23	$286.41	$1,154.98	$427.77	N	Y	ANTICOAGULANTS/Direct Factor Xa Inhibitors
LATUDA	1	$839.88	$839.88	$938.13	$938.13	N	Y	ANTIPSYCHOTICS/ANTIMANIC
MIRENA	1	$823.36	$823.36	$821.86	$821.86	N	Y	CONTRACEPTIVES/Progestin Contraceptives - IUD
STRATTERA	5	$793.55	$158.71	$1,093.55	$364.52	N	Y	ADHD/ANTI-NARCOLEPSY/ANTI-
VIAGRA	4	$765.05	$191.26	$1,129.69	$345.82	N	N	CARDIOVASCULAR AGENTS - MISC./Selective
ESOMEPRA MAG	4	$762.94	$190.74	$1,270.92	$127.09	Y	Y	ULCER DRUGS/Proton Pump Inhibitors
KOMBIGLYZE	1	$748.42	$748.42	$1,046.42	$348.81	N	Y	ANTIDIABETICS/Dipeptidyl Peptidase-4 Inhibitor-
	124	$119,357.25	$962.56	$132,138.39	$972.56			

*Indicator: M,N = Brand no generic available; O = Brand with generic available; Y = generic

SCRIPT CARE, LTD.

Lynchburg City Schools

A029D - Top Utilized Drugs by Dollars

A029D_Rpt

Report Criteria Group(s) = 52030; Cycles between 3/1/2016 and 3/31/2016

Desc	# Scripts	Amt Paid	Amt Paid/ RX	Ingred. Cost	Ingred. Cost/ 30 days	Ind.*	Maint	Therapeutic Class
HUMIRA PEN	5	$22,251.46	$4,450.29	$22,741.46	$4,873.17	N	Y	ANALGESICS - ANTI-INFLAMMATORY/Anti-TNF-
IBRANCE	1	$10,459.35	$10,459.35	$10,559.35	$11,313.59	N	N	ANTINEOPLASTICS AND ADJUNCTIVE
XOLAIR	1	$5,492.66	$5,492.66	$5,592.66	$5,992.14	N	N	ANTIASTHMATIC AND BRONCHODILATOR
CAPECITABINE	2	$5,175.70	$2,587.85	$5,271.70	$3,765.50	Y	N	ANTINEOPLASTICS AND ADJUNCTIVE
TRIUMEQ	2	$4,620.10	$2,310.05	$4,816.10	$2,408.05	N	Y	ANTIVIRALS/Antiretroviral Combinations
ENBREL SRCLK	1	$3,625.73	$3,625.73	$3,723.73	$3,989.71	N	Y	ANALGESICS - ANTI-INFLAMMATORY/Soluble Tumor
TEMOZOLOMIDE	1	$3,356.65	$3,356.65	$3,404.65	$3,647.84	Y	N	ANTINEOPLASTICS AND ADJUNCTIVE
ORENCIA	1	$3,354.51	$3,354.51	$3,452.51	$3,699.12	N	Y	ANALGESICS - ANTI-INFLAMMATORY/Selective
XELJANZ	1	$3,068.52	$3,068.52	$3,166.52	$3,166.52	N	Y	ANALGESICS - ANTI-
CRESTOR	9	$2,735.45	$303.94	$4,546.49	$216.50	N	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
EPIPEN 2-PAK	9	$2,595.25	$288.36	$3,185.78	$1,346.10	N	N	VASOPRESSORS/Anaphylaxis Therapy Agents
LANTUS	9	$2,481.58	$275.73	$3,521.22	$284.73	N	Y	ANTIDIABETICS/Human Insulin
VIMPAT	3	$2,339.20	$779.73	$2,826.29	$565.26	N	Y	ANTICONVULSANTS/Anticonvulsants - Misc.
LATUDA	1	$2,255.51	$2,255.51	$2,555.51	$851.84	N	Y	ANTIPSYCHOTICS/ANTIMANIC
ADVAIR DISKU	5	$2,234.81	$446.96	$3,331.56	$302.87	N	Y	ANTIASTHMATIC AND BRONCHODILATOR
CREON	1	$2,065.82	$2,065.82	$2,164.32	$2,164.32	N	Y	DIGESTIVE AIDS/Digestive Enzymes
SOLODYN	2	$1,923.19	$961.60	$2,119.94	$1,059.97	N	N	TETRACYCLINES/Tetracyclines
PROLIA	2	$1,896.36	$948.18	$2,092.36	$1,046.18	N	N	ENDOCRINE AND METABOLIC AGENTS -
SIVEXTRO	1	$1,786.02	$1,786.02	$1,884.52	$9,422.60	N	N	ANTI-INFECTIVE AGENTS - MISC./Oxazolidinones
LYRICA	1	$1,612.84	$1,612.84	$1,912.84	$637.61	N	Y	ANTICONVULSANTS/Anticonvulsants - Misc.
HUMALOG KWIK	1	$1,568.71	$1,568.71	$1,867.21	$700.20	N	Y	ANTIDIABETICS/Human Insulin
PENNSAID	1	$1,561.12	$1,561.12	$1,659.62	$1,778.16	N	N	DERMATOLOGICALS/Anti-inflammatory Agents -
KERYDIN	1	$1,273.04	$1,273.04	$1,371.54	$1,371.54	N	N	DERMATOLOGICALS/Oxaborole-Related Antifungals -
ALBENZA	1	$1,270.14	$1,270.14	$1,368.64	$20,529.60	N	N	ANTHELMINTICS/Anthelmintics
MINASTRIN 24	3	$1,179.78	$393.26	$1,179.78	$140.45	N	Y	CONTRACEPTIVES/Combination Contraceptives - Oral
ASA/DIPYRIDA	2	$1,138.93	$569.47	$1,312.18	$328.05	M	Y	HEMATOLOGICAL AGENTS - MISC./Platelet
WELCHOL	3	$1,137.01	$379.00	$1,437.01	$479.00	N	Y	ANTIHYPERLIPIDEMICS/Bile Acid Sequestrants
VYVANSE	7	$1,011.68	$144.53	$1,674.75	$239.25	N	Y	ADHD/ANTI-NARCOLEPSY/ANTI-
NOVOLOG	3	$952.89	$317.63	$1,523.75	$214.61	N	Y	ANTIDIABETICS/Human Insulin
DORYX	1	$927.82	$927.82	$1,026.32	$1,026.32	M	N	TETRACYCLINES/Tetracyclines
COLCRYS	2	$915.49	$457.75	$1,294.66	$323.67	M	N	GOUT AGENTS/Gout Agents
LEVEMIR	2	$897.43	$448.72	$1,094.93	$631.69	N	Y	ANTIDIABETICS/Human Insulin
BUDESONIDE	2	$862.99	$431.50	$1,034.95	$258.74	Y	Y	ANTIASTHMATIC AND BRONCHODILATOR
BYSTOLIC	7	$856.26	$122.32	$1,422.58	$94.84	N	Y	BETA BLOCKERS/Beta Blockers Cardio-Selective
REGRANEX	1	$838.27	$838.27	$936.77	$936.77	N	N	DERMATOLOGICALS/Wound Care - Growth Factor
	95	$101,722.27	$1,070.76	$113,074.20	$821.96			

*Indicator: M,N = Brand no generic available; O = Brand with generic available; Y = generic

SCRIPT CARE, LTD.

City of Lynchburg

A029E - Top Utilized Drugs by Rx

A029E_Rpt

Report Criteria Group(s) = 52021; Cycles between 3/1/2016 and 3/31/2016

Desc	# Scripts	Amt Paid	Amt Paid/ RX	Ingred. Cost	Ingred. Cost/ 30 days	Ind.*	Maint	Therapeutic Class
HYDROCO/APAP	54	$118.29	$2.19	$536.86	$33.55	Y	N	ANALGESICS - OPIOID/Hydrocodone Combinations
ATORVASTATIN	52	$0.00	$0.00	$814.82	$7.31	Y	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
AMOXICILLIN	49	$8.97	$0.18	$435.29	$27.55	Y	N	PENICILLINS/Aminopenicillins
AMOX/K CLAV	30	$115.43	$3.85	$592.79	$65.38	Y	N	PENICILLINS/Penicillin Combinations
PREDNISONE	30	$0.00	$0.00	$103.08	$10.89	Y	N	CORTICOSTEROIDS/Glucocorticosteroids
AZITHROMYCIN	28	$26.45	$0.94	$267.36	$58.98	Y	N	MACROLIDES/Azithromycin
LISINOPRIL	27	$0.00	$0.00	$294.56	$5.36	Y	Y	ANTIHYPERTENSIVES/ACE Inhibitors
OMEPRAZOLE	26	$0.00	$0.00	$495.82	$9.30	Y	Y	ULCER DRUGS/Proton Pump Inhibitors
SIMVASTATIN	26	$0.00	$0.00	$349.20	$5.46	Y	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
METFORMIN	23	$122.02	$5.31	$408.48	$8.01	Y	Y	ANTIDIABETICS/Biguanides
TRAMADOL HCL	23	$24.62	$1.07	$190.66	$12.63	Y	N	ANALGESICS - OPIOID/Opioid Agonists
TAMIFLU	21	$1,741.63	$82.93	$2,771.17	$857.06	N	N	ANTIVIRALS/Neuraminidase Inhibitors
DOXYCYCL HYC	21	$366.31	$17.44	$723.02	$72.54	Y	N	TETRACYCLINES/Tetracyclines
FLUTICASONE	20	$0.00	$0.00	$270.01	$12.27	Y	N	NASAL AGENTS - SYSTEMIC AND TOPICAL/Nasal
CYCLOBENZAPR	20	($6.98)	($0.35)	$154.55	$14.77	Y	N	MUSCULOSKELETAL THERAPY AGENTS/Central
BUPROPN HCL	19	$275.48	$14.50	$778.08	$31.12	Y	Y	ANTIDEPRESSANTS/Antidepressants - Misc.
MONTELUKAST	19	$9.66	$0.51	$321.97	$12.27	Y	Y	ANTIASTHMATIC AND BRONCHODILATOR
LEVOTHYROXIN	19	$0.00	$0.00	$210.69	$9.16	Y	Y	THYROID AGENTS/Thyroid Hormones
HYDROCHLOROT	19	$0.00	$0.00	$73.97	$1.83	Y	Y	DIURETICS/Thiazides and Thiazide-Like Diuretics
GABAPENTIN	18	$41.75	$2.32	$307.78	$16.43	Y	Y	ANTICONVULSANTS/Anticonvulsants - Misc.
ESCITALOPRAM	18	$0.00	$0.00	$247.16	$6.50	Y	Y	ANTIDEPRESSANTS/Selective Serotonin Reuptake
MELOXICAM	18	$0.00	$0.00	$146.13	$7.31	Y	Y	ANALGESICS - ANTI-INFLAMMATORY/Nonsteroidal
AMLODIPINE	17	$0.00	$0.00	$215.89	$4.80	Y	Y	CALCIUM CHANNEL BLOCKERS/Calcium Channel
DICLOFENAC	16	$1.65	$0.10	$279.01	$15.08	Y	Y	ANALGESICS - ANTI-INFLAMMATORY/Nonsteroidal
PROMETH/COD	16	$0.00	$0.00	$126.06	$45.02	Y	N	COUGH/COLD/ALLERGY/Opioid Antitussive-
PROAIR HFA	14	$583.90	$41.71	$956.42	$77.34	N	Y	ANTIASTHMATIC AND BRONCHODILATOR
CEFDINIR	14	$246.18	$17.58	$520.01	$104.00	Y	N	CEPHALOSPORINS/Cephalosporins - 3rd Generation
ALPRAZOLAM	14	$13.28	$0.95	$153.24	$11.70	Y	N	ANTIANXIETY AGENTS/Benzodiazepines
SERTRALINE	14	$0.00	$0.00	$170.48	$7.75	Y	Y	ANTIDEPRESSANTS/Selective Serotonin Reuptake
LEVOFLOXACIN	12	$5.39	$0.45	$99.91	$26.76	Y	N	FLUOROQUINOLONES/Fluoroquinolones
CEPHALEXIN	11	$70.16	$6.38	$195.64	$40.20	Y	N	CEPHALOSPORINS/Cephalosporins - 1st Generation
TAMSULOSIN	11	$13.06	$1.19	$304.86	$13.71	Y	Y	GENITOURINARY AGENTS -
TRIAMCINOLON	11	$4.82	$0.44	$92.32	$17.42	Y	N	DERMATOLOGICALS/Corticosteroids - Topical
PRAVASTATIN	11	$0.00	$0.00	$346.50	$11.95	Y	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
AMITRIPTYLIN	11	$0.00	$0.00	$165.48	$11.03	Y	Y	ANTIDEPRESSANTS/Tricyclic Agents
	752	$3,782.07	$5.03	$14,119.27	$16.79			

*Indicator: M,N = Brand no generic available; O = Brand with generic available; Y = generic

SCRIPT CARE, LTD.

Lynchburg City Schools

A029E - Top Utilized Drugs by Rx

A029E_Rpt

Report Criteria Group(s) = 52030; Cycles between 3/1/2016 and 3/31/2016

Desc	# Scripts	Amt Paid	Amt Paid/ RX	Ingred. Cost	Ingred. Cost/ 30 days	Ind.*	Maint	Therapeutic Class
HYDROCO/APAP	56	$92.10	$1.64	$557.11	$25.91	Y	N	ANALGESICS - OPIOID/Hydrocodone Combinations
AMOXICILLIN	43	$0.00	$0.00	$342.84	$25.27	Y	N	PENICILLINS/Aminopenicillins
ATORVASTATIN	36	$0.00	$0.00	$592.09	$8.00	Y	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
AZITHROMYCIN	32	$46.83	$1.46	$304.89	$58.63	Y	N	MACROLIDES/Azithromycin
AMLODIPINE	30	$0.00	$0.00	$230.04	$5.75	Y	Y	CALCIUM CHANNEL BLOCKERS/Calcium Channel
AMOX/K CLAV	29	$142.97	$4.93	$654.89	$64.20	Y	N	PENICILLINS/Penicillin Combinations
ESCITALOPRAM	29	$0.00	$0.00	$387.40	$7.70	Y	Y	ANTIDEPRESSANTS/Selective Serotonin Reuptake
OMEPRAZOLE	28	$11.98	$0.43	$384.67	$8.74	Y	Y	ULCER DRUGS/Proton Pump Inhibitors
SIMVASTATIN	25	$0.00	$0.00	$297.66	$5.05	Y	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
VALACYCLOVIR	23	$143.88	$6.26	$468.06	$43.74	Y	N	ANTIVIRALS/Herpes Agents - Purine Analogues
LISINOPRIL	23	$0.00	$0.00	$280.88	$5.81	Y	Y	ANTIHYPERTENSIVES/ACE Inhibitors
PREDNISONE	22	$0.19	$0.01	$86.91	$6.47	Y	N	CORTICOSTEROIDS/Glucocorticosteroids
SERTRALINE	22	$0.00	$0.00	$265.65	$6.33	Y	Y	ANTIDEPRESSANTS/Selective Serotonin Reuptake
HYDROCHLOROT	22	$0.00	$0.00	$110.97	$2.41	Y	Y	DIURETICS/Thiazides and Thiazide-Like Diuretics
MONTELUKAST	21	$7.60	$0.36	$439.05	$11.26	Y	Y	ANTIASTHMATIC AND BRONCHODILATOR
FLUTICASONE	21	$0.00	$0.00	$285.20	$12.40	Y	N	NASAL AGENTS - SYSTEMIC AND TOPICAL/Nasal
LISINOP/HCTZ	19	$0.00	$0.00	$199.30	$5.18	Y	Y	ANTIHYPERTENSIVES/ACE Inhibitors &
TRAMADOL HCL	19	$0.00	$0.00	$89.69	$11.96	Y	N	ANALGESICS - OPIOID/Opioid Agonists
BUPROPN HCL	18	$252.19	$14.01	$845.40	$28.18	Y	Y	ANTIDEPRESSANTS/Antidepressants - Misc.
DICLOFENAC	18	$3.30	$0.18	$284.35	$13.43	Y	Y	ANALGESICS - ANTI-INFLAMMATORY/Nonsteroidal
LEVOTHYROXIN	18	$0.00	$0.00	$330.21	$9.71	Y	Y	THYROID AGENTS/Thyroid Hormones
LORAZEPAM	17	$14.12	$0.83	$174.15	$12.09	Y	N	ANTIANXIETY AGENTS/Benzodiazepines
TRAZODONE	17	$0.00	$0.00	$143.27	$6.23	Y	Y	ANTIDEPRESSANTS/Serotonin Modulators
ZOLPIDEM	16	$0.00	$0.00	$169.45	$8.62	Y	N	HYPNOTICS/SEDATIVES/SLEEP DISORDER
DOXYCYCL HYC	15	$620.98	$41.40	$978.06	$128.13	Y	N	TETRACYCLINES/Tetracyclines
PROAIR HFA	15	$589.52	$39.30	$1,000.18	$64.11	N	Y	ANTIASTHMATIC AND BRONCHODILATOR
CITALOPRAM	15	$0.00	$0.00	$172.56	$5.95	Y	Y	ANTIDEPRESSANTS/Selective Serotonin Reuptake
CEFDINIR	14	$235.59	$16.83	$503.51	$95.60	Y	N	CEPHALOSPORINS/Cephalosporins - 3rd Generation
FLUOXETINE	14	$69.25	$4.95	$299.44	$12.48	Y	Y	ANTIDEPRESSANTS/Selective Serotonin Reuptake
OXYCOD/APAP	14	$44.72	$3.19	$163.73	$59.90	Y	N	ANALGESICS - OPIOID/Opioid Combinations
CEPHALEXIN	14	$13.96	$1.00	$110.33	$35.98	Y	N	CEPHALOSPORINS/Cephalosporins - 1st Generation
CYCLOBENZAPR	14	$3.32	$0.24	$106.40	$11.78	Y	N	MUSCULOSKELETAL THERAPY AGENTS/Central
LOSARTAN POT	14	$0.00	$0.00	$212.05	$6.24	Y	Y	ANTIHYPERTENSIVES/Angiotensin II Receptor
MELOXICAM	14	$0.00	$0.00	$113.90	$7.06	Y	Y	ANALGESICS - ANTI-INFLAMMATORY/Nonsteroidal
PROMETHAZINE	14	$0.00	$0.00	$53.83	$16.65	Y	N	COUGH/COLD/ALLERGY/Non-Narc Antitussive-
	761	$2,292.50	$3.01	$11,638.12	$13.25			

*Indicator: M,N = Brand no generic available; O = Brand with generic available; Y = generic

SCRIPT CARE, LTD.

City of Lynchburg

A035A - Utilization by Location

A035A_Rpt

Report Criteria Group(s) = 52021; Cycles between 3/1/2016 and 3/31/2016

Location	Description	# Scripts	Copay	Amt Paid	Admin Fee	Amt Paid + Admin Fee
001	ACTIVE	1,194	$33,663.11	$132,739.25	$3,283.50	$136,022.75
003	HRA	49	$949.57	$636.92	$134.75	$771.67
004	RETIREES > 65	21	$456.24	$756.21	$57.75	$813.96
005	RETIREES < 65	305	$9,191.10	$14,668.95	$838.75	$15,507.70
006	ACTIVE OTHER	74	$1,879.27	$4,238.19	$203.50	$4,441.69
008	LINE OF DUTY MEMBERS	5	$165.84	$236.11	$13.75	$249.86
098	COBRA	23	$517.86	$554.38	$63.25	$617.63
Grand Total		1,671	$46,822.99	$153,830.01	$4,595.25	$158,425.26

SCRIPT CARE, LTD.

Lynchburg City Schools

A035A - Utilization by Location

A035A_Rpt

Report Criteria Group(s) = 52030; Cycles between 3/1/2016 and 3/31/2016

Location	Description	# Scripts	Copay	Amt Paid	Admin Fee	Amt Paid + Admin Fee
01	MONTHLY $1500	781	$19,241.16	$46,545.49	$2,147.75	$48,693.24
03	FOOD SERVICE $1500	42	$1,393.26	$2,329.15	$115.50	$2,444.65
05	RETIREE $1500	22	$748.58	$1,249.96	$60.50	$1,310.46
09	BOTH WORK $1500	43	$1,069.86	$2,350.55	$118.25	$2,468.80
11	LAUREL $750	19	$459.57	$676.73	$52.25	$728.98
12	LAUREL $1500	22	$588.66	$679.12	$60.50	$739.62
13	LAUREL $750 RETIREE	2	$80.00	$19.52	$5.50	$25.02
15	GOVERNOR'S $750	2	$0.00	$0.00	$5.50	$5.50
16	GOVENOR'S $1500	3	$112.50	$561.34	$8.25	$569.59
20	STEM ACADEMY $750	7	$82.97	$2.25	$19.25	$21.50
21	MONTHLY $750	649	$18,898.24	$78,265.49	$1,784.75	$80,050.24
23	FOOD SERVICE $750	27	$540.17	$363.26	$74.25	$437.51
25	RETIREE $750	118	$5,357.55	$12,407.74	$324.50	$12,732.24
29	BOTH WORK $750	12	$291.51	$1,963.97	$33.00	$1,996.97
92	COBRA $750	6	$104.12	$75.65	$16.50	$92.15
98	COBRA $1500	9	$279.04	$1,138.93	$24.75	$1,163.68
Grand Total		1,764	$49,247.19	$148,629.15	$4,851.00	$153,480.15

SCRIPT CARE, LTD.

Brand Vs. Generic Utilization Summary

Report for: **City of Lynchburg**

Effective Date: 01/01/2013

Group: **52021: City of Lynchburg**

This is a summary of your Script Care Prescription Plan from **4/1/2016** through **4/30/2016** .

