

KIM REYNOLDS GOVERNOR

ADAM GREGG LT. GOVERNOR

STATE OF IOWA

DOUG OMMEN COMMISSIONER OF INSURANCE

PHARMACY BENEFIT MANAGER 2020 ANNUAL REPORT FOR CALENDAR YEAR 2019

During the 2019-2020 Legislative session, the Iowa Legislature passed, and Governor Reynolds signed, Iowa Code 510C into law. This legislation requires pharmacy benefit managers ("PBM") licensed in Iowa to file an annual report with the Insurance Commissioner by February 15th of each year. PBMs are required to report the following data as it relates to the prior calendar year:

- a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager.
- b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager.

c. The aggregate dollar amount of all health carrier administrative service fees received by the pharmacy benefit manager.

d. The aggregate dollar amount of all rebates received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the health carrier.

e. The aggregate amount of all administrative fees received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the health carrier.

f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in paragraph "a".

g. Across all health carrier clients with whom the pharmacy manager was contracted, the highest and the lowest aggregate retained rebate percentages

As of February 15, 2020, there were forty-four PBMs licensed in Iowa. Twenty-nine PBMs submitted annual reports for calendar year 2019; fifteen did not and offered no explanation for not doing so. Of those that did submit reports:

- a. Eight provided full and complete reports.
- b. Nine provided partial reports with at least one but not more than four reporting categories. Eight PBMs offered no explanation for the incomplete report. One PBM indicated that it only works with Workers Compensation companies, not with health carriers, so had no information to report. One PBM submitted two reports with the first report showing greater numbers than the latter report.
- c. Nine PBMs filed a report with none of the information in "a" through ""g" above, only demographic and company contact information were provided. Six of these PBMs offered no explanation for the incomplete report. Two indicated they did not work with health carriers; one indicated it only worked with ERISA plans.
- d. Four PBMs asked for an extension in time to submit the report with three of the four submitting a report with no detail. The fourth PBM did not submit a report.

For those PBMs that did not submit a report or submitted a partial report, the Iowa Insurance Division will review and consider its enforcement authority authorized pursuant to Iowa Code 510C.4.

The PBM reports are attached.

	Iowa 2020 Annual Pharmacy Benefit Manager Repor	t
Company Name:	A & A Drug Co. dba Sav-Rx Prescription Services	
Address:	224 N Park Ave	
City, State, Zip:	Fremont, NE 68025	
Phone Number:	402-753-2800	
Th	e purpose of this form is to report the information required by Iowa Code	section 510C.2
a. The aggregate do	llar amount of all rebates received by the pharmacy benefit manager.	\$81,508,833.21
b. The aggregate do manager.	llar amount of all administrative fees received by the pharmacy benefit	\$0.00
c. The aggregate do pharmacy benefit m	llar amount of all health carrier administrative service fees received by the nanager.	\$685,556.32
	llar amount of all rebates received by the pharmacy benefit manager that fit manager did not pass through to the health carrier.	\$22,708,726.08
	nount of all administrative fees received by the pharmacy benefit manager penefit manager did not pass through to the health carrier.	\$0.00
	ained rebate percentage as calculated by dividing the dollar amount in e dollar amount in "a".	27.86%
	all health carrier clients with whom the pharmacy manager was contracte e retained rebate percentages.	d, 15.00%
	all health carrier clients with whom the pharmacy manager was nest aggregate retained rebate percentages.	100.00%
	Attestation	
have been audited	e in the field below, I certify, under penalties provided by the laws of Iowa, and are made in good faith for the period indicated. To the best of the au d belief this submission is a true, correct and complete report including all	horized submitter's knowledge,
	Late Filing Fe	e \$100.00
	Selec	t: Agree
	Date Submitting Filing in OPTins	3/6/2020
Contact:	Ronda Thiessen Name	Licensing Coordinator Title
	gov@savrx.com Email	402-753-2839 Phone
Submitted by:	Christy Piti	CEO
	Name	Title
Verified by:	Ronda Thiessen Name	Licensing Coordinator Title
Verified by:	Lisa Quincy	VP
-	Name	Title

	Iowa 2020 Annual Pharmacy Benefit Manager Report	
Company Name:	Alius Health, LLc	
Address:	PO Box 71	
City, State, Zip:	Worthington, OH 43085	
Phone Number:	740-661-4463	
Th	e purpose of this form is to report the information required by Iowa Code se	ection 510C.2
a. The aggregate do	llar amount of all rebates received by the pharmacy benefit manager.	\$1,671.32
b. The aggregate do manager.	llar amount of all administrative fees received by the pharmacy benefit	\$0.00
c. The aggregate do pharmacy benefit n	llar amount of all health carrier administrative service fees received by the nanager.	\$10,107.90
	llar amount of all rebates received by the pharmacy benefit manager that fit manager did not pass through to the health carrier.	\$1,562.40
	nount of all administrative fees received by the pharmacy benefit manager penefit manager did not pass through to the health carrier.	\$0.00
	ained rebate percentage as calculated by dividing the dollar amount in e dollar amount in "a".	93.48%
	all health carrier clients with whom the pharmacy manager was contracted retained rebate percentages.	, 0.00%
	all health carrier clients with whom the pharmacy manager was nest aggregate retained rebate percentages.	100.00%
	Attestation	
have been audited	e in the field below, I certify, under penalties provided by the laws of Iowa, t and are made in good faith for the period indicated. To the best of the auth d belief this submission is a true, correct and complete report including all f	orized submitter's knowledge,
		1 / 1 /
	Late Filing Fee	
	Late Filing Fee Select:	\$0.00
		\$0.00
Contact:	Select:	\$0.00 Agree
Contact:	Select: Date Submitting Filing in OPTins: Elizabeth Thomas	\$0.00 Agree 1/23/2020 Compliance Officer
Contact: Submitted by:	Select: Date Submitting Filing in OPTins: Elizabeth Thomas Name ethomas@aliushealth.com	\$0.00 Agree 1/23/2020 Compliance Officer Title 740-837-4641
	Select: Date Submitting Filing in OPTins: Elizabeth Thomas Name ethomas@aliushealth.com Email Elizabeth Thomas	\$0.00 Agree 1/23/2020 Compliance Officer Title 740-837-4641 Phone Compliance Officer

	lowa 2020 Annual Pharmacy Be	-	
Company Name:	AmWINS Group Benefits, Inc.		
Address:	50 Whitecap Drive		
City, State, Zip:	North Kingstown, RI 02852		
Phone Number:	401-734-4154		
Th	e purpose of this form is to report the informati	on required by Iowa Code s	ection 510C.2
a. The aggregate do	llar amount of all rebates received by the pharm	nacy benefit manager.	\$18,280.00
b. The aggregate do manager.	Ilar amount of all administrative fees received b	by the pharmacy benefit	\$0.00
c. The aggregate do pharmacy benefit n	llar amount of all health carrier administrative s nanager.	ervice fees received by the	\$0.00
	llar amount of all rebates received by the phar fit manager did not pass through to the health o		\$0.00
	nount of all administrative fees received by the penefit manager did not pass through to the he		\$0.00
	ained rebate percentage as calculated by dividine dollar amount in "a".	ng the dollar amount in	0.00%
	all health carrier clients with whom the pharma e retained rebate percentages.	acy manager was contracted	i, 0.00%
	all health carrier clients with whom the pharm nest aggregate retained rebate percentages.	acy manager was	0.00%
	Attestat	ion	
have been audited	e in the field below, I certify, under penalties pro and are made in good faith for the period indic ad belief this submission is a true, correct and co	ated. To the best of the auth	norized submitter's knowledge,
		Late Filing Fee	\$0.00
		Select	: Agree
	Date	Submitting Filing in OPTins:	2/13/2020
Contact:	Lucas Spaulding Name		Compliance/Contract Analyst Title
	compliance.amwinsgb@amwins.com Email		401-734-5957 Phone
Submitted by:	Lucas Spaulding Name		Compliance/Contract Analyst Title
Verified by:	Samuel H. Fleet		President
/-	Name		Title

