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