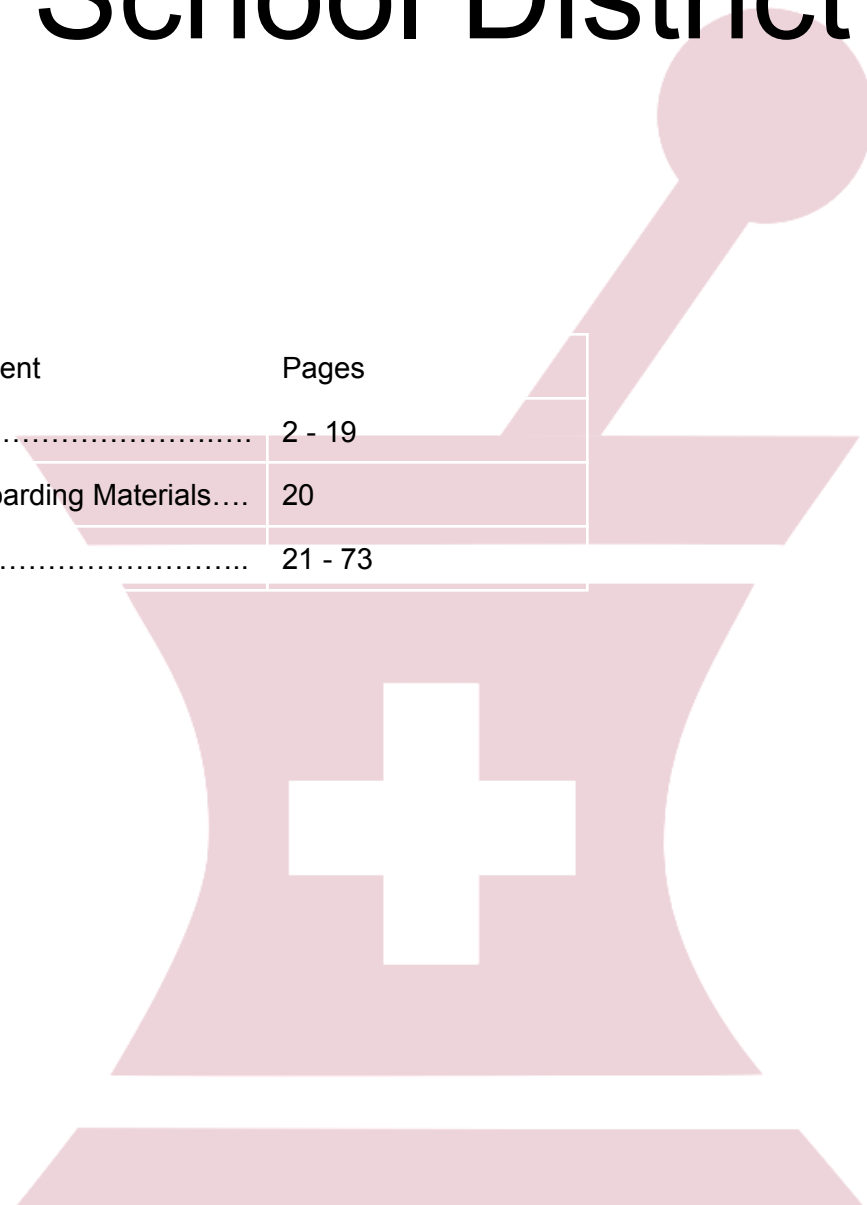


Porter County, IN School District

Section Content	Pages
Contract.....	2 - 19
Patient Onboarding Materials....	20
Invoices.....	21 - 73



The information contained in this packet is the product of Freedom of Information Act requests filed by the Partnership for Safe Medicines. For additional info, please feel free to contact Shabbir Imber Safdar at shabbir@safemedicines.org or (415) 630-3736.

**RX PROTECT, LLC
RXPROTECT CLIENT AGREEMENT**

THIS RXPROTECT CLIENT AGREEMENT (the “Agreement”) will be effective as of the date set forth in Article 6.1 and is entered into by and between RxProtect, LLC (“RxProtect”), a Delaware limited liability company, with a business address of 9520 Ormsby Station Rd., Ste 15, Louisville, KY 40223, and Porter County Schools Employees’ Insurance Trust, an Indiana public school Trust, with a business address of 750 Ransom Road, Valparaiso, IN 46385 (“Client”). RxProtect and Client may hereinafter be referred to as a “Party” and together, the “Parties”.

RECITALS

WHEREAS, RxProtect engages in medication (“Rx”) management consulting and assistance services, including, among other things, facilitating the logistics of order of medications and prescription processing for certain brand name (“Brand Name”) and insulin (“Insulin”) medications (“RxProtect Services”);

WHEREAS, Client provides or arranges for the coverage of Rx benefits and benefit programs for employees;

WHEREAS, RxProtect and Client desire that RxProtect be a provider of RxProtect Services to Client,

NOW THEREFORE, in consideration of the mutual covenants, promises and agreements contained herein, the receipt and sufficiency of which are hereby acknowledged, the Parties hereto agree as follows:

TERMS OF AGREEMENT

ARTICLE I – DEFINITIONS

“Member” or “Members” means the employee or employees at Client location(s) or other covered lives associated with such employee(s).

“Eligibility Files” means the list submitted by Client to RxProtect in electronic format as requested by RxProtect indicating persons eligible for program participation.

“Data Analytics” means Rx claim data submitted by Client to RxProtect indicating medication cost and Member associated with medication.

ARTICLE II – ESTABLISHMENT OF THE RX PROTECT PROGRAM

2.1 Eligibility/Set Up. Client will submit completed Eligibility Files on a monthly basis, and RxProtect will utilize Eligibility Files to determine eligibility of potential new enrollees and employees previously helped through the RxProtect program. Eligibility File will include first name, last name, phone number, address, and email if available.

2.2 Data Analytics. Client will submit updated Rx Data Analytics on a monthly basis. Data Analytics will contain Brand Name and Insulin medication name, cost to the Client, and the Members' first and last name associated with each medication.

ARTICLE III – RX PROTECT SERVICES

3.1 Patient Advocacy Mail Order Logistics Program (“Mail Order Logistics Program”). RxProtect will work one on one with Members to submit and process the order of medication through licensed and certified established wholesale and distribution partners at the lowest cash paying price.

RxProtect Services are subject to the detail found in Exhibit A, RxProtect Services.

ARTICLE IV – FEES; BILLING AND PAYMENT

4.1 Fees. RxProtect will be due thirty percent (33%) of the savings created for the Client, calculated as described below (“Fees”).

4.2 Billing and Payment.

- (a) Billing. Client will pay to RxProtect, an amount equal to the costs of the Mail Order Logistics Program and an amount equal to the RxProtect Program Fees as defined in Exhibit A. Unless otherwise agreed to by the Parties, RxProtect will invoice Client on the 2th and 17th of each month for the Mail Order Logistics Program and on the fifth (5th) day of each month for the RxProtect Program Fees. Client shall allow RxProtect to draw via ACH from an account designated by Client (an “ACH Draw”) on the third (3rd) day following each invoice date (the “Draw Date”) and shall provide RxProtect with an executed debit authorization form upon execution of this Agreement. Any ACH Draw due to RxProtect that is returned as unpaid shall constitute a payment breach (a “Payment Breach”). RxProtect will provide a summary of the basis by which the RxProtect Program Fees are calculated on a monthly basis throughout the term of this Agreement.
- (b) Payment. If any amount payable to RxProtect by Client is not paid when due, then without limiting any other rights which RxProtect may have as a result of late payment including, but not limited to, termination of the Agreement for a Payment Breach, the unpaid amount will bear interest until paid at a monthly rate of one and one-half percent (1.5%) or the maximum amount permitted under law, whichever is less, with such interest to be paid on demand together with all costs incurred by RxProtect to collect amounts due, including reasonable attorneys' fees and disbursements.

ARTICLE V – HIPAA; CONFIDENTIAL INFORMATION

5.1 HIPAA. The Parties agree that as relates to use and disclosure of PHI, electronic transaction standards and security of electronic PHI under HIPAA, they are subject to the terms of the Business Associate Agreement (the “BAA”) set forth in Exhibit C.

5.2 Confidential Information.

- (a) RxProtect Proprietary Information. Client agrees that certain information provided by RxProtect is considered confidential and proprietary information (“RxProtect

Proprietary Information”), including but not limited to, business models, distribution methods and partners, business methods and practices, RxProtect reporting and other web-based applications, eligibility and adjudication systems, trade secrets, formats and databanks (collectively, “RxProtect Systems”). Unless otherwise needed for litigation purposes related to this Agreement or required by law, Client agrees that RxProtect Proprietary Information will not be disclosed to third parties except as provided herein. Client shall not use RxProtect Proprietary Information for its own purposes or disclose it to any third party, at any time during or after termination of the Agreement, except as specifically contemplated by this Agreement or upon RxProtects’ prior written consent, or as otherwise required by law or court order. Upon termination of this Agreement, Client shall cease using all RxProtect Proprietary Information. This obligation of Client shall not apply, however, if and to the extent that:

- (i) The RxProtect Proprietary Information was already known to Client at the time of receipt from RxProtect; or
- (ii) The RxProtect Proprietary Information is lawfully obtained by Client from a third party not under any obligation not to disclose it; or
- (iii) The RxProtect Proprietary Information was either published or otherwise available to the public at the time of its receipt by Client from RxProtect or later became published or available to the public other than by breach of this Agreement.

ARTICLE VI – TERM AND TERMINATION; DEFAULT AND NON-PAYMENT

6.1 Term. This Agreement will commence effective as of April 1st, 2023 (the “Effective Date) and will continue for a period of one (1) year(s) (the “Initial Term”). This Agreement will automatically renew for an additional year (a “Renewal Term”) if either Party does not provide ninety (90) days written notice to the other Party prior to end of the Initial Term or any Renewal Term. This Agreement may be terminated earlier in accordance with the terms of Article 6.2 below.

6.2 Termination.

- (a) Termination Without Cause. Client may terminate this Agreement at any time prior to the expiration of the Term without cause and for any or no reason upon sixty (60) days’ prior written notice to RxProtect. In addition, Client acknowledges and agrees that Client and its beneficiaries enrolled in Exhibit A Service 1 (Mail Order Logistics Program) shall not receive any medications after the termination date specified in the termination notice delivered in accordance with the preceding sentence (the “Termination Date”). The Agreement will be terminated effective with the payment of all outstanding amounts due pursuant to the agreement (the “Final Termination Date”). The Parties acknowledge and agree that with respect to this Article 6.2(a) RxProtect will retain all rights pursuant to this Agreement through the Final Termination Date.
- (b) Breach or Default. Either party may give the other written notice of a material, substantial and continuing breach of this Agreement. If the breaching party has not cured said breach within thirty (30) days from the date such notice was sent, this Agreement may be terminated at the option of the non-breaching party. If the amount of time commercially reasonable for the breach to be cured is longer than thirty (30) days, this Agreement may not be terminated by the non-breaching party pursuant to this provision until such commercially reasonable period of time has elapsed; provided, however, that in no event will such period exceed sixty (60) days.

- (c) Non-Payment. Notwithstanding anything to the contrary herein, RxProtect (and its wholly-owned subsidiaries) may terminate and cease providing or authorizing provision of RxProtect Services upon ninety-six (96) hours written notice due to a Payment Breach, provided RxProtect attempts collection through communications with Client prior to sending the notice described herein.

ARTICLE 7 – INDEMNIFICATION; LIMITATION ON DAMAGES.

7.1 Personal Injury and Damage to Tangible Property.

- a) Each Party (the “Indemnitor”) shall defend, at its expense, the other Party and its Affiliates (the “Indemnitees”) against any third party claims brought against any of the Indemnitees for (i) bodily injury, including death, or (ii) damage to tangible property, in each case, to the extent caused by the negligence or willful misconduct of the Indemnitor or its Affiliates, employees, Subcontractors, agents or representatives during the Term of this Agreement.
- b) In addition, the Indemnitor shall indemnify and hold harmless the Indemnitees from and against (i) any financial judgments finally awarded by a court of competent jurisdiction to such third parties against the Indemnitees based on the claims described in Article 7.1 (a) after the Indemnitor has presented its defenses (or after the Indemnitor elected not to, or failed to, defend such claims); and (ii) any financial settlement amount to which the Indemnitor agrees in writing (or to which the Indemnitees agreed after the Indemnitor elected not to, or failed to, defend such claims). Such amounts shall be deemed the direct damages of the Indemnitees, not Consequential Damages under Article 7.4 (a).

7.2 Regulatory BAA Claims.

- a) Each Indemnitor shall defend, at its expense, the Indemnitees against any claims or regulatory actions brought against any of the Indemnitees by a duly authorized regulatory authority in the United States (“HIPAA Regulatory Authority”) to the extent arising from a breach of the Indemnitor’s obligations set forth in the BAA by the Indemnitor or its Affiliates or their respective employees or subcontractors (“Regulatory BAA Claims”).
- b) In addition, the Indemnitor shall indemnify and hold harmless the Indemnitees from and against (i) any final financial penalties assessed against any Indemnitee by a HIPAA Regulatory Authority based on such Regulatory BAA Claims after the Indemnitor has presented any defenses allowed by applicable law (or after the Indemnitor elected not to, or failed to, present such defenses), and (ii) any financial settlement amount to which the Indemnitor agrees in writing (or to which the applicable Indemnitees agreed after the Indemnitor elected not to, or failed to, defend such Regulatory BAA Claims). Such financial penalties and financial settlement amounts shall be deemed the direct damages (not consequential damages described in Article 7.4 (a) of this Agreement) of the Indemnitees.

7.3 The indemnity obligations set forth in this Article 7 are contingent upon: (i) the Indemnitees giving prompt written notice to the Indemnitor of any such claim(s); failure or delay to so notify Indemnitor shall not relieve Indemnitor from any liability hereunder so long as the failure or delay shall not have prejudiced the defense of such claim; (ii) the Indemnitor having sole control of the defense or

settlement of the claim; and (iii) at the Indemnitor's request and expense, the Indemnitees cooperating in the investigation and defense of such claim(s).

7.4 Limitation on Consequential Damages.

- a) EXCEPT AS PROVIDED IN ARTICLE 7.4 (b) BELOW, WITH RESPECT TO ALL CLAIMS, ACTIONS AND CAUSES OF ACTION ARISING OUT OF, UNDER OR IN CONNECTION WITH THIS AGREEMENT (INCLUDING CLAIMS, ACTIONS AND CAUSES OF ACTION ARISING OUT OF, UNDER OR IN CONNECTION WITH THIS AGREEMENT), REGARDLESS OF THE FORM OF ACTION, WHETHER IN CONTRACT OR TORT (INCLUDING NEGLIGENCE, STRICT LIABILITY OR OTHERWISE) AND WHETHER OR NOT SUCH DAMAGES ARE FORESEEN, NEITHER PARTY WILL BE LIABLE FOR ANY AMOUNTS FOR INDIRECT, INCIDENTAL, SPECIAL, CONSEQUENTIAL (INCLUDING, WITHOUT LIMITATION LOSS PROFITS, LOSS OF GOODWILL, LOSS OF REPUTATION, LOST REVENUE, OR DAMAGES FOR THE LOSS OF DATA) OR PUNITIVE DAMAGES OF THE OTHER PARTY OR ANY THIRD PARTIES (collectively, "CONSEQUENTIAL DAMAGES").

The limitations on Consequential Damages as set forth in Article 7.4 (a) shall not apply to (i) Client's obligations to make payments under this Agreement, (ii) a Party's breach of this Agreement attributable to such Party's willful misconduct or fraud, or (iii) a Party's breach of this Agreement attributable to such Party's gross negligence; provided, however, the amount of such Consequential Damages pursuant to this clause (iii) shall be subject to the greater of RxProtect's insurance coverage for such Consequential Damages or Twenty-Four Month Cap as described in Article 7.5 (d).

7.5 Limitations on The Amount of Damages.

- (a) EXCEPT AS PROVIDED IN ARTICLE 7.5 (b), Article 7.5 (c) AND ARTICLE 7.5 (d) BELOW, WITH RESPECT TO ALL CLAIMS, ACTIONS AND CAUSES OF ACTION ARISING OUT OF, UNDER OR IN CONNECTION WITH THIS AGREEMENT (INCLUDING CLAIMS, ACTIONS AND CAUSES OF ACTION ARISING OUT OF, UNDER OR IN CONNECTION WITH THIS AGREEMENT, REGARDLESS OF THE FORM OF ACTION, WHETHER IN CONTRACT OR TORT (INCLUDING NEGLIGENCE, STRICT LIABILITY OR OTHERWISE) AND WHETHER OR NOT SUCH DAMAGES ARE FORESEEN, NEITHER PARTY'S LIABILITY WILL EXCEED, IN THE AGGREGATE, THE GREATER OF RXPROTECT'S INSURANCE COVERAGE FOR SUCH CLAIMS, ACTIONS AND CAUSES OF ACTION OR THE TOTAL AMOUNT ACTUALLY PAID TO RXPROTECT BY CLIENT FOR THE SERVICES PROVIDED UNDER THIS AGREEMENT (EXCLUDING AMOUNTS PAID AS REIMBURSEMENT OF EXPENSES OR TAXES) DURING THE TWELVE (12) MONTHS IMMEDIATELY PRECEDING THE DATE THAT THE FIRST CLAIM, ACTION, OR CAUSE OF ACTION AROSE OUT OF, UNDER OR IN CONNECTION WITH SUCH STATEMENTS OF WORK ("TWELVE-MONTH CAP"); PROVIDED, HOWEVER, IF THE DATE OF THE FIRST CLAIM IS PRIOR TO THE FIRST ANNIVERSARY OF THE EFFECTIVE DATE OF THIS AGREEMENT, SUCH TWELVE-MONTH CAP SHALL NOT EXCEED THE AVERAGE OF THE MONTHLY AMOUNTS ACTUALLY PAID TO RXPROTECT BY CLIENT FOR THE SERVICES

PROVIDED UNDER THIS AGREEMENT (EXCLUDING AMOUNTS PAID AS REIMBURSEMENT OF EXPENSES OR TAXES) DURING THE PERIOD BEGINNING ON THE EFFECTIVE DATE UP TO THE DATE OF THE FIRST CLAIM - MULTIPLIED BY TWELVE.

- (b) The limitations on the amount of damages set forth in Article 7.5 (a), shall not apply to: (i) a Party's breach of this Agreement attributable to its gross negligence, willful misconduct or fraud; (ii) Client's obligations to make payments under this Agreement; or (iii) a Party's indemnification obligations set forth in this Article 7.
- (c) With respect to each Party, the limitations on the amount of damages set forth in Article 7.5 (a), shall not apply to a breach of such Party's obligations set forth in the BAA by such Party or its affiliates or their respective employees or subcontractors (excluding Regulatory BAA Claims which are governed by Article 7.2 above), except each Party's total liability for any and all such breaches shall be subject to the greater of RxProtect's insurance coverage for such breaches or the Twenty-Four Month Cap described in Article 7.5 (d) below. For purposes of this Article 7.5 (c), the following shall be considered the direct damages (not Consequential Damages under Article 7.4 (a)) of the non-breaching Party caused by the other Party's breach of the BAA: (i) Reasonable amounts for credit monitoring services provided to the individuals whose PHI was subject to a Breach of Unsecured Protected Health Information (defined in the BAA), and (ii) reasonable amounts for any notifications required by the Breach Notification Provisions (defined in the BAA).
- (d) "Twenty-Four-Month Cap" means the amount of the Twelve-Month Cap multiplied by two. The Twenty-Four-Month Cap is not a separate cap, but a cumulative cap that only applies (i) after the Twelve-Month Cap has been exceeded, and (ii) to a Party's liability described in Article 7.5 (c) above, and a Party's liability for Consequential Damages as described in Article 7.4 (b) above due to a Party's breach of this Agreement attributable to such Party's Gross Negligence.

7.6 Insurance: Without limiting RxProtect's indemnification obligations, RxProtect shall, through the term of this Agreement, secure and maintain insurance coverage appropriate to its business and products, including through self-insurance, including, without limitation:

- (a) commercial general liability with minimum limits of \$1,000,000 per occurrence and \$2,000,000 annual aggregate;
- (b) professional liability with minimum limits of \$2,000,000 per occurrence and \$4,000,000 annual aggregate;
- (c) workers' compensation in accordance with applicable laws;
- (d) hired and non-owned insurance with minimum limits of \$1,000,000 per occurrence and \$1,000,000 annual aggregate; and
- (e) cyber security insurance with minimum limits of \$1,000,000 per occurrence and \$1,000,000 annual aggregate.

RxProtect shall name Client as an additional insured and provide certificates of insurance as requested by Client. RxProtect shall notify Client within ten (10) business days of any cancellation, non-renewal or reduction in insurance coverages set forth in this Section. All such insurance shall be written by carriers with an A.M. Best Rating of at least A and remain in place throughout the term of this Agreement.

The provisions of this Article 7 shall survive the termination of this Agreement and for two years thereafter.

ARTICLE VIII – DISCLAIMER.

8.1 EXCEPT AS EXPRESSLY PROVIDED OTHERWISE HEREIN, NEITHER RXPROTECT NOR ITS AFFILIATES MAKE ANY REPRESENTATIONS OR WARRANTIES UNDER THIS AGREEMENT OR WITH RESPECT TO ANY PROGRAM OR RELATED SERVICE. RXPROTECT, ON BEHALF OF ITSELF AND ITS AFFILIATES, SPECIFICALLY DISCLAIMS ALL IMPLIED WARRANTIES, INCLUDING THE IMPLIED WARRANTIES OF FITNESS FOR A PARTICULAR PURPOSE, MERCHANTABILITY, ACCURACY, AND NON-INFRINGEMENT. EACH PROGRAM AND ANY RELATED SERVICE IS PROVIDED “AS-IS” WITH ALL FAULTS. RXPROTECT IS NOT RESPONSIBLE FOR MAKING ANY ALTERATIONS OR MODIFICATIONS TO ANY PROGRAM OR SERVICE OTHER THAN THOSE DEEMED BY RXPROTECT, AT ITS SOLE DISCRETION, TO BE NECESSARY AND APPROPRIATE.

ARTICLE IX – MISCELLANEOUS

9.1 Use of Name. The Parties agree that no public or private announcements, media releases, press conferences, advertising or similar publicity in any form relating to the name, image, or logo (or any variation or combination of such name, image, or logo) of RxProtect or any Affiliate or the name or image of the employees, members, patients, clients or customers of RxProtect or its Affiliates shall be made without RxProtect’s prior written consent, which consent may be withheld in RxProtect’s sole discretion.

9.2 Audit. During the Term and for a period of three (3) years following the expiration or termination of this Agreement, each Party shall have the right upon reasonable notice at all reasonable times to audit and examine the records of the other insofar as such examination relates to, and is limited by, the transactions involving the services and compensation rendered under the terms of this Agreement. The party requesting and conducting the audit shall bear all expenses of the audit. Any such audits or reviews shall be allowed upon reasonable notice, at least seven (7) days in advance, during regular business hours and shall be subject to all applicable laws and regulations concerning the privacy and/or confidentiality of such data or records. Following written request for an audit, the parties will agree upon the time, place and scope of any such audits, examinations or reviews.

9.3 Assignment. Neither this Agreement nor any right, interest or obligation hereunder may be assigned (by operation of law or otherwise) by any Party without the prior written consent of the other Party and any attempt to do so will be void; provided, however, that: (a) the Parties may, upon notice to the other Party but without being obligated to obtain the other Party’s consent, assign this Agreement or any of its rights, interests or obligations hereunder to a wholly owned affiliate or subsidiary or parent company of the Party; and (b) no such written consent will be required in connection with a Change of Control, merger or reorganization of a Party, or a sale of all, or substantially all, of such Party’s assets. Subject to the preceding sentence, this Agreement is binding upon, inures to the benefit of and is enforceable by the Parties hereto and their respective successors and assigns.

9.4 Independent Contractors. The relationship between RxProtect and Client is solely that of independent contractors. No contract of agency and no joint venture or partnership is created by this Agreement. Except to the extent expressly authorized by the terms of this Agreement, neither Party will make any contract, agreement, warranty, or representation on behalf of the other Party, or incur any debt or other obligation in the other Party's name, or act in any manner which has the effect of making that Party the apparent agent of the other Party. Neither Party will be liable by reason of any act or omission of the other Party in the conduct of its business or for any resulting claim or judgment.

9.5 Notices. All notices required by this Agreement to be given by either Party to the other Party shall be in writing and shall be deemed to have been given if personally delivered to the other Party or if sent by United States Postal Service certified mail, return receipt requested, postage prepaid or by priority FedEx or UPS, requiring a signature of receipt. Notices shall be effective upon receipt. All notices or communications between the Parties shall be addressed as set forth below. Either Party may change its notice address by giving written notice to the other Party in the manner provided in this Article.

If to RxProtect: RxProtect, LLC
Attention: Nate Hughes
9520 Ormsby Station Road, Suite 15
Louisville, KY 40223

With a copy to: RxProtect, LLC
Attention: Steve Downey
9520 Ormsby Station Road, Suite 15
Louisville, KY 40223

If to Client: Porter County Schools Employees' Insurance Trust
Attention: John Hunter
750 Ransom Road
Valparaiso, IN 46385

9.6 Governing Law. The validity, interpretation, enforceability, and performance of this Agreement shall be governed by and construed in accordance with the laws of the state of Indiana, excepting any conflict of laws or provisions which would serve to defeat application of Indiana substantive law. All disputes arising under this Agreement shall be venued in a court of competent jurisdiction in Porter County, Indiana.

9.7 Severability. If any provision of this Agreement conflicts with the law under which this Agreement is to be construed or if any such provision is held invalid by a competent authority, such provision shall be deemed to be restated to reflect as nearly as possible the original intentions of the Parties in accordance with applicable law. The remainder of this Agreement shall remain in full force and effect.

9.8 Waiver. Notwithstanding any course of dealing or the failure to strictly enforce this Agreement, no term, right, provision or remedy set forth in this Agreement is waived nor any breach excused (collectively, a "Waiver") unless documented in a writing signed by the Party granting the Waiver. A Party's Waiver in one instance does not constitute a Waiver of any subsequent failure or breach. The

failure of either Party to enforce at any time any of the provisions of this Agreement, or the failure to require at any time performance by the other Party of any of the provisions of this Agreement, will in no way be construed to be a present or future Waiver of any such provisions, or in any way affect the validity of either Party to enforce each and every provision thereafter.

9.9 Headings. The Article headings used in this Agreement are for reference and convenience only and shall not affect any construction or interpretation of this Agreement.

9.10 Counterparts. This Agreement may be executed in several counterparts, each of which shall be considered an original but all of which taken together shall constitute one and the same instrument.


9.11 Force Majeure. No Party shall be liable or responsible to the other Party, nor be deemed to have defaulted under or breached this Agreement, for any failure or delay in fulfilling or performing any term of this Agreement, when and to the extent the failure or delay is caused by or results from a Force Majeure Event; provided, however, that in the event of a Force Majeure Event, each Party shall use its good faith efforts to perform its duties and obligations under this Agreement. A "Force Majeure Event" includes (a) acts of God; (b) flood, fire, earthquake, or explosion; (c) war, invasion, hostilities (whether war is declared or not), terrorist threats or acts, riot or other civil unrest; (d) any governmental order, law, or action; and (e) telecommunication breakdowns, power outages or shortages, or inability or delay in obtaining supplies. When there is a Force Majeure Event, the impacted Party shall immediately notify the other Party in writing of the Force Majeure Event including the period of time such event is expected to continue. The impacted Party shall resume the performance of its obligations as soon as reasonably practicable after the removal of the Force Majeure Event. If a Force Majeure Event prevents, hinders or delays performance under this Agreement for more than ninety (90) days, either Party shall have the right to terminate the Agreement as of the date specified in a written notice of termination and shall have a the right to a pro rata refund of fees paid for Services not yet delivered, if any.

9.12 Entire Agreement. This Agreement and attached Exhibits (which are all incorporated by reference) constitutes the entire agreement between the Parties with respect to the subject matter hereof and merges, integrates and supersedes all prior and contemporaneous agreements and understandings between the Parties, whether written or oral, relating to the same subject matter. There are no promises, representations, warranties, or other commitments relied upon by either Party that are not expressly set forth in this Agreement. Neither the course of dealings between the Parties nor trade practices shall act to modify, vary, supplement, explain, or amend this Agreement. The Agreement may only be amended or modified in a writing signed by an authorized representative of each Party.

(SIGNATURE PAGE FOLLOWS)

IN WITNESS WHEREOF, the Parties have made through its duly authorized representative and executed this Agreement on the respective dates under each signature:

RXPROTECT, LLC

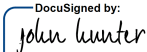
By:  _____
DocuSigned by:
FE567537EAF14E6...

Printed Name: Nate Hughes

Title: CEO

Date: 3/23/2023

PORTER COUNTY SCHOOLS EMPLOYEES' INSURANCE TRUST

By:  _____
DocuSigned by:
CB0585E2D72348E...

Printed Name: john hunter

Title: President

Date: 4/3/2023

EXHIBIT A
RX PROTECT SERVICES

RxProtect will provide the following services for the Client.

Service 1. Patient Advocacy Using Mail Order Logistics Program.

The Mail Order Logistics Program (“MOLP”) is a service that helps to establish a relationship between the Client’s employees and one or more pharmacies so that the total cost of the Brand Name medication prescribed for the Client’s employees is reduced. RxProtect has created a proprietary database and have established partnerships with fully licensed and certified wholesale pharmacies for those medications included on Exhibit B (as it may be modified from time to time). The database offers the ability to match a medication’s lowest cash paying price to the appropriate wholesale pharmacy. RxProtect will utilize its proprietary database to match Member medication to the lowest cash paying price accordingly. RxProtect will submit existing Member script and will facilitate the ordering process with the wholesale pharmacy. RxProtect will be in communication with Member to establish delivery date and method. RxProtect will invoice (as identified in the Agreement) Client twice monthly for the actual cost of the MOLP logistics services and once monthly or quarterly as the scripts are filled by our pharmacy partner for 33% of savings generated, which shall represent 33% of the difference in the cost of the specific medication paid by Client as provided to RxProtect in the Rx claims feed prior to RxProtect providing the analysis of potential savings to Client and the cost of the specific medication invoiced to Client through the MOLP logistics services.

