

Iowa PBM NADAC Report - 2025 Q4

Pharmacy Benefits Manager Company Name	Prescription Claim Date	Quantity of Drug Dispensed (metric decimal units)	Amount Reimbursed \$ (per unit)	NADAC per unit \$	NADAC Report Date	Affiliate Pharmacy (Yes / No)	Gov. Health Plan (Yes / No)
CerpassRx	N/A	N/A	\$0.00	\$0.00	N/A	No	No