	lowa 2020 Annual Pharmacy Benefit Manager Report	
Company Name:	Benecard Services, Inc	
Address:	3131 Princeton Pike, Bld 2B, Ste 103	
City, State, Zip:	Lawrenceville, NJ 08648	
Phone Number:	888-907-0070	
The	e purpose of this form is to report the information required by Iowa Code s	ection 510C.2
a. The aggregate dol	lar amount of all rebates received by the pharmacy benefit manager.	\$4,034,254.08
b. The aggregate do manager.	llar amount of all administrative fees received by the pharmacy benefit	\$754,626.95
c. The aggregate dol pharmacy benefit m	lar amount of all health carrier administrative service fees received by the anager.	\$928,444.42
	llar amount of all rebates received by the pharmacy benefit manager that fit manager did not pass through to the health carrier.	\$0.00
	nount of all administrative fees received by the pharmacy benefit manager benefit manager did not pass through to the health carrier.	\$0.00
	ained rebate percentage as calculated by dividing the dollar amount in e dollar amount in	0.00%
	all health carrier clients with whom the pharmacy manager was contracted e retained rebate percentages.	i, 0.00%
	all health carrier clients with whom the pharmacy manager was lest aggregate retained rebate percentages.	0.00%
	Attestation	
have been audited	in the field below, I certify, under penalties provided by the laws of lowa, and are made in good faith for the period indicated. To the best of the autl d belief this submission is a true, correct and complete report including all	horized submitter's knowledge,
	Late Filing Fee	\$0.00
	Select	
	Date Submitting Filing in OPTins:	2/11/2020
Contact:	Maria Minelli Name	Licensing Supervisor Title
	pbf_licensing@benecard.com Email	609-219-0400 ext 5059 Phone
Submitted by:	Maria Minelli Name	Licensing Supervisor Title
Verified by:	Michael Perry	President
	Name	Title
Verified by:	Donald Schell	Director
	Name	Title

	Iowa 2020 Annual Pharmacy Benefit Manager Report	
Company Name:	CaremarkPCS Health, L.L.C. (amended filing will be submitted on the f	irst week of April, 2020")
Address:	9501 E. Shea Blvd.,MC024	
City, State, Zip:	Scottsdale, AZ 85260	
Phone Number:	480-314-8319	
The p	purpose of this form is to report the information required by Iowa Code s	ection 510C.2
a. The aggregate do	llar amount of all rebates received by the pharmacy benefit manager.	\$0.00
b. The aggregate do benefit manager.	llar amount of all administrative fees received by the pharmacy	\$0.00
c. The aggregate do by the pharmacy be	llar amount of all health carrier administrative service fees received nefit manager.	\$0.00
	llar amount of all rebates received by the pharmacy benefit manager penefit manager did not pass through to the health carrier.	\$0.00
	nount of all administrative fees received by the pharmacy benefit narmacy benefit nanager did not pass through to the health carrier.	\$0.00
	ained rebate percentage as calculated by dividing the dollar amount the dollar amount in "a".	0.00%
	all health carrier clients with whom the pharmacy manager was est aggregate retained rebate percentages.	0.00%
	all health carrier clients with whom the pharmacy manager was nest aggregate retained rebate percentages.	0.00%
	Attestation	
statements have	ee in the field below, I certify, under penalties provided by the laws of low been audited and are made in good faith for the period indicated. To the edge, information, and belief this submission is a true, correct and comp	e best of the authorized
	Late Filing Fee:	\$0.00
	Select	: Agree
	Date Submitting Filing in OPTins:	2/12/2020
Contact:	Karen S. Llano	Paralegal
	Name	Title
	karen.llano@cvshealth.com	480-314-8319
	Email	Phone
Submitted by:	Karen S. Llano Name	Paralegal Title
Verified by:	John M. Conroy	President and Treasurer
vermed by.	John Wil Collidy	
	Name	Title

	Iowa 2020 Annual Pharmacy Benefit Manager Report	
Company Name:	CaremarkPCS Health, L.L.C. (" amended filing will be submitted on the	e first week of April, 2020")
Address:	9501 E. Shea Blvd.,MC024	
City, State, Zip:	Scottsdale, AZ 85260	
Phone Number:	480-314-8319	
The	ourpose of this form is to report the information required by Iowa Code s	ection 510C.2
a. The aggregate do	ollar amount of all rebates received by the pharmacy benefit manager.	\$0.00
b. The aggregate do benefit manager.	ollar amount of all administrative fees received by the pharmacy	\$0.00
c. The aggregate do by the pharmacy be	ollar amount of all health carrier administrative service fees received enefit manager.	\$0.00
	ollar amount of all rebates received by the pharmacy benefit manager benefit manager did not pass through to the health carrier.	\$0.00
	nount of all administrative fees received by the pharmacy benefit harmacy benefit manager did not pass through to the health carrier.	\$0.00
	tained rebate percentage as calculated by dividing the dollar amount the dollar amount the dollar amount in "a".	0.00%
	all health carrier clients with whom the pharmacy manager was rest aggregate retained rebate percentages.	0.00%
	all health carrier clients with whom the pharmacy manager was hest aggregate retained rebate percentages.	0.00%
	Attestation	
statements have	ee in the field below, I certify, under penalties provided by the laws of love been audited and are made in good faith for the period indicated. To the ledge, information, and belief this submission is a true, correct and comp	e best of the authorized
	Late Filing Fee:	\$0.00
	Select	: Agree
	Date Submitting Filing in OPTins:	2/12/2020
Contact:	Karen S. Llano	Paralegal
	Name	Title
	karen.llano@cvshealth.com Email	480-314-8319 Phone
Submitted by:	Karen S. Llano Name	Paralegal Title
Verified by:	John M. Conroy	President and Treasurer
	Name	Title
Verified by:	Thomas S. Moffatt Name	Vice President and Secretary Title

	Iowa 2020 Annual Pharmacy Benefit Manager Report	
Company Name:	CaremarkPhC, L.L.C. ("amended filing will be submitted on the first w	eek of April, 2020")
Address:	695 George Washington Highway	
City, State, Zip:	Lincoln, RI 02865	
Phone Number:	480-314-8319	
The	purpose of this form is to report the information required by Iowa Code s	ection 510C.2
a. The aggregate do	ollar amount of all rebates received by the pharmacy benefit manager.	\$0.00
b. The aggregate do benefit manager.	ollar amount of all administrative fees received by the pharmacy	\$0.00
c. The aggregate do by the pharmacy be	ollar amount of all health carrier administrative service fees received enefit manager.	\$0.00
	ollar amount of all rebates received by the pharmacy benefit manager benefit manager benefit manager did not pass through to the health carrier.	\$0.00
	mount of all administrative fees received by the pharmacy benefit wharmacy benefit manager did not pass through to the health carrier.	\$0.00
	tained rebate percentage as calculated by dividing the dollar amount / the dollar amount in "a".	0.00%
-	all health carrier clients with whom the pharmacy manager was vest aggregate retained rebate percentages.	0.00%
	s all health carrier clients with whom the pharmacy manager was hest aggregate retained rebate percentages.	0.00%
	Attestation	
statements have	ee in the field below, I certify, under penalties provided by the laws of love been audited and are made in good faith for the period indicated. To the redge, information, and belief this submission is a true, correct and comp	e best of the authorized
	Late Filing Fee	\$0.00
	Select	: Agree
	Date Submitting Filing in OPTins:	2/12/2020
Contact:	Karen S. Llano	Paralegal
	Name	Title
	karen.llano@cvshealth.com	480-314-8319
	Email	Phone
Submitted by:	Karen S. Llano	Paralegal
	Name	Title
Verified by:	John M. Conroy Name	President and Treasurer Title
Verified by:	Thomas S. Moffatt	Vice President and Secretary
	Name	Title