EXHIBIT B**BRAND NAME MEDICATIONS FOR RXPROTECT SERVICES**

Actemra	Farxiga
Adcirca	Genotropin Go Quick Syringe
Advair 100 diskus	Genvoya
Advair 250 Diskus	Hadlima Prefilled Syringe
Apidra Solostar	Humalog Cartridge 5x3mL
Apidra	Humalog Junior KwikPen
Aptiom	Humalog KwikPen
Arnuity Ellipta	Humatrope
Asmanex Twisthaler	Humira (Pen)
Avonex Pen	Humira (Syringe)
Avonex PS	Humulin 30/70
Banzel	Humulin N KwikPen
Basaglar KwikPen 80 Units	Humulin R Cartridge
Benlysta	Ibrance
Benzaclin Topical Gel	Imbruvica
Biktarvy	Inlyta
Breo Ellipta Inhaler	Intelligence
Bydureon	Invokana
Cimzia	Jakavi
Combivent Respimat	Janumet
Copaxone	Janumet XR
Cosentyx AI sensor ready pen	Januvia
Cosentyx Prefilled Syringe	Jardiance
Creon 10	Juluca
Creon 25	Lantus SoloSTAR
Descovy	Levemir Flextouch
Dexilant	Linzess
Dulera	Lupron Depot
Dupixent	Mekinist
Edarbyclor	Neupogen
Eliquis	Norditropin Nordiflex
Emcyt	Novolin Ge 30/70
Enbrel (Syringe)	Novolog 5x3ml
Enbrel Sureclick	Novolog FlexTouch
Entresto	Novolog Vial
Entyvio	Nplate
Epclusa	Nucala
Fasenra	Orencia
Fiasp Flex Touch Prefilled Pen	Otezla
Flovent HFA	Ozempic
Forteo	Ozempic
	Prezcobix
	Pulmozyme

Rebif	Toujeo Solostar - 5
Remicade	Toujeo Solostar Double Star (Max)
Rexulti	Trajenta
Rinvoq	Trelegy
Saxenda	Tremfya One-Press Syringe Prefill
Simponi (Single-Use Autoinjector)	Tresiba
Simponi (Single-Use Prefilled Syringe)	Trintellix
Skyrizi	Triumeq
Spiriva	Trulicity
Spiriva Respimat	Truvada
Sprycel	Tykerb
Stelara	Vemlidy
Sutent	Viberzi
Symbicort 100 Turbuhaler	Victoza
Symbicort 200 Turbuhaler	Vimpat
Symtuza	Votrient
Synarel	Vraylar
Tafinlar	Xarelto
Taltz Autoinjector	Xeljanz
Tasigna	Xeljanz XR
Tecfidera	Xifaxan
Tivicay	Xigduo
Toujeo Solostar - 3	Xiidra

EXHIBIT C
BUSINESS ASSOCIATE AGREEMENT

THIS BUSINESS ASSOCIATE AGREEMENT (this “Agreement”) is made for the purpose of delineating the terms and conditions under which RxProtect (“Business Associate”) and Client (“Covered Entity”) shall comply with obligations under HIPAA relating to the Services RxProtect provides to Client under the RxProtect Client Agreement (the “Client Agreement”).

1. Definitions.

(a) “Breach Notification Provisions” means the “Notification in the Case of Breach of Unsecured Protected Health Information” provisions under HIPAA as contained in 45 C.F.R. Part 164, subpart D.

(b) “Designated Record Set” will mean a group of records maintained by or for Client or Client’s employees that is (i) the medical records and billing records about individuals maintained by or for Client’s employees, (ii) the enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a health plan on behalf of Client; or (iii) used, in whole or in part, by or for Client to make decisions about individuals.

(c) “HIPAA Rules” means the collective privacy, transaction and security regulations promulgated pursuant to the Health Insurance Portability and Accountability Act, as codified at 45 CFR Parts 160, 162 & 164.

(d) “Health Plan” or “Plan” will have the same meaning as the term “Health Plan” in 45 CFR 160.103.

(e) “Individual” will have the same meaning as the term “individual” in 45 CFR § 164.501 and will include a person who qualifies as a personal representative in accordance with 45 CFR § 164.502(g).

(f) “Client Agreement” means the RxProtect Client Agreement to which this Business Associate Agreement is attached.

(g) “Protected Health Information” or “PHI” will have the same meaning as the term “protected health information” in 45 CFR § 164.501, limited to the information created or received by RX PROTECT from or on behalf of Client or Client’s employees.

(h) “Privacy Rule” will mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Part 160 and Part 164, as they exist now or as they may be amended.

(i) “Required By Law” will have the same meaning as the term “required by law” in 45 CFR § 164.501.

(j) “Secretary” will mean the Secretary of the Department of Health and Human Services or his designee.

(k) “Security Incident” means the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system.

(l) “Security Standards” will mean the Security Standards, 45 C.F.R. parts 160, 162 and 164, as they exist now or as they may be amended.

(m) “Transaction Standards” will mean the Standards for Electronic Transactions, 45 C.F.R. 160 and 162, as they exist now or as they may be amended. Terms used, but not otherwise defined, in this Addendum will have the same meaning as those terms in 45 CFR §§ 160.103 and 164.501.

2. General Use and Disclosure Provisions. RxProtect and the Client acknowledge and agree as follows:

(a) Except as otherwise limited in this Agreement, RxProtect may use and disclose PHI to properly provide, manage and administer the services required under the Client Agreement and consistent with applicable law to assist the Client in its operations, as long as such use or disclosure would not violate the HIPAA Rules if done by the Client.

(b) RxProtect will take reasonable efforts to limit requests for, use and disclosure of PHI to the minimum necessary to accomplish the intended request, use or disclosure.

(c) Except as otherwise limited in this Agreement: (i) RxProtect may use PHI for the proper management and administration of RxProtect’s obligations as required under the Client Agreement or to carry out RxProtects’ legal responsibilities. (ii) RxProtect may disclose PHI to third parties for the proper management and administration of RxProtect Protect’s obligations as required under the Client Agreement or to carry out the legal responsibilities of RxProtect, provided that the disclosures are Required by Law, or RxProtect obtains reasonable assurances from the person to whom the information is disclosed that it will remain confidential and used or further disclosed only as Required by Law or for the purpose for which it was disclosed to the person, and the person notifies RxProtect of any instances of which it is aware in which the confidentiality of the information has been breached. (iii) RxProtect may use PHI to perform Data Aggregation services on behalf of the Client as permitted by 45 CFR 164.504(e)(2)(i)(B).

(d) RxProtect agrees to promptly notify the Client if RxProtect has knowledge that PHI has been used or disclosed by RxProtect in a manner that violates applicable law.

(e) RxProtect agrees to use appropriate safeguards, consistent with applicable law, to prevent use or disclosure of PHI in a manner that would violate this Agreement. RxProtect will provide the Client with such information concerning such safeguards as the Client may reasonably request from time to time.

(f) RxProtect agrees to mitigate, to the extent practicable, any harmful effect that is known to RxProtect of a use or disclosure of PHI by RxProtect in violation of this Agreement or the Client Agreement.

(g) RxProtect agrees to ensure that any agent, including a subcontractor, to whom it provides PHI received from, or created or received by RxProtect on behalf of the Client agrees to the same restrictions and conditions that apply through this Agreement to RxProtect with respect to such information.

(h) Within fifteen (15) business days of a request from the Client, RxProtect will provide access to the Client to PHI in a Designated Record Set in order to meet the requirements under 45 CFR 164.524. If RxProtect receives a request directly from an Individual, or if the Client requests that access be provided to the Individual, RxProtect will provide access to the Individual to PHI in a Designated Record Set within thirty (30) days in order to meet the requirements under 45 CFR 164.524.

(i) Within sixty (60) days of a request of the Client or subject Individual, RxProtect agrees to make any appropriate amendment(s) to PHI in a Designated Record Set that the Client directs or agrees to pursuant to 45 CFR 164.526.

(j) RxProtect agrees to document disclosures of PHI and information related to such disclosures as would be required for the Client to respond to a request by an Individual for an accounting of disclosures in accordance with 45 CFR §164.528.

(k) Within thirty (30) business days of a proper request by the Client, RxProtect agrees to document and make available to the Client, for a reasonable cost-based fee (under conditions permitted by HIPAA if an Individual requests an accounting more than once during a twelve month period), such disclosures of PHI and information related to such disclosures necessary to respond to such request for an accounting of disclosures of PHI, exclusive of those disclosures for payment, treatment or healthcare operations, in accordance with 45 CFR 164.528. Within sixty (60) days of proper request by subject Individual, RxProtect agrees to document and make available to the Individual the information described above. RxProtect will retain copies of any accountings for a period of six (6) years from the date the accounting was created.

(l) Within fifteen (15) business days of a request of the Client, RxProtect agrees to evaluate a request to restrict the use or disclosure of PHI on behalf of an Individual in accordance with 45 CFR 164.522.

(m) RxProtect agrees to make internal practices, books, and records relating to the use and disclosure of PHI received from, or created or received by RxProtect on behalf of, the Client available to the Client within ten (10) business days, or at the request of the Client or the Secretary of HHS (“Secretary”), to the Secretary in a time and manner directed by the Secretary, for purposes of the Secretary determining the Client’s compliance with the HIPAA Rules.

3. Client Obligations.

(a) Client will notify RxProtect of any limitation(s) in the notice of privacy practices of Client in accordance with 45 C.F.R. §164.520, to the extent that such limitation may affect RxProtects’ use or disclosure of PHI.

(b) Client will notify RxProtect of any changes in, or revocation of, permission by an Individual to use or disclose PHI, to the extent that such changes may affect RxProtects' use or disclosure of PHI.

(c) Client will notify RxProtect of any restriction to the use or disclosure of PHI that Client has agreed to in accordance with 45 C.F.R. §164.522, to the extent that such restriction may affect RxProtects' use or disclosure of PHI.

(d) Client will not request that RxProtect use or disclose PHI in any manner that would exceed that which is minimally necessary under the HIPAA Rules or that would not be permitted by a Covered Entity.

4. Transactions Standards. To the extent applicable, RxProtect will comply with the applicable Transaction Standards for claims processing functions between RxProtect and provider pharmacies. The Parties each hereby agree that it will not change any definition, data condition or use of a data element or segment in a standard, add any data elements or segment to the maximum defined data set, use any code or data elements that are either marked "not used" in the standard's implementation specification or are not in the implementation specification, or change the meaning or intent of the implementation specification.

5. Security Standards. To the extent that RxProtect creates, receives, maintains or transmits electronic PHI, RxProtect will:

(a) Implement administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the Electronic PHI that RxProtect creates, receives, maintains or transmits on behalf of the Client as required by the Security Standards;

(b) Ensure that any agent, including a subcontractor, to whom RxProtect provides Electronic PHI agrees to implement reasonable and appropriate safeguards to protect the PHI; and

(c) Report to Client any Security Incident involving Electronic PHI of which RxProtect becomes aware within ten (10) days of becoming aware of such Security Incident.

6. Breach; Termination.

(a) Without limiting the termination rights of the Parties pursuant to the Client Agreement, upon the Client's knowledge of a material breach by RxProtect of this Agreement, the Client will notify RxProtect of such breach and RxProtect will have thirty (30) days to cure such breach. In the event RxProtect does not cure the breach, or cure is infeasible, the Client will have the right to immediately terminate this Agreement and the Client Agreement. If cure of the material breach is infeasible, Client will report the violation to the Secretary.

(b) To the extent feasible, upon termination of the Client Agreement for any reason, RxProtect will, and will cause any subcontractors and agents to, return or destroy and retain no copies of all PHI received from, or created or received by RxProtect on behalf of, the Client. If return or destruction of such information is not feasible, RxProtect will continue to limit the use or disclosure of such information as set forth in this Agreement as if the Client Agreement had not been terminated.

7. Miscellaneous.

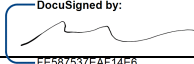
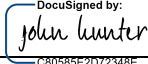
(a) **Amendment.** The Parties acknowledge that the foregoing provisions are designed to comply with the mandates of the HIPAA Rules. Should the provisions of the HIPAA Rules change or be amended after the date of this Agreement, the Parties will engage in negotiations to amend the provisions of this Agreement to comply with such changes or amendments. If the Parties fail to agree on reasonable amendment to the provisions of this Agreement, either party may terminate this Agreement upon ninety (90) days written notice.

(b) **Effect on Client Agreement.** Except as relates to the use, security and disclosure of PHI and electronic transactions, this Agreement is not intended to change the terms and conditions of, or the rights and obligations of the Parties under, the Client Agreement.

(c) **No Third-Party Beneficiaries.** Nothing express or implied in the Client Agreement or in this Agreement is intended to confer, nor will anything herein confer, upon any person other than the Parties and the respective successors or assigns of the Parties, any rights, remedies, obligations or liabilities whatsoever.

(d) **Interpretation.** Any ambiguity in this Agreement will be resolved in favor of a meaning that permits the Client to comply with the HIPAA Rules.

IN WITNESS WHEREOF, each Party has caused its authorized representative to execute this Agreement as of the Effective Date of the Client Agreement between RxProtect and Client.

RxProtect, LLC	CLIENT
Signature:  <small>DocuSigned by: FE587537EAF14E6...</small>	Signature:  <small>DocuSigned by: C80585E2D72348E...</small>
Name: Nate Hughes (Print or Type Name of Signatory)	Name: john hunter (Print or Type Name of Signatory)
Title: CEO (Print or Type Title)	Title: President (Print or Type Title)



Exciting New Rx Program for Porter Trust Members

Exciting News for Covered Employees and Dependents



Porter County Schools
Employees' Insurance Trust

Please take a minute to read this important Memo.

As a self-insured employer, Porter County Schools Employees' Insurance Trust is on the hook for paying our own medical and pharmacy claims. Prescription drug spend has increased significantly over the last year. If something isn't done to curb this trend, the result could potentially be double digit health insurance premium increases in 2024.

As a part of our 2023 cost containment plan, Porter Trust has partnered with **RxProtect** to lower your pharmacy costs. This is a voluntary program; however, we strongly encourage you to enroll into the program if taking one or more of the eligible medications. **You can save money and get your prescriptions for free (no copays or coinsurance) by using RxProtect.**

There are over 107 medications eligible for the program. Visit www.rx-protect.com/portertrust to review the full list of eligible medications. Listed below are a few popular medications available.

OZEMPIC	ENBREL
HUMIRA	XARELTO
IBRANCE	COSENTYX
STELARA	KESIMPTA
OTEZLA	ELIQUIS
HUMALOG	TRULICITY and many more...

To enroll in the **RxProtect** program, visit www.rx-protect.com/portertrust to learn more or click [HERE](#).

Upon enrollment:

- Your monthly co-pays and payments toward your deductible are eliminated
 - The medication will be delivered to your doorstep or shipping address of your choice
 - You will have direct access to a pharmacist as needed
- You will need to have a current prescription. Simply call your prescribing physician and ask for the script to be faxed to (917) 909-5923, Attn: RxProtect, 9520 Ormsby Station Rd, Louisville Kentucky 40223

Please allow 2-3 weeks to receive the first fulfillment of your medication. Refills will be provided with no delay in shipping.

Contact RxProtect with all questions:

Email your dedicated nurse: nola.hughes@rx-protect.com

Phone: 1-833-279-7877





RxProtect
9520 Ormsby Station Rd
Suite 20
Louisville, Kentucky 40223

Bill To
Porter Trust

Invoice

Invoice #: 1255

Balance Due

\$ 1,154.96

Invoice Date: 4/18/2023

Due Date: 4/21/2023

Status: Outstanding

Item & Description	Strength	Day Supply	Amount
Advair Diskus 250mcg/50mcg	250mcg/50mcg	30	\$ 154.99
Ozempic Pre-Filled Pen 0.25mg/0.5mg	0.25mg/0.5mg	84	\$ 999.97
Total			\$ 1,154.96

Notes:

Invoice reflects pass through cost of medications delivered through the RxProtect Program from April 1-15th, 2023



RxProtect
9520 Ormsby Station Rd
Suite 20
Louisville, Kentucky 40223

Bill To
Porter Trust

Invoice

Invoice #: 1284

Balance Due

\$ 7,520.60

Invoice Date: 5/2/23

Due Date: 5/5/23

Status: Outstanding

Item & Description	Strength	Day Supply	Amount
Advair 250 Diskus	250/50mcg	90	\$ 650.86
Ozempic Pre-Filled Pen 0.25mg/0.5mg 1x2mg	0.25mg/0.5mg	28	\$ 419.99
Ozempic Pre-Filled Pen 0.25mg/0.5mg 1x2mg	0.25mg/0.5mg	28	\$ 333.32
Tresiba U-200 Flextouch - 3x3ml pre-filled pen	3x3ml	90	\$ 273.32
Humalog Kwikpen 100iu/ml - 5x3ml	5x3ml	90	\$ 133.32
Ozempic Pre-Filled Pen 1mg Manitoba	1mg	28	\$ 419.99
Jardiance 10mg	10mg	90	\$ 324.99
Ozempic Pre-Filled Pen 0.25mg/0.5mg 1x2mg	0.25mg/0.5mg	28	\$ 419.99
Humalog Vial 100iu/ml	10ml	85	\$ 429.94
Trulicity Pen 0.75mg/0.5ml	0.75mg/0.5ml	28	\$ 403.32
Levemir Flextouch 100iu/ml	5x3ml	37	\$ 223.32
Jardiance 25mg	25mg	90	\$ 343.32
Trulicity Pen 1.5mg/0.5ml	1.5mg/0.5ml	84	\$ 1,144.97
Lantus Solostar Pre-Filled Pen 100iu/ml	5x3ml	112	\$ 544.97
Ozempic Pre-Filled Pen 0.25mg/0.5mg 1x2mg	0.25mg/0.5mg	112	\$ 709.98
Ozempic Pre-Filled Pen 0.25mg/0.5mg 1x2mg	0.25mg/0.5mg	56	\$ 419.99
Jardiance 10mg	10mg	90	\$ 324.99

Total \$ 7,520.60

Notes:

Invoice reflects pass through cost of medications delivered through the RxProtect Program from April 16-30th, 2023



RxProtect
 9520 Ormsby Station Rd
 Suite 20
 Louisville, Kentucky 40223

Bill To
 Porter Trust

Invoice

Invoice #: 1323

Balance Due
\$ 5,186.25

Invoice Date: 5/8/23
 Due Date: 5/10/23
 Status: Outstanding

Item & Description	Strength	Day Supply	Qty. Shipped	Dispensed	Cost to Plan	Wholesale Cost	Program Fee
Advair 250 Diskus	250/50mcg	90	3	180	\$ 1,561.11	\$ 650.86	\$ 300.38
Ozempic Pre-Filled Pen 0.25mg/0.5mg 1x2mg	0.25mg/0.5mg	28	1	1.5	\$ 876.54	\$ 419.99	\$ 150.66
Ozempic Pre-Filled Pen 0.25mg/0.5mg 1x2mg	0.25mg/0.5mg	28	1	1.5	\$ 876.54	\$ 333.32	\$ 179.26
Tresiba U-200 Flextouch - 3x3ml pre-filled pen	3x3ml	90	1	3x3ml	\$ 597.59	\$ 273.32	\$ 107.01
Humalog Kwikpen 100iu/ml - 5x3ml	5x3ml	90	1	5x3ml x 1	\$ 513.19	\$ 133.32	\$ 125.35
Ozempic Pre-Filled Pen 1mg	1mg	28	2	3	\$ 860.87	\$ 419.99	\$ 145.49
Jardiance 10mg	10mg	90	0	90 tab	\$ 1,610.85	\$ 324.99	\$ 424.33
Ozempic Pre-Filled Pen 0.25mg/0.5mg 1x2mg	0.25mg/0.5mg	28	11	16.5	\$ 876.54	\$ 419.99	\$ 150.66
Humalog Vial 100iu/ml	10ml	85	2	10ml	\$ 1,625.78	\$ 429.94	\$ 394.63
Trulicity Pen 0.75mg/0.5ml	0.75mg/0.5ml	28	4	4 ea	\$ 1,749.00	\$ 403.32	\$ 444.07
Levemir Flextouch 100iu/ml	5x3ml	37	11	5x3ml	\$ 468.24	\$ 223.32	\$ 80.82
Jardiance 25mg	25mg	90	0	90 tab	\$ 1,612.66	\$ 343.32	\$ 418.88
Trulicity Pen 1.5mg/0.5ml	1.5mg/0.5ml	84	0	4 ea	\$ 2,513.52	\$ 1,144.97	\$ 451.62
Lantus Solostar Pre-Filled Pen 100iu/ml	5x3ml	112	11	5x3ml	\$ 1,258.57	\$ 544.97	\$ 235.49
Ozempic Pre-Filled Pen 0.25mg/0.5mg 1x2mg	0.25mg/0.5mg	112	5	7.5	\$ 1,753.08	\$ 709.98	\$ 344.22
Ozempic Pre-Filled Pen 0.25mg/0.5mg 1x2mg	0.25mg/0.5mg	56	2	3	\$ 876.54	\$ 419.99	\$ 150.66
Jardiance 10mg	10mg	90	0	90 tab	\$ 1,610.85	\$ 324.99	\$ 424.33
Advair Diskus 250mcg/50mcg	250mcg/50mcg	30	11	60	\$ 520.37	\$ 154.99	\$ 120.58
Ozempic Pre-Filled Pen 0.25mg/0.5mg	0.25mg/0.5mg	84	3	1x2mg	\$ 2,629.62	\$ 999.97	\$ 537.78

Total \$ 5,186.25

Notes:

Invoice reflects RxProtect Program Fees for April 2023.



RxProtect
 9520 Ormsby Station Rd
 Suite 20
 Louisville, Kentucky 40223

Bill To
 Porter Trust

Invoice

Invoice #: 1370

Balance Due
\$ 15,904.53

Invoice Date: 5/17/23
 Due Date: 5/20/23
 Status: Outstanding

Item & Description	Strength	Day Supply	Amount
Entresto (Sacubitril/Valsartan)	24.3/25.7mg	90	\$ 804.94
Eliquis (Apixaban)	5mg	90	\$ 399.99
Humalog (Insulin Lispro) Vial	100iu/ml	90	\$ 579.91
Humulin 30/70 Cartridge	100iu/ml	125	\$ 289.99
Lantus Solostar Pre-Filled Pen	100iu/ml	150	\$ 89.99
Advair Diskus (Fluticasone/Salmeterol)	250mcg/50mcg	30	\$ 154.99
Spiriva Respimat Inhaler	2.5mcg	30	\$ 99.99
Ozempic (Semaglutide) Pre-Filled Pen	0.25mg/0.5mg	28	\$ 419.99
Humira (Adalimumab) Auto-Injector	40mg/0.8ml	84	\$ 6,429.97
Ozempic (Semaglutide) Pre-Filled Pen	0.25mg/0.5mg	56	\$ 419.99
Otezla (Apremilast)	30mg	28	\$ 1,424.99
Ozempic (Semaglutide) Pre-Filled Pen	0.25mg/0.5mg	56	\$ 419.99
Ozempic (Semaglutide) Pre-Filled Pen	0.25mg/0.5mg	28	\$ 419.99
Ozempic (Semaglutide) Pre-Filled Pen	0.25mg/0.5mg	56	\$ 419.99
Ozempic (Semaglutide) Pre-Filled Pen	0.25mg/0.5mg	28	\$ 419.99
Ozempic (Semaglutide) Pre-Filled Pen	0.25mg/0.5mg	28	\$ 419.99
Tresiba U-200 Flextouch	200iu/ml	90	\$ 1,904.92
Humalog (Insulin Lispro) Kwikpen	100iu/ml	92	\$ 784.92

Total \$ 15,904.53

Notes:

Invoice reflects pass through cost of medications delivered through the RxProtect Program from May 1-15th, 2023



Invoice

Invoice #: 1414

RxProtect
9520 Ormsby Station Rd
Suite 20
Louisville, Kentucky 40223

Balance Due
\$ 7,314.78

Invoice Date: 6/2/23
Due Date: 6/6/23
Status: Outstanding

Bill To
Porter Trust

Item & Description	Strength	Day Supply	Amount
Ozempic 0.25mg/0.5mg	1.34mg/mL	28	\$ 344.99
Jardiance	25mg	90	\$ 324.99
Ozempic 0.25mg/0.5mg	1.34mg/mL	28	\$ 344.99
Levemir Flextouch	100unit/mL	28	\$ 489.99
Trulicity	0.75mg/0.5mL	37	\$ 179.99
Ozempic 0.25mg/0.5mg	1.34mg/mL	28	\$ 424.99
Ozempic 1mg	1.34mg/mL	28	\$ 424.99
Jardiance	10mg	90	\$ 324.99
Ozempic 0.25mg/0.5mg	1.34mg/mL	28	\$ 344.99
Ozempic 1mg	1.34mg/mL	28	\$ 419.99
Ozempic 1mg	1.34mg/mL	28	\$ 419.99
Cialis	5mg	84	\$ 474.99
Otezla	30mg	28	\$ 1,424.99
Entresto	24mg/26mg	90	\$ 804.94
Breo Ellipta	200mcg/25mcg	90	\$ 564.97

Total \$ 7,314.78

Notes:

Invoice reflects pass through cost of medications delivered through the RxProtect Program from May 16-31st, 2023



RxProtect
 9520 Ormsby Station Rd
 Suite 20
 Louisville, Kentucky 40223

Bill To
 Porter Trust

Invoice

Invoice #: 1454

Balance Due
\$ 11,449.19

Invoice Date: 6/7/23
 Due Date: 6/9/23
 Status: Outstanding

Item & Description	Strength	Day Supply	Dispensed	Wholesale Cost	Cost to Plan	Program Fee
Entresto (Sacubitril/Valsartan)	24.3/25.7mg	90	30	\$ 804.94	\$ 1,785.94	\$ 323.73
Eliquis (Apixaban)	5mg	90	180	\$ 399.99	\$ 1,361.65	\$ 317.35
Humalog (Insulin Lispro) Vial	100iu/ml	90	10ml	\$ 579.91	\$ 2,438.67	\$ 613.39
Humulin 30/70 Cartridge	100iu/ml	125	5x3ml	\$ 289.99	\$ 457.42	\$ 55.25
Lantus Solostar Pre-Filled Pen	100iu/ml	150	5x3ml	\$ 89.99	\$ 411.02	\$ 105.94
Advair Diskus (Fluticasone/Salmeterol)	250mcg/50nr	30	60	\$ 154.99	\$ 360.23	\$ 67.73
Spiriva Respimat Inhaler	2.5mcg	30	60	\$ 99.99	\$ 480.95	\$ 125.72
Ozempic (Semaglutide) Pre-Filled Pen	0.25mg/0.5nr	28	1x2mg	\$ 419.99	\$ 876.54	\$ 150.66
Humira (Adalimumab) Auto-Injector	40mg/0.8ml	84	2	\$ 6,429.97	\$ 12,239.72	\$ 1,917.22
Ozempic (Semaglutide) Pre-Filled Pen	0.25mg/0.5nr	56	1x2mg	\$ 419.99	\$ 876.54	\$ 150.66
Otezla (Apremilast)	30mg	28	56	\$ 1,424.99	\$ 4,261.25	\$ 935.97
Ozempic (Semaglutide) Pre-Filled Pen	0.25mg/0.5nr	56	1x2mg	\$ 419.99	\$ 876.54	\$ 150.66
Ozempic (Semaglutide) Pre-Filled Pen	0.25mg/0.5nr	28	1x2mg	\$ 419.99	\$ 876.54	\$ 150.66
Ozempic (Semaglutide) Pre-Filled Pen	0.25mg/0.5nr	56	1x2mg	\$ 419.99	\$ 876.54	\$ 150.66
Ozempic (Semaglutide) Pre-Filled Pen	0.25mg/0.5nr	28	1x2mg	\$ 419.99	\$ 876.54	\$ 150.66
Ozempic (Semaglutide) Pre-Filled Pen	0.25mg/0.5nr	28	1x2mg	\$ 419.99	\$ 876.54	\$ 150.66
Tresiba U-200 Flextouch	200iu/ml	90	3x3ml	\$ 1,904.92	\$ 4,780.72	\$ 949.01
Humalog (Insulin Lispro) Kwipen	100iu/ml	92	5x3ml	\$ 784.92	\$ 4,065.50	\$ 1,082.59
Ozempic PreFilled Pen 0.25mg/0.5mg	1.34mg/mL	28	1x2mg	\$ 344.99	\$ 876.54	\$ 175.41
Jardiance 25mg	25mg	90	90 tab	\$ 324.99	\$ 1,612.66	\$ 424.93
Ozempic PreFilled Pen 0.25mg/0.5mg	1.34mg/mL	28	1x2mg	\$ 344.99	\$ 876.54	\$ 175.41
Trulicity Pen 0.75mg/0.5ml	100unit/mL	28	4 ea	\$ 489.99	\$ 776.74	\$ 94.63
Levemir Flextouch 100iu/ml	0.75mg/0.5nr	37	5x3ml	\$ 179.99	\$ 458.66	\$ 91.96
Ozempic PreFilled Pen 0.25mg/0.5mg	0.25mg/0.5nr	28	1x2mg	\$ 424.99	\$ 876.54	\$ 149.01
Ozempic PreFilled Pen 1mg	1.34mg/mL	28	1 ea	\$ 424.99	\$ 860.87	\$ 143.84
Jardiance 10mg	10mg	90	90 tab	\$ 324.99	\$ 1,671.57	\$ 444.37
Ozempic PreFilled Pen 1mg	1.34mg/mL	28	1 ea	\$ 344.99	\$ 860.87	\$ 170.24
Ozempic PreFilled Pen 0.25mg/0.5mg	0.25mg/0.5nr	28	1x2mg	\$ 419.99	\$ 876.54	\$ 150.66
Ozempic PreFilled Pen 1mg	1.34mg/mL	28	1 ea	\$ 419.99	\$ 860.87	\$ 145.49
Cialis 5mg	5mg	84	84 tab	\$ 474.99	\$ 1,372.32	\$ 296.12
Otezla 30mg	30mg	28	56 tab	\$ 1,424.99	\$ 4,261.25	\$ 935.97
Entresto 24.3/25.7mg	24mg/26mg	90	30 tab	\$ 804.94	\$ 1,785.94	\$ 323.73
Breo Ellipta 200mcg/25mcg	200mcg/25nr	90	30 dose	\$ 564.97	\$ 1,107.06	\$ 178.89

Total \$ 11,449.19

Notes:

Invoice reflects RxProtect Program Fees for May 2023.