Brand Vs. Generic Utilization

	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	249	11	1,258	1,518	
% of All Claims	16.40%	0.72%	82.87%	100.00%	
Retail from Pharmacy w/o Script Care	$220,247.99	$2,801.08	$184,840.05	$407,889.12	$268.70
Actual Drug Cost	$167,854.03	$2,028.22	$37,788.81	$207,671.06	$136.81
Pharmacy Fees	$224.50	$7.00	$1,188.50	$1,420.00	$0.94
Prescription Price w/ Script Care	$168,078.53	$2,035.22	$38,977.31	$209,091.06	$137.74
Savings through your Script Care Plan	**$52,169.46**	**$765.86**	**$145,862.74**	**$198,798.06**	**$130.96**
% Saved over Retail	**23.69%**	**27.34%**	**78.91%**	**48.74%**	
Copay	$23,372.14	$1,284.67	$20,763.78	$45,420.59	$29.92
% of Total Drug Cost	13.91%	63.12%	53.27%	21.72%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	**$144,706.39**	**$750.55**	**$18,213.53**	**$163,670.47**	**$107.82**
Total Plan Cost/Claim	**$581.15**	**$68.23**	**$14.48**	**$107.82**	
Cost/Per Cardholder Per Month	**$102.63**	**$0.53**	**$12.92**	**$116.08**	
Cost/Per Member Per Month	**$54.92**	**$0.28**	**$6.91**	**$62.11**	
Rx/Per Cardholder Per Month	**0.18**	**0.01**	**0.89**	**1.08**	
Rx/Per Member Per Month	**0.09**	**0.00**	**0.48**	**0.58**	

Enrollment

	Cardholders	Dependents	Total
Monthly Average Enrollment	1,410.0	1,225.0	2,635.0

SCRIPT CARE, LTD.

Brand Vs. Generic Utilization Summary

Report for: **City of Lynchburg**

Effective Date: 10/01/2013

Group: **52030: Lynchburg City Schools**

This is a summary of your Script Care Prescription Plan from **4/1/2016** through **4/30/2016** .

Brand Vs. Generic Utilization

	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	236	10	1,223	1,469	
% of All Claims	16.07%	0.68%	83.25%	100.00%	
Retail from Pharmacy w/o Script Care	$167,822.61	$1,439.27	$177,289.95	$346,551.83	$235.91
Actual Drug Cost	$121,998.06	$989.62	$39,488.43	$162,476.11	$110.60
Pharmacy Fees	$228.50	$4.50	$1,187.25	$1,420.25	$0.97
Prescription Price w/ Script Care	$122,226.56	$994.12	$40,675.68	$163,896.36	$111.57
Savings through your Script Care Plan	**$45,596.05**	**$445.15**	**$136,614.27**	**$182,655.47**	**$124.34**
% Saved over Retail	**27.17%**	**30.93%**	**77.06%**	**52.71%**	
Copay	$20,735.64	$808.60	$19,185.93	$40,730.17	$27.73
% of Total Drug Cost	16.96%	81.34%	47.17%	24.85%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	**$101,490.92**	**$185.52**	**$21,489.75**	**$123,166.19**	**$83.84**
Total Plan Cost/Claim	**$430.05**	**$18.55**	**$17.57**	**$83.84**	
Cost/Per Cardholder Per Month	**$71.73**	**$0.13**	**$15.19**	**$87.04**	
Cost/Per Member Per Month	**$42.04**	**$0.08**	**$8.90**	**$51.02**	
Rx/Per Cardholder Per Month	**0.17**	**0.01**	**0.86**	**1.04**	
Rx/Per Member Per Month	**0.10**	**0.00**	**0.51**	**0.61**	

Enrollment

	Cardholders	Dependents	Total
Monthly Average Enrollment	1,415.0	999.0	2,414.0

SCRIPT CARE, LTD.

Brand Vs. Generic Utilization Summary

Report for: **City of Lynchburg**

Group: **52021, 52030**

This is a summary of your Script Care Prescription Plan from **4/1/2016** through **4/30/2016** .

Brand Vs. Generic Utilization

	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	485	21	2,481	2,987	
% of All Claims	16.24%	0.70%	83.06%	100.00%	
Retail from Pharmacy w/o Script Care	$388,070.60	$4,240.35	$362,130.00	$754,440.95	$252.57
Actual Drug Cost	$289,852.09	$3,017.84	$77,277.24	$370,147.17	$123.92
Pharmacy Fees	$453.00	$11.50	$2,375.75	$2,840.25	$0.95
Prescription Price w/ Script Care	$290,305.09	$3,029.34	$79,652.99	$372,987.42	$124.87
Savings through your Script Care Plan	**$97,765.51**	**$1,211.01**	**$282,477.01**	**$381,453.53**	**$127.70**
% Saved over Retail	**25.19%**	**28.56%**	**78.00%**	**50.56%**	
Copay	$44,107.78	$2,093.27	$39,949.71	$86,150.76	$28.84
% of Total Drug Cost	15.19%	69.10%	50.15%	23.10%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	**$246,197.31**	**$936.07**	**$39,703.28**	**$286,836.66**	**$96.03**
Total Plan Cost/Claim	**$507.62**	**$44.57**	**$16.00**	**$96.03**	
Cost/Per Cardholder Per Month	**$87.15**	**$0.33**	**$14.05**	**$101.54**	
Cost/Per Member Per Month	**$48.76**	**$0.19**	**$7.86**	**$56.81**	
Rx/Per Cardholder Per Month	**0.17**	**0.01**	**0.88**	**1.06**	
Rx/Per Member Per Month	**0.10**	**0.00**	**0.49**	**0.59**	

Enrollment

	Cardholders	Dependents	Total
Monthly Average Enrollment	2,825.0	2,224.0	5,049.0

SCRIPT CARE, LTD.

Retail and Mail Order Utilization Summary

Report for: **City of Lynchburg** Effective Date: 01/01/2013

Group: **52021: City of Lynchburg**

This is a summary of your Script Care Prescription Plan from **4/1/2016** through **4/30/2016**

Retail

	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	193	5	947	1,145	
% of Retail Claims	16.86%	0.44%	82.71%	100.00%	
Prescription Price w/ Script Care	$109,842.13	$140.73	$21,815.62	$131,798.48	$115.11
Copay	$12,747.06	$116.05	$12,058.84	$24,921.95	$21.77
% of Total Drug Cost	11.60%	82.46%	55.28%	18.91%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$97,095.07	$24.68	$9,756.78	$106,876.53	$93.34
Employer Cost Per Claim	**$503.08**	**$4.94**	**$10.30**	**$93.34**	

Mail Order

	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	56	6	311	373	
% of MO Claims	15.01%	1.61%	83.38%	100.00%	
Prescription Price w/ Script Care	$58,236.40	$1,894.49	$17,161.69	$77,292.58	$207.22
Copay	$10,625.08	$1,168.62	$8,704.94	$20,498.64	$54.96
% of Total Drug Cost	18.24%	61.69%	50.72%	26.52%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$47,611.32	$725.87	$8,456.75	$56,793.94	$152.26
Employer Cost Per Claim	**$850.20**	**$120.98**	**$27.19**	**$152.26**	

Total

	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	249	11	1,258	1,518	
% of All Claims	16.40%	0.72%	82.87%	100.00%	
Prescription Price w/ Script Care	$168,078.53	$2,035.22	$38,977.31	$209,091.06	$137.74
Copay	$23,372.14	$1,284.67	$20,763.78	$45,420.59	$29.92
% of Total Drug Cost	13.91%	63.12%	53.27%	21.72%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$144,706.39	$750.55	$18,213.53	$163,670.47	$107.82
Employer Cost Per Claim	**$581.15**	**$68.23**	**$14.48**	**$107.82**	

SCRIPT CARE, LTD.

Retail and Mail Order Utilization Summary

Report for: **City of Lynchburg** Effective Date: 10/01/2013

Group: **52030: Lynchburg City Schools**

This is a summary of your Script Care Prescription Plan from **4/1/2016** through **4/30/2016**

Retail	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	196	3	913	1,112	
% of Retail Claims	17.63%	0.27%	82.10%	100.00%	
Prescription Price w/ Script Care	$86,256.50	$459.32	$26,976.70	$113,692.52	$102.24
Copay	$13,282.40	$434.29	$10,956.38	$24,673.07	$22.19
% of Total Drug Cost	15.40%	94.55%	40.61%	21.70%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$72,974.10	$25.03	$16,020.32	$89,019.45	$80.05
Employer Cost Per Claim	**$372.32**	**$8.34**	**$17.55**	**$80.05**	

Mail Order	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	40	7	310	357	
% of MO Claims	11.20%	1.96%	86.83%	100.00%	
Prescription Price w/ Script Care	$35,970.06	$534.80	$13,698.98	$50,203.84	$140.63
Copay	$7,453.24	$374.31	$8,229.55	$16,057.10	$44.98
% of Total Drug Cost	20.72%	69.99%	60.07%	31.98%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$28,516.82	$160.49	$5,469.43	$34,146.74	$95.65
Employer Cost Per Claim	**$712.92**	**$22.93**	**$17.64**	**$95.65**	

Total	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	236	10	1,223	1,469	
% of All Claims	16.07%	0.68%	83.25%	100.00%	
Prescription Price w/ Script Care	$122,226.56	$994.12	$40,675.68	$163,896.36	$111.57
Copay	$20,735.64	$808.60	$19,185.93	$40,730.17	$27.73
% of Total Drug Cost	16.96%	81.34%	47.17%	24.85%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$101,490.92	$185.52	$21,489.75	$123,166.19	$83.84
Employer Cost Per Claim	**$430.05**	**$18.55**	**$17.57**	**$83.84**	

SCRIPT CARE, LTD.

Retail and Mail Order Utilization Summary

Report for: **City of Lynchburg**

Group: **52021, 52030**

This is a summary of your Script Care Prescription Plan from **4/1/2016** through **4/30/2016**

Retail	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	389	8	1,860	2,257	
% of Retail Claims	17.24%	0.35%	82.41%	100.00%	
Prescription Price w/ Script Care	$196,098.63	$600.05	$48,792.32	$245,491.00	$108.77
Copay	$26,029.46	$550.34	$23,015.22	$49,595.02	$21.97
% of Total Drug Cost	13.27%	91.72%	47.17%	20.20%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$170,069.17	$49.71	$25,777.10	$195,895.98	$86.79
Employer Cost Per Claim	**$437.20**	**$6.21**	**$13.86**	**$86.79**	

Mail Order	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	96	13	621	730	
% of MO Claims	13.15%	1.78%	85.07%	100.00%	
Prescription Price w/ Script Care	$94,206.46	$2,429.29	$30,860.67	$127,496.42	$174.65
Copay	$18,078.32	$1,542.93	$16,934.49	$36,555.74	$50.08
% of Total Drug Cost	19.19%	63.51%	54.87%	28.67%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$76,128.14	$886.36	$13,926.18	$90,940.68	$124.58
Employer Cost Per Claim	**$793.00**	**$68.18**	**$22.43**	**$124.58**	

Total	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	485	21	2,481	2,987	
% of All Claims	16.24%	0.70%	83.06%	100.00%	
Prescription Price w/ Script Care	$290,305.09	$3,029.34	$79,652.99	$372,987.42	$124.87
Copay	$44,107.78	$2,093.27	$39,949.71	$86,150.76	$28.84
% of Total Drug Cost	15.19%	69.10%	50.15%	23.10%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$246,197.31	$936.07	$39,703.28	$286,836.66	$96.03
Employer Cost Per Claim	**$507.62**	**$44.57**	**$16.00**	**$96.03**	

SCRIPT CARE, LTD.

Specialty Pharmacy Utilization Summary

Report for: **City of Lynchburg**

Effective Date: 01/01/2013

Group: **52021: City of Lynchburg**

This is a summary of your Script Care Prescription Plan from **4/1/2016** through **4/30/2016** .

Specialty Pharmacy Utilization

	All Claims	Average Per Claim	Specialty Eligible*	Average Per Claim	Specialty Claims	Average Per Claim
Number of Claims	1,518		5 **		16 **	
% of All Claims	100.00%		0.33%		1.05%	
Retail from Pharmacy w/o Script Care	$407,889.12	$268.70	$35,822.31	$7,164.46	$79,147.64	$4,946.73
Actual Drug Cost	$207,671.06	$136.81	$30,386.87	$6,077.37	$55,871.20	$3,491.95
Pharmacy Fees	$1,420.00	$0.94	$3.25	$0.65	$32.00	$2.00
Prescription Price w/ Script Care	$209,091.06	$137.74	$30,390.12	$6,078.02	$55,903.20	$3,493.95
Savings through your Script Care Plan	**$198,798.06**	**$130.96**	**$5,432.19**	**$1,086.44**	**$23,244.44**	**$1,452.78**
% Saved over Retail	**48.74%**		**15.16%**		**29.37%**	
Copay	$45,420.59	$29.92	$500.00	$100.00	$1,522.49	$95.16
% of Total Drug Cost	21.72%		1.65%		2.72%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	**$163,670.47**	**$107.82**	**$29,890.12**	**$5,978.02**	**$54,380.71**	**$3,398.79**
% of Total Cost	**100.00%**		**18.26%**		**33.23%**	
Total Plan Cost/Claim	**$107.82**		**$5,978.02**		**$3,398.79**	
Cost/Per Cardholder Per Month	**$116.08**		**$21.20**		**$38.57**	
Cost/Per Member Per Month	**$62.11**		**$11.34**		**$20.64**	

*Excludes Specialty Claims **Net Claims

Enrollment

	Cardholders	Dependents	Total
Monthly Average Enrollment	1,410.0	1,225.0	2,635.0

SCRIPT CARE, LTD.

Specialty Pharmacy Utilization Summary

Report for: **City of Lynchburg**

Effective Date: 10/01/2013

Group: **52030: Lynchburg City Schools**

This is a summary of your Script Care Prescription Plan from **4/1/2016** through **4/30/2016** .

Specialty Pharmacy Utilization

	All Claims	Average Per Claim	Specialty Eligible*	Average Per Claim	Specialty Claims	Average Per Claim
Number of Claims	1,469		2 **		11 **	
% of All Claims	100.00%		0.14%		0.75%	
Retail from Pharmacy w/o Script Care	$346,551.83	$235.91	$18,939.52	$9,469.76	$52,601.19	$4,781.93
Actual Drug Cost	$162,476.11	$110.60	$16,375.31	$8,187.66	$36,979.67	$3,361.79
Pharmacy Fees	$1,420.25	$0.97	$0.00	$0.00	$22.00	$2.00
Prescription Price w/ Script Care	$163,896.36	$111.57	$16,375.31	$8,187.66	$37,001.67	$3,363.79
Savings through your Script Care Plan	**$182,655.47**	**$124.34**	**$2,564.21**	**$1,282.11**	**$15,599.52**	**$1,418.14**
% Saved over Retail	**52.71%**		**13.54%**		**29.66%**	
Copay	$40,730.17	$27.73	$200.00	$100.00	$950.00	$86.36
% of Total Drug Cost	24.85%		1.22%		2.57%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	**$123,166.19**	**$83.84**	**$16,175.31**	**$8,087.66**	**$36,051.67**	**$3,277.42**
% of Total Cost	**100.00%**		**13.13%**		**29.27%**	
Total Plan Cost/Claim	**$83.84**		**$8,087.66**		**$3,277.42**	
Cost/Per Cardholder Per Month	**$87.04**		**$11.43**		**$25.48**	
Cost/Per Member Per Month	**$51.02**		**$6.70**		**$14.93**	

*Excludes Specialty Claims **Net Claims

Enrollment

	Cardholders	Dependents	Total
Monthly Average Enrollment	1,415.0	999.0	2,414.0

SCRIPT CARE, LTD.

Specialty Pharmacy Utilization Summary

Report for: **City of Lynchburg**

Group: **52021, 52030**

This is a summary of your Script Care Prescription Plan from **4/1/2016** through **4/30/2016** .

Specialty Pharmacy Utilization

	All Claims	Average Per Claim	Specialty Eligible*	Average Per Claim	Specialty Claims	Average Per Claim
Number of Claims	2,987		7 **		27 **	
% of All Claims	100.00%		0.23%		0.90%	
Retail from Pharmacy w/o Script Care	$754,440.95	$252.57	$54,761.83	$7,823.12	$131,748.83	$4,879.59
Actual Drug Cost	$370,147.17	$123.92	$46,762.18	$6,680.31	$92,850.87	$3,438.92
Pharmacy Fees	$2,840.25	$0.95	$3.25	$0.46	$54.00	$2.00
Prescription Price w/ Script Care	$372,987.42	$124.87	$46,765.43	$6,680.78	$92,904.87	$3,440.92
Savings through your Script Care Plan	**$381,453.53**	**$127.70**	**$7,996.40**	**$1,142.34**	**$38,843.96**	**$1,438.67**
% Saved over Retail	**50.56%**		**14.60%**		**29.48%**	
Copay	$86,150.76	$28.84	$700.00	$100.00	$2,472.49	$91.57
% of Total Drug Cost	23.10%		1.50%		2.66%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	**$286,836.66**	**$96.03**	**$46,065.43**	**$6,580.78**	**$90,432.38**	**$3,349.35**
% of Total Cost	**100.00%**		**16.06%**		**31.53%**	
Total Plan Cost/Claim	**$96.03**		**$6,580.78**		**$3,349.35**	
Cost/Per Cardholder Per Month	**$101.54**		**$16.31**		**$32.01**	
Cost/Per Member Per Month	**$56.81**		**$9.12**		**$17.91**	

*Excludes Specialty Claims **Net Claims

Enrollment

	Cardholders	Dependents	Total
Monthly Average Enrollment	2,825.0	2,224.0	5,049.0

SCRIPT CARE, LTD.

Plan Statistics

Report for: **City of Lynchburg**

Effective Date: 01/01/2013

Group: **52021: City of Lynchburg**

This is a summary of your Script Care Prescription Plan from **1/1/2016** through **4/30/2016**

	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Total
Enrollment Summary													
Cardholders	1,423.0	1,429.0	1,417.0	1,410.0									1,419.8
Dependents	1,226.0	1,232.0	1,228.0	1,225.0									1,227.8
Utilizing Cardholders	623.0	612.0	647.0	624.0									1,006.0
Utilization %	43.78%	42.83%	45.66%	44.26%									70.86%
Claim Summary													
All	1,535	1,483	1,671	1,518									6,207
Avg Per Cardholder	1.08	1.04	1.18	1.08									4.37
Avg Per Member	0.58	0.56	0.63	0.58									2.34
Brand	226	238	257	249									970
Generic	1,296	1,239	1,406	1,258									5,199
Brand w/Generic	13	6	8	11									38
Generic % of All	84.43%	83.55%	84.14%	82.87%									83.76%
Mail Order	383	317	389	371									1,460
Mail Order % of All	24.95%	21.38%	23.28%	24.44%									23.52%
Claim Cost													
Submitted Cost	$334,150	$360,004	$405,353	$407,889									$1,507,396
Script Care Cost	$151,856	$188,835	$200,653	$209,091									$750,434
Savings	$182,294	$171,169	$204,700	$198,798									$756,961
Tax	$0	$0	$0	$0									$0
Total	$151,856	$188,835	$200,653	$209,091									$750,434
Average Claim Cost	$98.93	$127.33	$120.08	$137.74									$120.90
Average Brand Cost	$505.01	$631.76	$618.49	$675.01									$609.82
Average Generic Cost	$27.80	$28.27	$29.06	$30.98									$29.02
Average Br w/Gen Cost	$130.88	$575.80	$105.20	$185.02									$211.40
Member Cost													
Total Copay	$42,299	$42,945	$46,823	$45,421									$177,488
Average Claim Copay	$27.56	$28.96	$28.02	$29.92									$28.59
Average Brand Copay	$89.16	$90.12	$82.85	$93.86									$88.93
Average Generic Copay	$16.75	$16.66	$17.78	$16.51									$16.95
Average Br w/Gen Copay	$33.99	$141.42	$65.80	$116.79									$81.62
Copay % of Total Cost	27.85%	22.74%	23.34%	21.72%									23.65%
Plan Cost													
Plan Cost	$109,557	$145,890	$153,830	$163,670									$572,947
Average Claim Cost	$71.37	$98.37	$92.06	$107.82									$92.31
Average Brand Cost	$415.85	$541.63	$535.64	$581.15									$520.88
Average Generic Cost	$11.05	$11.60	$11.28	$14.48									$12.07
Average Br w/Gen Cost	$96.89	$434.39	$39.41	$68.23									$129.78
Plan Cost % of Total Cost	72.15%	77.26%	76.66%	78.28%									76.35%
Plan Cost Per Cardholder	$76.99	$102.09	$108.56	$116.08									$403.55
Plan Cost Per Member	$41.36	$54.83	$58.16	$62.11									$216.41
Cardholders > $500	50	46	49	60									174
Cardholders > 5 Claims	40	46	60	48									403

Top 10 Drugs by Plan Cost

ENBREL	CEREZYME	HUMIRA PEN	CEREZYME									CEREZYME
HUMIRA PEN	NBREL SRCLK	CEREZYME	HUMIRA PEN									ENBREL SRCLK
XOLAIR	VONEX PREFL	NBREL SRCLK	NBREL SRCLK									HUMIRA PEN
VONEX PREFL	HUMIRA PEN	STELARA	STELARA									ENBREL
AUBAGIO	ENBREL	ENBREL	AUBAGIO									AVONEX PREFL
OXYCONTIN	NBREL SRCLK	AUBAGIO	XOLAIR									AUBAGIO
NBREL SRCLK	AUBAGIO	VONEX PREFL	AVONEX PEN									STELARA
VICTOZA	XOLAIR	AVONEX PEN	VONEX PREFL									XOLAIR
LANTUS	ATRIPLA	NBREL SRCLK	NBREL SRCLK									AVONEX PEN
ADCIRCA	LEVEMIR	ADCIRCA	ENBREL									ADCIRCA

SCRIPT CARE, LTD.