	Iowa 2020 Annual Pharmacy Benefit Manager Report	
Company Name:	Costco Health Solutions, Inc.	
Address:	999 Lake Drive	
City, State, Zip:	Issaquah, WA 98027	
Phone Number:	425-313-8100	
Th	e purpose of this form is to report the information required by lowa Code s	ection 510C.2
a. The aggregate do	lar amount of all rebates received by the pharmacy benefit manager.	\$0.00
b. The aggregate do manager.	llar amount of all administrative fees received by the pharmacy benefit	\$0.00
c. The aggregate do pharmacy benefit m		\$0.00
	llar amount of all rebates received by the pharmacy benefit manager that it manager did not pass through to the health carrier.	\$0.00
	nount of all administrative fees received by the pharmacy benefit manager benefit manager did not pass through to the health carrier.	\$0.00
	ained rebate percentage as calculated by dividing the dollar amount in e dollar amount in	0.00%
	all health carrier clients with whom the pharmacy manager was contracted e retained rebate percentages.	, 0.00%
	all health carrier clients with whom the pharmacy manager was lest aggregate retained rebate percentages.	0.00%
	Attestation	
have been audited	in the field below, I certify, under penalties provided by the laws of Iowa, t and are made in good faith for the period indicated. To the best of the auth d belief this submission is a true, correct and complete report including all	norized submitter's knowledge,
	Late Filing Fee	\$0.00
	Select	Agree
	Date Submitting Filing in OPTins:	1/14/2020
Contact:	Heather Cimuchowski Name	Research Analyst Title
Contact:		
Contact: Submitted by:	Name hcimuchowski@costco.com Email Kirsten Touma	Title 425-313-8156 Phone Admin. Assistant
Submitted by:	Name hcimuchowski@costco.com Email Kirsten Touma Name	Title 425-313-8156 Phone Admin. Assistant Title
	Name hcimuchowski@costco.com Email Kirsten Touma	Title 425-313-8156 Phone Admin. Assistant

	Iowa 2020 Annual Pharmacy Benefit Manager Report	
Company Name:	Envision Pharmaceutical Services, LLC	
Address:	2181 East Aurora Road	
City, State, Zip:	Twinsburg, OH 44087	
Phone Number:	(954) 767-2634	
The	e purpose of this form is to report the information required by Iowa Code s	ection 510C.2
a. The aggregate dol	lar amount of all rebates received by the pharmacy benefit manager.	\$0.00
b. The aggregate do manager.	llar amount of all administrative fees received by the pharmacy benefit	\$0.00
c. The aggregate dol pharmacy benefit m		\$0.00
	llar amount of all rebates received by the pharmacy benefit manager that it manager did not pass through to the health carrier.	\$0.00
	nount of all administrative fees received by the pharmacy benefit manager benefit manager did not pass through to the health carrier.	\$0.00
	ained rebate percentage as calculated by dividing the dollar amount in e dollar amount in	0.00%
	all health carrier clients with whom the pharmacy manager was contracted e retained rebate percentages.	, 0.00%
	all health carrier clients with whom the pharmacy manager was lest aggregate retained rebate percentages.	0.00%
	Attestation	
have been audited	in the field below, I certify, under penalties provided by the laws of Iowa, and are made in good faith for the period indicated. To the best of the autl d belief this submission is a true, correct and complete report including all	norized submitter's knowledge,
	Late Filing Fee	\$0.00
	Select	Agree
	Date Submitting Filing in OPTins:	2/11/2020
Contact:	Jennifer Asewicz Name	Regulatory Affairs Administrator Title
	legalregulatory@envisionrx.com Email	(954) 767-2634 Phone
Submitted by:	Jennifer Asewicz Name	Regulatory Affairs Administrator Title
Verified by:	Jordan Bradford Name	Senior Staff Accountant Title

	Iowa 2020 Annual Pharmacy Benefit Manager Report	
Company Name:	Envolve Pharmacy Solutions, Inc.	
Address:	c/o Licensing, 8427 Southpark Circle, Suite 400	
City, State, Zip:	Orlando, FL 32819	
Phone Number:	480-317-4609	
The	e purpose of this form is to report the information required by Iowa Code s	ection 510C.2
a. The aggregate dol	lar amount of all rebates received by the pharmacy benefit manager.	\$0.00
b. The aggregate do manager.	llar amount of all administrative fees received by the pharmacy benefit	\$0.00
c. The aggregate dol pharmacy benefit m	lar amount of all health carrier administrative service fees received by the anager.	\$3,523,377.48
	llar amount of all rebates received by the pharmacy benefit manager that it manager did not pass through to the health carrier.	\$0.00
	oount of all administrative fees received by the pharmacy benefit manager benefit manager did not pass through to the health carrier.	\$0.00
	ained rebate percentage as calculated by dividing the dollar amount in e dollar amount in	0.00%
	all health carrier clients with whom the pharmacy manager was contracted e retained rebate percentages.	, 0.00%
	all health carrier clients with whom the pharmacy manager was est aggregate retained rebate percentages.	0.00%
	Attestation	
have been audited	in the field below, I certify, under penalties provided by the laws of lowa, and are made in good faith for the period indicated. To the best of the auth d belief this submission is a true, correct and complete report including all	norized submitter's knowledge,
	Late Filing Fee	\$0.00
	Select	Agree
	Date Submitting Filing in OPTins:	2/14/2020
Contact:	Jon Hendricks	Compliance Manager
	Name	Title
	PBMlicensing@envolvehealth.com Email	480-317-4609 Phone
Submitted by:	Jon Hendricks Name	Compliance Manager Title
Verified by:	Tricia Dinkelman	VP of Tax
,	Name	Title
Verified by:	Drew Asher	President & CEO
	Name	Title