RxProtect
 9520 Ormsby Station Rd
 Suite 20
 Louisville, Kentucky 40223

Bill To
 Porter Trust

Invoice

Invoice #: 1495

Balance Due
\$ 9,558.66

Invoice Date: 6/19/23
 Due Date: 6/22/23
 Status: Outstanding

Item & Description	Strength	Day Supply	Amount
Ozempic 0.5mg	1.34mg/mL	84	\$ 847.22
Ozempic 0.5mg	1.34mg/mL	84	\$ 1,243.33
Ozempic 1mg	1.34mg/mL	84	\$ 1,243.33
Advair Diskus	250mcg/50mcg	30	\$ 154.99
Otezla	30mg	28	\$ 1,424.99
Ozempic	0.25mg/0.5mg	28	\$ 424.99
Xarelto	15mg	90	\$ 354.99
Ozempic	1mg	28	\$ 424.99
Ozempic	1mg	28	\$ 424.99
Ozempic	0.25mg/0.5mg	28	\$ 424.99
Ozempic	0.25mg/0.5mg	56	\$ 424.99
Humalog Kwik	100iu/ml	50	\$ 399.97
Basaglar Kwik	100iu/ml	100	\$ 559.96
Advair Diskus	250mcg/50mcg	30	\$ 129.99
Spiriva Respimat	2.5mcg	30	\$ 124.99
Linzess/Constella	290mcg	90	\$ 624.97
Arnuity Ellipta	100mcg	30	\$ 114.99
Montelukast 10mg	10mg	90	\$ 209.99

Total \$ 9,558.66

Notes:

Invoice reflects pass through cost of medications delivered through the RxProtect Program from June 1-15th, 2023



RxProtect
9520 Ormsby Station Rd
Suite 20
Louisville, Kentucky 40223

Bill To
Porter Trust

Invoice

Invoice #: 1540

Balance Due
\$ 12,928.90

Invoice Date: 7/3/23
Due Date: 7/6/23
Status: Outstanding

Item & Description	Strength	Day Supply	Amount
Jardiance 25mg - 90	25mg	90	\$ 449.63
Ozempic 0.5mg	1.34mg/mL	84	\$ 1,243.33
Ozempic 0.5mg	1.34mg/mL	56	\$ 451.11
Humira PFS	40mg/0.8ml	84	\$ 6,574.97
PW-Ozempic 1mg	1.34mg/mL	28	\$ 424.99
PW-Ozempic 1mg	1.34mg/mL	28	\$ 424.99
Advair 250 Diskus	250/50mcg	30	\$ 154.99
Spiriva Respimat	2.5mcg/Act	30	\$ 99.99
Arnuity Ellipta	100mcg/Blister	30	\$ 114.99
PW-Ozempic 0.25mg/0.5mg	1.34mg/mL	28	\$ 424.99
PW-Ozempic 0.25mg/0.5mg	1.34mg/mL	84	\$ 1,239.97
Trintellix	20mg	84	\$ 474.97
PW-Ozempic 0.25mg/0.5mg	1.34mg/mL	28	\$ 424.99
PW-Ozempic 1mg	1.34mg/mL	28	\$ 424.99

Total \$ 12,928.90

Notes:

Invoice reflects pass through cost of medications delivered through the RxProtect Program from June 16-30th, 2023



Invoice

Invoice #: 1567

RxProtect
 9520 Ormsby Station Rd
 Suite 20
 Louisville, Kentucky 40223

Balance Due
\$ 11,948.36

Invoice Date: 7/10/2023
 Due Date: 7/13/2023
 Status: Outstanding

Bill To
 Porter Trust

Item & Description	Strength	Day Supply	Dispensed	Wholesale Cost	Cost to Plan	Program Fee
Ozempic 0.5mg	1.34mg/mL	84	3	\$ 847.22	\$ 1,753.08	\$ 298.93
Ozempic 0.5mg	1.34mg/mL	84	4.5	\$ 1,243.33	\$ 2,629.62	\$ 457.48
Ozempic 1mg	1.34mg/mL	84	9	\$ 1,243.33	\$ 2,582.61	\$ 441.96
Jardiance 25mg - 90	25mg	90	90	\$ 449.63	\$ 1,612.66	\$ 383.80
Ozempic 0.5mg	1.34mg/mL	84	4.5	\$ 1,243.33	\$ 2,629.62	\$ 457.48
Ozempic 0.5mg	1.34mg/mL	56	1.5	\$ 451.11	\$ 876.54	\$ 140.39
Ozempic (Semaglutide) Pre-Filled Pen 1mg 1mg		28	4mg/3mL	\$ 424.99	\$ 876.54	\$ 149.01
Ozempic (Semaglutide) Pre-Filled Pen 0.25r 0.25mg/0.5nr		28	1x2mg	\$ 424.99	\$ 876.54	\$ 149.01
Advair Diskus (Fluticasone/Salmeterol) 250 250mcg/50nr		30	60 dose	\$ 154.99	\$ 360.23	\$ 67.73
Spiriva Respimat (Tiotropium Bromide) Inh:		30	30 cap	\$ 99.99	\$ 480.95	\$ 125.72
Trintellix (Vortioxetine) 20mg - 28 tab 20mg		84	84 tab	\$ 474.97	\$ 1,191.16	\$ 236.34
Arnuity Ellipta (Fluticasone Furoate) 100mc 100mcg		30	30 dose	\$ 114.99	\$ 175.50	\$ 19.97
Test Product Pre-Filled Pen 0.25mg/0.5mg · 0.25mg/0.5nr		84		\$ 1,239.97	\$ 2,629.62	\$ 458.58
Ozempic (Semaglutide) Pre-Filled Pen 0.25r 0.25mg/0.5nr		28	1x2mg	\$ 424.99	\$ 876.54	\$ 149.01
Ozempic (Semaglutide) Pre-Filled Pen 1mg 1mg		28	4mg/3mL	\$ 424.99	\$ 876.54	\$ 149.01
Ozempic (Semaglutide) Pre-Filled Pen 1mg 1mg		28	4mg/3mL	\$ 424.99	\$ 876.54	\$ 149.01
Humira (Adalimumab) Pre-Filled Syringe 40		84	2 ea	\$ 6,549.97	\$ 18,359.58	\$ 3,897.17
Remote Data Logger		-		\$ 25.00	\$ -	
Advair Diskus (Fluticasone/Salmeterol) 250 250mcg/50nr		30	60 dose	\$ 154.99	\$ 360.23	\$ 67.73
Otezla (Apremilast) 30mg - 56 tab 30mg		28	56 tab	\$ 1,424.99	\$ 4,261.25	\$ 935.97
Ozempic (Semaglutide) Pre-Filled Pen 0.25r 0.25mg/0.5nr		28	1x2mg	\$ 424.99	\$ 876.54	\$ 149.01
Xarelto (Rivaroxaban) 15mg - 90 tab 15mg		90	84 tab	\$ 354.99	\$ 1,528.82	\$ 387.36
Ozempic (Semaglutide) Pre-Filled Pen 1mg 1mg		28	4mg/3mL	\$ 424.99	\$ 876.54	\$ 149.01
Ozempic (Semaglutide) Pre-Filled Pen 1mg 1mg		28	4mg/3mL	\$ 424.99	\$ 876.54	\$ 149.01
Ozempic (Semaglutide) Pre-Filled Pen 0.25r 0.25mg/0.5nr		28	1x2mg	\$ 424.99	\$ 876.54	\$ 149.01
Ozempic (Semaglutide) Pre-Filled Pen 0.25r		56	1x2mg	\$ 424.99	\$ 876.54	\$ 149.01
Basaglar (Insulin Glargine) Kwikpen 100iu/r		00	5x3ml	\$ 689.96	\$ 1,287.68	\$ 197.25
Humalog (Insulin Lispro) Kwikpen 100iu/ml 100iu/ml		50	5x3ml	\$ 269.97	\$ 4,065.50	\$ 1,252.52
Advair Diskus (Fluticasone/Salmeterol) 250		30	120 dose	\$ 154.99	\$ 360.23	\$ 67.73
Spiriva Respimat (Tiotropium Bromide) Inh:		30	30 cap	\$ 99.99	\$ 480.95	\$ 125.72
Linzess/Constella (Linaclotide) 290mcg - 30 290mcg		90	30 cap	\$ 624.97	\$ 1,372.73	\$ 246.76
Arnuity Ellipta (Fluticasone Furoate) 100mc		30	30 dose	\$ 114.99	\$ 175.50	\$ 19.97
Montelukast 10mg - 90 tab 10mg		90	30 tab	\$ 209.99	\$ 730.25	\$ 171.69

Total \$ 11,948.36

Notes:

Invoice reflects RxProtect Program Fees for June 2023.



RxProtect
 9520 Ormsby Station Rd
 Suite 20
 Louisville, Kentucky 40223

Bill To
 Porter Trust

Invoice

Invoice #: 1624

Balance Due
\$ 20,108.57

Invoice Date: 7/17/23
 Due Date: 7/20/23
 Status: Outstanding

Item & Description	Strength	Day Supply	Amount
Advair 250 Diskus	250/50mcg	90	\$ 670.86
Otezla 30mg-56	30mg	28	\$ 1,981.15
Ozempic 0.5mg	1.34mg/mL	84	\$ 1,243.33
Ozempic 1mg	1.34mg/mL	84	\$ 2,486.66
Ozempic 1mg	1.34mg/mL	84	\$ 1,243.33
Ozempic 1mg	1.34mg/mL	84	\$ 1,243.33
Toujeo Solostar Double Star (Max)	300Unit/mL	90	\$ 785.28
Farxiga/Forxiga (Dapagliflozin) 10mg - 30 tab	10mg	90	\$ 384.97
Advair Diskus (Fluticasone/Salmeterol) 250mcg/50 250mcg/50mcg		90	\$ 414.97
Jardiance (Empagliflozin) 25mg - 90 tab	25mg	90	\$ 429.99
Trulicity (Dulaglutide) Pen 0.75mg/0.5ml - 4 ea	0.75mg/0.5ml	28	\$ 359.99
Levemir (Insulin Detemir) Flextouch 100iu/ml - 5x3 100iu/ml		37	\$ 204.99
Jardiance (Empagliflozin) 25mg - 90 tab	25mg	90	\$ 324.99
Humalog (Insulin Lispro) Vial 100iu/ml - 10ml	100iu/ml	85	\$ 454.94
Ozempic Pre-Filled Pen 0.25mg/0.5mg - 2mg/1.5m	1.34mg/mL	84	\$ 1,239.97
Advair Diskus (Fluticasone/Salmeterol) 250mcg/50 250mcg/50mcg		90	\$ 414.97
Ozempic Pre-Filled Pen 1mg - 4mg/3mL	1mg	56	\$ 869.98
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 4mg/3 1mg		28	\$ 424.99
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 4mg/3 1mg		28	\$ 424.99
Otezla (Apremilast) 30mg - 56 tab	30mg	28	\$ 1,424.99
Lantus Solostar (Insulin Glargine) Pre-Filled Pen 10 100iu/ml		90	\$ 609.97
Trulicity (Dulaglutide) Pen 1.5mg/0.5ml - 4 ea	1.5mg/0.5ml	84	\$ 1,104.97
Ozempic Pre-Filled Pen 1mg - 4mg/3mL	1mg	84	\$ 1,239.97
Spiriva Respimat (Tiotropium Bromide) Inhaler 2.5 2.5mcg		30	\$ 124.99

Total \$ 20,108.57

Notes:

Invoice reflects pass through cost of medications delivered through the RxProtect Program from July 1-15th, 2023



RxProtect
 9520 Ormsby Station Rd
 Suite 20
 Louisville, Kentucky 40223

Bill To
 Porter Trust

Invoice

Invoice #: 1665

Balance Due
\$ 15,140.77

Invoice Date: 8/2/23
 Due Date: 8/5/23
 Status: Outstanding

Item & Description	Strength	Day Supply	Amount
Flovent HFA 50mcg-120	50mcg	60	\$ 189.46
Ozempic 0.5mg	1.34mg/mL	28	\$ 451.11
Ozempic 0.5mg	1.34mg/mL	84	\$ 1,243.33
Ozempic 0.5mg	1.34mg/mL	84	\$ 847.22
Ozempic 1mg	1.34mg/mL	84	\$ 1,243.33
Ozempic 1mg	1.34mg/mL	84	\$ 1,243.33
Ozempic 1mg	1.34mg/mL	84	\$ 1,243.33
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 4mg/3 1mg		28	\$ 424.99
Spiriva Respimat (Tiotropium Bromide) Inhaler 2.5r 2.5mcg		30	\$ 124.99
Spiriva Respimat (Tiotropium Bromide) Inhaler 2.5r 2.5mcg		30	\$ 124.99
Tresiba (Insulin Degludec) U-200 Flextouch - 3x3ml 200 Flextouch		90	\$ 2,114.92
Humalog (Insulin Lispro) Kwikpen 100iu/ml - 5x3ml 100iu/ml		90	\$ 994.92
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 4mg/3 1mg		84	\$ 1,239.97
Ozempic (Semaglutide) Pre-Filled Pen 0.25mg/0.5r 0.25mg/0.5mg		28	\$ 424.99
Arnuity Ellipta (Fluticasone Furoate) 100mcg - 30 d 100mcg		30	\$ 114.99
Advair Diskus (Fluticasone/Salmeterol) 250mcg/50r 250mcg/50mcg		30	\$ 154.99
Humalog (Insulin Lispro) Kwikpen 100iu/ml - 5x3ml 100iu/ml		50	\$ 544.97
Ozempic (Semaglutide) Pre-Filled Pen 0.25mg/0.5r 0.25mg/0.5mg		84	\$ 1,239.97
Ozempic (Semaglutide) Pre-Filled Pen 0.25mg/0.5r 0.25mg/0.5mg		28	\$ 424.99
Jardiance (Empagliflozin) 10mg - 90 tab 10mg		90	\$ 324.99
Ozempic (Semaglutide) Pre-Filled Pen 0.25mg/0.5r 0.25mg/0.5mg		56	\$ 424.99

Total \$ 15,140.77

Notes:

Invoice reflects pass through cost of medications delivered through the RxProtect Program from July 16-31st, 2023



RxProtect
 9520 Ormsby Station Rd
 Suite 20
 Louisville, Kentucky 40223

Bill To
 Porter Trust

Invoice

Invoice #: 1733

Balance Due
\$ 16,149.66

Invoice Date: 8/4/23
 Due Date: 8/8/23
 Status: Outstanding

Item & Description	Strength	Day Supply	Dispensed	Wholesale Cost	Cost to Plan	Program Fee
Advair 250 Diskus	250/50mcg	90	180	\$ 670.86	\$ 1,080.69	\$ 135.24
Otezla 30mg-56	30mg	28	56	\$ 1,981.15	\$ 4,261.25	\$ 752.43
Ozempic 0.5mg	1.34mg/mL	84	4.5	\$ 1,243.33	\$ 2,629.62	\$ 457.48
Ozempic 1mg	1.34mg/mL	84	18	\$ 2,486.66	\$ 5,259.24	\$ 914.95
Ozempic 1mg	1.34mg/mL	84	9	\$ 1,243.33	\$ 2,629.62	\$ 457.48
Ozempic 1mg	1.34mg/mL	84	9	\$ 1,243.33	\$ 2,629.62	\$ 457.48
Toujeo Solostar Double Star (Max)	300Unit/mL	90	18	\$ 785.28	\$ 1,413.75	\$ 207.40
Farxiga/Forxiga (Dapagliflozin) 10mg - 30 t:	10mg	90	90	\$ 384.97	\$ 1,499.90	\$ 367.93
Advair Diskus (Fluticasone/Salmeterol) 250	250mcg/50r	90	180	\$ 414.97	\$ 1,080.69	\$ 219.69
Jardiance (Empagliflozin) 25mg - 90 tab	25mg	90	90	\$ 429.99	\$ 1,612.26	\$ 390.15
Trulicity (Dulaglutide) Pen 0.75mg/0.5ml -	0.75mg/0.5n	28	4	\$ 359.99	\$ 776.74	\$ 137.53
Levemir (Insulin Detemir) Flextouch 100iu/	100iu/ml	37	15	\$ 204.99	\$ 468.24	\$ 86.87
Jardiance (Empagliflozin) 25mg - 90 tab	25mg	90	90	\$ 324.99	\$ 1,612.26	\$ 424.80
Humalog (Insulin Lispro) Vial 100iu/ml - 10:	100iu/ml	85	60	\$ 454.94	\$ 3,103.44	\$ 874.01
Test Product Pre-Filled Pen 0.25mg/0.5mg	0.25mg/0.5n	84	3	\$ 1,239.97	\$ 2,629.62	\$ 458.58
Advair Diskus (Fluticasone/Salmeterol) 250	250mcg/50r	90	180	\$ 414.97	\$ 1,080.69	\$ 219.69
Test Product Pre-Filled Pen 1mg - 4mg/3ml	1mg	56	6	\$ 869.98	\$ 1,753.08	\$ 291.42
Ozempic (Semaglutide) Pre-Filled Pen 1mg	1mg	28	1	\$ 424.99	\$ 876.54	\$ 149.01
Ozempic (Semaglutide) Pre-Filled Pen 1mg	1mg	28	1	\$ 424.99	\$ 876.54	\$ 149.01
Otezla (Apremilast) 30mg - 56 tab	30mg	28	56	\$ 1,424.99	\$ 4,261.25	\$ 935.97
Lantus Solostar (Insulin Glargine) Pre-Filled	100iu/ml	90	45	\$ 609.97	\$ 1,181.54	\$ 188.62
Trulicity (Dulaglutide) Pen 1.5mg/0.5ml - 4	1.5mg/0.5ml	84	12	\$ 1,104.97	\$ 2,513.52	\$ 464.82
Test Product Pre-Filled Pen 1mg - 4mg/3ml	1mg	84	9	\$ 1,239.97	\$ 2,629.62	\$ 458.58
Spiriva Respimat (Tiotropium Bromide) Inh	2.5mcg	30	60	\$ 124.99	\$ 480.95	\$ 117.47
Flovent HFA 50mcg-120	50mcg	60	120	\$ 189.46	\$ 354.68	\$ 54.52
Ozempic 0.5mg	1.34mg/mL	28	1.5	\$ 451.11	\$ 876.54	\$ 140.39
Ozempic 0.5mg	1.34mg/mL	84	4.5	\$ 1,243.33	\$ 2,629.62	\$ 457.48
Ozempic 0.5mg	1.34mg/mL	84	3	\$ 847.22	\$ 1,753.08	\$ 298.93
Ozempic 1mg	1.34mg/mL	84	9	\$ 1,243.33	\$ 2,629.62	\$ 457.48
Ozempic 1mg	1.34mg/mL	84	9	\$ 1,243.33	\$ 2,629.62	\$ 457.48
Ozempic 1mg	1.34mg/mL	84	9	\$ 1,243.33	\$ 2,629.62	\$ 457.48
Ozempic (Semaglutide) Pre-Filled Pen 1mg	1mg	28	3	\$ 424.99	\$ 876.54	\$ 149.01
Spiriva Respimat (Tiotropium Bromide) Inh	2.5mcg	30	60	\$ 124.99	\$ 480.95	\$ 117.47
Spiriva Respimat (Tiotropium Bromide) Inh	2.5mcg	30	60	\$ 124.99	\$ 480.95	\$ 117.47
Tresiba (Insulin Degludec) U-200 Flextouch	200 Flextouch	90	72	\$ 2,114.92	\$ 4,780.72	\$ 879.71
Humalog (Insulin Lispro) Kwikpen 100iu/ml	100iu/ml	90	120	\$ 994.92	\$ 4,137.92	\$ 1,037.19
Ozempic (Semaglutide) Pre-Filled Pen 1mg	1mg	84	9	\$ 1,239.97	\$ 2,629.62	\$ 458.58
Ozempic (Semaglutide) Pre-Filled Pen 0.25r	0.25mg/0.5n	28	1.5	\$ 424.99	\$ 876.54	\$ 149.01
Arnuita Ellipta (Fluticasone Furoate) 100mc	100mcg	30	30	\$ 114.99	\$ 175.50	\$ 19.97
Advair Diskus (Fluticasone/Salmeterol) 250	250mcg/50r	30	60	\$ 154.99	\$ 360.23	\$ 67.73
Humalog (Insulin Lispro) Kwikpen 100iu/ml	100iu/ml	50	45	\$ 544.97	\$ 1,551.72	\$ 332.23
Ozempic (Semaglutide) Pre-Filled Pen 0.25r	0.25mg/0.5n	84	6	\$ 1,239.97	\$ 2,629.62	\$ 458.58
Ozempic (Semaglutide) Pre-Filled Pen 0.25r	0.25mg/0.5n	28	2	\$ 424.99	\$ 876.54	\$ 149.01
Jardiance (Empagliflozin) 10mg - 90 tab	10mg	90	90	\$ 324.99	\$ 1,610.85	\$ 424.33
Ozempic (Semaglutide) Pre-Filled Pen 0.25r	0.25mg/0.5n	56	2	\$ 424.99	\$ 876.54	\$ 149.01

Total \$ 16,149.66

Notes:

Invoice reflects RxProtect Program Fees for July 2023.



RxProtect
 9520 Ormsby Station Rd
 Suite 20
 Louisville, Kentucky 40223

Bill To
 Porter Trust

Invoice

Invoice #: 1779

Balance Due
\$ 18,915.75

Invoice Date: 8/17/23
 Due Date: 8/21/23
 Status: Outstanding

Item & Description	Strength	Day Supply	Qty Shipped	Amount
Jardiance 25mg - 90 tab	25mg	90	1	\$ 324.99
Jardiance 10mg - 90 tab	10mg	90	1	\$ 324.99
Cialis 5mg - 84 tab	5mg	84	1	\$ 474.99
Ozempic Pre-Filled Pen 0.25mg/0.5mg - 1x2mg	0.25mg/0.5mg	28	1	\$ 424.99
Flovent HFA Inhaler 125mcg - 120 dose	125mcg	120	1	\$ 49.99
Otezla 30mg - 56 tab	30mg	84	3	\$ 4,224.97
Ozempic Pre-Filled Pen 1mg - 4mg/3mL - 1 ea	1mg	28	2	\$ 869.98
Eliquis 5mg - 180 tab	5mg	90	1	\$ 424.99
Ozempic Pre-Filled Pen 1mg - 4mg/3mL - 1 ea	1mg	84	3	\$ 1,239.97
Trulicity Pen 0.75mg/0.5ml - 4 ea	0.75mg/0.5ml	28	1	\$ 439.99
Levemir Flextouch 100iu/ml - 5x3ml	100iu/ml	37	1	\$ 259.99
Ozempic Pre-Filled Pen 1mg - 4mg/3mL - 1 ea	1mg	84	6	\$ 2,349.94
Eliquis 5mg - 180 tab	5mg	90	1	\$ 424.99
Ozempic Pre-Filled Pen 0.25mg/0.5mg - 1x2mg	0.25mg/0.5mg	12	2	\$ 869.98
Humalog Vial 100iu/ml - 10ml	100iu/ml	90	9	\$ 604.91
Otezla 30mg - 56 tab	30mg	28	1	\$ 1,424.99
Ozempic 0.5mg	1.34mg/mL	28	1	\$ 451.11
Ozempic 1mg	1.34mg/mL	84	3	\$ 1,243.33
Ozempic 1mg	1.34mg/mL	84	3	\$ 1,243.33
Ozempic 1mg	1.34mg/mL	84	3	\$ 1,243.33
Total				\$ 18,915.75

Notes:

Invoice reflects pass through cost of medications delivered through the RxProtect Program from Aug 1-15th, 2023



RxProtect
 9520 Ormsby Station Rd
 Suite 20
 Louisville, Kentucky 40223

Bill To
 Porter Trust

Invoice

Invoice #: 1832

Balance Due
\$ 18,145.10

Invoice Date: 9/2/23
 Due Date: 9/7/23
 Status: Outstanding

Item & Description	Strength	Day Supply	Qty Shipped	Amount
Linness/Constella (Linaclotide) 290mcg - 30 cap	290mcg	90	3	\$ 624.97
Montelukast 10mg - 90 tab	10mg	90	1	\$ 234.99
Ozempic (Semaglutide) Pre-Filled Pen 0.25mg/0. 0.25mg/0.5mg		56	1	\$ 424.99
Otezla (Apremilast) 30mg - 56 tab	30mg	28	1	\$ 1,424.99
Otezla (Apremilast) 30mg - USA (Limited to Selec 30mg		84	3	\$ 3,680.00
Cialis (Tadalafil) 5mg - 84 tab	5mg	84	1	\$ 237.50
Entresto (Sacubitril/Valsartan) 24.3/25.7mg - 30 24.3/25.7mg		90	6	\$ 804.94
Eliquis (Apixaban) 5mg - 180 tab	5mg	90	1	\$ 212.50
Spiriva Respimat (Tiotropium Bromide) Inhaler 2 2.5mcg		30	1	\$ 112.49
Advair Diskus (Fluticasone/Salmeterol) 250mcg/ 250mcg/50mcg		30	1	\$ 142.49
Arnuity Ellipta (Fluticasone Furoate) 100mcg - 30 100mcg		30	1	\$ 114.99
Spiriva Respimat (Tiotropium Bromide) Inhaler 2 2.5mcg		30	1	\$ 124.99
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 4mg 1mg		28	1	\$ 424.99
Ozempic (Semaglutide) Pre-Filled Pen 0.25mg/0. 0.25mg/0.5mg		28	1	\$ 424.99
Entresto (Sacubitril/Valsartan) 24.3/25.7mg - 30 24.3/25.7mg		90	6	\$ 804.94
Breo Ellipta (Fluticasone/Vilanterol) 200mcg/25r 200mcg/25mcg		90	3	\$ 564.97
Cosentyx (Secukinumab) Pre-Filled Syringe 150r 150mg/ml		28	1	\$ 2,533.32
Farxiga/Forxiga (Dapagliflozin) 10mg - 30 tab 10mg		90	3	\$ 443.30
Toujeo (Insulin Glargine) Solostar Pen 300iu/ml - 300iu/ml		98	4	\$ 564.29
Jardiance (Empagliflozin) 10mg - USA (Limited to 10mg		90	3	\$ 325.00
Flovent HFA 50mcg-120	50mcg	60	1	\$ 189.46
Ozempic 0.5mg	1.34mg/mL	84	3	\$ 1,243.33
Ozempic 0.5mg	1.34mg/mL	84	3	\$ 1,243.33
Ozempic 1mg	1.34mg/mL	84	3	\$ 1,243.33
Total				\$ 18,145.10

Notes:

Invoice reflects pass through cost of medications delivered through the RxProtect Program from Aug 16-31st, 2023



RxProtect
 9520 Ormsby Station Rd
 Suite 20
 Louisville, Kentucky 40223

Bill To
 Porter Trust

Invoice

Invoice #: 1886

Balance Due
\$ 20,728.21

Invoice Date: 9/5/23
 Due Date: 9/8/23
 Status: Outstanding

Item & Description	Strength	Day Supply	Qty. Shipped	Dispensed	Wholesale Cost	Cost to Plan	Program Fee
Ozempic 0.5mg	1.34mg/mL	28	1	1.5	\$ 451.11	\$ 838.67	\$ 127.89
Ozempic 1mg	1.34mg/mL	84	3	9	\$ 1,243.33	\$ 2,629.62	\$ 457.48
Ozempic 1mg	1.34mg/mL	84	3	9	\$ 1,243.33	\$ 2,629.62	\$ 457.48
Ozempic 1mg	1.34mg/mL	84	3	9	\$ 1,243.33	\$ 2,629.62	\$ 457.48
Jardiance 25mg - 90 tab	25mg	90	1	90	\$ 324.99	\$ 1,612.66	\$ 424.93
Jardiance 10mg - 90 tab	10mg	90	1	90	\$ 324.99	\$ 1,610.85	\$ 424.33
Cialis 5mg - 84 tab	5mg	84	1	84	\$ 474.99	\$ 1,372.32	\$ 296.12
Ozempic Pre-Filled Pen 0.25mg/0.5mg - 1x	0.25mg/0.5n	28	1	1.5	\$ 424.99	\$ 876.54	\$ 149.01
Flovent HFA Inhaler 125mcg - 120 dose	125mcg	120	1	120	\$ 49.99	\$ 466.04	\$ 137.30
Otezla 30mg - 56 tab	30mg	168	3	168	\$ 4,224.97	\$ 12,783.75	\$ 2,824.40
Ozempic Pre-Filled Pen 1mg - 4mg/3mL - 1	1mg	28	2	6	\$ 869.98	\$ 1,753.08	\$ 291.42
Eliquis 5mg - 180 tab	5mg	90	1	180	\$ 424.99	\$ 1,361.65	\$ 309.10
Ozempic Pre-Filled Pen 1mg - 4mg/3mL - 1	1mg	84	3	9	\$ 1,239.97	\$ 2,629.62	\$ 458.58
Trulicity Pen 0.75mg/0.5ml - 4 ea	0.75mg/0.5n	28	1	2	\$ 439.99	\$ 776.74	\$ 111.13
Levemir Flextouch 100iu/ml - 5x3ml	100iu/ml	37	1	15	\$ 259.99	\$ 468.24	\$ 68.72
Ozempic Pre-Filled Pen 1mg - 4mg/3mL - 1	1mg	84	6	18	\$ 2,349.94	\$ 5,259.24	\$ 960.07
Eliquis 5mg - 180 tab	5mg	90	1	180	\$ 424.99	\$ 1,361.65	\$ 309.10
Ozempic Pre-Filled Pen 0.25mg/0.5mg - 1x	0.25mg/0.5n	12	2	3	\$ 869.98	\$ 1,753.08	\$ 291.42
Humalog Vial 100iu/ml - 10ml	100iu/ml	90	9	90	\$ 604.91	\$ 2,438.67	\$ 605.14
Otezla 30mg - 56 tab	30mg	28	1	56	\$ 1,424.99	\$ 4,261.25	\$ 935.97
Flovent HFA 50mcg-120	50mcg	60	1	120	\$ 189.46	\$ 354.68	\$ 54.52
Ozempic 0.5mg	1.34mg/mL	84	3	4.5	\$ 1,243.33	\$ 2,629.62	\$ 457.48
Ozempic 0.5mg	1.34mg/mL	84	3	4.5	\$ 1,243.33	\$ 2,629.62	\$ 457.48
Ozempic 1mg	1.34mg/mL	84	3	9	\$ 1,243.33	\$ 2,629.62	\$ 457.48
Linzess/Constella 290mcg - 30 cap	290mcg	90	3	90	\$ 624.97	\$ 1,372.73	\$ 246.76
Montelukast 10mg - 90 tab	10mg	90	1	90	\$ 234.99	\$ 730.25	\$ 163.44
Ozempic Pre-Filled Pen 0.25mg/0.5mg - 1x	0.25mg/0.5n	56	1	1.5	\$ 424.99	\$ 876.54	\$ 149.01
Otezla 30mg - 56 tab	30mg	28	1	56	\$ 1,424.99	\$ 4,261.25	\$ 935.97
Otezla 30mg - USA - 56 tab	30mg	84	3	168	\$ 3,680.00	\$ 12,783.75	\$ 3,004.24
Cialis 5mg - 84 tab	5mg	84	1	84	\$ 237.50	\$ 1,372.32	\$ 374.49
Entresto 24.3/25.7mg - 30 tab	24.3/25.7mg	90	6	180	\$ 804.94	\$ 1,785.94	\$ 323.73
Eliquis 5mg - 180 tab	5mg	90	1	180	\$ 212.50	\$ 1,361.65	\$ 379.22
Spiriva Respimat Inhaler 2.5mcg - 60 dose	2.5mcg	30	1	60	\$ 112.49	\$ 480.95	\$ 121.59
Advair Diskus 250mcg/50mcg - 60 dose	250mcg/50rr	30	1	60	\$ 142.49	\$ 360.23	\$ 71.85
Arnuity Ellipta 100mcg - 30 dose	100mcg	30	1	30	\$ 114.99	\$ 175.50	\$ 19.97
Spiriva Respimat Inhaler 2.5mcg - 60 dose	2.5mcg	30	1	60	\$ 124.99	\$ 480.95	\$ 117.47
Ozempic Pre-Filled Pen 1mg - 4mg/3mL - 1	1mg	28	1	3	\$ 424.99	\$ 876.54	\$ 149.01
Ozempic Pre-Filled Pen 0.25mg/0.5mg - 1x	0.25mg/0.5n	28	1	1.5	\$ 424.99	\$ 876.54	\$ 149.01
Entresto 24.3/25.7mg - 30 tab	24.3/25.7mg	90	6	180	\$ 804.94	\$ 1,785.94	\$ 323.73
Breo Ellipta 200mcg/25mcg - 30 dose	200mcg/25rr	90	3	90	\$ 564.97	\$ 1,107.06	\$ 178.89
Cosentyx Pre-Filled Syringe 150mg/ml - 2x1	150mg/ml	28	1	2	\$ 2,533.32	\$ 6,903.12	\$ 1,442.03
Farxiga/Forxiga 10mg - 30 tab	10mg	90	3	90	\$ 443.30	\$ 1,499.90	\$ 348.68
Toujeo Solostar Pen 300iu/ml - 3x1.5ml	300iu/ml	98	4	18	\$ 564.29	\$ 1,413.75	\$ 280.32
Jardiance 10mg - USA - 30 tab	10mg	90	3	90	\$ 325.00	\$ 1,612.26	\$ 424.80
Total						\$ 20,728.21	

Notes:

Invoice reflects RxProtect Program Fees for August 2023.



