**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) |
|---|---|---|---|---|---|---|---|
| LucyRx Health Solutions Texas, L | N/A | N/A | $0.00 | $0.00 | N/A | No | No |

**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) |
|---|---|---|---|---|---|---|---|
| LucyRx Health Solutions Texas, L | N/A | N/A | $0.00 | $0.00 | N/A | No | No |