	IOWA 2020 Annual Pharmacy Benefit Manager Report	
Company Name:	Express Scripts, Inc.	
Address:	1 Express Way	
City, State, Zip:	St. Louis, MO 63121	
Phone Number:	800-282-2881	
Th	e purpose of this form is to report the information required by Iowa Code s	ection 510C.2
a. The aggregate do	llar amount of all rebates received by the pharmacy benefit manager.	\$2,580,775.53
b. The aggregate do manager.	llar amount of all administrative fees received by the pharmacy benefit	\$387,363.25
c. The aggregate do pharmacy benefit n	llar amount of all health carrier administrative service fees received by the nanager.	\$339,270.45
	llar amount of all rebates received by the pharmacy benefit manager that fit manager did not pass through to the health carrier.	\$186,136.73
	nount of all administrative fees received by the pharmacy benefit manager benefit manager did not pass through to the health carrier.	\$48,092.80
	ained rebate percentage as calculated by dividing the dollar amount in the dollar amount in "a".	7.21%
	all health carrier clients with whom the pharmacy manager was contracted re retained rebate percentages.	, 0.00%
	s all health carrier clients with whom the pharmacy manager was nest aggregate retained rebate percentages.	19.90%
	Attestation	
have been audited	e in the field below, I certify, under penalties provided by the laws of Iowa, t and are made in good faith for the period indicated. To the best of the auth d belief this submission is a true, correct and complete report including all	norized submitter's knowledge
		lees plus any late payment
	Late Filing Fee	
	Late Filing Fee Select:	\$0.00
		\$0.00
Contact:	Select	\$0.00 Agree
Contact:	Select: Date Submitting Filing in OPTins: Katie Dooley	\$0.00 Agree 2/14/2020 Product Manager
Contact: Submitted by:	Select: Date Submitting Filing in OPTins: Katie Dooley Name kmdooley@express-scripts.com	\$0.00 Agree 2/14/2020 Product Manager Title 314-684-5178
	Select: Date Submitting Filing in OPTins: Katie Dooley Name kmdooley@express-scripts.com Email Katie Dooley	\$0.00 Agree 2/14/2020 Product Manager Title 314-684-5178 Phone Product Manager

	Iowa 2020 Annual Pharmacy Benefit Manager Report	
Company Name:	Fairview Pharmacy Services, LLC dba ClearScrip	
Address:	2550 University Ave West Suite 320N	
City, State, Zip:	St Paul MN 55114	
Phone Number:	612-672-6551	
The	e purpose of this form is to report the information required by Iowa Code s	ection 510C.2
a. The aggregate dol	lar amount of all rebates received by the pharmacy benefit manager.	\$44,697,322.00
b. The aggregate do manager.	llar amount of all administrative fees received by the pharmacy benefit	\$0.00
c. The aggregate dol pharmacy benefit m	lar amount of all health carrier administrative service fees received by the anager.	\$4,734,706.00
	llar amount of all rebates received by the pharmacy benefit manager that it manager did not pass through to the health carrier.	\$10,823,827.00
	nount of all administrative fees received by the pharmacy benefit manager benefit manager did not pass through to the health carrier.	\$0.00
	ained rebate percentage as calculated by dividing the dollar amount in e dollar amount in	24.22%
	all health carrier clients with whom the pharmacy manager was contracted e retained rebate percentages.	i, 0.00%
	all health carrier clients with whom the pharmacy manager was lest aggregate retained rebate percentages.	20.00%
have been audited	Attestation in the field below, I certify, under penalties provided by the laws of lowa, i and are made in good faith for the period indicated. To the best of the auth d belief this submission is a true, correct and complete report including all	norized submitter's knowledge, fees plus any late payment
	Late Filing Fee	
	Select Date Submitting Filing in OPTins:	: Agree 2/18/2020
Contact:	Alyssa Poehls	Manager, Compliance
	Name	Title
	apoehls1@fairview.org Email	612-672-6551 Phone
Submitted by:	Alyssa Poehls Name	Manager, Compliance Title
Verified by:	Kimberly Halva	Secretary
	Name	Title
Verified by:	Cheryl Koenen Name	VP, Finance & PBM Dev Title
IA2020PBMAnnualR		

	lowa 2020 Annual Pharmacy Benefit Manager Report	
Company Name:	Health E Systems, LLC	
Address:	5404 Cypress Center Drive, Suite 350	
City, State, Zip:	Tampa, FL 33609	
Phone Number:	813-367-2944	
Th	e purpose of this form is to report the information required by lowa Code	section 510C.2
a. The aggregate do	llar amount of all rebates received by the pharmacy benefit manager.	\$15,148.41
b. The aggregate do manager.	llar amount of all administrative fees received by the pharmacy benefit	\$0.00
c. The aggregate do pharmacy benefit r	llar amount of all health carrier administrative service fees received by the nanager.	\$0.00
	llar amount of all rebates received by the pharmacy benefit manager that fit manager did not pass through to the health carrier.	\$0.00
	nount of all administrative fees received by the pharmacy benefit manager benefit manager did not pass through to the health carrier.	\$0.00
	ained rebate percentage as calculated by dividing the dollar amount in he dollar amount in "a".	0.00%
	s all health carrier clients with whom the pharmacy manager was contracted re retained rebate percentages.	d, 0.00%
	s all health carrier clients with whom the pharmacy manager was hest aggregate retained rebate percentages.	0.00%
	Attestation	
have been audited	e in the field below, I certify, under penalties provided by the laws of lowa, and are made in good faith for the period indicated. To the best of the aut nd belief this submission is a true, correct and complete report including a Late Filing Fe	thorized submitter's knowledge, Il fees plus any late payment
	Selec Date Submitting Filing in OPTins	č
Contact:	Sandy Shtab Name	AVP Advocacy&Compliance Title
	sshtab@healthesystems.com Email	813-868-2264 Phone
Submitted by:	Tracy Euler Name	Compliance Manager Title
Verified by:	Matt Hewitt Name	EVP, PBM General Manager Title

	Iowa 2020 Annual Pharmacy Benefit Manager Report	
Company Name:	IngenioRx, Inc.	
Address:	220 Virginia Avenue	
City, State, Zip:	Indianapolis, IN 46204	
Phone Number:	833-822-0261	
The	e purpose of this form is to report the information required by Iowa Code s	ection 510C.2
a. The aggregate do	llar amount of all rebates received by the pharmacy benefit manager.	\$0.00
b. The aggregate do manager.	llar amount of all administrative fees received by the pharmacy benefit	\$0.00
c. The aggregate do pharmacy benefit m	llar amount of all health carrier administrative service fees received by the nanager.	\$0.00
	llar amount of all rebates received by the pharmacy benefit manager that fit manager did not pass through to the health carrier.	\$0.00
	nount of all administrative fees received by the pharmacy benefit manager benefit manager did not pass through to the health carrier.	\$0.00
	ained rebate percentage as calculated by dividing the dollar amount in e dollar amount in	0.00%
	all health carrier clients with whom the pharmacy manager was contracted e retained rebate percentages.	, 0.00%
	all health carrier clients with whom the pharmacy manager was lest aggregate retained rebate percentages.	0.00%
	Attestation	
have been audited	in the field below, I certify, under penalties provided by the laws of Iowa, t and are made in good faith for the period indicated. To the best of the auth d belief this submission is a true, correct and complete report including all	norized submitter's knowledge,
	Late Filing Fee	
	Select	
	Date Submitting Filing in OPTins:	1/17/2020
Contact:	Allyson Getlein	Staff VP, Migrations
	Name	Title
	allyson.getlein@ingenio-rx.com Email	804-354-7972 Phone
	Todd Dateiguin	Regulatory Affairs Analyst
Submitted by:	Todd Patriquin Name	Title
Submitted by: Verified by:	•	