RxProtect
 9520 Ormsby Station Rd
 Suite 20
 Louisville, Kentucky 40223

Bill To
 Porter Trust

Invoice

Invoice #: 1946

Balance Due
\$ 33,462.07

Invoice Date: 9/18/23
 Due Date: 9/21/23
 Status: Outstanding

Item & Description	Strength	Day Supply	Qty Shipped	Amount
Advair 250 Diskus	250/50mcg	90	3	\$ 670.86
Ozempic 0.5mg	1.34mg/mL	42	1	\$ 451.11
Ozempic 0.5mg	1.34mg/mL	84	3	\$ 1,243.33
Ozempic 1mg	1.34mg/mL	28	1	\$ 451.11
Ozempic 1mg	1.34mg/mL	28	1	\$ 451.11
Ozempic (Semaglutide) Pre-Filled Pen 0.25mg/0.5	0.25mg/0.5mg	28	1	\$ 424.99
Ozempic (Semaglutide) Pre-Filled Pen 0.25mg/0.5	0.25mg/0.5mg	84	3	\$ 1,239.97
Levemir (Insulin Detemir) Flextouch 100iu/ml - U:	100iu/ml	112	3	\$ 1,175.00
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 4mg, 1mg		28	1	\$ 424.99
Farxiga/Forxiga (Dapagliflozin) 10mg - 30 tab	10mg	90	3	\$ 509.97
Cosentyx (Secukinumab) Sensoready Pen 150mg, 150mg/ml		56	2	\$ 5,024.98
Lantus Solostar (Insulin Glargine) Pre-Filled Pen 1	100iu/ml	150	1	\$ 224.99
Humulin 30/70 (Insulin Regular/NPH) Cartridge 1	30/70 Cartridge 1	125	1	\$ 179.99
Xarelto (Rivaroxaban) 15mg - 90 tab	15mg	90	1	\$ 354.99
Ozempic (Semaglutide) Pre-Filled Pen 0.25mg/0.5	0.25mg/0.5mg	56	1	\$ 424.99
Humira (Adalimumab) Pre-Filled Syringe 40mg/0.4	40mg/0.8ml	84	3	\$ 6,574.97
Humira Citrate Free (Adalimumab) Auto-Injector	40mg/0.4ml	28	1	\$ 4,495.00
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 4mg, 1mg		28	1	\$ 424.99
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 4mg, 1mg		84	3	\$ 1,239.97
Ozempic (Semaglutide) Pre-Filled Pen 0.25mg/0.5	0.25mg/0.5mg	28	1	\$ 424.99
Eliquis (Apixaban) 5mg - 180 tab	5mg	90	1	\$ 424.99
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 4mg, 1mg		84	3	\$ 1,239.97
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 4mg, 1mg		84	6	\$ 2,349.94
Basaglar (Insulin Glargine) Kwikpen 100iu/ml - 5x	100iu/ml	100	4	\$ 689.96
Humalog (Insulin Lispro) Kwikpen 100iu/ml - 5x3r	100iu/ml	50	3	\$ 424.97
Trulicity (Dulaglutide) Pen 0.75mg/0.5ml - 4 ea	0.75mg/0.5ml	28	1	\$ 514.99
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 4mg, 1mg		28	2	\$ 869.98
Advair Diskus (Fluticasone/Salmeterol) 500mcg/5	500mcg/500mcg/50mcg	90	3	\$ 534.97
Total				\$ 33,462.07

Notes:

Invoice reflects pass through cost of medications delivered through the RxProtect Program from September 1-15th, 2023



RxProtect
 9520 Ormsby Station Rd
 Suite 20
 Louisville, Kentucky 40223

Bill To
 Porter Trust

Invoice

Invoice #: 1987

Balance Due
\$ 17,018.74

Invoice Date: 10/2/23
 Due Date: 10/5/23
 Status: Outstanding

Item & Description	Strength	Day Supply	Qty Shipped	Amount
Ozempic 0.5mg	1.34mg/mL	84	3	\$ 1,243.33
Ozempic 0.5mg	1.34mg/mL	84	2	\$ 847.22
Ozempic 0.5mg	1.34mg/mL	84	2	\$ 847.22
Ozempic 0.5mg	1.34mg/mL	84	3	\$ 1,243.33
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 4mg 1mg		84	3	\$ 1,239.97
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 4mg 1mg		56	3	\$ 1,239.97
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 4mg 1mg		28	2	\$ 869.98
Trintellix (Vortioxetine) 20mg - 28 tab	20mg	84	3	\$ 474.97
Lantus Solostar (Insulin Glargine) Pre-Filled Pen 1 100iu/ml		112	3	\$ 604.97
Trulicity (Dulaglutide) Pen 1.5mg/0.5ml - 4 ea	1.5mg/0.5ml	84	3	\$ 1,229.97
Ozempic (Semaglutide) Pre-Filled Pen 0.25mg/0.5ml	0.25mg/0.5ml	56	1	\$ 424.99
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 4mg 1mg		84	3	\$ 1,239.97
Otezla (Apremilast) 30mg - 56 tab	30mg	28	1	\$ 1,424.99
Spiriva Respimat (Tiotropium Bromide) Inhaler 2. 2.5mcg		30	1	\$ 112.49
Advair Diskus (Fluticasone/Salmeterol) 250mcg/50mcg	250mcg/50mcg	30	1	\$ 142.49
Spiriva Respimat (Tiotropium Bromide) Inhaler 2. 2.5mcg		30	1	\$ 124.99
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 4mg 1mg		28	2	\$ 869.98
Breo Ellipta (Fluticasone/Vilanterol) 100mcg/25mcg	100mcg/25mcg	90	1	\$ 357.97
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 4mg 1mg		84	3	\$ 1,239.97
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 4mg 1mg		84	3	\$ 1,239.97
Total				\$ 17,018.74

Notes:

Invoice reflects pass through cost of medications delivered through the RxProtect Program from September 16-30th, 2023



RxProtect
 9520 Ormsby Station Rd
 Suite 20
 Louisville, Kentucky 40223

Bill To
 Porter Trust

Invoice

Invoice #: 2034

Balance Due
\$ 21,495.07

Invoice Date: 10/5/23
 Due Date: 10/9/23
 Status: Outstanding

Item & Description	Strength	Day Supply	Qty. Shipped	Dispensed	Wholesale Cost	Cost to Plan	Program Fee
Advair 250 Diskus	250/50mcg	90	3	180	\$ 670.86	\$ 1,080.69	\$ 135.24
Ozempic 0.5mg	1.34mg/mL	42	1	1.5	\$ 451.11	\$ 838.67	\$ 127.89
Ozempic 0.5mg	1.34mg/mL	84	3	4.5	\$ 1,243.33	\$ 2,629.62	\$ 457.48
Ozempic 1mg	1.34mg/mL	28	1	3	\$ 451.11	\$ 838.67	\$ 127.89
Ozempic 1mg	1.34mg/mL	28	1	3	\$ 451.11	\$ 838.67	\$ 127.89
Ozempic (Semaglutide) Pre-Filled Pen 0.25r 0.25mg/0.5n	0.25mg/0.5n	28	1	1.5	\$ 424.99	\$ 876.54	\$ 149.01
Ozempic (Semaglutide) Pre-Filled Pen 0.25r 0.25mg/0.5n	0.25mg/0.5n	84	3	4.5	\$ 1,239.97	\$ 2,629.62	\$ 458.58
Levemir (Insulin Detemir) Flextouch 100iu/r 100iu/ml	100iu/ml	112	3	45	\$ 1,175.00	\$ 1,404.72	\$ 75.81
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 1mg	1mg	28	1	3	\$ 424.99	\$ 876.54	\$ 149.01
Farxiga/Forxiga (Dapagliflozin) 10mg - 30 ta 10mg	10mg	90	3	90	\$ 509.97	\$ 1,499.90	\$ 326.68
Cosentyx (Secukinumab) Sensoready Pen 1: 150mg/ml	150mg/ml	56	2	4	\$ 5,024.98	\$ 13,806.24	\$ 2,897.82
Lantus Solostar (Insulin Glargine) Pre-Filled 100iu/ml	100iu/ml	150	1	15	\$ 224.99	\$ 411.02	\$ 61.39
Humulin 30/70 (Insulin Regular/NPH) Cartri 30/70 Cartri	30/70	125	1	15	\$ 179.99	\$ 457.42	\$ 91.55
Xarelto (Rivaroxaban) 15mg - 90 tab	15mg	90	1	90	\$ 354.99	\$ 1,528.82	\$ 387.36
Ozempic (Semaglutide) Pre-Filled Pen 0.25r 0.25mg/0.5n	0.25mg/0.5n	56	1	1.5	\$ 424.99	\$ 876.54	\$ 149.01
Humira (Adalimumab) Pre-Filled Syringe 40 40mg/0.8ml	40mg/0.8ml	84	3	6	\$ 6,574.97	\$ 18,446.46	\$ 3,917.59
Humira Citrate Free (Adalimumab) Auto-Inj 40mg/0.4ml	40mg/0.4ml	28	1	2	\$ 4,495.00	\$ 6,310.72	\$ 599.19
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 1mg	1mg	28	1	3	\$ 424.99	\$ 838.67	\$ 136.51
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 1mg	1mg	84	3	9	\$ 1,239.97	\$ 2,629.62	\$ 458.58
Ozempic (Semaglutide) Pre-Filled Pen 0.25r 0.25mg/0.5n	0.25mg/0.5n	28	1	1.5	\$ 424.99	\$ 2,629.62	\$ 727.53
Eliquis (Apixaban) 5mg - 180 tab	5mg	90	1	180	\$ 424.99	\$ 1,361.65	\$ 309.10
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 1mg	1mg	84	3	9	\$ 1,239.97	\$ 2,386.30	\$ 378.29
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 1mg	1mg	84	6	18	\$ 2,349.94	\$ 5,259.24	\$ 960.07
Basaglar (Insulin Glargine) Kwikpen 100iu/n 100iu/ml	100iu/ml	100	4	60	\$ 689.96	\$ 1,287.68	\$ 197.25
Humalog (Insulin Lispro) Kwikpen 100iu/ml 100iu/ml	100iu/ml	50	3	45	\$ 424.97	\$ 1,551.72	\$ 371.83
Trulicity (Dulaglutide) Pen 0.75mg/0.5ml - 4 0.75mg/0.5n	0.75mg/0.5n	28	1	2	\$ 514.99	\$ 776.74	\$ 86.38
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 1mg	1mg	28	2	6	\$ 869.98	\$ 1,753.08	\$ 291.42
Advair Diskus (Fluticasone/Salmeterol) 500: 500mcg/50r	500mcg/50r	90	3	180	\$ 534.97	\$ 1,080.69	\$ 180.09
Ozempic 0.5mg	1.34mg/mL	84	3	4.5	\$ 1,243.33	\$ 2,629.62	\$ 457.48
Ozempic 0.5mg	1.34mg/mL	84	2	3	\$ 847.22	\$ 1,753.08	\$ 298.93
Ozempic 0.5mg	1.34mg/mL	84	2	3	\$ 847.22	\$ 1,753.08	\$ 298.93
Ozempic 0.5mg	1.34mg/mL	84	3	4.5	\$ 1,243.33	\$ 2,629.62	\$ 457.48
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 1mg	1mg	84	3	9	\$ 1,239.97	\$ 2,629.62	\$ 458.58
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 1mg	1mg	56	3	9	\$ 1,239.97	\$ 2,629.62	\$ 458.58
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 1mg	1mg	28	2	6	\$ 869.98	\$ 1,753.08	\$ 291.42
Trintellix (Vortioxetine) 20mg - 28 tab	20mg	84	3	84	\$ 474.97	\$ 1,191.16	\$ 236.34
Lantus Solostar (Insulin Glargine) Pre-Filled 100iu/ml	100iu/ml	112	3	45	\$ 604.97	\$ 1,181.54	\$ 190.27
Trulicity (Dulaglutide) Pen 1.5mg/0.5ml - 4 1.5mg/0.5ml	1.5mg/0.5ml	84	3	6	\$ 1,229.97	\$ 2,513.52	\$ 423.57
Ozempic (Semaglutide) Pre-Filled Pen 0.25r 0.25mg/0.5n	0.25mg/0.5n	56	1	1.5	\$ 424.99	\$ 838.67	\$ 136.51
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 1mg	1mg	84	3	9	\$ 1,239.97	\$ 2,629.62	\$ 458.58
Otezla (Apremilast) 30mg - 56 tab	30mg	28	1	56	\$ 1,424.99	\$ 4,261.25	\$ 935.97
Spiriva Respimat (Tiotropium Bromide) Inh: 2.5mcg	2.5mcg	30	1	4	\$ 112.49	\$ 480.95	\$ 121.59
Advair Diskus (Fluticasone/Salmeterol) 250: 250mcg/50r	250mcg/50r	30	1	60	\$ 142.49	\$ 360.23	\$ 71.85
Spiriva Respimat (Tiotropium Bromide) Inh: 2.5mcg	2.5mcg	30	1	4	\$ 124.99	\$ 480.95	\$ 117.47
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 1mg	1mg	28	2	6	\$ 869.98	\$ 2,629.62	\$ 580.68
Breo Ellipta (Fluticasone/Vilanterol) 100mcq 100mcg/25nr	100mcg/25nr	90	1	30	\$ 357.97	\$ 1,107.06	\$ 247.20
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 1mg	1mg	84	3	9	\$ 1,239.97	\$ 2,629.62	\$ 458.58
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 1mg	1mg	84	3	9	\$ 1,239.97	\$ 2,629.62	\$ 458.58

Total \$ 21,495.07

Notes:

Invoice reflects RxProtect Program Fees for September 2023.



RxProtect
 9520 Ormsby Station Rd
 Suite 20
 Louisville, Kentucky 40223

Bill To
 Porter Trust

Invoice

Invoice #: 2078

Balance Due
\$ 25,090.99

Invoice Date: 10/17/23
 Due Date: 10/20/23
 Status: Outstanding

Item & Description	Strength	Day Supply	Qty Shipped	Amount
Flovent HFA 50mcg-120	50mcg	60	1	\$ 189.46
Humalog vial	100U/mL	90	6	\$ 1,082.32
Jardiance 10mg - 90	10mg	90	1	\$ 449.63
Jardiance 25mg - 90	25mg	90	1	\$ 449.63
Otezla 30mg-56	30mg	28	1	\$ 1,981.15
Ozempic 0.5mg	1.34mg/mL	84	3	\$ 1,243.33
Ozempic 0.5mg	1.34mg/mL	84	6	\$ 2,486.66
Advair Diskus (Fluticasone/Salmeterol) 250mcg/50mcg	250mcg/50mcg	90	3	\$ 414.97
Ozempic (Semaglutide) Pre-Filled Pen 0.25mg/0.5mg	0.25mg/0.5mg	28	1	\$ 424.99
Ozempic (Semaglutide) Pre-Filled Pen 0.25mg/0.5mg	0.25mg/0.5mg	84	3	\$ 1,239.97
Farxiga/Forxiga (Dapagliflozin) 10mg - 30 tab	10mg	90	3	\$ 384.97
Ozempic (Semaglutide) Pre-Filled Pen 8mg/3mL - 8mg/3mL	8mg/3mL	28	1	\$ 845.00
Jardiance (Empagliflozin) 25mg - 90 tab	25mg	90	1	\$ 324.99
Humira Citrate Free (Adalimumab) Auto-Injector 40mg/0.4ml	40mg/0.4ml	28	1	\$ 4,495.00
Ozempic (Semaglutide) Pre-Filled Pen 8mg/3mL - 8mg/3mL	8mg/3mL	28	1	\$ 845.00
Flovent HFA (Fluticasone) Inhaler 50mcg - 120 dc 50mcg	50mcg	30	1	\$ 69.99
Trulicity (Dulaglutide) Pen 0.75mg/0.5ml - 4 ea	0.75mg/0.5ml	28	1	\$ 514.99
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 4mg 1mg	1mg	28	1	\$ 424.99
Humalog (Insulin Lispro) Vial 100iu/ml - 10ml	100iu/ml	85	6	\$ 574.94
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 4mg 1mg	1mg	28	2	\$ 869.98
Entresto (Sacubitril/Valsartan) 24.3/25.7mg - 30	24.3/25.7mg	90	6	\$ 788.27
Eliquis (Apixaban) 5mg - 180 tab	5mg	90	1	\$ 408.32
Farxiga/Forxiga (Dapagliflozin) 10mg - 30 tab	10mg	90	3	\$ 368.30
Otezla (Apremilast) 30mg - 56 tab	30mg	84	3	\$ 4,224.97
Ozempic (Semaglutide) Pre-Filled Pen 0.25mg/0.5mg	0.25mg/0.5mg	84	3	\$ 1,239.97
REFUND - Levemir Flextouch 100iu/ml - 5x3ml	Cancelled Order - Invoice 1946		3	\$ (1,175.00)
REFUND - Levemir Flextouch 100iu/ml - 5x3ml	Program Fee - Invoice 2034		3	\$ (75.81)
Total				\$ 25,090.99

Notes:

Invoice reflects pass through cost of medications delivered through the RxProtect Program from October 1-15th, 2023



RxProtect
 9520 Ormsby Station Rd
 Suite 20
 Louisville, Kentucky 40223

Bill To
 Porter Trust

Invoice

Invoice #: 3029

Balance Due
\$ 12,173.82

Invoice Date: 11/2/23
 Due Date: 11/5/23
 Status: Outstanding

Item & Description	Strength	Day Supply	Qty Shipped	Amount
Humalog (Insulin Lispro) Vial 100iu/ml - 10ml	100iu/ml	90	9	\$ 724.91
Advair 250 Diskus	250/50mcg	90	3	\$ 45.00
Dexilant 60mg	60mg	90	1	\$ 430.86
Ozempic 0.5mg	1.34mg/mL	28	1	\$ 451.11
Ozempic 0.5mg	1.34mg/mL	28	2	\$ 847.22
Cosentyx (Secukinumab) Sensoready Pen 150mg, 150mg/ml		56	2	\$ 5,174.98
Xarelto (Rivaroxaban) 10mg - 50 tab	10mg	100	2	\$ 384.98
Arnuity Ellipta (Fluticasone Furoate) 100mcg - 30 100mcg		30	1	\$ 114.99
Humalog (Insulin Lispro) Kwikpen 100iu/ml - 5x3r 100iu/ml		50	3	\$ 424.97
Spiriva Respimat (Tiotropium Bromide) Inhaler 2. 2.5mcg		30	1	\$ 112.49
Advair Diskus (Fluticasone/Salmeterol) 250mcg/5 250mcg/50mcg		30	1	\$ 142.49
Tresiba (Insulin Degludec) U-200 Flextouch - 3x3r 200 Flextouch		90	8	\$ 1,982.42
Humalog (Insulin Lispro) Kwikpen 100iu/ml - 5x3r 100iu/ml		92	8	\$ 887.42
Spiriva Respimat (Tiotropium Bromide) Inhaler 2. 2.5mcg		30	1	\$ 124.99
Jardiance (Empagliflozin) 10mg - 90 tab	10mg	90	1	\$ 324.99

Total \$ 12,173.82

Notes:

Invoice reflects pass through cost of medications delivered through the RxProtect Program from October 16-31st, 2023



RxProtect
 9520 Ormsby Station Rd
 Suite 20
 Louisville, Kentucky 40223

Bill To
 Porter Trust

Invoice

Invoice #: 3087

Balance Due
\$ 19,564.47

Invoice Date: 11/6/23
 Due Date: 11/9/23
 Status: Outstanding

Item & Description	Strength	Day Supply	Qty. Shipped	Dispensed	Wholesale Cost	Cost to Plan	Program Fee
Humalog (Insulin Lispro) Vial 100iu/ml - 10m	100iu/ml	90	9	90	\$ 724.91	\$ 2,438.67	\$ 565.54
Flovent HFA 50mcg-120	50mcg	60	1	120	\$ 189.46	\$ 354.68	\$ 54.52
Humalog vial	100U/mL	90	6	60	\$ 1,082.32	\$ 3,103.44	\$ 666.97
Jardiance 10mg - 90	10mg	90	1	90	\$ 449.63	\$ 1,612.66	\$ 383.80
Jardiance 25mg - 90	25mg	90	1	90	\$ 449.63	\$ 1,612.66	\$ 383.80
Otezla 30mg-56	30mg	28	1	56	\$ 1,981.15	\$ 4,261.25	\$ 752.43
Ozempic 0.5mg	1.34mg/mL	84	3	4.5	\$ 1,243.33	\$ 2,629.62	\$ 457.48
Ozempic 0.5mg	1.34mg/mL	84	6	9	\$ 2,486.66	\$ 5,259.24	\$ 914.95
Advair Diskus (Fluticasone/Salmeterol) 250n	250mcg/50m	90	3	180	\$ 414.97	\$ 1,080.69	\$ 219.69
Ozempic (Semaglutide) Pre-Filled Pen 0.25m	0.25mg/0.5m	28	1	1.5	\$ 424.99	\$ 876.54	\$ 149.01
Ozempic (Semaglutide) Pre-Filled Pen 0.25m	0.25mg/0.5m	84	3	4.5	\$ 1,239.97	\$ 2,629.62	\$ 458.58
Farxiga/Forxiga (Dapagliflozin) 10mg - 30	10mg	90	3	90	\$ 384.97	\$ 1,499.90	\$ 367.93
Ozempic (Semaglutide) Pre-Filled Pen 8mg/	8mg/3mL	28	1	3	\$ 845.00	\$ 876.54	\$ 10.41
Jardiance (Empagliflozin) 25mg - 90 tab	25mg	90	1	90	\$ 324.99	\$ 1,612.26	\$ 424.80
Humira Citrate Free (Adalimumab) Auto-Inje	40mg/0.4ml	28	1	2	\$ 4,495.00	\$ 6,310.72	\$ 599.19
Ozempic (Semaglutide) Pre-Filled Pen 8mg/	8mg/3mL	28	1	3	\$ 845.00	\$ 967.35	\$ 40.38
Flovent HFA (Fluticasone) Inhaler 50mcg -	1: 50mcg	30	1	120	\$ 69.99	\$ 466.04	\$ 130.70
Trulicity (Dulaglutide) Pen 0.75mg/0.5ml -	4 0.75mg/0.5m	28	1	2	\$ 514.99	\$ 776.74	\$ 86.38
Ozempic (Semaglutide) Pre-Filled Pen 1mg -	1mg	28	1	3	\$ 424.99	\$ 838.67	\$ 136.51
Humalog (Insulin Lispro) Vial 100iu/ml - 10m	100iu/ml	85	6	60	\$ 574.94	\$ 3,103.44	\$ 834.41
Ozempic (Semaglutide) Pre-Filled Pen 1mg -	1mg	28	2	6	\$ 869.98	\$ 1,753.08	\$ 291.42
Entresto (Sacubitril/Valsartan) 24.3/25.7mg	24.3/25.7mg	90	6	180	\$ 788.27	\$ 1,785.94	\$ 329.23
Eliquis (Apixaban) 5mg - 180 tab	5mg	90	1	180	\$ 408.32	\$ 1,361.65	\$ 314.60
Farxiga/Forxiga (Dapagliflozin) 10mg - 30	10mg	90	3	90	\$ 368.30	\$ 1,499.90	\$ 373.43
Otezla (Apremilast) 30mg - 56 tab	30mg	84	3	168	\$ 4,224.97	\$ 12,783.75	\$ 2,824.40
Ozempic (Semaglutide) Pre-Filled Pen 0.25m	0.25mg/0.5m	84	3	4.5	\$ 1,239.97	\$ 2,629.62	\$ 458.58
Advair 250 Diskus	250/50mcg	90	3	180	\$ 45.00	\$ 1,080.69	\$ 341.78
Dexilant 60mg	60mg	90	1	90	\$ 430.86	\$ 921.00	\$ 161.75
Ozempic 0.5mg	1.34mg/mL	28	1	1.5	\$ 451.11	\$ 838.67	\$ 127.89
Ozempic 0.5mg	1.34mg/mL	28	2	3	\$ 847.22	\$ 1,753.08	\$ 298.93
Cosentyx (Secukinumab) Sensoready Pen 15	150mg/ml	56	2	4	\$ 5,174.98	\$ 13,806.24	\$ 2,848.32
Xarelto (Rivaroxaban) 10mg - 50 tab	10mg	100	2	100	\$ 384.98	\$ 1,698.69	\$ 433.52
Arnuiti Ellipta (Fluticasone Furoate) 100mcg	100mcg	30	1	30	\$ 114.99	\$ 175.50	\$ 19.97
Humalog (Insulin Lispro) Kwikpen 100iu/ml -	100iu/ml	50	3	45	\$ 424.97	\$ 1,551.72	\$ 371.83
Spiriva Respimat (Tiotropium Bromide) Inhal	2.5mcg	30	1	4	\$ 112.49	\$ 480.95	\$ 121.59
Advair Diskus (Fluticasone/Salmeterol) 250n	250mcg/50m	30	1	60	\$ 142.49	\$ 360.23	\$ 71.85
Tresiba (Insulin Degludec) U-200 Flextouch -	200 Flextouch	90	8	120	\$ 1,982.42	\$ 4,780.72	\$ 923.44
Humalog (Insulin Lispro) Kwikpen 100iu/ml -	100iu/ml	92	8	120	\$ 887.42	\$ 4,137.92	\$ 1,072.67
Spiriva Respimat (Tiotropium Bromide) Inhal	2.5mcg	30	1	4	\$ 124.99	\$ 480.95	\$ 117.47
Jardiance (Empagliflozin) 10mg - 90 tab	10mg	90	1	90	\$ 324.99	\$ 1,610.85	\$ 424.33
Total					\$	\$ 19,564.47	

Notes:

Invoice reflects RxProtect Program Fees for October 2023.



RxProtect
 9520 Ormsby Station Rd
 Suite 20
 Louisville, Kentucky 40223

Bill To
 Porter Trust

Invoice

Invoice #: 3131

Balance Due
\$ 25,840.63

Invoice Date: 11/17/23
 Due Date: 11/20/23
 Status: Outstanding

Item & Description	Strength	Day Supply	Qty Shipped	Amount
Breo Ellipta 100mcg/25mcg-30	100mcg/25mcg	90	3	\$ 407.52
Ozempic 0.5mg	1.34mg/mL	28	1	\$ 451.11
Ozempic 0.5mg	1.34mg/mL	28	1	\$ 451.11
Ozempic 0.5mg	1.34mg/mL	28	1	\$ 451.11
Betaseron (Interferon Beta-1b) Pre-Filled Syringe	0.3mg	30	1	\$ 2,124.99
Xarelto (Rivaroxaban) 20mg - 90 tab	20mg	90	1	\$ 354.99
Dupixent (Dupilumab) Pre-Filled Pen 300mg/2ml	300mg/2ml	28	2	\$ 4,274.98
Dulera/Zenhale (Mometasone/Formoterol) 200r	200mcg/5mcg	120	1	\$ 164.99
Flovent HFA (Fluticasone) Inhaler 50mcg - 120 d	50mcg	30	1	\$ 69.99
Humira Citrate Free (Adalimumab) Auto-Injector	40mg/0.4ml	28	1	\$ 4,495.00
Tasigna (Nilotinib) 150mg - 112 cap	150mg	28	1	\$ 3,524.99
Entresto (Sacubitril/Valsartan) 24.3/25.7mg - 30	24.3/25.7mg	90	6	\$ 804.94
Eliquis (Apixaban) 5mg - 180 tab	5mg	90	1	\$ 424.99
Flovent HFA (Fluticasone) Inhaler 125mcg - 120 c	125mcg	120	1	\$ 74.99
Trulicity (Dulaglutide) Pen 0.75mg/0.5ml - 4 ea	0.75mg/0.5ml	84	3	\$ 1,354.97
Taltz (Ixekizumab) Auto-Injector 80mg/ml - 1 ea	80mg/ml	84	3	\$ 5,974.97
Lantus Solostar (Insulin Glargine) Pre-Filled Pen	: 100iu/ml	100	1	\$ 434.99

Total \$ 25,840.63

Notes:

Invoice reflects pass through cost of medications delivered through the RxProtect Program from November 1-15th, 2023



Invoice

Invoice #: 3183

RxProtect
9520 Ormsby Station Rd
Suite 20
Louisville, Kentucky 40223

Balance Due
\$ 41,589.88

Invoice Date: 12/2/23
Due Date: 12/7/23
Status: Outstanding

Bill To
Porter Trust

Item & Description	Strength	Day Supply	Qty Shipped	Amount
Ozempic 1mg	1.34mg/mL	28	1	\$ 451.11
Wixela 500/50mcg	500/50mcg	90	3	\$ 640.86
Vraylar 4.5mg	4.5	90	3	\$ 2,122.50
Eliquis 5mg - 180	5mg	90	1	\$ 541.76
Ozempic 1mg	1.34mg/mL	28	1	\$ 451.11
Ozempic 0.5mg	1.34mg/mL	28	1	\$ 451.11
Eliquis 2.5mg -60	2.5mg	90	3	\$ 607.77
Ozempic 0.5mg	1.34mg/mL	28	1	\$ 451.11
Ozempic 0.5mg	1.34mg/mL	42	1	\$ 451.11
Forxiga 10mg-30	10mg	90	3	\$ 423.15
Ozempic 0.5mg	1.34mg/mL	28	1	\$ 451.11
Ozempic 1mg	1.34mg/mL	28	1	\$ 451.11
Ozempic 0.5mg	1.34mg/mL	28	1	\$ 451.11
Advair 250 Diskus	250/50mcg	90	3	\$ 45.00
Humira (Pen) 40mg/0.8ml-2 pen	40mg/0.8ml	28	2	\$ 5,991.28
Ozempic 1mg	1.34mg/mL	28	1	\$ 451.11
Toujeo Solostar Double Star (Max)	300Unit/mL	90	2	\$ 785.28
Ozempic 0.5mg	1.34mg/mL	56	2	\$ 847.22
Mounjaro 7.5mg/0.5	7.5mg	84	12	\$ 3,603.12
Ozempic 0.5mg	1.34mg/mL	56	2	\$ 847.22
Linress/Constella (Linaclotide) 290mcg - 30 cap	290mcg	90	3	\$ 624.97
Humira (Adalimumab) Auto-Injector 40mg/0.8ml	40mg/0.8ml	84	3	\$ 6,574.97
Montelukast 10mg - 90 tab	10mg	90	1	\$ 234.99
Spiriva Respimat (Tiotropium Bromide) Inhaler 2 2.5mcg	2.5mcg	30	1	\$ 124.99
Arnuity Ellipta (Fluticasone Furoate) 100mcg - 30 100mcg	100mcg	30	1	\$ 114.99
Benlysta (Belimumab) Auto-Injector 200mg/ml - 200mg/ml	200mg/ml	28	1	\$ 2,774.99
Jardiance (Empagliflozin) 10mg - 90 tab	10mg	90	1	\$ 324.99
Otezla (Apremilast) 30mg - USA (Limited to Selec 30mg	30mg	84	3	\$ 3,680.00
Promacta/Revolade (Eltrombopag) 50mg - 28 tak 50mg	50mg	28	1	\$ 4,024.99
Entresto (Sacubitril/Valsartan) 24.3/25.7mg - 30 24.3/25.7mg	24.3/25.7mg	90	6	\$ 804.94
Jardiance (Empagliflozin) 10mg - 90 tab	10mg	90	1	\$ 324.99
Spiriva Respimat (Tiotropium Bromide) Inhaler 2 2.5mcg	2.5mcg	90	3	\$ 312.47
Advair Diskus (Fluticasone/Salmeterol) 250mcg/! 250mcg/50mcg	250mcg/! 250mcg/50mcg	90	3	\$ 402.47
Jardiance (Empagliflozin) 25mg - 90 tab	25mg	90	1	\$ 324.99
Eliquis (Apixaban) 5mg - 180 tab	5mg	90	1	\$ 424.99

