

Iowa
2021 Annual Pharmacy Benefit Manager Report

Company Name:
 Address:
 City, State, Zip:
 Phone Number:

The purpose of this form is to report the information required by Iowa Code section 510C.2

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

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

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

g1. (lowest) Across all health carrier clients with whom the pharmacy manager was contracted, the lowest aggregate retained rebate percentages.

g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages.

For any zero entries please attach a statement explaining the zero entry.

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

Late Filing Fee:

Select:

Date Submitting Filing in OPTins:

Contact:
 Name Title

 Email Phone

Submitted by:
 Name Title
 Verified by:
 Name Title
 Verified by:
 Name Title