Plan Statistics

Report for: **City of Lynchburg**

Effective Date: 10/01/2013

Group: **52030: Lynchburg City Schools**

This is a summary of your Script Care Prescription Plan from **1/1/2016** through **4/30/2016**

	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Total
Enrollment Summary													
Cardholders	1,418.0	1,422.0	1,419.0	1,415.0									1,418.5
Dependents	987.0	993.0	997.0	999.0									994.0
Utilizing Cardholders	634.0	651.0	672.0	598.0									1,029.0
Utilization %	44.71%	45.78%	47.36%	42.26%									72.54%
Claim Summary													
All	1,569	1,593	1,764	1,469									6,395
Avg Per Cardholder	1.11	1.12	1.24	1.04									4.51
Avg Per Member	0.65	0.66	0.73	0.61									2.65
Brand	244	251	286	236									1,017
Generic	1,317	1,330	1,469	1,223									5,339
Brand w/Generic	8	12	9	10									39
Generic % of All	83.94%	83.49%	83.28%	83.25%									83.49%
Mail Order	393	368	448	356									1,565
Mail Order % of All	25.05%	23.10%	25.40%	24.23%									24.47%
Claim Cost													
Submitted Cost	$364,064	$298,607	$400,411	$346,552									$1,409,634
Script Care Cost	$176,670	$143,205	$197,876	$163,896									$681,647
Savings	$187,394	$155,402	$202,534	$182,655									$727,987
Tax	$0	$0	$0	$0									$0
Total	$176,670	$143,205	$197,876	$163,896									$681,647
Average Claim Cost	$112.60	$89.90	$112.17	$111.57									$106.59
Average Brand Cost	$554.18	$396.03	$519.24	$517.91									$496.91
Average Generic Cost	$30.73	$30.94	$32.89	$33.26									$31.96
Average Br w/Gen Cost	$121.73	$221.01	$116.84	$99.41									$145.43
Member Cost													
Total Copay	$42,398	$40,075	$49,247	$40,730									$172,450
Average Claim Copay	$27.02	$25.16	$27.92	$27.73									$26.97
Average Brand Copay	$88.84	$70.02	$86.64	$87.86									$83.35
Average Generic Copay	$15.25	$15.11	$16.00	$15.69									$15.52
Average Br w/Gen Copay	$79.55	$200.07	$107.66	$80.86									$123.46
Copay % of Total Cost	24.00%	27.98%	24.89%	24.85%									25.30%
Plan Cost													
Plan Cost	$134,272	$103,130	$148,629	$123,166									$509,197
Average Claim Cost	$85.58	$64.74	$84.26	$83.84									$79.62
Average Brand Cost	$465.34	$326.01	$432.60	$430.05									$413.56
Average Generic Cost	$15.48	$15.83	$16.90	$17.57									$16.44
Average Br w/Gen Cost	$42.17	$20.95	$9.19	$18.55									$21.97
Plan Cost % of Total Cost	76.00%	72.02%	75.11%	75.15%									74.70%
Plan Cost Per Cardholder	$94.69	$72.52	$104.74	$87.04									$358.97
Plan Cost Per Member	$55.83	$42.70	$61.52	$51.02									$211.07
Cardholders > $500	56	47	59	50									168
Cardholders > 5 Claims	45	45	62	39									424

Top 10 Drugs by Plan Cost

HUMIRA PEN	HUMIRA PEN	HUMIRA PEN	HUMIRA PEN	HUMIRA PEN
IBRANCE	IBRANCE	IBRANCE	IBRANCE	IBRANCE
LEVEMIR	NBREL SRCLK	XOLAIR	HUMIRA PEN	XOLAIR
XOLAIR	LANTUS	CAPECITABINE	LEVEMIR	CAPECITABINE
VONEX PREFL	XELJANZ	TRIUMEQ	XOLAIR	LEVEMIR
CAPECITABINE	ETHYLPHENID	NBREL SRCLK	NBREL SRCLK	XELJANZ
ORENCIA	CAPECITABINE	MOZOLOMIDE	MOZOLOMIDE	LANTUS
HUMIRA PEN	MOZOLOMIDE	ORENCIA	ORENCIA	ENBREL SRCLK
LYRICA	ARIPIPRAZOLE	XELJANZ	XELJANZ	ORENCIA
ASACOL HD	TRIUMEQ	CRESTOR	SOLODYN	TRIUMEQ

SCRIPT CARE, LTD.

Plan Statistics

Report for: **City of Lynchburg**

Group: **52021, 52030**

This is a summary of your Script Care Prescription Plan from **1/1/2016** through **4/30/2016**

	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Total
Enrollment Summary													
Cardholders	2,841.0	2,851.0	2,836.0	2,825.0									2,838.3
Dependents	2,213.0	2,225.0	2,225.0	2,224.0									2,221.8
Utilizing Cardholders	1,257.0	1,263.0	1,319.0	1,222.0									2,035.0
Utilization %	44.24%	44.30%	46.51%	43.26%									71.70%
Claim Summary													
All	3,104	3,076	3,435	2,987									12,602
Avg Per Cardholder	1.09	1.08	1.21	1.06									4.44
Avg Per Member	0.61	0.61	0.68	0.59									2.49
Brand	470	489	543	485									1,987
Generic	2,613	2,569	2,875	2,481									10,538
Brand w/Generic	21	18	17	21									77
Generic % of All	84.18%	83.52%	83.70%	83.06%									83.62%
Mail Order	776	685	837	727									3,025
Mail Order % of All	25.00%	22.27%	24.37%	24.34%									24.00%
Claim Cost													
Submitted Cost	$698,214	$658,611	$805,764	$754,441									$2,917,030
Script Care Cost	$328,525	$332,040	$398,529	$372,987									$1,432,082
Savings	$369,689	$326,571	$407,235	$381,454									$1,484,948
Tax	$0	$0	$0	$0									$0
Total	$328,525	$332,040	$398,529	$372,987									$1,432,082
Average Claim Cost	$105.84	$107.95	$116.02	$124.87									$113.64
Average Brand Cost	$530.54	$510.76	$566.22	$598.57									$552.03
Average Generic Cost	$29.28	$29.65	$31.02	$32.11									$30.51
Average Br w/Gen Cost	$127.39	$339.28	$111.37	$144.25									$177.98
Member Cost													
Total Copay	$84,697	$83,020	$96,070	$86,151									$349,938
Average Claim Copay	$27.29	$26.99	$27.97	$28.84									$27.77
Average Brand Copay	$88.99	$79.80	$84.85	$90.94									$86.07
Average Generic Copay	$15.99	$15.86	$16.87	$16.10									$16.23
Average Br w/Gen Copay	$51.35	$180.52	$87.96	$99.68									$102.81
Copay % of Total Cost	25.78%	25.00%	24.11%	23.10%									24.44%
Plan Cost													
Plan Cost	$243,828	$249,020	$302,459	$286,837									$1,082,144
Average Claim Cost	$78.55	$80.96	$88.05	$96.03									$85.87
Average Brand Cost	$441.55	$430.96	$481.37	$507.62									$465.95
Average Generic Cost	$13.28	$13.79	$14.15	$16.00									$14.28
Average Br w/Gen Cost	$76.05	$158.76	$23.41	$44.57									$75.18
Plan Cost % of Total Cost	74.22%	75.00%	75.89%	76.90%									75.56%
Plan Cost Per Cardholder	$85.82	$87.34	$106.65	$101.54									$381.27
Plan Cost Per Member	$48.24	$49.06	$59.76	$56.81									$213.86
Cardholders > $500	106	93	108	110									342
Cardholders > 5 Claims	85	91	122	87									827

Top 10 Drugs by Plan Cost

HUMIRA PEN	NBREL SRCLK	HUMIRA PEN	HUMIRA PEN	HUMIRA PEN
XOLAIR	HUMIRA PEN	NBREL SRCLK	NBREL SRCLK	ENBREL SRCLK
VONEX PREFL	CEREZYME	CEREZYME	CEREZYME	CEREZYME
IBRANCE	VONEX PREFL	IBRANCE	XOLAIR	IBRANCE
ENBREL	IBRANCE	STELARA	IBRANCE	XOLAIR
HUMIRA PEN	HUMIRA PEN	ENBREL	STELARA	AVONEX PREFL
LEVEMIR	ENBREL	AUBAGIO	LEVEMIR	ENBREL
LANTUS	AUBAGIO	XOLAIR	AUBAGIO	LANTUS
OXYCONTIN	XOLAIR	VONEX PREFL	AVONEX PEN	LEVEMIR
AUBAGIO	ATRIPLA	AVONEX PEN	VONEX PREFL	CRESTOR

SCRIPT CARE, LTD.

Range Report

Report for: **City of Lynchburg**

Effective Date: 01/01/2013

Group: **52021: City of Lynchburg**

This is a summary of your Script Care Prescription Plan from **4/1/2016** through **4/30/2016** .

Drug Price	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
Less than $10.00	440	$2,281	$36	$2,245	$5.10	98.4%
$10.00 to $24.99	482	$6,749	$347	$6,402	$13.28	94.9%
$25.00 to $49.99	219	$6,890	$1,824	$5,067	$23.14	73.5%
$50.00 to $74.99	71	$4,002	$2,065	$1,937	$27.28	48.4%
$75.00 to $99.99	40	$2,926	$1,579	$1,347	$33.67	46.0%
$100.00 to $199.99	81	$9,675	$5,848	$3,827	$47.25	39.6%
$200.00 to $299.99	33	$5,703	$3,567	$2,136	$64.73	37.5%
$300.00 to $399.99	37	$11,308	$7,936	$3,372	$91.14	29.8%
$400.00 to $499.99	28	$8,099	$5,947	$2,152	$76.86	26.6%
$500.00 to $599.99	10	$3,235	$2,081	$1,154	$115.43	35.7%
$600.00 to $699.99	10	$6,531	$4,379	$2,152	$215.17	32.9%
$700.00 to $799.99	8	$4,431	$2,884	$1,547	$193.34	34.9%
$800.00 to $899.99	4	$3,413	$2,413	$1,000	$250.00	29.3%
$900.00 to $999.99	3	$2,813	$2,113	$700	$233.33	24.9%
$1000.00 to $1099.99	8	$6,313	$4,713	$1,600	$200.00	25.3%
$1100.00 to $1199.99	5	$5,762	$4,262	$1,500	$300.00	26.0%
$1200.00 to $1299.99	6	$4,929	$3,545	$1,384	$230.65	28.1%
$1300.00 or more	33	$114,031	$108,131	$5,900	$178.79	5.2%
Total	1,518	$209,091	$163,670	$45,421	$29.92	21.7%

Days Supply	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
15 days or less	487	$11,493	$5,319	$6,174	$12.68	53.7%
16-34 days	625	$126,997	$112,154	$14,842	$23.75	11.7%
35-60 days	2	$1,441	$1,092	$349	$174.48	24.2%
61-83 days	2	($326)	($247)	($79)	($39.30)	
84-90 days	399	$67,929	$44,418	$23,511	$58.93	34.6%
91-120 days	3	$1,557	$934	$623	$207.57	40.0%
121-180 days						
181 or more days						
Total	1,518	$209,091	$163,670	$45,421	$29.92	21.7%

Age	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
12 and Under	101	$5,652	$3,214	$2,438	$24.14	43.1%
13-18 Years	49	$4,363	$3,042	$1,321	$26.96	30.3%
19-30 Years	137	$16,378	$13,245	$3,132	$22.86	19.1%
31-45 Years	341	$32,605	$25,781	$6,824	$20.01	20.9%
46-49 Years	112	$17,520	$14,037	$3,483	$31.09	19.9%
50-59 Years	456	$79,792	$66,214	$13,578	$29.78	17.0%
60-64 Years	246	$43,958	$32,677	$11,281	$45.86	25.7%
65 and Over	76	$8,824	$5,460	$3,364	$44.26	38.1%
Total	1,518	$209,091	$163,670	$45,421	$29.92	21.7%

SCRIPT CARE, LTD.

Range Report

Report for: **City of Lynchburg**

Effective Date: 10/01/2013

Group: **52030: Lynchburg City Schools**

This is a summary of your Script Care Prescription Plan from **4/1/2016** through **4/30/2016** .

Drug Price	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
Less than $10.00	400	$2,198	$19	$2,179	$5.45	99.2%
$10.00 to $24.99	482	$6,695	$362	$6,333	$13.14	94.6%
$25.00 to $49.99	212	$7,115	$2,403	$4,712	$22.23	66.2%
$50.00 to $74.99	87	$4,336	$2,063	$2,272	$26.12	52.4%
$75.00 to $99.99	41	$2,696	$1,387	$1,309	$31.92	48.5%
$100.00 to $199.99	76	$9,914	$6,258	$3,656	$48.10	36.9%
$200.00 to $299.99	49	$11,989	$7,672	$4,317	$88.10	36.0%
$300.00 to $399.99	37	$11,248	$7,814	$3,434	$92.81	30.5%
$400.00 to $499.99	11	$4,128	$3,089	$1,039	$94.46	25.2%
$500.00 to $599.99	13	$4,983	$3,798	$1,185	$91.13	23.8%
$600.00 to $699.99	8	$4,060	$2,587	$1,472	$184.06	36.3%
$700.00 to $799.99	6	$4,528	$3,581	$947	$157.88	20.9%
$800.00 to $899.99	4	$3,334	$2,834	$500	$125.00	15.0%
$900.00 to $999.99	6	$5,692	$4,092	$1,600	$266.67	28.1%
$1000.00 to $1099.99	11	$7,371	$5,671	$1,700	$154.55	23.1%
$1100.00 to $1199.99	2	$2,260	$1,660	$600	$300.00	26.5%
$1200.00 to $1299.99	2	$2,472	$2,322	$150	$75.00	6.1%
$1300.00 or more	22	$68,880	$65,555	$3,325	$151.14	4.8%
Total	1,469	$163,896	$123,166	$40,730	$27.73	24.9%

Days Supply	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
15 days or less	427	$9,010	$3,640	$5,370	$12.58	59.6%
16-34 days	654	$99,680	$83,793	$15,886	$24.29	15.9%
35-60 days	7	$870	$457	$413	$59.05	47.5%
61-83 days	1	($75)	($15)	($60)	($60.00)	
84-90 days	377	$52,792	$33,971	$18,820	$49.92	35.7%
91-120 days	3	$1,619	$1,319	$300	$100.00	18.5%
121-180 days						
181 or more days						
Total	1,469	$163,896	$123,166	$40,730	$27.73	24.9%

Age	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
12 and Under	72	$5,426	$2,886	$2,540	$35.28	46.8%
13-18 Years	57	$11,381	$9,731	$1,650	$28.94	14.5%
19-30 Years	150	$16,804	$13,465	$3,339	$22.26	19.9%
31-45 Years	267	$18,031	$12,907	$5,124	$19.19	28.4%
46-49 Years	110	$14,393	$11,267	$3,126	$28.42	21.7%
50-59 Years	416	$53,201	$40,008	$13,194	$31.72	24.8%
60-64 Years	262	$34,101	$25,928	$8,173	$31.19	24.0%
65 and Over	135	$10,558	$6,973	$3,585	$26.56	34.0%
Total	1,469	$163,896	$123,166	$40,730	$27.73	24.9%

SCRIPT CARE, LTD.

Range Report

Report for: **City of Lynchburg**

Group: **52021, 52030**

This is a summary of your Script Care Prescription Plan from **4/1/2016** through **4/30/2016** .

Drug Price	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
Less than $10.00	840	$4,478	$55	$4,424	$5.27	98.8%
$10.00 to $24.99	964	$13,444	$709	$12,735	$13.21	94.7%
$25.00 to $49.99	431	$14,005	$4,227	$9,778	$22.69	69.8%
$50.00 to $74.99	158	$8,338	$4,128	$4,210	$26.64	50.5%
$75.00 to $99.99	81	$5,621	$2,966	$2,655	$32.78	47.2%
$100.00 to $199.99	157	$19,588	$12,106	$7,483	$47.66	38.2%
$200.00 to $299.99	82	$17,692	$11,239	$6,453	$78.70	36.5%
$300.00 to $399.99	74	$22,556	$15,750	$6,806	$91.97	30.2%
$400.00 to $499.99	39	$12,227	$9,036	$3,191	$81.82	26.1%
$500.00 to $599.99	23	$8,218	$5,879	$2,339	$101.70	28.5%
$600.00 to $699.99	18	$10,591	$6,966	$3,624	$201.34	34.2%
$700.00 to $799.99	14	$8,959	$6,465	$2,494	$178.14	27.8%
$800.00 to $899.99	8	$6,747	$5,247	$1,500	$187.50	22.2%
$900.00 to $999.99	9	$8,504	$6,204	$2,300	$255.56	27.0%
$1000.00 to $1099.99	19	$13,684	$10,384	$3,300	$173.68	24.1%
$1100.00 to $1199.99	7	$8,023	$5,923	$2,100	$300.00	26.2%
$1200.00 to $1299.99	8	$7,400	$5,867	$1,534	$191.74	20.7%
$1300.00 or more	55	$182,911	$173,686	$9,225	$167.73	5.0%
Total	2,987	$372,987	$286,837	$86,151	$28.84	23.1%

Days Supply	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
15 days or less	914	$20,504	$8,960	$11,544	$12.63	56.3%
16-34 days	1,279	$226,676	$195,948	$30,729	$24.03	13.6%
35-60 days	9	$2,311	$1,549	$762	$84.70	33.0%
61-83 days	3	($400)	($262)	($139)	($46.20)	
84-90 days	776	$120,721	$78,389	$42,332	$54.55	35.1%
91-120 days	6	$3,176	$2,253	$923	$153.79	29.1%
121-180 days						
181 or more days						
Total	2,987	$372,987	$286,837	$86,151	$28.84	23.1%

Age	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
12 and Under	173	$11,078	$6,100	$4,978	$28.77	44.9%
13-18 Years	106	$15,744	$12,773	$2,971	$28.03	18.9%
19-30 Years	287	$33,182	$26,711	$6,471	$22.55	19.5%
31-45 Years	608	$50,636	$38,688	$11,948	$19.65	23.6%
46-49 Years	222	$31,913	$25,304	$6,608	$29.77	20.7%
50-59 Years	872	$132,994	$106,222	$26,772	$30.70	20.1%
60-64 Years	508	$78,059	$58,605	$19,454	$38.29	24.9%
65 and Over	211	$19,382	$12,434	$6,949	$32.93	35.9%
Total	2,987	$372,987	$286,837	$86,151	$28.84	23.1%

City of Lynchburg

A017 - Therapeutic Class Totals

A017_Rpt Group(s) = 52021; Cycles between 4/1/2016 and 4/30/2016
Report Criteria

Code	Therapeutic Class	# Scripts	Amt Paid	Copay
66	Analgesics-Anti-Inflammatory	57	$29,311.51	$1,269.01
27	Antidiabetic	68	$20,979.04	$6,308.44
82	Hematopoitic Agents	2	$17,767.73	$102.05
62	Misc. Psychotherapeutic and Neurological Agents	6	$17,522.82	$300.00
44	Antiasthmatic	69	$13,791.13	$4,508.28
90	Dermatological	42	$13,767.21	$1,253.90
59	Antipsychotics	12	$6,863.94	$1,367.83
61	Stimulants/Anti-Obesity Anorexiants	40	$5,048.43	$2,790.36
40	Misc. Cardiovascular	9	$3,871.44	$803.57
39	Antihyperlipidemic	88	$3,193.30	$3,140.15
52	Misc. GI	11	$2,952.97	$1,020.01
12	Antiviral	23	$2,952.27	$684.17
72	Anticonvulsant	41	$2,375.09	$1,587.78
38	Pressors	5	$2,054.05	$595.78
25	Contraceptives	39	$1,782.71	$0.00
22	Corticosteroids	41	$1,689.59	$622.94
68	Gout	14	$1,677.93	$914.78
65	Analgesics-Narcotic	89	$1,637.01	$1,216.81
67	Migraine Products	11	$1,458.11	$291.11
58	Antidepressants	101	$1,438.66	$2,213.03
21	Antineoplastics	8	$1,304.07	$385.59
86	Ophthalmic	20	$1,288.65	$677.99
24	Estrogens	6	$941.64	$648.65
33	Beta Blockers	35	$893.50	$993.29
42	Systemic And Topical Nasal Products	30	$842.94	$775.59
46	Laxatives	22	$697.87	$145.56
83	Anticoagulants	2	$535.49	$200.00
04	Tetracyclines	24	$479.90	$498.69
85	Misc. Hematological	6	$459.07	$290.79
16	Misc. Anti-Infectives	24	$417.08	$365.52
37	Diuretics	31	$392.44	$445.32
94	Diagnostic Products	4	$363.75	$277.41
02	Cephalosporins	28	$348.61	$524.39
55	Vaginal Products	3	$348.33	$246.55
30	Misc. Endocrine	2	$293.87	$243.15
75	Musculoskeletal Therapy Agents	27	$292.15	$393.17
17	Vaccines	1	$274.00	$0.00