Total \$ 41,589.88

Notes:

Invoice reflects pass through cost of medications delivered through the RxProtect Program from November 16-30th, 2023



Invoice

Invoice #: 3237

RxProtect
 9520 Ormsby Station Rd
 Suite 20
 Louisville, Kentucky 40223

Balance Due
\$ 34,645.17

Invoice Date: 12/5/23
 Due Date: 12/8/23
 Status: Outstanding

Bill To
 Porter Trust

Item & Description	Strength	Day Supply	Qty. Shipped	Dispensed	Wholesale Cost	Cost to Plan	Program Fee
Breo Ellipta 100mcg/25mcg-30	100mcg/25m	90	3	90	\$ 407.52	\$ 1,107.06	\$ 230.85
Ozempic 0.5mg	1.34mg/mL	28	1	1.5	\$ 451.11	\$ 838.67	\$ 127.89
Ozempic 0.5mg	1.34mg/mL	28	1	1.5	\$ 451.11	\$ 876.54	\$ 140.39
Ozempic 0.5mg	1.34mg/mL	28	1	1.5	\$ 451.11	\$ 838.67	\$ 127.89
Betaseron (Interferon Beta-1b) Pre-Filled Sy	0.3mg	30	1	15	\$ 2,124.99	\$ 8,352.14	\$ 2,054.96
Xarelto (Rivaroxaban) 20mg - 90 tab	20mg	90	1	90	\$ 354.99	\$ 1,528.82	\$ 387.36
Dupilxent (Dupilumab) Pre-Filled Pen 300mg	300mg/2ml	28	2	8	\$ 4,274.98	\$ 6,778.34	\$ 826.11
Dulera/Zenhale (Mometasone/Formoterol) 200mcg/5mc		120	1	120	\$ 164.99	\$ 1,316.76	\$ 380.08
Flovent HFA (Fluticasone) Inhaler 50mcg - 1 50mcg		30	1	120	\$ 69.99	\$ 466.04	\$ 130.70
Humira Citrate Free (Adalimumab) Auto-Inj	40mg/0.4ml	28	1	2	\$ 4,495.00	\$ 6,310.72	\$ 599.19
Tasigna (Nilotinib) 150mg - 112 cap	150mg	28	1	112	\$ 3,524.99	\$ 18,135.24	\$ 4,821.38
Entresto (Sacubitril/Valsartan) 24.3/25.7mg	24.3/25.7mg	90	6	180	\$ 804.94	\$ 1,785.94	\$ 323.73
Eliquis (Apixaban) 5mg - 180 tab	5mg	90	1	180	\$ 424.99	\$ 1,361.65	\$ 309.10
Flovent HFA (Fluticasone) Inhaler 125mcg - 125mcg		120	1	120	\$ 74.99	\$ 466.04	\$ 129.05
Trulicity (Dulaglutide) Pen 0.75mg/0.5ml - 4 0.75mg/0.5nr		84	3	6	\$ 1,354.97	\$ 2,330.22	\$ 321.83
Taltz (Ixekizumab) Auto-Injector 80mg/ml - 80mg/ml		84	3	3	\$ 5,974.97	\$ 18,842.49	\$ 4,246.28
Lantus Solostar (Insulin Glargine) Pre-Filled	100iu/ml	100	1	15	\$ 434.99	\$ 434.99	\$ -
Ozempic 1mg	1.34mg/mL	28	1	3	\$ 451.11	\$ 876.54	\$ 140.39
Wixela 500/50mcg	500/50mcg	90	3	180	\$ 640.86	\$ 640.86	\$ -
Vraylar 4.5mg	4.5	90	3	90	\$ 2,122.50	\$ 3,637.05	\$ 499.80
Eliquis 5mg - 180	5mg	90	1	180	\$ 541.76	\$ 1,361.65	\$ 270.56
Ozempic 1mg	1.34mg/mL	28	1	3	\$ 451.11	\$ 838.67	\$ 127.89
Ozempic 0.5mg	1.34mg/mL	28	1	1.5	\$ 451.11	\$ 876.54	\$ 140.39
Eliquis 2.5mg -60	2.5mg	90	3	180	\$ 607.77	\$ 1,565.44	\$ 316.03
Ozempic 0.5mg	1.34mg/mL	28	1	1.5	\$ 451.11	\$ 876.54	\$ 140.39
Ozempic 0.5mg	1.34mg/mL	42	1	1.5	\$ 451.11	\$ 876.54	\$ 140.39
Forxiga 10mg-30	10mg	90	3	90	\$ 423.15	\$ 1,624.11	\$ 396.32
Ozempic 0.5mg	1.34mg/mL	28	1	1.5	\$ 451.11	\$ 876.54	\$ 140.39
Ozempic 1mg	1.34mg/mL	28	1	3	\$ 451.11	\$ 876.54	\$ 140.39
Ozempic 0.5mg	1.34mg/mL	28	1	1.5	\$ 451.11	\$ 838.67	\$ 127.89
Advair 250 Diskus	250/50mcg	90	3	180	\$ 45.00	\$ 1,080.69	\$ 341.78
Humira (Pen) 40mg/0.8ml-2 pen	40mg/0.8ml	28	2	4	\$ 5,991.28	\$ 12,297.64	\$ 2,081.10
Ozempic 1mg	1.34mg/mL	28	1	3	\$ 451.11	\$ 876.54	\$ 140.39
Toujeo Solostar Double Star (Max)	300Unit/mL	90	2	18	\$ 785.28	\$ 1,413.75	\$ 207.40
Ozempic 0.5mg	1.34mg/mL	56	2	3	\$ 847.22	\$ 1,753.08	\$ 298.93
Mounjaro 7.5mg/0.5	7.5mg	84	12	12	\$ 3,603.12	\$ 5,766.50	\$ 713.92
Ozempic 0.5mg	1.34mg/mL	56	2	3	\$ 847.22	\$ 1,753.08	\$ 298.93
Linzess/Constella (Linaclotide) 290mcg - 30 290mcg		90	3	90	\$ 624.97	\$ 1,372.73	\$ 246.76
Humira (Adalimumab) Auto-Injector 40mg/ 40mg/0.8ml		84	3	6	\$ 6,574.97	\$ 18,446.46	\$ 3,917.59
Montelukast 10mg - 90 tab	10mg	90	1	90	\$ 234.99	\$ 730.25	\$ 163.44
Spiriva Respimat (Tiotropium Bromide) Inh	2.5mcg	30	1	60	\$ 124.99	\$ 480.95	\$ 117.47
Arnuity Ellipta (Fluticasone Furoate) 100mcg	100mcg	30	1	30	\$ 114.99	\$ 175.50	\$ 19.97
Benlysta (Belimumab) Auto-Injector 200mg	200mg/ml	28	1	4	\$ 2,774.99	\$ 4,706.00	\$ 637.23
Jardiance (Empagliflozin) 10mg - 90 tab	10mg	90	1	90	\$ 324.99	\$ 1,612.66	\$ 424.93
Otezla (Apremilast) 30mg - USA (Limited to 30mg)		84	3	168	\$ 3,680.00	\$ 12,783.75	\$ 3,004.24
Promacta/Revolade (Eltrombopag) 50mg - ; 50mg		28	1	28	\$ 4,024.99	\$ 10,706.00	\$ 2,204.73
Entresto (Sacubitril/Valsartan) 24.3/25.7mg	24.3/25.7mg	90	6	180	\$ 804.94	\$ 1,785.94	\$ 323.73
Jardiance (Empagliflozin) 10mg - 90 tab	10mg	90	1	90	\$ 324.99	\$ 1,612.66	\$ 424.93
Spiriva Respimat (Tiotropium Bromide) Inh	2.5mcg	90	3	180	\$ 312.47	\$ 1,471.07	\$ 382.34
Advair Diskus (Fluticasone/Salmeterol) 250; 250mcg/50m		90	3	180	\$ 402.47	\$ 1,080.69	\$ 223.81
Jardiance (Empagliflozin) 25mg - 90 tab	25mg	90	1	90	\$ 324.99	\$ 1,612.26	\$ 424.80
Eliquis (Apixaban) 5mg - 180 tab	5mg	90	1	180	\$ 424.99	\$ 1,361.65	\$ 309.10
Total						\$ 34,645.17	

Notes:

Invoice reflects RxProtect Program Fees for November 2023.



RxProtect
 9520 Ormsby Station Rd
 Suite 20
 Louisville, Kentucky 40223

Bill To
 Porter Trust

Invoice

Invoice #: 3295

Balance Due
\$ 45,581.14

Invoice Date: 12/18/23
 Due Date: 12/21/23
 Status: Outstanding

Item & Description	Strength	Day Supply	Qty Shipped	Amount
Humalog KwikPen	100U/mL	90	4	\$ 732.76
Humira (Pen) 40mg/0.8ml-2 pen	40mg/0.8ml	28	2	\$ 5,991.28
Januvia 100mg -100	100mg	100	1	\$ 463.87
Jardiance 10mg - 90	10mg	90	1	\$ 449.63
Jardiance 10mg - 90	10mg	90	1	\$ 449.63
Lantus SoloSTAR	100iu/ml	90	4	\$ 980.32
Ozempic 1mg	1.34mg/mL	28	1	\$ 451.11
Ozempic 1mg	1.34mg/mL	28	1	\$ 451.11
Ozempic 1mg	1.34mg/mL	28	1	\$ 451.11
Toujeo Solostar Double Star (Max)	300Unit/mL	90	3	\$ 1,150.42
Xarelto 10mg	10mg	100	2	\$ 507.70
Benlysta (Belimumab) Auto-Injector 200mg/ml - 200mg/ml		28	1	\$ 2,774.99
Basaglar (Insulin Glargine) Kwikpen 100iu/ml - 5x 100iu/ml		100	4	\$ 714.96
Humalog (Insulin Lispro) Kwikpen 100iu/ml - 5x3 100iu/ml		50	3	\$ 424.97
Jardiance (Empagliflozin) 10mg - 90 tab	10mg	90	1	\$ 324.99
Advair Diskus (Fluticasone/Salmeterol) 250mcg/250mcg/50mcg		90	3	\$ 414.97
Advair Diskus (Fluticasone/Salmeterol) 500mcg/250mcg/50mcg		90	3	\$ 534.97
Advair Diskus (Fluticasone/Salmeterol) 250mcg/250mcg/50mcg		90	3	\$ 414.97
Dupixent (Dupilumab) Pre-Filled Pen 300mg/2ml 300mg/2ml		56	4	\$ 8,274.96
Xarelto (Rivaroxaban) 15mg - 90 tab	15mg	90	1	\$ 354.99
Promacta/Revolade (Eltrombopag) 50mg - 28 tab 50mg		28	1	\$ 2,012.50
Ozempic (Semaglutide) Pre-Filled Pen 8mg/3mL - 8mg/3mL		28	1	\$ 845.00
Ozempic (Semaglutide) Pre-Filled Pen 8mg/3mL - 8mg/3mL		28	1	\$ 845.00
Flovent HFA (Fluticasone) Inhaler 50mcg - 120 dc 50mcg		30	1	\$ 69.99
Humira Citrate Free (Adalimumab) Auto-Injector 40mg/0.4ml		28	1	\$ 4,495.00
Tasigna (Nilotinib) 150mg - 112 cap	150mg	28	1	\$ 3,524.99
Eliquis (Apixaban) 5mg - 180 tab	5mg	90	1	\$ 424.99
Cialis (Tadalafil) 5mg - 84 tab	5mg	84	1	\$ 474.99
Humira (Adalimumab) Pre-Filled Syringe 40mg/0.4ml		84	3	\$ 6,574.97

Total \$ 45,581.14

Notes:

Invoice reflects pass through cost of medications delivered through the RxProtect Program from December 1-15th, 2023



RxProtect
 9520 Ormsby Station Rd
 Suite 20
 Louisville, Kentucky 40223

Bill To
 Porter Trust

Invoice

Invoice #: 3334

Balance Due
\$ 37,714.86

Invoice Date: 1/2/24
 Due Date: 1/5/24
 Status: Outstanding

Item & Description	Strength	Day Supply	Qty Shipped	Amount
Dexilant 60mg	60mg	90	1	\$ 430.86
Entresto 97mg/103mg	97mg/103mg	90	3	\$ 870.84
Humalog KwikPen	100U/mL	90	4	\$ 732.76
Humalog vial	100U/mL	90	6	\$ 1,082.32
Jardiance 10mg - 90	10mg	90	1	\$ 449.63
Jardiance 25mg - 90	25mg	90	1	\$ 449.63
Otezla 30mg-56	30mg	28	1	\$ 1,981.15
Trulicity 1.5mg	1.5mg/0.5mL	84	3	\$ 1,549.98
Dupixent (Dupilumab) Pre-Filled Pen 300mg/2ml	300mg/2ml	56	4	\$ 8,274.96
Jardiance (Empagliflozin) 25mg - 90 tab	25mg	90	1	\$ 324.99
Humalog (Insulin Lispro) Vial 100iu/ml - 10ml	100iu/ml	85	6	\$ 574.94
Benlysta (Belimumab) Auto-Injector 200mg/ml - 200mg/ml	200mg/ml	28	1	\$ 2,774.99
Otezla (Apremilast) 30mg - 56 tab	30mg	84	3	\$ 4,224.97
Cosentyx (Secukinumab) Sensoready Pen 150mg, 150mg/ml	150mg/ml	56	2	\$ 5,174.98
Trintellix (Vortioxetine) 20mg - 28 tab	20mg	84	3	\$ 474.97
Lantus Solostar (Insulin Glargine) Pre-Filled Pen 1 100iu/ml	100iu/ml	90	3	\$ 604.97
Trulicity (Dulaglutide) Pen 1.5mg/0.5ml - 4 ea	1.5mg/0.5ml	84	3	\$ 1,229.97
Breo Ellipta (Fluticasone/Vilanterol) 100mcg/25n 100mcg/25mcg	100mcg/25mcg	90	1	\$ 357.97
Betaseron (Interferon Beta-1b) Pre-Filled Syringe 0.3mg	0.3mg	30	1	\$ 2,124.99
Promacta/Revolade (Eltrombopag) 50mg - 28 tał 50mg	50mg	28	1	\$ 4,024.99

Total \$ 37,714.86

Notes:

Invoice reflects pass through cost of medications delivered through the RxProtect Program from December 16-31st, 2023



RxProtect
 9520 Ormsby Station Rd
 Suite 20
 Louisville, Kentucky 40223

Bill To
 Porter Trust

Invoice

Invoice #: 3398

Balance Due
\$ 40,636.52

Invoice Date: 1/5/24
 Due Date: 1/8/24
 Status: Outstanding

Item & Description	Strength	Day Supply	Qty. Shipped	Dispensed	Wholesale Cost	Cost to Plan	Program Fee
Humalog KwikPen	100U/mL	90	4	60	\$ 732.76	\$ 2,092.75	\$ 448.80
Humira (Pen) 40mg/0.8ml-2 pen	40mg/0.8ml	28	2	4	\$ 5,991.28	\$ 12,297.64	\$ 2,081.10
Januvia 100mg -100	100mg	100	1	100	\$ 463.87	\$ 1,542.93	\$ 356.09
Jardiance 10mg -90	10mg	90	1	90	\$ 449.63	\$ 1,612.66	\$ 383.80
Jardiance 10mg - 90	10mg	90	1	90	\$ 449.63	\$ 1,612.66	\$ 383.80
Lantus SoloSTAR	100iu/ml	90	4	60	\$ 980.32	\$ 1,683.20	\$ 231.95
Ozempic 1mg	1.34mg/mL	28	1	3	\$ 451.11	\$ 876.54	\$ 140.39
Ozempic 1mg	1.34mg/mL	28	1	3	\$ 451.11	\$ 876.54	\$ 140.39
Ozempic 1mg	1.34mg/mL	28	1	3	\$ 451.11	\$ 876.54	\$ 140.39
Toujeo Solostar Double Star (Max)	300Unit/mL	90	3	27	\$ 1,150.42	\$ 2,394.55	\$ 410.56
Xarelto 10mg	10mg	100	2	100	\$ 507.70	\$ 1,698.69	\$ 393.03
Benlysta (Belimumab) Auto-injector 200mg/200mg/ml	200mg/200mg/ml	28	1	4	\$ 2,774.99	\$ 4,706.00	\$ 637.23
Basaglar (Insulin Glargine) Kwikpen 100iu/n 100iu/ml	100iu/ml	100	4	60	\$ 714.96	\$ 1,287.68	\$ 189.00
Humalog (Insulin Lispro) Kwikpen 100iu/ml	100iu/ml	50	3	45	\$ 424.97	\$ 1,551.72	\$ 371.83
Jardiance (Empagliflozin) 10mg - 90 tab	10mg	90	1	90	\$ 324.99	\$ 1,610.85	\$ 424.33
Advair Diskus (Fluticasone/Salmeterol) 250r 250mcg/50r	250r 250mcg/50r	90	3	180	\$ 414.97	\$ 1,080.69	\$ 219.69
Advair Diskus (Fluticasone/Salmeterol) 500r 500mcg/50r	500r 500mcg/50r	90	3	180	\$ 534.97	\$ 1,080.69	\$ 180.09
Advair Diskus (Fluticasone/Salmeterol) 250r 250mcg/50r	250r 250mcg/50r	90	3	180	\$ 414.97	\$ 1,080.69	\$ 219.69
Dupixent (Dupilumab) Pre-Filled Pen 300mg 300mg/2ml	300mg 300mg/2ml	56	4	16	\$ 8,274.96	\$ 13,556.68	\$ 1,742.97
Xarelto (Rivaroxaban) 15mg - 90 tab	15mg	90	1	90	\$ 354.99	\$ 1,528.82	\$ 387.36
Promacta/Revolade (Eltrombopag) 50mg - ; 50mg	50mg	28	1	28	\$ 2,012.50	\$ 10,706.00	\$ 2,868.86
Ozempic (Semaglutide) Pre-Filled Pen 8mg/ 8mg/3mL	8mg/3mL	28	1	3	\$ 845.00	\$ 876.54	\$ 10.41
Ozempic (Semaglutide) Pre-Filled Pen 8mg/ 8mg/3mL	8mg/3mL	28	1	3	\$ 845.00	\$ 967.35	\$ 40.38
Flovent HFA (Fluticasone) Inhaler 50mcg - 1 50mcg	50mcg	30	1	120	\$ 69.99	\$ 466.04	\$ 130.70
Humira Citrate Free (Adalimumab) Auto-inj 40mg/0.4ml	40mg/0.4ml	28	1	2	\$ 4,495.00	\$ 6,310.72	\$ 599.19
Tasigna (Nilotinib) 150mg - 112 cap	150mg	28	1	112	\$ 3,524.99	\$ 18,135.24	\$ 4,821.38
Eliquis (Apixaban) 5mg - 180 tab	5mg	90	1	180	\$ 424.99	\$ 1,361.65	\$ 309.10
Cialis (Tadalafil) 5mg - 84 tab	5mg	84	1	84	\$ 474.99	\$ 1,372.32	\$ 296.12
Humira (Adalimumab) Pre-Filled Syringe 40r 40mg/0.8ml	40mg/0.8ml	84	3	6	\$ 6,574.97	\$ 18,446.46	\$ 3,917.59
Dexilant 60mg	60mg	90	1	90	\$ 430.86	\$ 921.00	\$ 161.75
Entresto 97mg/103mg	97mg/103mg	90	3	180	\$ 870.84	\$ 1,785.94	\$ 301.98
Humalog KwikPen	100U/mL	90	4	60	\$ 732.76	\$ 2,099.12	\$ 450.90
Humalog vial	100U/mL	90	6	60	\$ 1,082.32	\$ 3,103.44	\$ 666.97
Jardiance 10mg - 90	10mg	90	1	90	\$ 449.63	\$ 1,612.66	\$ 383.80
Jardiance 25mg - 90	25mg	90	1	90	\$ 449.63	\$ 1,612.66	\$ 383.80
Otezla 30mg-56	30mg	28	1	56	\$ 1,981.15	\$ 4,261.25	\$ 752.43
Trulicity 1.5mg	1.5mg/0.5ml	84	3	6	\$ 1,549.98	\$ 2,729.86	\$ 389.36
Dupixent (Dupilumab) Pre-Filled Pen 300mg 300mg/2ml	300mg 300mg/2ml	56	4	16	\$ 8,274.96	\$ 13,556.68	\$ 1,742.97
Jardiance (Empagliflozin) 25mg - 90 tab	25mg	90	1	90	\$ 324.99	\$ 1,612.66	\$ 424.93
Humalog (Insulin Lispro) Vial 100iu/ml - 10n 100iu/ml	100iu/ml	85	6	60	\$ 574.94	\$ 3,103.44	\$ 834.41
Benlysta (Belimumab) Auto-Injector 200mg, 200mg/ml	200mg, 200mg/ml	28	1	4	\$ 2,774.99	\$ 4,706.00	\$ 637.23
Otezla (Apremilast) 30mg - 56 tab	30mg	84	3	168	\$ 4,224.97	\$ 12,783.75	\$ 2,824.40
Cosentyx (Secukinumab) Sensoready Pen 1: 150mg/ml	150mg/ml	56	2	4	\$ 5,174.98	\$ 13,806.24	\$ 2,848.32
Trintellix (Vortioxetine) 20mg - 28 tab	20mg	84	3	84	\$ 474.97	\$ 1,191.16	\$ 236.34
Lantus Solostar (Insulin Glargine) Pre-Filled 100iu/ml	100iu/ml	90	3	45	\$ 604.97	\$ 1,181.54	\$ 190.27
Trulicity (Dulaglutide) Pen 1.5mg/0.5ml - 4 t 1.5mg/0.5ml	1.5mg/0.5ml	84	3	6	\$ 1,229.97	\$ 2,513.52	\$ 423.57
Breo Ellipta (Fluticasone/Vilanterol) 100mcq 100mcg/25r	100mcq 100mcg/25r	90	1	90	\$ 357.97	\$ 1,107.06	\$ 247.20
Betaseron (Interferon Beta-1b) Pre-Filled Sy 0.3mg	0.3mg	30	1	15	\$ 2,124.99	\$ 8,352.14	\$ 2,054.96
Promacta/Revolade (Eltrombopag) 50mg - ; 50mg	50mg	28	1	28	\$ 4,024.99	\$ 10,706.00	\$ 2,204.73
Total						\$ 40,636.52	

Notes:

Invoice reflects RxProtect Program Fees for December 2023.



RxProtect
 9520 Ormsby Station Rd
 Suite 20
 Louisville, Kentucky 40223

Bill To
 Porter Trust

Invoice

Invoice #: 3452

Balance Due
\$ 32,207.37

Invoice Date: 1/16/24
 Due Date: 1/19/24
 Status: Outstanding

Item & Description	Strength	Day Supply	Qty Shipped	Amount
Ozempic (Semaglutide) Pre-Filled Pen 0.25mg/0. 0.25mg/0.5mg		28	1	\$ 455.00
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 4mg 1mg		28	1	\$ 455.00
Spiriva Respimat (Tiotropium Bromide) Inhaler 2 2.5mcg		30	1	\$ 124.99
Humalog (Insulin Lispro) Vial 100iu/ml - 10ml 100iu/ml		85	6	\$ 454.94
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 4mg 1mg		28	2	\$ 930.00
Ozempic (Semaglutide) Pre-Filled Pen 0.25mg/0. 0.25mg/0.5mg		56	1	\$ 455.00
Promacta/Revolade (Eltrombopag) 50mg - 28 tal 50mg		28	1	\$ 4,024.99
Ozempic (Semaglutide) Pre-Filled Pen 8mg/3mL 8mg/3mL		28	1	\$ 845.00
Tasigna (Nilotinib) 150mg - 112 cap 150mg		28	1	\$ 3,524.99
Flovent HFA (Fluticasone) Inhaler 125mcg - 120 c 125mcg		60	1	\$ 74.99
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 4mg 1mg		28	1	\$ 455.00
Advair Diskus (Fluticasone/Salmeterol) 250mcg/ 250mcg/50mcg		90	3	\$ 414.97
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 4mg 1mg		28	1	\$ 455.00
Arnuity Ellipta (Fluticasone Furoate) 100mcg - 3C 100mcg		90	3	\$ 294.97
Entresto (Sacubitril/Valsartan) 24.3/25.7mg - 30 24.3/25.7mg		90	6	\$ 788.28
Eliquis (Apixaban) 5mg - 180 tab 5mg		90	1	\$ 408.32
Farxiga/Forxiga (Dapagliflozin) 10mg - 30 tab 10mg		90	3	\$ 368.30
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 4mg 1mg		28	2	\$ 930.00
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 4mg 1mg		28	1	\$ 455.00
Ozempic (Semaglutide) Pre-Filled Pen 8mg/3mL 8mg/3mL		28	1	\$ 845.00
Farxiga/Forxiga (Dapagliflozin) 10mg - 30 tab 10mg		90	3	\$ 484.97
Toujeo (Insulin Glargine) Solostar Pen 300iu/ml - 300iu/ml		98	4	\$ 605.96
12/12/23 Reshipment - Advair Diskus 250mcg/5t				\$ 25.00
Entresto 24mg/26mg 24mg/26mg		90	6	\$ 1,425.00
Flovent HFA 50mcg-120 50mcg		60	1	\$ 189.46
Forxiga 10mg-30 10mg		90	3	\$ 423.15
Humira (Pen) 40mg/0.8ml-2 pen 40mg/0.8ml		28	2	\$ 5,991.28
Ozempic 0.5mg 1.34mg/mL		28	1	\$ 451.11
Ozempic 0.5mg 1.34mg/mL		84	3	\$ 1,243.33
Ozempic 1mg 1.34mg/mL		28	1	\$ 451.11
Ozempic 1mg 1.34mg/mL		56	2	\$ 847.22
Ozempic 1mg 1.34mg/mL		84	6	\$ 2,486.66
Xiidra 5% /W/V-60 5% /W/V		90	3	\$ 823.38
Total				\$ 32,207.37

Notes:

Invoice reflects pass through cost of medications delivered through the RxProtect Program from January 1-15th, 2024



RxProtect
 9520 Ormsby Station Rd
 Suite 20
 Louisville, Kentucky 40223

Bill To
 Porter Trust

Invoice

Invoice #: 3524

Balance Due
\$ 59,357.95

Invoice Date: 2/2/24
 Due Date: 2/7/24
 Status: Outstanding

Item & Description	Strength	Day Supply	Qty Shipped	Amount
Ozempic (Semaglutide) Pre-Filled Pen 8mg/3mL	8mg/3mL	28	1	\$ 845.00
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 4mg 1mg	1mg	28	2	\$ 980.00
Humalog (Insulin Lispro) Kwikpen 100iu/ml - 5x3	100iu/ml	50	3	\$ 424.97
Humalog (Insulin Lispro) Vial 100iu/ml - 10ml	100iu/ml	90	9	\$ 724.91
Betaseron (Interferon Beta-1b) Pre-Filled Syringe 0.3mg	0.3mg	30	1	\$ 2,124.99
Advair Diskus (Fluticasone/Salmeterol) 250mcg/ 250mcg/50mcg	250mcg/ 250mcg/50mcg	90	3	\$ 207.49
Taltz (Ixekezumab) Auto-Injector 80mg/ml - 1 ea	80mg/ml	84	3	\$ 6,875.00
Tresiba (Insulin Degludec) U-200 Flextouch - 3x3	200 Flextouch	90	8	\$ 1,994.92
Humalog (Insulin Lispro) Kwikpen 100iu/ml - 5x3	100iu/ml	92	8	\$ 874.92
Jardiance (Empagliflozin) 25mg - 90 tab	25mg	90	1	\$ 355.00
Ozempic (Semaglutide) Pre-Filled Pen 0.25mg/0. 0.25mg/0.5mg	0.25mg/0. 0.25mg/0.5mg	28	1	\$ 480.00
Humira Citrate Free (Adalimumab) Auto-Injector 40mg/0.4ml	40mg/0.4ml	28	1	\$ 4,495.00
Ozempic (Semaglutide) Pre-Filled Pen 0.25mg/0. 0.25mg/0.5mg	0.25mg/0. 0.25mg/0.5mg	56	2	\$ 980.00
Jardiance (Empagliflozin) 10mg - 90 tab	10mg	90	1	\$ 355.00
Farxiga/Forxiga (Dapagliflozin) 10mg - 30 tab	10mg	90	3	\$ 384.97
Flovent HFA (Fluticasone) Inhaler 50mcg - 120 d	50mcg	30	1	\$ 69.99
Levemir (Insulin Detemir) Flextouch 100iu/ml - L	100iu/ml	12	3	\$ 1,175.00
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 4mg 1mg	1mg	84	3	\$ 1,405.00
Betaseron (Interferon Beta-1b) Pre-Filled Syringe 0.3mg	0.3mg	30	1	\$ 2,124.99
Lantus Solostar (Insulin Glargine) Pre-Filled Pen : 100iu/ml	100iu/ml	90	3	\$ 617.47
Trulicity (Dulaglutide) Pen 1.5mg/0.5ml - 4 ea	1.5mg/0.5ml	84	3	\$ 1,337.50
Jardiance (Empagliflozin) 10mg - 90 tab	10mg	90	1	\$ 355.00
Ozempic (Semaglutide) Pre-Filled Pen 0.25mg/0. 0.25mg/0.5mg	0.25mg/0. 0.25mg/0.5mg	84	3	\$ 1,405.00
Breo Ellipta 100mcg/25mcg-30	100mcg/25mcg	90	3	\$ 407.52
Humira (Pen) 40mg/0.8ml-2 pen	40mg/0.8ml	28	2	\$ 5,991.28
Januvia 100mg -100	100mg	100	1	\$ 463.87
Januvia 100mg -100	100mg	100	1	\$ 463.87
Januvia 100mg-30	100mg	60	2	\$ 298.96
Jardiance 25mg - 90	25mg	90	1	\$ 449.63
Jardiance 25mg - 90	25mg	90	1	\$ 449.63
Mounjaro 7.5mg/0.5	7.5mg	28	4	\$ 1,156.04
Ozempic 0.5mg	0.68mg/mL	84	3	\$ 1,243.33
Ozempic 1mg	1.34mg/mL	28	1	\$ 451.11
Ozempic 1mg	1.34mg/mL	28	1	\$ 451.11
Ozempic 1mg	1.34mg/mL	84	3	\$ 1,243.33
Ozempic 1mg	1.34mg/mL	84	3	\$ 1,243.33
Ozempic 1mg	1.34mg/mL	84	3	\$ 1,243.33
Ozempic 1mg	1.34mg/mL	84	3	\$ 1,243.33
Ozempic 1mg	1.34mg/mL	84	3	\$ 1,243.33
Ozempic 1mg	1.34mg/mL	84	6	\$ 2,486.66
Vraylar 4.5mg	4.5	90	3	\$ 2,122.50
Tasigna 150mg Capsules	150mg		1	\$ 7,357.00

Total \$ 59,357.95

Notes:

Invoice reflects pass through cost of medications delivered through the RxProtect Program from January 16-31st, 2024



Invoice

Invoice #: 3600

Balance Due \$ 43,715.48

RxProtect
9520 Ormsby Station Rd
Suite 20
Louisville, Kentucky 40223

Invoice Date: 2/5/24
Due Date: 2/8/24
Status: Outstanding

Bill To
Porter Trust

Table with columns: Item & Description, Strength, Day Supply, Qty. Shipped, Dispensed, Wholesale Cost, Cost to Plan, Program Fee. Lists various pharmaceutical items and their associated costs.

