

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)
Kroger Prescription Plans, Inc.	N/A	N/A	\$0.00	\$0.00	N/A	No	No