IOWA Retail Pharmacy Reporting Only

Pharmacy Benefits Manager Company Name	Prescription claim date	Quantity of the Drug Dispensed (expressed in metric decimal units)	Amount the Pharmacy was Reimbursed $ (per Unit)	NADAC per unit $ (from CMS survey report as provided by the OIC)	NADAC Report Date (date of the CMS Report used to to determine the "NADAC" rate)	Affiliate Pharmacy (Yes / No)	Dispensed Pursuant to Government Health Plan (Yes / No)
Benecard Services, Inc.	1/19/2026	28	$0.00	$0.65	1/14/2026	N	N
	1/20/2026	28	$0.26	$0.11	1/14/2026	N	N
	1/22/2026	10	$0.00	$0.05	1/21/2026	N	N
	1/23/2026	30	$0.00	$0.09	1/21/2026	N	N
	1/23/2026	30	$0.10	$0.05	1/21/2026	N	N
	1/23/2026	30	$0.00	$0.06	1/21/2026	N	N
	1/29/2026	10	$0.00	$0.05	1/28/2026	N	N
	2/17/2026	28	$0.28	$0.11	2/11/2026	N	N
	2/17/2026	28	$0.00	$0.64	2/11/2026	N	N
	2/19/2026	60	$0.00	$0.07	2/18/2026	N	N
	2/19/2026	30	$0.00	$0.10	2/18/2026	N	N
	2/19/2026	30	$0.11	$0.05	2/18/2026	N	N
	2/27/2026	30	$0.00	$0.06	2/25/2026	N	N
	3/16/2026	28	$0.28	$0.11	3/11/2026	N	N
	3/17/2026	28	$0.00	$0.62	3/11/2026	N	N
	3/27/2026	60	$0.00	$0.07	3/25/2026	N	N
	3/27/2026	30	$0.00	$0.11	3/25/2026	N	N
	3/27/2026	30	$0.11	$0.05	3/25/2026	N	N
	3/28/2026	30	$0.00	$0.06	3/25/2026	N	N

All Other pharmacies, including non-Iowa Retail pharmacies.

Pharmacy Benefits Manager Company Name	Prescription claim date	Quantity of the Drug Dispensed (expressed in metric decimal units)	Amount the Pharmacy was Reimbursed $ (per Unit)	NADAC per unit $ (from CMS survey report as provided by the OIC)	NADAC Report Date (date of the CMS Report used to to determine the "NADAC" rate)	Affiliate Pharmacy (Yes / No)	Dispensed Pursuant to Government Health Plan (Yes / No)
Benecard Services, Inc.	2/26/2026	60	$1.00	$0.87	2/25/2026	N	N
	2/26/2026	30	$0.00	$0.18	2/25/2026	N	N