Total \$ 43,715.48

Notes:

Invoice reflects RxProtect Program Fees for January 2024.



RxProtect
 9520 Ormsby Station Rd
 Suite 20
 Louisville, Kentucky 40223

Bill To
 Porter Trust

Invoice

Invoice #: 3674

Balance Due
\$ 76,514.38

Invoice Date: 2/19/24
 Due Date: 2/22/24
 Status: Outstanding

Item & Description	Strength	Day Supply	Qty Shipped	Amount
Advair 250 Diskus	250/50mcg	90	3	\$ 670.86
Constella 145mcg	145mcg	90	3	\$ 974.88
Eliquis 2.5mg -60	2.5mg	90	3	\$ 607.77
Eliquis 5mg - 180	5mg	90	1	\$ 541.76
Flovent HFA 50mcg-120	50mcg	60	1	\$ 189.46
Januvia 100mg -100	100mg	100	1	\$ 463.87
Jardiance 10mg - 90	10mg	90	1	\$ 449.63
Jardiance 25mg - 90	25mg	90	1	\$ 449.63
Multaq 400mg-60	400mg	90	3	\$ 592.50
Otezla 30mg-56	30mg	28	1	\$ 1,981.15
Ozempic 0.5mg	0.68mg/mL	84	3	\$ 1,243.33
Ozempic 1mg	1.34mg/mL	28	1	\$ 451.11
Ozempic 1mg	1.34mg/mL	84	3	\$ 1,243.33
Ozempic 1mg	1.34mg/mL	84	3	\$ 1,243.33
Ozempic 1mg	1.34mg/mL	90	6	\$ 2,486.66
Prezcobix 800mg/150mg-30	800mg/150mg	90	3	\$ 3,087.27
Tivicay 50mg-30	50mg	90	3	\$ 3,520.74
Toujeo Solostar Double Star (Max)	300Unit/mL	90	2	\$ 785.28
Toujeo Solostar Double Star (Max)	300Unit/mL	90	3	\$ 1,150.42
Trulicity 1.5mg	1.5mg/0.5mL	28	1	\$ 606.66
Wixela 500/50mcg	500/50mcg	90	3	\$ 640.86
Xarelto 20mg	20mg	90	1	\$ 506.63
Levemir (Insulin Detemir) Flextouch 100iu/ml - L 100iu/ml		150	3	\$ 1,112.50
Trulicity (Dulaglutide) Pen 1.5mg/0.5ml - USA (Li 1.5mg/0.5ml		84	3	\$ 1,757.50
Ozempic (Semaglutide) Pre-Filled Pen 8mg/3mL 8mg/3mL		28	1	\$ 845.00
Trintellix (Vortioxetine) 20mg - 28 tab	20mg	84	3	\$ 474.97
Jardiance (Empagliflozin) 25mg - 90 tab	25mg	90	1	\$ 355.00
Advair Diskus (Fluticasone/Salmeterol) 250mcg/ 250mcg/50mcg		90	3	\$ 414.97
Entresto (Sacubitril/Valsartan) 24.3/25.7mg - 30 24.3/25.7mg		90	6	\$ 804.94
Eliquis (Apixaban) 5mg - 180 tab	5mg	90	1	\$ 424.99
Xarelto (Rivaroxaban) 10mg - 50 tab	10mg	100	2	\$ 384.98
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 4mJ 1mg		42	3	\$ 1,405.00
Basaglar (Insulin Glargine) Kwipen 100iu/ml - 5i 100iu/ml		100	1	\$ 294.99
Betaseron (Interferon Beta-1b) Pre-Filled Syringes 0.3mg		30	1	\$ 1,062.50
Tasigna (Nilotinib) 150mg - 112 cap	150mg	28	1	\$ 3,725.00
Humira Citrate Free (Adalimumab) Auto-Injector 40mg/0.4ml		28	1	\$ 4,495.00
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 4mJ 1mg		84	3	\$ 1,405.00
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 4mJ 1mg		84	3	\$ 1,405.00
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 4mJ 1mg		84	3	\$ 1,405.00
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 4mJ 1mg		84	3	\$ 1,405.00
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 4mJ 1mg		84	3	\$ 1,405.00
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 4mJ 1mg		84	6	\$ 2,680.00
Entresto (Sacubitril/Valsartan) 24.3/25.7mg - 30 24.3/25.7mg		90	6	\$ 804.94
Eliquis (Apixaban) 5mg - 180 tab	5mg	90	1	\$ 424.99
Jardiance (Empagliflozin) 25mg - 90 tab	25mg	90	1	\$ 355.00
Xarelto (Rivaroxaban) 20mg - 90 tab	20mg	90	1	\$ 354.99
Otezla (Apremilast) 30mg - USA (Limited to Selex 30mg		84	3	\$ 3,650.00
Spiriva Respimat (Tiotropium Bromide) Inhaler 2 2.5mcg		30	1	\$ 124.99
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 4mJ 1mg		84	3	\$ 1,405.00
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 4mJ 1mg		84	3	\$ 1,405.00
Humira (Adalimumab) Pre-Filled Syringe 40mg/C 40mg/0.8ml		84	3	\$ 6,875.00
Humira (Adalimumab) Auto-Injector 40mg/0.8m 20mg		84	3	\$ 6,875.00
Humira Citrate Free (Adalimumab) Auto-Injector 40mg/0.4ml		28	1	\$ 4,495.00

Total \$ 76,514.38

Notes:

Invoice reflects pass through cost of medications delivered through the RxProtect Program from February 1-15, 2024



RxProtect
 9520 Ormsby Station Rd
 Suite 20
 Louisville, Kentucky 40223

Bill To
 Porter Trust

Invoice

Invoice #: 3738

Balance Due
\$ 36,055.84

Invoice Date: 3/4/24
 Due Date: 3/7/24
 Status: Outstanding

Item & Description	Strength	Day Supply	Qty Shipped	Amount
Jardiance 25mg - 90	25mg	90	1	\$ 449.63
Xarelto 20mg	20mg	90	1	\$ 506.63
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 4mg 1mg		84	3	\$ 1,405.00
Eliquis (Apixaban) 5mg - 180 tab	5mg	90	1	\$ 424.99
Flovent HFA (Fluticasone) Inhaler 125mcg - 120 c 125mcg		60	1	\$ 74.99
Farxiga/Forxiga (Dapagliflozin) 10mg - 30 tab	10mg	90	3	\$ 484.97
Humalog (Insulin Lispro) MIX 25 Kwikpen - 5x3m 25 Kwikpen		100	4	\$ 509.96
Ozempic (Semaglutide) Pre-Filled Pen 8mg/3mL 8mg/3mL		84	3	\$ 2,375.00
Ozempic (Semaglutide) Pre-Filled Pen 8mg/3mL 8mg/3mL		84	3	\$ 2,375.00
Entresto (Sacubitril/Valsartan) 24.3/25.7mg - 30 24.3/25.7mg		90	6	\$ 863.27
Januvia (Sitagliptin) 100mg - 30 tab	100mg	90	3	\$ 473.30
Tresiba (Insulin Degludec) U-200 Flextouch - 3x3i 200 Flextouch		90	2	\$ 568.31
Betaseron (Interferon Beta-1b) Pre-Filled Syringe 0.3mg	0.3mg	30	1	\$ 2,124.99
Entresto (Sacubitril/Valsartan) 24.3/25.7mg - 30 24.3/25.7mg		90	6	\$ 788.27
Eliquis (Apixaban) 5mg - 180 tab	5mg	90	1	\$ 408.32
Farxiga/Forxiga (Dapagliflozin) 10mg - 30 tab	10mg	90	3	\$ 368.30
Jardiance (Empagliflozin) 10mg - 30 tab	10mg	30	1	\$ 135.00
Tasigna (Nilotinib) 150mg - 112 cap	150mg	28	1	\$ 3,725.00
Linzees/Constella (Linaclotide) 290mcg - 30 cap	290mcg	90	3	\$ 624.97
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 4mg 1mg		28	2	\$ 980.00
Montelukast 10mg - 90 tab	10mg	90	1	\$ 234.99
Trulicity (Dulaglutide) Pen 0.75mg/0.5ml - 4 ea - 0.75mg/0.5ml		56	2	\$ 1,050.00
Ozempic (Semaglutide) Pre-Filled Pen 8mg/3mL 8mg/3mL		28	1	\$ 845.00
Humulin 30/70 (Insulin Regular/NPH) Cartridge 130/70 Cartridge :		125	1	\$ 339.99
Ozempic (Semaglutide) Pre-Filled Pen 8mg/3mL 8mg/3mL		28	1	\$ 875.00
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 4mg 1mg		84	3	\$ 1,405.00
Spiriva Respimat (Tiotropium Bromide) Inhaler 2 2.5mcg		90	3	\$ 312.47
Advair Diskus (Fluticasone/Salmeterol) 250mcg/250mcg/50mcg		90	3	\$ 402.47
Ozempic (Semaglutide) Pre-Filled Pen 8mg/3mL 8mg/3mL		28	1	\$ 845.00
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 4mg 1mg		84	3	\$ 1,405.00
Dupixent (Dupilumab) Pre-Filled Pen 300mg/2ml 300mg/2ml		56	4	\$ 8,675.00

Total \$ 36,055.84

Notes:

Invoice reflects pass through cost of medications delivered through the RxProtect Program from February 16-29, 2024



ReProtect
9520 Ormsby Station Rd
Suite 20
Louisville, Kentucky 40223

Bill To
Porter Trust

Invoice

Invoice #: 3859

Balance Due
\$ 51,532.52

Invoice Date: 3/5/24
Due Date: 3/8/24
Status: Outstanding

Item & Description	Strength	Day Supply	Qty. Shipped	Dispensed	Wholesale Cost	Cost to Plan	Program Fee
Advair 250 Diskus	250/50mcg	90	3	180	\$ 670.86	\$ 1,080.69	\$ 135.24
Constella 150mg	145mg	90	3	90	\$ 974.88	\$ 1,372.73	\$ 131.29
Eliquis 2.5mg-60	2.5mg	90	3	180	\$ 607.77	\$ 1,565.44	\$ 316.03
Eliquis 5mg-180	5mg	90	1	180	\$ 541.76	\$ 1,361.65	\$ 270.56
Flovent HFA 50mcg-120	50mcg	60	1	120	\$ 189.46	\$ 354.68	\$ 54.52
Januvia 100mg-100	100mg	100	1	100	\$ 463.87	\$ 1,542.93	\$ 356.09
Jardiance 5mg-90	10mg	90	1	90	\$ 449.63	\$ 1,612.66	\$ 383.80
Jardiance 25mg-90	25mg	90	1	90	\$ 449.63	\$ 1,612.66	\$ 383.80
Multaq 400mg-60	400mg	90	3	180	\$ 592.50	\$ 2,026.74	\$ 473.30
Otezla 30mg-56	30mg	28	1	56	\$ 1,981.15	\$ 4,261.25	\$ 752.43
Ozempic 0.5mg	0.60mg/mL	84	3	9	\$ 1,243.33	\$ 2,629.62	\$ 457.48
Ozempic 1mg	1.34mg/mL	28	1	3	\$ 451.11	\$ 876.54	\$ 140.39
Ozempic 1mg	1.34mg/mL	84	3	9	\$ 1,243.33	\$ 2,629.62	\$ 457.48
Ozempic 1mg	1.34mg/mL	84	3	9	\$ 1,243.33	\$ 2,629.62	\$ 457.48
Ozempic 1mg	1.34mg/mL	90	6	18	\$ 2,486.66	\$ 5,259.24	\$ 914.95
Prescobic 800mg/150mg-30	800mg/150mg	90	3	90	\$ 3,087.27	\$ 7,596.54	\$ 1,488.06
Twicay 50mg-30	50mg	90	3	90	\$ 3,520.74	\$ 6,953.88	\$ 1,132.94
Toujeo SoloStar Double Star (Max)	300Unit/mL	90	2	18	\$ 785.28	\$ 1,413.75	\$ 207.40
Toujeo SoloStar Double Star (Max)	300Unit/mL	90	3	27	\$ 1,150.42	\$ 2,394.55	\$ 410.56
Trulicity 1.5mg	1.5mg/0.5ml	28	1	2	\$ 606.66	\$ 776.74	\$ 56.13
Wisela 500/50mcg	500/50mcg	90	3	180	\$ 640.86	\$ 640.86	\$ 0
Xarelto 20mg	20mg	90	1	90	\$ 506.63	\$ 1,528.82	\$ 337.32
Levemir (Insulin Determir) FlexTouch 100U/n	100U/n	150	3	45	\$ 1,112.50	\$ 1,404.72	\$ 96.43
Trulicity (Dulaglutide) Pen 1.5mg/0.5ml - US	1.5mg/0.5ml	84	3	6	\$ 1,757.50	\$ 2,330.22	\$ 189.00
Ozempic (Semaglutide) Pre-Filled Pen 8mg/2.5ml	8mg/2.5ml	28	1	3	\$ 845.00	\$ 876.54	\$ 104.41
Trintellix (Vortioxetine) 20mg - 28 tab	20mg	84	3	84	\$ 474.97	\$ 1,191.16	\$ 236.34
Jardiance (Empagliflozin) 25mg - 90 tab	25mg	90	1	90	\$ 355.00	\$ 1,610.85	\$ 414.43
Advair Diskus (Fluticasone/Salmeterol) 250n	250mg/50nr	90	3	18	\$ 414.97	\$ 1,080.69	\$ 219.69
Entresto (Sacubitril/Valsartan) 24.3/25.7mg	24.3/25.7mg	90	6	180	\$ 804.94	\$ 1,785.94	\$ 323.73
Eliquis (Apixaban) 5mg - 180 tab	5mg	90	1	180	\$ 424.99	\$ 1,361.65	\$ 309.10
Xarelto (Rivaroxaban) 10mg - 50 tab	10mg	100	2	100	\$ 384.98	\$ 1,698.69	\$ 433.52
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 1mg	1mg	42	3	9	\$ 1,405.00	\$ 2,629.62	\$ 404.12
Basaglar (Insulin Glargine) Kwikpen 100U/n	100U/n	100	1	15	\$ 294.99	\$ 429.23	\$ 84.30
Belatacept (Interferon Beta-1b) Pre-Filled Syr	0.1mg	30	1	15	\$ 1,062.50	\$ 8,392.14	\$ 2,405.98
Tasigna (Nilotinib) 150mg - 112 cap	150mg	28	1	112	\$ 3,725.00	\$ 18,135.24	\$ 4,755.38
Humira Citrate Free (Adalimumab) Auto-Inje	40mg/0.4ml	28	1	2	\$ 4,495.00	\$ 6,310.72	\$ 599.19
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 1mg	1mg	84	3	9	\$ 1,405.00	\$ 2,629.62	\$ 404.12
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 1mg	1mg	84	3	9	\$ 1,405.00	\$ 2,629.62	\$ 404.12
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 1mg	1mg	84	3	9	\$ 1,405.00	\$ 2,629.62	\$ 404.12
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 1mg	1mg	84	6	18	\$ 2,680.00	\$ 5,259.24	\$ 851.15
Entresto (Sacubitril/Valsartan) 24.3/25.7mg	24.3/25.7mg	90	6	180	\$ 804.94	\$ 1,785.94	\$ 323.73
Eliquis (Apixaban) 5mg - 180 tab	5mg	90	1	180	\$ 424.99	\$ 1,361.65	\$ 309.10
Jardiance (Empagliflozin) 25mg - 90 tab	25mg	90	1	90	\$ 355.00	\$ 1,612.26	\$ 414.90
Xarelto (Rivaroxaban) 20mg - 90 tab	20mg	90	1	90	\$ 354.99	\$ 1,528.82	\$ 387.36
Otezla (Apremilast) 30mg - USA (Limited to 5	30mg	84	3	168	\$ 1,650.00	\$ 12,783.75	\$ 3,014.14
Spiriva Respimat (Tiotropium Bromide) Inha	2.5mcg	30	1	1	\$ 114.99	\$ 480.95	\$ 117.47
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 1mg	1mg	84	3	9	\$ 1,405.00	\$ 2,629.62	\$ 404.12
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 1mg	1mg	84	3	9	\$ 1,405.00	\$ 2,629.62	\$ 404.12
Humira (Adalimumab) Pre-Filled Syringe 40n	40mg/0.8ml	84	3	6	\$ 6,875.00	\$ 18,446.46	\$ 3,818.58
Humira (Adalimumab) Auto-Injector 40mg/0.2	20mg	84	3	6	\$ 6,875.00	\$ 18,446.46	\$ 3,818.58
Humira Citrate Free (Adalimumab) Auto-inj	40mg/0.4ml	28	1	2	\$ 4,495.00	\$ 6,310.72	\$ 599.19
Jardiance 25mg - 90	25mg	90	1	90	\$ 449.63	\$ 1,612.66	\$ 383.80
Xarelto 20mg	20mg	90	1	90	\$ 506.63	\$ 1,528.82	\$ 337.32
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 1mg	1mg	84	3	9	\$ 1,405.00	\$ 2,629.62	\$ 404.12
Eliquis (Apixaban) 5mg - 180 tab	5mg	90	1	180	\$ 424.99	\$ 1,361.65	\$ 309.10
Flovent HFA (Fluticasone) Inhaler 125mcg - 1	125mcg	60	1	120	\$ 74.99	\$ 466.04	\$ 129.05
Farxiga/Farxiga (Dapaagliflozin) 10mg - 30	10mg	90	3	90	\$ 484.97	\$ 1,499.90	\$ 334.93
Humalog (Insulin Lispro) MIX 25 Kwikpen - 5	25 Kwikpen	100	4	120	\$ 509.96	\$ 2,092.75	\$ 522.32
Ozempic (Semaglutide) Pre-Filled Pen 8mg/2.5	8mg/2.5ml	84	3	9	\$ 2,375.00	\$ 2,629.62	\$ 84.02
Ozempic (Semaglutide) Pre-Filled Pen 8mg/2.5	8mg/2.5ml	84	3	9	\$ 2,375.00	\$ 2,629.62	\$ 84.02
Entresto (Sacubitril/Valsartan) 24.3/25.7mg	24.3/25.7mg	90	6	180	\$ 863.27	\$ 1,785.94	\$ 304.48
Januvia (Sitagliptin) 100mg - 30 tab	100mg	90	3	90	\$ 473.30	\$ 1,548.58	\$ 354.84
Tresiba (Insulin Degludec) U-200 FlexTouch	- 200 FlexTouch	90	2	18	\$ 568.31	\$ 1,129.00	\$ 185.03
Belatacept (Interferon Beta-1b) Pre-Filled Sy	0.1mg	30	1	15	\$ 1,124.99	\$ 8,392.14	\$ 2,654.96
Entresto (Sacubitril/Valsartan) 24.3/25.7mg	24.3/25.7mg	90	6	180	\$ 788.27	\$ 1,785.94	\$ 329.23
Eliquis (Apixaban) 5mg - 180 tab	5mg	90	1	180	\$ 408.32	\$ 1,361.65	\$ 314.60
Farxiga/Farxiga (Dapaagliflozin) 10mg - 30	10mg	90	3	90	\$ 368.30	\$ 1,499.90	\$ 373.43
Jardiance (Empagliflozin) 10mg - 30 tab	10mg	30	1	30	\$ 135.00	\$ 1,612.66	\$ 487.63
Tasigna (Nilotinib) 150mg - 112 cap	150mg	28	1	112	\$ 3,725.00	\$ 18,135.24	\$ 4,755.38
Linzess/Constella (Linaclotide) 290mcg - 30	290mcg	90	3	300	\$ 624.97	\$ 1,372.73	\$ 246.76
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 1mg	1mg	28	2	6	\$ 980.00	\$ 1,753.08	\$ 255.12
Montelukast 10mg - 90 tab	10mg	90	1	90	\$ 234.99	\$ 730.25	\$ 163.44
Trulicity (Dulaglutide) Pen 0.75mg/0.5ml - v	0.75mg/0.5ml	56	2	14	\$ 1,050.00	\$ 1,553.48	\$ 166.15
Ozempic (Semaglutide) Pre-Filled Pen 8mg/2.5	8mg/2.5ml	28	1	3	\$ 845.00	\$ 876.54	\$ 104.41
Humulin 30/70 (Insulin Regular/NPH) Cartr	30/70 Cartr	125	1	84	\$ 339.99	\$ 457.42	\$ 88.75
Ozempic (Semaglutide) Pre-Filled Pen 8mg/2.5	8mg/2.5ml	28	1	3	\$ 875.00	\$ 967.35	\$ 30.48
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 1mg	1mg	84	3	9	\$ 1,405.00	\$ 2,629.62	\$ 404.12
Spiriva Respimat (Tiotropium Bromide) Inha	2.5mcg	90	3	3	\$ 312.47	\$ 1,471.07	\$ 382.34
Advair Diskus (Fluticasone/Salmeterol) 250n	250mg/50nr	90	3	180	\$ 402.47	\$ 1,080.69	\$ 223.81
Ozempic (Semaglutide) Pre-Filled Pen 8mg/2.5	8mg/2.5ml	28	1	3	\$ 845.00	\$ 876.54	\$ 104.41
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 1mg	1mg	84	3	9	\$ 1,405.00	\$ 2,629.62	\$ 404.12
Dupixent (Dupilumab) Pre-Filled Pen 300mg,	300mg/2ml	56	4	16	\$ 8,675.00	\$ 13,556.68	\$ 1,610.95
Total						\$ 51,532.52	

Notes:

Invoice reflects R/Protect Program Fees for February 2024.



RxProtect
 9520 Ormsby Station Rd
 Suite 20
 Louisville, Kentucky 40223

Bill To
 Porter Trust

Invoice

Invoice #: 3949-1

Balance Due

\$ 48,910.39

Invoice Date: 3/19/2024

Due Date: 3/22/2024

Status: Outstanding

Item & Description	Strength	Day Supply	Qty Shipped	Amount
Promacta/Revolade (Eltrombopag) 25mg - 28 tab	25mg	28	1	\$ 2,024.99
Otezla (Apremilast) 30mg - 56 tab	30mg	84	3	\$ 4,825.00
Ozempic (Semaglutide) Pre-Filled Pen 8mg/3mL - 8mg/3mL		28	1	\$ 845.00
Tasigna (Nilotinib) 150mg - 112 cap	150mg	28	1	\$ 3,725.00
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 4mg 1mg		28	2	\$ 980.00
Ozempic (Semaglutide) Pre-Filled Pen 8mg/3mL - 8mg/3mL		28	1	\$ 845.00
Jardiance (Empagliflozin) 25mg - 90 tab	25mg	90	1	\$ 355.00
Ozempic (Semaglutide) Pre-Filled Pen 8mg/3mL - 8mg/3mL		84	3	\$ 2,375.00
Breo Ellipta (Fluticasone/Vilanterol) 100mcg/25n 100mcg/25mcg		90	1	\$ 357.97
Basaglar (Insulin Glargine) Kwikpen 100iu/ml - 5x 100iu/ml		100	4	\$ 697.46
Humalog (Insulin Lispro) Kwikpen 100iu/ml - 5x3 100iu/ml		50	3	\$ 407.47
Flovent HFA (Fluticasone) Inhaler 50mcg - 120 dc 50mcg		120	2	\$ 114.98
Ozempic (Semaglutide) Pre-Filled Pen 0.25mg/0.5 0.25mg/0.5mg		84	3	\$ 1,405.00
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 4mg 1mg		84	3	\$ 1,405.00
Trulicity (Dulaglutide) Pen 1.5mg/0.5ml - 4 ea - LI 1.5mg/0.5ml		84	3	\$ 1,475.00
Breo Ellipta (Fluticasone/Vilanterol) 100mcg/25n 100mcg/25mcg		90	1	\$ 357.97
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 4mg 1mg		84	3	\$ 1,405.00
Lantus Solostar (Insulin Glargine) Pre-Filled Pen 1 100iu/ml		92	4	\$ 914.96
Humalog (Insulin Lispro) Vial 100iu/ml - 10ml 100iu/ml		100	6	\$ 574.94
Xiidra (Lifitegrast) Ophthalmic Solution 5% - 60x0 0.05		90	3	\$ 1,044.97
Trulicity (Dulaglutide) Pen 1.5mg/0.5ml - 4 ea - LI 1.5mg/0.5ml		84	3	\$ 1,475.00
Xarelto (Rivaroxaban) 10mg - 50 tab	10mg	100	2	\$ 384.98
Farxiga/Forxiga (Dapagliflozin) 10mg - 30 tab	10mg	90	3	\$ 384.97

Jardiance (Empagliflozin) 25mg - 90 tab	25mg	90	1	\$	355.00
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 4mg 1mg		84	3	\$	1,405.00
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 4mg 1mg		42	3	\$	1,405.00
Humira Citrate Free (Adalimumab) Auto-Injector 40mg/0.4ml		28	1	\$	4,495.00
Dulera/Zenhale (Mometasone/Formoterol) 200n 200mcg/5mcg		120	1	\$	164.99
Spiriva Respimat (Tiotropium Bromide) Inhaler 2. 2.5mcg		90	3	\$	324.97
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 4mg 1mg		84	3	\$	1,405.00
Ozempic (Semaglutide) Pre-Filled Pen 8mg/3mL - 8mg/3mL		84	3	\$	2,375.00
Lantus Solostar (Insulin Glargine) Pre-Filled Pen 1 100iu/ml		150	1	\$	314.99
Jardiance (Empagliflozin) 25mg - 90 tab	25mg	90	1	\$	355.00
Entresto (Sacubitril/Valsartan) 24.3/25.7mg - 30 · 24.3/25.7mg		90	6	\$	792.44
Farxiga/Forxiga (Dapagliflozin) 10mg - 30 tab	10mg	90	3	\$	372.47
Dexilant (Dexlansoprazole) 60mg - 90 cap	60mg	90	1	\$	284.99
Xarelto (Rivaroxaban) 15mg - 90 tab	15mg	90	1	\$	354.99
Lantus Solostar (Insulin Glargine) Pre-Filled Pen 1 100iu/ml		112	3	\$	754.97
Jardiance (Empagliflozin) 10mg - 90 tab	10mg	90	1	\$	355.00
Ozempic (Semaglutide) Pre-Filled Pen 0.25mg/0. 0.25mg/0.5mg		56	1	\$	480.00
Praluent (Alirocumab) Pre-Filled Pen 75mg/ml - 2 75mg/ml		84	3	\$	1,894.97
Xarelto (Rivaroxaban) 20mg - 90 tab	20mg	90	1	\$	354.99
Farxiga/Forxiga (Dapagliflozin) 10mg - 30 tab	10mg	90	3	\$	384.97
Symtuza (Darunavir/Cobicistat/Emtricitabine/Ter 800/150/200/10r		30	1	\$	1,924.99

Total	\$	48,935.39
Credit		(\$25)
Total After Credit	\$	48,910.39

Notes:

Invoice reflects pass through cost of medications delivered through the RxProtect Program from March 1-15, 2024



RxProtect
 9520 Ormsby Station Rd
 Suite 20
 Louisville, Kentucky 40223

Bill To
 Porter Trust

Invoice

Invoice #: 4037

Balance Due
\$ 29,726.69

Invoice Date: 4/2/24
 Due Date: 4/5/24
 Status: Outstanding

Item & Description	Strength	Day Supply	Qty Shipped	Amount
Xarelto (Rivaroxaban) 20mg - 90 tab	20mg	90	1	\$ 354.99
Lantus Solostar (Insulin Glargine) Pre-Filled Pen 100iu/ml		150	1	\$ 157.50
Ozempic (Semaglutide) Pre-Filled Pen 0.25mg/0.25mg/0.5mg		84	3	\$ 1,405.00
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 4mg 1mg		84	3	\$ 1,405.00
Januvia (Sitagliptin) 100mg - 30 tab	100mg	90	3	\$ 414.97
Multaq (Dronedaron) 400mg - 60 tab	400mg	90	3	\$ 522.47
Xarelto (Rivaroxaban) 20mg - 90 tab	20mg	90	1	\$ 342.49
Trintellix (Vortioxetine) 20mg - 28 tab	20mg	84	3	\$ 474.97
Ozempic (Semaglutide) Pre-Filled Pen 8mg/3mL - 8mg/3mL		84	3	\$ 2,375.00
Jardiance (Empagliflozin) 25mg - 90 tab	25mg	90	1	\$ 355.00
Symtuza (Darunavir/Cobicistat/Emtricitabine/Tei 800/150/200/10n		90	3	\$ 5,724.97
Jardiance (Empagliflozin) 25mg - 90 tab	25mg	90	1	\$ 355.00
Dupixent (Dupilumab) Pre-Filled Pen 300mg/2ml 300mg/2ml		56	4	\$ 8,675.00
Betaseron (Interferon Beta-1b) Pre-Filled Syringe 0.3mg		30	1	\$ 2,124.99
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 4mg 1mg		84	3	\$ 1,405.00
Januvia (Sitagliptin) 100mg - 30 tab	100mg	90	3	\$ 414.97
Januvia (Sitagliptin) 100mg - 30 tab	100mg	90	3	\$ 414.97
Entresto (Sacubitril/Valsartan) 24.3/25.7mg - 30 24.3/25.7mg		90	6	\$ 394.14
Eliquis (Apixaban) 5mg - 180 tab	5mg	90	1	\$ 204.17
Farxiga/Forxiga (Dapagliflozin) 10mg - 30 tab	10mg	90	3	\$ 184.15
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 4mg 1mg		84	3	\$ 1,405.00
Bystolic (Nebivolol) 2.5mg - 30 tab	2.5mg	90	3	\$ 201.97
Januvia (Sitagliptin) 100mg - 30 tab	100mg	90	3	\$ 414.97
Total				\$ 29,726.69

Notes:

Invoice reflects pass through cost of medications delivered through the RxProtect Program from March 16-31, 2024



Invoice

Invoice #: 4139

Balance Due \$ 36,852.81

RxProtect
9520 Ormsby Station Rd
Suite 20
Louisville, Kentucky 40223

Invoice Date: 4/5/24
Due Date: 4/9/24
Status: Outstanding

Bill To
Porter Trust

Table with columns: Item & Description, Strength, Day Supply, Qty. Shipped, Dispensed, Wholesale Cost, Cost to Plan, Program Fee. Lists various pharmaceutical items and their associated costs.