City of Lynchburg

A017 - Therapeutic Class Totals

A017_Rpt Group(s) = 52021; Cycles between 4/1/2016 and 4/30/2016

Report Criteria

Code	Therapeutic Class	# Scripts	Amt Paid	Copay
99	Assorted Classes	2	$198.11	$122.49
13	Antimalarial	1	$185.21	$123.47
54	Urinary Antispasmodics	1	$141.94	$94.63
50	Antiemetics	20	$121.41	$237.13
87	Otic	1	$107.68	$71.78
60	Hypnotics	13	$89.48	$243.98
88	Mouth and Throat (Local)	6	$77.47	$93.32
01	Penicillins	57	$75.15	$650.34
03	Macrolide Antibiotics	32	$72.09	$331.91
43	Cough/Cold/Allergy	34	$66.63	$354.91
36	Antihypertensive	75	$41.20	$1,200.54
64	Analgesics-Non Narcotic	2	$33.73	$35.99
23	Androgen-Anabolic	3	$27.58	$166.14
31	Cardiotonics	2	$27.00	$40.00
49	Ulcer Drugs	50	$26.42	$647.76
41	Antihistamines	12	$25.05	$668.46
89	Anorectal	2	$20.96	$40.00
53	Urinary Anti-Infectives	3	$15.31	$21.25
57	Antianxiety Agents	47	$13.97	$446.36
32	Antianginal Agents	2	$11.22	$40.00
35	Antiarrhythmic	1	$10.18	$20.00
26	Progestins	2	$9.56	$24.00
56	Miscellaneous Genitourinary Products	12	$0.58	$294.03
05	Fluoroquinolones	14	$0.00	$88.22
11	Antifunguals	21	$0.00	$216.71
97	Medical Devices	5	$0.00	$152.43
78	Multivitamins	1	$0.00	$49.83
28	Thyroid	32	$0.00	$594.84
34	Calcium Blockers	19	$0.00	$254.89
79	Minerals and Electrolytes	5	($35.76)	($6.48)
Grand Total		1,518	$163,670.47	$45,420.59

Lynchburg City Schools

A017 - Therapeutic Class Totals

A017_Rpt Group(s) = 52030; Cycles between 4/1/2016 and 4/30/2016

Report Criteria

Code	Therapeutic Class	# Scripts	Amt Paid	Copay
66	Analgesics-Anti-Inflammatory	44	$28,825.13	$1,320.35
27	Antidiabetic	53	$18,945.98	$5,158.21
21	Antineoplastics	12	$16,961.38	$381.30
44	Antiasthmatic	76	$10,423.47	$3,250.21
90	Dermatological	59	$4,493.27	$1,690.11
25	Contraceptives	57	$4,223.04	$0.00
04	Tetracyclines	21	$3,299.07	$723.76
61	Stimulants/Anti-Obesity Anorexiants	34	$2,964.21	$2,336.21
39	Antihyperlipidemic	73	$2,770.77	$2,253.05
52	Misc. GI	4	$2,724.90	$600.00
72	Anticonvulsant	39	$2,687.60	$1,910.55
65	Analgesics-Narcotic	77	$2,130.92	$1,112.52
23	Androgen-Anabolic	1	$1,782.83	$125.00
83	Anticoagulants	8	$1,718.74	$508.82
54	Urinary Antispasmodics	3	$1,648.86	$496.43
58	Antidepressants	99	$1,565.91	$2,663.80
86	Ophthalmic	19	$1,435.88	$935.83
12	Antiviral	28	$1,331.37	$1,043.71
16	Misc. Anti-Infectives	23	$1,230.97	$247.41
74	Neuromuscular Agents	1	$1,114.00	$100.00
67	Migraine Products	13	$999.69	$580.48
49	Ulcer Drugs	42	$935.33	$1,113.85
40	Misc. Cardiovascular	5	$929.54	$470.19
55	Vaginal Products	6	$896.89	$553.14
62	Misc. Psychotherapeutic and Neurological Agents	2	$766.98	$297.27
24	Estrogens	9	$763.76	$594.91
42	Systemic And Topical Nasal Products	34	$749.47	$822.99
85	Misc. Hematological	3	$685.45	$336.42
46	Laxatives	18	$455.64	$104.72
35	Antiarrhythmic	2	$407.61	$120.00
33	Beta Blockers	39	$384.60	$764.05
87	Otic	6	$381.77	$260.52
56	Miscellaneous Genitourinary Products	9	$326.44	$266.28
68	Gout	6	$293.03	$83.96
13	Antimalarial	3	$290.10	$205.21
02	Cephalosporins	22	$263.19	$352.01
17	Vaccines	1	$215.00	$0.00

Lynchburg City Schools

A017 - Therapeutic Class Totals

A017_Rpt Group(s) = 52030; Cycles between 4/1/2016 and 4/30/2016

Report Criteria

Code	Therapeutic Class	# Scripts	Amt Paid	Copay
60	Hypnotics	16	$171.17	$238.15
53	Urinary Anti-Infectives	7	$151.16	$163.82
75	Musculoskeletal Therapy Agents	18	$126.62	$263.77
30	Misc. Endocrine	3	$106.96	$88.71
01	Penicillins	48	$100.00	$528.09
05	Fluoroquinolones	18	$99.10	$186.16
94	Diagnostic Products	5	$95.05	$174.03
43	Cough/Cold/Allergy	29	$91.66	$305.72
50	Antiemetics	17	$89.93	$217.91
37	Diuretics	39	$78.49	$421.98
57	Antianxiety Agents	48	$76.50	$492.05
64	Analgesics-Non Narcotic	7	$75.57	$96.46
03	Macrolide Antibiotics	34	$74.23	$344.93
22	Corticosteroids	36	$66.59	$341.63
89	Anorectal	3	$45.91	$30.60
79	Minerals and Electrolytes	10	$44.87	$190.09
97	Medical Devices	5	$42.52	$69.11
41	Antihistamines	10	$32.92	$123.16
34	Calcium Blockers	37	$27.92	$529.79
88	Mouth and Throat (Local)	3	$27.86	$28.00
36	Antihypertensive	73	$24.20	$1,192.56
59	Antipsychotics	6	$19.41	$116.97
77	Vitamins	1	$7.42	$0.00
28	Thyroid	28	$4.83	$626.42
47	Antidiarrheals	1	$0.00	$8.15
82	Hematopoitic Agents	3	$0.00	$32.45
11	Antifunguals	5	$0.00	$38.38
32	Antianginal Agents	1	$0.00	$4.00
99	Assorted Classes	1	$0.00	$14.12
26	Progestins	2	$0.00	($9.08)
73	Antiparkinsonian	2	$0.00	$88.77
38	Pressors	2	($537.49)	$0.00
Grand Total		1,469	$123,166.19	$40,730.17

SCRIPT CARE, LTD.

City of Lynchburg

A029D - Top Utilized Drugs by Dollars

A029D_Rpt

Report Criteria Group(s) = 52021; Cycles between 4/1/2016 and 4/30/2016

Desc	# Scripts	Amt Paid	Amt Paid/ RX	Ingred. Cost	Ingred. Cost/ 30 days	Ind.*	Maint	Therapeutic Class
CEREZYME	1	$17,767.73	$17,767.73	$17,867.73	$19,144.00	N	N	HEMATOPOIETIC AGENTS/Agents for Gaucher
ENBREL SRCLK	4	$14,502.92	$3,625.73	$14,894.92	$3,989.71	N	Y	ANALGESICS - ANTI-INFLAMMATORY/Soluble Tumor
HUMIRA PEN	3	$11,081.73	$3,693.91	$11,375.73	$4,062.76	N	Y	ANALGESICS - ANTI-INFLAMMATORY/Anti-TNF-
STELARA	1	$8,822.94	$8,822.94	$8,920.94	$9,558.15	N	Y	DERMATOLOGICALS/Antipsoriatics - Systemic
AUBAGIO	1	$5,750.56	$5,750.56	$5,850.56	$6,268.46	N	Y	PSYCHOTHERAPEUTIC AND NEUROLOGICAL
XOLAIR	1	$5,492.66	$5,492.66	$5,592.66	$5,992.14	N	N	ANTIASTHMATIC AND BRONCHODILATOR
AVONEX PREFL	1	$5,433.82	$5,433.82	$5,531.82	$5,926.95	N	Y	PSYCHOTHERAPEUTIC AND NEUROLOGICAL
AVONEX PEN	1	$5,433.82	$5,433.82	$5,531.82	$5,926.95	N	Y	PSYCHOTHERAPEUTIC AND NEUROLOGICAL
ENBREL	1	$3,625.73	$3,625.73	$3,723.73	$3,989.71	N	Y	ANALGESICS - ANTI-INFLAMMATORY/Soluble Tumor
HUMALOG	6	$3,489.00	$581.50	$4,135.50	$516.94	N	Y	ANTIDIABETICS/Human Insulin
VICTOZA	2	$2,852.90	$1,426.45	$3,448.90	$574.82	N	Y	ANTIDIABETICS/Incretin Mimetic Agents (GLP-1
ADCIRCA	1	$2,650.80	$2,650.80	$2,748.80	$2,748.80	N	Y	CARDIOVASCULAR AGENTS - MISC./Pulmonary
CRESTOR	8	$2,488.50	$311.06	$3,943.66	$257.20	N	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
ARIPIPRAZOLE	4	$2,397.02	$599.26	$2,992.02	$498.67	Y	Y	ANTIPSYCHOTICS/ANTIMANIC AGENTS/Quinolinone
ATRIPLA	1	$2,293.98	$2,293.98	$2,391.98	$2,391.98	N	Y	ANTIVIRALS/Antiretroviral Combinations
ADVAIR DISKU	3	$2,287.89	$762.63	$3,186.51	$354.06	N	Y	ANTIASTHMATIC AND BRONCHODILATOR
LATUDA	1	$2,255.51	$2,255.51	$2,555.51	$851.84	N	Y	ANTIPSYCHOTICS/ANTIMANIC
EPIPEN 2-PAK	5	$2,054.05	$410.81	$2,643.58	$809.26	N	N	VASOPRESSORS/Anaphylaxis Therapy Agents
LANTUS	7	$1,921.76	$274.54	$2,481.47	$323.67	N	Y	ANTIDIABETICS/Human Insulin
INVOKANA	4	$1,660.42	$415.11	$2,256.42	$376.07	N	Y	ANTIDIABETICS/Sodium-Glucose Co-Transporter 2
PENNSAID	1	$1,561.12	$1,561.12	$1,659.62	$1,778.16	N	N	DERMATOLOGICALS/Anti-inflammatory Agents -
UCERIS	1	$1,536.63	$1,536.63	$1,635.13	$1,635.13	N	N	CORTICOSTEROIDS/Glucocorticosteroids
ASACOL HD	1	$1,494.88	$1,494.88	$1,794.88	$598.29	N	N	GASTROINTESTINAL AGENTS - MISC./Inflammatory
NUVIGIL	1	$1,385.38	$1,385.38	$1,685.38	$561.79	N	Y	ADHD/ANTI-NARCOLEPSY/ANTI-
TREXIMET	1	$1,384.73	$1,384.73	$1,482.98	$1,482.98	N	N	MIGRAINE PRODUCTS/Selective Serotonin Agonist-
BUT/APAP/CAF	2	$1,375.24	$687.62	$1,693.74	$518.49	Y	N	ANALGESICS - OPIOID/Codeine Combinations
PALIPERIDONE	1	$1,358.97	$1,358.97	$1,658.97	$552.99	Y	Y	ANTIPSYCHOTICS/ANTIMANIC
JANUVIA	3	$1,292.82	$430.94	$1,787.82	$357.56	N	Y	ANTIDIABETICS/Dipeptidyl Peptidase-4 (DPP-4)
KERYDIN	1	$1,264.98	$1,264.98	$1,363.48	$1,363.48	N	N	DERMATOLOGICALS/Oxaborole-Related Antifungals -
HUMULIN	2	$1,238.64	$619.32	$1,436.14	$718.07	N	Y	ANTIDIABETICS/Human Insulin
BYDUREON	1	$1,222.38	$1,222.38	$1,522.38	$543.71	N	Y	ANTIDIABETICS/Incretin Mimetic Agents (GLP-1
SYMBICORT	5	$1,176.44	$235.29	$1,947.24	$216.36	N	Y	ANTIASTHMATIC AND BRONCHODILATOR
NOVOLOG	1	$1,092.00	$1,092.00	$1,390.50	$758.45	N	Y	ANTIDIABETICS/Human Insulin
LINZESS	3	$1,002.63	$334.21	$1,520.44	$304.09	N	Y	GASTROINTESTINAL AGENTS - MISC./IBS Agent -
LAMOTRIGINE	9	$988.84	$109.87	$1,418.36	$94.56	Y	Y	ANTICONVULSANTS/Anticonvulsants - Misc.
	89	$123,639.42	$1,389.21	$136,071.32	$999.30			

*Indicator: M,N = Brand no generic available; O = Brand with generic available; Y = generic

SCRIPT CARE, LTD.

Lynchburg City Schools

A029D - Top Utilized Drugs by Dollars

A029D_Rpt

Report Criteria Group(s) = 52030; Cycles between 4/1/2016 and 4/30/2016

Desc	# Scripts	Amt Paid	Amt Paid/ RX	Ingred. Cost	Ingred. Cost/ 30 days	Ind.*	Maint	Therapeutic Class
HUMIRA PEN	4	$18,557.55	$4,639.39	$18,949.55	$5,075.77	N	Y	ANALGESICS - ANTI-INFLAMMATORY/Anti-TNF-
IBRANCE	1	$10,459.35	$10,459.35	$10,559.35	$11,313.59	N	N	ANTINEOPLASTICS AND ADJUNCTIVE
LEVEMIR	5	$6,285.71	$1,257.14	$7,179.71	$838.10	N	Y	ANTIDIABETICS/Human Insulin
XOLAIR	1	$5,715.96	$5,715.96	$5,815.96	$6,231.39	N	N	ANTIASTHMATIC AND BRONCHODILATOR
LANTUS	7	$3,755.20	$536.46	$4,850.19	$424.21	N	Y	ANTIDIABETICS/Human Insulin
ENBREL SRCLK	1	$3,625.73	$3,625.73	$3,723.73	$3,989.71	N	Y	ANALGESICS - ANTI-INFLAMMATORY/Soluble Tumor
TEMOZOLOMIDE	1	$3,356.65	$3,356.65	$3,404.65	$3,647.84	Y	N	ANTINEOPLASTICS AND ADJUNCTIVE
ORENCIA	1	$3,354.51	$3,354.51	$3,452.51	$3,699.12	N	Y	ANALGESICS - ANTI-INFLAMMATORY/Selective
XELJANZ	1	$3,068.52	$3,068.52	$3,166.52	$3,166.52	N	Y	ANALGESICS - ANTI-
SOLODYN	5	$2,883.66	$576.73	$3,178.66	$1,059.55	N	N	TETRACYCLINES/Tetracyclines
CAPECITABINE	1	$2,587.85	$2,587.85	$2,635.85	$3,765.50	Y	N	ANTINEOPLASTICS AND ADJUNCTIVE
PENTASA	1	$2,037.00	$2,037.00	$2,337.00	$779.00	N	Y	GASTROINTESTINAL AGENTS - MISC./Inflammatory
TESTOSTERONE	1	$1,782.83	$1,782.83	$1,907.83	$635.94	M	Y	ANDROGENS-ANABOLIC/Androgens
LYRICA	5	$1,739.13	$347.83	$2,437.63	$348.23	N	Y	ANTICONVULSANTS/Anticonvulsants - Misc.
CRESTOR	6	$1,623.82	$270.64	$2,697.08	$224.76	N	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
JANUVIA	2	$1,496.96	$748.48	$2,092.96	$348.83	N	Y	ANTIDIABETICS/Dipeptidyl Peptidase-4 (DPP-4)
ADVAIR DISKU	3	$1,431.40	$477.13	$2,129.90	$304.27	N	Y	ANTIASTHMATIC AND BRONCHODILATOR
VYVANSE	7	$1,336.45	$190.92	$2,203.00	$244.78	N	Y	ADHD/ANTI-NARCOLEPSY/ANTI-
VESICARE	1	$1,301.01	$1,301.01	$1,601.01	$533.67	N	Y	URINARY ANTISPASMODICS/Urinary Antispasmodic -
NOVOLOG MIX	1	$1,292.00	$1,292.00	$1,390.50	$1,390.50	N	Y	ANTIDIABETICS/Human Insulin
TAMIFLU	13	$1,258.00	$96.77	$2,045.73	$989.87	N	N	ANTIVIRALS/Neuraminidase Inhibitors
LINEZOLID	1	$1,207.81	$1,207.81	$1,256.31	$1,983.65	Y	N	ANTI-INFECTIVE AGENTS - MISC./Oxazolidinones
XARELTO	4	$1,188.32	$297.08	$1,583.32	$427.92	N	Y	ANTICOAGULANTS/Direct Factor Xa Inhibitors
BOTOX	1	$1,114.00	$1,114.00	$1,212.00	$1,212.00	N	N	NEUROMUSCULAR AGENTS/Neuromuscular Blocking
ANTARA	1	$1,108.02	$1,108.02	$1,408.02	$469.34	N	Y	ANTIHYPERLIPIDEMICS/Fibric Acid Derivatives
HUMALOG MIX	3	$1,018.03	$339.34	$1,318.03	$439.34	N	Y	ANTIDIABETICS/Human Insulin
REGRANEX	1	$838.27	$838.27	$936.77	$936.77	N	N	DERMATOLOGICALS/Wound Care - Growth Factor
INVOKAMET	1	$830.22	$830.22	$1,128.22	$376.07	N	Y	ANTIDIABETICS/Sodium-Glucose Co-Transporter 2
INVOKANA	1	$830.21	$830.21	$1,128.21	$376.07	N	Y	ANTIDIABETICS/Sodium-Glucose Co-Transporter 2
MIRENA	1	$823.36	$823.36	$821.86	$821.86	N	Y	CONTRACEPTIVES/Progestin Contraceptives - IUD
DAYTRANA	2	$749.17	$374.59	$1,147.67	$286.92	N	Y	ADHD/ANTI-NARCOLEPSY/ANTI-
OXYCONTIN	1	$748.09	$748.09	$846.34	$846.34	M	N	ANALGESICS - OPIOID/Opioid Agonists
JARDIANCE	1	$747.50	$747.50	$1,045.50	$348.50	N	Y	ANTIDIABETICS/Sodium-Glucose Co-Transporter 2
CALCIPOTRIEN	1	$743.02	$743.02	$791.52	$949.82	Y	N	DERMATOLOGICALS/Topical Steroid Combinations
LINZESS	3	$687.90	$229.30	$983.15	$327.72	N	Y	GASTROINTESTINAL AGENTS - MISC./IBS Agent -
	90	$91,583.21	$1,017.59	$103,366.24	$880.96			

*Indicator: M,N = Brand no generic available; O = Brand with generic available; Y = generic

SCRIPT CARE, LTD.

City of Lynchburg

A029E - Top Utilized Drugs by Rx

A029E_Rpt

Report Criteria Group(s) = 52021; Cycles between 4/1/2016 and 4/30/2016

Desc	# Scripts	Amt Paid	Amt Paid/ RX	Ingred. Cost	Ingred. Cost/ 30 days	Ind.*	Maint	Therapeutic Class
HYDROCO/APAP	52	$27.66	$0.53	$426.53	$26.11	Y	N	ANALGESICS - OPIOID/Hydrocodone Combinations
AMOXICILLIN	37	$0.00	$0.00	$269.35	$22.32	Y	N	PENICILLINS/Aminopenicillins
ATORVASTATIN	36	$0.00	$0.00	$432.24	$6.17	Y	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
AZITHROMYCIN	27	$7.66	$0.28	$201.32	$46.82	Y	N	MACROLIDES/Azithromycin
MONTELUKAST	25	$4.38	$0.18	$374.42	$10.70	Y	Y	ANTIASTHMATIC AND BRONCHODILATOR
LEVOTHYROXIN	24	$0.00	$0.00	$315.72	$8.31	Y	Y	THYROID AGENTS/Thyroid Hormones
LISINOPRIL	24	$0.00	$0.00	$263.89	$4.89	Y	Y	ANTIHYPERTENSIVES/ACE Inhibitors
OMEPRAZOLE	23	$0.00	$0.00	$352.52	$7.83	Y	Y	ULCER DRUGS/Proton Pump Inhibitors
SIMVASTATIN	22	$0.00	$0.00	$252.71	$5.49	Y	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
MELOXICAM	19	$0.00	$0.00	$134.61	$6.58	Y	Y	ANALGESICS - ANTI-INFLAMMATORY/Nonsteroidal
TRAMADOL HCL	18	$7.24	$0.40	$107.24	$9.87	Y	N	ANALGESICS - OPIOID/Opioid Agonists
FLUCONAZOLE	18	$0.00	$0.00	$154.10	$100.50	Y	N	ANTIFUNGALS/Triazoles
HYDROCHLOROT	18	$0.00	$0.00	$26.08	$0.69	Y	Y	DIURETICS/Thiazides and Thiazide-Like Diuretics
DOXYCYCL HYC	17	$414.67	$24.39	$771.57	$90.77	Y	N	TETRACYCLINES/Tetracyclines
ONDANSETRON	17	$121.41	$7.14	$316.39	$111.67	Y	N	ANTIEMETICS/5-HT3 Receptor Antagonists
FLUTICASONE	17	$0.00	$0.00	$159.25	$12.25	Y	N	NASAL AGENTS - SYSTEMIC AND TOPICAL/Nasal
SERTRALINE	17	$0.00	$0.00	$119.80	$6.31	Y	Y	ANTIDEPRESSANTS/Selective Serotonin Reuptake
CEPHALEXIN	16	$81.59	$5.10	$292.85	$50.49	Y	N	CEPHALOSPORINS/Cephalosporins - 1st Generation
PREDNISONE	16	$0.00	$0.00	$55.62	$9.93	Y	N	CORTICOSTEROIDS/Glucocorticosteroids
LISINOP/HCTZ	15	$0.00	$0.00	$148.14	$5.93	Y	Y	ANTIHYPERTENSIVES/ACE Inhibitors &
DICLOFENAC	15	$0.00	$0.00	$123.47	$15.43	Y	Y	ANALGESICS - ANTI-INFLAMMATORY/Nonsteroidal
BUPROPN HCL	14	$243.26	$17.38	$690.86	$31.40	Y	Y	ANTIDEPRESSANTS/Antidepressants - Misc.
BENZONATATE	14	$15.85	$1.13	$176.82	$39.59	Y	N	COUGH/COLD/ALLERGY/Antitussive - Nonnarcotic
ALPRAZOLAM	14	$0.00	$0.00	$67.56	$4.63	Y	N	ANTIANXIETY AGENTS/Benzodiazepines
LORAZEPAM	13	$7.06	$0.54	$133.25	$11.14	Y	N	ANTIANXIETY AGENTS/Benzodiazepines
AMLODIPINE	13	$0.00	$0.00	$110.72	$4.43	Y	Y	CALCIUM CHANNEL BLOCKERS/Calcium Channel
PROAIR HFA	12	$450.43	$37.54	$740.22	$77.65	N	Y	ANTIASTHMATIC AND BRONCHODILATOR
AMOX/K CLAV	12	$75.15	$6.26	$283.36	$62.51	Y	N	PENICILLINS/Penicillin Combinations
CYCLOBENZAPR	12	$0.00	$0.00	$83.58	$14.25	Y	N	MUSCULOSKELETAL THERAPY AGENTS/Central
ATENOLOL	12	$0.00	$0.00	$53.82	$3.36	Y	Y	BETA BLOCKERS/Beta Blockers Cardio-Selective
CEFDINIR	11	$224.58	$20.42	$471.16	$122.91	Y	N	CEPHALOSPORINS/Cephalosporins - 3rd Generation
PANTOPRAZOLE	11	$13.04	$1.19	$140.22	$9.35	Y	Y	ULCER DRUGS/Proton Pump Inhibitors
FLUOXETINE	11	$5.05	$0.46	$168.37	$8.08	Y	Y	ANTIDEPRESSANTS/Selective Serotonin Reuptake
METFORMIN	11	$0.00	$0.00	$108.65	$3.75	Y	Y	ANTIDIABETICS/Biguanides
DULOXETINE	10	$265.98	$26.60	$654.95	$33.59	Y	Y	ANTIDEPRESSANTS/Serotonin-Norepinephrine
	643	$1,965.01	$3.06	$9,181.36	$13.47			

*Indicator: M,N = Brand no generic available; O = Brand with generic available; Y = generic

SCRIPT CARE, LTD.

