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)
Independent Health's Pharmacy B							
	5/14/2026	150	$0.03	$0.04	4/22/2026	No	No
	5/23/2026	10	$0.00	$0.15	5/20/2026	No	No
	6/10/2026	10	$0.00	$0.15	5/20/2026	No	No
	4/7/2026	90	$0.00	$0.02	3/18/2026	No	No
	5/7/2026	30	$0.00	$0.03	4/22/2026	No	No
	6/12/2026	30	$0.05	$0.07	5/20/2026	No	No
	4/4/2026	30	$0.00	$0.03	3/18/2026	No	No
	6/8/2026	30	$0.00	$0.03	5/20/2026	No	No
	4/13/2026	30	$0.00	$0.02	3/18/2026	No	No
	5/10/2026	30	$0.00	$0.02	4/22/2026	No	No
	6/4/2026	30	$0.00	$0.02	5/20/2026	No	No
	4/23/2026	30	$0.00	$0.05	4/22/2026	No	No
	5/25/2026	30	$0.00	$0.05	5/20/2026	No	No
	6/24/2026	30	$0.00	$0.05	6/17/2026	No	No
	6/1/2026	90	$0.00	$0.04	5/20/2026	No	No
	4/3/2026	30	$0.00	$0.02	3/18/2026	No	No
	5/5/2026	30	$0.00	$0.02	4/22/2026	No	No
	6/6/2026	30	$0.00	$0.02	5/20/2026	No	No
	5/9/2026	60	$0.00	$0.01	4/22/2026	No	No
						No	No
						No	No