Total \$ 36,852.81

Notes:

Invoice reflects RxProtect Program Fees for March 2024.



RxProtect
 9520 Ormsby Station Rd
 Suite 20
 Louisville, Kentucky 40223

Bill To
 Porter Trust

Invoice

Invoice #: 4224

Balance Due
\$ 67,785.44

Invoice Date: 4/17/24
 Due Date: 4/22/24
 Status: Outstanding

Item & Description	Strength	Day Supply	Qty Shipped	Amount
Ozempic (Semaglutide) Pre-Filled Pen 8mg/3mL	8mg/3mL	28	1	\$ 845.00
Lantus Solostar (Insulin Glargine) Pre-Filled Pen : 100iu/ml		100	2	\$ 444.98
Humalog (Insulin Lispro) Kwikpen 100iu/ml - 5x3 100iu/ml		125	2	\$ 329.98
Cialis (Tadalafil) 5mg - 84 tab	5mg	84	1	\$ 474.99
Ozempic (Semaglutide) Pre-Filled Pen 8mg/3mL	8mg/3mL	84	3	\$ 2,375.00
Humira (Adalimumab) Pre-Filled Syringe 40mg/C 40mg/0.8ml		84	3	\$ 6,875.00
Farxiga/Forxiga (Dapagliflozin) 10mg - 30 tab	10mg	90	3	\$ 384.97
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 4mJ 1mg		84	6	\$ 2,680.00
Lantus Solostar (Insulin Glargine) Pre-Filled Pen : 100iu/ml		112	3	\$ 754.97
Promacta/Revolade (Eltrombopag) 25mg - 28 tal 25mg		28	1	\$ 2,024.99
Toujeo DoubleStar/Max SoloStar (Insulin Glargin 300iu/ml		101	3	\$ 784.97
Humalog (Insulin Lispro) Kwikpen 100iu/ml - 5x3 100iu/ml		100	4	\$ 509.96
Eliquis (Apixaban) 2.5mg - 60 tab	2.5mg	90	3	\$ 375.97
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 4mJ 1mg		84	3	\$ 1,405.00
Ozempic (Semaglutide) Pre-Filled Pen 0.25mg/0. 0.25mg/0.5mg		84	3	\$ 1,405.00
Xarelto (Rivaroxaban) 20mg - 90 tab	20mg	90	1	\$ 354.99
Jardiance (Empagliflozin) 10mg - 90 tab	10mg	90	1	\$ 355.00
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 4mJ 1mg		84	6	\$ 2,680.00
Rinvoq ER (Upadacitinib) 15mg - 30 tab	15mg	30	1	\$ 1,775.00
Jardiance (Empagliflozin) 10mg - 90 tab	10mg	90	1	\$ 355.00
Jardiance (Empagliflozin) 25mg - 90 tab	25mg	90	1	\$ 355.00
Ozempic (Semaglutide) Pre-Filled Pen 0.25mg/0. 0.25mg/0.5mg		84	3	\$ 1,405.00
Ozempic (Semaglutide) Pre-Filled Pen 8mg/3mL	8mg/3mL	84	3	\$ 2,375.00
Ozempic (Semaglutide) Pre-Filled Pen 0.25mg/0. 0.25mg/0.5mg		84	3	\$ 1,405.00
Tasigna (Nilotinib) 150mg - 112 cap	150mg	28	1	\$ 3,725.00
Eliquis (Apixaban) 5mg - 180 tab	5mg	90	1	\$ 424.99
Otezla (Apremilast) 30mg - 56 tab	30mg	84	3	\$ 2,412.50
Jardiance (Empagliflozin) 25mg - 90 tab	25mg	90	1	\$ 177.50
Humira Citrate Free (Adalimumab) Auto-Injector 40mg/0.4ml		28	1	\$ 4,495.00
Ozempic (Semaglutide) Pre-Filled Pen 0.25mg/0. 0.25mg/0.5mg		84	3	\$ 1,405.00
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 4mJ 1mg		84	6	\$ 2,680.00
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 4mJ 1mg		84	6	\$ 2,680.00
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 4mJ 1mg		28	2	\$ 980.00
Humulin R (Insulin Regular) Kwikpen 100iu/ml - 100iu/ml		85	8	\$ 994.92
Vraylar (Cariprazine) 1.5mg - 30 cap	1.5mg	30	1	\$ 512.50
Vraylar (Cariprazine) 3mg - 30 cap	3mg	30	1	\$ 512.50
Jardiance (Empagliflozin) 25mg - 90 tab	25mg	90	1	\$ 342.50
Januvia (Sitagliptin) 100mg - 30 tab	100mg	90	3	\$ 402.47
Jardiance (Empagliflozin) 10mg - 90 tab	10mg	90	1	\$ 355.00
Tivicay (Dolutegravir) 50mg - 30 tab - SPECIAL OI 50mg		90	3	\$ 2,112.47
Prezcobix (Darunavir/Cobicistat) 800mg/150mg - 800mg/150mg		90	3	\$ 2,862.47
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 4mJ 1mg		84	6	\$ 2,680.00
Toujeo DoubleStar/Max SoloStar (Insulin Glargin 300iu/ml		135	2	\$ 714.98
Linzees/Constella (Linaclotide) 145mcg - 30 cap	145mcg	90	3	\$ 444.97
Farxiga/Forxiga (Dapagliflozin) 10mg - 30 tab	10mg	90	3	\$ 384.97
Cosentyx (Secukinumab) Sensorsready Pen 150mg 150mg/ml		28	1	\$ 2,900.00
Breo Ellipta (Fluticasone/Vilanterol) 200mcg/25r 200mcg/25mcg		30	1	\$ 204.99
Wixela (Fluticasone/Salmeterol) Inhub 500mcg/! 500mcg/50mcg		90	3	\$ 354.97
Arnulya Ellipta (Fluticasone Furoate) 100mcg - 3C 100mcg		90	3	\$ 294.97
Total				\$ 67,785.44

Notes:

Invoice reflects pass through cost of medications delivered through the RxProtect Program from April 1-15, 2024



RxProtect
 9520 Ormsby Station Rd
 Suite 20
 Louisville, Kentucky 40223

Bill To
 Porter Trust

Invoice

Invoice #: 4297

Balance Due
\$ 42,169.78

Invoice Date: 5/2/24
 Due Date: 5/6/24
 Status: Outstanding

Item & Description	Strength	Day Supply	Qty Shipped	Amount
Xarelto (Rivaroxaban) 15mg - 90 tab	15mg	90	1	\$ 177.50
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 4m $\bar{1}$ 1mg		84	3	\$ 1,405.00
Flovent HFA (Fluticasone) Inhaler 125mcg - 120 $\bar{1}$ 125mcg		60	1	\$ 74.99
Ozempic (Semaglutide) Pre-Filled Pen 0.25mg/0.25mg/0.5mg		84	3	\$ 1,405.00
Jardiance (Empagliflozin) 25mg - 90 tab	25mg	90	1	\$ 355.00
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 4m $\bar{1}$ 1mg		84	3	\$ 1,405.00
Otezla (Apremilast) 30mg - USA (Limited to Sele $\bar{1}$ 30mg		84	3	\$ 3,650.00
Lantus Solostar (Insulin Glargine) Pre-Filled Pen 100iu/ml		100	2	\$ 594.98
Advair Diskus (Fluticasone/Salmeterol) 250mcg/ 250mcg/50mcg		90	3	\$ 414.97
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 4m $\bar{1}$ 1mg		84	6	\$ 2,680.00
Humalog (Insulin Lispro) Vial 100iu/ml - 10ml	100iu/ml	90	9	\$ 724.91
Jardiance (Empagliflozin) 25mg - 90 tab	25mg	90	1	\$ 355.00
Januvia (Sitagliptin) 100mg - 30 tab	100mg	60	2	\$ 272.48
Jardiance (Empagliflozin) 25mg - 90 tab	25mg	90	1	\$ 342.50
Ozempic (Semaglutide) Pre-Filled Pen 8mg/3mL 8mg/3mL		84	3	\$ 2,375.00
Cosentyx (Secukinumab) Sensoready Pen 150m $\bar{1}$ 150mg/ml		28	1	\$ 2,900.00
Ozempic (Semaglutide) Pre-Filled Pen 0.25mg/0.25mg/0.5mg		112	2	\$ 980.00
Taltz (Ixekizumab) Auto-Injector 80mg/ml - 1 ea 80mg/ml		84	3	\$ 6,875.00
Ozempic (Semaglutide) Pre-Filled Pen 0.25mg/0.25mg/0.5mg		28	1	\$ 480.00
Ozempic (Semaglutide) Pre-Filled Pen 8mg/3mL 8mg/3mL		84	3	\$ 2,375.00
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 4m $\bar{1}$ 1mg		84	3	\$ 1,405.00
Jardiance (Empagliflozin) 10mg - 90 tab	10mg	90	1	\$ 355.00
Entresto (Sacubitril/Valsartan) 48.6/51.4mg - 60 48.6/51.4mg		90	3	\$ 774.97
Betaseron (Interferon Beta-1b) Pre-Filled Syringe 0.3mg		30	1	\$ 2,124.99
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 4m $\bar{1}$ 1mg		90	6	\$ 2,680.00
Ozempic (Semaglutide) Pre-Filled Pen 8mg/3mL 8mg/3mL		84	3	\$ 2,375.00
Ozempic (Semaglutide) Pre-Filled Pen 8mg/3mL 8mg/3mL		84	3	\$ 2,375.00
Trintellix (Vortioxetine) 20mg - 28 tab	20mg	90	3	\$ 237.49

Total \$ 42,169.78

Notes:

Invoice reflects pass through cost of medications delivered through the RxProtect Program from April 16-30, 2024



Invoice

Invoice #: 4390

RxProtect
9520 Ormsby Station Rd
Suite 20
Louisville, Kentucky 40223

Balance Due
\$ 56,668.16

Invoice Date: 5/6/24
Due Date: 5/9/24
Status: Outstanding

Bill To
Porter Trust

Table with columns: Item #, Description, Strength, Day Supply, Qty. Shipped, Dispensed, Wholesale Cost, Cost to Plan, Program Fee. Lists various pharmaceutical items and their associated costs.

Total \$ 56,668.16

Notes:
Invoice reflects RxProtect Program Fees for April 2024.



RxProtect
 9520 Ormsby Station Rd
 Suite 20
 Louisville, Kentucky 40223

Bill To
 Porter Trust

Invoice

Invoice #: 4485

Balance Due
\$ 55,291.45

Invoice Date: 5/17/24
 Due Date: 5/21/24
 Status: Outstanding

Item & Description	Strength	Day Supply	Qty Shipped	Amount
HUMIRA (2 PEN) 40MG/0.4ML PNKT	40MG/0.4ML	30	1	\$ 4,205.00
OZEMPIC (2 MG/DOSE) 8MG/3ML SOPN	8MG/3ML	90	3	\$ 2,310.00
OZEMPIC (2 MG/DOSE) 8MG/3ML SOPN	8MG/3ML	90	3	\$ 2,310.00
Entresto (Sacubitril/Valsartan) 24.3/25.7mg - 30 24.3/25.7mg		90	6	\$ 863.27
Januvia (Sitagliptin) 100mg - 30 tab	100mg	90	3	\$ 473.30
Tresiba (Insulin Degludec) U-200 Flextouch - 3x3 200 Flextouch		90	2	\$ 568.32
Betaseron (Interferon Beta-1b) Pre-Filled Syringe 0.3mg		30	1	\$ 2,124.99
Cosentyx (Secukinumab) Sensoready Pen 150mg 150mg/ml		28	1	\$ 2,900.00
Toujeo (Insulin Glargine) Solostar Pen 300iu/ml - 300iu/ml		73	3	\$ 616.97
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 4mg 1mg		84	6	\$ 2,680.00
Jardiance (Empagliflozin) 25mg - 90 tab	25mg	90	1	\$ 355.00
Lantus (Insulin Glargine) 100iu/ml Vial - 10ml	100iu/ml Vial	114	4	\$ 524.96
Humalog (Insulin Lispro) Vial 100iu/ml - 10ml	100iu/ml	100	3	\$ 299.97
Ozempic (Semaglutide) Pre-Filled Pen 0.25mg/0. 0.25mg/0.5mg		112	2	\$ 980.00
Wixela (Fluticasone/Salmeterol) Inhub 500mcg/ 500mcg/50mcg		90	3	\$ 354.97
Xarelto (Rivaroxaban) 10mg - 50 tab	10mg	100	2	\$ 384.98
Farxiga/Forxiga (Dapagliflozin) 10mg - 30 tab	10mg	90	3	\$ 372.47
Entresto (Sacubitril/Valsartan) 48.6/51.4mg - 60 48.6/51.4mg		90	3	\$ 762.47
Breo Ellipta (Fluticasone/Vilanterol) 200mcg/25r 200mcg/25mcg		90	1	\$ 564.97
Januvia (Sitagliptin) 100mg - 30 tab	100mg	90	3	\$ 414.97
Eliquis (Apixaban) 5mg - 180 tab	5mg	90	1	\$ 424.99
Linzees/Constella (Linaclotide) 290mcg - 30 cap	290mcg	90	3	\$ 624.97
Advair Diskus (Fluticasone/Salmeterol) 250mcg/ 250mcg/50mcg		90	3	\$ 414.97
Eliquis (Apixaban) 5mg - 180 tab	5mg	90	1	\$ 424.99
Rinvoq ER (Upadacitinib) 15mg - 30 tab	15mg	30	1	\$ 1,775.00
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 4mg 1mg		84	6	\$ 2,680.00
Breo Ellipta (Fluticasone/Vilanterol) 200mcg/25r 200mcg/25mcg		90	1	\$ 564.97
Advair Diskus (Fluticasone/Salmeterol) 100/50m 100/50mcg		90	3	\$ 372.47
Jardiance (Empagliflozin) 10mg - 90 tab	10mg	90	1	\$ 342.50
Humira (Adalimumab) Auto-Injector 40mg/0.8m 40mg/0.8ml		84	3	\$ 6,875.00
Promacta/Revolade (Eltrombopag) 25mg - 28 tal 25mg		28	1	\$ 2,024.99
Tasigna (Nilotinib) 150mg - 112 cap	150mg	28	1	\$ 3,725.00
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 4mg 1mg		84	3	\$ 1,405.00
Eliquis (Apixaban) 5mg - 180 tab	5mg	90	1	\$ 424.99
Vraylar (Cariprazine) 3mg - 30 cap	3mg	30	1	\$ 525.00
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 4mg 1mg		28	2	\$ 980.00
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 4mg 1mg		84	3	\$ 1,405.00
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 4mg 1mg		84	3	\$ 1,405.00
Jardiance (Empagliflozin) 10mg - 90 tab	10mg	90	1	\$ 355.00
Dupilxent (Dupilumab) Pre-Filled Pen 300mg/2m 300mg/2ml		28	2	\$ 4,475.00
Total				\$ 55,291.45

Notes:

Invoice reflects pass through cost of medications delivered through the RxProtect Program from May 1-15, 2024



RxProtect
 9520 Ormsby Station Rd
 Suite 20
 Louisville, Kentucky 40223

Bill To
 Porter Trust

Invoice

Invoice #: 4558

Balance Due
\$ 38,282.65

Invoice Date: 6/4/24
 Due Date: 6/7/24
 Status: Outstanding

Item & Description	Strength	Day Supply	Qty Shipped	Amount
Toujeo DoubleStar/Max SoloStar (Insulin Glargine)	300iu/ml	135	2	\$ 714.98
Promacta/Revolade (Eltrombopag)	25mg - 28 tab	25mg	1	\$ 2,024.99
Januvia (Sitagliptin)	100mg - 30 tab	100mg	3	\$ 414.97
Ozempic (Semaglutide) Pre-Filled Pen	1mg - 4mg	1mg	2	\$ 980.00
Farxiga/Forxiga (Dapagliflozin)	10mg - 30 tab	10mg	3	\$ 186.24
Entresto (Sacubitril/Valsartan)	48.6/51.4mg - 60	48.6/51.4mg	3	\$ 381.24
Praluent (Alirocumab) Pre-Filled Pen	75mg/ml - 2	75mg/ml	3	\$ 1,894.97
Entresto (Sacubitril/Valsartan)	24.3/25.7mg - 30	24.3/25.7mg	6	\$ 804.94
Trelegy Ellipta (Fluticasone Furoate/Umeclidinium)	100mcg/62.5mcg	90	3	\$ 564.97
Montelukast	10mg - 90 tab	10mg	1	\$ 234.99
Entresto (Sacubitril/Valsartan)	24.3/25.7mg - 30	24.3/25.7mg	6	\$ 788.27
Eliquis (Apixaban)	5mg - 180 tab	5mg	1	\$ 408.32
Farxiga/Forxiga (Dapagliflozin)	10mg - 30 tab	10mg	3	\$ 368.31
Farxiga/Forxiga (Dapagliflozin)	10mg - 30 tab	10mg	3	\$ 384.97
Tasigna (Nilotinib)	150mg - 112 cap	150mg	1	\$ 3,725.00
Otezla (Apremilast)	30mg - 56 tab	30mg	3	\$ 4,825.00
Ozempic (Semaglutide) Pre-Filled Pen	0.25mg/0.5	0.25mg/0.5mg	2	\$ 980.00
Ozempic (Semaglutide) Pre-Filled Pen	1mg - 4mg	1mg	3	\$ 1,405.00
Ozempic (Semaglutide) Pre-Filled Pen	1mg - 4mg	1mg	3	\$ 1,405.00
Spiriva Respimat (Tiotropium Bromide) Inhaler	2. 2.5mcg	90	3	\$ 312.47
Advair Diskus (Fluticasone/Salmeterol)	250mcg/250mcg/50mcg	90	3	\$ 402.47
Ozempic (Semaglutide) Pre-Filled Pen	1mg - 4mg	1mg	3	\$ 1,405.00
Dupixent (Dupilumab) Auto Injector	300mg/2ml- 300mg/2ml	28	2	\$ 6,480.00
OZEMPIC (2 MG/DOSE) 8MG/3ML SOPN	8mg/3ml	90	3	\$ 2,310.00
OZEMPIC (2 MG/DOSE) 8MG/3ML SOPN	8mg/3ml	90	3	\$ 1,931.55
LEVEMIR FLEXPEN 100UNIT/ML SOPN	100UNIT/ML	90	3	\$ 639.00
OZEMPIC (2 MG/DOSE) 8MG/3ML SOPN	8mg/3ml	90	3	\$ 2,310.00

Total \$ 38,282.65

Notes:

Invoice reflects pass through cost of medications delivered through the RxProtect Program from May 16-31, 2024



Invoice

Invoice #: 4645

Balance Due \$ 46,776.65

RxProtect
9520 Ormsby Station Rd
Suite 20
Louisville, Kentucky 40223

Invoice Date: 6/6/24
Due Date: 6/10/24
Status: Outstanding

Bill To
Porter Trust

Table with columns: Item & Description, Strength, Day Supply, Qty. Shipped, Dispensed, Wholesale Cost, Cost to Plan, Program Fee. Lists various medications like HUMIRA, OZEMPIC, Entresto, etc.

Total \$ 46,776.65

Notes:

Invoice reflects RxProtect Program Fees for May 2024.



Invoice

Invoice #: 4731

RxProtect
9520 Ormsby Station Rd
Suite 20
Louisville, Kentucky 40223

Balance Due
\$ 55,669.84

Invoice Date: 6/18/24
Due Date: 6/21/24
Status: Outstanding

Bill To
Porter Trust

Item & Description	Strength	Day Supply	Qty Shipped	Amount
OZEMPIC (2 MG/DOSE) 8MG/3ML SOPN	8MG/3ML	90	3	\$ 2,310.00
OZEMPIC (2 MG/DOSE) 8MG/3ML SOPN	8MG/3ML	90	3	\$ 2,310.00
OZEMPIC (2 MG/DOSE) 8MG/3ML SOPN	8MG/3ML	90	3	\$ 2,310.00
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 4mg 1mg		84	3	\$ 1,405.00
Tasigna (Nilotinib) 150mg - 112 cap	150mg	28	1	\$ 3,725.00
Jardiance (Empagliflozin) 25mg - 90 tab	25mg	90	1	\$ 355.00
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 4mg 1mg		84	3	\$ 1,405.00
Spiriva Respimat (Tiotropium Bromide) Inhaler 2 2.5mcg		90	3	\$ 324.97
Jardiance (Empagliflozin) 25mg - 90 tab	25mg	90	1	\$ 355.00
Advair Diskus (Fluticasone/Salmeterol) 250mcg/.250mcg/50mcg		90	3	\$ 414.97
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 4mg 1mg		84	3	\$ 1,405.00
Otezla (Apremilast) 30mg - 56 tab	30mg	28	1	\$ 1,625.00
Humulin R (Insulin Regular) Kwikpen 100iu/ml - !100iu/ml		85	8	\$ 994.92
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 4mg 1mg		84	6	\$ 2,680.00
Xigduo IR (Dapagliflozin/Metformin) 5/1000mg - 5/1000mg		90	3	\$ 399.97
Farxiga/Forxiga (Dapagliflozin) 10mg - 30 tab 10mg		90	3	\$ 384.97
Cosentyx (Secukinumab) Sensorready Pen 150mg 150mg/ml		28	1	\$ 2,900.00
Breo Ellipta (Fluticasone/Vilanterol) 100mcg/25r 100mcg/25mcg		90	1	\$ 357.97
Xiidra (Lifitegrast) Ophthalmic Solution 5% - 60x1 0.05		90	3	\$ 1,044.97
Breo Ellipta (Fluticasone/Vilanterol) 100mcg/25r 100mcg/25mcg		90	1	\$ 357.97
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 4mg 1mg		84	3	\$ 1,405.00
Symtuza (Darunavir/Cobicistat/Emtricitabine/Te 800/150/200/10r		90	3	\$ 5,724.97
Tivicay (Dolutegravir) 50mg - 30 tab - SPECIAL OF 50mg		90	3	\$ 2,112.47
Prezcobix (Darunavir/Cobicistat) 800mg/150mg - 800mg/150mg		90	3	\$ 2,862.47
Bystolic (Nebivolol) 2.5mg - 30 tab 2.5mg		90	3	\$ 201.97
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 4mg 1mg		84	3	\$ 1,405.00
Advair Diskus (Fluticasone/Salmeterol) 500mcg/.500mcg/50mcg		90	3	\$ 534.97
Entresto (Sacubitril/Valsartan) 24.3/25.7mg - 30 24.3/25.7mg		90	6	\$ 792.44
Farxiga/Forxiga (Dapagliflozin) 10mg - 30 tab 10mg		90	3	\$ 372.47
Ozempic (Semaglutide) Pre-Filled Pen 0.25mg/0. 0.25mg/0.5mg		84	3	\$ 1,405.00
Descovy (Emtricitabine/Tenofovir Alafenamide) : 200mg/25mg		30	1	\$ 1,049.99
Dexilant (Dexlansoprazole) 60mg - 90 cap 60mg		90	1	\$ 284.99
Trulicity (Dulaglutide) Pen 1.5mg/0.5ml - 4 ea 1.5mg/0.5ml		84	3	\$ 1,475.00
Jardiance (Empagliflozin) 10mg - 90 tab 10mg		90	1	\$ 355.00
Xarelto (Rivaroxaban) 10mg - 50 tab 10mg		100	2	\$ 384.98
Trulicity (Dulaglutide) Pen 0.75mg/0.5ml - 4 ea 0.75mg/0.5ml		56	2	\$ 1,050.00
Betaseron (Interferon Beta-1b) Pre-Filled Syringe 0.3mg		30	1	\$ 2,124.99
Lantus Solostar (Insulin Glargine) Pre-Filled Pen : 100iu/ml		92	4	\$ 914.96
Xarelto (Rivaroxaban) 20mg - 90 tab 20mg		90	1	\$ 354.99
Rinvoq ER (Upadacitinib) 15mg - 30 tab 15mg		30	1	\$ 1,775.00
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 4mg 1mg		84	3	\$ 1,405.00
Xigduo IR (Dapagliflozin/Metformin) 5/1000mg - 5/1000mg		90	3	\$ 399.97
Elquis (Apixaban) 5mg - 180 tab 5mg		90	1	\$ 212.50

Total \$ 55,669.84

Notes:

Invoice reflects pass through cost of medications delivered through the RxProtect Program from June 1-15, 2024



RxProtect
 9520 Ormsby Station Rd
 Suite 20
 Louisville, Kentucky 40223

Bill To
 Porter Trust

Invoice

Invoice #: 4809

Balance Due
\$ 49,709.69

Invoice Date: 7/2/24
 Due Date: 7/8/24
 Status: Outstanding

Item & Description	Strength	Day Supply	Qty Shipped	Amount
OZEMPIC (2 MG/DOSE) 8MG/3ML SOPN	8MG/3ML	90	3	\$ 2,310.00
OZEMPIC (2 MG/DOSE) 8MG/3ML SOPN	8MG/3ML	90	3	\$ 2,310.00
OZEMPIC (2 MG/DOSE) 8MG/3ML SOPN	8MG/3ML	90	3	\$ 2,310.00
OZEMPIC (2 MG/DOSE) 8MG/3ML SOPN	8MG/3ML	90	3	\$ 2,310.00
Ozempic (Semaglutide) Pre-Filled Pen 8mg/3ml - 8mg/3ml		84	3	\$ 2,050.00
Otezla (Apremilast) 30mg - 56 tab	30mg	28	1	\$ 1,625.00
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 4mg 1mg		84	3	\$ 1,405.00
Jardiance (Empagliflozin) 10mg - 90 tab	10mg	90	1	\$ 355.00
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 4mg 1mg		84	3	\$ 1,405.00
Jardiance (Empagliflozin) 25mg - 90 tab	25mg	90	1	\$ 342.50
Januvia (Sitagliptin) 100mg - 30 tab	100mg	90	3	\$ 402.47
Arnuity Ellipta (Fluticasone Furoate) 100mcg - 30 100mcg		90	3	\$ 294.97
Xarelto (Rivaroxaban) 20mg - 90 tab	20mg	90	1	\$ 354.99
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 4mg 1mg		84	6	\$ 2,680.00
Promacta/Revolade (Eltrombopag) 25mg - 28 tab 25mg		28	1	\$ 2,024.99
Januvia (Sitagliptin) 100mg - 30 tab	100mg	90	3	\$ 414.97
Lantus Solostar (Insulin Glargine) Pre-Filled Pen 1 100iu/ml		100	2	\$ 569.98
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 4mg 1mg		84	6	\$ 2,680.00
Multaq (Dronedarone) 400mg - 60 tab	400mg	90	3	\$ 522.47
Xarelto (Rivaroxaban) 20mg - 90 tab	20mg	90	1	\$ 342.49
Jardiance (Empagliflozin) 25mg - 90 tab	25mg	90	1	\$ 355.00
Flovent HFA (Fluticasone) Inhaler 125mcg - 120 d 125mcg		60	1	\$ 74.99
Tasigna (Nilotinib) 150mg - 112 cap	150mg	28	1	\$ 3,725.00
Dupixent (Dupilumab) Auto Injector 300mg/2ml- 300mg/2ml		56	4	\$ 12,900.00
Jardiance (Empagliflozin) 25mg - 90 tab	25mg	90	1	\$ 355.00
Januvia (Sitagliptin) 100mg - 30 tab	100mg	90	3	\$ 414.97
Trintellix (Vortioxetine) 20mg - 28 tab	20mg	84	3	\$ 474.97
Ozempic (Semaglutide) Pre-Filled Pen 0.25mg/0.1 0.25mg/0.5mg		84	3	\$ 1,405.00
Humulin 30/70 (Insulin Regular/NPH) Cartridge 1 30/70 Cartridge 1		125	1	\$ 364.99
Januvia (Sitagliptin) 100mg - 30 tab	100mg	90	3	\$ 414.97
Lantus Solostar (Insulin Glargine) Pre-Filled Pen 1 100iu/ml		90	3	\$ 754.97
Jardiance (Empagliflozin) 25mg - 90 tab	25mg	90	1	\$ 355.00
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 4mg 1mg		84	3	\$ 1,405.00
Total				\$ 49,709.69

Notes:

Invoice reflects pass through cost of medications delivered through the RxProtect Program from June 16-30, 2024



Invoice

Invoice #: 4912

RxProtect
9520 Ormsby Station Rd
Suite 20
Louisville, Kentucky 40223

Balance Due
\$ 46,270.53

Invoice Date: 7/5/24
Due Date: 7/9/24
Status: Outstanding

Bill To
Porter Trust

Table with columns: Item # Description, Strength, Day Supply, Qty. Shipped, Dispensed, Wholesale Cost, Cost to Plan, Program Fee. Lists various pharmaceutical items and their associated costs.

Total \$ 46,270.53

Notes:

Invoice reflects RxProtect Program Fees for June 2024.