Lynchburg City Schools

A029E - Top Utilized Drugs by Rx

A029E_Rpt

Report Criteria Group(s) = 52030; Cycles between 4/1/2016 and 4/30/2016

Desc	# Scripts	Amt Paid	Amt Paid/ RX	Ingred. Cost	Ingred. Cost/ 30 days	Ind.*	Maint	Therapeutic Class
HYDROCO/APAP	47	$113.18	$2.41	$509.29	$27.33	Y	N	ANALGESICS - OPIOID/Hydrocodone Combinations
ATORVASTATIN	34	$0.00	$0.00	$371.80	$5.63	Y	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
AZITHROMYCIN	32	$0.00	$0.00	$239.56	$48.56	Y	N	MACROLIDES/Azithromycin
MONTELUKAST	28	$3.22	$0.12	$458.23	$10.41	Y	Y	ANTIASTHMATIC AND BRONCHODILATOR
AMLODIPINE	27	$0.00	$0.00	$205.67	$5.02	Y	Y	CALCIUM CHANNEL BLOCKERS/Calcium Channel
AMOXICILLIN	23	$0.00	$0.00	$126.93	$18.13	Y	N	PENICILLINS/Aminopenicillins
LISINOPRIL	21	$0.00	$0.00	$219.14	$5.22	Y	Y	ANTIHYPERTENSIVES/ACE Inhibitors
FLUTICASONE	20	$0.00	$0.00	$261.51	$11.89	Y	N	NASAL AGENTS - SYSTEMIC AND TOPICAL/Nasal
SIMVASTATIN	20	$0.00	$0.00	$232.12	$4.64	Y	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
HYDROCHLOROT	19	$0.00	$0.00	$59.59	$1.70	Y	Y	DIURETICS/Thiazides and Thiazide-Like Diuretics
LEVOTHYROXIN	18	$4.83	$0.27	$280.46	$10.02	Y	Y	THYROID AGENTS/Thyroid Hormones
ESCITALOPRAM	18	$0.00	$0.00	$237.81	$7.93	Y	Y	ANTIDEPRESSANTS/Selective Serotonin Reuptake
PREDNISONE	18	$0.00	$0.00	$45.35	$9.32	Y	N	CORTICOSTEROIDS/Glucocorticosteroids
PROAIR HFA	16	$551.19	$34.45	$901.64	$69.00	N	Y	ANTIASTHMATIC AND BRONCHODILATOR
BUPROPN HCL	16	$311.11	$19.44	$944.93	$30.32	Y	Y	ANTIDEPRESSANTS/Antidepressants - Misc.
AMOX/K CLAV	15	$100.00	$6.67	$327.03	$74.33	Y	N	PENICILLINS/Penicillin Combinations
OMEPRAZOLE	15	$0.00	$0.00	$243.04	$7.84	Y	Y	ULCER DRUGS/Proton Pump Inhibitors
LOSARTAN POT	15	$0.00	$0.00	$176.64	$5.70	Y	Y	ANTIHYPERTENSIVES/Angiotensin II Receptor
DOXYCYCL HYC	14	$415.41	$29.67	$783.25	$80.20	Y	N	TETRACYCLINES/Tetracyclines
ALPRAZOLAM	14	$5.20	$0.37	$148.51	$10.34	Y	N	ANTIANXIETY AGENTS/Benzodiazepines
PANTOPRAZOLE	14	$0.00	$0.00	$217.59	$9.37	Y	Y	ULCER DRUGS/Proton Pump Inhibitors
TAMIFLU	13	$1,258.00	$96.77	$2,045.73	$989.87	N	N	ANTIVIRALS/Neuraminidase Inhibitors
VALACYCLOVIR	13	$72.62	$5.59	$256.15	$33.41	Y	N	ANTIVIRALS/Herpes Agents - Purine Analogues
ONDANSETRON	13	$23.85	$1.83	$150.86	$35.92	Y	N	ANTIEMETICS/5-HT3 Receptor Antagonists
GABAPENTIN	13	$0.00	$0.00	$118.51	$8.39	Y	Y	ANTICONVULSANTS/Anticonvulsants - Misc.
MELOXICAM	13	$0.00	$0.00	$109.65	$7.74	Y	Y	ANALGESICS - ANTI-INFLAMMATORY/Nonsteroidal
METFORMIN	12	$0.00	$0.00	$131.28	$5.47	Y	Y	ANTIDIABETICS/Biguanides
ATENOLOL	12	$0.00	$0.00	$62.59	$2.61	Y	Y	BETA BLOCKERS/Beta Blockers Cardio-Selective
TRAMADOL HCL	11	$8.41	$0.76	$52.61	$8.35	Y	N	ANALGESICS - OPIOID/Opioid Agonists
TRAZODONE	11	$0.00	$0.00	$92.90	$4.42	Y	Y	ANTIDEPRESSANTS/Serotonin Modulators
ZOLPIDEM	11	$0.00	$0.00	$87.53	$7.96	Y	N	HYPNOTICS/SEDATIVES/SLEEP DISORDER
PROMETH/COD	11	$0.00	$0.00	$75.77	$26.43	Y	N	COUGH/COLD/ALLERGY/Opioid Antitussive-
CIPROFLOXACN	11	$0.00	$0.00	$71.28	$30.12	Y	N	FLUOROQUINOLONES/Fluoroquinolones
CEFDINIR	10	$179.43	$17.94	$366.72	$105.78	Y	N	CEPHALOSPORINS/Cephalosporins - 3rd Generation
CEPHALEXIN	10	$18.16	$1.82	$110.16	$44.66	Y	N	CEPHALOSPORINS/Cephalosporins - 1st Generation
	608	$3,064.61	$5.04	$10,721.83	$15.51			

*Indicator: M,N = Brand no generic available; O = Brand with generic available; Y = generic

SCRIPT CARE, LTD.

City of Lynchburg

A035A - Utilization by Location

A035A_Rpt

Report Criteria Group(s) = 52021; Cycles between 4/1/2016 and 4/30/2016

Location	Description	# Scripts	Copay	Amt Paid	Admin Fee	Amt Paid + Admin Fee
001	ACTIVE	1,100	$32,586.87	$137,294.36	$3,025.00	$140,319.36
002	CIRCUIT COURT	1	$60.00	$3.10	$2.75	$5.85
003	HRA	28	$1,109.07	$1,757.25	$77.00	$1,834.25
004	RETIREES > 65	23	$373.49	$608.00	$63.25	$671.25
005	RETIREES < 65	286	$8,981.15	$19,190.12	$786.50	$19,976.62
006	ACTIVE OTHER	63	$1,817.80	$4,244.91	$173.25	$4,418.16
008	LINE OF DUTY MEMBERS	2	$42.88	$0.00	$5.50	$5.50
098	COBRA	15	$449.33	$572.73	$41.25	$613.98
Grand Total		1,518	$45,420.59	$163,670.47	$4,174.50	$167,844.97

SCRIPT CARE, LTD.

Lynchburg City Schools

A035A - Utilization by Location

A035A_Rpt

Report Criteria Group(s) = 52030; Cycles between 4/1/2016 and 4/30/2016

Location	Description	# Scripts	Copay	Amt Paid	Admin Fee	Amt Paid + Admin Fee
01	MONTHLY $1500	677	$18,881.37	$47,469.22	$1,861.75	$49,330.97
03	FOOD SERVICE $1500	28	$602.63	$1,461.40	$77.00	$1,538.40
05	RETIREE $1500	12	$258.66	$230.45	$33.00	$263.45
09	BOTH WORK $1500	20	$522.75	$997.33	$55.00	$1,052.33
11	LAUREL $750	19	$626.98	$1,210.24	$52.25	$1,262.49
12	LAUREL $1500	25	$461.42	$462.04	$68.75	$530.79
16	GOVENOR'S $1500	1	$20.00	$8.19	$2.75	$10.94
20	STEM ACADEMY $750	3	$101.40	$34.10	$8.25	$42.35
21	MONTHLY $750	540	$15,385.23	$63,080.67	$1,485.00	$64,565.67
23	FOOD SERVICE $750	18	$222.59	$211.99	$49.50	$261.49
25	RETIREE $750	98	$3,101.51	$7,344.36	$269.50	$7,613.86
29	BOTH WORK $750	9	$250.47	$424.37	$24.75	$449.12
92	COBRA $750	12	$216.39	$169.91	$33.00	$202.91
98	COBRA $1500	7	$78.77	$61.92	$19.25	$81.17
Grand Total		1,469	$40,730.17	$123,166.19	$4,039.75	$127,205.94

SCRIPT CARE, LTD.

Brand Vs. Generic Utilization Summary

Report for: **City of Lynchburg**

Effective Date: 01/01/2013

Group: **52021: City of Lynchburg**

This is a summary of your Script Care Prescription Plan from **5/1/2016** through **5/31/2016** .

Brand Vs. Generic Utilization

	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	252	15	1,287	1,554	
% of All Claims	16.22%	0.97%	82.82%	100.00%	
Retail from Pharmacy w/o Script Care	$189,112.54	$5,591.71	$156,968.94	$351,673.19	$226.30
Actual Drug Cost	$141,570.20	$4,205.85	$30,563.70	$176,339.75	$113.47
Pharmacy Fees	$240.75	$7.00	$1,228.00	$1,475.75	$0.95
Prescription Price w/ Script Care	$141,810.95	$4,212.85	$31,791.70	$177,815.50	$114.42
Savings through your Script Care Plan	**$47,301.59**	**$1,378.86**	**$125,177.24**	**$173,857.69**	**$111.88**
% Saved over Retail	**25.01%**	**24.66%**	**79.75%**	**49.44%**	
Copay	$20,551.31	$2,082.70	$19,341.78	$41,975.79	$27.01
% of Total Drug Cost	14.49%	49.44%	60.84%	23.61%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	**$121,259.64**	**$2,130.15**	**$12,449.92**	**$135,839.71**	**$87.41**
Total Plan Cost/Claim	**$481.19**	**$142.01**	**$9.67**	**$87.41**	
Cost/Per Cardholder Per Month	**$86.06**	**$1.51**	**$8.84**	**$96.41**	
Cost/Per Member Per Month	**$46.09**	**$0.81**	**$4.73**	**$51.63**	
Rx/Per Cardholder Per Month	**0.18**	**0.01**	**0.91**	**1.10**	
Rx/Per Member Per Month	**0.10**	**0.01**	**0.49**	**0.59**	

Enrollment

	Cardholders	Dependents	Total
Monthly Average Enrollment	1,409.0	1,222.0	2,631.0

SCRIPT CARE, LTD.

Brand Vs. Generic Utilization Summary

Report for: **City of Lynchburg**

Effective Date: 10/01/2013

Group: **52030: Lynchburg City Schools**

This is a summary of your Script Care Prescription Plan from **5/1/2016** through **5/31/2016** .

Brand Vs. Generic Utilization

	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	217	23	1,225	1,465	
% of All Claims	14.81%	1.57%	83.62%	100.00%	
Retail from Pharmacy w/o Script Care	$151,460.43	$10,824.85	$170,616.53	$332,901.81	$227.24
Actual Drug Cost	$117,435.59	$8,179.03	$39,981.64	$165,596.26	$113.03
Pharmacy Fees	$197.75	$11.25	$1,160.75	$1,369.75	$0.93
Prescription Price w/ Script Care	$117,633.34	$8,190.28	$41,142.39	$166,966.01	$113.97
Savings through your Script Care Plan	**$33,827.09**	**$2,634.57**	**$129,474.14**	**$165,935.80**	**$113.27**
% Saved over Retail	**22.33%**	**24.34%**	**75.89%**	**49.85%**	
Copay	$17,215.06	$3,881.07	$17,627.78	$38,723.91	$26.43
% of Total Drug Cost	14.63%	47.39%	42.85%	23.19%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	**$100,418.28**	**$4,309.21**	**$23,514.61**	**$128,242.10**	**$87.54**
Total Plan Cost/Claim	**$462.76**	**$187.36**	**$19.20**	**$87.54**	
Cost/Per Cardholder Per Month	**$71.63**	**$3.07**	**$16.77**	**$91.47**	
Cost/Per Member Per Month	**$41.89**	**$1.80**	**$9.81**	**$53.50**	
Rx/Per Cardholder Per Month	**0.15**	**0.02**	**0.87**	**1.04**	
Rx/Per Member Per Month	**0.09**	**0.01**	**0.51**	**0.61**	

Enrollment

	Cardholders	Dependents	Total
Monthly Average Enrollment	1,402.0	995.0	2,397.0

SCRIPT CARE, LTD.

Brand Vs. Generic Utilization Summary

Report for: **City of Lynchburg**

Group: **52021, 52030**

This is a summary of your Script Care Prescription Plan from **5/1/2016** through **5/31/2016** .

Brand Vs. Generic Utilization

	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	469	38	2,512	3,019	
% of All Claims	15.53%	1.26%	83.21%	100.00%	
Retail from Pharmacy w/o Script Care	$340,572.97	$16,416.56	$327,585.47	$684,575.00	$226.76
Actual Drug Cost	$259,005.79	$12,384.88	$70,545.34	$341,936.01	$113.26
Pharmacy Fees	$438.50	$18.25	$2,388.75	$2,845.50	$0.94
Prescription Price w/ Script Care	$259,444.29	$12,403.13	$72,934.09	$344,781.51	$114.20
Savings through your Script Care Plan	**$81,128.68**	**$4,013.43**	**$254,651.38**	**$339,793.49**	**$112.55**
% Saved over Retail	**23.82%**	**24.45%**	**77.74%**	**49.64%**	
Copay	$37,766.37	$5,963.77	$36,969.56	$80,699.70	$26.73
% of Total Drug Cost	14.56%	48.08%	50.69%	23.41%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	**$221,677.92**	**$6,439.36**	**$35,964.53**	**$264,081.81**	**$87.47**
Total Plan Cost/Claim	**$472.66**	**$169.46**	**$14.32**	**$87.47**	
Cost/Per Cardholder Per Month	**$78.86**	**$2.29**	**$12.79**	**$93.95**	
Cost/Per Member Per Month	**$44.09**	**$1.28**	**$7.15**	**$52.52**	
Rx/Per Cardholder Per Month	**0.17**	**0.01**	**0.89**	**1.07**	
Rx/Per Member Per Month	**0.09**	**0.01**	**0.50**	**0.60**	

Enrollment

	Cardholders	Dependents	Total
Monthly Average Enrollment	2,811.0	2,217.0	5,028.0

SCRIPT CARE, LTD.

Retail and Mail Order Utilization Summary

Report for: **City of Lynchburg** Effective Date: 01/01/2013

Group: **52021: City of Lynchburg**

This is a summary of your Script Care Prescription Plan from **5/1/2016** through **5/31/2016**

Retail	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	201	7	976	1,184	
% of Retail Claims	16.98%	0.59%	82.43%	100.00%	
Prescription Price w/ Script Care	$96,784.96	$651.17	$19,899.33	$117,335.46	$99.10
Copay	$12,927.04	$352.48	$11,684.89	$24,964.41	$21.08
% of Total Drug Cost	13.36%	54.13%	58.72%	21.28%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$83,857.92	$298.69	$8,214.44	$92,371.05	$78.02
Employer Cost Per Claim	**$417.20**	**$42.67**	**$8.42**	**$78.02**	

Mail Order	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	51	8	311	370	
% of MO Claims	13.78%	2.16%	84.05%	100.00%	
Prescription Price w/ Script Care	$45,025.99	$3,561.68	$11,892.37	$60,480.04	$163.46
Copay	$7,624.27	$1,730.22	$7,656.89	$17,011.38	$45.98
% of Total Drug Cost	16.93%	48.58%	64.38%	28.13%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$37,401.72	$1,831.46	$4,235.48	$43,468.66	$117.48
Employer Cost Per Claim	**$733.37**	**$228.93**	**$13.62**	**$117.48**	

Total	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	252	15	1,287	1,554	
% of All Claims	16.22%	0.97%	82.82%	100.00%	
Prescription Price w/ Script Care	$141,810.95	$4,212.85	$31,791.70	$177,815.50	$114.42
Copay	$20,551.31	$2,082.70	$19,341.78	$41,975.79	$27.01
% of Total Drug Cost	14.49%	49.44%	60.84%	23.61%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$121,259.64	$2,130.15	$12,449.92	$135,839.71	$87.41
Employer Cost Per Claim	**$481.19**	**$142.01**	**$9.67**	**$87.41**	

SCRIPT CARE, LTD.

Retail and Mail Order Utilization Summary

Report for: **City of Lynchburg** Effective Date: 10/01/2013

Group: **52030: Lynchburg City Schools**

This is a summary of your Script Care Prescription Plan from **5/1/2016** through **5/31/2016**

Retail	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	166	10	895	1,071	
% of Retail Claims	15.50%	0.93%	83.57%	100.00%	
Prescription Price w/ Script Care	$73,757.16	$2,674.51	$24,350.96	$100,782.63	$94.10
Copay	$9,310.00	$1,223.06	$10,232.69	$20,765.75	$19.39
% of Total Drug Cost	12.62%	45.73%	42.02%	20.60%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$64,447.16	$1,451.45	$14,118.27	$80,016.88	$74.71
Employer Cost Per Claim	**$388.24**	**$145.15**	**$15.77**	**$74.71**	

Mail Order	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	51	13	330	394	
% of MO Claims	12.94%	3.30%	83.76%	100.00%	
Prescription Price w/ Script Care	$43,876.18	$5,515.77	$16,791.43	$66,183.38	$167.98
Copay	$7,905.06	$2,658.01	$7,395.09	$17,958.16	$45.58
% of Total Drug Cost	18.02%	48.19%	44.04%	27.13%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$35,971.12	$2,857.76	$9,396.34	$48,225.22	$122.40
Employer Cost Per Claim	**$705.32**	**$219.83**	**$28.47**	**$122.40**	

Total	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	217	23	1,225	1,465	
% of All Claims	14.81%	1.57%	83.62%	100.00%	
Prescription Price w/ Script Care	$117,633.34	$8,190.28	$41,142.39	$166,966.01	$113.97
Copay	$17,215.06	$3,881.07	$17,627.78	$38,723.91	$26.43
% of Total Drug Cost	14.63%	47.39%	42.85%	23.19%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$100,418.28	$4,309.21	$23,514.61	$128,242.10	$87.54
Employer Cost Per Claim	**$462.76**	**$187.36**	**$19.20**	**$87.54**	

SCRIPT CARE, LTD.

Retail and Mail Order Utilization Summary

Report for: **City of Lynchburg**

Group: **52021, 52030**

This is a summary of your Script Care Prescription Plan from **5/1/2016** through **5/31/2016**

Retail	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	367	17	1,871	2,255	
% of Retail Claims	16.27%	0.75%	82.97%	100.00%	
Prescription Price w/ Script Care	$170,542.12	$3,325.68	$44,250.29	$218,118.09	$96.73
Copay	$22,237.04	$1,575.54	$21,917.58	$45,730.16	$20.28
% of Total Drug Cost	13.04%	47.37%	49.53%	20.97%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$148,305.08	$1,750.14	$22,332.71	$172,387.93	$76.45
Employer Cost Per Claim	**$404.10**	**$102.95**	**$11.94**	**$76.45**	

Mail Order	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	102	21	641	764	
% of MO Claims	13.35%	2.75%	83.90%	100.00%	
Prescription Price w/ Script Care	$88,902.17	$9,077.45	$28,683.80	$126,663.42	$165.79
Copay	$15,529.33	$4,388.23	$15,051.98	$34,969.54	$45.77
% of Total Drug Cost	17.47%	48.34%	52.48%	27.61%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$73,372.84	$4,689.22	$13,631.82	$91,693.88	$120.02
Employer Cost Per Claim	**$719.34**	**$223.30**	**$21.27**	**$120.02**	

Total	Brand w/o Generic	Brand w/ Generic	Generic	Total	Average Per Claim
Number of Claims	469	38	2,512	3,019	
% of All Claims	15.53%	1.26%	83.21%	100.00%	
Prescription Price w/ Script Care	$259,444.29	$12,403.13	$72,934.09	$344,781.51	$114.20
Copay	$37,766.37	$5,963.77	$36,969.56	$80,699.70	$26.73
% of Total Drug Cost	14.56%	48.08%	50.69%	23.41%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	$221,677.92	$6,439.36	$35,964.53	$264,081.81	$87.47
Employer Cost Per Claim	**$472.66**	**$169.46**	**$14.32**	**$87.47**	

SCRIPT CARE, LTD.

