

**Data for 3Q 2026**

**IOWA Retail Pharmacy Reporting Only**

Only information about Iowa Retail pharmacies are included on this tab. All other claims included on **All\_Other\_Pharmacies** tab.

| Pharmacy Benefits<br>Manager Company Name | Prescription<br>claim date | Quantity of the<br>Drug Dispensed<br>(expressed in metric<br>decimal units) | Amount the<br>Pharmacy was<br>Reimbursed \$<br>(per Unit) | NADAC per unit<br>\$<br>(from CMS survey<br>report as provided by<br>the OIC) | NADAC Report<br>Date<br>(date of the CMS<br>Report used to to<br>determine the<br>"NADAC" rate) | Affiliate<br>Pharmacy<br>(Yes / No) | Dispensed<br>Pursuant to<br>Government<br>Health Plan<br>(Yes / No) |
|-------------------------------------------|----------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-------------------------------------|---------------------------------------------------------------------|
| N/A                                       | 1/1/2099                   | 0                                                                           | \$0.00                                                    | \$0.00                                                                        | 1/1/2099                                                                                        | No                                  | No                                                                  |

**All Other pharmacies, including non-Iowa Retail pharmacies.**

| Pharmacy Benefits<br>Manager Company Name | Prescription<br>claim date | Quantity of the<br>Drug Dispensed<br>(expressed in metric<br>decimal units) | Amount the<br>Pharmacy was<br>Reimbursed \$<br>(per Unit) | NADAC per unit<br>\$<br>(from CMS survey<br>report as provided by<br>the OIC) | NADAC Report<br>Date<br>(date of the CMS<br>Report used to to<br>determine the<br>"NADAC" rate) | Affiliate<br>Pharmacy (Yes /<br>No) | Dispensed<br>Pursuant to<br>Government<br>Health Plan<br>(Yes / No) |
|-------------------------------------------|----------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-------------------------------------|---------------------------------------------------------------------|
| N/A                                       | 1/1/2099                   | 0                                                                           | \$0.00                                                    | \$0.00                                                                        | 1/1/2099                                                                                        | No                                  | No                                                                  |