	lowa 2020 Annual Pharmacy Benefit Manager Report	
Company Name:	Kroger Prescription Plans, Inc.	
Address:	1014 Vine Street	
City, State, Zip:	Cincinnati, OH 45202	
Phone Number:	513-762-1014	
The	e purpose of this form is to report the information required by Iowa Code so	ection 510C.2
a. The aggregate do	lar amount of all rebates received by the pharmacy benefit manager.	\$3,022.90
b. The aggregate do manager.	llar amount of all administrative fees received by the pharmacy benefit	\$3,413.58
c. The aggregate do pharmacy benefit m	lar amount of all health carrier administrative service fees received by the anager.	\$3,413.58
	llar amount of all rebates received by the pharmacy benefit manager that it manager did not pass through to the health carrier.	\$0.00
	ount of all administrative fees received by the pharmacy benefit manager enefit manager did not pass through to the health carrier.	\$3,413.58
	ained rebate percentage as calculated by dividing the dollar amount in e dollar amount in	0.00%
	all health carrier clients with whom the pharmacy manager was contracted e retained rebate percentages.	, 0.00%
	all health carrier clients with whom the pharmacy manager was est aggregate retained rebate percentages.	0.00%
	Attestation	
have been audited	in the field below, I certify, under penalties provided by the laws of Iowa, t and are made in good faith for the period indicated. To the best of the auth d belief this submission is a true, correct and complete report including all t	orized submitter's knowledge,
	Late Filing Fee	\$0.00
	Select:	Agree
	Selection	Agree
	Date Submitting Filing in OPTins:	2/10/2020
Contact:		
Contact:	Date Submitting Filing in OPTins:	2/10/2020
Contact:	Date Submitting Filing in OPTins: Emily Schubeler	2/10/2020 Operations Admin. Asst.
Contact: Submitted by:	Date Submitting Filing in OPTins: Emily Schubeler Name emily.schubeler@krogerhealth.com	2/10/2020 Operations Admin. Asst. Title 513-762-1418
	Date Submitting Filing in OPTins: Emily Schubeler emily.schubeler@krogerhealth.com Email Emily Schubeler Kevin Favro	2/10/2020 Operations Admin. Asst. Title 513-762-1418 Phone Operations Admin. Asst. Title Senior Vice President
Submitted by:	Date Submitting Filing in OPTins: Emily Schubeler Name emily.schubeler@krogerhealth.com Email Emily Schubeler Name	2/10/2020 Operations Admin. Asst. Title 513-762-1418 Phone Operations Admin. Asst. Title

	lowa 2020 Annual Pharmacy Benefit Manager Report	
Company Name:	MaxorPlus, Ltd.	
Address:	320 S. Polk Street, STE 200	
City, State, Zip:	Amarillo, TX 79101	
Phone Number:	806-324-5400	
The	purpose of this form is to report the information required by Iowa Code s	ection 510C.2
a. The aggregate dolla	ar amount of all rebates received by the pharmacy benefit manager.	\$0.00
b. The aggregate dolla manager.	ar amount of all administrative fees received by the pharmacy benefit	\$0.00
c. The aggregate dolla pharmacy benefit ma	ar amount of all health carrier administrative service fees received by the nager.	\$0.00
	ar amount of all rebates received by the pharmacy benefit manager that manager did not pass through to the health carrier.	\$0.00
	ount of all administrative fees received by the pharmacy benefit manager nefit manager did not pass through to the health carrier.	\$0.00
f. The aggregate retai paragraph "d" by the	ned rebate percentage as calculated by dividing the dollar amount in dollar amount in	0.00%
	II health carrier clients with whom the pharmacy manager was contracted retained rebate percentages.	, 0.00%
	II health carrier clients with whom the pharmacy manager was st aggregate retained rebate percentages.	0.00%
	Attestation	
have been audited a	n the field below, I certify, under penalties provided by the laws of Iowa, nd are made in good faith for the period indicated. To the best of the auth belief this submission is a true, correct and complete report including all	norized submitter's knowledge,
	Late Filing Fee	\$0.00
	Select	Agree
	Date Submitting Filing in OPTins:	1/31/2020
Contact:	Leah Bailey	General Counsel
	Name	Title
	lbailey@maxor.com	806-324-5400
	Email	Phone
Submitted by:	Megan Bunch Name	Compliance Associate Title
Verified by:	Michael Ellis	CEO
	Name	Title
Verified by:		
IA2020PBMAnnualRe	Name	Title

	lowa 2020 Annual Pharmacy Benefit Manager Report	
Company Name:	MedImpact Healthcare Systems, Inc.	
Address:	10181 Scripps Gateway Court	
City, State, Zip:	San Diego, CA 92131	
Phone Number:	858-566-2727	
The	e purpose of this form is to report the information required by Iowa Code s	ection 510C.2
a. The aggregate dol	lar amount of all rebates received by the pharmacy benefit manager.	\$4,005.73
b. The aggregate do manager.	llar amount of all administrative fees received by the pharmacy benefit	\$0.00
c. The aggregate dol pharmacy benefit m	lar amount of all health carrier administrative service fees received by the anager.	\$379,667.05
	llar amount of all rebates received by the pharmacy benefit manager that it manager did not pass through to the health carrier.	\$0.00
	ount of all administrative fees received by the pharmacy benefit manager enefit manager did not pass through to the health carrier.	\$0.00
	ained rebate percentage as calculated by dividing the dollar amount in e dollar amount in	0.00%
	all health carrier clients with whom the pharmacy manager was contracted e retained rebate percentages.	, 0.00%
	all health carrier clients with whom the pharmacy manager was est aggregate retained rebate percentages.	0.00%
	Attestation	
have been audited	in the field below, I certify, under penalties provided by the laws of Iowa, t and are made in good faith for the period indicated. To the best of the auth d belief this submission is a true, correct and complete report including all	norized submitter's knowledge,
· · · · · , ·	Late Filing Fee	
	Select:	
	Date Submitting Filing in OPTins:	2/14/2020
Contact:	Lisa Smith	Reg Compliance Manager
Contact:	Lisa Smith Name	Reg Compliance Manager Title
Contact:		
Contact: Submitted by:	Name licensing@medimpact.com	Title 858-790-7152
	Name licensing@medimpact.com Email	Title 858-790-7152 Phone
Submitted by:	Name licensing@medimpact.com Email Dale Brown Name Dale Brown	Title 858-790-7152 Phone President Title President
	Name licensing@medimpact.com Email Dale Brown Name	Title 858-790-7152 Phone President Title

	lowa 2020 Annual Pharmacy Benefit Manager Report	
Company Name:	MeridianRx, LLC	
Address:	1 Campus Maritus, Suite 750	
City, State, Zip:	Detroit, MI 48226	
Phone Number:	(313) 324-9027	
The	purpose of this form is to report the information required by Iowa Code s	ection 510C.2
a. The aggregate dolla	ar amount of all rebates received by the pharmacy benefit manager.	\$28,861,067.00
b. The aggregate dolla manager.	ar amount of all administrative fees received by the pharmacy benefit	\$0.00
c. The aggregate dolla pharmacy benefit ma	ar amount of all health carrier administrative service fees received by the nager.	\$121,551,555.00
	ar amount of all rebates received by the pharmacy benefit manager that manager did not pass through to the health carrier.	\$3,131,616.00
	ount of all administrative fees received by the pharmacy benefit manager nefit manager did not pass through to the health carrier.	\$0.00
f. The aggregate retai paragraph "d" by the	ned rebate percentage as calculated by dividing the dollar amount in dollar amount in	10.85%
	II health carrier clients with whom the pharmacy manager was contracted retained rebate percentages.	d, 0.00%
	II health carrier clients with whom the pharmacy manager was st aggregate retained rebate percentages.	100.00%
	Attestation	
have been audited a	n the field below, I certify, under penalties provided by the laws of lowa, nd are made in good faith for the period indicated. To the best of the aut belief this submission is a true, correct and complete report including all	horized submitter's knowledge,
	Late Filing Fee	\$0.00
	Select	:
	Date Submitting Filing in OPTins:	2/14/2020
Contact:	Charles E. Baker	Asst. Secretary
	Name	Title
	licensing@mhplan.com Email	(313) 324-9027 Phone
Submitted by:	Tiffany Durham	Sr. Legal Specialist
	Name	Title
Verified by:	Name	Title
Verified by:		
	Name	Title