RxProtect
 9520 Ormsby Station Rd
 Suite 20
 Louisville, Kentucky 40223

Bill To
 Porter Trust

Invoice

Invoice #: 4990

Balance Due
\$ 40,508.18

Invoice Date: 7/17/24
 Due Date: 7/22/24
 Status: Outstanding

Item & Description	Strength	Day Supply	Qty Shipped	Amount
OZEMPIC (2 MG/DOSE) 8MG/3ML SOPN	8MG/3ML	90	3	\$ 2,310.00
OZEMPIC (2 MG/DOSE) 8MG/3ML SOPN	8MG/3ML	90	3	\$ 2,310.00
OZEMPIC (2 MG/DOSE) 8MG/3ML SOPN	8MG/3ML	90	3	\$ 2,310.00
OZEMPIC (2 MG/DOSE) 8MG/3ML SOPN	8MG/3ML	90	3	\$ 2,310.00
OZEMPIC (1 MG/DOSE) 4MG/3ML SOPN	4MG/3ML	30	1	\$ 830.00
JARDIANCE 25MG TABS	25MG	90	90	\$ 785.00
OZEMPIC (2 MG/DOSE) 8MG/3ML SOPN	8MG/3ML	90	3	\$ 2,310.00
OZEMPIC (2 MG/DOSE) 8MG/3ML SOPN	8MG/3ML	90	3	\$ 2,310.00
Jardiance (Empagliflozin) 10mg - 90 tab	10mg	90	1	\$ 355.00
Otezla (Apremilast) 30mg - 56 tab	30mg	28	1	\$ 1,625.00
Toujeo DoubleStar/Max SoloStar (Insulin Glargin 300iu/ml		101	3	\$ 797.47
Humalog (Insulin Lispro) Kwikpen 100iu/ml - 5x3 100iu/ml		100	4	\$ 497.46
Entresto (Sacubitril/Valsartan) 97.2/102.8mg - 6(97.2/102.8mg		90	3	\$ 774.97
Jardiance (Empagliflozin) 10mg - 90 tab	10mg	90	1	\$ 355.00
Entresto (Sacubitril/Valsartan) 48.6/51.4mg - 60 48.6/51.4mg		90	3	\$ 774.97
Farxiga/Forxiga (Dapagliflozin) 10mg - 30 tab	10mg	90	3	\$ 384.97
Cosentyx (Secukinumab) Sensoready Pen 150mg 150mg/ml		28	1	\$ 2,900.00
Jardiance (Empagliflozin) 10mg - 90 tab	10mg	90	1	\$ 355.00
Eliquis (Apixaban) 2.5mg - 60 tab	2.5mg	90	3	\$ 375.97
Xarelto (Rivaroxaban) 20mg - 90 tab	20mg	90	1	\$ 354.99
Descovy (Emtricitabine/Tenofovir Alafenamide) : 200mg/25mg		30	1	\$ 1,049.99
Taltz (Ixekizumab) Auto-Injector 80mg/ml - 1 ea 80mg/ml		84	3	\$ 6,875.00
Cialis (Tadalafil) 5mg - 84 tab	5mg	84	1	\$ 474.99
Lantus Solostar (Insulin Glargine) Pre-Filled Pen : 100iu/ml		100	2	\$ 594.98
Jardiance (Empagliflozin) 25mg - 90 tab	25mg	90	1	\$ 355.00
Ozempic (Semaglutide) Pre-Filled Pen 0.25mg/0. 0.25mg/0.5mg		84	3	\$ 1,405.00
Jardiance (Empagliflozin) 10mg - 90 tab	10mg	90	1	\$ 355.00
Advair Diskus (Fluticasone/Salmeterol) 250mcg/: 250mcg/50mcg		90	3	\$ 414.97
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 4m 1mg		84	3	\$ 1,405.00
Advair Diskus (Fluticasone/Salmeterol) 250mcg/: 250mcg/50mcg		90	3	\$ 414.97
Tivicay (Dolutegravir) 50mg - 30 tab - SPECIAL Of 50mg		60	2	\$ 706.24
Prezcobix (Darunavir/Cobicistat) 800mg/150mg : 800mg/150mg		90	3	\$ 1,431.24

Total \$ 40,508.18

Notes:

Invoice reflects pass through cost of medications delivered through the RxProtect Program from July 1-15, 2024



RxProtect
 9520 Ormsby Station Rd
 Suite 20
 Louisville, Kentucky 40223

Bill To
 Porter Trust

Invoice

Invoice #: 5074

Balance Due
\$ 42,916.65

Invoice Date: 8/2/24
 Due Date: 8/7/24
 Status: Outstanding

Item & Description	Strength	Day Supply	Qty Shipped	Amount
Advair Diskus (Fluticasone/Salmeterol) 100/50mc	100/50mc	90	3	\$ 384.97
Advair Diskus (Fluticasone/Salmeterol) 250mcg/5	250mcg/50mcg	90	3	\$ 414.97
Eliquis (Apixaban) 5mg - 180 tab	5mg	90	1	\$ 424.99
Humalog (Insulin Lispro) Vial 100iu/ml - 10ml	100iu/ml	90	9	\$ 724.91
Otezla (Apremilast) 30mg - 56 tab	30mg	28	1	\$ 1,625.00
Jardiance (Empagliflozin) 10mg - 90 tab	10mg	90	1	\$ 342.50
Eliquis (Apixaban) 5mg - 180 tab	5mg	90	1	\$ 412.49
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 4mg	1mg	84	6	\$ 2,680.00
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 4mg	1mg	84	3	\$ 1,405.00
Lantus Solostar (Insulin Glargine) Pre-Filled Pen 1	100iu/ml	100	2	\$ 594.98
Breo Ellipta (Fluticasone/Vilanterol) 200mcg/25r	200mcg/25mcg	90	1	\$ 564.97
Lantus Solostar (Insulin Glargine) Pre-Filled Pen 1	100iu/ml	150	2	\$ 594.98
Jardiance (Empagliflozin) 10mg - 90 tab	10mg	90	1	\$ 390.00
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 4mg	1mg	84	6	\$ 2,680.00
Entresto (Sacubitril/Valsartan) 97.2/102.8mg - 6	97.2/102.8mg	90	3	\$ 758.30
Jardiance (Empagliflozin) 10mg - 90 tab	10mg	90	1	\$ 338.33
Eliquis (Apixaban) 5mg - 180 tab	5mg	90	1	\$ 408.33
Humira (Adalimumab) Auto-Injector 40mg/0.8ml	40mg/0.8ml	84	3	\$ 6,875.00
Liness/Constella (Linaclotide) 290mcg - 30 cap	290mcg	90	3	\$ 624.97
Jardiance (Empagliflozin) 25mg - 90 tab	25mg	90	1	\$ 355.00
Praluent (Alirocumab) Pre-Filled Pen 150mg/ml -	150mg/ml	56	2	\$ 1,354.98
Jardiance (Empagliflozin) 25mg - 90 tab	25mg	90	1	\$ 355.00
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 4mg	1mg	84	3	\$ 1,405.00
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 4mg	1mg	84	3	\$ 1,405.00
Promacta/Revolade (Eltrombopag) 25mg - 28 tab	25mg	28	1	\$ 2,024.99
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 4mg	1mg	84	3	\$ 1,405.00
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 4mg	1mg	84	3	\$ 1,405.00
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 4mg	1mg	84	3	\$ 1,405.00
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 4mg	1mg	84	3	\$ 1,405.00
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 4mg	1mg	28	2	\$ 980.00
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 4mg	1mg	84	6	\$ 2,680.00
Jardiance (Empagliflozin) 25mg - 90 tab	25mg	90	1	\$ 355.00
OZEMPIC (1 MG/DOSE) 4MG/3ML SOPN	4MG/3ML	90	3	\$ 2,310.00
OTEZLA 30MG TABS	30MG	90	3	\$ 3,231.99
Total				\$ 42,916.65

Notes:

Invoice reflects pass through cost of medications delivered through the RxProtect Program from July 16-31, 2024



Invoice

Invoice #: 6063

Balance Due \$ 39,034.34

RxProtect
9520 Ormsby Station Rd
Suite 20
Louisville, Kentucky 40223

Invoice Date: 8/5/24
Due Date: 8/8/24
Status: Outstanding

Bill To
Porter Trust

Table with columns: Item & Description, Strength, Day Supply, Qty. Shipped, Dispensed, Wholesale Cost, Cost to Plan, Program Fee. Lists various pharmaceutical items and their associated costs.

Total \$ 39,034.34

Notes:
Invoice reflects RxProtect Program Fees for July 2024.



RxProtect
 9520 Ormsby Station Rd
 Suite 20
 Louisville, Kentucky 40223

Bill To
 PORTER TRUST

Invoice

Invoice #: 6135

Balance Due
\$ 30,214.75

Invoice Date: 8/19/24
 Due Date: 8/22/24
 Status: Outstanding

Item & Description	Strength	Day Supply	Qty Shipped	Amount
OZEMPIC (2 MG/DOSE) 8MG/3ML SOPN	8MG/3ML	90	2	\$ 2,205.00
OZEMPIC (2 MG/DOSE) 8MG/3ML SOPN	8MG/3ML	30	1	\$ 830.00
LEVEMIR FLEXPEN 100UNIT/ML SOPN	100UNIT/ML	90	3	\$ 639.00
OZEMPIC (2 MG/DOSE) 8MG/3ML SOPN	8MG/3ML	90	3	\$ 2,310.00
OZEMPIC (2 MG/DOSE) 8MG/3ML SOPN	8MG/3ML	90	3	\$ 2,310.00
Promacta/Revolade (Eltrombopag) 25mg - 28 tal 25mg		28	1	\$ 2,024.99
Flovent HFA (Fluticasone) Inhaler 250mcg - 120 c 250mcg		60	1	\$ 130.99
Tasigna (Nilotinib) 150mg - 112 cap	150mg	28	1	\$ 3,760.00
Entresto (Sacubitril/Valsartan) 24.3/25.7mg - 30 24.3/25.7mg		90	6	\$ 871.61
Januvia (Sitagliptin) 100mg - 30 tab	100mg	90	3	\$ 481.64
Tresiba (Insulin Degludec) U-200 Flextouch - 3x3 200 Flextouch		90	2	\$ 551.64
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 4mg 1mg		84	3	\$ 1,405.00
Wixela (Fluticasone/Salmeterol) Inhub 500mcg/!500mcg/50mcg		90	3	\$ 354.97
Rinvoq ER (Upadacitinib) 15mg - 30 tab	15mg	60	2	\$ 3,560.00
Januvia (Sitagliptin) 100mg - 30 tab	100mg	90	3	\$ 414.97
Descovy (Emtricitabine/Tenofovir Alafenamide) 200mg/25mg		30	1	\$ 1,049.99
Cosentyx (Secukinumab) Sensoready Pen 150mg 150mg/ml		28	1	\$ 2,960.00
Humalog (Insulin Lispro) Kwikpen 100iu/ml - 5x3 100iu/ml		125	2	\$ 454.98
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 4mg 1mg		84	3	\$ 1,405.00
Trulicity (Dulaglutide) Pen 0.75mg/0.5ml - 4 ea 0.75mg/0.5ml		84	3	\$ 1,475.00
Lantus Solostar (Insulin Glargine) Pre-Filled Pen : 100iu/ml		100	2	\$ 594.98
Eliquis (Apixaban) 5mg - 180 tab	5mg	90	1	\$ 424.99
Total				\$ 30,214.75

Notes:

Invoice reflects pass through cost of medications delivered through the RxProtect Program from Aug 1-15, 2024



RxProtect
 9520 Ormsby Station Rd
 Suite 20
 Louisville, Kentucky 40223

Bill To
 Porter Trust

Invoice

Invoice #: 6223

Balance Due
\$ 65,912.65

Invoice Date: 9/3/24
 Due Date: 9/6/24
 Status: Outstanding

Item & Description	Strength	Day Supply	Qty Shipped	Amount
Xarelto (Rivaroxaban) 10mg - 50 tab	10mg	100	2	\$ 384.98
OZEMPIC (2 MG/DOSE) 8MG/3ML SOPN	8MG/3ML	90	3	\$ 2,310.00
HUMIRA (2 PEN) 40MG/0.4ML PNKT	40MG/0.4ML	90	3	\$ 12,435.00
OZEMPIC (2 MG/DOSE) 8MG/3ML SOPN	8MG/3ML	90	3	\$ 2,310.00
OZEMPIC (2 MG/DOSE) 8MG/3ML SOPN	8MG/3ML	28	1	\$ 830.00
OZEMPIC (2MG/DOSE) 8MG/3ML SOPN	8MG/3ML	8MG/3ML	3	\$ 2,310.00
OZEMPIC (2 MG/DOSE) 8MG/3ML SOPN	8MG/3ML	28	1	\$ 830.00
OZEMPIC (2 MG/DOSE) 8MG/3ML SOPN	8MG/3ML	90	3	\$ 2,310.00
OZEMPIC (2 MG/DOSE) 8MG/3ML SOPN	8MG/3ML	30	1	\$ 830.00
OZEMPIC (2 MG/DOSE) 8MG/3ML SOPN	8MG/3ML	90	3	\$ 2,310.00
Eliquis (Apixaban) 5mg - 180 tab	5mg	90	1	\$ 424.99
Farxiga/Forxiga (Dapagliflozin) 10mg - 30 tab	10mg	90	3	\$ 527.47
Humalog (Insulin Lispro) MIX 25 Kwikpen - 5x3m 25 Kwikpen		100	4	\$ 527.46
Januvia (Sitagliptin) 100mg - 30 tab	100mg	90	3	\$ 414.97
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 4m 1mg		84	6	\$ 2,680.00
Xarelto (Rivaroxaban) 20mg - 90 tab	20mg	90	1	\$ 354.99
Ozempic (Semaglutide) Pre-Filled Pen 0.25mg/0. 0.25mg/0.5mg		84	3	\$ 1,405.00
Breo Ellipta (Fluticasone/Vilanterol) 100mcg/25r 100mcg/25mcg		90	1	\$ 357.97
Trulicity (Dulaglutide) Pen 1.5mg/0.5ml - 4 ea	1.5mg/0.5ml	84	3	\$ 1,475.00
Otezla (Apremilast) 30mg - 56 tab	30mg	28	1	\$ 1,660.00
Ozempic (Semaglutide) Pre-Filled Pen 0.25mg/0. 0.25mg/0.5mg		56	2	\$ 980.00
Montelukast 10mg - 90 tab	10mg	90	1	\$ 234.99
Ozempic (Semaglutide) Pre-Filled Pen 0.25mg/0. 0.25mg/0.5mg		112	2	\$ 980.00
Jardiance (Empagliflozin) 25mg - 90 tab	25mg	90	1	\$ 355.00
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 4m 1mg		84	3	\$ 1,405.00
Farxiga/Forxiga (Dapagliflozin) 10mg - 30 tab	10mg	90	3	\$ 384.97
Jardiance (Empagliflozin) 25mg - 90 tab	25mg	90	1	\$ 355.00
Ozempic (Semaglutide) Pre-Filled Pen 0.25mg/0. 0.25mg/0.5mg		112	2	\$ 980.00
Entresto (Sacubitril/Valsartan) 24.3/25.7mg - 30 24.3/25.7mg		90	6	\$ 804.94
Ozempic (Semaglutide) Pre-Filled Pen 0.25mg/0. 0.25mg/0.5mg		112	2	\$ 980.00
Spiriva Respimat (Tiotropium Bromide) Inhaler 2 2.5mcg		90	3	\$ 312.47
Advair Diskus (Fluticasone/Salmeterol) 250mcg/ 250mcg/50mcg		90	3	\$ 402.47
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 4m 1mg		84	3	\$ 1,405.00
Ozempic (Semaglutide) Pre-Filled Pen 0.25mg/0. 0.25mg/0.5mg		112	2	\$ 980.00
Ozempic (Semaglutide) Pre-Filled Pen 0.25mg/0. 0.25mg/0.5mg		112	2	\$ 980.00
Betaseron (Interferon Beta-1b) Pre-Filled Syringe 0.3mg		60	2	\$ 4,259.98
Dupixent (Dupilumab) Auto Injector 300mg/2ml 300mg/2ml		56	4	\$ 12,900.00
Vraylar (Cariprazine) 4.5mg - 30 cap - SPECIAL OI 4.5mg		30	1	\$ 525.00

Total \$ 65,912.65

Notes:

Invoice reflects pass through cost of medications delivered through the RxProtect Program from Aug 16-31, 2024



Invoice

Invoice #: 6311

Balance Due
\$ 34,859.34

RxProtect
 9520 Ormsby Station Rd
 Suite 20
 Louisville, Kentucky 40223

Invoice Date: 9/5/24
 Due Date: 9/9/24
 Status: Outstanding

Bill To
 Porter Trust

Item & Description	Strength	Day Supply	Qty. Shipped	Dispensed	Wholesale Cost	Cost to Plan	Program Fee
Xarelto (Rivaroxaban) 10mg - 50 tab	10mg	100	2	100	\$ 384.98	\$ 1,698.69	\$ 433.52
OZEMPIC (2 MG/DOSE) 8MG/3ML SOPN	8MG/3ML	90	3	9	\$ 2,310.00	\$ 2,629.62	\$ 105.47
HUMIRA (2 PEN) 40MG/0.4ML PNKT	40MG/0.4ML	90	3	6	\$ 12,435.00	\$ 18,932.16	\$ 2,144.06
OZEMPIC (2 MG/DOSE) 8MG/3ML SOPN	8MG/3ML	90	3	9	\$ 2,310.00	\$ 2,629.62	\$ 105.47
OZEMPIC (2 MG/DOSE) 8MG/3ML SOPN	8MG/3ML	28	1	3	\$ 830.00	\$ 967.35	\$ 45.33
OZEMPIC (2MG/DOSE) 8MG/3ML SOPN	8MG/3ML	3	9	9	\$ 2,310.00	\$ 2,629.62	\$ 105.47
OZEMPIC (2 MG/DOSE) 8MG/3ML SOPN	8MG/3ML	28	1	3	\$ 830.00	\$ 876.54	\$ 15.36
OZEMPIC (2 MG/DOSE) 8MG/3ML SOPN	8MG/3ML	90	3	9	\$ 2,310.00	\$ 2,629.62	\$ 105.47
OZEMPIC (2 MG/DOSE) 8MG/3ML SOPN	8MG/3ML	30	1	3	\$ 830.00	\$ 876.54	\$ 15.36
OZEMPIC (2 MG/DOSE) 8MG/3ML SOPN	8MG/3ML	90	3	9	\$ 2,310.00	\$ 2,629.62	\$ 105.47
Eliquis (Apixaban) 5mg - 180 tab	5mg	90	1	180	\$ 424.99	\$ 1,361.65	\$ 309.10
Farxiga/Forxiga (Dapagliflozin) 10mg - 30 ta	10mg	90	3	90	\$ 527.47	\$ 1,499.90	\$ 320.90
Humalog (Insulin Lispro) MIX 25 Kwipken - 5	25 Kwipken	100	4	60	\$ 527.46	\$ 2,092.75	\$ 516.55
Januvia (Sitagliptin) 100mg - 30 tab	100mg	90	3	90	\$ 414.97	\$ 1,548.58	\$ 374.09
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 1mg	1mg	84	6	18	\$ 2,680.00	\$ 5,259.24	\$ 851.15
Xarelto (Rivaroxaban) 20mg - 90 tab	20mg	90	1	90	\$ 354.99	\$ 1,528.82	\$ 387.36
Ozempic (Semaglutide) Pre-Filled Pen 0.25n	0.25mg/0.5n	84	3	4.5	\$ 1,405.00	\$ 2,629.62	\$ 404.12
Breo Ellipta (Fluticasone/Vilanterol) 100mcq	100mcq/25nr	90	1	90	\$ 357.97	\$ 1,107.06	\$ 247.20
Trulicity (Dulaglutide) Pen 1.5mg/0.5ml - 4	1.5mg/0.5ml	84	3	6	\$ 1,475.00	\$ 2,729.86	\$ 414.10
Otezla (Apremilast) 30mg - 56 tab	30mg	28	1	56	\$ 1,660.00	\$ 4,261.25	\$ 858.41
Ozempic (Semaglutide) Pre-Filled Pen 0.25n	0.25mg/0.5n	56	2	3	\$ 980.00	\$ 1,753.08	\$ 255.12
Montelukast 10mg - 90 tab	10mg	90	1	90	\$ 234.99	\$ 730.25	\$ 163.44
Ozempic (Semaglutide) Pre-Filled Pen 0.25n	0.25mg/0.5n	112	2	3	\$ 980.00	\$ 1,753.08	\$ 255.12
Jardiance (Empagliflozin) 25mg - 90 tab	25mg	90	1	90	\$ 355.00	\$ 1,612.66	\$ 415.03
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 1mg	1mg	84	3	9	\$ 1,405.00	\$ 2,629.62	\$ 404.12
Farxiga/Forxiga (Dapagliflozin) 10mg - 30 ta	10mg	90	3	90	\$ 384.97	\$ 1,499.90	\$ 367.93
Jardiance (Empagliflozin) 25mg - 90 tab	25mg	90	1	90	\$ 355.00	\$ 1,612.66	\$ 415.03
Ozempic (Semaglutide) Pre-Filled Pen 0.25n	0.25mg/0.5n	112	2	3	\$ 980.00	\$ 1,753.08	\$ 255.12
Entresto (Sacubitril/Valsartan) 24.3/25.7mg	24.3/25.7mg	90	6	180	\$ 804.94	\$ 1,785.94	\$ 323.73
Ozempic (Semaglutide) Pre-Filled Pen 0.25n	0.25mg/0.5n	112	2	3	\$ 980.00	\$ 1,753.08	\$ 255.12
Spiriva Respimat (Tiotropium Bromide) Inh	2.5mcg	90	3	180	\$ 312.47	\$ 1,471.07	\$ 382.34
Advair Diskus (Fluticasone/Salmeterol) 250i	250mcg/500r	90	3	180	\$ 402.47	\$ 1,080.69	\$ 223.81
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 1mg	1mg	84	3	9	\$ 1,405.00	\$ 2,629.62	\$ 404.12
Ozempic (Semaglutide) Pre-Filled Pen 0.25n	0.25mg/0.5n	112	2	3	\$ 980.00	\$ 1,753.08	\$ 255.12
Ozempic (Semaglutide) Pre-Filled Pen 0.25n	0.25mg/0.5n	112	2	3	\$ 980.00	\$ 1,786.05	\$ 266.00
Betaseron (Interferon Beta-1b) Pre-Filled Sy	0.3mg	60	2	30	\$ 4,259.98	\$ 19,204.00	\$ 4,931.53
Dupixent (Dupilumab) Auto Injector 300mg	300mg/2ml	56	4	16	\$ 12,900.00	\$ 13,556.68	\$ 216.70
Vraylar (Cariprazine) 4.5mg - 30 cap - SPECI	4.5mg	30	1	30	\$ 525.00	\$ 3,637.05	\$ 1,026.98
OZEMPIC (2 MG/DOSE) 8MG/3ML SOPN	8MG/3ML	90	2	6	\$ 2,205.00	\$ 2,629.62	\$ 140.12
OZEMPIC (2 MG/DOSE) 8MG/3ML SOPN	8MG/3ML	30	1	3	\$ 830.00	\$ 967.35	\$ 45.33
LEVEMIR FLEXPEN 100UNIT/ML SOPN	100UNIT/ML	90	3	15	\$ 639.00	\$ 1,404.72	\$ 252.69
OZEMPIC (2 MG/DOSE) 8MG/3ML SOPN	8MG/3ML	90	3	9	\$ 2,310.00	\$ 2,629.62	\$ 105.47
OZEMPIC (2 MG/DOSE) 8MG/3ML SOPN	8MG/3ML	90	3	9	\$ 2,310.00	\$ 2,629.62	\$ 105.47
Promacta/Revolade (Eltrombopag) 25mg -	25mg	28	1	28	\$ 2,024.99	\$ 10,706.00	\$ 2,864.73
Flovent HFA (Fluticasone) Inhaler 250mcg -	250mcg	60	1	120	\$ 130.99	\$ 466.04	\$ 110.57
Tasigna (Nilotinib) 150mg - 112 cap	150mg	28	1	112	\$ 3,760.00	\$ 18,135.24	\$ 4,743.83
Entresto (Sacubitril/Valsartan) 24.3/25.7mg	24.3/25.7mg	90	6	180	\$ 871.61	\$ 1,785.94	\$ 301.73
Januvia (Sitagliptin) 100mg - 30 tab	100mg	90	3	90	\$ 481.64	\$ 1,548.58	\$ 352.09
Tresiba (Insulin Degludec) U-200 Flextouch	200 Flextouch	90	2	18	\$ 551.64	\$ 1,129.00	\$ 190.53
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 1mg	1mg	84	3	9	\$ 1,405.00	\$ 2,629.62	\$ 404.12
Promacta/Revolade (Eltrombopag) 25mg -	25mg	90	3	180	\$ 354.97	\$ 640.86	\$ 94.34
Rinvoq ER (Upadacitinib) 15mg - 30 tab	15mg	60	2	60	\$ 3,560.00	\$ 12,514.00	\$ 2,954.82
Januvia (Sitagliptin) 100mg - 30 tab	100mg	90	3	90	\$ 414.97	\$ 1,548.58	\$ 374.09
Descovy (Emtricitabine/Tenofovir Alafenar	200mg/25mg	30	1	30	\$ 1,049.99	\$ 2,157.00	\$ 365.31
Cosentyx (Secukinumab) Sensorready Pen 1:	150mg/ml	28	1	2	\$ 2,960.00	\$ 6,903.12	\$ 1,301.23
Humalog (Insulin Lispro) Kwipken 100iu/ml	100iu/ml	125	2	30	\$ 454.98	\$ 1,625.78	\$ 386.36
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 1mg	1mg	84	3	9	\$ 1,405.00	\$ 2,629.62	\$ 404.12
Trulicity (Dulaglutide) Pen 0.75mg/0.5ml - 4	0.75mg/0.5n	84	3	6	\$ 1,475.00	\$ 2,330.22	\$ 282.22
Lantus Solostar (Insulin Glargine) Pre-Filled	100iu/ml	100	2	30	\$ 594.98	\$ 869.98	\$ 90.75
Eliquis (Apixaban) 5mg - 180 tab	5mg	90	1	180	\$ 424.99	\$ 1,361.65	\$ 309.10

Total \$ 34,859.34

Notes:

Invoice reflects RxProtect Program Fees for August 2024.



RxProtect
 9520 Ormsby Station Rd
 Suite 20
 Louisville, Kentucky 40223

Bill To
 Porter Trust

Invoice

Invoice #: 6404

Balance Due
\$ 54,014.10

Invoice Date: 9/17/24
 Due Date: 9/20/24
 Status: Outstanding

Item & Description	Strength	Day Supply	Qty Shipped	Amount
OZEMPIC (2 MG/DOSE) 8MG/3ML SOPN	8MG/3ML	90	3	\$ 2,310.00
OZEMPIC (2 MG/DOSE) 8MG/3ML SOPN	8MG/3ML	90	3	\$ 2,310.00
OZEMPIC (2 MG/DOSE) 8MG/3ML SOPN	8MG/3ML	56	2	\$ 1,570.00
OZEMPIC (2 MG/DOSE) 8MG/3ML SOPN	8MG/3ML	30	1	\$ 830.00
BREO ELLIPTA 50-25MCG/INH AEPB	AEPB	90	3	\$ 756.99
OZEMPIC (2 MG/DOSE) 8MG/3ML SOPN	8MG/3ML	90	3	\$ 2,310.00
Trelegy Ellipta (Fluticasone Furoate/Umeclidinil 200mcg/62.5mcg		90	3	\$ 594.97
Jardiance (Empagliflozin) 10mg - 90 tab	10mg	90	1	\$ 355.00
Jardiance (Empagliflozin) 10mg - 90 tab	10mg	90	1	\$ 355.00
Praluent (Alirocumab) Pre-Filled Pen 150mg/ml	150mg/ml	56	2	\$ 1,354.98
Promacta/Revolade (Eltrombopag) 25mg - 28 ta 25mg		28	1	\$ 2,024.99
Ozempic (Semaglutide) Pre-Filled Pen 0.25mg/0.25mg/0.5mg		112	2	\$ 980.00
Vraylar (Cariprazine) 4.5mg - 30 cap - SPECIAL O 4.5mg		30	1	\$ 525.00
Xarelto (Rivaroxaban) 10mg - 50 tab	10mg	100	2	\$ 384.98
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 4m 1mg		84	3	\$ 1,405.00
Advair Diskus (Fluticasone/Salmeterol) 250mcg/ 250mcg/50mcg		90	3	\$ 414.97
Humalog (Insulin Lispro) Kwikpen 100iu/ml - 5x: 100iu/ml		90	2	\$ 317.48
Lantus Solostar (Insulin Glargine) Pre-Filled Pen 100iu/ml		93	2	\$ 457.48
Tasigna (Nilotinib) Capsule 150mg - 112 cap - SP 150mg		28	1	\$ 3,760.00
Dexilant (Dexlansoprazole) 60mg - 90 cap	60mg	90	1	\$ 284.99
Lantus Solostar (Insulin Glargine) Pre-Filled Pen 100iu/ml		90	3	\$ 754.97
Spiriva Respimat (Tiotropium Bromide) Inhaler : 2.5mcg		90	3	\$ 324.97
Jardiance (Empagliflozin) 25mg - 90 tab	25mg	90	1	\$ 355.00
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 4m 1mg		84	6	\$ 2,680.00
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 4m 1mg		84	3	\$ 1,405.00
Jardiance (Empagliflozin) 25mg - 90 tab	25mg	90	1	\$ 355.00
Jardiance (Empagliflozin) 25mg - 90 tab	25mg	90	1	\$ 355.00
Ozempic (Semaglutide) Pre-Filled Pen 0.25mg/0.25mg/0.5mg		112	2	\$ 980.00
Ozempic (Semaglutide) Pre-Filled Pen 0.25mg/0.25mg/0.5mg		84	3	\$ 1,405.00
Jardiance (Empagliflozin) 25mg - 90 tab	25mg	90	1	\$ 355.00
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 4m 1mg		84	3	\$ 1,405.00
Otezla (Apremilast) 30mg - 56 tab	30mg	28	1	\$ 1,660.00
Farxiga/Forxiga (Dapagliflozin) 10mg - 30 tab	10mg	90	3	\$ 384.97
Xigduo IR (Dapagliflozin/Metformin) 5/1000mg 5/1000mg		90	3	\$ 399.97
Xiidra (Lifitegrast) Ophthalmic Solution 5% - 60x 0.05		90	3	\$ 1,044.97
Breo Ellipta (Fluticasone/Vilanterol) 100mcg/25 100mcg/25mcg		90	1	\$ 357.97
Flovent HFA (Fluticasone) Inhaler 125mcg - 120 125mcg		120	1	\$ 74.99
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 4m 1mg		84	3	\$ 1,405.00
Breo Ellipta (Fluticasone/Vilanterol) 100mcg/25 100mcg/25mcg		90	1	\$ 357.97
Descovy (Emtricitabine/Tenofovir Alafenamide) 200mg/25mg		30	1	\$ 1,049.99
Entresto (Sacubitril/Valsartan) 24.3/25.7mg - 30 24.3/25.7mg		90	6	\$ 804.94
Ozempic (Semaglutide) Pre-Filled Pen 1mg - 4m 1mg		84	3	\$ 1,405.00
Januvia (Sitagliptin) 100mg - 30 tab	100mg	90	3	\$ 414.97
Farxiga/Forxiga (Dapagliflozin) 10mg - 30 tab	10mg	90	3	\$ 384.97
Lantus Solostar (Insulin Glargine) Pre-Filled Pen 100iu/ml		92	4	\$ 914.96
Ozempic (Semaglutide) Pre-Filled Pen 0.25mg/0.25mg/0.5mg		112	2	\$ 980.00
Dexilant (Dexlansoprazole) 60mg - 90 cap	60mg	90	1	\$ 284.99
Xarelto (Rivaroxaban) 20mg - 90 tab	20mg	90	1	\$ 354.99
Trintellix (Vortioxetine) 20mg - 28 tab	20mg	84	3	\$ 474.97
Cosentyx (Secukinumab) Sensoready Pen 150mg 150mg/ml		28	1	\$ 2,900.00
Toujeo (Insulin Glargine) Solostar Pen 300iu/ml 300iu/ml		73	3	\$ 616.97
Farxiga/Forxiga (Dapagliflozin) 10mg - 30 tab	10mg	90	3	\$ 384.97
Eliquis (Apixaban) 5mg - 180 tab	5mg	90	1	\$ 424.99
Ozempic (Semaglutide) Pre-Filled Pen 0.25mg/0.25mg/0.5mg		84	3	\$ 1,405.00
Humalog (Insulin Lispro) Vial 100iu/ml - 10ml	100iu/ml	88	15	\$ 1,024.85
Lantus (Insulin Glargine) 100iu/ml Vial - 10ml	100iu/ml	114	4	\$ 537.46
Humalog (Insulin Lispro) Vial 100iu/ml - 10ml	100iu/ml	100	3	\$ 287.47
Total				\$ 54,014.10

Notes:

Invoice reflects pass through cost of medications delivered through the RxProtect Program from Sept 1-15, 2024