Specialty Pharmacy Utilization Summary

Report for: **City of Lynchburg**

Effective Date: 01/01/2013

Group: **52021: City of Lynchburg**

This is a summary of your Script Care Prescription Plan from **5/1/2016** through **5/31/2016** .

Specialty Pharmacy Utilization

	All Claims	Average Per Claim	Specialty Eligible*	Average Per Claim	Specialty Claims	Average Per Claim
Number of Claims	1,554		5 **		18 **	
% of All Claims	100.00%		0.32%		1.16%	
Retail from Pharmacy w/o Script Care	$351,673.19	$226.30	$35,226.71	$7,045.34	$68,097.42	$3,783.19
Actual Drug Cost	$176,339.75	$113.47	$29,972.05	$5,994.41	$45,157.88	$2,508.77
Pharmacy Fees	$1,475.75	$0.95	$3.50	$0.70	$36.00	$2.00
Prescription Price w/ Script Care	$177,815.50	$114.42	$29,975.55	$5,995.11	$45,193.88	$2,510.77
Savings through your Script Care Plan	**$173,857.69**	**$111.88**	**$5,251.16**	**$1,050.23**	**$22,903.54**	**$1,272.42**
% Saved over Retail	**49.44%**		**14.91%**		**33.63%**	
Copay	$41,975.79	$27.01	$404.44	$80.89	$1,590.23	$88.35
% of Total Drug Cost	23.61%		1.35%		3.52%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	**$135,839.71**	**$87.41**	**$29,571.11**	**$5,914.22**	**$43,603.65**	**$2,422.43**
% of Total Cost	**100.00%**		**21.77%**		**32.10%**	
Total Plan Cost/Claim	**$87.41**		**$5,914.22**		**$2,422.43**	
Cost/Per Cardholder Per Month	**$96.41**		**$20.99**		**$30.95**	
Cost/Per Member Per Month	**$51.63**		**$11.24**		**$16.57**	

*Excludes Specialty Claims **Net Claims

Enrollment

	Cardholders	Dependents	Total
Monthly Average Enrollment	1,409.0	1,222.0	2,631.0

SCRIPT CARE, LTD.

Specialty Pharmacy Utilization Summary

Report for: **City of Lynchburg**

Effective Date: 10/01/2013

Group: **52030: Lynchburg City Schools**

This is a summary of your Script Care Prescription Plan from **5/1/2016** through **5/31/2016** .

Specialty Pharmacy Utilization

	All Claims	Average Per Claim	Specialty Eligible*	Average Per Claim	Specialty Claims	Average Per Claim
Number of Claims	1,465		3 **		11 **	
% of All Claims	100.00%		0.20%		0.75%	
Retail from Pharmacy w/o Script Care	$332,901.81	$227.24	$20,152.99	$6,717.66	$53,613.29	$4,873.94
Actual Drug Cost	$165,596.26	$113.03	$17,443.25	$5,814.42	$38,072.36	$3,461.12
Pharmacy Fees	$1,369.75	$0.93	$1.50	$0.50	$22.00	$2.00
Prescription Price w/ Script Care	$166,966.01	$113.97	$17,444.75	$5,814.92	$38,094.36	$3,463.12
Savings through your Script Care Plan	**$165,935.80**	**$113.27**	**$2,708.24**	**$902.75**	**$15,518.93**	**$1,410.81**
% Saved over Retail	**49.85%**		**13.44%**		**28.95%**	
Copay	$38,723.91	$26.43	$300.00	$100.00	$900.00	$81.82
% of Total Drug Cost	23.19%		1.72%		2.36%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	**$128,242.10**	**$87.54**	**$17,144.75**	**$5,714.92**	**$37,194.36**	**$3,381.31**
% of Total Cost	**100.00%**		**13.37%**		**29.00%**	
Total Plan Cost/Claim	**$87.54**		**$5,714.92**		**$3,381.31**	
Cost/Per Cardholder Per Month	**$91.47**		**$12.23**		**$26.53**	
Cost/Per Member Per Month	**$53.50**		**$7.15**		**$15.52**	

*Excludes Specialty Claims **Net Claims

Enrollment

	Cardholders	Dependents	Total
Monthly Average Enrollment	1,402.0	995.0	2,397.0

SCRIPT CARE, LTD.

Specialty Pharmacy Utilization Summary

Report for: **City of Lynchburg**

Group: **52021, 52030**

This is a summary of your Script Care Prescription Plan from **5/1/2016** through **5/31/2016** .

Specialty Pharmacy Utilization

	All Claims	Average Per Claim	Specialty Eligible*	Average Per Claim	Specialty Claims	Average Per Claim
Number of Claims	3,019		8 **		29 **	
% of All Claims	100.00%		0.26%		0.96%	
Retail from Pharmacy w/o Script Care	$684,575.00	$226.76	$55,379.70	$6,922.46	$121,710.71	$4,196.92
Actual Drug Cost	$341,936.01	$113.26	$47,415.30	$5,926.91	$83,230.24	$2,870.01
Pharmacy Fees	$2,845.50	$0.94	$5.00	$0.63	$58.00	$2.00
Prescription Price w/ Script Care	$344,781.51	$114.20	$47,420.30	$5,927.54	$83,288.24	$2,872.01
Savings through your Script Care Plan	**$339,793.49**	**$112.55**	**$7,959.40**	**$994.93**	**$38,422.47**	**$1,324.91**
% Saved over Retail	**49.64%**		**14.37%**		**31.57%**	
Copay	$80,699.70	$26.73	$704.44	$88.06	$2,490.23	$85.87
% of Total Drug Cost	23.41%		1.49%		2.99%	
Tax	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Your Prescription Cost	**$264,081.81**	**$87.47**	**$46,715.86**	**$5,839.48**	**$80,798.01**	**$2,786.14**
% of Total Cost	**100.00%**		**17.69%**		**30.60%**	
Total Plan Cost/Claim	**$87.47**		**$5,839.48**		**$2,786.14**	
Cost/Per Cardholder Per Month	**$93.95**		**$16.62**		**$28.74**	
Cost/Per Member Per Month	**$52.52**		**$9.29**		**$16.07**	

*Excludes Specialty Claims **Net Claims

Enrollment

	Cardholders	Dependents	Total
Monthly Average Enrollment	2,811.0	2,217.0	5,028.0

SCRIPT CARE, LTD.

Plan Statistics

Report for: **City of Lynchburg**

Effective Date: 01/01/2013

Group: **52021: City of Lynchburg**

This is a summary of your Script Care Prescription Plan from **1/1/2016** through **5/31/2016**

	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Total
Enrollment Summary													
Cardholders	1,423.0	1,429.0	1,417.0	1,410.0	1,409.0								1,417.6
Dependents	1,226.0	1,232.0	1,228.0	1,225.0	1,222.0								1,226.6
Utilizing Cardholders	623.0	612.0	647.0	624.0	633.0								1,059.0
Utilization %	43.78%	42.83%	45.66%	44.26%	44.93%								74.70%
Claim Summary													
All	1,535	1,483	1,671	1,518	1,554								7,761
Avg Per Cardholder	1.08	1.04	1.18	1.08	1.10								5.47
Avg Per Member	0.58	0.56	0.63	0.58	0.59								2.94
Brand	226	238	257	249	252								1,222
Generic	1,296	1,239	1,406	1,258	1,287								6,486
Brand w/Generic	13	6	8	11	15								53
Generic % of All	84.43%	83.55%	84.14%	82.87%	82.82%								83.57%
Mail Order	383	317	389	371	368								1,828
Mail Order % of All	24.95%	21.38%	23.28%	24.44%	23.68%								23.55%
Claim Cost													
Submitted Cost	$334,150	$360,004	$405,353	$407,889	$351,673								$1,859,069
Script Care Cost	$151,856	$188,835	$200,653	$209,091	$177,816								$928,250
Savings	$182,294	$171,169	$204,700	$198,798	$173,858								$930,819
Tax	$0	$0	$0	$0	$0								$0
Total	$151,856	$188,835	$200,653	$209,091	$177,816								$928,250
Average Claim Cost	$98.93	$127.33	$120.08	$137.74	$114.42								$119.60
Average Brand Cost	$505.01	$631.76	$618.49	$675.01	$562.74								$600.11
Average Generic Cost	$27.80	$28.27	$29.06	$30.98	$24.70								$28.16
Average Br w/Gen Cost	$130.88	$575.80	$105.20	$185.02	$280.86								$231.06
Member Cost													
Total Copay	$42,299	$42,945	$46,823	$45,421	$41,976								$219,463
Average Claim Copay	$27.56	$28.96	$28.02	$29.92	$27.01								$28.28
Average Brand Copay	$89.16	$90.12	$82.85	$93.86	$81.55								$87.41
Average Generic Copay	$16.75	$16.66	$17.78	$16.51	$15.03								$16.57
Average Br w/Gen Copay	$33.99	$141.42	$65.80	$116.79	$138.85								$97.81
Copay % of Total Cost	27.85%	22.74%	23.34%	21.72%	23.61%								23.64%
Plan Cost													
Plan Cost	$109,557	$145,890	$153,830	$163,670	$135,840								$708,787
Average Claim Cost	$71.37	$98.37	$92.06	$107.82	$87.41								$91.33
Average Brand Cost	$415.85	$541.63	$535.64	$581.15	$481.19								$512.70
Average Generic Cost	$11.05	$11.60	$11.28	$14.48	$9.67								$11.60
Average Br w/Gen Cost	$96.89	$434.39	$39.41	$68.23	$142.01								$133.24
Plan Cost % of Total Cost	72.15%	77.26%	76.66%	78.28%	76.39%								76.36%
Plan Cost Per Cardholder	$76.99	$102.09	$108.56	$116.08	$96.41								$499.99
Plan Cost Per Member	$41.36	$54.83	$58.16	$62.11	$51.63								$268.05
Cardholders > $500	50	46	49	60	50								209
Cardholders > 5 Claims	40	46	60	48	43								498

Top 10 Drugs by Plan Cost

ENBREL	CEREZYME	HUMIRA PEN	CEREZYME	CEREZYME									CEREZYME
HUMIRA PEN	NBREL SRCLK	CEREZYME	HUMIRA PEN	HUMIRA PEN									ENBREL SRCLK
XOLAIR	VONEX PREFL	NBREL SRCLK	NBREL SRCLK	NBREL SRCLK									HUMIRA PEN
VONEX PREFL	HUMIRA PEN	STELARA	STELARA	AUBAGIO									ENBREL
AUBAGIO	ENBREL	ENBREL	AUBAGIO	XOLAIR									AVONEX PREFL
OXYCONTIN	NBREL SRCLK	AUBAGIO	XOLAIR	AVONEX PEN									AUBAGIO
NBREL SRCLK	AUBAGIO	VONEX PREFL	AVONEX PEN	VONEX PREFL									XOLAIR
VICTOZA	XOLAIR	AVONEX PEN	VONEX PREFL	LANTUS									STELARA
LANTUS	ATRIPLA	NBREL SRCLK	NBREL SRCLK	NBREL SRCLK									AVONEX PEN
ADCIRCA	LEVEMIR	ADCIRCA	ENBREL	ENBREL									LANTUS

SCRIPT CARE, LTD.

Plan Statistics

Report for: **City of Lynchburg**

Effective Date: 10/01/2013

Group: **52030: Lynchburg City Schools**

This is a summary of your Script Care Prescription Plan from **1/1/2016** through **5/31/2016**

	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Total
Enrollment Summary													
Cardholders	1,418.0	1,422.0	1,419.0	1,415.0	1,402.0								1,415.2
Dependents	987.0	993.0	997.0	999.0	995.0								994.2
Utilizing Cardholders	634.0	651.0	672.0	598.0	615.0								1,074.0
Utilization %	44.71%	45.78%	47.36%	42.26%	43.87%								75.89%
Claim Summary													
All	1,569	1,593	1,764	1,469	1,465								7,860
Avg Per Cardholder	1.11	1.12	1.24	1.04	1.04								5.55
Avg Per Member	0.65	0.66	0.73	0.61	0.61								3.26
Brand	244	251	286	236	217								1,234
Generic	1,317	1,330	1,469	1,223	1,225								6,564
Brand w/Generic	8	12	9	10	23								62
Generic % of All	83.94%	83.49%	83.28%	83.25%	83.62%								83.51%
Mail Order	393	368	448	356	393								1,958
Mail Order % of All	25.05%	23.10%	25.40%	24.23%	26.83%								24.91%
Claim Cost													
Submitted Cost	$364,064	$298,607	$400,411	$346,552	$332,902								$1,742,536
Script Care Cost	$176,670	$143,205	$197,876	$163,896	$166,966								$848,613
Savings	$187,394	$155,402	$202,534	$182,655	$165,936								$893,923
Tax	$0	$0	$0	$0	$0								$0
Total	$176,670	$143,205	$197,876	$163,896	$166,966								$848,613
Average Claim Cost	$112.60	$89.90	$112.17	$111.57	$113.97								$107.97
Average Brand Cost	$554.18	$396.03	$519.24	$517.91	$542.09								$504.85
Average Generic Cost	$30.73	$30.94	$32.89	$33.26	$33.59								$32.26
Average Br w/Gen Cost	$121.73	$221.01	$116.84	$99.41	$356.10								$223.58
Member Cost													
Total Copay	$42,398	$40,075	$49,247	$40,730	$38,724								$211,174
Average Claim Copay	$27.02	$25.16	$27.92	$27.73	$26.43								$26.87
Average Brand Copay	$88.84	$70.02	$86.64	$87.86	$79.33								$82.64
Average Generic Copay	$15.25	$15.11	$16.00	$15.69	$14.39								$15.31
Average Br w/Gen Copay	$79.55	$200.07	$107.66	$80.86	$168.74								$140.26
Copay % of Total Cost	24.00%	27.98%	24.89%	24.85%	23.19%								24.88%
Plan Cost													
Plan Cost	$134,272	$103,130	$148,629	$123,166	$128,242								$637,439
Average Claim Cost	$85.58	$64.74	$84.26	$83.84	$87.54								$81.10
Average Brand Cost	$465.34	$326.01	$432.60	$430.05	$462.76								$422.21
Average Generic Cost	$15.48	$15.83	$16.90	$17.57	$19.20								$16.95
Average Br w/Gen Cost	$42.17	$20.95	$9.19	$18.55	$187.36								$83.32
Plan Cost % of Total Cost	76.00%	72.02%	75.11%	75.15%	76.81%								75.12%
Plan Cost Per Cardholder	$94.69	$72.52	$104.74	$87.04	$91.47								$450.42
Plan Cost Per Member	$55.83	$42.70	$61.52	$51.02	$53.50								$264.56
Cardholders > $500	56	47	59	50	55								205
Cardholders > 5 Claims	45	45	62	39	35								508

Top 10 Drugs by Plan Cost

HUMIRA PEN	HUMIRA PEN	HUMIRA PEN	HUMIRA PEN	HUMIRA PEN									HUMIRA PEN
IBRANCE	IBRANCE	IBRANCE	IBRANCE	IBRANCE									IBRANCE
LEVEMIR	NBREL SRCLK	XOLAIR	HUMIRA PEN	CAPECITABINE									CAPECITABINE
XOLAIR	LANTUS	CAPECITABINE	LEVEMIR	CREON									XOLAIR
VONEX PREFL	XELJANZ	TRIUMEQ	XOLAIR	XOLAIR									LANTUS
CAPECITABINE	ETHYLPHENID	NBREL SRCLK	NBREL SRCLK	ANDROGEL									LEVEMIR
ORENCIA	CAPECITABINE	MOZOLOMIDE	MOZOLOMIDE	NBREL SRCLK									XELJANZ
HUMIRA PEN	MOZOLOMIDE	ORENCIA	ORENCIA	ORENCIA									ENBREL SRCLK
LYRICA	ARIPIPRAZOLE	XELJANZ	XELJANZ	CRESTOR									ORENCIA
ASACOL HD	TRIUMEQ	CRESTOR	SOLODYN	XELJANZ									CRESTOR

SCRIPT CARE, LTD.

Plan Statistics

Report for: **City of Lynchburg**

Group: **52021, 52030**

This is a summary of your Script Care Prescription Plan from **1/1/2016** through **5/31/2016**

	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Total
Enrollment Summary													
Cardholders	2,841.0	2,851.0	2,836.0	2,825.0	2,811.0								2,832.8
Dependents	2,213.0	2,225.0	2,225.0	2,224.0	2,217.0								2,220.8
Utilizing Cardholders	1,257.0	1,263.0	1,319.0	1,222.0	1,248.0								2,133.0
Utilization %	44.24%	44.30%	46.51%	43.26%	44.40%								75.30%
Claim Summary													
All	3,104	3,076	3,435	2,987	3,019								15,621
Avg Per Cardholder	1.09	1.08	1.21	1.06	1.07								5.51
Avg Per Member	0.61	0.61	0.68	0.59	0.60								3.09
Brand	470	489	543	485	469								2,456
Generic	2,613	2,569	2,875	2,481	2,512								13,050
Brand w/Generic	21	18	17	21	38								115
Generic % of All	84.18%	83.52%	83.70%	83.06%	83.21%								83.54%
Mail Order	776	685	837	727	761								3,786
Mail Order % of All	25.00%	22.27%	24.37%	24.34%	25.21%								24.24%
Claim Cost													
Submitted Cost	$698,214	$658,611	$805,764	$754,441	$684,575								$3,601,605
Script Care Cost	$328,525	$332,040	$398,529	$372,987	$344,782								$1,776,863
Savings	$369,689	$326,571	$407,235	$381,454	$339,793								$1,824,742
Tax	$0	$0	$0	$0	$0								$0
Total	$328,525	$332,040	$398,529	$372,987	$344,782								$1,776,863
Average Claim Cost	$105.84	$107.95	$116.02	$124.87	$114.20								$113.75
Average Brand Cost	$530.54	$510.76	$566.22	$598.57	$553.19								$552.25
Average Generic Cost	$29.28	$29.65	$31.02	$32.11	$29.03								$30.22
Average Br w/Gen Cost	$127.39	$339.28	$111.37	$144.25	$326.40								$227.03
Member Cost													
Total Copay	$84,697	$83,020	$96,070	$86,151	$80,700								$430,637
Average Claim Copay	$27.29	$26.99	$27.97	$28.84	$26.73								$27.57
Average Brand Copay	$88.99	$79.80	$84.85	$90.94	$80.53								$85.01
Average Generic Copay	$15.99	$15.86	$16.87	$16.10	$14.72								$15.94
Average Br w/Gen Copay	$51.35	$180.52	$87.96	$99.68	$156.94								$120.69
Copay % of Total Cost	25.78%	25.00%	24.11%	23.10%	23.41%								24.24%
Plan Cost													
Plan Cost	$243,828	$249,020	$302,459	$286,837	$264,082								$1,346,226
Average Claim Cost	$78.55	$80.96	$88.05	$96.03	$87.47								$86.18
Average Brand Cost	$441.55	$430.96	$481.37	$507.62	$472.66								$467.23
Average Generic Cost	$13.28	$13.79	$14.15	$16.00	$14.32								$14.29
Average Br w/Gen Cost	$76.05	$158.76	$23.41	$44.57	$169.46								$106.33
Plan Cost % of Total Cost	74.22%	75.00%	75.89%	76.90%	76.59%								75.76%
Plan Cost Per Cardholder	$85.82	$87.34	$106.65	$101.54	$93.95								$475.23
Plan Cost Per Member	$48.24	$49.06	$59.76	$56.81	$52.52								$266.39
Cardholders > $500	106	93	108	110	105								414
Cardholders > 5 Claims	85	91	122	87	78								1,006

Top 10 Drugs by Plan Cost

HUMIRA PEN	NBREL SRCLK	HUMIRA PEN	HUMIRA PEN	HUMIRA PEN									HUMIRA PEN
XOLAIR	HUMIRA PEN	NBREL SRCLK	NBREL SRCLK	CEREZYME									ENBREL SRCLK
VONEX PREFL	CEREZYME	CEREZYME	CEREZYME	NBREL SRCLK									CEREZYME
IBRANCE	VONEX PREFL	IBRANCE	XOLAIR	XOLAIR									IBRANCE
ENBREL	IBRANCE	STELARA	IBRANCE	HUMIRA PEN									XOLAIR
HUMIRA PEN	HUMIRA PEN	ENBREL	STELARA	IBRANCE									AVONEX PREFL
LEVEMIR	ENBREL	AUBAGIO	LEVEMIR	CAPECITABINE									LANTUS
LANTUS	AUBAGIO	XOLAIR	AUBAGIO	CREON									ENBREL
OXYCONTIN	XOLAIR	VONEX PREFL	AVONEX PEN	LANTUS									CAPECITABINE
AUBAGIO	ATRIPLA	AVONEX PEN	VONEX PREFL	ANDROGEL									AUBAGIO

SCRIPT CARE, LTD.

Range Report

Report for: **City of Lynchburg**

Effective Date: 01/01/2013

Group: **52021: City of Lynchburg**

This is a summary of your Script Care Prescription Plan from **5/1/2016** through **5/31/2016** .