	lowa 2020 Annual Pharmacy Benefit Manager Report	
Company Name:	Navitus Health Solutions, LLC	
Address:	361 Integrity Drive	
City, State, Zip:	Madison, WI 53717	
Phone Number:	608-729-1646	
Th	e purpose of this form is to report the information required by Iowa Code so	ection 510C.2
a. The aggregate do	llar amount of all rebates received by the pharmacy benefit manager.	\$432,060.10
b. The aggregate do manager.	llar amount of all administrative fees received by the pharmacy benefit	\$0.00
c. The aggregate do pharmacy benefit m	llar amount of all health carrier administrative service fees received by the nanager.	\$0.00
	llar amount of all rebates received by the pharmacy benefit manager that fit manager did not pass through to the health carrier.	\$0.00
	nount of all administrative fees received by the pharmacy benefit manager benefit manager did not pass through to the health carrier.	\$0.00
	ained rebate percentage as calculated by dividing the dollar amount in e dollar amount in	0.00%
	all health carrier clients with whom the pharmacy manager was contracted e retained rebate percentages.	, 0.00%
	all health carrier clients with whom the pharmacy manager was nest aggregate retained rebate percentages.	0.00%
have been audited	Attestation In the field below, I certify, under penalties provided by the laws of Iowa, t and are made in good faith for the period indicated. To the best of the auth d belief this submission is a true, correct and complete report including all f	norized submitter's knowledge,
	Late Filing Fee	\$0.00
	Select:	Agree
		2/14/2020
	Date Submitting Filing in OPTins:	2/14/2020
Contact:	Rachel Breger Name	Staff Attorney Title
Contact:	Rachel Breger	Staff Attorney
Contact: Submitted by:	Rachel Breger Name Rachel.Breger@Navitus.com	Staff Attorney Title 608-729-1646
	Rachel Breger Name Rachel.Breger@Navitus.com Email Rachel Breger	Staff Attorney Title 608-729-1646 Phone 608-729-1646

	Iowa 2020 Annual Pharmacy Benefit Manager Report	
Company Name:	OptumRx, Inc.	
Address:	2300 Main Street	
City, State, Zip:	Irvine, CA 92614	
Phone Number:	(888) 445-8745	
The	e purpose of this form is to report the information required by Iowa Code s	ection 510C.2
a. The aggregate dol	lar amount of all rebates received by the pharmacy benefit manager.	\$14,690,247.27
b. The aggregate do manager.	llar amount of all administrative fees received by the pharmacy benefit	\$1,158,638.84
c. The aggregate dol pharmacy benefit m	lar amount of all health carrier administrative service fees received by the anager.	\$0.00
	llar amount of all rebates received by the pharmacy benefit manager that it manager did not pass through to the health carrier.	\$1,101,278.02
	nount of all administrative fees received by the pharmacy benefit manager benefit manager did not pass through to the health carrier.	\$1,101,278.02
	ained rebate percentage as calculated by dividing the dollar amount in e dollar amount in	7.50%
	all health carrier clients with whom the pharmacy manager was contracted e retained rebate percentages.	, 0.00%
	all health carrier clients with whom the pharmacy manager was lest aggregate retained rebate percentages.	69.66%
	Attestation	
have been audited	in the field below, I certify, under penalties provided by the laws of lowa, and are made in good faith for the period indicated. To the best of the auth d belief this submission is a true, correct and complete report including all	norized submitter's knowledge,
	Late Filing Fee	
	Select	
	Date Submitting Filing in OPTins:	2/11/2020
Contact:	Dawn Root	Licensing Manager
	Name	Title
	ORxDOILic@optum.com	262-377-5225
	Email	Phone
Submitted by:	Dawn Root Name	Licensing Manager Title
Verified by:	Karen Peterson	Secretary
	Name	Title
Verified by:	Kirsten Hines Name	Assistant Secretary Title
IA2020PBMAnnualR		

	Iowa 2020 Annual Pharmacy Benefit Manager Re	port
Company Name:	PerformRx, LLC	
Address:	200 Stevens Drive	
City, State, Zip:	Philadelphia, PA 19113	
Phone Number:	215-937-8000	
The	purpose of this form is to report the information required by Iowa C	ode section 510C.2
a. The aggregate doll	ar amount of all rebates received by the pharmacy benefit manager.	\$0.00
b. The aggregate doll manager.	ar amount of all administrative fees received by the pharmacy benef	fit \$0.00
c. The aggregate doll pharmacy benefit ma	ar amount of all health carrier administrative service fees received by anager.	y the \$0.00
	ar amount of all rebates received by the pharmacy benefit manager t manager did not pass through to the health carrier.	that \$0.00
	ount of all administrative fees received by the pharmacy benefit man enefit manager did not pass through to the health carrier.	ager \$0.00
	ined rebate percentage as calculated by dividing the dollar amount in edollar amount in	n 0.00%
	III health carrier clients with whom the pharmacy manager was contr retained rebate percentages.	racted, 0.00%
	all health carrier clients with whom the pharmacy manager was est aggregate retained rebate percentages.	0.00%
	Attestation	
have been audited a	in the field below, I certify, under penalties provided by the laws of I and are made in good faith for the period indicated. To the best of the I belief this submission is a true, correct and complete report includir	e authorized submitter's knowledge,
	Late Filin	g Fee \$0.00
	S	Gelect: Agree
	Date Submitting Filing in OP	Tins: 2/14/2020
Contact:	Maureen Bonnes Name	Corporate Paralegal Title
	mbonnes@amerihealthcaritas.com Email	215-937-7389 Phone
Submitted by:	Maureen Bonnes Name	Corporate Paralegal Title
Verified by:	Michele Patterson	Director of Rebate Admin.
vermed by.	Name	Title
Verified by:		
	Name	Title

	Iowa 2020 Annual Pharmacy Benefit Manager Report	
Company Name:	Pharmastar, LLC	
Address:	2503 N. Hillcrest Pkwy.	
City, State, Zip:	Altoona, WI 54720	
Phone Number:	(888) 298-7770	
Th	e purpose of this form is to report the information required by Iowa Code s	ection 510C.2
a. The aggregate do	ollar amount of all rebates received by the pharmacy benefit manager.	\$0.00
b. The aggregate do manager.	ollar amount of all administrative fees received by the pharmacy benefit	\$0.00
c. The aggregate do pharmacy benefit r	ollar amount of all health carrier administrative service fees received by the nanager.	\$0.00
	ollar amount of all rebates received by the pharmacy benefit manager that fit manager did not pass through to the health carrier.	\$0.00
	nount of all administrative fees received by the pharmacy benefit manager benefit manager benefit manager did not pass through to the health carrier.	\$0.00
	tained rebate percentage as calculated by dividing the dollar amount in ne dollar amount in "a".	0.00%
	all health carrier clients with whom the pharmacy manager was vest aggregate retained rebate percentages.	0.00%
	s all health carrier clients with whom the pharmacy manager was hest aggregate retained rebate percentages.	0.00%
	Attestation e in the field below, I certify, under penalties provided by the laws of lowa, and are made in good faith for the period indicated. To the best of the auti	
	nd belief this submission is a true, correct and complete report including all	
	Late Filing Fee	\$0.00
	Select	: Agree
	Date Submitting Filing in OPTins:	1/30/2020
Contact:	Alyssa Grant Name	Consultant Title
	alyssa@pattoncompliance.com Email	(850) 323-0144 Phone
Submitted by:	Alyssa Grant Name	Consultant Title
Verified by:	Robert W. Tanner	CFO
	Name	Title
Verified by:	Peter C. Farrow	CEO/Sole Manager

	lowa 2020 Annual Pharmacy Benefit Manager Report	
Company Name:	Procare Pharmacy Benefit Manager, Inc	
Address:	2650 SW 145th Avenue	
City, State, Zip:	Miramar, FL 33027	
Phone Number:	800-662-0586	
The	e purpose of this form is to report the information required by Iowa Code s	ection 510C.2
a. The aggregate do	lar amount of all rebates received by the pharmacy benefit manager.	\$0.00
b. The aggregate do manager.	llar amount of all administrative fees received by the pharmacy benefit	\$87,730.00
c. The aggregate do pharmacy benefit m	lar amount of all health carrier administrative service fees received by the anager.	\$0.00
	llar amount of all rebates received by the pharmacy benefit manager that it manager did not pass through to the health carrier.	\$0.00
	nount of all administrative fees received by the pharmacy benefit manager benefit manager did not pass through to the health carrier.	\$87,730.00
	ained rebate percentage as calculated by dividing the dollar amount in e dollar amount in "a".	0.00%
	all health carrier clients with whom the pharmacy manager was contracted e retained rebate percentages.	l, 0.00%
	all health carrier clients with whom the pharmacy manager was lest aggregate retained rebate percentages.	0.00%
have been audited	Attestation in the field below, I certify, under penalties provided by the laws of lowa, and are made in good faith for the period indicated. To the best of the autional distribution is a true, correct and complete report including all Late Filing Fee	norized submitter's knowledge, fees plus any late payment
	Select	
	Date Submitting Filing in OPTins:	2/13/2020
Contact:	Barbara Rambo Name	CFO Title
	brambo@procarerx.com Email	678-248-3112 Phone
Submitted by:	Joyce Coulter Name	Legal Assistant Title
Verified by:	Debbie Wolf	VP Legal
	Name	Title
Verified by:	Barbara Rambo	CFO
	Name	Title

	Iowa 2020 Annual Pharmacy Benefit Manager Report	
Company Name:	Progyny, Inc.	
Address:	1359 Broadway, Second Floor	
City, State, Zip:	New York, NY 10018	
Phone Number:	646-933-4493	
Th	e purpose of this form is to report the information required by Iowa Code se	ection 510C.2
a. The aggregate do	llar amount of all rebates received by the pharmacy benefit manager.	\$0.00
b. The aggregate do manager.	llar amount of all administrative fees received by the pharmacy benefit	\$0.00
c. The aggregate do pharmacy benefit n	llar amount of all health carrier administrative service fees received by the nanager.	\$0.00
	Ilar amount of all rebates received by the pharmacy benefit manager that fit manager did not pass through to the health carrier.	\$0.00
	nount of all administrative fees received by the pharmacy benefit manager penefit manager did not pass through to the health carrier.	\$0.00
	ained rebate percentage as calculated by dividing the dollar amount in the dollar amount in "a".	0.00%
	all health carrier clients with whom the pharmacy manager was contracted re retained rebate percentages.	, 0.00%
	s all health carrier clients with whom the pharmacy manager was nest aggregate retained rebate percentages.	0.00%
have been audited	Attestation e in the field below, I certify, under penalties provided by the laws of Iowa, t and are made in good faith for the period indicated. To the best of the auth ad belief this submission is a true, correct and complete report including all f Late Filing Fee	oorized submitter's knowledge, fees plus any late payment
	Select: Date Submitting Filing in OPTins:	
Contact:	Select:	Agree
Contact:	Select: Date Submitting Filing in OPTins: Zakiya Boyd	Agree 2/10/2020 Associate General Counsel
Contact: Submitted by:	Select: Date Submitting Filing in OPTins: Zakiya Boyd Name legal@progyny.com	Agree 2/10/2020 Associate General Counsel Title 646-933-4493
	Select: Date Submitting Filing in OPTins: Zakiya Boyd Name legal@progyny.com Email Victor Martinez	Agree 2/10/2020 Associate General Counsel Title 646-933-4493 Phone Licensing Analyst

Iowa 2020 Annual Pharmacy Benefit Manager Report		
Company Name:	RxAdvance Corporation	
Address:	2 Park Central Drive	
City, State, Zip:	Southborough, MA 01772	
Phone Number:	508-804-6900	
The pu	rpose of this form is to report the information required by Iowa Cod	e section 510C.2
a. The aggregate do manager.	llar amount of all rebates received by the pharmacy benefit	\$0.00
b. The aggregate do benefit manager.	ollar amount of all administrative fees received by the pharmacy	\$ 17,427.24
c. The aggregate do by the pharmacy be	Ilar amount of all health carrier administrative service fees received enefit manager.	\$0.00
	ollar amount of all rebates received by the pharmacy benefit harmacy benefit hanager did not pass through to the health carrier.	\$0.00
	nount of all administrative fees received by the pharmacy benefit harmacy benefit manager did not pass through to the health	\$0.00
	tained rebate percentage as calculated by dividing the dollar oh "d" by the dollar amount in "a".	0.00%
	all health carrier clients with whom the pharmacy manager was rest aggregate retained rebate percentages.	0.00%
	g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages.	
	Attestation	
By selecting agree in the field below, I certify, under penalties provided by the laws of lowa, that these financial statements have been audited and are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all		
	Late Filing Fee	\$0.00
	Select	: Agree
	Date Submitting Filing in OPTins:	2/14/2020
Contact:	Aksana Simanava Name	Compliance Specialist Title
	licensing@rxadvance.com Email	508-804-6900 Phone
Submitted by:	Aksana Simanava Name	Compliance Specialist Title
Verified by:	Aruna Wickremeratne Name	Chief Administrative Officer Title
Verified by:	Heather Johnson Name	VP of Compliance Title

	Iowa 2020 Annual Pharmacy Benefit Manager Report	
Company Name:	RxAdvance Corporation	
Address:	2 Park Central Drive	
City, State, Zip:	Southborough, MA 01772	
Phone Number:	508-804-6900	
The pu	rpose of this form is to report the information required by Iowa Cod	e section 510C.2
a. The aggregate do manager.	ollar amount of all rebates received by the pharmacy benefit	\$0.00
b. The aggregate do benefit manager.	ollar amount of all administrative fees received by the pharmacy	\$44,427.92
c. The aggregate do by the pharmacy be	Ilar amount of all health carrier administrative service fees received enefit manager.	\$0.00
	ollar amount of all rebates received by the pharmacy benefit harmacy benefit manager did not pass through to the health carrier.	\$0.00
	nount of all administrative fees received by the pharmacy benefit harmacy benefit manager did not pass through to the health	\$0.00
	tained rebate percentage as calculated by dividing the dollar oh "d" by the dollar amount in "a".	0.00%
	all health carrier clients with whom the pharmacy manager was vest aggregate retained rebate percentages.	0.00%
	s all health carrier clients with whom the pharmacy manager was hest aggregate retained rebate percentages.	0.00%
	Attestation	
By selecting agree in the field below, I certify, under penalties provided by the laws of lowa, that these financial statements have been audited and are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all		
	Late Filing Fee:	\$0.00
	Select	Agree
	Date Submitting Filing in OPTins:	2/14/2020
Contact:	Aksana Simanava Name	Compliance Specialist Title
	licensing@rxadvance.com Email	508-804-6900 Phone
Submitted by:	Aksana Simanava Name	Compliance Specialist Title
Verified by:	Aruna Wickremeratne Name	Chief Administrative Officer Title
Verified by:	Heather Johnson Name	VP of Compliance Title