Drug Price	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
Less than $10.00	473	$2,500	$18	$2,482	$5.25	99.3%
$10.00 to $24.99	500	$7,223	$331	$6,891	$13.78	95.4%
$25.00 to $49.99	209	$6,170	$1,751	$4,418	$21.14	71.6%
$50.00 to $74.99	68	$3,744	$2,227	$1,518	$22.32	40.5%
$75.00 to $99.99	31	$2,507	$1,332	$1,176	$37.93	46.9%
$100.00 to $199.99	82	$8,762	$5,652	$3,111	$37.94	35.5%
$200.00 to $299.99	39	$8,160	$4,804	$3,355	$86.03	41.1%
$300.00 to $399.99	57	$16,234	$11,331	$4,903	$86.02	30.2%
$400.00 to $499.99	30	$10,601	$7,847	$2,754	$91.79	26.0%
$500.00 to $599.99	5	$2,682	$1,940	$742	$148.34	27.7%
$600.00 to $699.99	15	$9,963	$6,504	$3,458	$230.56	34.7%
$700.00 to $799.99	4	$2,910	$2,142	$768	$191.96	26.4%
$800.00 to $899.99	2	$1,631	$1,331	$300	$150.00	18.4%
$900.00 to $999.99	9	$6,743	$5,043	$1,700	$188.89	25.2%
$1000.00 to $1099.99	5	$5,224	$3,924	$1,300	$260.00	24.9%
$1100.00 to $1199.99	1	$1,130	$830	$300	$300.00	26.5%
$1200.00 to $1299.99	1	$1,274	$1,174	$100	$100.00	7.9%
$1300.00 or more	23	$80,359	$77,659	$2,700	$117.39	3.4%
Total	1,554	$177,816	$135,840	$41,976	$27.01	23.6%

Days Supply	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
15 days or less	492	$12,307	$6,152	$6,155	$12.51	50.0%
16-34 days	658	$117,510	$101,458	$16,051	$24.39	13.7%
35-60 days	1	$344	$206	$137	$137.48	40.0%
61-83 days	1	$416	$250	$166	$166.34	40.0%
84-90 days	399	$46,635	$27,395	$19,240	$48.22	41.3%
91-120 days	3	$604	$379	$225	$75.14	37.3%
121-180 days						
181 or more days						
Total	1,554	$177,816	$135,840	$41,976	$27.01	23.6%

Age	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
12 and Under	80	$3,179	$1,580	$1,599	$19.99	50.3%
13-18 Years	60	$3,747	$2,398	$1,348	$22.47	36.0%
19-30 Years	128	$13,403	$10,666	$2,736	$21.38	20.4%
31-45 Years	315	$33,969	$27,605	$6,364	$20.20	18.7%
46-49 Years	136	$18,907	$14,775	$4,132	$30.38	21.9%
50-59 Years	511	$67,488	$52,909	$14,579	$28.53	21.6%
60-64 Years	280	$34,742	$24,648	$10,095	$36.05	29.1%
65 and Over	44	$2,381	$1,257	$1,123	$25.53	47.2%
Total	1,554	$177,816	$135,840	$41,976	$27.01	23.6%

SCRIPT CARE, LTD.

Range Report

Report for: **City of Lynchburg**

Effective Date: 10/01/2013

Group: **52030: Lynchburg City Schools**

This is a summary of your Script Care Prescription Plan from **5/1/2016** through **5/31/2016** .

Drug Price	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
Less than $10.00	403	$2,110	$24	$2,086	$5.18	98.9%
$10.00 to $24.99	527	$7,547	$500	$7,047	$13.37	93.4%
$25.00 to $49.99	187	$6,096	$2,109	$3,987	$21.32	65.4%
$50.00 to $74.99	69	$3,742	$1,839	$1,902	$27.57	50.8%
$75.00 to $99.99	27	$2,333	$1,205	$1,128	$41.78	48.4%
$100.00 to $199.99	56	$5,728	$4,016	$1,712	$30.58	29.9%
$200.00 to $299.99	59	$9,762	$6,096	$3,666	$62.14	37.6%
$300.00 to $399.99	46	$10,499	$7,136	$3,363	$73.11	32.0%
$400.00 to $499.99	12	$5,329	$3,985	$1,344	$112.00	25.2%
$500.00 to $599.99	9	$1,712	$1,180	$532	$59.13	31.1%
$600.00 to $699.99	16	$9,403	$6,078	$3,325	$207.82	35.4%
$700.00 to $799.99	5	$3,633	$3,048	$586	$117.12	16.1%
$800.00 to $899.99	9	$7,558	$6,033	$1,525	$169.44	20.2%
$900.00 to $999.99	8	$7,570	$5,720	$1,850	$231.25	24.4%
$1000.00 to $1099.99	8	$8,439	$6,814	$1,625	$203.13	19.3%
$1100.00 to $1199.99						
$1200.00 to $1299.99	2	$2,457	$2,087	$370	$184.95	15.1%
$1300.00 or more	22	$73,047	$70,372	$2,675	$121.59	3.7%
Total	1,465	$166,966	$128,242	$38,724	$26.43	23.2%

Days Supply	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
15 days or less	422	$9,651	$4,784	$4,868	$11.54	50.4%
16-34 days	623	$96,896	$82,691	$14,205	$22.80	14.7%
35-60 days	4	$442	$235	$207	$51.71	46.8%
61-83 days						
84-90 days	416	$59,977	$40,533	$19,444	$46.74	32.4%
91-120 days						
121-180 days						
181 or more days						
Total	1,465	$166,966	$128,242	$38,724	$26.43	23.2%

Age	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
12 and Under	72	$5,199	$3,352	$1,846	$25.65	35.5%
13-18 Years	38	$10,436	$8,587	$1,849	$48.67	17.7%
19-30 Years	166	$23,370	$19,271	$4,099	$24.69	17.5%
31-45 Years	276	$21,947	$16,269	$5,678	$20.57	25.9%
46-49 Years	122	$10,978	$9,432	$1,547	$12.68	14.1%
50-59 Years	404	$52,721	$41,260	$11,460	$28.37	21.7%
60-64 Years	292	$32,347	$23,250	$9,097	$31.15	28.1%
65 and Over	95	$9,967	$6,821	$3,147	$33.12	31.6%
Total	1,465	$166,966	$128,242	$38,724	$26.43	23.2%

SCRIPT CARE, LTD.

Range Report

Report for: **City of Lynchburg**

Group: **52021, 52030**

This is a summary of your Script Care Prescription Plan from **5/1/2016** through **5/31/2016** .

Drug Price	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
Less than $10.00	876	$4,610	$42	$4,568	$5.21	99.1%
$10.00 to $24.99	1,027	$14,769	$831	$13,938	$13.57	94.4%
$25.00 to $49.99	396	$12,266	$3,860	$8,405	$21.23	68.5%
$50.00 to $74.99	137	$7,486	$4,066	$3,420	$24.96	45.7%
$75.00 to $99.99	58	$4,840	$2,537	$2,304	$39.72	47.6%
$100.00 to $199.99	138	$14,491	$9,667	$4,823	$34.95	33.3%
$200.00 to $299.99	98	$17,922	$10,900	$7,021	$71.65	39.2%
$300.00 to $399.99	103	$26,733	$18,467	$8,266	$80.25	30.9%
$400.00 to $499.99	42	$15,930	$11,832	$4,098	$97.56	25.7%
$500.00 to $599.99	14	$4,394	$3,121	$1,274	$90.99	29.0%
$600.00 to $699.99	31	$19,366	$12,582	$6,784	$218.82	35.0%
$700.00 to $799.99	9	$6,544	$5,190	$1,353	$150.38	20.7%
$800.00 to $899.99	11	$9,189	$7,364	$1,825	$165.91	19.9%
$900.00 to $999.99	17	$14,312	$10,762	$3,550	$208.82	24.8%
$1000.00 to $1099.99	13	$13,663	$10,738	$2,925	$225.00	21.4%
$1100.00 to $1199.99	1	$1,130	$830	$300	$300.00	26.5%
$1200.00 to $1299.99	3	$3,731	$3,261	$470	$156.63	12.6%
$1300.00 or more	45	$153,406	$148,031	$5,375	$119.44	3.5%
Total	3,019	$344,782	$264,082	$80,700	$26.73	23.4%

Days Supply	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
15 days or less	914	$21,959	$10,935	$11,023	$12.06	50.2%
16-34 days	1,281	$214,406	$184,149	$30,256	$23.62	14.1%
35-60 days	5	$785	$441	$344	$68.86	43.8%
61-83 days	1	$416	$250	$166	$166.34	40.0%
84-90 days	815	$106,612	$67,928	$38,684	$47.46	36.3%
91-120 days	3	$604	$379	$225	$75.14	37.3%
121-180 days						
181 or more days						
Total	3,019	$344,782	$264,082	$80,700	$26.73	23.4%

Age	Rx	Total	Amount Paid	Copay	Avg Copay	Copay %
12 and Under	152	$8,378	$4,932	$3,446	$22.67	41.1%
13-18 Years	98	$14,183	$10,985	$3,198	$32.63	22.5%
19-30 Years	294	$36,773	$29,937	$6,835	$23.25	18.6%
31-45 Years	591	$55,916	$43,874	$12,042	$20.38	21.5%
46-49 Years	258	$29,885	$24,207	$5,678	$22.01	19.0%
50-59 Years	915	$120,209	$94,170	$26,039	$28.46	21.7%
60-64 Years	572	$67,090	$47,898	$19,192	$33.55	28.6%
65 and Over	139	$12,348	$8,078	$4,270	$30.72	34.6%
Total	3,019	$344,782	$264,082	$80,700	$26.73	23.4%

SCRIPT CARE, LTD.

City of Lynchburg

A017 - Therapeutic Class Totals

A017_Rpt Group(s) = 52021; Cycles between 5/15/2016 and 5/31/2016

Report Criteria

Code	Therapeutic Class	# Scripts	Amt Paid	Copay
66	Analgesics-Anti-Inflammatory	37	$18,376.34	$749.87
82	Hematopoitic Agents	3	$17,767.73	$105.31
27	Antidiabetic	40	$8,171.75	$2,935.77
62	Misc. Psychotherapeutic and Neurological Agents	3	$6,056.38	$100.00
22	Corticosteroids	18	$2,730.25	$321.78
12	Antiviral	10	$2,519.54	$351.55
44	Antiasthmatic	34	$2,366.46	$1,519.53
25	Contraceptives	21	$1,841.80	$225.43
40	Misc. Cardiovascular	11	$1,789.07	$970.02
90	Dermatological	24	$1,488.82	$751.89
61	Stimulants/Anti-Obesity Anorexiants	12	$1,463.75	$1,062.02
23	Androgen-Anabolic	4	$1,450.04	$576.04
36	Antihypertensive	43	$1,409.62	$1,489.54
21	Antineoplastics	10	$1,312.23	$487.98
39	Antihyperlipidemic	49	$1,176.07	$1,482.61
59	Antipsychotics	5	$1,152.98	$217.45
38	Pressors	3	$1,070.91	$220.00
49	Ulcer Drugs	28	$831.61	$904.97
46	Laxatives	12	$773.05	$90.87
24	Estrogens	5	$638.67	$438.13
86	Ophthalmic	12	$533.26	$453.63
72	Anticonvulsant	15	$492.61	$372.95
33	Beta Blockers	28	$460.05	$721.31
65	Analgesics-Narcotic	56	$411.16	$680.46
58	Antidepressants	37	$302.73	$713.14
94	Diagnostic Products	2	$272.43	$181.62
68	Gout	6	$212.47	$166.04
04	Tetracyclines	10	$198.46	$193.70
52	Misc. GI	1	$178.97	$119.31
50	Antiemetics	10	$102.87	$121.04
75	Musculoskeletal Therapy Agents	18	$102.57	$174.73
53	Urinary Anti-Infectives	8	$81.75	$160.61
84	Hemostatics	1	$57.90	$38.60
42	Systemic And Topical Nasal Products	21	$56.87	$210.66
99	Assorted Classes	1	$53.59	$60.00
01	Penicillins	38	$48.32	$443.27
02	Cephalosporins	13	$46.19	$156.50

City of Lynchburg

A017 - Therapeutic Class Totals

A017_Rpt Group(s) = 52021; Cycles between 5/15/2016 and 5/31/2016

Report Criteria

Code	Therapeutic Class	# Scripts	Amt Paid	Copay
03	Macrolide Antibiotics	15	$32.25	$187.60
97	Medical Devices	2	$21.70	$29.00
64	Analgesics-Non Narcotic	3	$18.54	$53.88
11	Antifunguals	7	$15.88	$85.06
57	Antianxiety Agents	25	$14.03	$249.93
31	Cardiotonics	1	$13.50	$20.00
35	Antiarrhythmic	1	$10.18	$20.00
56	Miscellaneous Genitourinary Products	6	$8.45	$152.41
89	Anorectal	1	$2.46	$20.00
67	Migraine Products	4	$2.03	$48.11
60	Hypnotics	4	$0.00	$43.43
05	Fluoroquinolones	10	$0.00	$97.75
41	Antihistamines	5	$0.00	$87.23
78	Multivitamins	1	$0.00	($12.00)
16	Misc. Anti-Infectives	9	$0.00	$67.44
34	Calcium Blockers	11	$0.00	$170.01
87	Otic	4	$0.00	$0.00
37	Diuretics	20	$0.00	$127.00
85	Misc. Hematological	3	$0.00	$45.93
28	Thyroid	17	$0.00	$213.15
30	Misc. Endocrine	1	$0.00	$3.60
43	Cough/Cold/Allergy	9	$0.00	$96.88
79	Minerals and Electrolytes	6	$0.00	$144.48
32	Antianginal Agents	1	($5.75)	($20.00)
26	Progestins	4	($1,270.76)	($263.82)
Grand Total		819	$76,861.78	$21,635.40

Lynchburg City Schools

A017 - Therapeutic Class Totals

A017_Rpt Group(s) = 52030; Cycles between 5/15/2016 and 5/31/2016

Report Criteria

Code	Therapeutic Class	# Scripts	Amt Paid	Copay
44	Antiasthmatic	40	$9,863.09	$2,847.11
51	Digestive Aids	2	$7,648.43	$400.00
27	Antidiabetic	28	$7,474.84	$2,709.59
66	Analgesics-Anti-Inflammatory	26	$7,364.44	$440.45
23	Androgen-Anabolic	4	$5,180.62	$1,025.00
21	Antineoplastics	5	$3,612.64	$255.59
25	Contraceptives	44	$3,428.79	$0.00
61	Stimulants/Anti-Obesity Anorexiants	22	$2,640.85	$1,377.97
04	Tetracyclines	14	$2,215.13	$630.09
72	Anticonvulsant	11	$2,190.82	$404.02
59	Antipsychotics	7	$1,848.09	$352.72
40	Misc. Cardiovascular	5	$1,628.79	$735.51
52	Misc. GI	5	$1,564.77	$413.27
65	Analgesics-Narcotic	35	$1,013.07	$493.73
83	Anticoagulants	5	$936.83	$404.00
85	Misc. Hematological	2	$834.83	$139.97
90	Dermatological	28	$823.85	$498.55
39	Antihyperlipidemic	42	$628.78	$996.60
86	Ophthalmic	11	$573.45	$330.94
58	Antidepressants	52	$572.39	$1,102.06
49	Ulcer Drugs	16	$561.86	$476.46
36	Antihypertensive	47	$444.17	$906.15
24	Estrogens	7	$374.87	$329.92
67	Migraine Products	5	$369.49	$244.24
55	Vaginal Products	4	$316.46	$197.50
46	Laxatives	5	$242.10	$84.21
03	Macrolide Antibiotics	15	$186.14	$248.24
94	Diagnostic Products	3	$162.75	$208.94
37	Diuretics	27	$128.67	$197.67
68	Gout	4	$122.27	$74.44
97	Medical Devices	5	$117.48	$121.36
56	Miscellaneous Genitourinary Products	5	$111.68	$140.63
02	Cephalosporins	10	$102.99	$144.88
12	Antiviral	19	$98.82	$358.34
43	Cough/Cold/Allergy	11	$62.25	$166.91
57	Antianxiety Agents	26	$59.12	$221.77
01	Penicillins	28	$58.18	$354.79

Lynchburg City Schools

A017 - Therapeutic Class Totals

A017_Rpt Group(s) = 52030; Cycles between 5/15/2016 and 5/31/2016

Report Criteria

Code	Therapeutic Class	# Scripts	Amt Paid	Copay
87	Otic	2	$53.24	$49.16
22	Corticosteroids	16	$50.96	$168.01
53	Urinary Anti-Infectives	5	$45.03	$98.76
64	Analgesics-Non Narcotic	3	$44.67	$15.96
33	Beta Blockers	17	$44.11	$178.54
60	Hypnotics	12	$33.21	$160.58
54	Urinary Antispasmodics	2	$27.08	$115.26
34	Calcium Blockers	17	$12.11	$248.90
75	Musculoskeletal Therapy Agents	13	$9.80	$122.92
41	Antihistamines	10	$8.18	$124.62
28	Thyroid	15	$4.83	$318.68
77	Vitamins	1	$3.66	$0.00
16	Misc. Anti-Infectives	12	$1.88	$140.66
11	Antifunguals	12	$0.00	$136.41
05	Fluoroquinolones	12	$0.00	$113.18
13	Antimalarial	1	$0.00	$18.90
30	Misc. Endocrine	1	$0.00	$17.11
50	Antiemetics	8	$0.00	$83.77
79	Minerals and Electrolytes	5	$0.00	$104.58
82	Hematopoitic Agents	1	$0.00	$2.05
47	Antidiarrheals	1	$0.00	$5.49
42	Systemic And Topical Nasal Products	15	($17.98)	$211.81
Grand Total		806	$65,884.58	$22,468.97

SCRIPT CARE, LTD.

City of Lynchburg

A029D - Top Utilized Drugs by Dollars

A029D_Rpt

Report Criteria Group(s) = 52021; Cycles between 5/15/2016 and 5/31/2016

Desc	# Scripts	Amt Paid	Amt Paid/ RX	Ingred. Cost	Ingred. Cost/ 30 days	Ind.*	Maint	Therapeutic Class
CEREZYME	1	$17,767.73	$17,767.73	$17,867.73	$19,144.00	N	N	HEMATOPOIETIC AGENTS/Agents for Gaucher
HUMIRA PEN	3	$11,081.73	$3,693.91	$11,375.73	$4,062.76	N	Y	ANALGESICS - ANTI-INFLAMMATORY/Anti-TNF-
ENBREL SRCLK	2	$7,251.46	$3,625.73	$7,447.46	$3,989.71	N	Y	ANALGESICS - ANTI-INFLAMMATORY/Soluble Tumor
AVONEX PREFL	1	$5,433.82	$5,433.82	$5,531.82	$5,926.95	N	Y	PSYCHOTHERAPEUTIC AND NEUROLOGICAL
LANTUS	6	$3,657.29	$609.55	$4,651.29	$465.13	N	Y	ANTIDIABETICS/Human Insulin
ATRIPLA	1	$2,293.98	$2,293.98	$2,391.98	$2,391.98	N	Y	ANTIVIRALS/Antiretroviral Combinations
UCERIS	1	$1,536.63	$1,536.63	$1,635.13	$1,635.13	N	N	CORTICOSTEROIDS/Glucocorticosteroids
JANUVIA	2	$1,496.96	$748.48	$2,092.96	$348.83	N	Y	ANTIDIABETICS/Dipeptidyl Peptidase-4 (DPP-4)
BUDESONIDE	1	$1,173.56	$1,173.56	$1,272.06	$1,272.06	Y	N	CORTICOSTEROIDS/Glucocorticosteroids
EPIPEN 2-PAK	2	$1,040.91	$520.46	$1,237.91	$12,379.10	N	N	VASOPRESSORS/Anaphylaxis Therapy Agents
VYVANSE	4	$1,031.93	$257.98	$1,713.97	$233.72	N	Y	ADHD/ANTI-NARCOLEPSY/ANTI-
ANDROGEL	1	$1,014.88	$1,014.88	$1,314.88	$438.29	N	Y	ANDROGENS-ANABOLIC/Androgens
SPIRIVA	2	$894.31	$447.16	$1,292.81	$323.20	N	Y	ANTIASTHMATIC AND BRONCHODILATOR
REXULTI	3	$852.44	$284.15	$951.19	$951.19	N	Y	ANTIPSYCHOTICS/ANTIMANIC AGENTS/Quinolinone
CIALIS	5	$812.71	$162.54	$1,330.03	$319.21	N	N	CARDIOVASCULAR AGENTS - MISC./Selective
DEXILANT	2	$811.92	$405.96	$1,353.20	$225.53	N	Y	ULCER DRUGS/Proton Pump Inhibitors
VIAGRA	3	$747.66	$249.22	$1,043.16	$467.09	N	N	CARDIOVASCULAR AGENTS - MISC./Selective
TRADJENTA	1	$730.42	$730.42	$1,028.42	$342.81	N	Y	ANTIDIABETICS/Dipeptidyl Peptidase-4 (DPP-4)
TOUJEO SOLO	3	$730.02	$243.34	$1,025.77	$353.71	N	Y	ANTIDIABETICS/Human Insulin
NUVARING	2	$676.92	$338.46	$676.92	$120.88	N	Y	CONTRACEPTIVES/Combination Contraceptives -
EXEMESTANE	2	$673.72	$336.86	$869.72	$434.86	Y	Y	ANTINEOPLASTICS AND ADJUNCTIVE
PROAIR HFA	10	$655.89	$65.59	$1,097.00	$65.69	N	Y	ANTIASTHMATIC AND BRONCHODILATOR
CHANTIX	2	$622.56	$311.28	$620.06	$332.18	N	N	PSYCHOTHERAPEUTIC AND NEUROLOGICAL
VYTORIN	2	$592.63	$296.32	$976.72	$244.18	N	Y	ANTIHYPERLIPIDEMICS/Intest Cholest Absorp Inhib-
VELTIN	1	$540.02	$540.02	$638.52	$638.52	N	N	DERMATOLOGICALS/Acne Combinations
CRESTOR	2	$520.51	$260.26	$942.24	$235.56	O	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
PREPOPIK	4	$506.02	$126.51	$500.02	$3,750.15	N	N	LAXATIVES/Bowel Evacuant Combinations
AXIRON	1	$433.74	$433.74	$532.24	$532.24	N	Y	ANDROGENS-ANABOLIC/Androgens
BYSTOLIC	5	$432.16	$86.43	$718.75	$102.68	N	Y	BETA BLOCKERS/Beta Blockers Cardio-Selective
TRIBENZOR40-	1	$416.13	$416.13	$693.55	$231.18	N	Y	ANTIHYPERTENSIVES/Angiotensin II Receptor Ant-Ca
CYCLOPHOSPH	1	$380.70	$380.70	$478.70	$512.89	N	N	ANTINEOPLASTICS AND ADJUNCTIVE
VICTOZA	1	$372.43	$372.43	$470.93	$470.93	N	Y	ANTIDIABETICS/Incretin Mimetic Agents (GLP-1
BENICAR	1	$367.24	$367.24	$612.06	$204.02	N	Y	ANTIHYPERTENSIVES/Angiotensin II Receptor
HUMALOG KWIK	1	$366.96	$366.96	$465.71	$558.85	N	Y	ANTIDIABETICS/Human Insulin
NOVOLOG	1	$365.00	$365.00	$463.50	$556.20	N	Y	ANTIDIABETICS/Human Insulin
	81	$68,282.99	$843.00	$77,314.14	$689.28			

*Indicator: M,N = Brand no generic available; O = Brand with generic available; Y = generic

SCRIPT CARE, LTD.

Lynchburg City Schools

A029D - Top Utilized Drugs by Dollars

A029D_Rpt

Report Criteria Group(s) = 52030; Cycles between 5/15/2016 and 5/31/2016

Desc	# Scripts	Amt Paid	Amt Paid/ RX	Ingred. Cost	Ingred. Cost/ 30 days	Ind.*	Maint	Therapeutic Class
CREON	2	$7,648.43	$3,824.22	$8,046.93	$2,011.73	N	Y	DIGESTIVE AIDS/Digestive Enzymes
XOLAIR	1	$5,715.96	$5,715.96	$5,815.96	$6,231.39	N	N	ANTIASTHMATIC AND BRONCHODILATOR
ANDROGEL	3	$4,359.51	$1,453.17	$5,259.51	$584.39	N	Y	ANDROGENS-ANABOLIC/Androgens
HUMIRA PEN	1	$3,693.91	$3,693.91	$3,791.91	$4,062.76	N	Y	ANALGESICS - ANTI-INFLAMMATORY/Anti-TNF-
ENBREL SRCLK	1	$3,625.73	$3,625.73	$3,723.73	$3,989.71	N	Y	ANALGESICS - ANTI-INFLAMMATORY/Soluble Tumor
CAPECITABINE	1	$2,587.85	$2,587.85	$2,635.85	$3,765.50	Y	N	ANTINEOPLASTICS AND ADJUNCTIVE
LANTUS	8	$2,398.73	$299.84	$3,700.91	$219.86	N	Y	ANTIDIABETICS/Human Insulin
ADVAIR DISKU	5	$1,913.60	$382.72	$2,809.10	$312.12	N	Y	ANTIASTHMATIC AND BRONCHODILATOR
ARIPIPRAZOLE	2	$1,830.28	$915.14	$2,080.28	$346.71	Y	Y	ANTIPSYCHOTICS/ANTIMANIC AGENTS/Quinolinone
HUMALOG KWIK	2	$1,660.63	$830.32	$1,857.88	$928.94	N	Y	ANTIDIABETICS/Human Insulin
CARBAMAZEPIN	2	$1,590.55	$795.28	$1,777.35	$296.23	Y	Y	ANTICONVULSANTS/Anticonvulsants - Misc.
METHYLPHENID	4	$1,370.00	$342.50	$1,716.75	$214.59	M	Y	ADHD/ANTI-NARCOLEPSY/ANTI-
DORYX	1	$988.20	$988.20	$1,231.59	$1,231.59	O	N	TETRACYCLINES/Tetracyclines
LUPRON DEPOT	1	$969.44	$969.44	$1,067.94	$1,067.94	N	N	ANTINEOPLASTICS AND ADJUNCTIVE
SOLODYN	1	$960.47	$960.47	$1,058.72	$1,058.72	N	N	TETRACYCLINES/Tetracyclines
CIALIS	2	$919.60	$459.80	$1,355.11	$338.78	N	N	CARDIOVASCULAR AGENTS - MISC./Selective
LEVEMIR	2	$897.43	$448.72	$1,094.93	$631.69	N	Y	ANTIDIABETICS/Human Insulin
VIBERZI	1	$874.94	$874.94	$973.44	$973.44	N	Y	GASTROINTESTINAL AGENTS - MISC./IBS Agent -
ASA/DIPYRIDA	1	$834.83	$834.83	$959.83	$319.94	M	Y	HEMATOLOGICAL AGENTS - MISC./Platelet
TESTOSTERONE	1	$821.11	$821.11	$946.11	$315.37	M	Y	ANDROGENS-ANABOLIC/Androgens
MINASTRIN 24	2	$786.52	$393.26	$786.52	$140.45	N	Y	CONTRACEPTIVES/Combination Contraceptives - Oral
PARAGARD	1	$753.26	$753.26	$752.01	$22,560.30	N	Y	CONTRACEPTIVES/Copper Contraceptives - IUD
JANUVIA	1	$748.48	$748.48	$1,046.48	$348.83	N	Y	ANTIDIABETICS/Dipeptidyl Peptidase-4 (DPP-4)
LINZESS	3	$689.83	$229.94	$985.08	$328.36	N	Y	GASTROINTESTINAL AGENTS - MISC./IBS Agent -
PRADAXA	1	$669.95	$669.95	$969.95	$323.32	N	Y	ANTICOAGULANTS/Thrombin Inhibitors - Selective
SPIRIVA	1	$645.07	$645.07	$945.07	$315.02	N	Y	ANTIASTHMATIC AND BRONCHODILATOR
CRESTOR	4	$625.68	$156.42	$1,106.22	$232.07	O	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
VICTOZA	1	$605.99	$605.99	$704.74	$704.74	N	Y	ANTIDIABETICS/Incretin Mimetic Agents (GLP-1
VIMPAT	1	$600.27	$600.27	$699.02	$699.02	N	Y	ANTICONVULSANTS/Anticonvulsants - Misc.
NUCYNTA ER	1	$585.95	$585.95	$684.45	$684.45	N	N	ANALGESICS - OPIOID/Opioid Agonists
DEXILANT	2	$555.34	$277.67	$924.06	$231.02	N	Y	ULCER DRUGS/Proton Pump Inhibitors
XARELTO	2	$534.38	$267.19	$731.88	$365.94	N	Y	ANTICOAGULANTS/Direct Factor Xa Inhibitors
ACITRETIN	1	$502.22	$502.22	$550.72	$550.72	Y	N	DERMATOLOGICALS/Antipsoriatics - Systemic
VYVANSE	3	$462.23	$154.08	$757.98	$252.66	N	Y	ADHD/ANTI-NARCOLEPSY/ANTI-
VIAGRA	2	$412.23	$206.12	$609.23	$304.62	N	N	CARDIOVASCULAR AGENTS - MISC./Selective
	68	$54,838.60	$806.45	$64,157.24	$546.17			

*Indicator: M,N = Brand no generic available; O = Brand with generic available; Y = generic

SCRIPT CARE, LTD.

City of Lynchburg

A029E - Top Utilized Drugs by Rx

A029E_Rpt

Report Criteria Group(s) = 52021; Cycles between 5/15/2016 and 5/31/2016

Desc	# Scripts	Amt Paid	Amt Paid/ RX	Ingred. Cost	Ingred. Cost/ 30 days	Ind.*	Maint	Therapeutic Class
HYDROCO/APAP	31	$55.66	$1.80	$267.37	$32.61	Y	N	ANALGESICS - OPIOID/Hydrocodone Combinations
ATORVASTATIN	29	$0.00	$0.00	$401.96	$6.43	Y	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
AMOXICILLIN	18	$0.00	$0.00	$87.81	$21.42	Y	N	PENICILLINS/Aminopenicillins
AMOX/K CLAV	14	$48.32	$3.45	$293.91	$67.31	Y	N	PENICILLINS/Penicillin Combinations
LEVOTHYROXIN	14	$0.00	$0.00	$134.98	$7.50	Y	Y	THYROID AGENTS/Thyroid Hormones
METFORMIN	14	$0.00	$0.00	$118.23	$3.94	Y	Y	ANTIDIABETICS/Biguanides
TRAMADOL HCL	13	$155.92	$11.99	$339.98	$39.23	Y	N	ANALGESICS - OPIOID/Opioid Agonists
AZITHROMYCIN	13	$16.47	$1.27	$144.07	$73.26	Y	N	MACROLIDES/Azithromycin
CYCLOBENZAPR	13	$0.00	$0.00	$76.77	$15.46	Y	N	MUSCULOSKELETAL THERAPY AGENTS/Central
HYDROCHLOROT	13	$0.00	$0.00	$59.55	$1.92	Y	Y	DIURETICS/Thiazides and Thiazide-Like Diuretics
LISINOPRIL	12	$0.00	$0.00	$115.28	$5.24	Y	Y	ANTIHYPERTENSIVES/ACE Inhibitors
DICLOFENAC	12	$0.00	$0.00	$70.24	$13.17	Y	Y	ANALGESICS - ANTI-INFLAMMATORY/Nonsteroidal
PREDNISONE	11	$0.00	$0.00	$39.03	$12.20	Y	N	CORTICOSTEROIDS/Glucocorticosteroids
PROAIR HFA	10	$655.89	$65.59	$1,097.00	$65.69	N	Y	ANTIASTHMATIC AND BRONCHODILATOR
SERTRALINE	10	$0.00	$0.00	$147.91	$6.16	Y	Y	ANTIDEPRESSANTS/Selective Serotonin Reuptake
OMEPRAZOLE	10	$0.00	$0.00	$129.06	$7.17	Y	Y	ULCER DRUGS/Proton Pump Inhibitors
FLUTICASONE	10	$0.00	$0.00	$117.55	$11.76	Y	N	NASAL AGENTS - SYSTEMIC AND TOPICAL/Nasal
ALPRAZOLAM	9	$8.08	$0.90	$58.11	$5.97	Y	N	ANTIANXIETY AGENTS/Benzodiazepines
MONTELUKAST	9	$2.19	$0.24	$92.18	$13.17	Y	Y	ANTIASTHMATIC AND BRONCHODILATOR
AMLODIPINE	9	$0.00	$0.00	$86.70	$4.56	Y	Y	CALCIUM CHANNEL BLOCKERS/Calcium Channel
DOXYCYCL HYC	8	$214.12	$26.77	$397.13	$90.26	Y	N	TETRACYCLINES/Tetracyclines
CIPROFLOXACN	8	$0.00	$0.00	$70.87	$32.71	Y	N	FLUOROQUINOLONES/Fluoroquinolones
CEPHALEXIN	8	$0.00	$0.00	$47.43	$27.36	Y	N	CEPHALOSPORINS/Cephalosporins - 1st Generation
METOPROLOL	7	$27.89	$3.98	$318.92	$15.19	Y	Y	BETA BLOCKERS/Beta Blockers Cardio-Selective
ONDANSETRON	7	$14.27	$2.04	$59.78	$448.35	Y	N	ANTIEMETICS/5-HT3 Receptor Antagonists
PANTOPRAZOLE	7	$6.52	$0.93	$90.74	$8.25	Y	Y	ULCER DRUGS/Proton Pump Inhibitors
SIMVASTATIN	7	$0.00	$0.00	$82.86	$5.52	Y	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
IBUPROFEN	7	$0.00	$0.00	$72.16	$14.15	Y	Y	ANALGESICS - ANTI-INFLAMMATORY/Nonsteroidal
ATENOLOL	7	$0.00	$0.00	$35.98	$2.12	Y	Y	BETA BLOCKERS/Beta Blockers Cardio-Selective
LANTUS	6	$3,657.29	$609.55	$4,651.29	$465.13	N	Y	ANTIDIABETICS/Human Insulin
VALACYCLOVIR	6	$98.92	$16.49	$249.02	$36.98	Y	N	ANTIVIRALS/Herpes Agents - Purine Analogues
FLUCONAZOLE	6	$15.88	$2.65	$80.04	$120.06	Y	N	ANTIFUNGALS/Triazoles
LORAZEPAM	6	$0.00	$0.00	$86.95	$10.87	Y	N	ANTIANXIETY AGENTS/Benzodiazepines
ESCITALOPRAM	6	$0.00	$0.00	$75.21	$5.37	Y	Y	ANTIDEPRESSANTS/Selective Serotonin Reuptake
PENICILLN VK	6	$0.00	$0.00	$54.62	$36.41	Y	N	PENICILLINS/Natural Penicillins
	376	$4,977.42	$13.24	$10,250.69	$24.00			

*Indicator: M,N = Brand no generic available; O = Brand with generic available; Y = generic

SCRIPT CARE, LTD.

Lynchburg City Schools

A029E - Top Utilized Drugs by Rx

A029E_Rpt

Report Criteria Group(s) = 52030; Cycles between 5/15/2016 and 5/31/2016

Desc	# Scripts	Amt Paid	Amt Paid/ RX	Ingred. Cost	Ingred. Cost/ 30 days	Ind.*	Maint	Therapeutic Class
HYDROCO/APAP	20	$20.29	$1.01	$177.06	$20.67	Y	N	ANALGESICS - OPIOID/Hydrocodone Combinations
MONTELUKAST	18	$6.44	$0.36	$299.26	$9.35	Y	Y	ANTIASTHMATIC AND BRONCHODILATOR
AMOXICILLIN	17	$0.00	$0.00	$124.71	$25.80	Y	N	PENICILLINS/Aminopenicillins
ATORVASTATIN	16	$0.00	$0.00	$151.96	$5.43	Y	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
ESCITALOPRAM	15	$0.00	$0.00	$237.83	$8.20	Y	Y	ANTIDEPRESSANTS/Selective Serotonin Reuptake
HYDROCHLOROT	15	$0.00	$0.00	$35.16	$1.21	Y	Y	DIURETICS/Thiazides and Thiazide-Like Diuretics
VALACYCLOVIR	14	$98.82	$7.06	$324.41	$34.51	Y	N	ANTIVIRALS/Herpes Agents - Purine Analogues
AMLODIPINE	13	$0.00	$0.00	$88.28	$4.20	Y	Y	CALCIUM CHANNEL BLOCKERS/Calcium Channel
FLUCONAZOLE	12	$0.00	$0.00	$118.16	$42.71	Y	N	ANTIFUNGALS/Triazoles
LISINOPRIL	12	$0.00	$0.00	$98.03	$5.45	Y	Y	ANTIHYPERTENSIVES/ACE Inhibitors
AZITHROMYCIN	12	$0.00	$0.00	$90.24	$45.12	Y	N	MACROLIDES/Azithromycin
ALPRAZOLAM	11	$8.24	$0.75	$90.59	$11.82	Y	N	ANTIANXIETY AGENTS/Benzodiazepines
SIMVASTATIN	11	$0.00	$0.00	$137.97	$4.76	Y	Y	ANTIHYPERLIPIDEMICS/HMG CoA Reductase
ZOLPIDEM	11	$0.00	$0.00	$125.94	$7.41	Y	N	HYPNOTICS/SEDATIVES/SLEEP DISORDER
LOSARTAN POT	10	$0.00	$0.00	$97.08	$6.07	Y	Y	ANTIHYPERTENSIVES/Angiotensin II Receptor
CIPROFLOXACN	10	$0.00	$0.00	$69.12	$30.95	Y	N	FLUOROQUINOLONES/Fluoroquinolones
DOXYCYCL HYC	9	$257.22	$28.58	$470.54	$96.69	Y	N	TETRACYCLINES/Tetracyclines
LEVOTHYROXIN	9	$4.83	$0.54	$180.81	$10.64	Y	Y	THYROID AGENTS/Thyroid Hormones
DICLOFENAC	9	$1.65	$0.18	$85.74	$17.74	Y	Y	ANALGESICS - ANTI-INFLAMMATORY/Nonsteroidal
FLUTICASONE	9	$0.00	$0.00	$138.97	$10.69	Y	N	NASAL AGENTS - SYSTEMIC AND TOPICAL/Nasal
PREDNISONE	9	$0.00	$0.00	$28.47	$8.63	Y	N	CORTICOSTEROIDS/Glucocorticosteroids
LANTUS	8	$2,398.73	$299.84	$3,700.91	$219.86	N	Y	ANTIDIABETICS/Human Insulin
METHYLPHENID	8	$401.06	$50.13	$737.68	$62.34	Y	Y	ADHD/ANTI-NARCOLEPSY/ANTI-
CITALOPRAM	8	$0.00	$0.00	$113.37	$5.67	Y	Y	ANTIDEPRESSANTS/Selective Serotonin Reuptake
CYCLOBENZAPR	8	$0.00	$0.00	$62.11	$22.45	Y	N	MUSCULOSKELETAL THERAPY AGENTS/Central
OMEPRAZOLE	8	$0.00	$0.00	$28.40	$4.73	Y	Y	ULCER DRUGS/Proton Pump Inhibitors
CEFDINIR	7	$60.89	$8.70	$154.32	$105.22	Y	N	CEPHALOSPORINS/Cephalosporins - 3rd Generation
BUSPIRONE	7	$50.88	$7.27	$111.64	$25.76	Y	N	ANTIANXIETY AGENTS/Antianxiety Agents - Misc.
AMOX/K CLAV	7	$17.35	$2.48	$139.62	$60.70	Y	N	PENICILLINS/Penicillin Combinations
LISINOP/HCTZ	7	$0.00	$0.00	$83.43	$4.91	Y	Y	ANTIHYPERTENSIVES/ACE Inhibitors &
ONDANSETRON	7	$0.00	$0.00	$65.06	$67.30	Y	N	ANTIEMETICS/5-HT3 Receptor Antagonists
FUROSEMIDE	7	$0.00	$0.00	$10.81	$0.98	Y	Y	DIURETICS/Loop Diuretics
PROAIR HFA	6	$199.52	$33.25	$323.77	$92.51	N	Y	ANTIASTHMATIC AND BRONCHODILATOR
BUPROPN HCL	6	$117.59	$19.60	$241.42	$40.24	Y	Y	ANTIDEPRESSANTS/Antidepressants - Misc.
MELOXICAM	6	$0.00	$0.00	$55.38	$5.54	Y	Y	ANALGESICS - ANTI-INFLAMMATORY/Nonsteroidal
	362	$3,643.51	$10.06	$8,998.25	$21.76			

*Indicator: M,N = Brand no generic available; O = Brand with generic available; Y = generic

SCRIPT CARE, LTD.

City of Lynchburg

A035A - Utilization by Location

A035A_Rpt

Report Criteria Group(s) = 52021; Cycles between 5/15/2016 and 5/31/2016

Location	Description	# Scripts	Copay	Amt Paid	Admin Fee	Amt Paid + Admin Fee
001	ACTIVE	584	$14,956.84	$65,334.94	$1,606.00	$66,940.94
002	CIRCUIT COURT	5	$63.78	$18.34	$13.75	$32.09
003	HRA	9	$264.58	$406.71	$24.75	$431.46
004	RETIREES > 65	12	$262.01	$356.88	$33.00	$389.88
005	RETIREES < 65	176	$5,261.88	$7,147.32	$484.00	$7,631.32
006	ACTIVE OTHER	29	$792.87	$3,557.79	$79.75	$3,637.54
008	LINE OF DUTY MEMBERS	1	$0.00	$39.80	$2.75	$42.55
098	COBRA	3	$33.44	$0.00	$8.25	$8.25
Grand Total		819	$21,635.40	$76,861.78	$2,252.25	$79,114.03

SCRIPT CARE, LTD.

Lynchburg City Schools

A035A - Utilization by Location

A035A_Rpt

Report Criteria Group(s) = 52030; Cycles between 5/15/2016 and 5/31/2016

Location	Description	# Scripts	Copay	Amt Paid	Admin Fee	Amt Paid + Admin Fee
01	MONTHLY $1500	392	$9,403.46	$21,057.06	$1,078.00	$22,135.06
03	FOOD SERVICE $1500	21	$558.68	$895.12	$57.75	$952.87
05	RETIREE $1500	16	$470.40	$441.75	$44.00	$485.75
09	BOTH WORK $1500	14	$228.23	$485.76	$38.50	$524.26
11	LAUREL $750	10	$139.11	($65.68)	$27.50	($38.18)
12	LAUREL $1500	14	$569.49	$825.46	$38.50	$863.96
15	GOVERNOR'S $750	3	$264.08	$633.85	$8.25	$642.10
20	STEM ACADEMY $750	3	$322.90	$1,014.88	$8.25	$1,023.13
21	MONTHLY $750	277	$8,950.16	$38,049.63	$761.75	$38,811.38
23	FOOD SERVICE $750	4	$47.82	$33.31	$11.00	$44.31
25	RETIREE $750	37	$1,078.59	$1,079.84	$101.75	$1,181.59
29	BOTH WORK $750	8	$221.75	$175.72	$22.00	$197.72
34	NA	2	$5.13	$393.26	$5.50	$398.76
92	COBRA $750	2	$60.14	$29.79	$5.50	$35.29
98	COBRA $1500	3	$149.03	$834.83	$8.25	$843.08
Grand Total		806	$22,468.97	$65,884.58	$2,216.50	$68,101.08