	Iowa 2020 Annual Pharmacy Benefit Manager Report	
Company Name:	Scrip World	
Address:		
City, State, Zip:		
Phone Number:		
The	e purpose of this form is to report the information required by Iowa Code	section 510C.2
a. The aggregate do	llar amount of all rebates received by the pharmacy benefit manager.	\$173,950.67
b. The aggregate do manager.	llar amount of all administrative fees received by the pharmacy benefit	\$0.00
c. The aggregate do pharmacy benefit m	llar amount of all health carrier administrative service fees received by the nanager.	\$3,056.00
	llar amount of all rebates received by the pharmacy benefit manager that fit manager did not pass through to the health carrier.	\$169,867.20
	nount of all administrative fees received by the pharmacy benefit manager penefit manager did not pass through to the health carrier.	\$0.00
	ained rebate percentage as calculated by dividing the dollar amount in e dollar amount in "a".	97.65%
	all health carrier clients with whom the pharmacy manager was contracte e retained rebate percentages.	d, 0.00%
	all health carrier clients with whom the pharmacy manager was nest aggregate retained rebate percentages.	100.00%
	Attestation	
By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these financial statements have been audited and are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment		
	Late Filing Fe	e \$0.00
	Selec	t: Agree
	Date Submitting Filing in OPTins	2/5/2020
Contact:	Cheryl Kelly Name	Legal Assistant Title
	cheryl.kelly@meritain.com Email	716-319-5067 Phone
Submitted by:	Cheryl Kelly Name	Legal Assistant Title
Verified by:	Mark Morgan	Assistant Secretary
vermed by.	Name	Title

Iowa 2020 Annual Pharmacy Benefit Manager Report				
Company Name:	SMARTSCRIPTS PBM LLC			
Address:	1010 W Madison Street			
City, State, Zip:	Washington, IA 52353			
Phone Number:	(844) 597 6278			
The I	purpose of this form is to report the information required by Iowa Code s	ection 510C.2		
a. The aggregate dolla	r amount of all rebates received by the pharmacy benefit manager.	\$0.00		
b. The aggregate dolla manager.	ar amount of all administrative fees received by the pharmacy benefit	\$0.00		
c. The aggregate dolla pharmacy benefit ma		\$0.00		
	ar amount of all rebates received by the pharmacy benefit manager that manager did not pass through to the health carrier.	\$0.00		
	unt of all administrative fees received by the pharmacy benefit manager nefit manager did not pass through to the health carrier.	\$0.00		
f. The aggregate retain paragraph "d" by the	ned rebate percentage as calculated by dividing the dollar amount in dollar amount in	0.00%		
	g1. (lowest) Across all health carrier clients with whom the pharmacy manager was contracted, 0.00% the lowest aggregate retained rebate percentages.			
	II health carrier clients with whom the pharmacy manager was st aggregate retained rebate percentages.	0.00%		
	Attestation			
By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these financial statements have been audited and are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment				
	Late Filing Fee	\$0.00		
	Select	Agree		
	Date Submitting Filing in OPTins:	2/4/2020		
Contact:	Todd Thompson	CEO		
	Name	Title		
	todd@smartscripts.com Email	(844) 597 6278 Phone		
Submitted by:	Andrew Willems Name	VP of Business Development Title		
Verified by:	Todd Thompson	CEO		
	Name	Title		
Verified by:	Sam Zoske	SRVP		
IA2020PBMAnnualRe	Name	Title		

	Iowa 2020 Annual Pharmacy Benefit Manager Report	
Company Name:	True Rx Management Services, Inc	
Address:	7 Williams Bros. Dr.	
City, State, Zip:	Washington, IN 47501	
Phone Number:	866-921-4047 ext. 2000	
Th	e purpose of this form is to report the information required by Iowa Code s	ection 510C.2
a. The aggregate do	llar amount of all rebates received by the pharmacy benefit manager.	\$344,014.12
b. The aggregate do manager.	ollar amount of all administrative fees received by the pharmacy benefit	\$0.00
c. The aggregate do pharmacy benefit n	llar amount of all health carrier administrative service fees received by the nanager.	\$302,187.53
	ollar amount of all rebates received by the pharmacy benefit manager that firm manager did not pass through to the health carrier.	\$36,867.75
	nount of all administrative fees received by the pharmacy benefit manager benefit manager did not pass through to the health carrier.	\$0.00
	tained rebate percentage as calculated by dividing the dollar amount in ne dollar amount in "a".	10.72%
	all health carrier clients with whom the pharmacy manager was contracted te retained rebate percentages.	l, 4.00%
	s all health carrier clients with whom the pharmacy manager was hest aggregate retained rebate percentages.	13.00%
	Attestation	
By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these financial statements have been audited and are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment		
	Late Filing Fee	\$0.00
	Select	: Agree
	Date Submitting Filing in OPTins:	2/13/2020
Contact:	Michael D. Chestnut, Esq. Name	General Counsel Title
	michaelc@truerx.com Email	866-921-4047 ext. 2000 Phone
Submitted by:	Michael D. Chestnut, Esq. Name	General Counsel Title
Verified by:	Jesse K. McDonald, PharmD Name	Chief Operating Officer Title

	Iowa 2020 Annual Pharmacy Benefit Manager Report			
Company Name:	WellDyneRx, LLC PLEASE SEE SUPPORTING DOCUMENT			
Address:				
City, State, Zip:				
Phone Number:				
The	purpose of this form is to report the information required by Iowa Code s	ection 510C.2		
a. The aggregate dolla	ar amount of all rebates received by the pharmacy benefit manager.	\$0.00		
b. The aggregate dolla manager.	ar amount of all administrative fees received by the pharmacy benefit	\$0.00		
c. The aggregate dolla pharmacy benefit ma	ar amount of all health carrier administrative service fees received by the nager.	\$0.00		
	ar amount of all rebates received by the pharmacy benefit manager that manager did not pass through to the health carrier.	\$0.00		
	unt of all administrative fees received by the pharmacy benefit manager nefit manager did not pass through to the health carrier.	\$0.00		
f. The aggregate retain paragraph "d" by the	ned rebate percentage as calculated by dividing the dollar amount in dollar amount in	0.00%		
g1. (lowest) Across all health carrier clients with whom the pharmacy manager was contracted, 0.00% the lowest aggregate retained rebate percentages.				
	II health carrier clients with whom the pharmacy manager was st aggregate retained rebate percentages.	0.00%		
	Attestation			
have been audited an	By selecting agree in the field below, I certify, under penalties provided by the laws of lowa, that these financial statements have been audited and are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment			
	Late Filing Fee	\$0.00		
	Select	Agree		
	Date Submitting Filing in OPTins:	2/14/2020		
Contact:				
	Name	Title		
	Email	Phone		
Submitted by:				
	Name	Title		
Verified by:	Name	Title		
Verified by:	Name	Title		